Clinical Reporting System (CRS) 2007 Version 7.0
Performance Measure List and Definitions, as of September 26, 2006

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*****Measure also included in the CRS Elder Care report, which reports on patients 55 and older.

CRS 2007 NATIONAL GPRA REPORT

It is anticipated that the following performance measures will be reported in the **Clinical Reporting System (CRS) 2007 National GPRA report**. ***Changes/additions from CRS 2006 Version 6.1 are shown in red, bold italic type***.

DIABETES GROUP
*Diabetes DX Ever
*Documented A1c
Glycemic Control
- Poor Glycemic Control
- Ideal Glycemic Control

*BP Assessed
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*Depression Screen
*Influenza Vaccine
*Pneumovax

DENTAL GROUP
Dental Access General
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- *Applications
- Patients

IMMUNIZATIONS
Influenza Vaccine 65+
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- Active IMM Pkg Pts

CANCER SCREENING
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Mammogram Rates
Colorectal Cancer Screen
*Tobacco Assessment
*Tobacco Use Prevalence
Tobacco Cessation

BEHAVIORAL HEALTH
FAS Prevention
Intimate Partner Violence/Domestic Violence Screening (IPV/DV)
Depression Screen

CARDIOVASCULAR DISEASE-RELATED
*Obesity Assessment
*Assessed as Obese
*Childhood Weight Control ***(proposed to be replaced by new Breastfeeding Rates measure)***
*CVD and Cholesterol Screening ***(proposed to be replaced by Comprehensive CVD)***
*BP Assessed 20+
*Normal BP
*Pre-HTN I BP
*Pre-HTN II BP
*Stage 1 HTN BP
*Stage 2 HTN BP

CARDIOVASCULAR DISEASE-RELATED (cont'd)
Comprehensive CVD-Related Assessment
*BP Assessed
*LDL Assessed
*Tobacco Assessed
*BMI Measured
*Lifestyle Counseling
All Assessments Above ***(proposed GPRA measure, replacing CVD and Cholesterol Screening)***
*Depression Screen
*Beta-Blocker After AMI
*Persistence of Beta-Blocker After AMI
*LDL After Cardiovascular Event
*LDL <=100
*LDL 101-130
*LDL >130

OTHER CLINICAL
Prenatal HIV Testing
*Prediabetes/Metabolic Syndrome All Assessments
**Public Health Nursing
- Visits in Any Setting
- Home Visits

Breastfeeding Rates (proposed GPRA measure, replacing Childhood Weight Control)

* Performance measures not reported in the *IHS Annual Report to Congress* but included for agency use.
**Performance measure included in the IHS Annual Report to Congress but not reported from CRS.

Definitions for all performance measure topics included in CRS begin on page 5. Definitions for numerators and denominators that are preceded by "GPRA" represent measures that are reported to Congress.

CRS DENOMINATOR DEFINITIONS

For all denominators:

- All patients with name "DEMO,PATIENT" will be automatically excluded for all denominators.
- For all measures except as noted, patient age is calculated as of the beginning of the Report Period.

- ***Active Clinical Population for National GPRA Reporting***
  - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2007 User Manual for listing of these clinics.
  - Must be alive on the last day of the Report Period.
  - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
  - Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

- ***Active Clinical Population for Local Reports***
  - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2007 User Manual for listing of these clinics.
  - Must be alive on the last day of the Report Period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

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

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

- ***Active Clinical CHS Population for National GPRA Reporting (used only for CHS-only sites)***
  - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report period.
  - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
  - Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

- ***Active Clinical CHS Population for Local Reports (used only for CHS-only sites)***
  - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

CRS SELECTED MEASURES REPORT PERFORMANCE MEASURE TOPICS AND DEFINITIONS

The performance measure topics and their definitions that are included in the CRS 2007 Version 7.0 Selected Measures report are shown in the table below. Measures included in the National GPRA report are listed on page 3.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
DIABETES GROUP	
Diabetes Prevalence* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.1** **Denominator:** User Population patients. **Numerators:** 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. **Patient List:** List of diabetic patients with most recent diagnosis
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.1, as noted below*** **Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with hemoglobin A1c documented during the Report Period, regardless of result. 2) Patients with blood pressure documented during the Report Period. 3) Patients with controlled blood pressure during the Report Period, defined as < 130/80. 4) Patients with LDL completed during the Report Period, regardless of result. 5) Patients with ***nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria)*** during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. 6) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam. 7) Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam. 8) Patients with A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND Diabetic Foot Exam. **Definitions**: Diabetic foot exam defined as: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), or 4) documented refusal of foot exam (Exam Code 28). For other specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy. **Patient List:** List of diabetic patients with documented tests, if any.

