



## **RESOURCE AND PATIENT MANAGEMENT SYSTEM**

# **GPRA+ Clinical Indicator Reporting System For FY 2004 Clinical Indicators (BGP)**

## **User Manual**

**Version 3.1  
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Division of Information Resources  
Albuquerque, New Mexico

## PREFACE

This manual contains the user manual for the GPRA+ Clinical Indicator Reporting System version 3.1, which adds FY 2004 clinical performance indicators to existing FY 2002 and FY 2003 indicators.

The GPRA+ Clinical Indicator Reporting System is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental indicators. GPRA+ was first released for FY 2002 indicators and is based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA indicators include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The GPRA+ Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

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

The GPRA+ Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical indicator measures that are based on RPMS data. GPRA+ is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators. Administrative and clinical users will be able to review individual or all indicators at any time, and can:

- identify potential data issues in their RPMS, i.e., missing or incorrect data;
- monitor their site's performance against past national performance and upcoming agency goals;
- identify specific areas where the facility is not meeting the indicator in order to initiate business process or other changes;
- quickly measure impact of process changes on indicators;
- identify areas meeting or exceeding indicators to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA indicator definition was "translated" into programming code with the assistance of clinical subject matter experts. GPRA+ uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the indicator criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each indicator has one or more denominators and numerators defined.

GPRA+ is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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## 1.0 About This Manual

This manual provides user instructions for the GPRA+ Clinical Indicator Reporting System version 3.1 (FY 2004 Clinical Indicators).

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

- System set up, including taxonomies and site parameters
- Using the report option to produce different reports: GPRA Performance, Area Director Performance, selected indicators and HEDIS Performance.
- Exporting and aggregating Area-level data for GPRA Performance, Area Director Performance and HEDIS Performance.
- Logic used and sample output for each individual indicator

### 1.1 Key Changes for Version 3.1

One major change has been made to existing indicator logic (v3.0):

- Diabetes: Nephropathy Assessment indicator topic: the Diabetes Program has determined that a documented Estimated GFR value will NOT count as evidence of nephropathy assessment for diabetic patients for 2004. The logic has been revised to include one numerator only: evidence of positive urine protein or microalbuminuria tests (see section 8.2.5 for detailed logic).

Other logic changes to existing indicator topics include:

- Adult Immunizations: Influenza: updated the diagnosis codes that count toward meeting the numerator to include V04.81, a recent code addition (see section 8.4.1).
- Diabetes and Mental Health: added patient education codes beginning with “BH-” (behavioral and social health), “GAD-” (generalized anxiety disorder), and “SB-” (suicidal behavior) to logic for screening and counseling (see section 8.2.7).
- Chlamydia Screening: changed denominator age range from 16-24 to 16-25, to be consistent with HEDIS definition (see section 8.6.4).
- Chlamydia Screening: added searching in V Micro, in addition to V Lab, for evidence of test (see section 8.6.4).
- Tobacco Cessation: added POV or active Problem List diagnosis code 305.13 (tobacco use in remission) as definition of “Tobacco Quit” (see section 8.6.8)

- Intimate Partner (Domestic) Violence: added additional POV diagnosis codes as defining the numerator (see section 8.6.2 for details).

Other enhancements for version 3.1 include the following:

- HEDIS Report: Added report for specific HEDIS indicators; specific denominators and numerators were added to existing indicators to meet HEDIS definitions that may be different from GPRA definitions.
- Added two additional report options that allow sites more flexibility in selecting patient populations besides the GPRA Community of Residence definition: user-defined patient panel and all patients regardless of Community of Residence (see section 5.0 for detailed descriptions).
- Add List Files option to the Area Office menu that allows Area staff to view the list of available facility data files on their network servers prior to uploading files or running aggregated reports (see section 7.x for detailed description).

## 1.2 Key Changes for Version 3.0

Enhancements for version 3.0 include the addition of the following new and substantially revised indicators:

- Intimate Partner (Domestic) Violence Screening (new);
- Chlamydia Screening (new);
- Nutrition and Exercise Education for At Risk Patients (revised to focus on obese patients and diabetic patients; added Medical Nutrition numerator);
- Tobacco Cessation (separated from Tobacco Use Assessment and expanded);
- Hypertension Control (new).

### **Significant changes to existing indicators include:**

- All Diabetes indicators: three, rather than four, denominators are used, User Population, Active Diabetics (GPRA denominator), and Active Adult Diabetics;
- Diabetes: Glycemic Control: HgA1c values only; glucose has been eliminated from the logic;
- Diabetes: Glycemic Control: added all categories of control (Ideal, Good, Fair, Poor, Very Poor) to numerators;
- Diabetes: Blood Pressure Control: definition of controlled BP has been changed to less than (<) 130/80, rather than <= 130/80;
- Diabetes: Nephropathy Assessment: definition has been expanded to include Estimated GFR, in addition to positive urine protein or microalbuminuria;



- Diabetes and Mental Health: codes for depressive/anxiety disorder diagnoses have been fine tuned; GPRA+ now also looks for BHS codes as well.;
- Diabetes and Mental Health: a numerator has been added for screening or counseling;
- Adult Immunizations: Influenza: added refusals as counting toward meeting the numerator.
- Adult Immunizations: Pneumovax: added refusals as counting toward meeting the numerator.
- Women's Health: Mammogram Rates: added new GPRA denominator ages 50 through 64 (not 69);
- Alcohol Screen (FAS Prevention): added patient education as counting toward screening;
- CVD Prevention: Cholesterol Screening: revised age ranges for denominator;
- CVD Prevention: Blood Pressure Control: updated blood pressure categories to new national guidelines;
- Cardiovascular Disease: Blood Pressure Control: updated blood pressure categories to new national guidelines;

**Additional key enhancements include the following.**

- Changed GPRA Performance Report to include only individual GPRA denominator and numerator (previously included related numerators for the indicator).
- Changed Area Director Performance Report to include only individual GPRA denominators and numerators, as well as selected other clinical indicators.
- Changed both GPRA and Area Director Performance Reports so that sites can run locally only, or choose to export to the Area for aggregation.
- Added Performance Summary sheet at end of GPRA Performance Report and Area Director Performance Report to summarize local results against national performance for the previous two years.
- Provided option for users to select the entire user population (not just beneficiary 01 American Indian/Alaska Native) or non AI/AN population for local reporting.
- Added LOINC codes as another standard national code set that is used to identify lab tests for all relevant indicators.

## 2.0 Orientation

The following are some common terms and abbreviations used in this manual.

**Active Clinical Patients:** the basic denominator definition used by GPRA+. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard GPRA User Population definition. See section 3.2.2 for detailed description of the denominator.

**AI/AN:** Abbreviation for American Indian and Alaska Natives.

**ASUFAC Code:** The six-digit code representing the Area, Service Unit and Facility location for any individual direct, tribal or urban healthcare location. The ASUFAC is used by GPRA+ to identify the site creating the reports.

**Baseline Year:** GPRA+ calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year (defined by the user). For GPRA Performance and Area Director Performance Reports, baseline information will be determined by the Office of Planning and Evaluation and provided to sites prior to Report deadlines.

**BGP:** The technical name of the GPRA+ software, otherwise referred to as the “namespace” for the RPMS component. (A namespace is a unique set of two to four alpha characters assigned by the database administrator to a software application.)

**CPT Codes:** One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

**Denominator:** The denominator for an indicator is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

**Developmental Indicators:** For IHS, these are clinical performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured.

**FY:** Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

**GPRA:** Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

**GPRA Indicator:** Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each indicator has one denominator and one numerator. For FY 2004, the IHS has 40 GPRA indicators in four main categories: Treatment (21), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (5). These indicators address the most significant health problems facing the AI/AN population.

**GPRA Performance Report (GPRA+):** In the GPRA+ Clinical Reporting System, the GPRA Performance Report is a report that only includes the specific denominator and numerator from each of the clinical indicator topics included in the IHS GPRA performance plan (no developmental indicators and no related numerators). The GPRA Performance Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

**GPRA Report to Congress:** IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year. Aggregated data from GPRA+ version 2.0 (FY03) was used to report most clinical indicators in the FY 2003 Performance Report.

**GPRA+ (Plus):** GPRA+ Clinical Indicator Reporting System is a component of the RPMS (Resource and Patient Management System) software suite. GPRA+ provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.

**Healthy People 2010 (HP 2010):** HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

**HEDIS:** Health Plan Employer Data and Information Set (HEDIS<sup>®</sup>). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance

of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

**I/T/U:** Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to, not just IHS direct sites.

**ICD Codes:** One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. GPRA+ searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

**Indicator:** A specific performance measure with one defined denominator and numerator. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.

**Indicator Topic:** An overarching clinical topic, e.g. Diabetes and Blood Pressure Control. Each indicator topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA indicator is Controlled Blood Pressure.

**Logic:** The detailed definition, including specific RPMS fields and codes, of how the GPRA+ software defines a denominator or numerator.

**LOINC:** Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

**Numerator:** The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.

**Patient List:** GPRA+ will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.

**PIT (Performance Improvement Team):** Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.

**QI:** Abbreviation for quality improvement.

**Report Period:** GPRA+ reports analyze and report on a minimum of one year's data for all indicators. Users define the Report period by selecting one of the pre-defined date ranges and entering the fiscal year of the end of the reporting period. For example, selecting July 1 – June 30 with a fiscal year of 2004 will define July 1, 2003 – June 30, 2004 as the Report Period. All GPRA+ reports also display the Previous and Baseline periods for comparison.

**Selected Indicators Report (GPRA+):** This report displays results for all denominators and numerators related to the one or more indicator topics (GPRA and/or developmental) selected by the user. GPRA+ documents the number of patients in the denominators and numerators as well as the percentage of patients meeting the definition. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Selected Indicator reports can also produce patient lists at user request.

**Taxonomy:** Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much GPRA+ indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes.

**User Population:** The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. Most indicators included on the GPRA Performance Report and the Area Director Performance Report use the Active Clinical population definition. See section 3.2.2 for detailed description of the two denominators.

## 3.0 Introduction

The GPRA+ Clinical Indicator Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical performance indicators in a timely manner.

Because definitions of clinical indicators can change every year, GPRA+ will be updated and released annually. The current version BGP 3.\* adds FY 2004 clinical performance indicators to existing FY 2002 and FY 2003 indicators.

### 3.1 Clinical Performance Assessment and GPRA

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

#### 3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The IHS, like all Federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. The current Administration is actively promoting agency accountability and is tying agency budgets to performance as one of five key initiatives within the President's Management Agenda (PMA).

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Plan.

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. The performance indicators address the most significant health problems facing the American Indian and Alaska Native (AI/AN) population as identified by representatives of the local I/T/U programs as

well as management areas of the President's Management Agenda. For FY 2004, the IHS has 40 GPRA indicators in four main categories: Treatment (21), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/Advocacy (5).

Indicators are further characterized by type.

Process Indicators	Activities and health services that contribute to reducing mortality and morbidity Examples – construction of clinics, identification of prevalence of disease, patient satisfaction surveys
Impact Indicators	Scientific evidenced-based link to improved health outcomes by reducing risk factor of mortality or morbidity Examples – immunizations, dental sealants, safe drinking water, cancer screenings
Outcome Indicators	Directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses Examples – reducing prevalence of obesity, diabetic complications, unintentional injury

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

See Appendix A: FY04 and FY05 GPRA Indicators for a complete list of FY 2004 GPRA indicators. Further information about GPRA performance reporting, including results for FY 2001 through FY 2003 can be found at the following Web site:  
<http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp>.

### 3.1.2 Clinical Performance Indicators

Most of the 40 IHS GPRA indicators are clinical. Each GPRA performance indicator has a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the indicator.

The Treatment indicator category includes indicators covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment indicator is Diabetes: Blood Pressure Control – during FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control by 1% over FY 2003 level (defined as the mean of at least 2 non-ER blood pressure values less than 130/80). The IHS FY 2003 national rate was over 37%; the Healthy People 2010 goal is 40% (see section 3.1.3 Comparing Ourselves to National Guidelines).

The Prevention category includes indicators covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention indicator is Adult Immunizations: Influenza – in FY 2004, maintain FY 2003 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. The IHS FY 2003 rate was 51%; the Healthy People 2010 goal is 90%.

**Indicator example:** GPR+ Indicator Women’s Health: Pap Smear Rates: During FY 2004, maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2003 levels.

