

RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

Version 23.1 July 2023

Office of Information Technology Division of Information Technology

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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 23.1 adds FY 2023 clinical performance measures to existing FY 2002 through FY 2022 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 v23.1 (FY 2023 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
 - Improving Patient Care (IPC)/ Patient-Centered Medical Home (PCMH) Measures
 - Laboratory and Medication Taxonomies
- Export and aggregate Area Office-level data for:
 - National GPRA/GPRAMA reports
 - GPRA/GPRAMA Performance 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 v23.1

1.1.1 Logic Changes to National GPRA/GPRAMA Report Measures

- GPRA Developmental Measures:
 - Added the following GPRA Developmental topics:
 - Diabetes: Blood Pressure Control
 - Diabetes: Nephropathy Assessment
 - Screening for Substance Use
 - Syphilis Screening
 - Added a new measure to Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes topic.

- Updated codes and/or logic in the following topics: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes topic; Access to Dental Service; Dental Sealants; Topical Fluoride; Adult Immunizations; Childhood Immunizations; Substance Use Disorder (SUD) in Women of Childbearing Age; Weight Assessment and Counseling for Nutrition and Physical Activity; Cardiovascular Disease and Blood Pressure Control; Appropriate Medication Therapy after a Heart Attack; HIV Screening; HIV Quality of Care; Hepatitis C Screening; Chlamydia Testing; Proportion of Days Covered by Medication Therapy; Concurrent Use of Opioids and Benzodiazepines; Optometry.
- Diabetes: Blood Pressure Control:
 - Removed ICD-9 diagnosis codes from BP documented definition.
- Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes:
 - Added ICD-10 Procedure codes 0210344, 02103D4, 0210444, 02104D4, 0211344, 02113D4, 0211444, 02114D4, 0212344, 02123D4, 0212444, 0212483, 02124D4, 0213344, 02133D4, 0213444, 02134D4 to CABG definition.
 - Added CPT codes 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 to CABG definition to align with eCQM.
 - Updated the following SNOMED data sets: PXRM BGP ECQM MI, PXRM BGP ECQM CD STROKE TIA, PXRM BGP ECQM CABG, PXRM BGP ECQM STATIN ADV, PXRM BGP ECQM LIVER DIS, PXRM BGP IPC HOSPICE, PXRM BGP ECQM PALLIATIVE ENC, PXRM BGP IPC NOT DONE MED.
 - Updated Rhabdomyolysis definition to use SNOMED data set PXRM BGP ECQM RHABDO.
 - Updated Hepatitis A definition to use SNOMED data set PXRM BGP IPC HEP A EVID.
 - Updated Hepatitis B definition to use SNOMED data set PXRM BGP ECQM HEP B.
 - Removed ICD-9 diagnosis code from breastfeeding, Hepatitis A and Hepatitis B definitions.
 - Removed HCPCS codes G0308-G0327, G0392, G0393 from ESRD definition (codes are either discontinued or have been reused) and added codes M1187, M1188.
 - Removed HCPCS codes G0290, C9600, C9602, C9604, C9606, C9607 from PCI definition to align with eCQM.
 - Removed HCPCS M1017 from palliative care definition (code is discontinued).
 - Removed ICD-10 code Z22.51 from Hepatitis B definition.
 - Updated medication taxonomy BGP PQA STATIN MEDS.

- Diabetes: Nephropathy Assessment:
 - Removed HCPCS codes G0308-G0327, G0392, G0393 from ESRD definition (codes are either discontinued or have been reused) and added codes M1187, M1188.
- Diabetic Retinopathy:
 - Removed ICD-9 procedure codes from diabetic retinal exam definition.
- Access to Dental Service:
 - Removed ICD-9 diagnosis code from documented dental visit definition.
 - Removed IHS Dental Tracking code 0007 from documented dental visit definition.
- Topical Fluoride:
 - Removed ICD-9 diagnosis from topical fluoride application definition.
- Influenza:
 - Removed HCPCS code G8108 from influenza definition (code is discontinued).
- Adult Immunizations:
 - Removed HCPCS code G8108 from influenza definition (code is discontinued).
 - Removed HCPCS code G8115 from pneumococcal definition (code is discontinued).
- Childhood Immunizations:
 - Removed HCPCS codes Q3021, Q3023 from Hepatitis B definition (codes are discontinued).
 - Removed HCPCS code G8115 from pneumococcal definition (code is discontinued).
 - Removed ICD-9 diagnosis codes from Hepatitis B definition.
- Cervical Cancer Screening:
 - Added LOINC codes 93777-1, 93778-9, 94425-6 to BGP HPV LOINC CODES taxonomy.
- Colorectal Cancer Screening:
 - Removed HCPCS codes G0213-G0215, G0231 from colorectal cancer definition (codes are discontinued).
 - Removed HCPCS codes G0107, G0394 from FIT definition (codes are discontinued).
- Tobacco Use and Exposure Assessment:

- Removed ICD-9 diagnosis codes from tobacco screening, tobacco user, and smokers definitions.
- Added HCPCS G0030 to tobacco screening definition.
- Removed HCPCS codes G0375, G0376, G8455-G8457, G8402, G8453 from tobacco screening, tobacco users, smokers, and smokeless definitions (codes are discontinued).
- Tobacco Cessation:
 - Added HCPCS G0030 to tobacco cessation definition.
 - Removed HCPCS codes G0375, G0376, G8402, G8453 from tobacco cessation counseling definition (codes are discontinued).
- Alcohol Screening:
 - Removed ICD-9 diagnosis and procedure codes from alcohol screening, alcohol-related diagnosis or procedure, and alcohol-related patient education definitions.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT):
 - Removed ICD-9 diagnosis code from screening for risky or harmful alcohol use definition.
- Intimate Partner (Domestic) Violence Screening:
 - Removed ICD-9 diagnosis codes from IPV/DV diagnosis and IPV/DV counseling definitions.
- Depression Screening:
 - Removed ICD-9 diagnosis codes from depression screening and mood disorder definitions.
- Controlling High Blood Pressure Million Hearts:
 - Removed ICD-9 diagnosis and procedure codes from pregnancy, miscarriage, and abortion definitions.
 - Removed HCPCS codes G0308-G0327, G0392, G0393 from ESRD definition (codes are either discontinued or have been reused) and added codes M1187, M1188.
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:
 - Added ICD-10 Procedure codes 0210344, 02103D4, 0210444, 02104D4, 0211344, 02113D4, 0211444, 02114D4, 0212344, 02123D4, 0212444, 0212483, 02124D4, 0213344, 02133D4, 0213444, 02134D4 to CABG definition.
 - Added CPT codes 33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209 to CABG definition to align with eCQM.

- Updated the following SNOMED data sets: PXRM BGP ECQM MI, PXRM BGP ECQM CD STROKE TIA, PXRM BGP ECQM CABG, PXRM BGP ECQM STATIN ADV, PXRM BGP ECQM LIVER DIS, PXRM BGP IPC HOSPICE, PXRM BGP ECQM PALLIATIVE ENC, PXRM BGP IPC NOT DONE MED.
- Updated Rhabdomyolysis definition to use SNOMED data set PXRM BGP ECQM RHABDO.
- Updated Hepatitis A definition to use SNOMED data set PXRM BGP IPC HEP A EVID.
- Updated Hepatitis B definition to use SNOMED data set PXRM BGP ECQM HEP B.
- Removed ICD-9 diagnosis code from breastfeeding, Hepatitis A and Hepatitis B definitions.
- Removed HCPCS codes G0308-G0327, G0392, G0393 from ESRD definition (codes are either discontinued or have been reused) and added codes M1187, M1188.
- Removed HCPCS codes G0290, C9600, C9602, C9604, C9606, C9607 from PCI definition to align with eCQM.
- Removed HCPCS M1017 from palliative care definition (code is discontinued).
- Removed ICD-10 code Z22.51 from Hepatitis B definition.
- Updated medication taxonomy BGP PQA STATIN MEDS.
- HIV Screening:
 - Removed ICD-9 diagnosis and procedure codes from pregnancy, miscarriage, and abortion definitions.

1.1.2 Key Logic Changes to Non-GPRA Measures

For key logic changes to non-GPRA measures, please refer to the *CRS 2023* (*Version 23.1*) Selected Measures Report Performance Measure List and Definitions document located on the CRS website:

https://www.ihs.gov/crs/software/fy23/.

1.1.3 Additional Key Enhancements and Revisions

• Added Service code M (telemedicine) to allowable service codes for User Population denominator definitions.

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 v23.1 adds FY 2023 clinical performance measures to existing FY 2002 through FY 2022 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 2023, the IHS has 26 GPRA measures in two main categories: GPRAMA measures (two measures) and RPMS/CRS Budget measures (24 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.

Further information about GPRA performance reporting, including results for FY 2004 through FY 2022, can be found at the following website:

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

3.1.2 Clinical Performance Measures

Most of the 26 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 2023 goal for this measure is to maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at a rate of 44.7%. The IHS FY 2022 national rate was 41.8% (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 2023 goal for this measure is to maintain the rate of 24.4% for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use. The IHS FY 2022 rate was 25.0%.

3.1.2.1 Measure Example

GPRA Measure Cancer Screening: Mammogram Rates: During FY 2023, achieve the target rate of 28.7% 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 timeline 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 HP2030, will help in this endeavor.

IHS uses both HP2030 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP2030 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 FY23, CRS includes 26 performance measure topics included in the National GPRA/GPRAMA Report and 44 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 68 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 FY22 to the same measure from CRS FY23. 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 5.0.

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current v23.1 adds FY 2023 performance measures to the existing FY 2002 through FY 2022 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 4.4.

Note: Facilities that develop and use their own codes for IHSspecific 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 is used for GPRA measures. 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 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", those who have a SSN that begins with five zeros, 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:

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

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

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:

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

Table 3 2: Additional	modical clinics	codes and	descriptions
Table 3-2. Adultional	medical climics	- coues anu	descriptions

- 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", those who have a SSN that begins with five zeros, 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:

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

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

Clinical Reporting System

Clinic Code	Clinic Description
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", those who have a SSN that begins with five zeros, 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, and the visit must be either ambulatory (including day surgery or observation), a hospitalization or a telemedicine visit; the rest of the service categories are excluded.
- 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", those who have a SSN that begins with five zeros, 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:

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

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

Clinical Reporting System

Clinic Code	Clinic Description
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.

3.2.3.5 Active Clinical Plus Behavioral Health Population for Local Reports

- Patient records with name "DEMO,PATIENT", those who have a SSN that begins with five zeros, 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:

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

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

Clinic Code	Clinic Description
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

- 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", those who have a SSN that begins with five zeros, 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, and the visit must be either ambulatory (including day surgery or observation), a hospitalization, or a telemedicine visit; the rest of the service categories are excluded.
- 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", those who have a SSN that begins with five zeros, 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.

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

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

Clinical Reporting System

Clinic Code	Clinic Description
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

- 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 2023, achieve the target rate of 28.7% 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 with a SSN that begins with five zeros.
 - c. Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
 - d. Exclude any patient records with a date of death in the Patient Registration file.
 - e. Exclude any patient records that do *not* have value 01 (AI/AN) in the Beneficiary field of the Patient Registration file.
 - f. Exclude any patient records whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
 - g. 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, 0HDV0ZZ, 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.
 - 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, 0HDT0ZZ, 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, 0HDU0ZZ, 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, 77061 through 77063, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202, G0279.
 - 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, 2015 through September 30, 2016.

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 FY22 to the same measure from CRS FY23. The three time periods allow for truly comparable data.

3.3 FY23 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 IPC/PCMH reports, see the specific Performance Measure Definitions and Logic documents on the CRS website, CRS 2023 page at <u>https://www.ihs.gov/crs/software/fy23/</u>.

4.0 Getting Started: System Setup

Before a site can use the CRS for FY2023 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>
                                                OKLAHOMA 140
                                                                     4008140
                                       CADDO
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

Cl23 > 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.

Warning: 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:

Figure 4-2: CRS main menu

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type CI23 and press Enter. The CRS 2023 menu (Figure 4-3) displays.

Figure 4-3: CRS 2023 menu

2. At the "Select CRS 2023 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

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.

Warning: 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 are 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.
Warning: 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>
                                      OK
OKLAHOMA TAHLEQUAH 01
                                                            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>
    1HOMEOKLAHOMATAHLEQUAH89OK2HOMECALIFORNIA TRIBE/638UIHS-TSURAI893HOMEMONTANA URBROCKY BOY'S954HOMECALIFORNIA URBANAMERICAN 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

CI23 > 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. 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 automatically transfer 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 4/30/2023:
 - Ending date is 03/31/2023
 - Beginning date is 4/02/2022
- Date report is run is 06/01/2023:
 - Ending date is 04/30/2023
 - Beginning date is 05/02/2022

4.3.1 Set up Automated GPRA Extract

CI23 > 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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.

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 01 **<Enter>** OKLAHOMA TAHLEQUAH 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: xxx.xxx.xx.xxx// xxx.xxx.xxx <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, 2023@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:

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 unschedule the automated GPRA extract.

4.3.2 Manually Run GPRA Extract

Cl23 > 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016 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

CI23 > 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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 parameter's 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
TALTHINA
              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