* Measure also included in the CRS Elder Care report, which reports on patients 55 and older.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Diabetes: Glycemic Control* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. 2) All User Population patients diagnosed with diabetes prior to the Report Period. 3) Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5. **Numerators:** 1) Hemoglobin A1c documented during the Report Period. 2) **GPRA:** Poor control: A1c greater than (>) 9.5 3) Very poor control: A1c equals or greater than (=>) 12 4) Poor control: A1c greater than (>) 9.5 or less than (<) 12 5) Fair control A1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5 6) Good control: A1c equals or greater than (=>) 7 and less than (<) 8 7) **GPRA:** Ideal control: A1c less than (<) 7 8) Undetermined A1c (no result) **Definitions:** 1) **A1c:** CPT 83036, LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX 2) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. (**NOTE:** CPT codes are not included since they do not store the result, which is used in this topic.) **GPRA Description - Poor Glycemic Control:** During FY 2007, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5) does not increase above the FY 2005 rate of 15%. **GPRA Description - Ideal Glycemic Control:** During FY 2007, increase to ***34%*** the proportion of patients with diagnosed diabetes with ideal glycemic control (defined as A1c < 7). **Patient List:** All patients diagnosed with Diabetes, with date and value of A1c, if any.
Diabetes: Blood Pressure Control* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	**No changes from Version 6.1** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period) 2) **GPRA:** Controlled BP, < 130/80 3) Not controlled BP **Definitions:** 1) **Blood Pressure** - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. 2) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. (**NOTE:** CPT codes are not included since they do not store the result, which is used in this topic.) **GPRA Description:** During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 rate of 37%. **Patient List:** All patients diagnosed with Diabetes, with mean BP value if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Diabetes: Lipids Assessment* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result 2) **GPRA:** Patients with LDL completed during the Report Period, regardless of result 3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129 **Definitions:** 1) **Lipid Profile:** CPT 80061; LOINC taxonomy ***(removed all LOINC codes in the LOINC taxonomy except one, as they were not tests for a lipids profile/panel);*** site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) **LDL:** CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **HDL:** CPT 83718; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT HDL TAX 4) **Triglyceride (TG):** CPT 84478; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX 5) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. (**NOTE:** CPT codes are not included since they do not store the result, which is used in this topic.) **GPRA Description:** During FY 2007, increase to ***59%*** the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). **Patient List:** All patients diagnosed with Diabetes, with date of tests and LDL value, if any.
Diabetes: Nephropathy Assessment* Diabetes Program/ Dr. Charlton Wilson *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerator:** 1) **GPRA:** Patients with ***nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria)*** during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. ***DELETED:*** 2) Patients with Estimated GFR with result during the Report Period. ***DELETED:*** 3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result, OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period, AND 2) an Estimated GFR with result during the Report Period. **Definitions:** 1) **Estimated GFR:** Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy ***(added codes to LOINC taxonomy).*** 2) ***Quantitative Urinary Protein Assessment: CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values)*** 3) **End Stage Renal Disease:** ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925. 4) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. (**NOTE:** CPT codes are not included since they do not store the result, which is used in this topic.) **GPRA Description:** During FY 2007, ***establish the proportion of patients with diagnosed diabetes assessed for nephropathy.*** **Patient List:** All patients diagnosed with Diabetes, with date of tests and value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Diabetic Retinopathy* Diabetes Program/ Dr. Mark Horton *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below. Also includes text changes that clarified logic and did not change it.*** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerator: GPRA:** Patients receiving a qualified retinal evaluation* during the Report Period, or a documented refusal of a diabetic retinal exam. **Definitions:** 1) **Qualified Retinal Evaluation*:** A) Diabetic retinal exam or documented refusal or B) other eye exam. A) **Diabetic Retinal Exam:** Exam Code 03 Diabetic Eye Exam (dilated retinal examination provided by an optometrist or ophthalmologist) or refusal of Exam Code 03. ***(Moved Clinic Code A2 Diabetic Retinopathy to Other Eye Exam definition below.)*** B) **Other Eye Exam:** (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for any of the following codes in the following order: Clinic Codes ***A2***, 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014; ***(deleted 92015);*** POV V72.0. *Qualifying Retinal Evaluation: The following methods are qualifying for this measure: - Dilated retinal evaluation by an optometrist or ophthalmologist. - Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or Ophthalmologist. - Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc. 3) **Creatinine (for Active Adult Diabetic denominator):** LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. (**NOTE:** CPT codes are not included since they do not store the result, which is used in this topic.) **GPRA Description:** During FY 2007, ***all sites should maintain*** the proportion of patients with diagnosed diabetes who receive an annual retinal examination at the FY 2006 rate ***of 49%***. **Patient List:** All patients diagnosed with Diabetes, with date of screening and code, if any.
Diabetic Access to Dental Services* Dental Program/ Dr. Patrick Blahut	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** Patients with a documented dental visit during the Report Period, including refusals. A) Patients with documented refusal during the Report Period. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; ***or POV V72.2.*** For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) **Refusal of Dental Exam:** For non-CHS visits, searches for ***refusal of*** Exam Code 30 ***or ADA code 0000 or 0190.*** **Patient List:** All diabetic patients with date of dental visit or refusal and code, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
DENTAL GROUP	
Access to Dental Services* Dental Program/ Dr. Patrick Blahut *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator: GPRA:** User Population patients, ***broken down by age groups: 0-5, 6-11, 12-19, 20-34, 35-44, 45-54, 55-74, 75 and older.*** **Numerators: GPRA:** Patients with documented dental visit during the Report Period, including refusals. A) Patients with documented refusal. **Definitions:** 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; ***or POV V72.2.*** For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file. 2) **Refusal of Dental Exam:** For non-CHS visits, searches for ***refusal of*** Exam Code 30 ***or ADA code 0000 or 0190.*** **GPRA Description:** During FY 2007, maintain the proportion of patients that obtain access to dental services at the FY 2005 rate of 24%. **Patient List:** Patients with documented dental visit or refusal, with date and code.
Dental Sealants Dental Program/ Dr. Patrick Blahut *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Numerators: GPRA:** Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants ***and refusals*** during the Report Period. Age breakouts (HP 2010): <12; 12-18; >18. ***A) Number of documented refusals.*** **Definitions:** 1) **Dental Sealant:** ADA code 1351. 2) ***Refusal of Dental Sealant: Refusal of ADA code 1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted.*** **GPRA Description:** During FY 2007, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 rate of 249,882 sealants. **Patient List:** Patients who had sealants and the number of sealants received.
Topical Fluoride Dental Program/Dr. Patrick Blahut *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Numerators:** 1) **GPRA:** Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment ***or refusal*** during the Report Period. ***A) Patients with documented refusal in past year.*** 2) Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of appropriate topical fluoride applications ***and refusals*** based on a maximum of four per patient per year. ***A) Number of documented refusals during past year.*** **Definitions:** 1) **Topical Fluoride Application:** V Dental ADA codes 1201, 1203, 1204, 1205; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. ***2) Refusal of Topical Fluoride Application: Refusal of ADA code 1201, 1203, 1204, or 1205. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted.*** **GPRA Description:** During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 rate of 85,318 patients. **Patient List:** Patients who received at least one topical fluoride application during Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
IMMUNIZATION GROUP	
Adult Immunizations: Influenza* Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	**No changes from Version 6.1** **Denominators:** 1) Active Clinical patients ages 50 or older. A) Ages 50-64. B) **GPRA:** Ages 65 and older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** 1) **GPRA:** Patients with influenza vaccine documented during the Report Period or with documented refusal. 2) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Influenza Vaccine:** Immunization/CVX codes 15, 16, 88, or 111; POV V04.8 (old code), V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) **Refusal of Influenza Vaccine:** Immunization/CVX codes: 15, 16, 88, or 111 **GPRA Description:** In FY 2007, maintain FY 2005 rate of 59% for influenza vaccination rates among non-institutionalized adults aged 65 years and older. **Patient List:** Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.
Adult Immunizations: Pneumovax* Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) **GPRA:** Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators: GPRA:** Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year. A) **For Active Diabetics denominator only.** Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. B) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) **Refusal of Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109 **GPRA Description:** In FY 2007, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to ***76%.*** **Patient List:** Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.
Childhood Immunizations Epidemiology Program/ Amy Groom, MPH *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) Active Clinical patients ages 19-35 months at end of Report Period. 2) **GPRA:** User Population patients active in the Immunization Package who are 19-35 months at end of Report period. **NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.** **Numerators:** 1) **GPRA:** Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease. 2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal. 3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal. 4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal. 5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal. 6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	7) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal. 8) Patients with 4 doses of Pneumococcal conjugate, or who have evidence of the disease, a contraindication, or a documented refusal. **Also included for numerators 1-8 are sub-numerators:** A) Patients with a documented refusal. B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. 9) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, including refusals, contraindications, and evidence of disease). 10) **Immunization Program Numerator:** Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, NOT including refusals, contraindications, and patients with evidence of disease. 11) **Immunization Program Numerator:** Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease. **Definitions:** 1) **Patient Age:** Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7-23 months at the beginning of the Report Period, which makes the patient between the age of 19-35 months at the end of the Report Period. 2) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization. 3) **Active Immunization Package Patients Denominator:** Same as User Population definition EXCEPT includes only patients flagged as active in the Immunization Package. **NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.