The denominator is the total population that is being reviewed for a specific indicator. For the Pap Smear indicator, the denominator is all female patients ages 18 through 64 at the beginning of the Report period. The numerator is the number of patients in the denominator who meet specific criteria. For Pap Smear, the numerator is the number of patients in the denominator who had either a pap smear, defined by certain codes, or a refusal of a pap smear documented in RPMS any time in the three years prior to the end of the report period. (See section 3.2.3 Indicator Logic Example for detailed description of indicator logic.)

In addition to the formal denominator and numerator for a GPR+ indicator, there may be other denominators and numerators clinically related to the topic. For the Treatment indicator cited above, Diabetes: Blood Pressure Control, three separate denominators (patient populations) are examined. The GPR+ denominator is Active Diabetic patients. The other two denominators that are reviewed for any Diabetes indicator are User Population and Active Adult Diabetic patients. (See section 8.0 for detailed logic definitions of the denominators.) In addition to the GPR+ numerator, patients with controlled BP, two related numerators are tracked: 1) patients with documented blood pressure in past year (mean of either two or three non-ER visit blood pressure values); and 2) patients with blood pressure that is not controlled. Reviewing all the denominators and numerators for the Diabetes Blood Pressure Control indicator topic gives a site’s clinical staff a more comprehensive picture of the status of blood pressure control among diabetic patients.

Because the number of formal GPR+ indicators for the Indian Health Service is limited by direction from the Office of Management and Budget (OMB), not all healthcare issues relevant to the American Indian and Alaska Native patient population are defined. Developmental indicators that address emerging healthcare



issues within the IHS have been defined for the agency. Some of these developmental indicators will become formal GPRA indicators in future years. For FY04, developmental indicators have been defined for colorectal cancer screening, prenatal HIV testing, mental health assessment for diabetic and cardiovascular (CVD) patients, CVD prevention and treatment, asthma, chlamydia screening, childhood obesity reduction, and medical nutrition education.

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

### 3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome indicators that are used by others, such as HEDIS<sup>®</sup> or Healthy People 2010, will help in this endeavor.

**Healthy People 2010.** HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 467 objectives in 28 focus areas, HP 2010 represents the ideas and expertise of individuals and organizations concerned about the Nation's health. Each objective, or indicator, was developed with a target to be achieved by the year 2010. HP 2010 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. Additional information about Healthy People 2010 can be found at <http://www.healthypeople.gov/>.

**The Health Plan Employer Data and Information Set (HEDIS<sup>®</sup>).** HEDIS is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention, per se, but it has evolved to be a de facto tool for measuring the quality of prevention services provided by a healthcare organization. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims processing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality everywhere. Additional information about NCQA and HEDIS can be found at <http://www.ncqa.org/index.htm>.

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance indicators and set levels for performance. GPRA+ provides HP 2010 target information on the report for as many of the indicators included in GPRA+ as are available. New for GPRA+ FY04 (BGP v3.1), a specific HEDIS report can be produced.

## 3.2 GPRA+ Overview

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

The GPRA+ Clinical Indicator Reporting system is a software tool that provides reports for local site and Area use specifically on clinical performance indicators that are based on data from the IHS Resource and Patient Management System (RPMS). For FY04, GPRA+ reports on 19 GPRA and 20 developmental indicator topics. Each indicator topic has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each indicator is described in section 8.0 Indicator Logic.

### 3.2.1 How Does GPRA+ Work?

GPRA+ produces on demand from local RPMS databases a printed or electronic report for any or all of over 200 GPRA and developmental clinical indicators, representing 32 clinical topics that are based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and the numerator (patients who meet the indicator criteria) as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY02 to the same indicator from GPRA+ FY03. The three time periods allow truly comparable data.

The GPRA Performance Report and the Area Director Performance Report also provide summaries of the local GPRA indicator results compared to national performance and agency goals. Users can also request patient lists for each of the measures, displaying patients who do or do not meet the indicator criteria.

A facility also can produce data files for both the GPR+ Performance and the Area Director Performance reports for transmission to the Area office where an Area-wide aggregate report can be generated. (See Section 5.0 Reports and Patient Lists for detailed descriptions of the different report types.)

Because GPR+ indicators can change annually, GPR+ is updated and released annually to reflect any changes. The current version 3.\* adds FY 2004 indicators to the existing FY 2003 and FY 2002 clinical performance indicators.

The GPR+ Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPR+ and developmental indicators that are based on RPMS data. To produce reports with comparable data across every facility using GPR+, the GPR+ indicator definition must be *translated* into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

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

GPR+ has been described as a *scavenger hunt* for data, looking at as many RPMS applications and at as many fields as may be applicable to meet the indicator. To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard codesets (e.g. Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, GPR+ uses taxonomies that can be populated by each individual facility with its own codes. (See section 4.1 Taxonomy Check and Setup for detailed information about taxonomies.) Facilities that develop and use their own codes for IHS-specific functions such as Health Factors and patient education will find that these entries will not count toward meeting the indicator.

### 3.2.2 GPR+ Denominator Definitions

Each indicator topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. For national GPR+ reporting (GPR+ Performance and Area Director Performance reports), only one denominator for each topic is reported. These denominators are predefined, based on the Active Clinical Population definition. For Selected Indicator reports for local use (see section 5.1.3), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

### 3.2.2.1 Denominator Definitions for National GPR+ Reporting

The Active Clinical population is the denominator definition used as the basis for most GPR+ indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. Prior to FY 2003, the GPR+ User Population denominator definition was used for national reporting.

**Active Clinical** population for national GPR+ reporting is defined by the following criteria:

- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site’s “official” GPR+ community taxonomy, defined as all communities of residence in the CHS catchment area. See *section 4.1* for additional information about setting up Community Taxonomies.
- Must be alive on the last day of the Report period.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women’s Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

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

Two indicators on the national GPR+ report use a broader denominator definition. Diabetes Prevalence and Access to Dental Services indicators use the GPR+ User Population denominator.

**GPR+ User Population** is defined as:

- First three definitions from Active Clinical population above, and
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

**NOTE:** The GPR+ User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPR+ “visits” are not required to be workload reportable as defined by IHS HQ.

### 3.2.2.2 Denominator Definitions for Selected Indicators (Local) Reports

In addition to the two reports for national GPR+ reporting (GPR+ Performance and Area Director Performance), GPR+ provides Selected Indicators reports intended for local facility use for specific public health and/or performance improvement initiatives (see section 5.1.3 for additional information). Multiple denominators and numerators will be reported for each indicator topic (e.g., *both* Active Clinical and GPR+ User Population). *Section 8.0 Indicator Logic* provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

**Active Clinical Population** for Selected Indicators (Local) Reports is defined as follows:

- (*Same as national GPR+ reporting*) Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See section 3.2.2.1 above for details about medical clinics.

- *(Same as national GPRA reporting)* 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See *section 6.2.1 Running Selected Indicators Reports* for detailed instructions as to making these selections.)

**GPRA User Population** for Selected Indicators (Local) reports is defined as follows:

- *(Same as 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.
- *(Same as national GPRA reporting)* 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See *section 6.2.1 Running Selected Indicators Reports* for detailed instructions as to making these selections.)

### 3.2.3 Indicator Logic Example

The GPRA indicator example used in section 3.1.2 above was Women's Health: Pap Smear Rates: maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2003 levels.

For GPRA+, the GPRA indicator definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 18 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the indicator has determined based on current medical guidelines that "eligible" women are defined as ages 18-64.)
- Numerator (those from the denominator who meet the criteria for the indicator): patients with documented pap smear or refusal in past three years.

For the programmer, the Pap Smear indicator is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see section 3.2.2 above).
  - Exclude any patients with a date of death in the Patient Registration file.

- Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
  - Exclude any patients whose Community of Residence is not included in the site's defined Community Taxonomy for this report.
  - For the remaining patients, search visit files for the three years prior to the selected Report end date. Exclude any patients whose visits do not meet the "2 medical clinics" definition.
2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back three (3) years for a test when a patient who is currently 21 would have been 18).
  3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.
  4. For these patients (the denominator), check for a pap smear in the following order:
    - V Lab is checked for a lab test called PAP SMEAR and for any site-defined pap smear lab test documented in the BGP PAP SMEAR TAX.
    - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix.
    - V Procedures is checked for a procedure of 91.46.
    - V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.
    - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.
    - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the GPRA+ Technical Manual for specific codes).
    - Refusals file is checked for Lab Test Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see section 8.0 Indicator Logic.

### 3.2.4 GPRA+ Report Time Periods

Three time periods are displayed for each indicator.

- **Current** or **Report** period: a time period entered by the user. For a typical GPRA Performance Report, the time period would be July 1 through June 30,

which has been defined by the Office of Planning and Evaluation as the “performance year.”

- **Previous Year** period: same time period as Report period for the previous year.
- **Baseline** period: same time period as Report period, for any year specified by the user.

The data for the Report period is compared to the Previous Year and the Baseline periods. The percentage of change between Report and Previous Year and Report and Baseline periods is calculated.

The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY02 to the same indicator from GPRA+ FY03. The three time periods allow truly comparable data.

The 32 indicator topics included in GPRA+ FY 2004 (BGP v3.1) are shown in the table in the following section.

### 3.3 FY04 Clinical Indicators Included in GPRA+

The indicators reported by GPRA+ include formal IHS GPRA indicators that the agency is currently reporting to Congress, other GPRA-related indicator topics, and developmental indicator topics that are being evaluated as future GPRA measures.

**NOTE:** GPRA+ only includes clinical performance indicators that can be derived from RPMS data.

See section 8.0 Indicator Logic for detailed descriptions of the indicator logic, including specific codes and taxonomies used, and formats for each report and patient list.



**GPRA+ FY 2004 (BGP version 3.1)  
Indicator Topic List and Definitions**

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
1	GPRA	Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	<p><b>No changes from FY03.</b></p> <p>Numerator 1: anyone diagnosed with diabetes (POV 250.00-250.93) ever. Numerator 2: anyone diagnosed with diabetes in the year prior to the end of the Report period.</p> <p>Patient List: all patients diagnosed with Diabetes</p>
2	GPRA GPRA	Diabetes: Poor Glycemic Control Diabetes: Ideal Glycemic Control Diabetes Program/ Dr. Charlton Wilson	<p><b>NEW GPRA indicator for FY04: Poor Control.</b></p> <p><b>Three (not four) denominators;</b> key denominator for all reports is <u>Active Diabetic patients</u>, 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.</p> <p>Numerators: 1) HgA1c documented in past year (HEDIS Indicator);</p> <p><b>2) <u>Very Poor control equal to or greater than (=&gt;) 12 (GPRA indicator combined with Poor control);</u></b></p> <p>3) <u>Poor control</u> HgA1c less than (&lt;) 12 and greater than (&gt;) 9.5 (GPRA indicator combined with Very Poor control);</p> <p><b>4) <u>Fair control HgA1c equals or greater than (=&gt;) 8 and less than or equal to (&lt;=) 9.5;</u></b></p> <p><b>5) <u>Good control HgA1c equals or greater than 7 and less than (&lt;) 8;</u></b></p> <p>6) <u>Ideal control</u> HgA1c &lt; (less than) 7 (GPRA indicator);</p> <p>7) Undetermined HgA1c (no result).</p> <p>Poor Control (for GPRA and HEDIS indicators) includes both Very Poor and Poor, i.e., &gt;9.5</p> <p><b>Changes from FY03: uses HgA1c only (not glucose); ideal is &lt; (not =&lt;) 7; provides all control categories; Active Clinical population denominator was eliminated.</b></p> <p>HgA1c defined as CPT 83036, LOINC taxonomy or site-defined taxonomy. Creatinine (for Active Adult Diabetic denominator) definition: LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX</p> <p>Patient List: all patients diagnosed with Diabetes, with date and value of HgA1c, if any.</p>
3	GPRA	Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	<p>Three denominators (see DM &amp; Glycemic Control Topic above).</p> <p>Numerators: 1) total with BP value (at least 2 (3 if available) non ER BPs documented in past year);</p> <p>2) <b>Controlled BP, &lt; 130/80</b> (FY03 was &lt;= 130/80) (GPRA indicator);</p> <p>3) Not controlled.</p> <p>Creatinine (for Active Adult Diabetic denominator) definition: LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX</p> <p>Patient List: all patients diagnosed with Diabetes, with mean BP value if any.</p>

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
4	GPRA	Diabetes: Dyslipidemia Assessment Diabetes Program/ Dr. Charlton Wilson	<p>Three denominators (see DM &amp; Glycemic Control Topic above).                      Numerators: 1) documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result                      2) patients with LDL completed, regardless of result (GPRA Indicator);  <b>3) patients with LDL &lt; 130 (HEDIS indicator);</b>                      3A) patients with LDL =&lt; 100;  <b>3B) patients with LDL 101-129</b></p> <p>Definitions: Lipid Profile: CPT 80061; LOINC taxonomy; site defined taxonomy DM AUDIT LIPID PROFILE TAX                      LDL: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX                      HDL: CPT 83718; LOINC taxonomy; site-defined taxonomy DM AUDIT TRIGLYCERIDE TAX                      Triglyceride (TG): 84478; LOINC taxonomy; site defined taxonomy DM AUDIT HDL TAX                      Creatinine (for Active Adult Diabetic denominator) definition: LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX                      Patient List: all patients diagnosed with Diabetes, with date of tests and LDL value, if any.</p>
5	GPRA	Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	<p>Three denominators (see DM &amp; Glycemic Control Topic above).                      Numerator: Total with nephropathy assessment defined as patients with positive urine protein test or microalbuminuria test, if urine protein test was negative (GPRA indicator)<sup>1</sup></p> <p>Definitions: Urine protein: LOINC taxonomy; site defined taxonomy DM AUDIT URINE PROTEIN TAX                      Microalbuminuria: CPT codes 82043, 82044; LOINC taxonomy; DM AUDIT MICROALBUMUNURIA TAX                      Creatinine (for Active Adult Diabetic denominator) definition: LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX                      Patient List: all patients diagnosed with Diabetes, with date of tests and value, if any.</p>

<sup>1</sup> The Diabetes: Nephropathy Assessment indicator logic has been changed from v3.0 to include ONLY positive urine protein or microalbuminuria testing. Version 3.0 also counted an Estimated GFR as meeting the definition of nephropathy assessment.