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

CI23 > 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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

```
CI23 > 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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, 2023 at 12:00pm.
```

```
(JAN 16, 2023@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,
2023@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 checklists.

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 5.15 and 5.16.

4.4.3 Site-Populated Lab Taxonomies

The following site-defined lab taxonomies are used by CRS. One taxonomy was added, and two 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 CareHIV Screening	GPRA DevelopmentalSelected 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 TestingSTI Screening	GPRA DevelopmentalSelected 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 DevelopmentalSelected Measures

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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	National GPRA/GPRAMA
			 Colorectal Cancer Screening (CMS130) 	IPC/PCMH Measures
*BGP GPRA	All estimated GFR	ESTIMATED GFR; EST GFR	Diabetes:	National
ESTIMATED GFR	laboratory tests		Nephropathy Assessment	GPRA/GPRAMA
				GPRA/GPRAMA Performance
			Comprehensive	GPRA Developmental
			Care	Selected Measures
				Elder Care
				IPC/PCMH Measures
BGP GPRA FOB TESTS	All fecal occult blood laboratory tests	OCCULT BLOOD; FECAL OCCULT BLOOD; FOBT	Colorectal Cancer Screening	National GPRA/GPRAMA
			Colorectal Cancer Screening	GPRA/GPRAMA Performance
			(CMS130)	Selected Measures
				Elder Care
				IPC/PCMH Measures
BGP HEP C TEST	All Hepatitis C Lab Tests	HEP C TESTS	Hepatitis C	GPRA Developmental
IAX			Screening	Selected Measures
BGP HEP C CONF	All Hepatitis C	HEP C RNA TESTS	Hepatitis C	GPRA Developmental
IESTIAX	Confirmatory Lab Tests		Screening	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 ScreeningSTI Screening	 National GPRA/GPRAMA GPRA/GPRAMA Performance GPRA Developmental Selected Measures
BGP HIV-1 TEST TAX Deleted in v23.1			•	•
BGP HIV-2 TEST TAX Deleted in v23.1			•	•
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 DevelopmentalSelected Measures
BGP HPV TAX	All HPV laboratory tests	HPV TESTS HPV SCREEN	 Cervical Cancer Screening Cervical Cancer Screening (CMS124) 	 National GPRA/GPRAMA GPRA/GPRAMA Performance IPC/PCMH Measures
BGP HPV PRIMARY TAX	All HPV Primary (high risk) laboratory tests	HPV PRIMARY TESTS HPV PRIMARY SCREEN	Cervical Cancer Screening	 National GPRA/GPRAMA GPRA/GPRAMA Performance

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP PAP SMEAR TAX	All Pap smear laboratory tests	PAP SMEAR; THIN PREP PAP	 Cervical Cancer Screening Cervical Cancer Screening (CMS124) 	 National GPRA/GPRAMA GPRA/GPRAMA Performance Selected Measures IPC/PCMH Measures
*BGP SYPHILIS TEST TAX	*All Syphilis Lab Tests	*SYPHILIS TESTS; REAGIN AB; TREPONEMA PALLIDUM AB	Syphilis Screening	GPRA DevelopmentalSelected Measures
*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 GPRA Developmental Selected Measures Elder Care IPC/PCMH Measures
DM AUDIT ALT TAX	All Alanine Transaminase (ALT) laboratory tests	ALT; SGPT; ALT (SGPT)	Appropriate Medication Therapy after a Heart Attack	GPRA DevelopmentalSelected Measures
DM AUDIT AST TAX	All Aspartate Aminotransferase (AST) laboratory tests	AST; SGOT; AST (SGOT)	Appropriate Medication Therapy after a Heart Attack	GPRA DevelopmentalSelected 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

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT HGB A1C TAX	All HGB A1C laboratory tests	HGBA1C; A1C; HBA1C; HEMOGLOBIN A1C;	Diabetes: Glycemic Control	National GPRA/GPRAMA
		GLYCOSYLATED HEMOGLOBIN; GLYCOHEMOGLOBIN A1C	Diabetes Comprehensive care	GPRA/GPRAMA Performance
			Diabetes: Glycemic	Selected Measures
			Control (CMS122)	Elder Care
				IPC/PCMH Measures
DM AUDIT LDL CHOLESTEROL TAX	All LDL cholesterol laboratory tests Note : Do not include lipid panels	LDL; LDL-C	Statin Therapy to Reduce	 National GPRA/GPRAMA
			Cardiovascular Disease Risk in Patients with	GPRA/GPRAMA Performance
			Diabetes	Selected Measures
			Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	

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 the spreadsheet *CRS 2023 Medication Taxonomies v23.1*. 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 v23.1.

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 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
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 ECQM DEMENTIA MEDS	 All dementia medications developed by CQM Memantine hydrochloride Donepezil hydrochloride Donepezil hydrochloride/ Memantine hydrochloride Galantamine Galantamine hydrobromide Rivastigmine 	Developed by eCQM measure.	 Diabetes: Glycemic Control (CMS122) Breast Cancer Screening (CMS125) Colorectal Cancer Screening (CMS130) Controlling High Blood Pressure (CMS165) 	• IPC/PCMH Report
BGP HEDIS ACEI MEDS	All ACE inhibitor medications developed by HEDIS	 Prepopulated by NDC; developed by HEDIS. Angiotensin Converting Enzyme Inhibitors and Combinations: Benazepril (+/- amlodipine, hydrochlorothiazide) Captopril (+/- hydrochlorothiazide) Enalapril (+/- hydrochlorothiazide) Fosinopril (+/- hydrochlorothiazide) Lisinopril (+/- hydrochlorothiazide) Moexipril (+/- hydrochlorothiazide) Perindopril (+/- amlodipine) Quinapril (+/- hydrochlorothiazide) Ramipril Trandolopril (+/-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	GIC All anticholinergic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. First-generation antihistamines (Includes combination drugs):	 Use of High-Risk Medication in the Elderly 	 Selected Measures Elder Care
		Brompheniramine		
		Carbinoxamine		
		Chlorpheniramine		
		Clemastine		
		Cyproheptadine		
		Dexbrompheniramine		
		Dexchlorpheniramine		
		Dimenhydrinate		
		Diphenhydramine (oral)		
		Doxylamine		
		Hydroxyzine		
		Meclizine		
		Promethazine		
		Pyrilamine		
		Triprolidine		
		Antiparkinson agents:		
		Benztropine (oral)		
		Trihexyphenidyl		
		(Continued on next page)		

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 Methscopalamine 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: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	Prepopulated by NDC; developed by HEDIS.	Appropriate Medication Therapy after a Heart Attack	Appropriate Medication Therapy after a Heart Attack	 Appropriate Medication Therapy after a Heart Attack 	 Appropriate Medication Therapy after a Heart Attack 	 Appropriate Medication Therapy after a Heart Attack 	Appropriate Medication Therapy after a Heart Attack	GPRA Developmental							
	developed by HEDIS	Combinations:		 Selected Measures 												
		Azilsartan (+/- chlorthalidone)														
		Candesartan (+/- hydrochlorothiazide)														
		Eprosartan (+/- hydrochlorothiazide)														
		Irbesartan (+/- hydrochlorothiazide)														
		Losartan (+/- hydrochlorothiazide)														
		 Olmesartan (+/- amlodipine, hydrochlorothiazide) 														
		 Telmisartan (+/- amlodipine, hydrochlorothiazide) 														
		 Valsartan (+/- aliskiren, amlodipine, hydrochlorothiazide, sacubitril) 														

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA	All inhaled asthma medications	Prepopulated by NDC; developed by HEDIS	Asthma Assessments	Selected Measures
	developed by HEDIS	Inhaled Steroid Combinations:	7.00000110110	Mododroo
	for the denominator in the CRS HEDIS-based asthma measures	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		
BGP HEDIS ASTHMA	All asthma leukotriene	Prepopulated by NDC	Asthma	Selected
LEUK MEDS	modifier medications for the denominator in the CRS HEDIS-based asthma measures	Montelukast, Zafirlukast, Zileuton	Assessments	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	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: Digoxin Disopyramide 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 MEDSAll central nervous system medications used in CRS HEDIS- based measures	Prepopulated by NDC; developed by HEDIS. Antidepressants (Includes combination drugs):	Use of High-Risk Medication in the Elderly	Selected Measures	
	based measures	Amitriptyline	Lideny	Elder Care
		Amoxapine		
		Clomipramine		
	Desipramine			
		Doxepin		
		Imipramine		
		Nortriptyline		
		Paroxetine		
		Protriptyline		
		• Trimipramine Barbiturates:		
		 Amobarbital 		
		Butabarbital		
		Butalbital		
		Mephobarbital		
		Pentobarbital		
		Phenobarbital		
		Secobarbital		
		Central Nervous System, other:		
		Meprobamate		
		Nonbenzodiazepine Hypnotics:		
		Eszopicione		
		● ∠olpidem		
		 Zalepion (Continued on part page) 		
		(Continued on next page)		

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	VasodilatorsErgoloid mesylatesIsoxsuprine	 Use of High-Risk Medication in the Elderly 	Selected MeasuresElder 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- levomefolate biphasic Ethinyl estradiol-ethynodiol Ethinyl estradiol-ethynodiol Ethinyl estradiol-folic acid- levonorgestrel Ethinyl estradiol-levonorgestrel Ethinyl estradiol-norelgestromin Ethinyl estradiol-noregestrel Ethinyl estradiol-norgestimate Ethinyl estradiol-norgestrel Norgestrel 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, topical patch, and topical gel products only Megestrol Sulfonylureas, long-duration: Chlorpropamide Glimepiride 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 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 MEDAll skeletal muscle relaxant medications used in CRS HEDIS- heard measures	All skeletal muscle relaxant medications	Prepopulated by NDC; developed by HEDIS. (Includes combination drugs)	Use of High-Risk Medication in the	 Selected Measures
	used in CRS HEDIS-	Carisoprodol	Elderly	Elder Care
	based measures	Chlorzoxazone		
		Cyclobenzaprine		
		Metaxalone		
		Methocarbamol		
		Orphenadrine		
BGP IPC ABOVE	All medications for	Developed by eCQM measure.	Body Mass Index	 IPC/PCMH Report
NORMAL MEDS	above normal BMI	Diethylpropion HCL	(BMI) Screening and Follow-Up Plan (CMS69)	
develo		Lorcaserin HCL		
		Orlistat		
		Phentermine HCL		
		Phentermine/Topiramate		
BGP IPC BELOW NORMAL MEDS	All medications for	Developed by eCQM measure.	Body Mass Index	• IPC/PCMH
	below normal BMI	Megestrol Acetate	(BMI) Screening	Report
		Tetrahydrocannabinol	(CMS69)	

BCP IPC All medications for Developed by eCOM measure	Screening for	
DEPRESSION MEDS Positive depression screen follow-up developed by CQM 5-Hydroxytryptophan • Amitriptyline HCL • Amitriptyline HCL • Amitriptyline HCL/Chlordiazepoxide • Amitriptyline HCL/Perphenazine • Amitriptyline HCL • Amitriptyline HCL • Citalopram • Citalopram • Comipramine HCL • Desipramine HCL • Desipramine HCL • Doxepin • Duloxetine • Escitalopram • Fluoxamine Maleate • Imitriptyline HCL • Doxepin • Doxepin • Duloxetine • Escitalopram • Fluoxamine Maleate • Imitriptyline • Maprotiline HCL • Imitriptyline • Paroxetine • Paroxetine • Paroxetine HCL • Imitriptyline • Paroxetine HCL • Notriptyline • Paroxetine HCL • Paroxetine HCL	Depression and Follow-Up Plan (CMS2)	• IPC/PCMH 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/PCMH Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
Taxonomy Name BGP PQA ANTIRETROVIRAL MEDS	Description All antiretroviral medications used in CRS PQA-based measures	DrugsPre-populated by NDC; developed by PQA.Antiretrovirals:AbacavirAtazanavirDarunavirDelavirdineDidanosineDolutegravirDoravirineEfavirenzElvitegravirEnfuvirtideEnfuvirtideFosamprenavirIndinavirLamivudineMaravirocNelfinavirNevirapine	 Measures Used In Proportion of Days Covered by Medication Therapy HIV Quality of Care 	 Reports Used In GPRA Developmental Selected Measures
		NevirapineRaltegravir		
		RilpivirineRitonavir		
		 Saquinavir Stavudine (Continued on next page) 		

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
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-ilpivirine Dolutegravir-rilpivirine Doravirine-lamivudine-tenofovir Efavirenz-emtricitabine-tenofovir Efavirenz-lamivudine-tenofovir Efavirenz-lamivudine-tenofovir Efavirenz-lamivudine-tenofovir Efavirenz-lamivudine-tenofovir Eivitegravir-cobicistat-emtricitabine- tenofovir Eivitegravir-cobicistat-emtricitabine- tenofovir Eivitegravir-cobicistat-emtricitabine- tenofovir Eivitegravir-cobicistat-emtricitabine- tenofovir Eivitegravir-cobicistat-emtricitabine- tenofovir Eintricitabine-rilpivirine-tenofovir Lamivudine-tenofovir Lamivudine-tenofovir Lamivudine-tenofovir Lamivudine-tenofovir Lamivudine-tenofovir	 Proportion of Days Covered by Medication Therapy HIV Quality of Care 	 GPRA Developmental Selected Measures

Getting Started: System Setup

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 Budesonide-formoterol Budesonide-formoterol-glycopyrrolate Ciclesonide Flunisolide Fluticasone Fluticasone-salmeterol Fluticasone-umeclidinium-vilanterol Fluticasone-vilanterol Mometasone Mometasone-formoterol 	Primary Medication Non-adherence	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	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 Beta Blocker Medications and Combinations: Acebutolol Atenolol (+/- chorthalidone) Betaxolol Bisoprolol (+/- hydrochlorothiazide) Carvedilol Labetalol Metoprolol (+/- hydrochlorothiazide) Metoprolol Tartrate Nadolol (+/- bendroflumethiazide) Nebivolol (+/- valsartan) Penbutolol Sulfate Pindolol Propranolol (+/- hydrochlorothiazide) Timolol Maleate	 Proportion of Days Covered by Medication Therapy Appropriate Medication Therapy after a Heart Attack 	 GPRA Developmental Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
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 and Combinations: Amlodipine (+/- atorvastatin, benazepril, celecoxib, hydrochlorothiazide, olmesartan, perindopril, telmisartan, valsartan) Diltiazem Felodipine Isradipine Levoamlodipine Nicardipine Nifedipine (long acting only) Nisoldipine Verapamil (+/- trandolapril) 	Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures
BGP PQA BIGUANIDE MEDS	All biguanide medications used in CRS PQA-based measures	 Pre-populated by NDC; developed by PQA. Biguanides and Combinations: Metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) 	 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:	 Medication Therapy for Persons with Asthma 	IPC/PCMH Measures
		Beclomethasone		
		 Budesonide (+/- formoterol, glycopyrrolate) 		
		Ciclesonide		
		Flunisolide		
		• Fluticasone (+/- salemterol, vilanterol)		
		Mometasone (+/- formoterol)		
		Long-Acting Beta-Agonists:		
		 Formoterol (+/- budesonide, mometasone) 		
		Salmeterol (+/- fluticasone)		
		Vilanterol (+/- fluticasone)		
		Leukotriene Inhibitors:		
		Montelukast		
		Zafirlukast		
		Zileuton		
		Xanthines:		
		Long-acting theophylline		
Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
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BGP PQA COPD	All COPD medications used in CRS PQA- based measures	Pre-populated by NDC; developed by PQA. COPD medications:	Primary Medication Non-adherence	Selected Measures
		Aclildinium		
		Aclildinium-formoterol		
		Budesonide-formoterol		
		Budesonide-formoterol-glycopyrrolate		
		 Fluticasone-salmeterol xinafoate powder 		
		Fluticasone-umeclidinium-vilanterol		
		Fluticasone-vilanterol		
		Formoterol		
		Formoterol-aclidinium		
		Glycopyrrolate		
		Glycopyrrolate-formoterol		
		Indacaterol		
		 Indacaterol-glycopyrrolate 		
		Ipratropium		
		Ipratropium-albuterol		
		Olodaterol		
		Roflumilast		
		Salmeterol		
		Tiotropium		
		Tiotropium-olodaterol		
		Umeclidinium		
		Umeclidinium-vilanterol		

Taxonomy Name	Description	Drugs	Me	easures Used In	Re	eports Used In
BGP PQA DIABETES ALL CLASS	All diabetes medications used in	Pre-populated by NDC; developed by PQA.	•	Primary Medication Non-adherence	•	GPRA Developmental
	CRS PQA-based	Biguanides and Combinations:	•	Proportion of Days	•	Selected
	 Metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitzone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) 		Covered by Medication Therapy		Measures	
		Chlorpronamide				
		 Glimepiride (+/- pioglitazone, rosiglitazone) 				
		Glipizide (+/- metformin)				
		Glyburide (+/- metformin)				
		Tolazamide				
		Tolbutamide				
		Thiazilidinediones and Combinations:				
		 Pioglitazone (+/- alogliptin, glimiperide, metformin) 				
		 Rosiglitazone (+/- glimiperide, metformin) 				
		DiPeptidyl Peptidase (DPP)-IV Inhibitors and Combinations:				
		Alogliptin (+/- metformin, pioglitazone)				
		 Linagliptin (+/-empagliflozin, metformin) 				
		 Saxagliptin (+/-dapagliflozin, metformin) 				
		• Sitagliptin (+/- metformin, ertugliflozin)				
		(Continued on next page)				

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA DIABETES ALL CLASS	All diabetes medications used in	Receptor Agonists: Albiglutide	Primary Medication Non-adherence	GPRA Developmental
(Continued)	medications used in CRS PQA-based measures	 Albiglutide Dulaglutide Exenatide Liraglutide (+/- insulin degludec) Lixisenatide (+/- insulin glargine) Semaglutide *Tirzepatide Meglitinides: Nateglinide (+/-metformin) Sodium glucose co-transporter2 Inhibitors and Combinations: Canagliflozin (+/-metformin) Dapagliflozin (+/-metformin, saxagliptin) Empagliflozin (+/-metformin, # 	 Non-adherence Proportion of Days Covered by Medication Therapy 	Developmental • Selected Measures
		Frtugliflozin (+/-sitaglintin metformin)		
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 and Combinations: Alogliptin (+/- metformin, pioglitazone) Linagliptin (+/-empagliflozin, metformin) Saxagliptin (+/-dapagliflozin, metformin) Sitagliptin (+/- metformin, ertugliflozin) 	Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA INFUSED MS MEDS	All infused multiple sclerosis medications used in CRS PQA- based measures	 Pre-populated by NDC; developed by PQA. Alemtuzumab Cladribine Mitoxantrone Natalizumab Ocrelizumab 	Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures
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 (+/- formoterol) Formoterol (+/- aclidinium, budesonide, glycopyrrolate) Glycopyrrolate (+/- budesonide, formoterol, indacaterol) Indacaterol (+/- glycopyrrolate) Olodaterol (+/- flycopyrrolate) Salmeterol (+/- fluticasone) Tiotropium (+/- olodaterol) Unmeclidinium (+/- fluticasone, vilanterol) Vilanterol (+/- fluticasone, unmeclidinium) 	Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures
BGP PQA NEBULIZED BRONCHO MEDS	All nebulized bronchodilator medications used in CRS PQA-based measures	 Pre-populated by NDC; developed by PQA. Arformoterol Formoterol Glycopyrrolate Revefenacin 	 Proportion of Days Covered by Medication Therapy 	 GPRA Developmental Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*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: Daclizumab Fingolimid Glatiramer Ozanimod Siponimod Pyrimidine Synthesis Inhibitors: Teriflunomide Nrf2 Activators: Dimethyl Fumerate Diroximel Fumerate Monomethyl Fumarate Anti-CD20 Antibodies: Ofatumumab *Deleted cladribine	Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures
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 Edoxaban Rivaroxaban 	 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.	Concurrent Use of Opioids and Benzodiazenines	GPRA Developmental
		Benzhydrocodone	Denzodiazepines	 Selected Measures
		 Buprenorphine (excludes single-agent and combination buprenorphine products used to treat opioid use disorder) 		ivieasules
		Butorphanol		
		Codeine		
		Dihydrocodeine		
		Fentanyl		
		Hydrocodone		
		Hydromorphone		
		Levorphanol		
		Meperidine		
		Methadone		
		Morphine		
		• Opium		
		Oxycodone		
		Oxymorphone		
		Pentazocine		
		Tapentadol		
		Tramadol		

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA RASA MEDS	All RAS Antagonist medications	Pre-populated by NDC; developed by PQA.	Primary Medication Non-adherence	GPRA Developmental
	developed by PQA	ACE Inhibitors and Combinations:	 Proportion of Davs 	 Selected
		 Benazepril (+/- amlodipine, hydrochlorothiazide) 	Covered by Medication Therapy	Measures
		Captopril (+/- hydrochlorothiazide)		
		 Enalapril (+/- hydrochlorothiazide) 		
		 Fosinopril (+/- hydrochlorothiazide) 		
		 Lisinopril (+/- hydrochlorothiazide) 		
		 Moexipril (+/- hydrochlorothiazide) 		
		Perindopril (+/- amlodipine)		
		Quinapril (+/- hydrochlorothiazide)		
		Ramipril		
		Trandolopril (+/- verapamil)		
		ARB Medications and Combinations:		
		Azilsartan (+/- chlorthalidone)		
		Candesartan (+/- hydrochlorothiazide)		
		Eprosartan (+/- hydrochlorothiazide)		
		Irbesartan (+/- hydrochlorothiazide)		
		 Losartan (+/- hydrochlorothiazide) 		
		 Olmesartan (+/- amlodipine, hydrochlorothiazide) 		
		 Telmisartan (+/- amlodipine, hydrochlorothiazide) 		
		 Valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol) 		
		Direct Renin Inhibitors and Combinations:		
		Aliskiren (+/- hydrochlorothiazide)		

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 and Combinations: Atorvostatin (+/- amlodipine, *ezetimibe) Fluvastatin Lovastatin (+/- niacin) Pitavastatin Pravastatin Rosuvastatin (+/- ezetimibe) Simvastatin (+/- ezetimibe, niacin) 	 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
BGP PQA SULFONYLUREA MEDS	All sulfonylurea medications used in CRS PQA-based measures	 Pre-populated by NDC; developed by PQA. Sulfonylureas and Combinations: Chlorpropamide Glimepiride (+/- pioglitazone, rosiglitazone) Glipizide (+/- metformin) Glyburide (+/- metformin) Tolazamide Tolbutamide 	• Proportion of Days Covered by Medication Therapy	 GPRA Developmental Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA THIAZOLIDINEDIONE MEDS	All thiazilidinedione medications used in CRS PQA-based measures	 Pre-populated by NDC; developed by PQA. Thiazilidinediones and Combinations: Pioglitazone (+/- alogliptin, glimiperide, metformin) Rosiglitazone (+/- glimiperide, metformin) 	 Proportion of Days Covered by Medication Therapy 	 GPRA Developmental Selected Measures
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. Dalteparin Enoxaparin Fondaparinux Heparin Warfarin 	 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

CI23 > 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 2023 v23.1, you should expect to see a list of those taxonomies that are new to the 2023 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/PCMH 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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:

NGTC Taxonomy Check-National GPRA/GPRA Performance Rpts LRTC Taxonomy Check-Selected Measures Reports ELTC Taxonomy Check-Elder Care Report IPTC Taxonomy Check-IPC/PCMH 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 2022 v21.1.

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

4.6 Taxonomy Setup

Cl23 > 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 2023 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/PCMH 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 CI23. The CRS 2023 menu (Figure 4-3) displays.
- 2. At the "Select CRS 2023 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 2023 **
                       ** Taxonomy Setup Menu **
                              Version 23.1
                           DEMO INDIAN HOSPITAL
  NGTS
        Taxonomy Setup-National GPRA/GPRA Performance Rpts
  CRTS Taxonomy Setup-All CRS Reports
  IPCS Taxonomy Setup-IPC/PCMH Report
        View All CRS Taxonomies
  VT
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 sitepopulated 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).

```
Oct 08, 2023 15:50:41
2023 CRS TAXONOMY UPDATE
                                                              Page:
                                                                        1 of
                                                                                5
TAXONOMIES TO SUPPORT 2023 ALL CRS REPORTS REPORTING
1) BGP ANTI-PLATELET DRUGS DRUGS
                                                 Anti-Platelet Drugs.
2)BGP CD4 TAXLAB3)BGP CHLAMYDIA TESTS TAXLAB
                                                  CD4 Tests for HIV Quality of Ca
                                                  Chlamydia Lab Tests.
4) BGP CMS SMOKING CESSATION MEDS DRUGS

b) BGP CMS WARFARIN MEDS
b) BGP CREATINE KINASE TAX
b) BGP FIT-DNA TESTS
c) LAB

7) BGP FIT-DNA TESTS
                                    LAB
ADD Set FIT-DNA TESTSLAB8)BGP GPRA ESTIMATED GFR TAXLAB9)BGP GPRA FOB TESTSLAB10)BGP HEDIS ACEI MEDSDRUGS
                                               Estimated GFR Lab Tests
                                                 Fecal Occult Blood Lab Tests
11) BGP HEDIS ANTI-INFECTIVE MEDS DRUGS
12) BGP HEDIS ANTICHOLINERGIC MEDS DRUGS
13) BGP HEDIS ANTIDEPRESSANT MEDS DRUGS
                                                 Anti-Depressant Drugs
14) BGP HEDIS ANTITHROMBOTIC MEDS DRUGS
15) BGP HEDIS ARB MEDS
                                     DRUGS
16) BGP HEDIS ASTHMA INHALED MEDS
                                     DRUGS
         Enter ?? for more actions
                                                                               >>>
+
                                Q
S
    Select Taxonomy to Edit
                                              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).



Getting Started: System Setup

2) 3) 4)	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CMS SMOKING CESSATION MEDS	LAB LAB DRUGS	CD4 Tests for HIV Quality of Ca Chlamydia Lab Tests.
5)	BGP CMS WARFARIN MEDS	DRUGS	Contains Warfarin Drugs.
6)	BGP CREATINE KINASE TAX	LAB	, i i i i i i i i i i i i i i i i i i i
7)	BGP FIT-DNA TESTS	LAB	
8)	BGP GPRA ESTIMATED GFR TAX	LAB	Estimated GFR Lab Tests
9)	BGP GPRA FOB TESTS	LAB	Fecal Occult Blood Lab Tests
10)	BGP HEDIS ACEI MEDS	DRUGS	
11)	BGP HEDIS ARB MEDS	DRUGS	
12)	BGP HEDIS CONTRACEPTION MEDS	DRUGS	
13)	BGP HEDIS ISOTRETINOIN MEDS	DRUGS	
14)	BGP HEP C CONF TEST TAX	LAB	
15)	BGP HEP C TESTS TAX	LAB	
16)	BGP HIV TEST TAX	LAB	HIV Screening Lab Tests
	Enter ?? for more actions		>>>
S	Select Taxonomy to Edit	Q	Quit
D	Display a Taxonomy		
Sele	ect 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 **9** displays the BGP GPRA FOB TESTS taxonomy and its associated members (Figure 4-19).

```
TAXONOMY VIEW Oct 08, 2023 16:15:08 Page: 1 of 1
Display of the BGP GPRA FOB TESTS taxonomy
* View Taxonomies
1) _CRSU Fecal Occult Blood
2) _iFOB sample #1
3) POC FECAL OCCULT BLOOD
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 **42** 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, 2023 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, 2023 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 \mathbf{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.
- 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 Q-Man manual from the following RPMS website:

https://www.ihs.gov/rpms/applications/infrastructure/.

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/Options** 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.

This application uses the AUPN DISPLAY PPN parameter functionality and is defaulted to OFF until Patient Preferred Name (PPN) is available across the enterprise.

Note: While this parameter is turned off, the Patient Preferred Name will not display in this application. This allows the Patient Preferred Name display to be turned on at once without requiring a coordinated release of all applications. Once all applications support the display of the PPN, instructions will be sent out on how to enable this parameter system-wide.

5.1 Report and Patient List Overview

Several output options are included in CRS 2023. 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**)
 - IPC/PCMH 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.

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

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

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

Table 5-3: Population Options with Other National Reports

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

5.2 National GPRA/GPRAMA Report

CI23 > 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 2023 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 areas¹ as the GPRA Community¹¹. 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).

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.

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.

Figure 5-1: CRS main menu options

2. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type CI23 and press Enter to display the CRS 2023 Clinical Reporting System menu.





3. At the "Select CRS 2023 Option" prompt, type **RPT** and press Enter to display the **CRS 2023 Reports** menu.



Figure 5-3: CRS 2023 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 2023
                                               * *
                    **
                        National GPRA Reports
                                               * *
                    *****
                           Version 23.1
                        DEMO INDIAN HOSPITAL
        National GPRA/GPRAMA Report
  GP
  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
```



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 2023 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, 2022 through September 30, 2023 with a Baseline Year of October
1, 2015 through September 30, 2016. 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016

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 (Section 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 (Section 5.2.2.2). For detailed instructions, see Appendix A.
 - **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, 2023@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 (***).