** 4) **Dosage and Types of Immunizations:** A) **4 Doses of DTaP:** 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis. B) **3 Doses of Polio:** 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses. C) **1 Dose of MMR:** 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella. D) 3 doses of Hep B OR 2 doses IF documented with CPT 90743. E) 3 doses of HIB F) 1 dose of Varicella G) 4 doses of Pneumococcal 5) **Refusal, Contraindication, and Evidence of Disease Information:** Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. C) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	D) To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A. E) To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B. 6) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: **DTaP:** 20, 50, 106, 107, 110, ***120;*** **DTP:** 1, 22, 102**; Tdap:** 115; **DT:** 28; **Td:** 9, ***113;*** **Tetanus:** 35, 112; **Pertussis:** 11: **OPV:** 2, 89; **IPV:** 10, 89, 110, ***120;*** **MMR:** 3, 94: **M/R:** 4; **R/M:** 38; **Measles:** 5; **Mumps:** 7; **Rubella:** 6; **HiB:** 22, 46-49; 50, 51, 102, ***120;*** **Hepatitis B:** 8, 42-45, 51, 102, 104, 110; **Varicella:** 21, 94; **Pneumococcal:** 33, 100, 109. 7) **Immunization Definitions: NOTE:** In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes. A) **DTaP:** 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, ***120;*** 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723, 90749 (old code). B) **DTP:** 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. C) **Tdap:** 1) Immunization (CVX) code: 115; 2) CPT 90715. D) **DT:** 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702. E) **Td:** 1) Immunization (CVX) code 9, ***113;*** 2) POV V06.5; 3) CPT ***90714,*** 90718. F) **Diphtheria:** 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*. G) **Tetanus:** 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*. H) **Pertussis:** 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*. I) **OPV:** 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208. J) **IPV:** 1) Immunization (CVX) codes: 10, 89, 110, ***120;*** 2) POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79. K) **MMR:** 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208. L) **M/R:** 1) Immunization (CVX) code 4; 2) CPT 90708. M) **R/M:** 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). N) **Measles:** 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. O) **Mumps:** 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. P) **Rubella:** 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. Q) **HiB:** 1) Immunization (CVX) codes: 22, 46-49, 50, 51, 102, ***120;*** 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	R) **Hepatitis B:** 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. S) **Varicella:** 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: POV or PCC Problem List (active or inactive) 052*, 053*. Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208. T) **Pneumococcal:** 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90732. **GPRA Description:** During FY 2007, maintain 2005 rate of 75% for recommended immunizations for AI/AN children 19-35 months. **Patient List:** 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.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Adolescent Immunizations Dr. Scott Hamstra/Amy Groom, MPH, Epidemiology Program	**No changes from Version 6.1** **Denominator:** Active Clinical patients age 13. **Numerators:** 1) Patients who have received the 2 MMR, 3 Hepatitis B, and one Varicella combination. 2) Patients who have received 2 doses of MMR ever, including refusals, contraindications, and evidence of disease. 3) Patients who have received 3 doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease. 4) Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease. **Also included for numerators 1-4 are sub-numerators:** A) Patients with a documented refusal. B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. **Definitions:** 1) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization. 2) **Dosage and Types of Immunizations:** A) **2 doses of MMR:** 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella. B) 3 doses of Hep B OR 2 doses IF documented with CPT 90743. C) 1 dose of Varicella 3) **Refusal, Contraindication, and Evidence of Disease Information:** Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. C) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.) D) To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A. E) To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B. 4) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94. 5) **Immunization Definitions:** A) **MMR:** 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208. B) **M/R:** 1) Immunization (CVX) code 4; 2) CPT 90708. C) **R/M:** 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). D) **Measles:** 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Adolescent Immunizations (cont'd) Dr. Scott Hamstra/Amy Groom, MPH, Epidemiology Program	E) **Mumps:** 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. F) **Rubella:** 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. G) **Hepatitis B:** 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. H) **Varicella:** 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: POV or PCC Problem List (active or inactive) 052*, 053*. Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208. **Patient List:** Patients 13 and older 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 Hep B, no IZ will be listed for Hep B.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
CHILDHOOD DISEASES GROUP	
Appropriate Treatment for Children with Upper Respiratory Infection Dr. Scott Hamstra	**No changes from Version 6.1** **Denominator:** Active Clinical patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period. **Numerator:** Patients who were NOT prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is not to receive an antibiotic. **Definitions:** 1) **Age:** Age is calculated as follows: Children 3 months as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period. 2) **Upper Respiratory Infection:** POV 460 or 465.*. 3) **Outpatient Visit**: Service Category A, S, or O. 4) **Antibiotic Medications:** A) Medication taxonomy BGP HEDIS ANTIBIOTIC MEDS. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.), B) V Procedure 99.21. **In order to be included in the denominator, ALL of the following conditions must be met:** 1) Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. 2) If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis. 3) Patient's visit must ONLY have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded. 4) The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date. 5) The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as: Rx Days Supply >= (URI Visit Date - Prescription Date) If multiple visits exist that meet the above criteria, the first visit will be used. **Patient List:** Patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Testing for Children with Pharyngitis Dr. Scott Hamstra	**No changes from Version 6.1** **Denominator:** Active Clinical patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period. **Numerator:** Patients who received a Group A strep test. **Definitions:** 1) **Age:** Age is calculated as follows: Children 2 years as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period. 2) **Pharyngitis:** POV 462, 463, or 034.0. 3) **Outpatient Visit:** Service Category A, S, or O. 4) **Antibiotic Medications:** A) Medication taxonomy BGP HEDIS ANTIBIOTIC MEDS. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, Clindamycin, Dicloxacillin, Dirithromycin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Flomefloxacin, Gatifloxacin, Levofloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.), B) V Procedure 99.21. 5) **Group A Streptococcus Test:** A) CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); B) site-populated taxonomy BGP GROUP A STREP; and C) LOINC taxonomy. **In order to be included in the denominator, ALL of the following conditions must be met:** 1) Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. 2) If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis. 3) Patient's visit must ONLY have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded. 4) The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date. 5) The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as: Rx Days Supply >= (URI Visit Date - Prescription Date) 6) The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit. If multiple visits exist that meet the above criteria, the first visit will be used. **To be included in the numerator,** a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date. **Patient List:** Patients 2-18 years with pharyngitis and a Group A Strep test, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
CANCER SCREENING GROUP	
Cancer Screening: Pap Smear Rates Carolyn Aoyama *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator: GPRA:** Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. **Numerators: GPRA:** Patients with documented pap smear in past three years or refusal in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Hysterectomy:** A) V Procedure: 68.4-68.9; B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135. 2) **Pap Smear:** A) V Lab: PAP SMEAR; B) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (corrected description), V72.3 Gynecological Examination , Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (corrected description) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix, ***or 795.06 Pap smear of cervix with cytologic evidence of malignancy;*** C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear **GPRA Description:** During FY 2007, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 rate of 60%. **Patient List:** All patients in the denominator, with date and code of test, if any.
Cancer Screening: Mammogram Rates* Carolyn Aoyama *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) **GPRA:** Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies. ***2) Female Active Clinical patients ages 40 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.*** **Numerators: GPRA:** Patients with documented mammogram in past two years or refusal in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Bilateral Mastectomy**: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) **Unilateral Mastectomy:** Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) **Mammogram**: A) V Radiology or V CPT: 76090, 76091, 76092**,** G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202. **GPRA Description:** During FY 2007, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 rate of 41%. **Patient List:** Women ***40+*** with mammogram/refusal, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Colorectal Cancer Screening* Epidemiology Program/ Dr. Nathaniel Cobb *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator: GPRA:** Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy, broken out by gender. **Numerators:** 1) **GPRA:** Patients who have had ANY CRC colorectal screening, defined as any of the following: A) Fecal Occult Blood test (FOBT) during the Report Period; B) flexible sigmoidoscopy or double contrast barium enema in the past five years; C) colonoscopy in the past 10 years, or D) a documented refusal in the past year. A) Patients with documented refusal in the past year. B) Patients with Fecal Occult Blood test during the Report Period. ***DELETED:*** 2) Patients with Rectal Exam in past two years. **Definitions:** 1) **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05. 2) **Total Colectomy:** CPT 44150-44153, 44155-44156, 44210-44212; V Procedure 45.8. 3) **Fecal Occult Blood lab test (FOBT):** CPT 82270, 82274, G0107, 89205 (old code); LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS ***DELETED:*** 4) **Rectal Exam:** V76.41; V Procedure 48.24-29, 89.34; V Exam 14 or refusal in past year for Exam 14. 4) **Flexible Sigmoidoscopy:** V Procedure 45.24, 45.42; CPT 45330-45345, G0104 5) **Double Contrast Barium Enema:** CPT or VRad: 74280, G0106, G0120 6) **Colonoscopy:** V Procedure 45.22, 45.23, 45.25, 45.43; V POV 76.51; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121 7) **Screening Refusals:** A. **FOBT:** Refusal of V Lab Fecal Occult Blood test or ***CPT code 82270, 82274, G0107 or 89205 (old code);*** B. ***Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104;*** C. **Double Contrast Barium Enema:** Refusal of V Radiology CPT: 74280, G0106, G0120; ***D. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.*** **GPRA Description:** During FY 2007, ***maintain the 2006 rate of 22% of*** colorectal screening for clinically appropriate patients ages 50 and older. **Patient List:** Patients ages 51-80 ***with CRC screening or refusal, if any.***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Tobacco Use and Exposure Assessment* Mary Wachacha/Epidemiology Program, Dr. Nat Cobb *NATIONAL (included in NTL report; not reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010). 2) Pregnant female User Population patients with no documented miscarriage or abortion. **Numerators:** 1) Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator). 2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users. A) Current smokers B) Current smokeless tobacco users 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator). **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) **Abortion:** Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: ***59100, 59120, 59130, 59136, 59150, 59151,*** 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **Tobacco Screening:** An additional 8 months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that. A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1, 305.1* (old codes), ***649.00-649.04,*** or V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "-SHS**".** 5) **Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, ***Cessation-Smoker, Cessation-Smokeless.*** B) POV 305.1, 305.10-305.12 (old codes), ***649.00-649.04,*** or V15.82. C) Dental 1320 6) **Current Smokers:** A) Health Factors: Current Smoker, Current Smoker and Smokeless, ***Cessation-Smoker.*** B) 305.1, 305.10-305.12 (old codes), ***649.00-649.04,*** or V15.82. C) Dental code 1320 7) **Current Smokeless:** A) Health Factors: Current Smokeless, Current Smoker and Smokeless, ***or Cessation-Smokeless.*** 8) **Environmental Tobacco Smoke (ETS):** Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke **Patient List:** Patients with no screening identified.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Tobacco Cessation Mary Wachacha/Epidemiology Program, Dr. Nat Cobb *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) **GPRA:** Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: <12, 12-17, 18 and older. **Numerators:** 1) **GPRA:** Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year. 2) Patients identified during the Report Period as having quit tobacco use. **Definitions:** 1) **Current Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless ***(deleted Cessation-Smoker and Smokeless; not a current Health Factor);*** B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), ***649.00-649.04,*** or V15.82; C) Dental code 1320. 2) **Tobacco Cessation Counseling:** Any of the following: Patient Education codes containing "TO-", "-TO", or "-SHS"; Clinic Code 94, Dental Code 1320, ***CPT code G0375 or G0376;*** or documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period. 3) **Quit Smoking:** POV or Current Active Problem List 305.13, Health Factors Previous Smoker, Previous Smokeless. ***GPRA Description:*** During FY 2007, ***maintain the 2006 rate of 12%*** of tobacco-using patients who receive tobacco cessation intervention. **Patient List:** Tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.