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
6	GPRA	Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	<p>Three denominators (see DM &amp; Glycemic Control Topic above). Numerator: 1) Patients receiving any retinal screening in the year prior to the end of the Report period (GPRA and HEDIS indicators), <b>1A) patients receiving diabetic retinal exam, defined as clinic code A2 Diabetic Retinopathy or Exam code 03 Diabetic Eye Exam;</b> 1B) patients receiving other eye exams, defined as: Non-DNKA visits to ophthalmology, optometry, or tele-ophthalmology, retinal screening clinics, and visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: clinic codes 17, 18, 64; provider codes 24, 79, 08; CPT 92250, 92002, 92004, 92012, 92014, 92015 Creatinine (for Denominator 3) definition: CPT 82565-75; LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX Patient List: all patients diagnosed with Diabetes, with date of screening and code, if any.</p>
A	DEV	Diabetes and Mental Health Diabetes Program/ Dr. Charlton Wilson	<p>Denominator: Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes 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: <b>1) patients screened for or counseled about depression (V79.0 or any national patient education codes containing “DEP-” (depression), “SB-” (suicidal behavior), “GAD-” (general anxiety disorder) or “BH-” (behavioral and social health)).</b> <sup>2</sup> 2) patients with a diagnosis of depressive/anxiety/adjustment disorders (at least 2 visits with POV <b>296.*</b>, <b>300.*</b>, <b>301.13</b>, <b>308.3</b>, <b>309.*</b>, <b>311.*</b> or BHS codes <b>14</b>, <b>15</b>, <b>18</b>, <b>24</b>) in the past year. Patient List: Diabetic patients who have <i>not</i> been screened or diagnosed.</p>
15	GPRA	Oral Health – Diabetic Access to Dental Services Dental Program/ Dr. Patrick Blahut	<p>Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with dental ADA code 0000 or 0190 or VExam 30 in the previous year. Patient List: all diabetic patients, with date of dental visit and code, if any.</p>

<sup>2</sup> Diabetes and Mental Health indicator logic has been updated from v3.0 to include patient education codes for behavioral and social health, suicidal behavior and generalized anxiety disorder.

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
13	GPRA	Oral Health – Access to Dental Services Dental Program/ Dr. Patrick Blahut	GPRA User Population denominator only. Numerator: 1) patients with dental ADA code 0000 or 0190 or VExam 30 in the previous year. <b>1A) patients ages 3-21 (HEDIS Indicator)</b> Patient List: patients with documented dental visit only, with date and code.
14	GPRA	Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut	Count only (no percentage comparison to denominator). Total number of dental sealants (code 1351) during previous year (GPRA Indicator). Age breakouts (HP 2010): <12; 12-18; >18. Patient List: patients who had sealants and the number of sealants received
25	GPRA	Adult Immunizations: Influenza Epi Program/ Dr. Amy Groom	Denominator 1: patients 50 or older; 1A) 50-64 (HEDIS Denominator), and 1B) 65 and older (GPRA and HEDIS Denominator). Denominator 2: Active Diabetic patients, defined as: all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Numerator: patients with influenza vaccine documented in past year. Immunization codes 15, 16, 88 or 111; POV V04.8, V04.81 or V06.6; CPT 90657-90660, 90655, 90724; ICD procedure 99.52, <b>or Refusals</b> <sup>3</sup> Patient List: patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.

<sup>3</sup> Adult Immunization: Influenza indicator logic is updated from v3.0 to include new diagnosis code V04.81.

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
26	GPRA	Adult Immunizations: Pneumococcal Epi Program/ Dr. Amy Groom	<p>Denominator 1: patients 65 or older (GPRA and HEDIS Denominator).</p> <p>Denominator 2: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</p> <p>Numerator (for both Denominators): 1) patients with pneumovax documented ever. Immunization code 33, 100, or 109; POV V06.6, V03.82 or V03.89; V Procedure 99.55; CPT 90732, 90669; <b>or Refusals</b></p> <p><b>2) (for Active Diabetics denominator only) patients with pneumovax documented in past five years.</b></p> <p>Patient List: patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.</p>
7	GPRA	Women's Health: Pap Smear Rates Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: Females ages 18 through 64, excluding documented history of hysterectomy. (GPRA and HEDIS)</p> <p>Numerator: patients with documented pap smear or refusal in past three years; also breaks out refusals separately.</p> <p>Hysterectomy defined as V Procedure: 68.3 – 68.7, 68.9 or CPT 58550-54; 58150-58294.</p> <p>Pap Smear definitions: 1) V Lab: PAP SMEAR; 2) POV: V76.2-SCREEN MAL NEOP-CERVIX<sup>4</sup> 3) V Procedure: 91.46; 4) V CPT: 88141-88150; 88152-88158; 88164-88167; 5) Women's Health: procedure called Pap Smear; <b>6) LOINC taxonomy; 7) site defined taxonomy BGP GPRA PAP SMEAR;</b> 8) Refusal Exam Lab Test Pap Smear</p> <p>Patient List: all patients in the denominator, with date and code of test, if any.</p>

<sup>4</sup> Womens Health: Pap Smear indicator topic logic has been updated in version 3.1 to not include ICD code V72.3 Gynecologic Examination or Refusal of Pelvic Exam (Exam code 15) as a definition for pap smear.

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
8	GPRA	Women's Health: Mammogram Rates Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: 1) Female patients ages 50 through 69, excluding documented bilateral mastectomy. (HEDIS Indicator)</p> <p><b>1A) ages 50 through 64</b> (GPRA Indicator)</p> <p>Numerator: patients with documented mammogram or refusal in past two years; also breaks out refusals separately.</p> <p>Bilateral mastectomy defined as: ICD Operation codes: 85.42; 85.44; 85.46; 85.48</p> <p>Screening Mammogram definitions: 1) V Radiology or V CPT: 76090 – Mammogram; unilateral; 76091 – Mammogram; bilateral; 76092 – Mammogram; screening; 2) POV: V76.11 – screening mammogram for high risk patient; V76.12 – other screening mammogram; 3) VProcedures: 87.37 – Other Mammography; 87.36 – Xerography of breast; 87.35 soft tissue X-ray of thorax, contrast radiogram of mammary ducts; 4) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat; 5) Refusal Procedure codes 87.35 - 87.37</p> <p>Patient List: patients in the denominator, with date and code of procedure, if any.</p>
B	DEV (GPRA for FY05)	Colorectal Cancer Screening	<p>Patients ages 50 and older, broken out by gender.</p> <p>Numerator 1: patients with any of the following: a Fecal Occult Blood test or Rectal Exam in the two years prior to the end of the Report period; flexible sigmoidoscopy or double contrast barium enema in the last 5 years; colonoscopy in the last 10 years; recorded refusal of a rectal in the previous year.</p> <p>Numerator 1A: patients with Fecal Occult Blood test in the two years prior to the end of the Report period</p> <p><b>Numerator 1B: patients with Rectal Exam in past two years.</b></p> <p>Screening defined as:</p> <ol style="list-style-type: none"> <li>1. Fecal Occult Blood lab test (FOBT): CPT <b>82270</b>, 82274, G0107, LOINC taxonomoy, or site defined taxonomy</li> <li>2. Rectal screening: V76.41; V Procedure <b>48.24-29</b>, 89.34 Rectal Exam; <b>V Exam 14</b></li> <li>3. Flexible Sigmoidoscopy: V Procedure 45.22, 45.24, 45.42; CPT 45330-45345</li> <li>4. Rigid proctosigmoidoscopy: <b>V Procedure 48.21-24</b>; CPT 45300 - 45327</li> <li>5. Double contrast barium enema: Procedure 87.64 (lower GI); CPT or VRad:74270 - 74280</li> <li>6. Colonoscopy: V76.51 Colon screening; V Procedure 45.21, 45.23, 45.25; CPT 44388-44394, 45355-45387; 45325 (old)</li> </ol> <p>Patient List: patients ages 52 and older, with date and code of any related test or procedure, if any.</p>

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition <b>(NOTE: Bold type indicates new or edited definitions)</b>
G	GPRA	Alcohol Screening (FAS Prevention) Indicator	<p><b>New GPRA indicator.</b> Denominator: Female patients ages 15-44 (child-bearing age).</p> <p>Numerator: 1) Total patients screened for alcohol use 1A) using any Alcohol Health Factor or other screening, <b>V11.3 (history of alcoholism); V79.1 (spec screening for alcoholism) 1B) with alcohol-related POV diagnoses (303.*, 305.0*; 291.*; 357.5*); BHS diagnoses 10, 27, 29 1C) with patient education (PEP-C codes containing “CD-”).</b></p> <p>Patient List: women <u>not</u> screened.</p>
F	GPRA	<p><b>Intimate Partner (Domestic) Violence Screening</b></p> <p><b>Dr. Theresa Cullen/ Denise Grenier, MSW</b></p>	<p><b>New GPRA indicator. Denominator: 1) Female patients ages 13 and older at beginning of Report period. 1A) ages 16-24 (GPRA Denominator)</b></p> <p><b>Numerator: 1) patients screened for intimate partner (domestic) violence</b></p> <p><b>A) patients with recorded IPV/DV exam (Exam code 34)</b></p> <p><b>B) patients with IPV/DV related diagnoses (995.50, 995.51, 995.53, 995.54, 995.59, 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49; BHS diagnoses 43.*, 44.*).</b></p> <p><b>C) patients provided with patient education or counseling (PEP-C codes containing “DV-”; POV V61.11)</b></p> <p><b>Patient List: women not screened.</b></p>
E-2	DEV (GPRA for FY05)	<p>Prenatal HIV Testing and Education</p> <p>Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD</p>	<p><b>No changes.</b></p> <p>Denominator: all pregnant patients with NO recorded HIV diagnosis. Pregnancy is defined as at least 2 visits with POV diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) during prior year.</p> <p>Numerators: 1) receiving any HIV education (patient education codes containing “HIV-” or containing HIV diagnosis 042.0-044.9, V08, 795.71) or HIV counseling POV V65.44.</p> <p>2) received HIV test during prior year, including refusals (CPTs: antibody 86689, 86701-86703; confirmatory test 86689; antigen 87390, 87391; LOINC taxonomy; site defined taxonomy BGP GPRA HIV TESTS)</p> <p>2A) refusals only (subset of 1).</p> <p>Patient List: Patients not screened.</p>
	HEDIS	Chlamydia Screening	<p><b>HEDIS Indicator</b></p> <p><b>Denominator: Active Clinical female patients ages 16 through 25</b></p> <p><b>Numerator: patients tested for chlamydia in past year (TBD: V73.88, V73.98, CPT 87110, 87270, 87320, 87485-87, 87490-92, 87810, site-defined taxonomy, LOINC taxonomy)</b></p> <p><b>Patient List: TBD</b></p>