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups	 Diabetes diagnosis ever Diabetes diagnosis during Report Period
*Diabetes (DM): Glycemic Control	*User Population Diabetic patients	 With Hemoglobin A1c, any value *2) With Poor control With A1c greater than or equal to (≥) 7 and less than (<) 8 With Good control
*DM: Blood Pressure Control	 Active Diabetic patients *2) User Population Diabetic patients 	1) With BP assessed *2) With Controlled BP **3) With BP less than (<) 130/80 **4) With BP greater than or equal to (≥) 130/80 and less than (<) 140/90

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)
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	 Active Diabetic patients, ages 40–75 years or any age with documented ASCVD or age 20 years and older with an LDL greater than or equal to (≥) 190 or familial hypercholesterolemia *2) User Population Diabetic patients, ages 40–75 years or any age with documented ASCVD or age 20 years and older with an LDL greater than or equal to (≥) 190 or familial hypercholesterolemia, broken down by age groups **3) User Population Diabetic patients, ages 40–75 years or any age with documented ASCVD, 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	 Active Diabetic patients *2) User Population Diabetic patients **3) User Population Diabetic patients with no ESRD 	*1) With estimated GFR <i>and</i> a urine albumin-to-creatinine ratio or with ESRD **2) With estimated GFR <i>and</i> a urine albumin-to-creatinine ratio
*DM: Retinopathy	 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

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*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
*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	 Active Clinical patients ages 6 months through 17 years Active Clinical patients ages years and older *User Population patients ages 6 months through 17 years *User Population patients 18 years and older User Population patients ages User Population patients ages User Population patients ages 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	 Active Clinical patients ages 19 years and older User Population patients ages 51–65 years User Population patients ages 51–65 years User Population patients 66 years and older *5) User Population patients ages 19 years and older **6) User Population patients ages 19 and older with cerebrospinal fluid leak or cochlear implant **7) User Population patients ages 19 and older with immunocompromising condition **8) User Population patients ages 19 and older with other underlying medical condition or risk factor **9) User Population patients ages 19 and older considered high-risk for zoster **10) Pregnant female Active Clinical patients **11) Pregnant female Active Clinical patients with visit during the third trimester 	 With Tdap/Td in the past 10 years (no refusals) With Tdap ever (no refusals) With influenza vaccine in past year (no refusals) With 2 Shingrix ever (no refusals) With 2 Shingrix ever (no refusals) With up-to-date pneumococcal vaccine (no refusals) With 1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year) (no refusals) With 1:1:2 combo (1 Tdap/Td in past 10 years, 1 Tdap ever) (no refusals) With 1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 2 Shingrix) (no refusals) With 1:1:2:2 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix) (no refusals) With 1:1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix) (no refusals) With 1:1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo) (no refusals) With 1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo) (no refusals) With 1:1:2:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo) (no refusals) With age-appropriate immunization combinations **13) Patients with high-risk up-to-date Pneumococcal vaccine **14) Patients who have received 2 doses of Shingrix ever, including contraindications **15) Pregnant patients with 1 dose of Tdap in the past 20 months **A) With contraindication or a documented not medically indicated (NMI) refusal **B) With Tdap during the first trimester. **C) With Tdap during the first trimester. **E) With Tdap during the third trimester.
		trimester. (Continued on next page)

Reports and Patient Lists

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Adult Immunizations (<i>Continued</i>)		 **16) Pregnant patients with influenza vaccine in the past year **A) With contraindication or a documented not medically indicated (NMI) refusal **17) Pregnant patients with 1 dose of Tdap in the past 20 months and influenza vaccine in the past year **18) Pregnant patients with Tdap during the third trimester
*Childhood IZ	 Active Clinical patients ages 19–35 months 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 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

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Cervical Cancer Screening	 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 or HPV Primary in the past 5 year 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 and HPV DNA on the same day in past 5 years D) Patients ages 30–64 years with HPV Primary in the past 5 years
*Cancer Screening: Mammogram Rates	 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)
*Colorectal Cancer Screening	 *1) Active Clinical patients ages 45–75 years 2) User Population patients ages 45–75 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	 Screened for tobacco use Tobacco users A) Smokers B) Smokeless C) ENDS 3) Exposed to environmental tobacco smoke (ETS)
*Tobacco Cessation	 Active Clinical patients identified as current tobacco users prior to the report period User Population patients identified as current tobacco users prior to the report period, broken down by age and gender groups 	 With tobacco cessation counseling or received a prescription for cessation medication (no refusals) 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)

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Alcohol Screening	 Active Clinical Plus BH patients ages 9–75 years Female Active Clinical patients ages 14–46 years Female Active Clinical patients ages 14–46 years screened for alcohol use *4) User Population patients ages 9–75 years 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
*Screening, Brief Intervention, and Referral to Treatment	 Active Clinical Plus BH patients ages 9–75 years screened positive for risky or harmful alcohol use User Population patients ages 9–75 years *3) User Population patients ages 9–75 years screened positive for risky or harmful alcohol use 	 Patients screened 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) within 7 days of screen Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) 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 1–3 days after screen D) Patients who were referred treatment within 7 days of screen
**Screening for Substance Use	 **1) Active Clinical patients ages 12 and older **2) Active Clinical patients ages 12 and older screened for substance use **3) User Population patients ages 12 and older **4) User Population patients ages 12 and older screened for substance use 	 **1) With substance use screening, diagnosis or procedure **2) With positive substance use screen

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**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	 **1) Patients screened for Substance Use Disorder (SUD) **2) Patients screened for pregnancy intention assessment
	 **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 	 **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 Intervention (BI) in Ambulatory Care within 7 days of positive screen **A) Patients who received a BI on same day as screen **B) Patients who received a BI 1–3 days after screen **C) Patients who received a BI 4–7 days after screen **D) Patients who were referred treatment within 7 days of screen **6) Patients with a diagnosis of substance
***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
*Depression Screening	 Active Clinical patients ages 12–17 years 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
**Suicide Risk Assessment	**User Population patients ages 12 and older who were seen in the Emergency Department	**With suicide risk assessment on the day of the ED visit
**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

Reports and Patient Lists
Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**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 any age with documented ASCVD or age 20 years and older with an LDL greater than or equal to (≥) 190 or familial 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
**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

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*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) User Population patients ages 13–64 years **5) 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) With HIV diagnosis ever **10) With first HIV diagnosis during the report period **11) 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 **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 **7) User Population patients ages 13–64 years **8) Pregnant User Population patients 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 (cured). **6) With Hepatitis C diagnosis ever **7) With first Hepatitis C diagnosis during the report period
**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
**Syphilis Screening	**User Population patients ages 13 and older	**With Syphilis screen

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
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 performed2) With HIV screening refusal
**Proportion of Days Covered by Medication Therapy	**All denominators	**All numerators
**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
Breastfeeding Rates	 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). 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). 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). 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). 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). 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). 	 With infant feeding choice (IFC) screening at least once With IFC screen at 2 months With IFC screen at 6 months With IFC screen at 9 months With IFC screen at 1 year *6) With IFC screen at 2 months and exclusively/mostly breastfed With IFC screen at 6 months and exclusively/mostly breastfed With IFC screen at 9 months and exclusively/mostly breastfed With IFC screen at 9 months and exclusively/mostly breastfed With IFC screen at 1 year and exclusively/mostly breastfed 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023, Version 23.1

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

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

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

patients, and the Report Period and Baseline Year.

- 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

Press enter to continue: <Enter>

• 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:



User Manual July 2023

12)	Adult Immunizations					
13)	Childhood Immunizations					
14)	Adolescent Immunizations					
15)	Cervical Cancer Screening					
16)	Cancer Screening: Mammogram Rates					
+	Enter ?? for m	ore ac	tions			
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, 2023 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)	Cervical Cancer Screening		
16)	Cancer Screening: Mammogram Rates		
+	Enter ?? for more actions		
S	Select Measure D De Select Measure	Q	Quit
Sele	ct 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) Not Controlled BP

5) Controlled BP (GPRA Dev)

6) Not Controlled BP (GPRA Dev)

7) BP <=130/80 and >140/90 (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, 2023) 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, 04/30/2023) 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016

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)
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	Not Controlled BP	List of diabetic patients with BP that is not controlled, 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 controlled BP, defined as less than (<) 130/80
*Diabetes: Blood Pressure Control	*Not Controlled BP	*List of diabetic patients with BP that is not controlled, defined as greater than (>)130/80
*Diabetes: Blood Pressure Control	*BP greater than or equal to (≥) 130/80 and less than (>)140/90	*List of diabetic patients with BP at or above 130/80 and below 140/90.
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Statin Therapy	List of diabetic patients ages 40–75 years or any age with ASCVD or age 20 and older with LDL greater than or equal to 190 or familial 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 any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial hypercholesterolemia without statin therapy
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Denominator Exclusions	List of patients with denominator exclusions
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*With Statin Therapy	*List of diabetic patients 40-75 or any age with ASCVD with statin therapy
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	*Without Statin Therapy	*List of diabetic patients 40-75 or any age with ASCVD 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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Diabetes: Nephropathy Assessment	Nephropathy Not Assessed	List of diabetic patients without nephropathy assessment
*Diabetes: Nephropathy Assessment	*Nephropathy Assessed	*List of diabetic patients with no ESRD with nephropathy assessment
*Diabetes: Nephropathy Assessment	*Nephropathy Not Assessed	*List of diabetic patients with no ESRD 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
*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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
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.
*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

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 With 1:1:1	List of patients ages 19–50 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 19–50 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 19–50 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 19–50 years without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
Adult Immunizations	User Population Patients With 1:1:1:2	List of patients ages 51–65 years with 1:1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix)
Adult Immunizations	User Population Patients Without 1:1:1:2	List of patients ages 51–65 years without 1:1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix)
Adult Immunizations	User Population Patients With 1:1:2	List of patients ages 51–65 years with 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix)
Adult Immunizations	User Population Patients Without 1:1:2	List of patients ages 51–65 years without 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix)
Adult Immunizations	User Population Patients With 1:1:1:2:1	List of patients ages 66 years and older with 1:1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients Without 1:1:1:2:1	List of patients ages 66 years and older without 1:1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients With 1:1:2:1	List of patients ages 66 years and older with 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	User Population Patients Without 1:1:2:1	List of patients ages 66 years and older without 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumo)
Adult Immunizations	With age-appropriate immunizations	List of User Population patients ages 19 years and older 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 ages 19 years and older without age-appropriate immunizations
*Adult Immunizations	*User Population Patients 19+ with Cerebrospinal Fluid Leak or Cochlear Implant With Pneumo	*List of User Population patients 19+ years with cerebrospinal fluid leak or cochlear implant with up-to-date Pneumococcal vaccine for high-risk patients.
*Adult Immunizations	*User Population Patients 19+ with Cerebrospinal Fluid Leak or Cochlear Implant Without Pneumo	*List of User Population patients 19+ years with cerebrospinal fluid leak or cochlear implant without up-to-date Pneumococcal vaccine for high-risk patients.
*Adult Immunizations	*User Population Patients 19+ with Immunocompromising Condition With Pneumo	*List of User Population patients 19+ years with immunocompromising condition with up-to-date Pneumococcal vaccine for high-risk patients.
*Adult Immunizations	*User Population Patients 19+ with Immunocompromising Condition Without Pneumo	*List of User Population patients 19+ years with immunocompromising condition without up-to-date Pneumococcal vaccine for high-risk patients.
*Adult Immunizations	*User Population Patients 19+ with Other Medical Condition With Pneumo	*List of User Population patients 19+ years with other underlying medical condition or risk factor with up-to-date Pneumococcal vaccine.
*Adult Immunizations	*User Population Patients 19+ with Other Medical Condition Without Pneumo	*List of User Population patients 19+ years with other underlying medical condition or risk factor without up-to-date Pneumococcal vaccine.
*Adult Immunizations	*User Population Patients 19+ High Risk With 2 Shingrix	*List of User Population patients 19+ years considered high-risk for Zoster with 2 doses of Shingrix ever.
*Adult Immunizations	*User Population Patients 19+ High Risk Without 2 Shingrix	*List of User Population patients 19+ years considered high-risk for Zoster without 2 doses of Shingrix ever.
*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
Childhood Immunizations	Active Immunization Package Patients with 4:3:1:3*:3:1:4	 will be 7–23 months. 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.
*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)

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*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
Cervical Cancer Screening	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 or HPV Primary in past 5 years
Cervical Cancer Screening	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 or HPV Primary in 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 45–75 years with CRC screening
Colorectal Cancer Screening	No CRC Screening	List of patients ages 45–75 years without CRC screening

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
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
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.

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 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
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
*Screening for Substance Use	*Active Clinical 12 and older with substance use screen	List of Active Clinical patients 12 and older screened for substance use.
*Screening for Substance Use	*Active Clinical 12 and older without substance use screen	List of Active Clinical patients 12 and older not screened for substance use.
*Screening for Substance Use	*Active Clinical 12 and older with positive substance use screen	List of Active Clinical patients 12+ with a positive substance screen.
*Screening for Substance Use	*Active Clinical 12 and older with negative substance use screen/no result	List of Active Clinical patients 12+ with a negative substance screen/no result.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Screening for Substance Use	*User Population 12 and older with substance use screen (GPRA Dev)	*List of User Population patients 12 and older screened for substance use.
*Screening for Substance Use	*User Population 12 and older without substance use screen	*List of User Population patients 12 and older not screened for substance use.
*Screening for Substance Use	*User Population 12 and older with positive substance use screen	*List of User Population patients 12 and older with a positive substance screen.
*Screening for Substance Use	*User Population 12 and older with negative substance use screen/no result	*List of User Population patients 12 and older with a negative substance screen/no result.
*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.

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 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 BI	*List of female User Pop patients 14–46 with positive SUD screen with BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14–46 with positive SUD screen without BI	*List of female User Pop patients 14–46 with positive SUD screen without 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 BI	*List of pregnant User Pop patients with positive SUD screen with BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with positive SUD screen without BI	*List of pregnant User Pop patients with positive SUD screen without BI within 7 days of screen.
*Suicide Risk Assessment	*With Suicide Risk Assessment	*List of User Pop patients seen in the ED who have a documented suicide risk assessment.
*Suicide Risk Assessment	*No Suicide Risk Assessment	*List of User Pop patients seen in the ED who do not have a documented suicide risk assessment.
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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
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.
*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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*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
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 any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial 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 with diabetes or any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial 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

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 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
*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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*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
*HIV Screening	*User Population Patients 13–64 with HIV Diagnosis Ever	*List of User Population patients 13–64 with documented HIV diagnosis ever.
*HIV Screening	*User Population Patients 13–64 with First HIV Diagnosis	*List of User Population patients 13–64 with first documented HIV diagnosis during the Report Period.
*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

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 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
*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

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 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.
*Hepatitis C Screening	*User Population Patients 13–64 with Hepatitis C Diagnosis Ever	*List of User Population patients 13–64 with documented Hep C diagnosis ever.
*Hepatitis C Screening	*User Population Patients 13–64 with First Hepatitis C Diagnosis	*List of User Population patients 13–64 with first documented Hep C diagnosis during the Report Period.
*Hepatitis C Screening	*Pregnant Patients with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of pregnant patients with no prior Hep C diagnosis who were screened for Hep C in the past 20 months
*Hepatitis C Screening	* Pregnant Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of pregnant patients with no prior Hep C diagnosis who were not screened for Hep C in the past 20 months
*Hepatitis C Screening	* Pregnant Patients with Positive Hepatitis C Screen	*List of pregnant patients with Hep C screening and positive 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
*Chlamydia Testing	*With Chlamydia screening refusal	*List of Active Clinical patients with documented chlamydia screening refusal

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*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
*Syphilis Screening	*User Population 13 and older with Syphilis screen	*List of User Population patients ages 13 and older with documented Syphilis screening.
*Syphilis Screening	*User Population 13 and older without Syphilis screen	*List of User Population patients ages 13 and older without documented Syphilis 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%

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 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
*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%

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 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%
*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

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 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%
*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

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*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
*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
*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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023 National GPRA/GPRAMA Report Clinical Performance Summaries
This will produce ONLY the clinical performance summaries for the
National GPRA/GPRAMA Report for the 2023 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, 2022 through September 30, 2023 with a Baseline Year of July 1,
2015 through June 30, 2016. 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.

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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016
```

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 BG231 file is *not* created when this report is run.

5.5 National GPRA/GPRAMA Report by Designated Provider

CI23 > RPT > NTL > **DPRV**

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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023 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, 2022 through September 30, 2023 with a Baseline Year of October 1, 2015 through September 30, 2016. 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016

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 BG231 file is *not* created when a user runs this report.

5.6 National GPRA Dashboard

CI23 > 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 CI23 and press Enter. The CRS 2023 main menu displays.
- 2. At the "Select CRS 2023 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 2023 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, 2022 through September 30, 2023 with a Baseline Year of October 1, 2015 through September 30, 2016. 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 2023 or 2024" 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022
```

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 BG231 file is *not* created when a user runs this report.