BEHAVIORAL HEALTH GROUP	
Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) Wilbur Woodis *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator:** 1) **GPRA:** Female Active Clinical patients ages 15 to 44 (child-bearing age). **Numerators:** 1) **GPRA:** Patients screened for alcohol use during the Report Period, including refusals in the past year. A) Patients with exam code, Alcohol health factor or screening diagnosis. B) Patients with alcohol-related diagnosis ***or procedure.*** C) Patients with alcohol-related patient education or counseling. D) Patients with documented refusal in past year. **Definitions:** 1) **Alcohol Screening:** PCC Exam code 35; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1 2) **Alcohol-related Diagnoses:** POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) ***Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69*** 4) **Alcohol Education:** All Patient Education codes containing “AOD-” or “-AOD” or old codes containing “CD-” or “-CD” **GPRA Description:** During FY 2007, increase ***to 13%*** the screening rate for alcohol use in female patients ages 15 to 44. **Patient List:** Female patients with no documented alcohol screening.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Intimate Partner (Domestic) Violence Screening* Dr. Theresa Cullen/ Denise Grenier, LCSW *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) Female Active Clinical patients ages 13 and older at beginning of Report Period. A) **GPRA:** Female Active Clinical patients ages 15-40. **Numerators:** **GPRA:** Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period**,** including documented refusals in past year. A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnoses. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education. **Definitions:** 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam 2) **IPV/DV Related Diagnoses:** POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) **IPV/DV Patient Education:** Patient Education codes containing “DV-” or “-DV” 4) **IPV/DV Counseling:** POV V61.11 5) **Refusals:** A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or “-DV”. **GPRA Description:** During FY 2007, increase ***to 15%*** the screening rate for domestic violence in female patients ages 15 through 40. **Patient List:** Women not screened and without documented refusal.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Depression Screening* Denise Grenier, LCSW/ Dr. David Sprenger *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) **GPRA:** Active Clinical patients ages 18 and older, broken down by gender. 2) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. 3) Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. ***(Revised definition to make it consistent with active denominators for other chronic problems, like diabetes.)*** **Numerators:** 1) **GPRA:** Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year. A) Patients screened for depression during the Report Period. B) Patients with a diagnosis of a mood disorder during the Report Period. C) Patients with documented refusal in past year. 2) Patients with depression-related education or refusal of education in past year. **Definitions: 1) Diabetes:** POV 250.00-250.93 2) **Ischemic Heart Disease:** 410.0-412.*, 414.0-414.9, 428.*, 429.2 recorded in the V POV file. 3) **Depression Screening:** Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 4) **Mood Disorders:** At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 5) **Screening Refusal:** Any PCC refusal in past year with Exam Code 36. 6) **Depression-related patient education:** A) Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or B) "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-". **GPRA Description:** During FY 2007, ***maintain the 2006 rate of 15%*** of annual screening for depression in adults ages 18 and over. **Patient List:** List of patients not screened for depression/diagnosed with mood disorder.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Antidepressant Medication Management Denise Grenier, LCSW/ Dr. David Sprenger	**No changes from Version 6.1** **Denominator:** As of the 120th day of the Report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year. **Numerators:** 1) Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider. 2) Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks). 3) Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months). **Definitions:** 1) **Major Depression:** POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. 2) **Antidepressant Medications:** Medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.) 3) **Index Episode Start Date:** The date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used. **To be included in the denominator, patient must meet BOTH of the following conditions:** 1) One of the following from the 121st day of the year prior to the Report period to the 120th day of the Report period: 1) one visit in any setting with major depression DX (see list of codes) as primary POV, 2) two outpatients visits occurring on different dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression. For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005. 2) Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of earliest prescription for antidepressant medication filled during that time period. **Denominator Exclusions:** 1) Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or 2) Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or 3) Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* AND secondary POV of 291*-292*, 303*-305*. **Optimal Practitioner Contacts numerator, patient must have one of the following:** 1) Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow**)**
Antidepressant Medication Management (cont'd) Denise Grenier, LCSW/ Dr. David Sprenger	2) Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date. For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6. NOTE: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator. **Outpatient mental health provider visits are defined as** BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, AND 1. A) Service category A, S, or O, and B1) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or B2) POV 290*, 293*-302*, 306*-316*, OR 2. A) Service category of A, S, or O and B1) Location of Encounter = Home (as designated in Site Parameters) or B2) clinic code = 11, OR 3. Service category of T. **Outpatient <u>non</u>-mental health provider visits are defined as BHS or PCC visits with:** 1. A) Service category A, S, or O, and B) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, OR 2. A1) Service category A, S, O, or T or A2) Location of Encounter = Home (as designated in Site Parameters) or A3) clinic code 11 and B) POV 290*, 293*-302*, 306*-316*, OR 3. A) Service category A, S, or O, and B) CPT 99384-99387, 99394-99397, 99401-99404 and C) POV 290*, 293*-302*, 306*-316*. **<u>Effective Acute Phase Treatment numerator:</u>** For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator. **NOTE:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4. **Example of Patient Included in Numerator:** - 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd RX: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd RX: 1/10/2005, # Days Prescribed=30 No gap days. Rx covers patient through 2/13/2005 - Index Rx Date 11/1/2004 + 114 days = 2/23/2005 - Patient's 84th treatment day occurs on 2/7/2005, which is <= 2/23/2005 AND # gap days of 14 is less than 30.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Antidepressant Medication Management (cont'd) Denise Grenier, LCSW/ Dr. David Sprenger	**Example of Patient Not Included in Numerator:** - 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30 Rx covers patient through 12/1/2004 - 2nd Rx: 12/15/2004, # Days Prescribed=30 Gap #1 = (12/15/2004-12/1/2004) = 14 days Rx covers patient through 1/14/2005 - 3rd Rx: 2/01/2005, # Days Prescribed=30 Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32, so patient is not included in the numerator. **Effective Continuation Phase Treatment numerator:** For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4. **Patient List:** Patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
CARDIOVASCULAR DISEASE RELATED GROUP	
Obesity Assessment* Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.1** **Denominator:** 1) Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74 **Numerators:** 1) All patients for whom BMI can be calculated, including refusals in the past year. A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables. B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables. C) Of Numerator 1, total overweight and obese. D) Of Numerator 1, patients with documented refusal in past year. **Definitions:** 1) **BMI:** Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day. 2) **Refusals:** Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. **Patient List:** Patients for whom a BMI could NOT be calculated.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Childhood Weight Control Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen ***NATIONAL (included in NTL report; not reported to Congress)***	***Potential change from Version 6.1, as noted below.*** **Denominator:** Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups. ***(Proposed for FY 2007: Childhood Weight Control will be changed to a long-term measure and the new Breastfeeding Rates measure will become an annual GPRA measure.)*** **Numerators:** 1) Patients with BMI 85-94%. 2) Patients with a BMI 95% and up. 3) Patients with a BMI =>85%. **Definitions:** 1) **Age:** All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group. 2) **BMI:** CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight. **BMI STANDARD REFERENCE DATA** **Low-High Ages** / **Sex** / **BMI >= (Risk-Overwt.)** / **BMI >= (Overwt)** / **Data Check Limits BMI >** / **BMI <** 2-2 Male 17.7 18.7 36.8 7.2 Female 17.5 18.6 37.0 7.1 3-3 Male 17.1 18.0 35.6 7.1 Female 17.0 18.1 35.4 6.8 4-4 Male 16.8 17.8 36.2 7.0 Female 16.7 18.1 36.0 6.9 5-5 Male 16.9 18.1 36.0 6.9 Female 16.9 18.5 39.2 6.8 **Patient List:** Patients ages 2-5 with current BMI.