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
31	GPRA	Obesity Assessment Nutrition Program/ Jean Charles-Azure	<p><b>No changes.</b></p> <p>Denominator: patients ages 2 and older, broken down into gender and age groups: 2-5; 6-11; 12-19; 20-24; 25-34; 35-44; 45-54; 55-74; &gt;74.</p> <p>Numerators: 1) all patients for whom BMI can be calculated (GPRA Indicators); 2A) of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables; 2B) of Numerator 1, patients considered obese, adults BMI =&gt;30, age 18 and under based on standard tables; 2C) of Numerator 1, total overweight and obese</p> <p>Calculates BMI using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of 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.</p> <p>Patient List: patients for whom a BMI could NOT be calculated.</p>
C-1	DEV	Nutrition and Exercise Education for At Risk Patients Patient Education Program/ Mary Wachacha Nutrition Program/ Jean Charles-Azure	<p><b>Denominator 1: Patients considered overweight (including obese), adults BMI =&gt;25, age 18 and under based on standard tables.</b></p> <p><b>Denominator 1A: Patients considered obese, adults BMI =&gt;30, age 18 and under based on standard tables.</b></p> <p>For obese patients only, denominators broken out by gender and age groups: 2-5, 6-11, 12-19, 20-39, 40-59, 60 and older (HP 2010).</p> <p>Denominator 2: Active Diabetic patients ages 6 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</p> <p><b>Numerators: 1) patients provided with medical nutrition counseling in past year. Defined as CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 (dietary) or 36 (WIC).</b></p> <p>2) nutrition education (any patient education code ending “-N” or <b>diagnosis V65.3</b> dietary surveillance and counseling)</p> <p>3) patients provided exercise education (any patient education code ending “-EX” or <b>diagnosis V65.41</b> exercise counseling)</p> <p>4) other related education (any patient education codes ending “-LA” or containing “OBS-”)</p> <p><b>Patient List: patients defined as at risk, with date and codes, if any.</b></p>



FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition <b>(NOTE: Bold type indicates new or edited definitions)</b>
H	GPRA	Tobacco Use Assessment	<p>Denominator 1: all patients ages 5 and older, broken down by gender and age group: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010).</p> <p>Denominator 2: Pregnant women.</p> <p>Numerators: 1) patients screened for tobacco use in past year with health factors; with <b>tobacco-related diagnoses (POV 305.1* or V15.82); with ADA (dental) code 1320; or with any tobacco patient education codes</b> (GPRA Indicator).</p> <p>2) patients identified in past year as current tobacco users; 2A) smokers and 2B) smokeless tobacco users;</p> <p>3) patients exposed to ETS, identified by health factor.</p> <p><b>Patient List: patients with no screening identified</b></p>
H	HEDIS	Tobacco Cessation (HEDIS)	<p><b>Denominator: patients identified as current tobacco users at least one year prior to end of Report Period (Numerator 2 from Indicator 32 Tobacco Use)</b></p> <p>Numerators: 1) patients who have received tobacco cessation counseling in past year (patient education codes TO-QU, TO-LA, clinic code 94, or Dental code 1320) (HEDIS Indicator)</p> <p><b>2) patients counseled on smoking cessation medications (patient education code TO-M) (HEDIS Indicator)</b></p> <p><b>3) patients identified in past year as quit smoking</b></p>
D	(GPRA for FY05)	Cardiovascular Disease Prevention: Cholesterol Screening	<p>Denominator: Patients ages 23 through 70; break out by gender.</p> <p>Numerator: Any patient with documented cholesterol screening any time during past five years, regardless of result.</p> <p>Cholesterol defined as: LOINC taxonomies and site defined taxonomies for Cholesterol and Lipid Profile; POV V77.91; CPTs 80061, 82465</p> <p>Patient List: patients in the denominator, with date and test, if any.</p>
30-1	DEV	Cardiovascular Disease Prevention: Lipids Assessment Mary Wachacha/ Dr. James Galloway	<p>Denominator 1: patients <b>ages 46</b> and older who are not diabetic.</p> <p>Denominator 2: Active diabetic patients <b>ages 46</b> and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</p> <p>Numerators: 1) evidence of having a Lipid Profile OR having an LDL and HDL and TG (all three) in <i>past five years</i>, regardless of result;</p> <p><b>2) patients with LDL completed, regardless of result</b></p> <p>3) patients with LDL &lt;= 100;</p> <p>4) patients with LDL 101-130;</p> <p>5) patients with LDL 131-160;</p> <p>6) patients with LDL &gt;160.</p> <p>Patient List: patients ages 46 or older, with date of relevant tests and LDL value, if any.</p>

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: Bold type indicates new or edited definitions)
30-2	DEV	Cardiovascular Disease Prevention: Blood Pressure Control Mary Wachacha/ Dr. James Galloway	<p>Denominator: Patients <b>ages 20</b> and older who are not diabetic.</p> <p><b>Numerators: 1) total patients with BP value (at least 2 non ER BPs documented in past two years);</b>  <b>2) patients with normal BP, &lt;120/80;</b>  <b>3) Pre Hypertension I, =&gt; 120/80 and &lt; 130/80;</b>  <b>3) Pre Hypertension II, =&gt;130/80 and &lt; 140/90;</b>  <b>4) Stage 1, =&gt; 140/90 and &lt;160/100;</b>  <b>5) Stage 2, =&gt; 160/100.</b></p> <p>Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the 2 years prior to the end of the Report period.</p> <p>If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is <u>least</u> controlled determines the category.</p> <p>Patient List: patients ages 20 or older, with mean BP value, if any.</p>
	HEDIS	Hypertension Control	<p><b>Denominator: Patients ages 46 through 85 diagnosed with hypertension (401.*-405.*) at least one year prior to end of Report period, and at least one HT POV during the Report period.</b></p> <p><b>Numerators: 1) total patients with BP value (at least 2 non ER BPs documented in past year);</b>  <b>2) patients with normal BP, &lt;120/80;</b>  <b>3) Pre Hypertension I, =&gt; 120/80 and &lt; 130/80;</b>  <b>3) Pre Hypertension II, =&gt;130/80 and &lt; 140/90;</b>  <b>4) Stage 1, =&gt; 140/90 and &lt;160/100;</b>  <b>5) Stage 2, =&gt; 160/100.</b></p> <p>Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Report period.</p> <p>If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is <u>least</u> controlled determines the category.</p>
J-1	DEV	Cardiovascular Disease: Lipids Assessment Dr. James Galloway	<p>Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). Break down by gender</p> <p>Numerators: 1) documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result  2) Patients with LDL completed, regardless of result (HEDIS);  3) LDL &lt;= 100 (HEDIS);  4) LDL 101-130 (HEDIS);  5) LDL 131-160;  6) LDL &gt;160.</p> <p>Patient List: patients in the denominator with test and LDL data, if any.</p>

FY03 #	FY04 #	Indicator Topic Name and Owner/Contact	General Definition (NOTE: <b>Bold type</b> indicates new or edited definitions)
E-1	DEV	HIV Quality of Care Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	New indicator. Denominator: patients 13 and older with at least 2 direct care visits (i.e., not contract/CHS) within last year with HIV diagnosis AND 1 HIV visit in last 6 months (POV or Problem List codes 042.0-044.9, V08, or 795.71). Break out by gender. Numerators: Patients who received 1) CD4 only (CPT 86361), 2) HIV Viral load only (as measured by PCR or a comparable test) (CPT 87536, 87539), and 3) both. Also uses site defined taxonomies and LOINC codes. Patient List: none
I	DEV	Asthma	Denominator: All patients, broken out by age groups: <5, 5-64; >64 (HP 2010) Numerators: 1) Patients with at least 2 asthma-related visits in past year (POV 493.*) or <b>ARS Severity 2, 3 or 4 (i.e., categorized as persistent)</b> ; and 2) hospital visits for Asthma (admission diagnosis 493.*). Patient List: patients in the numerator.
C-2	DEV	Medications Education Patient Education Program/ Mary Wachacha	<b>No changes.</b> Denominator: All patients with Medications dispensed <u>at their facility</u> during the Report period (any entry in VMed). Numerator: patient education code of "M-I" (medication information); "M-DI" (Drug interaction); "M-FU" (Medication follow up); "M-L" (Medication patient information literature) or any PE code containing "-M". Patient List: patients in the denominator, with date and PEP-C codes, if any.
23	GPRA	Public Health Nursing Barbara Fine, RN	No change for FY03. 1) Number of patients served by PHNs; 2) Number of visits in any setting; 3) Number of Home visits Broken down into: neonates (0-28 days); infants (1-12 months); 1-64 years; elder (>64). PHNs visit defined as any visit with primary or secondary provider codes 13 or 32 or clinic codes <b>45</b> . Home visit include any visit with PHN provider codes and clinic code 11 or location of encounter HOME. Patient List: any patient who received any PHN visit.

### 3.4 Key Changes from GPRA+ FY03 (v2.\*) to FY04 (v3.\*)

The following are significant system changes for version 3.\*.

- Added three new developmental indicators, and revised or enhanced logic for some existing indicators. (section 8.0)
- Changed GPRA Performance Report to include ONLY specific GPRA denominator and numerator (previously included related denominators and numerators for the entire indicator topic). (section 5.2.1)

- Changed Area Director Performance Report (previously Annual Area Performance Report) to include specific GPRA denominators and numerators (same as GPRA Performance Report), in addition to selected other clinical indicators. (section 5.2.2)
- Changed both GPRA and Area Director Performance Reports so that sites can run locally only, or choose to export to the Area for aggregation.
- Added Performance Summary sheet at end of GPRA Performance Report and Area Director Performance Report to summarize local results against national performance.
- Added HEDIS Performance Report to include specific indicators defined by HEDIS. (section 5.1.3) <sup>5</sup>
- Provided additional options for users to select different populations for non GPRA-related reporting, including non AI/AN population, user-defined patient panels, or all patients regardless of community of residence. (section 5.0) <sup>6</sup>
- Added LOINC codes as another standard national code set that is used to identify lab tests for all relevant indicators.

---

<sup>5</sup> HEDIS Report is new for v3.1.

<sup>6</sup> Patient panel and All Patients options are new for v3.1.

## 4.0 Getting Started: System Setup

This section will describe the steps that need to be followed to set up and use all site parameters and taxonomies needed for the GPR+ FY04 program.

Sites need to perform the following activities before running any reports:

1. Create or verify the “official” community taxonomy for national GPR+ reporting.

**NOTE:** The GPR+ Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPR+ report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

2. Set up various system parameters.
3. Review and edit all lab taxonomies used by GPR+ software.
4. To perform any of these functions, start at the System Setup menu. Type GP04 at the “Select IHS GPR+ Performance Indicator Menu Option:” prompt located in the main IHS/RPMS GPR+ menu.

```

*****
**                               IHS/RPMS GPR+                               **
**   Clinical Performance Indicator Reporting System   **
*****
                               Version 3.1
                               DEMO SITE

GP04  GPR+ FY04 ...
GP03  GPR+ FY03 ...
GP02  GPR+ FY02 ...
TAX   Taxonomy Setup

Select IHS GPR+ Performance Indicator Menu Option: GP04  GPR+ FY04

```

Figure 4-1: Accessing the System Setup menu (step 1)

5. The GPR+ FY04 main menu will display (Figure 4-2). The AO Area Options menu option should only display for Area Office sites.
6. Type SET at the “Select GPR+ FY04 Option:” prompt to display menu options to perform setup activities.

```

*****
**                GPRA+ FY04                **
** Clinical Performance Indicator Reporting System **
*****
                Version 3.1

                DEMO SITE

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

Select GPRA+ FY04 Option: SET System Setup
    
```

Figure 4-2: Accessing the System Setup menu (step 6)

7. The System Setup menu displays (Figure 4-3).

```

*****
**                GPRA+ FY04                **
**                Setup Menu                **
*****
                Version 3.1

                DEMO SITE

TXCH   Check for Taxonomies Required by FY 04 GPRA Report
TAX    Taxonomy Setup
SP     Site Parameters

Select System Setup Option::
    
```

Figure 4-3: Accessing the System Setup menu

## 4.1 Community Taxonomy

The Community taxonomy is used to define the range of community names where your facility’s patients reside to be included in your reports. Your facility most likely already has one or more Community taxonomies set up for use with other RPMS applications. For local reports, individuals may want to run reports for selected indicators for a specific subset of the population.

For the GPRA Performance and Area Director Performance reports (see section 5.2 Report Content for report definitions), a Community taxonomy should be used that includes all communities served by the facility.