5.7 Search Template for National Patient List

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 Option" prompt, type **RPT** and press Enter to display the **CRS 2023 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 2023, Version 23.1 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, 2023 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) Cervical Cancer Screening
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, 2023 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
```

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10) Caries Risk Assessment
11) Influenza
12) Adult Immunizations
13) Childhood Immunizations
14) Adolescent Immunizations
15) Cervical Cancer Screening
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) Not controlled BP
    5) Controlled BP (GPRA Dev)
    6) Not controlled BP (GPRA Dev)
    7) BP <=130/80 and >140/90 (GPRA Dev)
Which item(s): (1-7): 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, 2023) 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, 04/30/2023) 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)
```

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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

CI23 > 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 "User Population" or "User Pop 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 Option" prompt, type **RPT** and press Enter to display the **CRS 2023 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 2023 or 2024: 2023 (2023) <Enter>
     Select one of the following:
                   ANY Clinic
         А
          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
                    Search Template of the Patients
          S
```

Reports and Patient Lists

```
Do you wish to create: R// R Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/23 <Enter> (NOV 01, 2023)

Enter Ending Appointment Date: 11/2/23 <Enter> (NOV 02, 2023)

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: 10/29/23 (OCT 29, 2023)
```

Figure 5-47: Patient list by clinic

- 2. At the "Run report for GPRA year 2023 or 2024" 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 2023 or 2024: 2023 (2023) <Enter>
Select PATIENT NAME: PATIENT <Enter>
                                     M 05-14-1980 WW 900259
  1
      PATIENT, CRJF
     PATIENT, CRS
  2
                                     F 01-01-1985 XXX-XX-4444 WW 23456
  3 PATIENT, CRSA
                                     F 06-01-1970WW 900000F 02-01-1956WW 900027
  4 PATIENT, CRSAA
  5
      PATIENT, CRSAB
                                     M 03-01-1957
                                                            WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
 PATIENT, CRJF
                                     М 05-14-1980
                                                          WW 900259
    Select one of the following:
                Forecast Report for the Patients
         R
                  Search Template of the Patients
         S
Do you wish to create: R// R Forecast Report for the Patients
Enter Beginning Appointment Date: 11/1/23 <Enter> (NOV 01, 2023)
Enter Ending Appointment Date: 11/2/23 <Enter> (NOV 02, 2023)
```

Figure 5-48: Patient list by patient

- 2. At the "Run report for GPRA year 2023 or 2024" 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 2023 or 2024: 2023 (2023) <Enter>
    Select one of the following:
         А
                 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:
                   Forecast Report for the Patients
          R
          S
                   Search Template of the Patients
Do you wish to create: R// R Forecast Report for the Patients
Enter Beginning Appointment Date: 11/1/23 <Enter> (NOV 01, 2023)
Enter Ending Appointment Date: 11/2/23 <Enter> (NOV 02, 2023)
     Select one of the following:
          А
                   ALL Patients with Appointments in the date range
          0
                    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: 10/29/23 (OCT 29, 2023)
```

Figure 5-49: Running the GPRA/GPRAMA Forecast Patient List by facility or division

- 2. At the "Run report for GPRA year 2023 or 2024" 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 2023 or 2024: 2023 (2023) <Enter>
Select patient(s): PATIENT <Enter>

        1
        PATIENT, CRJF
        M 05-14-1980

        2
        PATIENT, CRS
        F 01-01-1985 XX

        3
        PATIENT, CRSA
        F 06-01-1970

        4
        PATIENT CRSA
        F 02-01-1955

                                                                                WW 900259
                                             F 01-01-1985 XXX-XX-4444 WW 23456
                                              F 06-01-1970 WW 900000
   4 PATIENT, CRSAA
                                              F 02-01-1956
                                                                                  WW 900027
        PATIENT, CRSAB
                                              M 03-01-1957
   5
                                                                                  WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
PATIENT.CRJF
                                                                       WW 900259
                                            M 05-14-1980
  PATIENT, CRJF
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 2023 or 2024" 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, 2023) User #6213 File #9000001

2 DEMO_MALE_VISITS_21-55

(Jun 09, 2023) User #6213 File #9000001

3 DEMO_VISITS_MALE_21-55

(May 22, 2023) User #6213 File #9000001 INQ

4 DM_Alc_Test060110 (Jun 01, 2023) User #6213 File #9000001

CHOOSE 1-4: 3 DEMO_VISITS_MALE_21-55

(May 22, 2023) 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 Option" prompt, type **RPT** and press Enter to display the **CRS 2023 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, 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 Option" prompt, type **RPT** and press Enter to display the **CRS 2023 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 2023, Version 23.1
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 Cervical Cancer Screening 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, 2023) 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, 04/30/2023) 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
Cervical Cancer Screening	Documented Cervical Cancer Screen	User Population Cervical Cancer Screen
Cancer Screening: Mammogram Rates	Documented Mammogram	User Population Mammogram
Colorectal Cancer Screening	Documented CRC Screening	User Population CRC Scm
Tobacco Cessation	Documented Tobacco Cessation/Quit	User Population Tobacco Cess/Quit
Alcohol Screening	Documented Alcohol Screening	User Population Alcohol Scm
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 Scm

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Depression Screening	Documented Depression Screening	User Population Depr Scm 12 through 17
Depression Screening	Documented Depression Screening	User Population Scm 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

Cl23 > 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 B.

• 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023
                                                * *
         * *
           Reports for Local Use: IHS Clinical Measures **
         *****
                              Version 23.1
                     DEMO INDIAN HOSPITAL
  COM
       Selected Measures w/Community Specified
  PP
       Selected Measures w/Patient Panel Population
      Selected Measures w/All Communities
  ALL
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 B 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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:

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 2023 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 Women's Health-Related Measures WΗ Pharmacy Quality Alliance Measures PQA 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 display, as in the following examples:

PERF IHS (* in(ORMANCE MEASURE SELECTION Oct 08, 2023 11:01:09 Page: 1 of 5 Clinical Performance Measures dicates the performance measure has been selected
1) 2) 3) 4)	Diabetes Prevalence Diabetes Comprehensive Care Diabetes: Glycemic Control Diabetes: Blood Pressure Control
	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)	Cervical Cancer Screening
+	Enter ?? for more actions
S	Select Measure D De Select Measure Q Quit
Sele	ct Action:+//

Figure 5-65: Performance Measure Selection screen, Page 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2023 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) Screening for Substance Use
 24) Substance Use Disorder (SUD) in Women of Childbearing Age
 25) Intimate Partner (Domestic) Violence Screening
 26) Depression Screening
 27) Suicide Risk Assessment
 28) Antidepressant Medication Management
 29) Obesity Assessment
30) Childhood Weight Control
31) Weight Assessment and Counseling for Nutrition and Physical Activity
32) Nutrition and Exercise Education for At Risk Patients + 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, 2023 11:04:32
                                                         Page: 3 of
                                                                         5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
33) Physical Activity Assessment
34) Cardiovascular Disease and Blood Pressure Control
35) Controlling High Blood Pressure - Million Hearts
36) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
37) Appropriate Medication Therapy after a Heart Attack
38) Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atria
39) Heart Failure and Evaluation of LVS Function
40) HIV Screening
41) HIV Quality of Care
42) Hepatitis C Screening
43) Chlamydia Testing
44) Syphilis Screening
45) Sexually Transmitted Infection (STI) Screening
46) Asthma
47) Asthma Assessments
48) Proportion of Days Covered by Medication Therapy
        Enter ?? for more actions
+
S
    Select Measure D De Select Measure O
                                                        Ouit.
Select Action:+//
```

Figure 5-67: Performance Measure Selection screen, Page 3

```
PERFORMANCE MEASURE SELECTION Oct 08, 2023 11:05:33
                                                          Page:
                                                                  4 of
                                                                          5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
49) Primary Medication Non-adherence
50) Concurrent Use of Opioids and Benzodiazepines
51) Medications Education
52) Medication Therapy Management Services
53) Public Health Nursing
54) Breastfeeding Rates
55) Use of High-Risk 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
62) Rate of User Population Patients Receiving Patient Education
63) Rate of Documentation of Education Topics
64) Rate of Education by Provider
         Enter ?? for more actions
+
S
    Select Measure
                         D
                              De Select Measure
                                                 0
                                                         Ouit
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, 2023 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

    Diabetes: Blood Pressure Control
    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) Cervical Cancer Screening
         Enter ?? for more actions
+
S
    Select Measure D De Select Measure Q
                                                          Ouit
Select Action:+// Q <Enter> Quit
```

Figure 5-69: Selected Measures Reports - showing selected performance measure topics

- 8. If Rate of Education by Provider topic is chosen, do one of the following:
 - To enter provider names, press Enter, and then follow these steps:
 - Type the name of the 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.
- 9. 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. 2023

Enter Year: 2023 <Enter> 2023
```

Figure 5-70: Selected Measures Reports – selecting report date range

10. 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, 2023) 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, 04/30/2023) 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.
- 11. 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016
```

Figure 5-71: Selected Measure Reports – display of selected report date ranges

12. 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 13.
- 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 14.
- 13. 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.
- 14. Your HOME location (as defined in Section 4.2) displays.
- 15. 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 17 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, 2023 12:16:49 Page: 1 of 1

IHS 2023 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

16. 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
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

- 17. 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:
```

1Indian/Alaskan Native (Classification 01)2Not Indian Alaskan/Native (Not Classification 01)3All (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

- 18. 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 2023 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Oct 01, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016

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

19. 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,
```

Reports and Patient Lists

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

- 20. 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023
                                                    * *
          * *
             Reports for Local Use: IHS Clinical Measures **
          *****
                                    Version 23.1
                     DEMO INDIAN HOSPITAL
  COM Selected Measures w/Community Specified
      Selected Measures w/Patient Panel Population
  PP
  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:

2023 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 B.

• 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 13 and 14 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 12 in this section).
 - c. 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 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. If Rate of Education by Provider topic is chosen, do one of the following:
 - To enter provider names, press Enter, and then follow these steps:
 - Type the name of the 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.
- 10. 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 11 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No). Go to Step 13 to select the date range for the report.
- 11. 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 \mathbf{Q} (Quit) and press Enter.

- 12. 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.

- 13. 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, 2023) 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, 04/30/2023) 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.

14. 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 2023 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Jan 01, 2023 to Dec 31, 2023

Previous Year Period: Jan 01, 2022 to Dec 31, 2022

Baseline Period: Jan 01, 2016 to Dec 31, 2016

The following search template of patients will be included in

this report: DEMO_MALE_VISITS_21-55

The HOME location is: HOME 505989
```

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```
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

- 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 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

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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.

Reports and Patient Lists

```
* *
                            IHS/RPMS CRS 2023
                                                            * *
                                                          * *
            * *
              Reports for Local Use: IHS Clinical Measures
            *****
                                         Version 23.1
                        DEMO INDIAN HOSPITAL
  COM
        Selected Measures w/Community Specified
         Selected Measures w/Patient Panel Population
  PP
       Selected Measures w/All Communities
  AT.T.
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 2023 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
         POA
                  Pharmacy Quality Alliance Measures
                  Selected Measures (User Defined)
         SEL
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 12 and 13 in this section).
 - Select patient lists to include, if desired, and select a report type for the lists (see Steps 7, 9, and 10 in this section).
 - Select a beneficiary population (see Step 14 in this section).

- Select an output type (see Step 17 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. If Rate of Education by Provider topic is chosen, do one of the following:
 - To enter provider names, press Enter, and then follow these steps:
 - Type the name of the 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 "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 9 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No). Go to Step 11 to continue the report selection process.
- 9. 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 \mathbf{Q} (Quit) and press Enter.
- 10. 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.

11. The taxonomies required to run the report are checked. Press Enter to continue.

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, 2023) 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, 04/30/2023) 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.

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.

- 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. A summary of the Selected Measures report displays, as in the following example:

```
SUMMARY OF 2023 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED
The date ranges for this report are:
    Report Period: Jan 01, 2023 to Dec 31, 2023
    Previous Year Period: Jan 01, 2022 to Dec 31, 2022
    Baseline Period: Jan 01, 2016 to Dec 31, 2016
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

- 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.

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	 Patients with A1c, regardless of result Patients with BP documented in past 2 years Patients with controlled BP Patients with nephropathy assessment, defined as an estimated GFR and a urine albumin-to-creatinine ratio, or with ESRD Dx. Patients receiving any retinal screening (no refusals) Patients with diabetic foot exam Patients with A1c and Blood Pressure and Nephropathy Assessment and Retinal exam and Diabetic Foot Exam

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
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 <i>and</i> 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
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	 Patients who have been screened for tobacco use 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

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
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
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)
Cervical Cancer Screening	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators
Colorectal Cancer Screening	Female Active Clinical patients ages 45–75 years without a documented history of colorectal cancer	All numerators
Tobacco Use and Exposure Assessment	 Female Active Clinical patients ages 5 years and older, broken down by age Pregnant female User Population patients Female User Population patients ages 5 years and older 	All numerators

Reports and Patient Lists

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Alcohol Screening	 Female Active Clinical patients ages 14–46 years 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
Depression Screening	 Female Active Clinical patients ages 12–17 years Female Active Clinical ages 18 years and older Female Active Clinical ages 65 years and older Female User Population patients ages 12–17 years Female User Population ages 18 years and older Female User Population ages 65 years and older Female User Population ages 65 years and older Female Active Diabetic Female Active IHD 	All numerators
Obesity Assessment	 Female Active Clinical patients ages 2–74 years, by age groups 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	 Female Active Clinical patients ages 5 years and older, by age groups Numerator 1, Female Active Clinical patients ages 5 and older, by age groups. 	All numerators
Prenatal HIV Testing	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Hepatitis C Screening	Pregnant User Population patients with no Hep C	1) With Hepatitis C screening in the past 20 months A) With positive result
Chlamydia Testing	All denominators, by age groups.	All numerators
Syphilis Screening	Female User Population patients ages 13 years and older.	All numerators
Sexually Transmitted Infection (STI) Screening	HIV/AIDS screenings needed for key STI incidents for female Active Clinical	1) Count: Number of Female Active Clinical patients diagnosed with 1 or more key STIs during the defined period
	patients that occurred during the defined period (For numerators 2 and 3 only)	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)
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

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 19 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.

Performance Measure Topic	Patient List
Cervical Cancer Screening	List of women ages 24–64 years with 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 45–75 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
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
Screening for Substance Use	List of patients with documented substance screening and result, 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, 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 ED 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

Performance Measure Topic	Patient List	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	List of patients ages 40–75 years with diabetes or any age with ASCVD or age 20 and older with LDL greater than or equal to (≥) 190 or familial 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	
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	
Syphilis Screening	List of patients with documented Syphilis screening, 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	
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	

Performance Measure Topic	Patient List
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
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
	AFER - ITANSIEIS
	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
Rate of User Population Patients Receiving Patient Education	List of User Population patients who received patient education during the Report Period.
Rate of Documentation of Education Topics	List of User Population patients who received patient education during the Report Period with the count of each subtopic received.
Rate of Education by Provider	List of User Population patients who received patient education from the selected provider(s) during the Report Period.

5.12 GPRA/GPRAMA Performance Report

Cl23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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:

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, 2023) 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, 2023) 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, 04/30/2023) 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. 2023
Enter Year: 2023 (2023)
Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2016
Enter Year (e.g. 2016): 2016 (2016)
The date ranges for this report are:
Report Period: Jan 01, 2023 to Dec 31, 2023
Previous Year Period: Jan 01, 2022 to Dec 31, 2022
Baseline Period: Jan 01, 2016 to Dec 31, 2016
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 2023, Version 23.1
The date ranges for this report are:
    Report Period: Jan 01, 2023 to Dec 31, 2023
    Previous Year Period: Jan 01, 2022 to Dec 31, 2022
    Baseline Period: Jan 01, 2016 to Dec 31, 2016
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:
         Ρ
                 Print Report on Printer or Screen
                  Create Delimited output file (for use in Excel)
         D
         В
                  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).

5.13 Elder Care Report

CI23 > 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 CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023
                                          * *
                  * *
                                          * *
                     Other National Reports
                  *****
                         Version 23.1
                       DEMO INDIAN HOSPITAL
       GPRA/GPRAMA Performance Report
  GPU
     Elder Care Report
  ELD
  IPC IPC/PCMH 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:

```
2023 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 23 measures in the Elder Care Performance Measure Report.
Press enter to continue:
     Select one of the following:
                   Selected set of Measures
          S
          А
                   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, 2023 07:29:52 IHS Elder Clinical Performance Measures * indicates the performance measure has been selected	Page:	1 of	2
 Diabetes Prevalence Diabetes: Glycemic Control Diabetes: Blood Pressure Control Diabetes: Nephropathy Assessment Diabetic Retinopathy Diabetes: Access to Dental Services Access to Dental Service Adult Immunizations: Influenza Adult Immunizations: Pneumococcal Cancer Screening: Mammogram Rates Colorectal Cancer Screening Tobacco Use and Exposure Assessment Intimate Partner (Domestic) Violence Screening Depression Screening Obesity Assessment Cardiovascular Disease and Blood Pressure Control 			
+ Enter ?? for more actions S Select Measure D De Select Measure Select Action:+// S <enter></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 \mathbf{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:
```

Reports and Patient Lists

```
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, 2023) 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, 04/30/2023) 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, 2023 10:53:52
                                                         Page:
                                                                 1 of
                                                                         1
IHS FY23 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
    Select List
                                       D De Select List
S
A All Lists
                                       Q
                                            Ouit
Select Action:+// Q <Enter> Ouit
```

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 \mathbf{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,Demol <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 FY23 ELDER REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Jan 01, 2023 to Dec 31, 2023

Previous Year Period: Jan 01, 2022 to Dec 31, 2022

Baseline Period: Jan 01, 2016 to Dec 31, 2016

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
```

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	 Diabetes diagnosis ever Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55 and older, broken down by age groups	 With Hemoglobin A1c, any value With GPRA-defined Poor control (greater than [>] 9) With A1c equal to or greater than (≥) 7 and less than (<) 8 With Good control (less than [<] 8) With A1c less than (<) 7 With Hemoglobin A1c without result

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
DM: Blood Pressure Control	Active Diabetic patients 55 and older, broken down by age groups	 With BP assessed With Controlled BP With Not Controlled BP
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	 With any retinal screening (no refusals) A) With diabetic retinal exam B) With other eye exam 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)
Adult IZ: Influenza	Active Clinical patients 55 and older, broken down by age groups	 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 up-to-date pneumococcal vaccine or contraindication ever or NMI refusal
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55 and older, broken down by age groups	 With documented mammogram in past 2 years (no refusals) With refusal in past year
Colorectal Cancer Screening	Active Clinical patients 55 and older, broken down by gender and age groups	 With CRC screening (time period dependent upon type of CRC screening) (no refusals) With refusal in past year With FOBT/FIT in past year 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	 Screened for tobacco use Tobacco users A) Smokers B) Smokeless C) ENDS Smokers of other substances Exposed to ETS

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
IPV/DV Screening	Female Active Clinical patients 55 and older, broken down by age groups	 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	 With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis With depression-related patient education
Obesity Assessment (BMI)	Active Clinical patients 55 and older, broken down by age and gender groups	 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
Asthma	 Active Clinical patients and older, broken down by age groups From numerator 1 	 With 2 asthma-related visits or categorized in ARS as persistent Hospitalized for asthma
Public Health Nursing	No denominator; counts only	 Number of visits by PHNs in any setting, patients ages 55 and older Ages 55–64 years B) Ages 65–74 years C) Ages 75–84 years D) Ages 85 years and older E) PHN driver/interpreter Number of visits by PHNs in Home setting Ages 55–64 years D) Ages 85 years and older E) PHN driver/interpreter Number of visits by PHNs in Home setting Ages 55–64 years Ages 65–74 years C) Ages 75–84 years D) Ages 85 years and older E) PHN driver/interpreter

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Fall Risk Assessment in Elders	Active Clinical patients 65 and older, broken down by age and gender groups	 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 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	 With at least 1 high-risk medication With at least 2 high-risk medications of the same class Included in both numerators above are the following subnumerators: A) Anticholinergic meds B) Anticholinergic meds C) Anti-infective meds D) Cardiovascular meds E) Central nervous system meds F) Endocrine meds G) Pain meds H) Skeletal muscle relaxant meds
Palliative Care	No denominator. This measure is a total count only, not a percentage.	 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. 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 Patier	nt 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: 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
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 up-to-date 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

Performance Measure Topic	Patient List
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
	SHOP - Snopping
	MEDS Modications
	TRNS - Transportation
Astnma	and any asthma-related hospitalizations
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 IPC/PCMH Measures Report

Cl23 > RPT > OTH > **IPC**

5.14.1 Overview

The IPC/PCMH 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/PCMH 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.

5.14.2 Running the Report with Patient Lists

- 1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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 2023
                                               * *
                    **
                       Other National Reports **
                    *****
                                            * * * * * *
                            Version 23.1
                          DEMO INDIAN HOSPITAL
        GPRA/GPRAMA Performance Report
  GPU
  ELD
       Elder Care Report
       IPC/PCMH Measures Report
  TPC
Select Other National Reports Option:
```

Figure 5-99: Other National Reports menu

4. At the "Select Other National Reports Option" prompt, type **IPC** and press Enter to display information about the IPC/PCMH Measures report, as in the following example:

2023 IPC/PCMH Clinical Performance Measure Report This will produce an IPC/PCMH performance measures for all IPC/PCMH 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 16 measures in the IPC Clinical Performance Measure Report. Press enter to continue: Select one of the following: A All Measures Run the report on: S// S <Enter> Selected set of Measures

- Figure 5-100: 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/PCMH 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/PCMH Measures report, type A (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```
May 04, 2023 15:06:19
IPC/PCMH MEASURE SELECTION
                                                                   Page:
                                                                            1 of
                                                                                    2
IHS IPC/PCMH Clinical Performance Measures
* indicates the performance measure has been selected
1) Diabetes Comprehensive Care
2) Diabetes: Glycemic Control (CMS 122)
3) Influenza (CMS 147)
4) Adult Immunizations
5) Childhood Immunizations (CMS117)6) Adolescent Immunizations
7)
    Cervical Cancer Screening (CMS 124)
8) Breast Cancer Screening (CMS 125)
9) Colorectal Cancer Screening (CMS 130)
10) Depression Screening
11) Screening for Depression and Follow-Up Plan (CMS2)
12) Depression Remission at Twelve Months (CMS159)
13) Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)
14) Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155
15) Controlling High Blood Pressure (CMS165)
          Enter ?? for more actions
+
S
    Select Measure D De Select Measure
Select Action:+// S <Enter> Select Measure
```

Figure 5-101: 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 5.14.4.

8. The system checks to see if all taxonomies required for the IPC/PCMH 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 5-102: 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, 2023) 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, 04/30/2023) 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 5-103: 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/PCMH 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/PCMH MEASURE LIST SEL May 15, 2023 17:15:12 Page: 1 of 1
IHS 2023 IPC/PCMH 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
```

Figure 5-104: 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,Demol <Enter> DP
```

Figure 5-105: 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 5-106: 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/PCMH Measures Report displays, as in the following example:

```
SUMMARY OF IHS 2023 IPC/PCMH MEASURES REPORT TO BE GENERATED
The date ranges for this report are:
    Report Period: Jan 01, 2023 to Dec 31, 2023
    Previous Year Period: Jan 01, 2022 to Dec 31, 2022
    Baseline Period: Jan 01, 2016 to Dec 31, 2016
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:
         Ρ
                 Print Report on Printer or Screen
         D
                 Create Delimited output file (for use in Excel)
         В
                 Both a Printed Report and Delimited File
Select an Output Option: P//
```

Figure 5-107: Summary Screen for IPC/PCMH 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.