Nutrition and Exercise Education for At Risk Patients Patient Education Program/ Mary Wachacha Nutrition Program/ Jean Charles-Azure	**No changes from Version 6.1** **Denominators:** 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI =>25, ages 18 and under based on standard tables. A) Patients considered obese, defined as adults with BMI =>30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, =>60 (HP 2010). 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** During the Report Period: 1) Patients provided with medical nutrition counseling. 2) Patients provided with nutrition education. 3) Patients provided with exercise education. 4) Patients provided with other related education. **Definitions:** 1) **Medical Nutrition Counseling:** CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36 2) **Nutrition Education:** Patient Education codes ending “-N” or "-MNT" or old codes containing “-DT” (diet); POV V65.3 3) **Exercise Education:** Patient Education codes ending “-EX”; POV V65.41 4) **Other Related Education:** Patient Education codes ending “-LA” or containing “OBS-” **Patient List:** Patients defined as at risk, with date and codes, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Cardiovascular Disease and Cholesterol Screening* Dr. James Galloway/ Mary Wachacha ***NATIONAL (included in NTL report; not reported to Congress)***	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) Active Clinical patients ages 23 and older; broken out by gender. ***(Proposed for FY 2007: CVD and Cholesterol Screening will be eliminated as an annual GPRA measure and will be replaced the Comprehensive CVD-Related Assessment measure.)*** 2) Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken down by gender. ***(Revised definition to make it consistent with active denominators for other chronic problems, like diabetes.)*** **Numerators:** 1) Patients with documented blood total cholesterol screening any time during past five years, regardless of result. A) With high cholesterol, defined as => 240. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** 2) With LDL completed, regardless of result. A) LDL <= 100 ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #2 above as the denominator vs. the denominator above.)*** B) LDL 101-130 C) LDL 131-160 D) LDL >160 **Definitions:** 1) **Total Cholesterol Panel:** CPT 82465; LOINC taxonomy ***(added codes to the LOINC taxonomy);*** site-populated taxonomy DM AUDIT CHOLESTEROL TAX. 2) **LDL:** CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.*, or 429.2 recorded in the V POV file. **Patient List:** Patients in the denominator, with date and test, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Cardiovascular Disease and Blood Pressure Control* Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominators:** 1) All Active Clinical patients ages 20 and over, broken down by gender. 2) All User Population patients ages 20 and older, broken down by gender. 3) Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken down by gender. ***(Revised definition to make it consistent with active denominators for other chronic problems, like diabetes.)*** **Numerators:** 1) Patients with BP values documented. A) Patients with normal BP, <120/80. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** B) Pre-hypertension I, => 120/80 and < 130/80. C) Pre-hypertension II, =>130/80 and < 140/90. D) Stage 1 hypertension, => 140/90 and <160/100. E) Stage 2 hypertension, => 160/100. **Definitions:** 1) **BP Values (all numerators):** CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. 2) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.*, or 429.2 recorded in the V POV file. **Patient List:** Patients => 20 w/ denominator identified & mean BP, if any.
Controlling High Blood Pressure Dr. James Galloway/ Mary Wachacha	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender. **Numerators:** 1) Patients with BP values documented. A) Patients with normal BP, <120/80. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** B) Pre-hypertension I, => 120/80 and < 130/80. C) Pre-hypertension II, =>130/80 and < 140/90. D) Stage 1 hypertension, => 140/90 and <160/100. E) Stage 2 hypertension, => 160/100. **Definitions:** 1) **Hypertension:** Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period. 2) **BP Values (all numerators):** Uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2, non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. 3) **ESRD:** CPT 90921, 90925 or POV 585.1-585.9, 585 (old code). **Patient List:** Patients in the denominator, with BP value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (**NOTE:** ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Comprehensive CVD-Related Assessment Dr. James Galloway/ Mary Wachacha ***NATIONAL (reported to Congress)***	***Changes from Version 6.1, as noted below.*** **Denominators:** ***DELETED:*** 1) Patients ages 46 and older who are not diabetic. ***DELETED:*** 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older. ***DELETED:*** 3) Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period. 1) ***GPRA: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. (Revised all denominators to require all patients to have IHD.) Proposed for FY 2007: CVD and Cholesterol Screening will be eliminated as an annual GPRA measure and will be replaced the Comprehensive CVD-Related Assessment measure.*** **Numerators:** 1) Patients with Blood Pressure value documented at least twice in prior two years. 2) With LDL completed in past five years, regardless of result. 3) Screened for tobacco use during the Report Period. 4) For whom a BMI could be calculated, including refusals in the past year. 5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 6) ***GPRA:*** Patients with ALL assessments above. ***(Removed depression screening from this measure.)*** 7) Screened for depression or diagnosed with a mood disorder during the Report Period, including documented refusals in past year. **Definitions:** 1) **Diabetes:** Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics. ***(Revised definition for patients not having diabetes.)*** 2) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file. 3) **Blood Pressure:** Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. 4) **LDL:** Finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 5) **Tobacco Screening:** At least one of the following: A. Any health factor for category Tobacco documented during Current Report period; B. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), ***649.00-649.04,*** or V15.82; C. Dental code 1320; D. Any patient education code containing "TO-", "-TO" or "-SHS." 6) **BMI:** CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. 7) **Medical Nutrition Counseling:** CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)). Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise). Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Comprehensive CVD-Related Assessment (cont'd) Dr. James Galloway/ Mary Wachacha	8) **Depression Screening/Mood Disorder DX:** Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. ***GPRA Description: Establish the baseline rate of at-risk patients who have a comprehensive assessment for all CVD-related risk factors.*** **Patient List:** List of patients with assessments received, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy after a Heart Attack Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	***New topic for Version 7.0*** **Denominator:** Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender. **Numerators:** 1) Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to beta-blockers. 2) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ASA (aspirin) or other anti-platelet agent. 3) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ACEIs/ARBs. 4) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to statins. **Also included for numerators 1-4 are sub-numerators:** A) Patients with active prescription for the specified medication. B) Patients with documented refusal of the specified medication. C) Patients with contraindication/previous adverse reaction to the specified medication. 5) Patients with active prescriptions for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin), with refusal, and/or who have a contraindication/previous adverse reaction. **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge. 2) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy 3) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy. 4) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX, or LOINC taxonomy. **Denominator Exclusions:** Patients meeting any of the following conditions will be excluded from the denominator. 1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients readmitted for any diagnosis within seven days of discharge. 3) Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post). 4) Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post." **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); OR 2) A refusal of the medication at least once during hospital stay through 7 days after discharge date; OR 3) Have a contraindication/previous adverse reaction to the indicated medication. Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/ allergy, the sub-numerator totals of A-C may not add up the to the numerator total. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	**Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to beta-blockers defined as any of the following occurring ever: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin)/Other Anti-Platelet Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during hospital stay through 7 days after discharge date. Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin; or D) CPT G8008. Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI in year prior to discharge. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22); 2) NMI (not medically indicated) refusal for any ARB; or 3) CPT G8029 in year prior to discharge. Adverse drug reaction/documented ARB allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin in year prior to discharge. Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring ever: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List:** Patients with AMI, with appropriate medication therapy, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Beta-Blocker Treatment After A Heart Attack Dr. James Galloway/ Mary Wachacha	***Removed from National GPRA and Selected Measures (Local) reports and now included only in the HEDIS report.***
Persistence of Appropriate Medication Therapy after a Heart Attack Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	***New topic for Version 7.0*** **Denominator:** Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period. Broken down by gender. **Numerators:** 1) Patients with a 135-day course of treatment with beta-blockers, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy. 2) Patients with a 135-day course of treatment with ASA (aspirin) or other anti-platelet agent, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/ previous adverse reaction to ASA/anti-platelet therapy. 3) Patients with a 135-day course of treatment with ACEIs/ARBs, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy. 4) Patients with a 135-day course of treatment with statins, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy. **Also included for numerators 1-4 are sub-numerators:** A) Patients with 135-day treatment for the specified medication. B) Patients with documented refusal of the specified medication. C) Patients with contraindication/previous adverse reaction to the specified medication. **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV or Problem List 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report period through first six months of the Report period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit. 2) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy. 3) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy. 4) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy. **Denominator Exclusions:** Patients meeting any of the following conditions will be excluded from the denominator. 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post). 3) Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; “R/O”; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post." **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) A total days’ supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; OR 2) A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; OR 3) Have a contraindication/previous adverse reaction to the indicated medication.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/ allergy, the sub-numerator totals of A-C may not add up the to the numerator total. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. **Example of patient included in the beta-blocker numerator who has prior active prescription:** - Admission Date: 2/1/2004, Discharge Date: 2/15/2004 - Must have 135 days prescribed by 8/13/2004 (Discharge Date+180) - Prior Beta-Blocker Rx Date: 1/15/2004 - # Days Prescribed: 60 (treats patient through 3/15/2004) - Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx - 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period - # Remaining Days Prescribed from Prior Active Rx: (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29 - Rx #2: 4/1/2004, # Days Prescribed: 90 - Rx #3: 7/10/2004, #Days Prescribed: 90 - Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209 **Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to beta-blockers defined as any of the following occurring ever: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin) Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with prescription for Warfarin/Coumadin using site-populated BGP CMS WARFARIN MEDS taxonomy during the period admission/visit date through the 180 days after discharge/visit date; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin; or D) CPT G8008. Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to ACEI defined as any of the following occurring: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI anytime up to the 180 days after discharge/visit date. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22); 2) NMI (not medically indicated) refusal for any ARB; or 3) CPT G8029 anytime up to the 180 days after discharge/visit date. Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. James Galloway/ Mary Wachacha	Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the period admission/visit date through the 180 days after discharge/visit date; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the period admission/visit date through the 180 days after discharge/visit date, or 4) NMI (not medically indicated) refusal for any statin in year prior to discharge/visit date. Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) on 2 or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date; 3) Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List:** Patients with AMI, with persistent medication therapy, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Persistence of Beta-Blocker Treatment After A Heart Attack Dr. James Galloway/ Mary Wachacha	***Removed from National GPRA and Selected Measures (Local) reports and now included only in the HEDIS report.