**NOTE:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

The community taxonomy may be set up using either the Taxonomy Setup function or with QMan.

### 4.1.1 Using Taxonomy Setup to Define a Community Taxonomy

1. From the Setup Menu, type TAX at the “Select System Setup Option” prompt.

```
*****
**      GPRA+ FY04      **
**      Setup Menu      **
*****
Version 3.1

DEMO HOSPITAL

TXCH  Check for Taxonomies Required by FY 04 GPRA Report
TAX   Taxonomy Setup
SP    Site Parameters

Select System Setup Option: TAX Taxonomy Setup
```

*Figure 4-4: Accessing Taxonomy Setup menu*

2. Type 2 Other Taxonomies at the “Which one:” prompt.
3. Type 2 All Other Taxonomies at the “Which type of Taxonomy:” prompt.
4. To create a new Taxonomy, type 2 Add NEW at the “Which Option” prompt.
5. Type Community at the “Which Attribute” prompt.
6. Type the name you want to assign to this taxonomy at the “Taxonomy Name” prompt.

```
RPMS PATIENT CARE COMPONENT

TAXONOMY MANAGEMENT

Select one of the following:

    1      Diabetes Mgt System Taxonomies
    2      Other Taxonomies

Which one: 2 Other Taxonomies

Select one of the following:

    1      Lab Taxonomies
    2      All Other Taxonomies

Which type of Taxonomy: 2 All Other Taxonomies

Select one of the following:

    1      Edit Existing Taxonomy
    2      Add NEW Taxonomy

Which option: 2 Add NEW Taxonomy

Each TAXONOMY must be based on an existing ATTRIBUTE.

Please select an ATTRIBUTE for this TAXONOMY.

Which ATTRIBUTE: community CURRENT COMMUNITY

Taxonomy Name: My GPRA Community
```

Figure 4-5: Steps to Create New Taxonomy

7. A new (empty) taxonomy will be displayed. Type 2 ADD Items at the “Select Item(s)” prompt.
8. Type the name or the first few letters of the community you want to add to your taxonomy at the “Which Community” prompt.
9. If there are multiple values, you will need to type the number corresponding to your community name choice at the “Choose 1-[#]” prompt. Continue adding community names. When all names have been entered, press the Enter key at the “Which Community” prompt.



```

Taxonomy Items
Mar 30, 2004 16:08:54          Page:    1 of    1

    My GPRA Community
-----
    '-' Previous Page 'QU' Quit ?? for More Actions

Mar 30, 2004 16:08:54
1  EDIT the Taxonomy          2  ADD Items                      3  DELETE Item(s)

Select Item(s): Quit// 2  ADD Items

    Select an item to ADD to the My GPRA Community Taxonomy
Which COMMUNITY: DEMO CITY          COCONINO          ARIZONA          135          0403135

    Select an item to ADD to the My GPRA Community Taxonomy
Which COMMUNITY: CEDAR RIDGE        COCONINO          ARIZONA          106          0403106

    Select an item to ADD to the My GPRA Community Taxonomy
Which COMMUNITY: MOEN
1  MOENAVE          COCONINO          ARIZONA          125          0403125
2  MOENCOPI        COCONINO          ARIZONA          126          0403126
CHOOSE 1-2: 1  MOENAVE          COCONINO          ARIZONA          125          0403125

    Select an item to ADD to the My GPRA Community Taxonomy
Which COMMUNITY: [ENT]
    
```

Figure 4-6: Selecting Community Names for the Taxonomy

10. The populated taxonomy will be displayed. If the taxonomy contains all the Community names, type Q (Quit) at the “Select Item(s)” prompt.

```

Taxonomy Items
Mar 30, 2004 16:09:59          Page:    1 of    1

    My GPRA Community
-----
    1  CEDAR RIDGE          CEDAR RIDGE
    2  MOENAVE             MOENAVE
    3  TUBA CITY           TUBA CITY

    '-' Previous Page 'QU' Quit ?? for More Actions
Mar 30, 2004 16:09:59
1  EDIT the Taxonomy          2  ADD Items                      3  DELETE Item(s)

Select Item(s): Quit// q  Q
    
```

Figure 4-7: Completed Community Taxonomy

### 4.1.2 Using QMan to Set Up a Community Taxonomy

Below is a sample of creating a community taxonomy using QMan. If you don't have access to QMan, see your RPMS Site manager.

1. Choose the QMan menu option from the main menu.

2. Type **Living Patients** at the “What is the subject of your search?” prompt.
3. Type **Community** at the “Attribute of Living Patients:” prompt.
4. Type the name(s) of the community/communities of interest at the “Enter Community:” and “Enter Another Community:” prompts. When you are finished, press the Enter key at a blank “Enter Another Community:” prompt.
5. Type **Y** at the “Want to save this community group for future use?” prompt.
6. Type a name for the taxonomy at the “Group Name:” prompt.
7. Verify your group name and type **Y** or **N** at the “Are you adding [group name]’ as a new Taxonomy (the ####TH)? No//” prompt.
8. Type a short description of the taxonomy (if desired) at the “Taxonomy Brief Description:” prompt.
9. Type **Y** or **N** at the “Edit?” prompt. Type **Y** if you wish to edit the extended description for the taxonomy.
10. You will be returned to the QMan main menu. To exit that menu, type **0** (zero) at the prompt.

```

What is the subject of your search? LIVING PATIENTS // LIVING PATIENTS

  Subject of search: PATIENTS
    ALIVE TODAY   [SER = .06]

Attribute of LIVING PATIENTS: COMMUNITY [ENT]

Enter COMMUNITY: TUCSON           PIMA      ARIZONA    077      0410077
Enter ANOTHER COMMUNITY: SELLS      PIMA      ARIZONA    067      0410067
Enter ANOTHER COMMUNITY: SAN XAVIER  PIMA      ARIZONA    065      0410065
Enter ANOTHER COMMUNITY: [ENT]

The following have been selected =>

  SAN XAVIER
  SELLS
  TUCSON

Want to save this COMMUNITY group for future use? No// Y (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
  Are you adding 'CMI GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 718TH)? No// Y (Yes)

  TAXONOMY BRIEF DESCRIPTION: [ENT]
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No [ENT]
Computing Search Efficiency Rating.....
.....

  Subject of search: PATIENTS
    ALIVE TODAY   [SER = .06]
    CURRENT COMMUNITY (SAN XAVIER/SELLS...) [SER = 3.55]

```

Figure 4-8: Setting Up Community Taxonomy Through QMan

## 4.2 Site Parameters

The Site Parameters menu option allows you to set certain values that are used often by GPRA+ so that users don't have to enter them each time they run a report. The available parameter options are:

- **Facility location:** defines your location.
- **Default Community taxonomy:** defines the Community taxonomy name your site is most likely to use in identifying the population for reports

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

- **Definition of Home:** this is used by Public Health Nursing indicator to identify PHN visits in a Home location, in addition to looking for clinic code 11. Generally, but not always, a site's home location is called HOME.

**Setting up Site Parameters**

1. Type **SP** at the “Select System Setup Option:” prompt at the Setup menu.
2. Type the name of your site location at the “Select BGP Site Parameters Location” prompt.
3. Type the name of the Community taxonomy your site is most likely to use for performance reporting at the “Please enter your site’s Default Community Taxonomy” prompt.

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

4. Type the name of your Home location, or press the Enter key to accept the default response, at the “Enter Your Site’s Home location:” prompt.  
  
If you type **HOME** at this prompt, a list of all Home locations will be displayed. Follow the prompts to select the appropriate location.
5. The “Select BGP Site Parameters Location:” prompt displays again. Press the Enter key to return to the System Setup menu.

```

*****
**      GPRA+ FY04      **
**      Setup Menu      **
*****
Version 3.1

DEMO SITE

TXCH  Check for Taxonomies Required by FY 04 GPRA Report
TAX   Taxonomy Setup
SP    Site Parameters

Select System Setup Option: SP Site Parameters

Select BGP SITE PARAMETERS LOCATION: CROW HO      100  BILLINGS      CROW      01
...OK? Yes// [ENT] (Yes)

Please enter your site's DEFAULT COMMUNITY taxonomy: MY SITE'S GPRA COMMUNITY NAME

Please enter your site's HOME location: HOME// home
  1  HOME      ABERDEEN      CHEYENNE RIV      89
  2  HOME      ABERDEEN      ROSEBUD           89
  3  HOME      BEMIDJI      GREATER LEECH LAKE      89
  4  HOME      MT      BILLINGS      BLACKFEET           95
  5  HOME      MT      BILLINGS      CROW           95
Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: 5  HOME      MT      BILLINGS      CROW           95

Select BGP SITE PARAMETERS LOCATION: [ENT]

```

Figure 4-9: Setting up site parameters

## 4.3 Taxonomy Check and Setup

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

To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

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

### 4.3.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. There are two different types of taxonomies distributed with the GPRA+ Clinical Performance Reporting System: software-defined (“hardcoded”) and site-defined.

For data elements like diagnoses, procedures or lab tests identified by LOINC codes, the taxonomy simply identifies the standard codes that a software program should look for. These codes are hard-coded by the programmer into several *software-defined taxonomies* that are distributed with the GPRA+ software. These taxonomies can only be updated by the GPRA+ programmer. See the GPRA+ Technical Manual for a complete list of software-defined taxonomies.

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

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

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

#### 4.3.2 Site-Defined Clinical Taxonomies Used by GPRA+

The site's GPRA+ Implementation team will need to review the taxonomies that need to be defined by the site and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist.

GPRA+ also uses "hard coded" pre-defined taxonomies for CPT, ICD or LOINC codes as identified in the indicator logic. These taxonomies cannot be altered by the site. A list of all pre-defined taxonomies can be located in the GPRA+ Technical Guide.

Detailed instructions on how to set up and check these taxonomies are included following the chart.

**NOTE:** To provide accurate counts, you must include ALL test names that have been used by your facility at least since 1999, even if these codes are currently inactive. Some indicators search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: “z,” “Z,” “xx,” “X,” or “\*.” Search for these characters in your lab file.

Taxonomy Name	Description	Examples of Members	Indicators Used with
BGP CD4 TAX	All CD4 Lab Tests, used to evaluate immune system status (Also known as: T4 count, T-helper cells)	CD4	HIV Quality of Care
BGP CHLAMYDIA TESTS TAX	All lab tests for Chlamydia trachomatis	Chlamydia Culture Chlamydia IgG Chlamydia IgM Chlamydia Screen Chlamydia, DNA Probe Chl/Gc Combo	Chlamydia Screening
BGP GPRA FOB TESTS	All Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood	Colorectal Cancer Screening
BGP PAP SMEAR TAX	All Pap Smear tests	Pap Smear	Women’s Health: Pap Smear
BGP HIV VIRAL LOAD TESTS	All HIV viral load tests (as measured by PCR or comparable test)	HIV Viral Load	HIV Quality of Care
BGP HIV TEST TAX	All HIV tests	HIV Tests	Prenatal HIV Testing and Education
DM AUDIT CHOLESTEROL TAX	All Total Cholesterol Tests	Cholesterol, Total Cholesterol	CVD Prevention: Cholesterol Screening
DM AUDIT CREATININE TAX	All Creatinine Tests – <b>NOTE:</b> do NOT include names of panels that creatinine test may be part of, e.g., basic metabolic panel	Creatinine	Active Adult Diabetic Patients Denominator for Diabetes indicators
DM AUDIT HDL TAX	All HDL Cholesterol Lab Tests – <b>NOTE:</b> do NOT include Lipid Panels in this taxonomy	HDL	Diabetes: Dyslipidemia Assessment; CVD Prevention: Lipids Assessment; Cardiovascular Disease: Lipids Assessment

Taxonomy Name	Description	Examples of Members	Indicators Used with
DM AUDIT HGB A1C TAX	All HGB A1C lab tests.	HgbA1C, A1C, HbA1c, Hemoglobin A1C, Glycosylated hemoglobin, Glycohemoglobin A1c	Diabetes: Glycemic Control
DM AUDIT LDL CHOLESTEROL TAX	All LDL Cholesterol Lab Tests – <b>NOTE:</b> do NOT include Lipid Panels	LDL, LDL-C	Diabetes: Dyslipidemia Assessment; CVD Prevention: Lipids Assessment; Cardiovascular Disease: Lipids Assessment
DM AUDIT LIPID PROFILE TAX	All Lipid Profile (Panel) Lab Tests	Lipid Profile, Lipid Panel	Diabetes: Dyslipidemia Assessment; CVD Prevention: Cholesterol Screening; CVD Prevention: Lipids Assessment; Cardiovascular Disease: Lipids Assessment
DM AUDIT MICROALBUMINURIA TAX	All Microalbuminuria Lab Tests.	Microalbuminuria Micral Microalbuminuria, Urine A/C Ratio AC Ratio ACR Microalbumin/Creatinine Ratio Microalbumin Random	Diabetes: Nephropathy Assessment
DM AUDIT TRIGLYCERIDE TAX	All Triglyceride Lab Tests – <b>NOTE:</b> do not include Lipid Panels	Triglyceride	Diabetes: Dyslipidemia Assessment; CVD Prevention: Lipids Assessment; Cardiovascular Disease: Lipids Assessment
DM AUDIT URINE PROTEIN TAX	All Urine Protein Lab Tests.	Urine Protein, Urine Protein Screen	Diabetes: Nephropathy Assessment

### 4.3.3 Check for Taxonomies Needed for GPRA+ (TXCH)

This menu option scans for missing taxonomies or those that have no entries.