5.14.3 Report Content

Table 5-14: Content of the IPC/PCMH 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 With A1c With BP documented With estimated GFR and UACR or with ESRD With retinal evaluation With diabetic foot exam
Diabetes: Glycemic Control (CMS122)	Patients 18–75 years of age with diabetes and no hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	With Poor control (greater than [>] 9.0)
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	 With 1 dose meningococcal With 1 dose Tdap With 2–3 HPV With Tdap, meningococcal, and HPV
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, advanced illness or frailty, or spent more than 90 days in long-term care	With documented mammogram in the past 27 months

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening (CMS130)	Patients ages 50–75 years without history of colorectal cancer or total colectomy and no hospice indicator, advanced illness or frailty, or spent more than 90 days in long-term care	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)
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 <i>and</i> if positive, a follow-up plan is documented within 14 days following the positive screen
Depression Remission at Twelve Months (CMS159)	Patients ages 12 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	 With a height, weight and body mass index (BMI) percentile With counseling for nutrition 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, advanced illness or frailty, or spent more than 90 days in long-term care	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

5.14.4 IPC/PCMH Measures Patient List

Patient Lists are available for individual measures included in the IPC/PCMH 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 5-15: IPC/PCMH 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
Influenza (CMS147)	List of patients with Influenza code, if any
Adult Immunizations	List of patients ages 19 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 12 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

5.15 Lab Taxonomy Report

CI23 > RPT > TAX > **TXL**

5.15.1 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/PCMH 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.

5.15.2 Running the Reports

- 1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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**.

Figure 5-108: 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**.

Figure 5-109: 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 2023, Version 23.1
Site populated Lab Taxonomy Report for the:
SELECTED MEASURES Report
This will produce a report of all site-populated lab taxonomies for CRS
2023 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 5-110: 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.

5.15.3 Report Content

Table 5-16: 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 VIRAL LOAD TAX BGP HPV TAX BGP PAP SMEAR TAX BGP SYPHILIS TEST TAX BGP QUANT UACR TESTS DM AUDIT ALT 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 SYPHILIS TEST TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CREATININE TAX DM AUDIT HGB A1C 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
IPC/PCMH 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

5.16 Medication Taxonomy Report

CI23 > RPT > TAX > **TXM**

5.16.1 Overview

As with the Lab Taxonomy Report, these reports contain information on sitepopulated 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/PCMH 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.

5.16.2 Running the Report

- 1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type CI23 and press Enter to display the CRS 2023 main menu.
- 2. At the "Select CRS 2023 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**.



4. At the "Select Taxonomy Reports Option" prompt, type **TXM** and press Enter to display the **Medication Taxonomy Reports Menu**.

Figure 5-112: 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 2023, Version 23.1
Site populated Medication Taxonomy Report for the:
SELECTED MEASURES Report
This will produce a report of all site-populated medication taxonomies
for CRS 2023 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 5-113: 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.

5.16.3 Report Content

Table 5-17: Content of the Medication Taxonomy Report

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
NATIONAL GPRA/GPRAMA &	BGP ANTI-PLATELET DRUGS
GPRA/GPRAMA PERFORMANCE	BGP CMS SMOKING CESSATION MEDS
REPORTS	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 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 CMS SMOKING CESSATION MEDS BGP CMS SMOKING CESSATION MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ASTIMA INHALED MEDS BGP HEDIS ASTHMA INHALED MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS SICTRETINOIN MEDS BGP HEDIS ISOTRETINOIN MEDS BGP HEDIS SICTRETINOIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA ANTIRETROVIRAL MEDS BGP PQA ANTIRETROVIRAL MEDS BGP PQA ARB NEPRILYSIN INHIB BGP PQA ASTHMA INHALE STER MED BGP PQA ABENZODIAZ OP MEDS BGP PQA ACED MEDS BGP PQA COPD BGP PQA COPD BGP PQA DIABETES ALL CLASS BGP PQA INFUSED MS MEDS BGP PQA NEBULIZED BRONCHO MED BGP PQA NON-INFUSED MS MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA ANASA MEDS BGP PQA ASTATIN MEDS BGP PQA ASA MEDS BGP PQA ANDINFUSED MS MEDS BGP PQA ASA MEDS
	DM AUDIT ASPIRIN DRUGS
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

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
IPC/PCMH MEASURES REPORT	BGP ECQM DEMENTIA MEDS
	BGP IPC ABOVE NORMAL MEDS
	BGP IPC BELOW NORMAL MEDS
	BGP IPC DEPRESSION MEDS
	BGP PQA CONTROLLER MEDS

5.17 Report Formats

5.17.1 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 2023 Selected Measures with Community Specified Report."

```
Cover Page 1
*** IHS 2023 Selected Measures with Community Specified Report ***
CRS 2023, Version 23.1
```

Figure 5-114: 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, 2023 to Dec 31, 2023
Previous Year Period: Jan 01, 2022 to Dec 31, 2022
Baseline Period: Jan 01, 2016 to Dec 31, 2016
```

Figure 5-115: 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 5-116: 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 5-117: 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 5-118: 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 COMMUNITIESThe following communities are included in this report:BRAGGSBROKEN ARROWKANSASMARBLE CITYSAND SPRINGS

Figure 5-119: Sample of Community Taxonomy Name

```
Cover Page 1
       *** IHS 2023 Selected Measures with Community Specified Report ***
                             CRS 2023, Version 23.1
                         Date Report Run: Dec 28, 2023
                      Site where Run: DEMO INDIAN HOSPITAL
                       Report Generated by: Last, First
                  Report Period: Jan 01, 2023 to Dec 31, 2023
              Previous Year Period: Jan 01, 2022 to Dec 31, 2022
                 Baseline Period: Jan 01, 2016 to Dec 31, 2016
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 5-120: Sample of Report Cover Page 1

Cover Page 2 *** IHS 2023 Selected Measures with Community Specified Report *** CRS 2023, Version 23.1 Date Report Run: Dec 28, 2023 Site where Run: DEMO INDIAN HOSPITAL Report Generated by: Last, First Report Period: Jan 01, 2023 to Dec 31, 2023 Previous Year Period: Jan 01, 2022 to Dec 31, 2022 Baseline Period: Jan 01, 2016 to Dec 31, 2016 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 5-121: Sample of Report Cover Page 2

5.17.2 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, 2023
                                                                     Page 1
       *** IHS 2023 Selected Measures with Community Specified Report ***
                             DEMO INDIAN HOSPITAL
                 Report Period: Jan 01, 2023 to Dec 31, 2023
             Previous Year Period: Jan 01, 2022 to Dec 31, 2022
                Baseline Period: Jan 01, 2016 to Dec 31, 2016
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
                                                                      BASE %
                    PERIOD
                                PERIOD
                                               PREV YR % PERIOD
# 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 5-122: Example of a report page from a Selected Measures Report

Figure 5-122 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, 2023 Page 1

*** IHS 2023 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2023 to Dec 31, 2023

Previous Year Period: Jan 01, 2022 to Dec 31, 2022

Baseline Period: Jan 01, 2016 to Dec 31, 2016
```

Figure 5-123: 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.</pre>
```

- Figure 5-124: 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 5-125: 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 FY23 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 5-126: 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 2023 or the HP2030 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 5-127: 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 2023 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 PERIOD	% E E	PREV YR PERIOD	% (]	CHG from PREV YR %	BASE PERIOD	olo	CHG f BASE	rom %
# User Pop	3,029		2,607			2,371			
# w/ any DM Dx	270	8.9	248	9.5	5 -0.6	5 198	8	.4	+0.6
# W/ DM DX during Report Period	176	5.8	151	5.8	8 +0.0) 101	4	.3	+1.6

$\vdash \alpha \cap \alpha \land \neg \gamma \land \neg \land \neg \land \land$	amnia of Currant I	Zanori Parioa (nondo trom	Paet Vaare
I IUUI C J-IZO. C				
	_			

5.17.3 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 2023 target. 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.

5.17.3.1 National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries

MP Apr 08, *** IHS 2023 National GPR DEMO INDIAN H	2023 A/GPRAMA Re OSPITAL	eport ***	Page 1
Report Period: Oct 01, 20 Previous Year Period: Oct 01, Baseline Period: Oct 01, 2	22 to Sep 3 2021 to Sep 015 to Sep	30, 2023 ≥p 30, 2022 30, 2016	
GPRA DEVELOPMENTAL CLINICAL	Site Current	Site Site Previous	Site Baseline-
GPRA DEVELOPMENTAL MEASURES			
DIABETES	0.82	0 08	0.8%
10° DM Br $130/80$ and $110/80$	3.35	1.29	6.2%
UP DM Statin Therapy	2.2% 31.3%	4.20 16.7%	0.2% 9.1%
DM Pts $\leq 39 \text{ w/ ASCVD}$	20.0%	0.0%	0.0%
DM Pts 40-75 w/ ASCVD	44.4%	0.0%	9.1%
DM Pts 76+ w/ ASCVD	21.4%	25.0%	15.8%
DM Pts 40-75 w/o ASCVD	33.3%	14.3%	6.1%
UP DM Statin Therapy exclusions	23.8%	20.0%	18.5%
Allergy/ADR to Statin	20.0%	0.0%	26.7%
UP DM Nephropathy Assessed	1.9%	10.0%	7.2%
DENTAI.			
Dental Exam	25 9%	0.0%	12 5%
Treatment Completed	0.0%	0.0%	0.0%
Pregnant Visit	0.0%	0.0%	0.0%
# w/ Gen Anesthesia	3	0	0
Intact Sealants	0.0%	0.0%	13.3%
Top Fluoride-# Apps	2	0	6
Topical Fluoride	16.7%	0.0%	22.2%
Caries Risk Assessment	28.6%	0.0%	50.0%
TMMUNIZATIONS			
UP 19+ High Risk			
CFL/cochlear implant. Pneumo	52 9%	16 7%	33 3%
Immunocompromised: Pneumo	27.5%	22.6%	10.7%
Other risk factor: Pneumo	19.9%	13.5%	12.4%
High-Risk: Zoster	3.4%	0.0%	0.0%
Pregnant Pts			
Tdap in past 20 mos	0.0%	42.9%	66.7%
1st Trimester	0.0%	14.3%	25.0%
2nd Trimester	0.0%	14.3%	16.7%
3rd Trimester	0.0%	14.3%	16.7%
Unknown Trimester	0.0%	0.0%	8.3%
Influenza	71.4%	0.0%	16.7%
Tdap and Influenza	0.0%	0.0%	8.3%

Figure 5-129: Sample GPRA Developmental Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

			Apr 08	3, 2023			Page	2
* * *	IHS	2023	National	GPRA/GPRAMA	Report	* * *		

MP

DEMO INDIAN HOSPITAL Report Period: Oct 01, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016			
GPRA DEVELOPMENTAL CLINICAL	PERFORMANC Site Current	CE SUMMARY Site Previous	Site Baseline
Preg Pts w/ visit + Tdap in 3rd Tri	0.0%	20.0%	25.0%
Childhood 19-35 mos			
Active IMM 1 Dose Hep A	11.1%	0.0%	0.0%
Active IMM 2-3 Doses Rotavirus	38.9%	0.0%	0.0%
Active IMM 2 Doses Influenza	72 2%	0.0%	0 0%
Adolescent (13-17 Years)	,2.20	0.00	0.00
IIP. 1.1.2*	3 1%	9 4%	22 Z [%]
$\frac{110}{10} \text{ Male} \cdot 1 \cdot 1 \cdot 2 \star$	0.0%	11 12	40 0%
UD Fomalo, 1,1,2*	1 29		25 0%
UP. 1.1	4.50	15 69	2J.0%
UP: 1:1	0.36	100.00	JJ.08
UP: 1 Tdap	100.0%	100.0%	100.0%
UP: 1 Meningococcal	21.9%	18.8%	66./%
UP: 2 or 3 HPV	3.1%	9.4%	33.3%
UP Male: 2 or 3 HPV	0.0%	11.1%	40.0%
UP Female: 2 or 3 HPV	4.3%	8.7%	25.0%
BEHAVIORAL HEALTH			
AC 12+ w/ Substance Screen	14.6%	1.4%	0.4%
AC 12+ w/ Pos Substance Scrn	85.1%	75.0%	100.0%
UP 12+ w/ Substance Screen	12.7%	1.0%	0.3%
UP 12+ w/ Pos Substance Scrn	86.0%	75.0%	100.0%
Female IIP 14-46	00.00		200.00
SUD Screening	26 3%	0 0%	0 0%
Pregnancy Intention Assmt	4 5%	1 6%	1 1%
SUD + Prograncy Intention	2 32	0.08	0 08
UD Positivo Substance Abuse	2.5%	0.0%	0.0%
Drogpancy Intention Acamt	0.1%	0.0%	0.0%
Pregnancy Incention Assuc	2.10	0.0%	0.0%
Positive Pregnancy Intention	3.03	0.03	0.03
BNI/BI IN / days	39.48	0.0%	0.0%
W/ BNI/BI Same day	30.88	0.03	0.08
w/ BNI/BI 1-3 days	38.5%	0.0%	0.0%
w/ BN1/B1 4-/ days	30.8%	0.0%	0.0%
w/ Referral	1.7%	0.0%	0.0%
Pregnant Pts w/ SUD Dx	16.7%	0.0%	0.0%
Pregnant Positive Substance Abuse			
BNI/BI in 7 days	42.9%	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%

Figure 5-130: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 2

User Manual July 2023

GPRA DEVELOPMENTAL CLINICAL	PERFORMANC Site Current	E SUMMARY Site Previous	Site Baseline
w/ Referral	16.7%	0.0%	0.0%
Suicide Risk Assessment	20.0%	0.0%	0.0%
CARDIOVASCULAR DISEASE Weight Assess/Counsel 3-17			
Comprehensive Assessment	4.3%	0.0%	0.0%
BMI Documented	4.3%	0.0%	23.8%
Nutrition Counseling	6.4%	2.9%	4.8%
Physical Activity Counsel	4.3%	0.0%	9.5%
UP w/Phys Activity Screen	0.5%	0.2%	0.6%
UP w/Exercise Education	50.0%	100.0%	100.0%
UP w/Exercise Goal	0.0%	0.0%	0.0%
BP Assessed 18+	4.3%	2.9%	11.5%
BP Assessed in CHD Pts Med Therapy Post AMI	6.5%	16.7%	12.2%
Beta-Blocker Treatment	57 1%	0 0%	87 5%
ASA Treatment	0.0%	0.0%	18.8%
ACEI/ARB Treatment	42.9%	0.0%	37.5%
Statin Treatment	85.7%	0.0%	31.3%
With All Above Meds	0.0%	0.0%	6.3%
OTHER CLINICAL			
HIV Scrn No Prev			
Diag 13-64yrs	1.2%	0.4%	2.4%
w/ Positive Result	0.0%	0.0%	40.0%
w/ Negative Result	0.0%	0.0%	20.0%
w/ No Result	100.0%	100.0%	40.0%
W/ HIV Screen Past 5 yrs	4.8%	6.4%	16.1%
W/ HIV Screen	२ २ <u>%</u>	0 08	10 3%
w/ Desitive Pecult	0.08	0.08	33 38 TO'29
W/ HIV Screen Ever	43 38	43 38	44 8%
IIP 13-64	10.00	10.00	00. FF
HIV Dx Ever	8.5%	7.9%	8.5%
1st HIV Dx	1.5%	1.1%	3.1%
# HIV Screens		4	9
HIV+ w/CD4 count	0.0%	0.0%	0.0%

Figure 5-131: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 3

GPRA DEVELOPMENTAL	CLINICAL	PERFORMANC Site Current	E SUMMARY Site Previous	Site Baseline
HIV+ w/CD4 <200 HIV+ w/CD4 =>200 and =<350 HIV+ w/CD4 >350 and =<500 HIV+ w/CD4 >500 HIV+ w/no CD4 result HIV Pts w/CD4 only HIV Pts w/viral load only		0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%

HIV Pts w/CD4 & viral load HIV Pts w/any test HIV Pts w/ART Rx	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%	0.0% 0.0% 0.0%
Hep C Screening w/ Positive Result	18.6% 22.2% 27.8%	20.6% 20.0% 25.0%	20.0% 15.8% 26.3%
UP Pts	27.0%	23.0%	20.5%
w/ Positive Ab result w/ Hep C Diagnosis	36.1% 72 2%	33.3% 75.8%	33.3% 79.2%
Hep C Confirmation Test	38.9%	42.4%	58.3%
w/ Positive Result	64.3%	64.3%	64.3%
w/ Negative Result UP Pts born 1945-1965	14.3%	14.3%	14.3%
w/ Positive Ab result	46.2%	42.9%	41.7%
w/ Hep C Diagnosis	61.5%	64.3%	66.7%
Hep C Confirmation Test	69.2%	64.3%	75.0%
W/ Positive Result	55.6%	55.6%	55.6%
W/ Negalive Result UP Pts Ever Cured	22.26	22.26	22.20
UP Pts Currently Cured	0.0%	0.0%	0.0%
UP Pts born 1945-1965			
Ever Cured	20.0%	20.0%	20.0%
Currently Cured UP Pts 18+	0.0%	0.0%	0.0%
Hep C Screening	19.8%	19.3%	17.5%
w/ Positive Result	10.4%	7.8%	5.6%
w/ Negative Result UP 13-64	25.4%	23.4%	24.1%
Hep C Dx Ever	5.2%	5.2%	5.8%
lst Hep C Dx UP Pregnant Pts	0.7%	1.1%	0.9%
Hep C Screening	33.3%	0.0%	0.0%

Figure 5-132: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 4

GPRA DEVELOPMENTAL CLINICAI	PERFORMANC	CE SUMMARY	
	Site	Site	Site
	Current	Previous	Baseline
w/ Positive Result	50.0%	0.0%	0.0%
AC 16-29 w/Chlamydia Test	0.0%	0.0%	3.4%
w/ Refusal**	0.0%	0.0%	3.4%
AC 16-20	0.0%	0.0%	0.0%
AC 21-25	0.0%	0.0%	0.0%
AC 21-24	0.0%	0.0%	0.0%
AC 25-29	0.0%	0.0%	9.1%
AC 16-29 Sexually Active			
w/Chlamydia Test	0.0%	0.0%	0.0%
AC Sexually Active 16-20	0.0%	0.0%	0.0%
AC Sexually Active 21-24	0.0%	0.0%	0.0%
AC Sexually Active 25-29	0.0%	0.0%	0.0%
UP 16-29 Sexually Active			
w/Chlamydia Test	0.0%	0.0%	0.0%
UP Sexually Active 16-20	0.0%	0.0%	0.0%
UP Sexually Active 21-24	0.0%	0.0%	0.0%
UP Sexually Active 25-29	0.0%	0.0%	0.0%

UP 13+ w/ Syphilis Screen STI AC Pts w/HIV Screen w/ Refusal**	0.5% 100.0% 0.0%	0.0% 0.0% 0.0%	0.6% 6.3% 0.0%
STI UP Pts w/HIV Screen	100.0%	0.0%	6.3%
UP w/beta-blocker PDC>=80%	0.0%	0.0%	0.0%
UP w/beta-blocker gap>=30d	0.0%	0.0%	0.0%
UP w/RASA PDC>=80%	0.0%	0.0%	0.0%
UP w/RASA gap>=30d	100.0%	0.0%	100.0%
UP w/CCB PDC>=80%	0.0%	0.0%	0.0%
UP w/CCB gap>=30d	0.0%	0.0%	0.0%
UP w/biguanide PDC>=80%	0.0%	0.0%	0.0%
UP w/biguanide gap>=30d	100.0%	0.0%	0.0%
UP w/sulfonylurea PDC>=80%	100.0%	0.0%	0.0%
UP w/sulfonylurea gap>=30d	0.0%	0.0%	0.0%
UP w/thiazolidinedione PDC >=80%	0.0%	0.0%	0.0%
UP w/thiazolidinedione gap >=30d	100.0%	0.0%	0.0%
UP w/DDP-IV PDC>=80%	100.0%	0.0%	0.0%
UP w/DDP-IV gap>=30d	100.0%	0.0%	0.0%
UP w/Diabetes All Class PDC >=80%	100.0%	0.0%	0.0%
UP w/Diabetes All Class gap >=30d	0.0%	0.0%	0.0%
UP w/statin PDC>=80%	0.0%	0.0%	0.0%