***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy in High Risk Patients Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	***New topic for Version 7.0*** **Denominators:** 1) Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. A) Active IHD patients ages 22 and older who are not Active Diabetic. B) Active IHD patients ages 22 and older who are Active Diabetic. **Numerators:** 1) Patients with a 180-day course of treatment with or refusal of beta-blockers during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy. 2) Patients with a 180-day course of treatment with or refusal of ASA (aspirin) or other anti-platelet agent during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy. 3) Patients with a 180-day course of treatment with or refusal of ACEIs/ARBs during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy. 4) Patients with a 180-day course of treatment with or refusal of statins during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy. **Also included for numerators 1-4 are sub-numerators:** A) Patients with 180-day treatment for the specified medication. B) Patients with documented refusal of the specified medication. C) Patients with contraindication/previous adverse reaction to the specified medication. 5) Patients with a 180-day course of treatment for all medications (i.e. beta-blocker, aspirin/anti-platelet, ACEI/ARB, AND statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction. **Definitions:** 1) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file. 2) **Diabetes:** Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics. 3) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy 4) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy. 5) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy. **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; OR 2) A refusal of the medication during the Report Period; OR 3) Have a contraindication/previous adverse reaction to the indicated medication. Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/ allergy, the sub-numerator totals of A-C may not add up the to the numerator total. For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e. prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. James Galloway/ Mary Wachacha	NOTE: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4. **Example of patient included in the beta-blocker numerator with prior active prescription:** - Report Period: 07/01/2005 – 06/30/2006 - Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period) - Prior Beta-Blocker Rx Date: 06/01/2005 - # Days Prescribed: 60 (treats patient through 07/31/2005) - Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx - 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply - # Remaining Days Prescribed from Prior Active Rx: (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2005-06/01/2005) = 60-30 = 30 - Rx #2: 08/05/2005, # Days Prescribed: 90 - Rx #3: 11/10/2005, #Days Prescribed: 90 - Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210 **Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period. Contraindications to beta-blockers defined as any of the following occurring ever: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin)/Other Anti-Platelet Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the Report Period. Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with a 180-day course of treatment for Warfarin/Coumadin during the Report Period, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin; or D) CPT G8008 during Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. James Galloway/ Mary Wachacha	Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik). ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic). Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period. Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI during Report Period. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan). ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT). Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period. Contraindications to ARB defined as any of the following: Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22); 2) NMI (not medically indicated) refusal for any ARB; or 3) CPT G8029 during Report Period. Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor). Statin Combination Products: Caduet, PraviGard Pac, Vytorin.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. James Galloway/ Mary Wachacha	Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin during Report Period. Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime through the end of the Report Period: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List:** IHD patients 22 years or older with appropriate medication therapy during 50% of the Report Period, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Cholesterol Management for Patients with Cardiovascular Conditions Dr. James Galloway/ Mary Wachacha *NATIONAL (included in NTL report; not reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD). Broken down by gender. **Numerators:** 1) Patients with LDL completed during the Report Period, regardless of result. A) Patients with LDL <=100, completed during the Report Period. ***(Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use numerator #1 above as the denominator vs. the denominator above.)*** B) Patients with LDL 101-130, completed during the Report Period. C) Patients with LDL >130, completed during the Report Period. **Definitions:** 1) **AMI:** POV 410.*0 or 410.*1. 2) **PTCA:** A) V Procedure 36.01, 36.02, 36.05, 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996. 3) **CABG:** A) V Procedure 36.1*, 36.2 or B) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572. If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date. 4) **IVD:** A) Coronary Artery Disease: POV 414.0*, 429.2; B) Stable Angina: POV 411.*, 413.*; C) Lower Extremity Arterial Disease/Peripheral Artery Disease: POV 443.9, 440.20-440.24, 440.29; D) Ischemia: 435.*; E) Stroke: 433.*, 434.*, 437.0, 437.1, 438.0-438.42, 438.5*, 438.6-438.9; F) Artheroembolism: POV 444.*, 445.*; G) Abdominal Aortic Aneurysm: 441.*; H) Renal Artery Atherosclerosis: 440.1. 5) **LDL:** CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For each of the numerators, finds the most recent LDL test from the Report Period end date. **Patient List:** Patients with AMI, CABG, PTCA**,** or IVD w/LDL value, if any.
STD-RELATED GROUP	
Prenatal HIV Testing and Education Drs. Theresa Cullen, Charlton Wilson, Jim Cheek, and John Redd *NATIONAL (reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator: GPRA:** All pregnant female User Population patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever. **Numerators:** 1) Patients who received counseling and/or patient education about HIV and testing during the past 20 months. 2) **GPRA:** Patients who received HIV test during the past 20 months, including refusals. A) Number of documented refusals. **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) **Abortion:** Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: ***59100, 59120, 59130, 59136, 59150, 59151,*** 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **HIV:** V POV or Problem List: 042, 042.0-044.9 (old codes), V08, 795.71 5) **HIV Counseling/Patient Education:** POV: V65.44, Patient Education codes containing “HIV-” or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71 6) **HIV Test:** CPT: 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy BGP GPRA HIV TESTS 7) **Refusal of HIV Test:** Lab Test HIV **GPRA Description:** In FY 2007, ***maintain the 2006 target rate of 55.0%*** the proportion of pregnant female patients who are screened for HIV. **Patient List:** Pregnant patients without documented HIV test or refusal in past 20 months.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
HIV Quality of Care Drs. Theresa Cullen, Charlton Wilson, and Jonathan Iralu	***Changes from Version 6.1, as noted below.*** **Denominator:** User Population patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report Period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender. **Numerators:** 1) Patients who received CD4 test only (without PCR viral load) during the Report Period. 2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report Period. 3) Patients who received both CD4 and HIV viral load tests during the Report Period. 4) Total patients receiving tests. **Definitions:** 1) **HIV:** POV or Problem List 042, 042.0-044.9 (old codes), V08, or 795.71 2) **CD4:** CPT 86359, 86360, 86361; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy BGP CD4 TAX 3) **HIV Viral Load:** CPT 87536, 87539; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy BGP HIV VIRAL TAX **Patient List:** None
Chlamydia Testing Epidemiology Program/ Dr. Jim Cheek, Lori DeRavello, MPH	***Changes from Version 6.1, as noted below.*** **Denominator:** Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25. **Numerator:** Patients tested for Chlamydia trachomatis during the Report Period. **Definitions: Chlamydia:** V73.88, V73.98; CPT: 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810; site-populated taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy ***(added codes and removed codes with unspecified site in the LOINC taxonomy).*** **Patient List:** Patients with no documented screening.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
OTHER CLINICAL MEASURES GROUP	
Osteoporosis Management* Drs. Bruce Finke and Lisa Sumner	**No changes from Version 6.1** **Denominator:** 1) Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture. **Numerator:** 1) Patients treated or tested for osteoporosis after the fracture. **Definitions:** 1) **Fracture:** Does not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used. The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date. **Fracture codes:** A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828; B) POVs: 733.1, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828*; C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69. 2) **Osteoporosis Treatment and Testing:** A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay. 3) **BMD Test:** A) CPT: 76070, 76071, 76075, 76076, 76078, 76977, 78350, 78351; B) V Procedure 88.98; C) POV V82.81. 4) **Osteoporosis Treatment Medication:** Medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, Teriparatide, Fluoride, Vitamin D, and Calcium Products.) **Denominator Exclusions:** 1) Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes). 2) Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date. 3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE. **Patient List:** Female patients with new fracture who have had osteoporosis treatment or testing, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Osteoporosis Screening in Women* Drs. Bruce Finke and Lisa Sumner	**No changes from Version 6.1** **Denominator:** Female Active Clinical patients ages 65 and older without a documented history of osteoporosis. **Numerators:** Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year. A) Patients with documented refusal in past year. **Definitions:** 1) **Patients without Osteoporosis:** No osteoporosis diagnosis ever (POV 733.*). 2) **Osteoporosis Screening:** Any one of the following in the past two years or documented refusal in the past year: A) **Central DEXA:** CPT 76075; B) **Peripheral DEXA:** CPT 76076; C) **Central CT:** CPT 76070; D) **Peripheral CT:** CPT 76071; E) **US Bone Density:** CPT 76977; F) **Quantitative CT:** V Procedure 88.98; G) **POV V82.81 Special screening for other conditions, Osteoporosis.** **Patient List:** Female patients ages 65 and older with osteoporosis screening, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Rheumatoid Arthritis Medication Monitoring Dr. Lisa Sumner	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 16 and older diagnosed with rheumatoid arthritis (RA) prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period. **Numerator:** Patients who received appropriate monitoring of chronic medication during the Report Period. **Definitions:** 1) **Rheumatoid Arthritis (RA):** diagnosis (POV or Problem List) 714.* prior to the Report period, and at least two RA POVs during the Report period. 2) **Maintenance Therapy Medications and Monitoring:** For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. **Example of Patient Not on Chronic Medication (not included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005 Medication Prescribed: Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90. Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator. **Example of Patient on Chronic Medication (included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 – Dec 31, 2005 Medications Prescribed: Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180. Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator. The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. For intramuscular gold, the patient must have 12 or more injections during the Report Period. Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications. **Maintenance Therapy Medications defined as:** A) Medications shown in table below. EXCEPT for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of 10 days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only 6 days after the March 1 test. MEDICATION — REQUIRED MONITORING TEST(S) Gold, Intramuscular — CBC and Urine Protein on same day as each injection during Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Rheumatoid Arthritis Medication Monitoring (cont'd) Dr. Lisa Sumner	