1. Type TXCH at the “Select System Setup Option:” prompt. If this is the first time the software is being used, the screen will display The following taxonomies are missing or have no entries:.
2. Press the Enter key at the “Enter Return to Continue:” prompt. The name of any taxonomy that is either missing or that has no members should be displayed. The first time GPRA+ FY03 is used, expect to see a list of those taxonomies that are new to the FY03 software, because they will have no members.



You will run this option again when taxonomy setup has been completed to ensure that all taxonomies have entries.

3. Review the list of taxonomies that either need to be setup or populated.

**NOTE:** Many of the taxonomies used by GPR+ have already been established and populated, either by other RPMS applications (e.g., Diabetes Management) or by GPR+ FY03. These taxonomies should **all be reviewed** for completeness.

If your taxonomies have all been setup and populated, the message `All taxonomies are present` will appear on the screen.

4. The system will return you to the main setup menu.

#### 4.3.4 Taxonomy Setup (TAX)

Taxonomy Setup (TAX) is a menu option that transfers the user to the RPMS Taxonomy Setup software. Taxonomy Setup allows you to review, add to or edit members in the required taxonomies used in any RPMS software, including GPR+. All taxonomies should be present after GPR+ FY04 is loaded, even if the taxonomy has no members yet.

**NOTE:** ALL taxonomies should be reviewed for completeness before running the first GPR+ report. Add new test names, but do not delete the old ones.

1. Type TAX at the “Select System Setup Option:” prompt. Two options appear (Figure 4-10).
2. Type 2 (Other) at the “Which one:” prompt.

```

RPMS PATIENT CARE COMPONENT
TAXONOMY MANAGEMENT

Select one of the following:

1          Diabetes Mgt System Taxonomies
2          Other Taxonomies

Which one: 2 Other Taxonomies

```

*Figure 4-10: Editing Taxonomies (step 2)*

3. Type 1 Lab Taxonomies at the “Which type of Taxonomy” prompt. All taxonomies for GPR+ FY04 are Lab Taxonomies.

**NOTE:** Lab test taxonomies can be slightly more complex than the others. It is recommended that you ask for assistance from a medical technologist who is familiar with the lab test database at your facility.

4. Type 1 (Edit Existing Taxonomy) at the “Which option:” prompt to edit a taxonomy.
5. Type the name of the lab test taxonomy you want to review at the “Name of Taxonomy:” prompt. Type ?? to view the existing list of lab tests.

For the example demonstrated in the following figures, type DM AUDIT GLUCOSE TESTS TAX. For this example, there are no lab tests currently included in the taxonomy.

```
Select one of the following:
      1      Lab Taxonomies
      2      All Other Taxonomies

Which type of Taxonomy: 1 Lab Taxonomies

      Select one of the following:
      1      Edit Existing Taxonomy
      2      Add NEW Taxonomy

Which option: 1 Edit Existing Taxonomy

Name of Taxonomy: DM AUDIT GLUCOSE TESTS TAX
```

Figure 4-11: Editing Taxonomies (steps 3-5)

6. Type 3 (ADD Lab Test) at the “Select Action:” prompt.

```
Lab Taxonomy          Mar 31, 2000 11:20:16          Page: 1 of 1
DM AUDIT GLUCOSE TESTS TAX
No. Lab              Site/Specimen
-----
-----'-' Previous Page 'QU' Quit ?? for More
1  MODIFY Taxonomy Info 3  ADD Lab Test
2  EDIT Lab Test          4  DELETE Lab Test
Select ACTION: Quit// 3  ADD Lab Test
```

Figure 4-12: Adding Items to Lab Test Taxonomies (step 6)

7. Type GLUCOSE at the “Which Lab Test:” prompt. Several types of lab tests specific to your site appear.
8. Type the number of the test you want to add at the “Which Lab Test:” prompt.
9. Press the Enter key to bypass the “Select Site/Specimen:” prompt.

**NOTE:** Depending on testing methodologies for various lab tests, the same test may be performed on more than one specimen type. Working with a medical technologist familiar with the lab test database will assist you in determining whether a value needs to be entered at the “Select Site/Specimen:” prompt.

GPRA+ only uses the Test Name field, not the Site/Specimen field, to determine whether a lab test is present. Other RPMS applications may use the Site/Specimen field.

```
Select lab tests to add.

Which LAB TEST: GLUCOSE
  1  GLUCOSE
  2  GLUCOSE  FASTING GLUCOSE
  3  GLUCOSE  GLUCOSE,FLUID
  4  GLUCOSE  2HR PP GLUCOSE
  5  GLUCOSE, FINGER STICK  GLUCOSE,BLOOD
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
  6  GLUCOSE,CSF
  7  GLUCOSE,PEDIATRIC GTT  PEDIATRIC GTT
CHOOSE 1-7: 1  GLUCOSE
Select SITE/SPECIMEN:

Lab tests currently in this taxonomy:
GLUCOSE,BLOOD
GLUCOSE

Select lab tests to add.
CHOOSE 1-5: 2  FASTING GLUCOSE
Select SITE/SPECIMEN: [ENT]
```

Figure 4-13: Editing Taxonomies (steps 7-9)

10. When all tests have been added to the taxonomy, press the Enter key when prompted for another lab test. You will be returned to the display screen.

11. If all tests are displayed correctly, press the Enter key to exit and save that Taxonomy at the “Select Item(s): Quit//” prompt.

```
Lab Taxonomy      Jun 10, 2002 15:00:23      Page:    1 of    1
  DM AUDIT GLUCOSE TESTS TAX
  No. Lab              Site/Specimen
  ----
  1  GLUCOSE,BLOOD
  2  GLUCOSE
  3  FASTING GLUCOSE
  4  LORI'S GLUCOSE
  5  zzGLUCOSE,OLD

-----'-' Previous Page  'QU' Quit  ?? for More Actions-----
1  MODIFY Taxonomy Info 3  ADD Lab Test
2  EDIT Lab Test        4  DELETE Lab Test
Select ACTION: Quit// [ENT]
```

Figure 4-14: Editing Taxonomies (step 10-11)

12. Once you are finished adding, editing, or removing taxonomy members from ALL taxonomies, select TXCH menu option to perform the final check for taxonomies needed for GPRA+.

**NOTE:** You must include ALL test names that have been used by your facility since 1999, even if these codes are currently inactive. Some indicators search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: “z,” “Z,” “xx,” “X,” or “\*.” Search for these characters in your lab file.

#### 4.3.5 Using QMan to Populate a Taxonomy

QMan is the RPMS query utility. QMan builds queries through a series of elements. The QMan User Manual provides detailed and easy-to-follow instructions for constructing queries. The Manual can be downloaded from the RPMS Web site: [www.ihs.gov/CIO/RPMS/appsactiondoc.cfm](http://www.ihs.gov/CIO/RPMS/appsactiondoc.cfm).

**Note:** You will need to work with your Site Manager or other information systems staff to use QMan to set up your taxonomies, because only the taxonomy “creator” (i.e., the person that installed the GPRA+ FY04 software) can modify the taxonomy in QMan.

## 5.0 Reports and Patient Lists

The GPRA+ Clinical Indicator Reporting System is a reporting tool that provides local facilities and Areas with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

GPRA+ accommodates both national (GPRA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few indicators review data for more than one year, e.g., Women's Health: Pap Smears in past three years.

The GPRA Performance, Area Director Performance and HEDIS Performance report data files can be exported to the Area and aggregated for an Area report.

### 5.1 Report Types

Several report options are included in GPRA+ FY04. In addition to the predefined national GPRA-related reports, users have many choices for "customizing" reports for local facility use by selecting different populations and/or specific indicator topics.

Report options include:

- GPRA Performance Report (GP)
- Area Director Performance Report (AP)
- Selected Indicators w/Community Taxonomy Defined (SEL)
- Selected Indicators w/Patient Panel Population<sup>7</sup> (PP)
- Selected Indicators with No Community defined<sup>8</sup> (ALL)
- HEDIS Performance Report<sup>9</sup> (HED)

The following table demonstrates the population options available with each report type.

---

<sup>7</sup> New report option for v3.1..

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

	<b>GP</b>	<b>AP</b>	<b>SEL</b>	<b>PP</b>	<b>ALL</b>	<b>HED</b>
GPR+ Community Taxonomy	X	X	X			X
Other Site-Defined Community Taxonomy		X	X			X
AI/AN Patients only	X	X	X		X	X
Non AI/AN Patients		X	X		X	X
Both AI/AN and Non AI/AN Patients		X	X		X	X
All RPMS patients (any community of residence)					X	
Patient panel (user specified list of patients)				X		
Patient List			X	X	X	X

### 5.1.1 GPR+ -Related (National) Reports

National reporting for clinical performance measures is accomplished with the two GPR+ -related reports.

- GPR+ Performance Report (GP):** includes only the indicators (specific denominators and numerators) described in the current IHS Performance Plan to Congress, e.g., diabetic patients with controlled blood pressure (see section 5.2.1 for specific content). The population for the GPR+ Performance report includes only patients with a community of residence that is listed in the site's "official" GPR+ Community taxonomy. The Area GPR+ Coordinators have defined the existing CHS catchment areas<sup>10</sup> as the GPR+ Community.<sup>11</sup> The default Community Taxonomy should be defined in the Site Parameters file (see section 4.1 Community Taxonomy and 4.2 System Setup).

GPR+ reports are predefined to include *only* the American Indian and Alaska Native (AI/AN) patient-type population, defined as Beneficiary 01 in the patient registration file.

The GPR+ Performance report can be exported to the Area Office by the site for aggregation into an Area-wide report. The GPR+ report will also create a delimited electronic file (.txt) with GPR+ indicator results designed to be used in Excel to set up graphs (see section 5.4 Delimited Files).

- Area Director Performance Report (AP):** includes all indicators from the GPR+ Performance report as well as others representing potential new GPR+ indicators and/or other strategic agency clinical focus, e.g., Colorectal Cancer Screening (see section 5.2.2 for specific content). The Area Director

<sup>10</sup> A catchment area includes patients registered within a particular service unit AND who reside in one of the communities assigned to the service unit.

<sup>11</sup> The exception to this definition is Oklahoma City Area, which will inform its sites directly as to which communities to include.

Performance Report should be run *at least quarterly* to review progress toward meeting critical agency goals.

For national reporting uses, the population for the Area Director Performance report is the site's "official" GPRA Community taxonomy (see discussion in GPRA Performance Report above). Sites may also want to use the Area Director report for local purposes with other Community taxonomies; for example, a site could run separate reports for individual communities to compare performance.

The Area Director report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both. For national reporting, American Indian and Alaska Native *only* must be selected.

The Area Director Performance report can be exported to the Area Office by the site for aggregation into an Area-wide report. The Area Director report will also create a delimited electronic file with GPRA indicator results only, designed to be used in Excel to set up graphs (see section Appendix B: Working with Delimited Files).

### 5.1.2 HEDIS Performance Report<sup>12</sup>

As discussed in Section 3.1.3 Comparing *Ourselves to National Guidelines*, IHS uses HEDIS<sup>®</sup> as a source for defining clinical performance measures. The HEDIS report contains only HEDIS indicators and is intended for use by sites interested in seeking NCQA certification. GPRA+ v3.1 includes 12 HEDIS indicators from the "Effectiveness of Care" performance section; the remaining indicators that can be derived from RPMS will be included in the next version of GPRA+ software.

Some HEDIS indicators may be defined slightly differently than for GPRA, e.g., female patients ages 52 through 69 (not 64) with mammograms documented in past two years.