Figure 5-133: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 5

GPRA DEVELOPMENTAL CLINICA	L PERFORMANO Site Current	CE SUMMARY Site Previous	Site Baseline
UP w/statin gap>=30d	100.0%	0.0%	0.0%
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% UP w/ LA inhaled	0.0%	0.0%	0.0%
bronchodilator PDC >=80% UP w/ non-infused disease	0.0%	0.0%	0.0%
mod agents PDC >=80%	0.0%	0.0%	0.0%
AC 18+ w/ Opioids + Benzo	0.0%	0.0%	0.0%
AC 18+ w/MTM	0.0%	0.0%	0.0%
Glaucoma Optic Nerve Head Eval	0.0%	0.0%	0.0%
** Not GPRA Developmental measure but ind refusals with respect to GPRA Development	cluded to sh tal measure	now percentag	re of

Figure 5-134: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 6

MP	Apr 08, 2023	Page 1
	*** IHS 2023 National GPRA/GPRAMA Report ***	
	DEMO INDIAN HOSPITAL	
	Report Period: Oct 01, 2022 to Sep 30, 2023	
	Previous Year Period: Oct 01, 2021 to Sep 30, 2022	
	Baseline Period: Oct 01, 2015 to Sep 30, 2016	
	SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY	

Current Previous Baseline DIABETES Diabetes DX Ever** 64.8% 31.3% 24.1% UP Documented Alc** 9.2% 12.5% 80.8% UP Alc >=7 and <8 1.4% 4.2% 14.5% UP Good Glycemic Control <8 3.6% 6.4% 40.3% UP BAsessed 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 16.7% 14.3% 78.6% DM Pts 76+ w/ CVD or LDL>=190 11.1% 20.0% 25.0% DM DM Pts 76+ w/ CVD or LDL>=190 11.1% 20.0% 25.0% DM DM Pts 40-75 12.5% 22.2% 72.0% DM DM Pts 40-75 12.5% 2.7% 70.8% AC Nephorpathy Assessed 16.5% 12.8% 65.7% 70.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 3.17 # Sealants 3 3.17 <tr< th=""><th></th><th>Site</th><th>Site</th><th>Site</th><th></th></tr<>		Site	Site	Site	
DIABETES Diabetes DX Ever** 64.8% 31.3% 24.1% UP Documented Alc** 9.2% 12.5% 80.8% UP Alc >=7 and <8		Current	Previous	Baseline	
DIABETES Diabetes DX Ever** 64.8% 31.3% 24.1% UP Documented ALc** 9.2% 12.5% 80.8% UP Alc >7 and <8					
Diabetes DX Ever** 64.8% 31.3% 24.1% UP Documented Alc** 9.2% 12.5% 80.8% UP Alc >=7 and <8					
Dublects brack 91.05 91.05 91.15 UP Documented Alc** 92.8 12.5% 80.8% UP Alc >=7 and <8	Diabetes DX Ever**	64 8%	31 3%	24 18	
OF DOCUMENTED ATC 3.2% 12.3% 00.0% UP AIC >=7 and <8	UP Decumented Ale**	0 7 9 0 7 9	12 59	27.10	
OF ACC / P and CO 1.45 14.35 UP Good Glycemic Control <8	IIP A1c >=7 and <8	J.2% 1 /19	1 29	14 59	
DF BOOM Sequence Control (5) 3.05 0.43 97.15 AC BP <140/90	UP Cood Clucomia Control <9	7.40	4.2%	10 39	
OF BF ASSESSED 10.75 10.75 37.15 AC BP (140/90 4.3% 6.4% 74.4% UP DM Statin Therapy 0.0% 100.0% 88.9% 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 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 Optometry visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # # Sealants 2-15 2 2222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS 2 28.9% 0.5% 48.9% <	UP PD Assossed	16 0%	10 4%	40.30	
AC DF (140700 4.3% 0.4% 74.4% UP DM Statin Therapy DM Pts 21-39 w/ CVD or LDL>=190 10.0% 100.0% 88.9% DM Pts 21-39 w/ CVD or LDL>=190 16.7% 14.3% 78.6% DM Pts 40-75 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 Nephropathy Assessed 16.5% 12.8% 65.7% UP Opthalmology visit 0.0% 0.0% 2.7% UP Opthalmology visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 317 # Sealants 3 3 317 # Sealants 2 2 222 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS 2 30.8% 31.4% 31.4% UP Adult 19-50 70.4% 87.5% 80.9% <td>Dr Dr ASSESSEU</td> <td>10.90</td> <td>10.4%</td> <td>71 19</td> <td></td>	Dr Dr ASSESSEU	10.90	10.4%	71 19	
DM 95 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 40-75 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 Optometry visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # # Sealants 3 3 17 # Sealants 3 3 317 # Sealants 2 2 222<	IID DM Statin Thorany	4.00	0.40	/4.40	
DM Pts 24-39 w/ CVD or LDL>=190 10.0% 14.3% 78.6% DM Pts 40-75 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 Opthalmology visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 3 # Sealants 3 3 317 # Sealants 2-15 2 2 222 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% 10.4% UP Adult 19+50 Tdap/Td past 10 yrs 79.4% <t< td=""><td>DM Dto 21 20 w/ CVD or IDIX=100</td><td>0.0%</td><td>100 0%</td><td>00 00</td><td></td></t<>	DM Dto 21 20 w/ CVD or IDIX=100	0.0%	100 0%	00 00	
DM Pts 76+ w/ CVD or LDL>=190 10.78 14.38 70.08 DM Pts 76+ w/ CVD or LDL>=190 11.18 20.08 25.08 DM Pts 40-75 12.58 22.28 72.08 UP DM Statin Therapy exclusions 65.98 64.38 52.58 Allergy/ADR to Statin 13.88 7.44 13.38 AC DM Statin Therapy 11.68 26.78 70.88 AC Nephropathy Assessed 16.58 12.88 65.78 UP Validated teleretinal visit 0.08 0.08 2.78 UP Opthhalmology visit 0.08 0.08 32.88 AC Retinopathy Assessed 3.88 4.38 36.28 DENTAL # Sealants 3 317 # Sealants 3 3 317 <td< td=""><td>DM Pts /0_75 w/ CVD OI LDL>=190</td><td>16 79</td><td>1/ 20-</td><td>78 69</td><td></td></td<>	DM Pts /0_75 w/ CVD OI LDL>=190	16 79	1/ 20-	78 69	
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% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 2-15 2 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS AC Aclinfluenza 6mos - 17yrs 28.9% 0.5% 48.9% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 79.4% 87.5% 80.9% Tdap/Td past 10 yrs 79.4% 87.5% 80.9% Tifluenza 6.5% 0.7% 25.3% 1:1:1 Combo 5.2% 0.6% 10.1%	DM Pts 764 W/CVD or IDIX=190	10./8 11 10-	14.38 20 0º-	25 0%	
DM FLS 40-73 12.33 22.26 72.08 UP DM Statin Therapy exclusions 65.98 64.38 52.58 Allergy/ADR to Statin 13.88 7.48 13.38 AC DM Statin Therapy 11.68 26.78 70.88 AC Nephropathy Assessed 16.58 12.88 65.78 UP Validated teleretinal visit 0.08 0.08 2.78 UP Opthalmology visit 0.08 0.08 8.68 UP Optometry visit 0.08 0.08 32.88 AC Retinopathy Assessed 3.88 4.38 36.28 DENTAL # Sealants 3 3 317 # Sealants 3 3 317 36.28 DENTAL # Sealants 3 3 317 # Sealants 3 3 317 36.28 DENTAL # Sealants 3 3 317 # Sealants 3 3 317 36.28 36.28 DENTAL # Sealants 5 0 275 Topical Fluoride-#	DM Pto 40 75	10 F°	20.08	23.0%	
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% 2.7% UP Optmetry visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 3 # Sealants 3 3 317 # Sealants 2-15 2 2 222 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS X 31.4% 36.8% AC Influenza 18+ 9.0% 1.2% 30.8% UP Influenza 65+ 8.8% 1.6% 37.5% AC Adult 19+ 12 Combos 47.8% 73.2% 31.4% UP Adult 19-50 Tdap/Td past 10 yrs 79.4% 87.5% 80.9% Tdap ever 74.2% 82.9% 33.7% 11.11 Combo 5.2% 0.6% <td< td=""><td>UN PLS 4U-/J UD DM Statin Therapy avaluations</td><td>12.3%</td><td>ZZ.Z8</td><td>12.Urd 52 50-</td><td></td></td<>	UN PLS 4U-/J UD DM Statin Therapy avaluations	12.3%	ZZ.Z8	12.Urd 52 50-	
Allergy/Abk 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 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 Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 Tdap ver 74.4% 82.9% 33.7% 116 Todap ver 74.2% 82.9% 33.7% 116 110 mob <td>OP DM Statin Therapy exclusions</td> <td>65.98</td> <td>04.36</td> <td>JZ.J6</td> <td></td>	OP DM Statin Therapy exclusions	65.98	04.36	JZ.J6	
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 # Sealants 3 3 317 # Sealants 2 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS XC Influenza 6mos - 17yrs 28.9% 0.5% 48.9% AC Influenza 18+ 9.0% 1.2% 30.8% UP UP Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 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%	Allergy/ADR to Statin	13.00	7.48	13.36	
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% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 3 317 # Sealants 3 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 65+ 8.8% 1.6% 37.5% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 Tdap ever 74.2% 82.9% 33.7% Tdap ever 74.2% 82.9% 33.7% 11.1% 1:1 Combo 5.2% 0.6% 10.1% 11.1% UP Adult 51-65 Tdap/Td past 10 yrs 76.9% 82.4% 33.7% UP Adult 51-65 Tda	AC DM Statin Therapy	11.0%	26.78	/0.8%	
OP Validated telefetinal 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 2 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS 2 30.8% 48.9% AC Influenza 6mos - 17yrs 28.9% 0.5% 48.9% AC Influenza 6th 8.8% 1.6% 37.5% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 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 5.2% 0.6% 10.1% 1:1 Combo 73.5% 82.4% 33.7%	AC Nephropathy Assessed	10.5%	12.8%	65./%	
UP Optimizer 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 3 3 317 # Sealants 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 65+ 8.8% 1.6% 37.5% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 79.4% 87.5% 80.9% Tdap/Td past 10 yrs 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	UP validated teleretinal visit	0.0%	0.0%	2.18	
OP Optometry Visit 0.0% 0.0% 32.8% AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 3 317 # Sealants 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 66t+ 8.8% 1.6% 37.5% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 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 51-65 76.9% 82.4% 82.4%	UP Ophthalmology visit	0.0%	0.0%	8.6%	
AC Retinopathy Assessed 3.8% 4.3% 36.2% DENTAL # Sealants 3 317 # Sealants 2-15 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS	UP Optometry visit	0.0%	0.0%	32.8%	
DENTAL # Sealants 3 3 3 317 # Sealants 2-15 2 2 2222 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 19-50 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 51-65 Tdap/Td past 10 yrs 76.9% 82.4% 92.4%	AC Retinopathy Assessed	3.8%	4.3%	36.2%	
# Sealants 3 3 317 # Sealants 2-15 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS	DENTAI.				
# Sealants 2-15 2 2 222 Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS 2 2 221 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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	# Sealants	З	З	317	
Topical Fluoride-# Pts 5 0 275 Topical Fluoride-# Pts 1-15 4 0 221 IMMUNIZATIONS 4 0 221 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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	# Sealants 2-15	2	2	222	
Topical Fluoride # Pts 1-15 3 0 2/3 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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	Topical Fluoride-# Pts	5	0	275	
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 19-50 79.4% 87.5% 80.9% Tdap/Td past 10 yrs 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	Topical Fluorido-# Pts 1-15	1	0	275	
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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	TOPICAL FIGULIDE # FCS I-10	4	0		
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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	IMMUNIZATIONS				
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 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	AC Influenza 6mos - 17yrs	28.9%	0.5%	48.9%	
UP Influenza 65+ 8.8% 1.6% 37.5% AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	AC Influenza 18+	9.0%	1.2%	30.8%	
AC Adult 19+ IZ Combos 47.8% 73.2% 31.4% UP Adult 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	UP Influenza 65+	8.8%	1.6%	37.5%	
UP Adult 19-50 79.4% 87.5% 80.9% 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 51-65 76.9% 82.4% 82.4%	AC Adult 19+ IZ Combos	47.8%	73.2%	31.4%	
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 51-65 76.9% 82.4% 82.4%	UP Adult 19-50				
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 51-65 76.9% 82.4% 82.4%	Tdap/Td past 10 vrs	79.4%	87.5%	80.9%	
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 51-65 Tdap/Td past 10 yrs 76.9% 82.4% 82.4%	Tdap ever	74.2%	82.9%	33.7%	
1:1:1 Combo 5.2% 0.6% 10.1% 1:1 Combo 73.5% 82.4% 33.7% UP Adult 51-65 Tdap/Td past 10 yrs 76.9% 82.4% 82.4%	Influenza	6.5%	0.7%	25.3%	
1:1 Combo 73.5% 82.4% 33.7% UP Adult 51-65 76.9% 82.4% 82.4%	1:1:1 Combo	5.2%	0.6%	10.1%	
UP Adult 51-65 Tdap/Td past 10 yrs 76.9% 82.4% 82.4%	1:1 Combo	73.5%	82.4%	33.7%	
T_{dan}/T_{dan} as t 10 yrs 76.9% 82.4% 92.4%	UP Adult $51-65$, 5 . 5 8	02.10	00.70	
	Tdap/Td past 10 yrs	76 9%	82 4%	82 4%	



MP *** IHS 2023 Nat. DEMO Report Period: O Previous Year Period Baseline Period: 0	Apr 08, 20 ional GPRA INDIAN HO ct 01, 202 : Oct 01, Oct 01, 20	23 /GPRAMA Re SPITAL 2 to Sep 3 2021 to Se 15 to Sep	eport *** 0, 2023 ep 30, 2022 30, 2016	Page 2
SELECTED NON-GPRA MEAS	URES CLINI Site Current	CAL PERFOR Site Previous	MANCE SUMMARY Site Baseline	
Tdap ever	76.9%	79.1%	26.4%	

Influenza	7.7%	1.1%	38.5%	
2 Shingrix	7.9%	8.0%	6.0%	
1:1:1:2 Combo	8.0%	7.5%	7.0%	
1:1:2 Combo	3.2%	2.0%	3.0%	
UP Adult 66+				
Tdap/Td past 10 yrs	52.6%	54.1%	57.9%	
Tdap ever	57.8%	53.2%	53.3%	
Influenza	4.3%	0.9%	5.6%	
2 Shingrix	1.7%	0.9%	0.9%	
Up-to-date Pneumo	33.6%	25.2%	21.5%	
1:1:1:2:1 Combo	9.9%	8.0%	8.6%	
1:1:2:1 Combo	11.9%	10.0%	9.0%	
Active Clinical 4313*314	6.7%	7.1%	5.0%	
Active IMM 4313*314	6.3%	6.0%	5.9%	
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 45-75	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%	
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%	

Figure 5-136: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 2

MP *** IHS 2023 E Report Period Previous Year Per Baseline Perio	Apr 08, 20 National GPRA DEMO INDIAN HO L: Oct 01, 202 Tiod: Oct 01, od: Oct 01, 20	23 /GPRAMA Re OSPITAL 22 to Sep 3 2021 to Sep 15 to Sep	port *** 20, 2023 2p 30, 2022 30, 2016	Page 3
SELECTED NON-GPRA M	EASURES CLINI Site Current	CAL PERFOR Site Previous	MANCE SUMMARY Site Baseline	
UP Positive Screen w/ BNI/BI same day w/ BNI/BI 1-3 days w/ BNI/BI 4-7 days w/ Referral AC IPV/DV Screen 14-46	66.7% 33.3% 0.0% 66.7% 1.5%	0.0% 0.0% 0.0% 0.0% 0.9%	0.0% 0.0% 100.0% 0.0% 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 th	e IHS GPRA	report subr	nitted to OM	B to	

Figure 5-137: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 3

MP	Apr 08, 2023 *** IHS 2023 National GPRA/GPRAMA Report * DEMO INDIAN HOSPITAL Report Period: Oct 01, 2022 to Sep 30, 202 Previous Year Period: Oct 01, 2021 to Sep 30, Baseline Period: Oct 01, 2015 to Sep 30, 20	Page 1 ** 2022 16
	OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANC Site Site Site GPRA Current Previous Baseline Target	CE SUMMARY Nat'l 2022

DIABETES						
UP Poor Glycemic Control						
>9	24.5%	34.5%	30.3%	14.4%	15.8%	
UP Controlled BP <140/90	59.4%	68.2%	69.5%	52.4%	48.1%	
UP DM Statin Therapy	48.8%	48.9%	52.4%	54.5%	50.1%	
UP Nephropathy Assessed	30.5%	53.7%	65.6%	45.1%	41.5%	
UP Retinopathy Assessed	9.0%	27.3%	34.3%	44.7%	41.1%	
DENTAL						
Dental Access General	15.3%	31.8%	34.2%	24.4%	19.5%	
Age 0-2	17.6%	24.8%	33.8%	N/A	N/A	
Age 3-5	47.0%	70.6%	63.4%	N/A	N/A	
Age 0-5	32.0%	45.1%	46.6%	N/A	N/A	
Age 6-9	20.9%	42.7%	44.4%	N/A	N/A	
Age 10-12	16.0%	35.1%	39.7%	N/A	N/A	
Age 13-15	13.2%	27.4%	34.1%	N/A	N/A	
Age 16-21	8.4%	20.5%	23.3%	N/A	N/A	
Age 22-34	10.8%	30.6%	33.7%	N/A	N/A	
Age 35-44	13.9%	29.6%	30.3%	N/A	N/A	
Age 45-54	12.6%	28.4%	32.7%	N/A	N/A	
Age 55-74	11.7%	28.3%	29.9%	N/A	N/A	
Age 75+	8.6%	13.0%	15.4%	N/A	N/A	
Intact Sealants	5.4%	6.4%	6.6%	9.98	8.0%	
Age 2	0.0%	1.8%	1.5%	N/A	N/A	
Age 3-5	7.1%	5.0%	5.6%	N/A	N/A	
Age 6-9	7.8%	7.0%	8.8%	N/A	N/A	
Age 10-12	3.3%	9.7%	6.0%	N/A	N/A	
Age 13-15	4.4%	5.6%	7.6%	N/A	N/A	
Topical Fluoride	21.1%	37.6%	30.2%	21.1%	16.8%	
Age 1-2	16.0%	35.0%	44.2%	N/A	N/A	
Age 3-5	45.8%	65.6%	47.8%	N/A	N/A	
Age 1-5	33.1%	53.3%	46.3%	N/A	N/A	
Age 6-9	18.0%	34.3%	29.2%	N/A	N/A	
Age 10-12	14.7%	29.9%	19.8%	N/A	N/A	
Age 13-15	4.4%	13.7%	6.8%	N/A	N/A	
IMMUNIZATIONS						
UP Influenza 6mos -						
17yrs	9.2%	43.1%	42.9%	19.8%	18.2%	

Figure 5-138: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 1

MP	Apr 08, 2023	Page 2			
	DEMO INDIAN HOSPITAL	eport ^^^			
	Report Period: Oct 01, 2022 to Sep 3	30, 2023			
	Previous Year Period: Oct 01, 2021 to Se	ep 30, 2022			
	Baseline Period: Oct 01, 2015 to Sep	30, 2016			
	OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERI	FORMANCE SUMMARY			
	Site Site GH	PRA Nat'l			
	Current Previous Baseline Ta	arget 2022			
UP Influenza 18+ UP Adult IZ 19+ Combo UP Child IZ 4313*314	7.3% 57.9% 34.4%	36.4% 53.6% 56.5%	36.6% 25.9% 62.5%	19.7% Baseline 40.9%	18.1% 37.5% 37.6%
----------------------------------------------------------------------------------	------------------------	-------------------------	-------------------------	----------------------------	-------------------------
CANCER UP Cervical Cancer 24-64 UP Mammogram 52-74 UP Colorectal Cancer	31.8% 36.8%	40.3% 51.1%	36.4% 24.0%	33.2% 28.7%	33.6% 26.4%
45-75 UP Tobacco Cessation	16.9%	19.5% 25.1%	15.1%	23.7%	27.9%
BEHAVIORAL HEALTH	1.50	23.10	55.90	24.40	22.3%
UP Alcohol Screen 9-75 SBIRT 9-75yrs	16.2%	48.9%	53.4%	32.2%	31.1%
UP Pos Screen w/BNI/BI	23.5%	1.4%	0.0%	Baseline	15.8%
UP IPV/DV Screen 14-46	16.6%	56.4%	51.6%	29.6%	27.2%
UP Depression Screen 12-17	3.4%	20.1%	16.0%	29.5%	28.4%
UP Depression Screen 18+	17.2%	55.1%	59.5%	36.4%	35.0%
CARDIOVASCULAR DISEASE UP Children 2-5 w/BMI					
>=95%	35.4%	29.2%	27.6%	22.6%	25.1%
Controlling High BP	43.3%	52.7%	53.9%	45.8%	42.1%
BP < 140/90 (age 18-59)	40.5%	53.4%	50.3%	N/A	N/A
CVD Statin Therapy Pts 21-39 w/ ASCVD	35.3%	69.8% 36.4%	43.2%	N/A 37.8%	N/A 34.8%
or LDL>=190/HCL Pts 40-75 w/ ASCVD	23.5%	18.8%	50.0%	N/A	N/A
or LDL>=190/HCL Pts 76+ w/ ASCVD	39.8%	40.1%	47.1%	N/A	N/A
or LDL>=190/HCL	17.9%	23.1%	13.8%	N/A	N/A
Pts 40-75 w/ DM	39.3%	39.4%	53.6%	N/A	N/A
OTHER CLINICAL HIV Screen Ever	26.6%	25.1%	20.2%	38.9%	35.8%
2 mos	100.0%	90.0%	72.1%	42.6%	39.2%

Figure 5-139: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 2

5.17.4 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)
- IPC/PCMH 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 IPC/PCMH 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 IPC/PCMH Measures Report, see Section 5.14.2.