MEDICATION	TEST(S) AND FREQUENCY
Azathrioprine or Sulfasalazine	4 CBCs during the Report Period.
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Test during the Report Period.
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date. 12 Serum Creatinine tests during the Report Period.
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period.
Mycophenolate	CBC within past 180 days from Report Period end date.

These medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

B) NSAID Medications: All of the following NSAID medications must have ***Creatinine,*** Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

C) Glucocorticoid Medications: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

Example of Patient Not Included in Numerator:

Medications Prescribed and Required Monitoring:

Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date.

CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.

Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date.
LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator.

3) **CBC (Complete Blood Count):** CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy.

4) **Urine Protein:** Site-populated taxonomy DM AUDIT URINE PROTEIN TAX or LOINC taxonomy ***(added codes to LOINC taxonomy).***

5) **Serum Creatinine:** CPT 82540, 82565-75; site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy ***(added codes to LOINC taxonomy).***

6) **Liver Function Tests:** Any one of the following: (A) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT, or LOINC taxonomy ***(added codes to LOINC taxonomy);*** (B) AST: CPT 84450, site-populated taxonomy DM AUDIT AST ***(added codes to LOINC taxonomy)***, or LOINC taxonomy; OR (C) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION, or LOINC taxonomy.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Rheumatoid Arthritis Medication Monitoring (cont'd) Dr. Lisa Sumner	***7) Glucose: CPT 82947, 82948, 82950, 82951, 82952, 82962; site-populated taxonomy DM AUDIT GLUCOSE TESTS TAX; or LOINC taxonomy.*** 8) **Potassium:** CPT 84132; site-populated taxonomy BGP POTASSIUM; or LOINC taxonomy ***(added codes to LOINC taxonomy).*** **Patient List:** RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:". The chronic medications and all lab tests the patient DID have are displayed.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Osteoarthritis Medication Monitoring* Dr. Charles Reidhead	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 40 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period. **Numerator:** Patients who received appropriate monitoring of chronic medication during the Report Period. **Definitions:** 1) **Osteoarthritis (OA):** Diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report period. 2) **Maintenance Therapy Medications and Monitoring:** For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic. **Example of Patient Not on Chronic Medication (not included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 – Dec 31, 2005 Medication Prescribed: Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90. Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator. **Example of Patient on Chronic Medication (included in Denominator):** Report Period: Jan 1 – Dec 31, 2005 Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005 Medication Prescribed: Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180. Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator. The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown in below. **Maintenance Therapy Medications defined as:** A) NSAID Medications: All of the following NSAID medications must have ***Creatinine,*** Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. ***(Removed glucocorticoid medications from this topic and revised logic and examples of logic accordingly.)***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Osteoarthritis Medication Monitoring (cont'd) Dr. Charles Reidhead	**Example of Patient Included in Numerator:** Medications Prescribed and Required Monitoring: Diclofenac, last Rx Sep 1, 2005. Requires Creatinine, LFT, and CBC during Report Period. Creatinine, LFT, and CBC performed during Report Period. Patient is in the numerator. ***2) Serum Creatinine: CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.*** 3) **CBC (Complete Blood Count):** CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy. 4) **Liver Function Tests:** Any one of the following: A) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT, or LOINC taxonomy ***(added codes to LOINC taxonomy);*** B) AST: CPT 84450, site-populated taxonomy DM AUDIT AST, or LOINC taxonomy ***(added codes to LOINC taxonomy);*** OR C) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION, or LOINC taxonomy. **Patient List:** OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Asthma* Drs. Charles Reidhead and Charles North	**No changes from Version 6.1** **Denominators:** Active Clinical patients, broken out by age groups: <5, 5-64; 65 and older (HP 2010) **Numerators:** 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report Period. **Definitions:** 1) **Asthma**: POV 493.* 2) **Hospital Visit:** Service Category H with primary POV 493.* **Patient List:** Patients in the numerator.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Asthma Quality of Care Drs. Charles Reidhead and Charles North	**No changes from Version 6.1** **Denominator:** Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period and during the Report period**,** without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups. **Numerator:** Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period. **Definitions:** 1) **Emphysema:** Any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2. 2) **Chronic obstructive pulmonary disease (COPD):** Any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 491.22, 496, 506.*. 3) **Persistent Asthma:** Any of the following five criteria below within the year prior to the beginning of the Report period AND during the Report period: A) At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma), B) At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H, C) At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below), or D) At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e. during the Report period or within the year prior to the beginning of the Report period.), or E) Categorized in the Asthma Register System (ARS) at ANY time before the end of the Report period as Active patient with Severity 2, 3 or 4. **Dispensing Event:** One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event. **NOTE:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. **Asthma medication codes for denominator** defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, or Long-acting, inhaled beta-2 agonists.) 4) **Primary Asthma Therapy:** To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period. **Primary asthma therapy medication codes for numerator defined with medication taxonomy:** BGP HEDIS PRIMARY ASTHMA MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.) **Patient List:** Asthmatic patients with primary asthma therapy medications, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Asthma and Inhaled Steroid Use Drs. Charles Reidhead and Charles North	**No changes from Version 6.1** **Denominator:** Active Clinical patients ages 1 or older who have had two asthma-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+ **Numerator:** Patients prescribed an inhaled corticosteroid during the Report Period. **Definitions:** 1) **Asthma:** Diagnosis (POV) 493.* 2) **Inhaled Corticosteroid:** To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), fluticasone (Flovent).) **Patient List:** Patients with asthma with inhaled corticosteroid prescription, if any.
Chronic Kidney Disease Assessment Kidney Disease Program/ Dr. Andrew Narva	***Changes from Version 6.1, as noted below.*** **Denominator:** All patients 18 and older with serum creatinine test in past year. **Numerators:** 1) Patients with Estimated GFR result (lab test Estimated GFR). A) with GFR <60 **Definitions:** 1) **Creatinine:** CPT 82540, 82565-75; LOINC taxonomy ***(added codes to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CREATININE TAX. 2) **Estimated GFR:** site-populated taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC taxonomy (***(added codes to LOINC taxonomy).*** **Patient List:** Patients with Creatinine test, with GFR and value, if any.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions, GPRA measures in yellow)
Prediabetes/Metabolic Syndrome Drs. Stephen J. RithNajarian and Kelly Moore *NATIONAL (included in NTL report; not reported to Congress)*	***Changes from Version 6.1, as noted below.*** **Denominator:** Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes. **Numerators:** 1) Patients with Blood Pressure documented at least twice during the Report Period. 2) Patients with LDL completed, regardless of result, during the Report Period. 3) Patients with fasting glucose test, regardless of result, during the Report Period. 4) Patients with ***nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria)*** during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. 5) Patients who have been screened for tobacco use during the Report Period. 6) Patients for whom a BMI could be calculated, including refusals in the past year. 7) Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 8) Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year. 9) Patients with all screenings. **Definitions:** 1) **Prediabetes/Metabolic Syndrome:** Diagnosis of prediabetes/metabolic syndrome, defined as: two visits during the Report Period with POV 277.7, OR any three or more of the following occurring during the Report Period except as otherwise noted: A) BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women, B) Triglyceride value >=150, C) HDL value <40 for men or <50 for women, D) Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85, E) Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last. 2) **Patients without Diabetes:** No diabetes diagnosis ever (POV 250.00-250.93). 3) **BMI:** CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. 4) **Triglyceride:** CPT 84478; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX. 5) **HDL:** CPT 83718; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT HDL TAX. 6) **Fasting Glucose:** POV 790.21; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT FASTING GLUCOSE TAX. 7) **LDL:** Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 8) **Blood Pressure:** CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