- **HEDIS Performance Report (HED):** includes only indicators (specific denominators and numerators) described in the HEDIS 2004 Effectiveness of Care guidelines. The population for the HEDIS report is based on the specific Community Taxonomy specified by the user. For formal HEDIS reporting, it is recommended that the site's "official" GPRA Community taxonomy be used (see discussion in GPRA Performance Report above) as most closely matching the HEDIS definition of "continuously enrolled members." Sites may also want to use the HEDIS report for local purposes with other Community taxonomies; for example, a site could run separate reports for individual communities to compare performance.

The HEDIS report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or

---

<sup>12</sup> The HEDIS Report is new for GPRA+ v3.1.

both. The HEDIS Performance report can be exported to the Area Office by the site for aggregation into an Area-wide HEDIS report.

### 5.1.3 Selected Indicator Reports for Local Facility Use

The following reports are intended for local use by a facility for specific public health and/or performance improvement initiatives. Each report allows the user to select one or more indicator topics and different populations. All Selected Indicator reports include the option to run Patient Lists (see section 5.1.4 below).

- **Selected Indicators with Community Taxonomy (SEL):** includes all denominators and numerators for any indicator topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other indicator-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

This report uses a Community Taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the user should select the site's "official" GPRA Community taxonomy (see discussion in GPRA Performance Report above). Other Community taxonomies can also be specified for other local uses, such as comparing one community to another.

This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both. For comparison to national reporting, American Indian and Alaska Native *only* must be selected.

Patient Lists can be run with this report (see section 5.1.4 for additional information).

- **Selected Indicators with Patient Panel (PP):** includes all denominators and numerators for any indicator topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other indicator-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. See Appendix C: Creating a Patient Panel for detailed instructions.

Patient Lists can be run with this report (see section 5.1.4 for additional information).

- **Selected Indicators with All Communities (ALL):** includes all denominators and numerators for any indicator topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other indicator-specific denominators, e.g.,



Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both.

Patient Lists can be run with this report (see section 5.1.4 for additional information).

### 5.1.4 Patient Lists

Patient Lists for individual indicators are available with any Selected Indicators reports (SEL, PP or ALL menu options) and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. See section 5.3.4 for a detailed list of the patient list content for each indicator.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the indicators to report on. See section 6.2.1 Running the Selected Indicators Reports (SEL, PP, ALL) with Patient Lists for a detailed description of how to produce patient lists.

## 5.2 Report Content

### 5.2.1 GPRA Performance Report

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year Break down by gender and age ranges
Diabetes (DM): Glycemic Control	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With Poor control (> 9.5) 3) With Ideal control (< 7)
DM: Blood Pressure Control	Active Diabetic patients	1) With Controlled BP (<130/80)
DM: Dyslipidemia Assessment	Active Diabetic patients	1) With LDL, any result 2) With LDL <= 100
DM: Nephropathy Assessment	Active Diabetic patients	1) With nephropathy assessment
DM: Retinopathy	Active Diabetic patients	1) With any retinal screening
Diabetic Access to Dental Services	Active Diabetic patients	1) With documented dental exam
Access to Dental Services	User population	1) With documented dental exam

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
Dental Sealants		Total number of dental sealants provided
Adult IZ: Influenza	Active Clinical patients 65 and older	1) With influenza vaccination or refusals
Adult IZ: Pneumovax	Active Clinical patients 65 and older	1) With pneumovax or refusals
Women's Health: Pap Smear Rates	Female Active Clinical patients ages 18 through 64	1) With documented pap smear or refusal in past 3 years
WH: Mammogram Rates	Female Active Clinical patients ages 50 through 64	1) With documented mammogram or refusal in past 2 years
Alcohol Screening (FAS Prevention)	Female Active Clinical patients ages 15 through 44	1) With documented alcohol screening
Domestic Violence Screening	Female Active Clinical patients ages 16 through 24	1) With documented DV/IPV screen
Obesity Assessment (BMI)	Active Clinical patients ages 2 through 74	1) With BMI calculated
Tobacco Use and Exposure Assessment	Active Clinical patients ages 5 and older	1) Screened for tobacco use 2) Tobacco users
Public Health Nursing	User Population	1) Number of visits 2) Number of Home visits Breakdown by age groups

### 5.2.2 Area Director Performance Report

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
Diabetes Prevalence ( <i>same as GPRA Report</i> )	User Population	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year Break down by gender and age ranges
Diabetes (DM): Glycemic Control ( <i>same as GPRA Report</i> )	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With Poor control (> 9.5) 3) With Ideal control (< 7)
DM: Blood Pressure Control	Active Diabetic patients	1) With BP, regardless of value 2) With Controlled BP
DM: Dyslipidemia Assessment ( <i>same as GPRA Report</i> )	Active Diabetic patients	1) With LDL, any value 2) With LDL <= 100
DM: Nephropathy Assessment ( <i>same as GPRA Report</i> )	Active Diabetic patients	1) With nephropathy assessment
DM: Retinopathy	Active Diabetic patients	1) With any retinal screening 1A) With diabetic retinal exam 1B) With other eye exams

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
DM and Mental Health	Active Diabetic patients	1) Screened for depression 2) Diagnosed with depression and/or anxiety disorders
Diabetic Access to Dental Services ( <i>same as GPRA Report</i> )	Active Diabetic patients	1) With documented dental exam
Access to Dental Services ( <i>same as GPRA Report</i> )	User population	1) With documented dental exam
Dental Sealants ( <i>same as GPRA Report</i> )		Total number of dental sealants provided
Adult IZ: Influenza	1) Active Clinical patients 50 and older 1A) ages 50-64 1B) ages 65 and older (GPRA) 2) Active Diabetic patients	1) With influenza vaccination or refusals
Adult IZ: Pneumovax	1) Active Clinical patients 65 and older 2) Active Diabetic patients	1) With pneumovax or refusals
Women’s Health: Pap Smear Rates	Female Active Clinical patients ages 18 through 64	1) With documented pap smear or refusal in past 3 years 1A) refusals
WH: Mammogram Rates	Female Active Clinical patients ages 50 though 64	1) With documented mammogram or refusal in past 2 years 1A) refusals
Colorectal Cancer Screening	Active Clinical patients ages 52 and older.	1) With any CRC screening (time period depends on specific test) 1A) with FOBT in past 2 years 1B) with Rectal Exam in past 2 years
FAS Prevention ( <i>same as GPRA Report</i> )	Female Active Clinical patients ages 15 through 44	1) With documented alcohol screening
Domestic Violence Screening ( <i>same as GPRA Report</i> )	Female Active Clinical patients ages 16 through 24	1) With documented DV/IPV screen
Prenatal HIV Testing	Pregnant patients with no recorded HIV diagnosis	1) With documented HIV test 1A) Refusals
Obesity Assessment (BMI)	Active Clinical patients ages 2 through 74	1) With BMI calculated 2) Patients assessed as overweight (not obese) 3) Obese 4) Total overweight and obese
Tobacco Use and Exposure Assessment	1) Active Clinical patients ages 5 and older 2) Pregnant patients	1) Screened for tobacco use 2) Tobacco users 3) Exposed to ETS
Cardiovascular Disease Prevention: Cholesterol Screening ( <i>same as GPRA Report</i> )	Active Clinical patients ages 23 through 70	1) With documented cholesterol screening in past 5 years

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
CVD Prevention: Blood Pressure	Active Clinical patients ages 20 and over	1) With 2 blood pressure values documented in past 2 years 2) With normal BP <120/80 3) With Stage 1 Hypertension =>140/90 and <160/100 4) With Stage 2 Hypertension => 160/100
Public Health Nursing ( <i>same as GPRA Report</i> )	User Population	1) Number of visits 2) Number of Home visits Breakdown by age groups

### 5.2.3 HEDIS Performance Report

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
Colorectal Cancer Screening	Active Clinical patients ages 52 and older	1) With any documented CRC screening (time period depends on specific test)
Breast Cancer Screening (Mammogram)	Female Active Clinical patients ages 52 through 69	1) With documented mammogram or refusal in past 2 years 1A) Refusals
Cervical Cancer Screening (Pap Smear)	Female Active Clinical patients ages 21 through 64	1) With documented pap smear or refusal in past 3 years 1A) Refusals
Chlamydia Screening in Women	Female Active Clinical patients ages 16 through 25	1) With documented chlamydia test in past year
Controlling High Blood Pressure	Active Clinical patients ages 46 through 85 diagnosed with hypertension	1) With BP value 2) With controlled blood pressure, (<=140/90)
Cholesterol Management After Acute Cardiovascular Events	Patients diagnosed with cardiac disease at least one year prior to the end of the Report period and with at least 2 CVD-related visits in prior year.	1) With LDL regardless of value 2) With LDL <= 100 3) With LDL 101-130
Comprehensive Diabetes Care	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With Poor HbA1c (>9.5) 3) With any retinal screening 4) With LDL, any result 5) With LDL <130 6) With LDL =<100 7) Monitored for kidney disease (nephropathy assessment) 8) With HbA1c AND eye exam AND LDL screening AND nephropathy assessment

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
Medical Assistance with Smoking Cessation	Active Clinical patients identified as tobacco users	1) With documented tobacco cessation counseling 2) Counseled on smoking cessation medications
Flu Shots for Adults Ages 50-64	Active Clinical patients ages 50 through 64	1) With documented influenza vaccine or Refusal
Flu Shots for Older Adults	Active Clinical patients ages 65 and older	1) With documented influenza vaccine or Refusal
Pneumonia Vaccination Status for Older Adults	Active Clinical patients ages 65 and older	1) With documented pneumovax or Refusal
Annual Dental Visit	User Population patients ages 3 through 21 Active Diabetic patients	1) With documented dental visit

## 5.2.4 Patient Lists

<b>Indicator Topic</b>	<b>Patient List</b>
Diabetes Prevalence	List of Diabetic Patients with most recent Diagnosis
Diabetes: Glycemic Control	List of Diabetic Patients with denominator identified & most recent HbA1c value, if any.
Diabetes: Blood Pressure Control	List of Diabetic Patients w/ denominator identified & mean BP, if any
Diabetes: Lipids Assessment	List of Diabetic Patients w/ denominator identified & documented LDL values
Diabetes: Nephropathy Assessment	List of patients w/ denominator identified, tests & values if any
Diabetic Retinopathy	List of Diabetic Patients w/ denominator identified & Eye Exam status, if any
Diabetes and Mental Health	List of diabetics not screened for depressive/anxiety disorders.
Diabetes: Access to Dental Services	List of Diabetic patients and documented dental visits, if any
Access to Dental Service	List of patients with documented dental visit only and date.
Dental Sealants	List of patients with number of sealants in Report period.
Adult Immunizations: Influenza	List of Patients $\geq$ 50 yrs with Influenza code and date, if any
Adult Immunizations: Pneumovax	List of Patients $\geq$ 65 yrs w/ date of Pneumovax, if any
Women's Health: Pap Smear Rates	List of women 21-64 w/denominator identified and documented test/refusal , if any
Women's Health: Mammogram Rates	List of women 52-64 w/ denominator identified and Mammogram/refusal, if any

<b>Indicator Topic</b>	<b>Patient List</b>
Colorectal Cancer Screening	List of Patients =>52 and CRC screening test/date, if any.
Alcohol Screening (FAS Prevention)	List of Female Patients with no documented screening.
Domestic Violence Screening	List of Patients not screened.
Prenatal HIV Testing	List of Pregnant Patients without test.
Chlamydia Testing	List of Patients with no documented screening.
Chronic Kidney Disease Assessment	List of Patients with Creatinine Test, w/ GFR if any.
Obesity Assessment	List of Patients w/ denominator identified for whom BMI could NOT be calculated
Childhood Obesity Reduction	List of patients ages 3-6, w/ BMI, if any.
Nutrition and Exercise Education	List of at risk patients, w/ education if any.
Tobacco Use and Exposure Assessment	List of Patients with no documented tobacco screening.
Tobacco Cessation	List of Tobacco Users w/ counseling, if any.
Cardiovascular Disease Prevention: Cholesterol Screening	List of patients w/ denominator identified and cholesterol screen, if any.
Cardiovascular Disease Prevention: Lipids Assessment	List of Patients w/ denominator identified & documented Lipid values, if any.
Cardiovascular Disease Prevention: Blood Pressure Control	List of Patients => 20 w/ denominator identified & mean BP, if any
Hypertension Control	List of Patients w/ Hypertension and BP value, if any
Cardiovascular Disease: Lipids Assessment	List of patients diagnosed w/ CVD, w/ LDL value, if any.
Cardiovascular Disease: Blood Pressure Control	List of Patients diagnosed w/ CVD, w/ BP values, if any.
Cardiovascular Disease: Tobacco Use Rate	List of Patients diagnosed w/ CVD, w/ tobacco status, if any.
Cardiovascular Disease: Obesity	List of Patients diagnosed w/ CVD, w/ BMI if available
Cardiovascular Disease: Nutrition and Exercise Education	List of Patients diagnosed w/ CVD, w/ counseling if any