Patient Lists are organized by:

- Community
- Gender
- Age
- Last name

Key elements of the Patient List format, shown in Figure 5-143 and Figure 5-144, 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.

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*** IHS 2023 Clinical Performance Measure Patient List ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2023 to Dec 31, 2023

Entire Patient List
```

Figure 5-140: 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 below, the value column identifies the date a Pap smear was documented and the test code. If no date and code information display, 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 (7) and Lst Prvdr (8) 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.

Cervical Cancer So Smear and HPV, if	creening: List of women 24-64 with documented Pap any.	
PATIENT NAME DENOMINATOR	HRN COMMUNITY SEX AGE DOB NUMERATOR	
PATIENT, CRSAA UP, AC	106885 BRAGGS F 22 03/25/99 05/05/20 POV 795.0	

Figure 5-141: Sample of List Description, List Columns, Denominator and Numerator Value Columns

- 7. **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.
- 8. 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.
- 9. 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.
- 10. 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 pa or Pap+HPV in pas	atients st 5 yea	with a Pap ars.	smear documented i	n the past 3 years	
PATIENT NAME	HRN	COMMUNITY	SEX AGE DOB	LAST MEDI- LAST	

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DENOMINATOR	NUMERATOR			С	AL VISIT	VISIT
PATIENT, CRSAA UP, AC	106885 BRAGGS 05/05/20 PO	F V 795.0	23	03/25/99	03/06/22	03/06/22

Figure 5-142: Sample of List Description, List Columns, Denominator and Numerator Value Columns, Last Medical Visit and Last Visit

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                                 Dec 28, 2023
 MP
                                                                     Page 1
          *** IHS 2023 Clinical Performance Measure Patient List ***
                             DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2023 to Dec 31, 2023
                             Entire Patient List
Cervical Cancer Screening
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 or HPV Primary 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.
- Patients with HPV Primary 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:
68.4-68.8; ICD-10: OUTC*ZZ, OUT90ZL, OUT9*ZZ; 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 5-143: Sample Patient List, Selected Measures Report, Page 1

*** IHS 2023 Clinical Performance Measure Patient List *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2023 to Dec 31, 2023 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.) HPV Primary definition: 1) Lab HPV Primary; 2) CPT 87624; 3) LOINC taxonomy; 4) site-populated taxonomy BGP HPV PRIMARY TAX. Performance Measure Description: During GPRA Year 2023, achieve the target rate of 38.4% 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 2022 - 33.2%, FY 2021 - 33.6%, FY 2020 - 35.3%, FY 2019 - 37.13%, FY 2018 - 36.0%, FY 2017 - 43.8%; HP 2030 Goal: 84.3% 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% Source: HP 2030 C-09 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 Cervical Cancer Screening: List of women 24-64 with documented Pap Smear and HPV, if any. DENOMINATOR PATIENT NAME HRN COMMUNITY SEX AGE DOB NUMERATOR _____ PATIENT, CRSAA 100001 BRAGGS F 22 03/25/01 05/05/21 POV R87.810 UP,AC

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PATIENT, CRSBB UP	100002 BRAGGS	F	22	11/12/01
PATIENT, CRSCC UP, AC	100003 BROKEN ARROW 10/31/20 Lab	F	23	02/19/00
PATIENT, CRSDD UP, AC	100004 BROKEN ARROW 07/25/21 Lab	F	23	03/02/00
PATIENT, CRSEE UP, AC	100005 CHECOTAH 09/10/21 Lab	F	23	04/12/00
PATIENT, CRSFF UP, AC	100006 CHECOTAH	F	23	01/10/00
PATIENT, CRSGG UP, AC	100007 CHECOTAH 06/26/21 Lab	F	23	03/15/00
Total # of Patients on	list: 7			

Figure 5-144: Sample Patient List, Selected Measures Report, Page 2

*** IHS 2023 GPRA/GPRAMA Patient List *** CRS 2023, Version 23.1 DEMO INDIAN HOSPITAL Report Period: Jan 01, 2023 to Dec 31, 2023 All Patients								
Source: HP 2030 C-09 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 PaptHPV in past 5 years or HPV Primary in past 5 years								
raptnev in past 5 years of nev riimary in past 5 years.								
DENOMINATOR	NUMERATOR	SEX .	AGE	DOR	CAL VISIT	VISIT		
PATIENT, CRSAA UP, AC	100001 BRAGGS 05/05/21 POV 7	F 95.0	22	03/25/01	03/06/22	03/06/22		
PATIENT, CRSCC	100003 BROKEN ARROW 10/31/21 Lab	F	23	02/19/00	10/31/21	10/31/21		
PATIENT, CRSDD	100004 BROKEN ARROW 07/25/22 Lab	F	23	03/02/00	12/12/22	12/12/22		
PATIENT, CRSFF	100006 CHECOTAH 05/05/21 Lab	F	23	01/10/00	05/05/21	05/05/21		
PATIENT, CRSGG	100007 CHECOTAH 01/26/22 POV B	F 87 81	23 0	03/15/00	01/26/22	01/26/22		
PATIENT, CRSHH	100008 KANSAS 10/31/21 Lab	F	23	05/25/00	08/22/22	11/19/22		
PATIENT, CRSOZ	100099 KANSAS	F	23	10/02/00	05/04/21	06/10/22		
Total # of Patien	ts on list: 7	FROC	91.	io, nrv: (50701710 PO	v 075.4		

Figure 5-145: Sample Patient List, National GPRA/GPRAMA Report

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*** IHS 2023 Comprehensive National GPRA/GPRAMA Patient List ***

*** List of Patients Not Meeting a National GPRA/GPRAMA measure ***
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CRS 2023, Version 23.1 DEMO INDIAN HOSPITAL Report Period: Jan 01, 2023 to Dec 31, 2023 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 11 UP Dental Visit/ DEMO, DOCTOR, MD, 12/12/22 PATIENT, CRSAB 200002 BRAGGS F 11 UP Dental Visit/ DEMO-B, DOCTOR, MD, 12/31/22 F 11 UP PATIENT, CRSAC 200003 BRAGGS Dental Visit/ DEMO-C, DOCTOR, MD, 03/03/22 F 11 UP PATIENT, CRSAD 200004 BRAGGS Dental Visit/ DEMO-D, DOCTOR, DO, 08/22/22 PATIENT, CRSAE 200005 BRAGGS F 11 UP Dental Visit/ DEMO, DOCTOR, MD, 10/10/22 PATIENT, CRSAF 200006 BRAGGS F 12 UP,AC Dental Visit/ DEMO-W, DOCTOR, DO, 11/30/22



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, 2022-Sep 30, 2023 CRS 2023, Version 23.1 Patients with an Appointment in 06 DIABETIC on Apr 28, 2023 Date Report Run: Apr 27, 2023 Site where Run: DEMO INDIAN HOSPITAL Report Generated by: LAST, FIRST Appt Time Patient Name HRN Sex DOB Communication GPRA Measure Not Met Date of Last Screening and Next Due Date Tests Counted for GPRA Measure _____ HRN Sex DOB Community 10:00am PATIENT, CRSBG 115640 F 09/29/78 KANSAS Dental Visit Last Dental Exam: 09/15/21 (All Patients) Overdue as of: 09/15/22 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 10/1/22-9/30/23 AC Pap Smear Last Pap: 08/19/17 Overdue as of: 08/19/20 GPRA counts Pap past 3 years from 9/30/23. AC Tobacco Cess Last Intervention: Never Overdue as of: 07/01/22 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 10/1/22-9/30/23

Reports and Patient Lists

AC Alcohol Scrn	Last Alcohol Screen: 03/20/22 Alcohol Screening Overdue as of: 03/20/23 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 10/1/22-9/30/23
AC IPV/DV Scrn	Last DV Screen: Never Overdue as of: 07/01/22 GPRA counts PCC Exam 34, BHS IPV/DV Exam, IPV/DV Dx, or IPV/DV patient education during 10/1/22-9/30/23



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.

Figure 6-1: Clinical Reporting System menu – Area Options

To access the Area Options:

• At the "Select CRS 2023 Option" prompt, type **AO** and press Enter (Figure 6-1) to display the **Area Office Options** menu (Figure 6-2):

User Manual July 2023 Area Office Specific Menu Options

```
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 "BG231," 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

CI23 > 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

Area Office Specific Menu Options

```
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 2023 CRS data.
You must specify the directory in which the CRS 2023 data file resides
and then enter the filename of the data.
Enter directory path: pathname <Enter>
Enter filename w /ext: BG231505901.300 <Enter>
Directory=Q:\ File=BG231505901.300
All done reading file
Processing
Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>
Enter filename w /ext: ^
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, **BG231505901.300**.

Note: Files for the current version of the CRS begin with BG231.

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 "BG231." The National GPRA/GPRAMA and GPRA/GPRAMA Performance files use a numerical file name extension, such as "BG231505901.300."

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 four 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., 2023)
- Baseline year (e.g., 2016)

• 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

CI23 > 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 A.

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.



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.

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 \mathbf{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 display.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2023 12:59
                                                                                                               Page:
                                                                                                                              1 of
                                                                                                                                             1
Area Aggregate Site Selection
* indicates the site has been selected
#
                                                      BEG DATE END DATE BASE BEG BASE END DATE RUN
         SU
                            FACILITY

      *1) DEMO SU A
      FACILITY A
      10/01/22
      09/30/23
      10/01/15
      09/30/16
      10/02/23

      *2) DEMO SU B
      FACILITY B
      10/01/22
      09/30/23
      10/01/15
      09/30/16
      10/02/23

      *3) DEMO SU C
      FACILITY C
      10/01/22
      09/30/23
      10/01/15
      09/30/16
      10/02/23

      *4) DEMO SU D
      FACILITY D
      10/01/22
      09/30/23
      10/01/15
      09/30/16
      10/02/23

                  Enter ?? for more actions
        Area Aggregate All Facilities R
                                                                                     Remove (unselect) Facility
А
S Select Facility
                                                                            Q
                                                                                      Ouit
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

CRSGPRANT15059012023163000000020231619105325_000002.TXT

and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called

CRSGPRANT250590120231630000000020231619105325_000002.TXT

and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called

CRSGPRANT350590120231630000000020231619105325_000002.TXT

and will reside in the Q:\ directory. This file can be used in Excel.
```

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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.

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 2023 National GPRA/GPRAMA Clinical Performance Report ***
                               CRS 2023, Version 23.1
                                  AREA AGGREGATE
                          Date Report Run: Oct 08, 2023
                              Site where Run: [AREA]
                         Report Generated by: USER, DEMO
                    Report Period: Oct 01, 2022 to Sep 30, 2023
               Previous Year Period: Oct 01, 2021 to Sep 30, 2022
                   Baseline Period: Oct 01, 2015 to Sep 30, 2016
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 4 COMMUNITY 5
COMMUNITY 7 COMMUNITY 8
                                                                  COMMUNITY 3
                                                                  COMMUNITY 6
                                                                  COMMUNITY 9
 2. FACILITY B
    Community Taxonomy Name: Facility B's GPRA Communities
         COMMUNITY 1 COMMUNITY 2 COMMUNITY 3
         COMMUNITY 4COMMUNITY 5COMMUNITY 7COMMUNITY 8COMMUNITY 10COMMUNITY 11COMMUNITY 13COMMUNITY 14
                                                                 COMMUNITY
                                                                              6
                                                                 COMMUNITY 9
                                                                 COMMUNITY 12
                                                                  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
         COMMUNITY4COMMUNITY5COMMUNITY7COMMUNITY8COMMUNITY10COMMUNITY11COMMUNITY13COMMUNITY14COMMUNITY16COMMUNITY17COMMUNITY19COMMUNITY20
                                                                COMMUNITY 9
                                                                COMMUNITY 12
                                                                COMMUNITY 15
                                                                COMMUNITY 18
 4. FACILITY D
    Community Taxonomy Name: Facility D's GPRA Communities
          COMMUNITY 1 COMMUNITY 2
COMMUNITY 4 COMMUNITY 5
COMMUNITY 7 COMMUNITY 8
                                                                  COMMUNITY 3
                                                                  COMMUNITY 6
          COMMUNITY 7
                              COMMUNITY 8
                                                                  COMMUNITY 9
          COMMUNITY / COMMUNITY 8
COMMUNITY 10 COMMUNITY 11
                                                                  COMMUNITY 12
```

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COMMUNITY 15

```
COMMUNITY 13 COMMUNITY 14
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 5.17.3.1, 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 2022 performance and 2023 target for each non-GPRA measure in the report. The format is the same as that in Section 5.17.3.1, 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, and National 2022 performance for each GPRA measure in the report. The format is the same as that in Section 5.17.3.1, 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, 2023 Page 1 *** IHS 2023 National GPRA/GPRAMA Report *** AREA AGGREGATE Report Period: Oct 01, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016 GPRA DEVELOPMENTAL MEASURES CLINICAL PERFORMANCE DETAIL Site Site Site Area Current Prev Base Curre Current _____ _____ GPRA DEVELOPMENTAL MEASURES DIABETES UP DM BP <130/80 XX.X%
 9999999
 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 C
 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 BP >=130/80 and <140/90 XX.X%
 9999999
 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 C
 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%
 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 C
 XX.X%
 X.X%
 XX.X%

 999999
 FACILITY C
 XX.X%
 X.X%
 XX.X%

 999999
 FACILITY D
 XX.X%
 X.X%
 XX.X%
 DM Pts <=39 w/ ASCVD XX.X%
 DM
 Pts
 (-39 w/ ASCVD

 9999999
 FACILITY A
 XX.X%
 X.X%

 9999999
 FACILITY B
 XX.X%
 XX.X%

 9999999
 FACILITY C
 XX.X%
 XX.X%

 9999999
 FACILITY C
 XX.X%
 XX.X%

 9999999
 FACILITY C
 XX.X%
 XX.X%

 9999999
 FACILITY D
 XX.X%
 XX.X%
 DM Pts 40-75 w/ ASCVD XX.X% 999999FACILITY AXXXXXXXXXXXX999999FACILITY BXXXXXXXXXXXX999999FACILITY CXXXXXXXXXXXX999999FACILITY DXXXXXXXXXXXX DM Pts 76+ w/ ASCVD 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 DM Pts 40-75 w/o ASCVD XX.X% XXXX XXXX 999999 FACILITY A XXXX 999999 FACILITY B XXXX XXXX XXXX 999999 FACILITY C XXXX XXXX XXXX 999999 FACILITY D XXXX XXXX XXXX

Figure 6-13: GPRA Developmental Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

Area Office Specific Menu Options

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, 2023 *** IHS 2023 National GPRA/GPRAMA Report *** AREA AGGREGATE Report Period: Oct 01, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016							
	SELECTED	NON-GPRA	MEASURES	CLINIC	CAL PERFO	RMANCE DETAIL	
		Site Current	Site Prev	Site Base	Area Current	Nat'l 2022	
DIABETES							
Diabetes DX	C Ever**				XX.X%	XX.X%	
999999 FA	CILITY A	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY B	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY C	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY D	XX.X%	X.X%	XX.X9	5		
UP Document	ed Alc**				XX.X%	XX.X%	
999999 FA	CILITY A	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY B	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY C	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY D	XX.X%	X.X%	XX.X9	5		
UP A1c >=7	and <8				XX.X%	XX.X%	
999999 FA	CILITY A	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY B	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY C	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY D	XX.X%	X.X%	XX.X9	5		
UP Good Gly	cemic Cont	rol <8			XX.X%	XX.X%	
999999 FA	CILITY A	XX.X%	X.X%	XX.X4	5		
999999 FA	CILITY B	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY C	XX.X%	X.X%	XX.X4	5		
999999 FA	CILITY D	XX.X%	X.X%	XX.X9	5		
UP BP Asses	sed				XX.X%	XX.X%	
999999 FA	CILITY A	XX.X%	X.X%	XX.X4	5		
999999 FA	CILITY B	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY C	XX.X%	X.X%	XX.X9	5		
999999 FA	CILITY D	XX.X%	X.X%	XX.X4	ő		

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, 2023			Page	1
	* * *	IHS	2023	National	GPRA/GPRAMA	Report	* * *		

Area Office Specific Menu Options

AREA AGGREGATE Report Period: Oct 01, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016								
	OF:	FICI	AL GPRA MI	EASURES C	CLINICA	L PERFORI	MANCE DE	TAIL
			Site	Site	Site	Area	GPRA	Nat'l
				Prev	Base		Target	2022
DIABETES								
UP Poor	Glycemic	Cont	trol <8			XX.X%	XX.X%	XX.X%
999999	FACILITY	A	XX.X%	X.X%	XX.X	00		
999999	FACILITY	В	XX.X%	X.X%	XX.X	90		
999999	FACILITY	С	XX.X%	X.X%	XX.X	0/0		
999999	FACILITY	D	XX.X%	X.X%	XX.X	00		
UP Cont.	rolled BP	<14	0/90			XX.X%	XX.X%	XX.X%
999999	FACILITY	A	XX.X%	X.X%	XX.X	2 2		
999999	FACILITY	В	XX.X%	X.X%	XX.X	0		
999999	FACILITY	С	XX.X%	X.X%	XX.X	0/0		
999999	FACILITY	D	XX.X%	X.X%	XX.X	00		
TID DM GI	tatin Tho	ranz				vv ve	vv vo	VV Vº
999999	FACTLITY	ару	XX X%	X X%	XX X	^^•	~~.~~	~~.~~
999999	FACILITY	B	XX.X%	X.X%	XX.X	0		
9999999	FACILITY	C	XX.X%	X. X%	XX.X	0		
999999	FACILITY	D	XX.X%	X.X%	XX.X	00		
			1					
UP Neph:	ropathy A	sses	sed	37 370	\$757 57	XX.X%	XX.X%	XX.X%
999999	FACILITY	A	XX.X%	X.X*	XX.X	ð 0		
999999	FACILITY	В	XX.X%	X.X*	XX.X	õ.		
333333	FACILITY	D	AA.Ad	A.X6 V V0	XX.X	6 0.		
333333	FACILITY	D	XX.X8	A.X8	XX.X	0		
UP Reti	nopathy A	sses	sed			XX.X%	XX.X%	XX.X%
999999	FACILITY	A	XX.X%	X.X%	XX.X	00		
999999	FACILITY	В	XX.X%	X.X%	XX.X	00		
999999	FACILITY	С	XX.X%	Х.Х%	XX.X	00		
999999	FACILITY	D	XX.X%	X.X%	XX.X	00		

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

CI23 > 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.

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 2023 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 2023 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

Baseline Period: Oct 01, 2015 to Sep 30, 2016

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 display.