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Prediabetes/Metabolic Syndrome (Cont'd) Drs. Stephen J. RithNajarian and Kelly Moore	9) **Hypertension:** Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period. ***10) Estimated GFR: Any of the following: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy.*** ***11) Quantitative Urinary Protein Assessment: Any of the following: CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values).*** 12) **End Stage Renal Disease Diagnosis/Treatment:** ANY diagnosis ever of 585.6 or V45.1 or ANY CPT in the range of 90918-90925. 13) **Tobacco Screening:** At least one of the following during the Report Period: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), ***649.00-649.04,*** or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS." 14) **Lifestyle Counseling:** Any of the following during the Report Period: A) Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC), B) Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)), C) Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise), D) Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity). 15) **Depression Screening/Mood Disorder DX:** Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. **Patient List:** Patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.

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Medications Education Patient Education Program/ Mary Wachacha	**No changes from Version 6.1** **Denominator:** Active Clinical patients with medications dispensed at their facility during the Report Period. **Numerator:** Patients who were provided patient education about their medications in ANY location. **Definitions:** 1) **Dispensed Medications:** Any entry in the VMed file for your facility. 2) **Medication Education:** Any Patient Education code containing "M-", "-M" or Patient Education codes DMC-IN, FP-DPO, FP-OC, ASM-NEB, ASM-MDI, PL-NEB, PL-MDI, or FP-TD. **Patient List:** Patients in the denominator, with date and Patient Education codes, if any.
Public Health Nursing* Cheryl Peterson, RN *NATIONAL (included in NTL report; not reported to Congress)*	**No changes from Version 6.1** **Denominators:** 1) User Population patients. 2) Number of visits to User Population patients by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. 3) Number of visits to User Population patients by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. **Numerators:** 1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting. 2) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting. 3) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting. 4) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting. **Definitions:** 1) **PHN Visit-Any Setting:** Any visit with primary or secondary provider codes 13 or 91. 2) **PHN Visit-Home:** Any visit with A) clinic code 11 and a primary or secondary provider code of 13 or 91 or B) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91. **Patient List:** Any patient who received any PHN visit.

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Breastfeeding Rates Cheryl Peterson, RN *NATIONAL (reported to Congress)*	***New topic for Version 7.0*** **Denominator:** **GPRA:** Active Clinical patients who are 60-425 days old. ***(Proposed for FY 2007: Childhood Weight Control will be changed to a long-term measure and the new Breastfeeding Rates measure will become an annual GPRA measure.)*** **Numerators:** 1) Patients who have been screened for infant feeding choice. A) **GPRA:** Patients who, at the age of two months (60-89 days) old, were either exclusively or mostly breastfed. B) Patients who, at the age of six months (180-209 days) old, were either exclusively or mostly breastfed. C) Patients who, at the age of nine months (270-299 days) old, were either exclusively or mostly breastfed. D) Patients who, at the age of 1 year (365-425 days), were either exclusively or mostly breastfed. **Definitions:** 1) **Infant Feeding Choice:** The documented feeding choice from the file V Infant Feeding Choice that is closest to the lower end of the age range will be used. For example, if a patient was documented as exclusively breastfed at 60 days old but changed to ½ breastfed and ½ formula fed at 80 days old, the exclusively breastfed value will be used. **GPRA Description:** Establish the baseline rate of infants ages 60-89 days old who are either exclusively or mostly breastfed during the Report Period. **Patient List:** Patients 60-425 days old, with infant feeding choice value, if any.
Drugs to be Avoided in the Elderly Dr. Bruce Finke	***New topic for Version 7.0*** **Denominator:** Active Clinical patients ages 65 and older, broken down by gender. **Numerators:** 1) Patients who received at least one drug to be avoided in the elderly during the Report Period. 2) Patients who received at least two different drugs to be avoided in the elderly during the Report Period. **Definitions:** 1) **Drugs to be Avoided in the Elderly (i.e. potentially harmful drugs)**: Defined with medication taxonomies: BGP HEDIS ANTIANXIETY MEDS, BGP HEDIS ANTIEMETIC MEDS, BGP HEDIS ANALGESIC MEDS, BGP HEDIS ANTIHISTAMINE MEDS, BGP HEDIS ANTIPSYCHOTIC MEDS, BGP HEDIS AMPHETAMINE MEDS, BGP HEDIS BARBITUATE MEDS, BGP HEDIS BENZODIAZEPINE MEDS, BGP HEDIS OTHER BENZODIAZEPINE, BGP HEDIS CALCIUM CHANNEL MEDS, BGP HEDIS GASTRO ANTISPASM MEDS, BGP HEDIS BELLADONNA ALKA MEDS, BGP HEDIS SKEL MUSCLE RELAX MED, BGP HEDIS ORAL ESTROGEN MEDS, BGP HEDIS ORAL HYPOGLYCEMIC MED, BGP HEDIS NARCOTIC MEDS, BGP HEDIS VASODILATOR MEDS, BGP HEDIS OTHER MEDS AVOID ELD. (Medication classes are: Antianxiety; antiemetic; analgesic; antihistamines; antipsychotics, typical; amphetamines; barbiturates; long-acting benzodiazepines; other long-acting benzodiazepines; calcium channel blockers; gastrointestinal antispasmodics; belladonna alkaloids (including combination drugs); skeletal muscle relaxants; oral estrogen; oral hypoglycemics; narcotics; vasodilators; and other (desiccated thyroid; methyltestosterone; and nitrofurantoin)). For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4. **Patient List:** Patients 65 and older with at least one prescription for a potentially harmful drug.

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Functional Status in Elders Dr. Bruce Finke	***New topic for Version 7.0*** **Denominator:** 1) Active Clinical patients ages 55 and older, broken down by gender. **Numerators:** 1) Patients screened for functional status at any time during the Report period. **Definitions:** 1) **Functional Status:** Any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence AND 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report period. **Patient List:** Patients =>55 with functional status codes, if any.
Fall Risk Assessment in Elders Dr. Bruce Finke	***New topic for Version 7.0*** **Denominator:** 1) Active Clinical patients ages 65 and older, broken down by gender. **Numerators:** 1) Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals. A) Patients who have been screened for fall risk in the past year. B) Patients with a documented history of falling in the past year. C) Patients with a fall-related injury diagnosis in the past year. D) Patients with abnormality of gait/balance or mobility diagnosis in the past year. E) Patients with a documented refusal of fall risk screening exam in the past year. **Definitions:** 1) **Fall Risk Screen:** Any of the following: Fall Risk Exam defined as: V Exam Code 37; History of Falling defined as: POV V15.88 (Personal History of Fall); Fall-related Injury Diagnosis defined as: V POV (Cause Codes #1-3) E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*; Abnormality of Gait/Balance or Mobility defined as: V POV 781.2, 781.3, 719.7, 719.70, 719.75-719.77, 438.84, 333.99, 443.9; Refusal defined as: Refusal Exam 37. **Patient List:** Patients 65 years or older with fall risk assessment, if any.