- 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, 2023 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 *2) DEMO SU B FACILITY B *3) DEMO SU C FACILITY C *4) DEMO SU D FACILITY D 	10/01/22 10/01/22 10/01/22 10/01/22	09/30/23 09/30/23 09/30/23 09/30/23	10/01/15 10/01/15 10/01/15 10/01/15	09/30/16 09/30/16 09/30/16 09/30/16	10/02/23 10/02/23 10/02/23 10/02/23			
Enter ?? for more a	ctions							
A Area Aggregate All Fac:	ilities	R Remov	e (unselec	t) Facilit	У			
S Select Facility Q Quit								
Select Action:+// Q <enter> (</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 \mathbf{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

Cl23 > 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 in Figure 6-22 to run the Area GPRA/GPRAMA Performance report.

```
** IHS/RPMS CRS 2023 **
                         ** Area Office Options **
                         * * * * * * * * * * * * * * * * * *
                                           * * * * * * * * *
                                Version 23.1
                             DEMO INDIAN HOSPITAL
        Upload Report Files from Site
  UPT.
  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
```



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
                  April 1 - March 31
         2
         3
                   July 1 - June 30
                   October 1 - September 30
         4
         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. 2023
Enter Year: 2023 <Enter> (2023)
Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2016
Enter Year (e.g. 2016): 2016 <Enter> (2016)
```

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, 2023) 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, 04/30/2023) 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, 2023 to Dec 31, 2023

Previous Year Period: Jan 01, 2022 to Dec 31, 2022

Baseline Period: Jan 01, 2016 to Dec 31, 2016

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, 2023 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 10/01/22 09/30/23 10/01/15 09/30/16 10/02/23

*2) DEMO SU B FACILITY B 10/01/22 09/30/23 10/01/15 09/30/16 10/02/23

*3) DEMO SU C FACILITY C 10/01/22 09/30/23 10/01/15 09/30/16 10/02/23

*4) DEMO SU D FACILITY D 10/01/22 09/30/23 10/01/15 09/30/16 10/02/23

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.

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)

Cl23 > 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.

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 2023 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, 2022 to Sep 30, 2023

Previous Year Period: Oct 01, 2021 to Sep 30, 2022

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 display.

- 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, 2023 12:59Page: 1 of 1Area Aggregate Site Selection* indicates the site has been selected
```

#	SU	FACILITY	BEG DATE	END DATE	BASE BEG	BASE END	DATE RUN
*1) *2) *3) *4)	DEMO SU A DEMO SU B DEMO SU C DEMO SU D	FACILITY A FACILITY B FACILITY C FACILITY D	10/01/22 10/01/22 10/01/22 10/01/22	09/30/23 09/30/23 09/30/23 09/30/23	10/01/15 10/01/15 10/01/15 10/01/15	09/30/16 09/30/16 09/30/16 09/30/16	10/02/23 10/02/23 10/02/23 10/02/23
A S Sel	Enter Area Aggre Select Fac ect Action:+	?? for more ac gate All Faci ility // Q <enter></enter> Q	tions lities wit	R Remov Q Quit	e (unselec	t) Facilit	У

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

Cl23 > 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 2023 (BGP v23.1) are listed. File names begin with "BG231," 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 display with them if they have a report period of October 1, 2022 through September 30, 2023, a baseline year of 2016, 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 2023 files that are in a directory.

These files begin with BG231. You must specify the directory in which the

CRS 2023 data files reside.

Enter directory path (i.e. /usr/spool/uucppublic/): q:\

The following CRS 2023 files reside in the q:\ directory.

BG231355901.50

BG231355901.52

BG231355901.54

BG231355901.57

BG231355901.59

BG231355901.60

BG231355901.63

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 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.

A.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, 2022 to Sep 30, 2023 Previous Year Period: Oct 01, 2021 to Sep 30, 2022 Baseline Period: Oct 01, 2015 to Sep 30, 2016 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 A-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 \mathbf{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: SCREEN - delimited output will display on screen for capture S FILE - delimited output will be written to a file in pub F 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, 2023@20:00:00)

Figure A-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.

A.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.

Open							? 🔀
Look jn:	🗝 Pub on '		(Q:)		~	() • 🔰	× 📷 🖬 •
	Name		Size	Туре	Date Modified 🔻		~
	📋 mytestfile	.txt	195 KB	Text Document	5/27/2011 8:56 AM		=
My Recent	MAPONM2	2011111052611.txt	153 KB	Text Document	5/26/2011 3:38 PM		_
Documents	🗐 CRSHW50	590120100701201	1 KB	Text Document	5/25/2011 8:29 AM		
	🗐 11_1COM	AllCommunities_200	37,319 KB	Text Document	5/21/2011 9:07 AM		
	CRSCNT5	0590120100701201	386 KB	Text Document	5/20/2011 5:17 PM		
Desktop	🗐 LORIAGP.	txt	230 KB	Text Document	5/20/2011 8:30 AM		
	📄 lorigpua.t:	×t	217 KB	Text Document	5/18/2011 4:22 PM		
	DS_HOSP.	.txt	51 KB	Text Document	5/18/2011 3:30 PM		
	📕 🗒 ds_plp2.b	dt (711 KB	Text Document	5/18/2011 3:06 PM		
My Documents	🛯 🔛 smoextr.c	SV	906 KB	Microsoft Office Exc	5/18/2011 12:11 PM		
	🗐 DS_plp.txl	t	21 KB	Text Document	5/18/2011 11:34 AM		
	🗐 DONNAMA	Y18.txt	29 KB	Text Document	5/18/2011 11:04 AM		
	📃 LORIHLPD	EL.txt	3,052 KB	Text Document	5/18/2011 9:56 AM		
My Computer	📃 🗐 lorimu1hde	el.txt	5 KB	Text Document	5/18/2011 9:55 AM		
	📃 LORIPLPD	EL.txt	4,003 KB	Text Document	5/18/2011 9:37 AM		
	[🗍 LORIMU1F	PDEL.bxt	191 KB	Text Document	5/18/2011 9:32 AM		
My Network	📃 LORIMULS	5T.txt	195 KB	Text Document	5/18/2011 8:48 AM		
Places	🗐 LORIMUFI	JLL.txt	191 KB	Text Document	5/18/2011 7:55 AM		~
	File name:					~	
	Files of type:	Text Files (*.prn; *.t>	:t; *.csv)			~	
Tools •						Open 🔹	Cancel
<u> </u>					_		

Figure A-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.

Text Import Wizard - Step 1 of 3	? 🗙				
The Text Wizard has determined that your data is Fixed Width. If this is correct, choose Next, or choose the data type that best describes your data.					
Choose the file type that best describes your data: Choose the file type that best describes your data: Choose the file type that best describes your data: Fixed width - Fields are aligned in columns with spaces between each field.					
Start import at <u>r</u> ow: 1 🛟 File <u>o</u> rigin: 437 : OEM United States	~				
Preview of file Q:\mytestfile.txt.					
2 Cover Page 3 4 *** IHS 2011 National GPRA & PART Report *** 5 CRS 2011, Version 11.1					
Cancel < Back <u>N</u> ext > E	inish				

Figure A-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.

Text Import Wizard - Step 2 of 3
This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.
Delimiters ✓ Iab Semicolon Comma Space ✓ Other:
Data greview
Cover Page *** IHS 2011 National GPRA & PART Report *** CRS 2011, Version 11.1
Cancel < <u>B</u> ack <u>N</u> ext > <u>F</u> inish

• Click Next to proceed.

Figure A-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 ($^{\circ}$) character.

- b. Other than the Tab check box, if any other delimiter is selected, deselect it.
- c. Click Next to continue.

Text Import Wizard - Step 3 of	3						? 🗙
This screen lets you select each column Column data format General Date: MDY Do not import column (skip)	a and set th eneral' con maining va	verts ni lues to	Format. umeric valu text.	ues to r <u>A</u> dva	numbers, date	values to d	lates, and all
Text	Text	Text	Text	Text	Text	Text	Text Te
alants Documented (GPRA) ide	PERIOD O		PERIOD O		PREV YR +0	PERIOD 98	BAS -9 ₩
	C	Cano	el	< <u>B</u> a	ck N	ext >	Einish

Figure A-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.

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8 Report Generated by: USER DEMO	~ L							
9 Report Period: Jul 01, 2010 to Jun 30, 20	111							
10 Previous Year Period: Jul 01, 2009 to Ju	n 30, 2010							
11 Baseline Period: Jul 01, 1999 to Jun 30,	2000							
12								
13								
14 Measures: GPRA Developmental, GPRA	and PART Denomi	nators and Num	erators ar	nd				
15 Selected Other Clinical Denominators a	and Numerators							
16								
17 Population: AI/AN Only (Classification	01)							
18								
19 RUN TIME (H.M.S): 0.9.4								
20								
21 This report includes clinical performan	ce measures report	ed for the						
22 Government Performance and Results	22 Government Performance and Results Act (GPRA); non-GPRA measures included							
23 to provide context to the GPRA measures; measures reported for the Office								
24 of Management and Budget (OMB) Pro	gram Assessment R	ating Tool (PAR	F); and					
25 measures that have the potential to be	come GPRA measu	res in the future						
20 (I.e. GPRA Developmental measures).								
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Ready 🛅						III III 100	% 😑	🕀

Figure A-7 Example of a delimited file imported into Excel

A.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 A, Section A.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.

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1	During FY 2011, achieve	the target	rate of 58.	5% for the	proporti	on of		
2	non-institutionalized ad	dults aged 6	5 years an	d older wh	no receiv	e an		
3	influenza immunizatior	ı.						
4								
5	Past Performance and/o	or Target:						
6	>65 Vaccine Rate: IHS Pe	erformance	: FY 2010 -	62%, FY 20	009 - 59%	, FY 2008		
7	- 62%, FY 2007 - 59%, FY	2006 - 58%,	FY 2005 - 5	59%, FY 200	04 - 54%,	FY		
8	2003 - 51%; HP 2020 Goa	al: 90%						
9		ius Dishatir			EV 20	10 619/ 57		
10	2009 62% EV 2009 60	ive Diabetio	s w/influe	enza vaccir	1e: FY 20	10 - 61%, FY		
12	2009 - 03%, Ft 2008 - 007	70						
13	Source:							
14	HP 2020 IID-12.7							
15	UP=User Pop: AC=Active	e Clinical: A	D=Active [Diabetic: A	AD=Activ	/e Adult Diabetic		
16	PREG=Pregnant Female	; IMM=Activ	ve IMM Pk	g Pt; IHD=A	Active Isc	hemic Heart Disea	se	
17	CHD=Active Coronary H	eart Diseas	e					
18								
19	Influenza: List of patien	ts with Infl	uenza cod	e or refusa	l, if any.			
20								
21	PATIENT NAME	HRN	COMMUN	SEX	AGE	DENOMINATOR	NUMERATOR	
22								
23	PATIENT, CRSAT		BRAGGS	F	0	UP,AC	12/12/03 Imm 88	
24	PATIENT, CRSAU		BRAGGS	F	0	UP,AC		
25	PATIENT, CRSAW		BRAGGS	F	0	UP		
26	PATIENT, CRSAX		BRAGGS	F	0	UP		
27	PATIENT, CRSAD		BRAGGS	F	0	UP	04/15/02/02/02/125	
28	PATIENT, CRSAE		BRAGGS	r c	1	UP,AC	04/15/03 imm 135	
29			BRAGGS	г с	2			
31	PATIENT, CRSAG		BRAGGS	F	3		11/01/03 lmm 88	
32	PATIENT.CRSAH		BRAGGS	F	4	UP.AC	11,01,05 mm 30	
H	Sheet1 Sheet2	Sheet3	/ *			1		
Rea	dy 🛅						00% 🕞 🖳 🗸	÷ .::

Figure A-8: Example of a formatted patient list in Excel

4. Highlight all of the rows containing patient names and information, as shown in Figure A-9.

	.	Samp	le of Patier	nt list for Ex	cel.xlsx -	- Microsoft Excel	_	= x
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	A	В	с	D	E	F	G	н
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2	non-institutionalized ad	dults aged 6	5 years an	d older wh	no receiv	/e an		
3	influenza immunizatior	ı.						
4								
5	Past Performance and/o	or Target:						
6	>65 Vaccine Rate: IHS Pe	erformance	: FY 2010 -	62%, FY 20	009 - 59%	6, FY 2008		
7	- 62%, FY 2007 - 59%, FY	2006 - 58%,	FY 2005 - 5	59%, FY 200	04 - 54%,	FY		
8	2003 - 51%; HP 2020 Goa	al: 90%						
9								
10	ONM Performance, Act	ive Diabetio	s w/Influe	enza Vaccir	ne: FY 20)10 - 61%, FY		
11	2009 - 63%, FY 2008 - 60%	%						
12	Courses							
14	JUD 2020 UD 12 7							
14	IIP=User Pon: AC=Active	e Clinical: A	D=Active [Diabetic: A	AD=Activ	ve Adult Diabetic		
16	PREG=Pregnant Female	: IMM=Activ	e IMM Pk	g Pt: IHD=4	Active Isc	chemic Heart Disea	50	
17	CHD=Active Coronary H	eart Diseas	2	51 0, 110 7				
18			-					
19	Influenza: List of patien	ts with Infl	uenza cod	e or refusa	l, if any.			
20					· ·			
21	PATIENT NAME	HRN	COMMUN	SEX	AGE	DENOMINATOR	NUMERATOR	
22								
23	PATIENT, CRSAT		BRAGGS	F	0	UP,AC	12/12/03 Imm 88	
24	PATIENT, CRSAU		BRAGGS	F	0	UP,AC		
25	PATIENT, CRSAW		BRAGGS	F	0	UP		
26	PATIENT, CRSAX		BRAGGS	F	0	UP		
27	PATIENT,CRSAD		BRAGGS	F	0	UP		
28	PATIENT, CRSAE		BRAGGS	F	1	UP,AC	04/15/03 Imm 135	
29	PATIENT, CRSAF		BRAGGS	F	1	UP		
30	PATIENT, CRSAG		BRAGGS	F	3	UP,AC	44 /04 /00 /	
31	PATIENT, CRSAG		BRAGGS	F	3	UP,AC	11/01/03 Imm 88	
32	PATIENT, CRSAH	/shouts	BRAGGS	٢	4	UP,AC		
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Figure A-9: Example of highlighted rows

5. On the **Data** menu, click the **Sort** option to display the **Sort** dialog, as shown in Figure A-10.

Sort					? 🛛
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Column		Sort On		Order	
Sort by	Column G	Values	~	Z to A	~
					OK Cancel

Figure A-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**.

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Get	External Data *	Dennection Properties Edit Links nnections	ns ≹↓ Z↓	Sort I	Filter X CI	ear eapply dvanced	Text to R Columns Du	emove plicates	 ➡ Group ➡ Group ➡ Ungrou ➡ Subtot Outlin 	+ ⊕lil up + ¤lil al e ⊌	
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1	During FY 2011, a	achieve the	target ra	ate of 58.	5% for the	proporti	on of				
2	non-institutiona	lized adults	s aged 65	5 years an	d older wh	o receiv	e an				
3	influenza immu	nization.									
4											
5	Past Performant	e and/or Ta	arget:								
6	>65 Vaccine Rate	e: IHS Perfor	rmance:	FY 2010 -	62%, FY 20	09 - 59%	, FY 2008				-
7	- 62%, FY 2007 - 3	59%, FY 2006	5 - 58%, I	FY 2005 - 5	59%, FY 200	14 - 54%,	FY				-
8	2003 - 51%; HP 2	020 Goal: 90	0%								-
9				6.0							-
10	ONM Performan	ice, Active L	Diabetics	s w/Influe	nza Vaccin	ie: FY 20	10 - 61%, FY				- =
11	2009 - 63%, FY 20	08 - 60%									-
12	Sourcos										-
14	HP 2020 HP-12 7										
15	UP=User Pop: A	=Active Cli	nical: AF)=Active [)iabetic: A	∆D=∆ctiv	e Adult Dia	hetic			
16	PREG=Pregnant	Female: IMI	M=Activ	e IMM Pk	g Pt: IHD=A	ctive Isc	hemic Hear	t Diseas	e		
17	CHD=Active Cor	onary Heart	Disease		5				_		-
18		· ·									
19	Influenza: List o	f patients w	ith Influ	enza code	e or refusa	l, if any.					
20											
21	PATIENT NAME	HR	N C	COMMUN	SEX	AGE	DENOMI	NATOR	NUMERATOR		
22											
23	PATIENT, CRSAT		E	BRAGGS	F	0	UP,AC		12/12/03 Imm 8	8	
24	PATIENT, CRSAG		E	BRAGGS	F	3	UP,AC		11/01/03 Imm 8	8	
25	PATIENT, CRSAE		E	BRAGGS	F	1	UP,AC		04/15/03 Imm 1	.35	
26	PATIENT, CRSAU		E	BRAGGS	F	0	UP,AC				
27	PATIENT, CRSAW	/	E	BRAGGS	F	0	UP				
28	PATIENT, CRSAX		8	BRAGGS	F	0	UP				
29	PATIENT, CRSAD		E	BRAGGS	F	0	UP				
30	PATIENT, CRSAF		8	BRAGGS	F	1	UP				
31	PATIENT, CRSAG		8	BRAGGS	F	3	UP,AC				
32	PATIENT, CRSAH	Charles /	line at D	BRAGGS	F	4	UP,AC			!	Y
Rea	Sheet1	Sheet2 / S	sneet3 🔬	2		Cou	nt: 70				
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Figure A-11: Example of a sorted patient list in Excel

In Figure A-11, the references are sorted 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 B 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)
                 FAST Facts (natural language interface)
         2
                 RUN Search Logic
         3
                 VIEW/DELETE Taxonomies and Search Templates
         4
         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
PATTENTS
  Subject of search: PATIENTS
     ALIVE TODAY
Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
     М
            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, 2022)
Exact ending date: T <Enter> (DEC 11, 2023)
Next condition of "VISIT": PROVIDER <Enter>
          ***** PROVIDER-RELATED CRITERIA *****
```

User Manual July 2023 Creating a Patient Panel with Q-Man

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 11,2022 and DEC 11,2023@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 11,2022 and DEC 11,2023@23:59:59 PRIMARY PROVIDERS (PROVIDER) Attribute of LIVING PATIENTS: <Enter> ***** O-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)

Creating a Patient Panel with Q-Man

```
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 B-1: Creating a list of all female patients

Appendix C AI/AN Clinical Information on Measures

For AI/AN Clinical Information on Measures, please see the CRS Performance Improvement Toolbox website: <u>https://www.ihs.gov/crs/toolbox/</u>.

Appendix D 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 an 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 website: <u>https://home.ihs.gov/security/index.cfm</u>

Note: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

D.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

D.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.

D.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.

D.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.

D.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.

D.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.

D.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).

D.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.

D.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.

D.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.

D.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.

D.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.

D.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.

D.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.

D.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.

D.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 is 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 2023, the IHS has 26 GPRA measures in two main categories:

- GPRAMA (1 measure)
- 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 2030

HP2030 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP2030 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 2030. HP2030 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HP2030 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 HP2030, go to <u>https://health.gov/healthypeople</u>.

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 https://www.ncqa.org/.

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 BP that was not controlled. 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 2023 defines October 1, 2022 – September 30, 2023 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
ASCVD	Atherosclerotic Cardiovascular Disease
AST	Aspartate Aminotransferase
ASUFAC	Area - Service Unit - Facility
BH	Behavioral Health
BI	Brief Intervention
BMI	Body Mass Index
BMP	Basic Metabolic Panel
BNI	Brief Negotiated Interview
BP	Blood Pressure
CDT	Current Dental Terminology
CHD	Coronary Heart Disease
CISO	Chief Information Security Officer
COPD	Chronic Obstructive Pulmonary Disease
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CQM	Clinical Quality Measures
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
DM	Diabetes
DPP	DiPeptidyl Peptidase
DTaP	Diphtheria, Tetanus, and Pertussis
eCQM	Electronic Clinical Quality Measures
ENDS	Electronic Nicotine Delivery Systems
ESRD	End-Stage Renal Disease
ETS	Environmental Tobacco Smoke
FAS	Fetal Alcohol Syndrome
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test

Acronym	Term Meaning
FTP	File Transfer Protocol
FY	Fiscal Year
GPRA	Government Performance and Results Act
GPRAMA	GPRA Modernization Act
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Department of Health and Human Services
HiB	Haemophilus influenzae type b
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HP2030	Healthy People 2030
HPV	Human Papillomavirus, Human Papillomavirus vaccine
HQ	Headquarters
HRN	Health Record Number
I/T/U	Indian, Tribal, and Urban
ICD	International Classification of Disease
ID	Identification
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
ISSO	Information System Security Officer
IT	Information Technology
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
ОМВ	Office of Management and Budget
PC	Personal Computer
PCC	Patient Care Component
PCMH	Patient-Centered Medical Home
PCV	Pneumococcal Conjugate Vaccine

Acronym	Term Meaning
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
QA	Quality Assurance
ROB	Rules of Behavior
RPMS	Resource and Patient Management System
SABA	Short-Acting Beta Agonist
SAC	Standards and Conventions
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
VPN	Virtual Private Network

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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