<b>Indicator Topic</b>	<b>Patient List</b>
Cardiovascular Disease and Mental Health	List of Patients diagnosed w/ CVD,
HIV Quality of Care	<b><u>No patient list.</u></b>
Asthma	List of Patients diagnosed w/ Asthma, w/ asthma hospitalizations, if any
Medications Education	List of Patients receiving medications w/ med education, if any
Public Health Nursing	List of patients with PHN visits documented

### 5.2.5 Selected Indicators: Diabetes-Related

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
Diabetes Prevalence	All 3 Diabetes denominators.	All numerators
Diabetes (DM): Glycemic Control	All 3 Diabetes denominators.	All numerators
DM: Blood Pressure Control	All 3 Diabetes denominators.	All numerators
DM: Dyslipidemia Assessment	All 3 Diabetes denominators.	All numerators
DM: Nephropathy Assessment	All 3 Diabetes denominators.	All numerators
DM: Retinopathy	All 3 Diabetes denominators.	All numerators
Diabetes and Mental Health	Active Diabetic patients	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Adult Immunizations: Influenza	Active Diabetic patients	All numerators
Adult Immunizations: Pneumococcal	Active Diabetic patients	All numerators
Diabetic Exercise and Nutrition Education	Active Diabetic patients, broken out by gender and age groups	All numerators
Cardiovascular Disease (CVD) Prevention: Lipids	Active Diabetic patients ages 46 and older	All numerators

### 5.2.6 Selected Indicators Report: Cardiovascular Disease Related

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
CVD Prevention: Cholesterol Screening	All Denominators	All Numerators
CVD Prevention: Lipids Assessment	All Denominators	All Numerators
CVD Prevention: Blood Pressure Control	All Denominators	All Numerators
Hypertension Control	All Denominators	All Numerators
CVD: Lipids Assessment	All Denominators	All Numerators

### 5.2.7 Selected Indicators Report: Women's Health Related

<b>Indicator Topic</b>	<b>Denominator</b>	<b>Numerator(s) (documented in past year, unless defined otherwise)</b>
WH: Pap Smear Rates	All Denominators	All Numerators
WH: Mammogram Rates	All Denominators	All Numerators
Alcohol Screening (FAS Prevention)	All Denominators	All Numerators
Intimate Partner/Domestic Violence Screening	All Denominators	All Numerators
Prenatal HIV Testing	All Denominators	All Numerators
Chlamydia Testing	All Denominators	All Numerators
Obesity	1) Active Clinical Female patients ages 2-74, broken down by age 2) User Population Female patients ages 2-74	All Numerators
Tobacco Use	1) Active Clinical Female patients ages 5 and older, broken down by age 2) Pregnant patients 3) User Population Female patients ages 5 and older, broken down by age	All Numerators
CVD Prevention: Cholesterol Screening	Active Clinical Female patients ages 23 through 70	Numerator



## 5.2.8 Selected Indicators Report: Prevention Related

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult IZ: Influenza Vaccine	All Denominators	All Numerators
Adult IZ: Pneumococcal Vaccine	All Denominators	All Numerators
CVD Prevention: Cholesterol Screening	All Denominators	All Numerators
CVD Prevention: Lipids Assessment	All Denominators	All Numerators
CVD Prevention: Blood Pressure Control	All Denominators	All Numerators
Colorectal Cancer Screening	All Denominators	All Numerators
Prenatal HIV Testing	All Denominators	All Numerators
Chlamydia Testing	All Denominators	All Numerators
Nutrition and Exercise Education for Overweight Patients	Active Clinical patients ages 6 and older considered overweight, broken down by gender and by overweight and obese	All Numerators
Tobacco Use	All Denominators	All Numerators

## 5.3 Report Formats

### 5.3.1 Report Cover Page Format

The Cover Page for each report appears in the following format (Figure 5-1 below with key elements described).

- ❶ **Report Type:** the top line of the cover page describes the report type, e.g., GPRA Performance, HEDIS Performance, etc.
- ❷ **Report Time Periods:** describes the dates included in the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.
- ❸ **Indicators:** describes the indicators included in the Report.
- ❹ **Population:** describes the patient-type population specified by the user for this Report: American Indian and Alaska Native (AI/AN), non-AI/AN or both
- ❺ **Run Time:** displays how long this Report took to run, in hours, minutes and seconds. Run time depends on many factors, including RPMS server type and

size, number of patients in your RPMS database, and the number of indicators you are running.

- ⑥ **Denominator Definitions:** describes the definition of the two key denominators for the specific report. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic.
- ⑦ **Output File information:** if a user has designated that a delimited file or an Area export file be created, the file name will appear here.
- ⑧ **Community Taxonomy Name:** displays the name of the specific Community Taxonomy specified by the user, and provides the list of all communities and facilities included in the Community taxonomy (see sections 4.1 and 5.1 for discussion about how Community taxonomies are used) selected for this Report will be displayed.

**1** \*\*\* IHS FY04 GPRA Clinical Performance Indicators \*\*\*  
 Date Report Run: Apr 22, 2004  
 Site where Run: DEMO FACILITY  
 Report Generated by: LASTNAME,FIRST  
 Reporting Period: Jan 01, 2003 to Dec 31, 2003

**2** Previous Year Period: Jan 01, 2002 to Dec 31, 2002  
 Baseline Period: Jan 01, 1999 to Dec 31, 1999

Indicators: GPRA Denominators and Numerators Only **3**  
 Population: AI/AN Only (Classification 01) **4**

RUN TIME (H.M.S): 2.15.33 **5**

Denominator Definitions used in this Report: **6**

ACTIVE CLINICAL POPULATION:  
 1. Must reside in a community specified in the community taxonomy used for this report.  
 2. Must not be deceased during the time frame.  
 3. User defines: a) Indian/Alaska Natives Only - based on Classification of 01; b) Non AI/AN (not 01); or c) Both  
 4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

USER POPULATION:  
 1. Definitions 1-3 above.  
 2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

See last page of this report for Performance Summary.

A delimited output file called testlocd **7**  
 has been placed in the public directory for your use in Excel or some other software package.  
 See your site manager to access this file.

Community Taxonomy Name: GPRA COMMUNITIES DEMO FACILITY  
 The following communities are included in this report:

<b>8</b> COMMUNITY #1	COMMUNITY #2	COMMUNITY #3
COMMUNITY #4	SITE,RURAL	SITE,URBAN

Figure 5-1: Report Cover Page Sample

### 5.3.2 Report Format

The GPRA+ reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;
- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e.,  $[\text{Numerator Count}] / [\text{Denominator Count}] * 100$ ; and
- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see 9 below).

The following example of a report page from a Selected Indicators report (section 6.2.1) shows the key elements.

- ❶ **Report Date:** displays the date that the report was run.
- ❷ **Report Type:** the top line of the cover page describes the report type
- ❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.
- ❹ **Indicator Topic Title:** displays the indicator topic.
- ❺ **Denominator Definition(s):** detailed definitions for each denominator for the indicator topic. GPRA and Area Director Performance reports generally have only one denominator. The Selected Indicator report may display two or three denominators.
- ❻ **Numerator Definition(s):** detailed definition of each numerator for the indicator topic.
- ❼ **Indicator Logic:** displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.
- ❽ **Indicator Definition:** the general definition for the indicator topic. GPRA indicator definitions are excerpted directly from the FY04 GPRA Indicator definitions (see *Appendix A*).

**Indicator Goal(s):** Details IHS past performance for FY 2003 and/or FY 2002, if any (for GPRA indicators), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see section 3.1.3 Comparing Ourselves to National Guidelines).

- ❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. GPRA+ FY04 uses the absolute difference between the first percentage and the second percentage, e.g.,  $[\text{Report Period \%}] \text{ minus } [\text{Base Period \%}] = \text{Change}$ . The direction of the change is indicated by a “+” (plus) or “-” (minus). The “+” indicates that the Current Report percent is larger than the past period.

WBM	Mar 05, 2003	1	Page 15
2	*** IHS FY04 Clinical Performance Report *** DEMO SITE Report Period: Oct 01, 2001 to Sep 30, 2002		
3	Previous Year Period: Oct 01, 2000 to Sep 30, 2001 Baseline Period: Oct 01, 1998 to Sep 30, 1999		
-----			
4	Women's Health: Pap Smear		
5	Denominator(s): GPRA Denominator: Female Active Clinical patients ages 21through 64 without documented history of Hysterectomy. Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.		
6	Numerator(s): Patients with a Pap Smear documented in the three years prior to end of Report period, including Refusals. A: Patients with documented refusal.  Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was		
7	21 at beginning of the Report period would have been 18. Hysterectomy defined as V Procedure: 68.368.7, 68.9 or CPT 58550-54; 58150-58294. Pap Smear definitions: 1) V Lab: PAP SMEAR; 2) POV: V76.2-SCREEN MAL NEOP-CERVIX; V72.3 - GYNECOLOGIC EXAMINATION; 3) V Procedure: 91.46; 4) V CPT: 88141-88167; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-defined taxonomy BGP GPRA PAP SMEAR; 8) Refusal Exam 15 (Pelvic) or Lab Test Pap Smear.		
8	During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels. IHS FY 2002 Performance: 62%; IHS FY 2003 Performance: 61%; IHS 2010 Goal: 90%		
	9	9	
	REPORT PERIOD	%	PREV YR PERIOD
			%
			CHG from PREV YR %
			BASE PERIOD
			% CHG from BASE %
Female Active Clinical 21-64 years (GPRA Denominator)	424		421
			416
# w/Pap Smear recorded w/in 3 years (GPRA)	196	46.2	202
			48.0
# Refusals w/ % of Total Pap	0	0.0	0
			0.0
# Female User Pop 21-64 years	530		517
			507
# w/Pap Smear recorded w/in 3 years	202	38.1	204
			39.5
# Refusals with w/ % of Total Pap	0	0.0	0
			0.0
			+0.0
			0.0
			+0.0

Figure 5-2: Sample Indicator Topic Report Page

### 5.3.3 Summary Page for GPRA and Area Director Performance Reports

A new feature for GPRA+ FY04 is the Performance Summary Page that is included at the end of the GPRA Performance and the Area Director Performance reports. The summary displays the site's current, previous and baseline performance results together with the national performance for the two previous years. Sites can quickly see which indicators they most need to improve.

LAM	Nov 18, 2004			Page 1	
*** IHS FY04 Area Director's Clinical Performance Indicators ***					
DEMO HOSPITAL					
Report Period: Oct 01, 2003 to Sep 30, 2004					
Previous Year Period: Oct 01, 2002 to Sep 30, 2003					
Baseline Period: Jul 01, 1999 to Jun 30, 2000					
-----					
CLINICAL PERFORMANCE SUMMARY PAGE					
	Site	Site	Site	National	National
	Current	Previous	Baseline	FY 2003	FY 2002
-----					
DIABETES (for Active Diabetic patients)					
Diabetes Dx Ever	13.0%	12.0%	11.3%	TBD	TBD
Documented HbA1c	90.2%	91.4%	89.9%	74.8%	72.7%
Poor Glycemic Control	19.5%	22.2%	35.8%	17.3%	18.2%
Good Glycemic Control	32.1%	34.6%	22.9%	27.7%	24.7%
*Blood Pressure Assessed	94.0%	94.1%	94.1%	--	--
Controlled BP <130/80	54.7%	54.2%	52.5%	37.3%	36.1%
LDL Assessed	21.1%	24.9%	15.8%	47.6%	43.7%
Nephropathy Assessed	19.1%	20.4%	21.7%	37.6%	35.0%
Retinopathy Exam	49.0%	44.8%	40.6%	48.8%	49.0%
*Mental Health Assessed	8.0%	5.0%	0.0%	--	--
*Influenza Vaccine	61.4%	62.1%	62.8%	--	--
*Pneumovax	80.6%	79.9%	82.2%	--	--
Dental Access	26.4%	26.2%	27.9%	36.2%	35.9%
DENTAL					
Access to Services	19.5%	19.1%	20.1%	24.6%	24.9%
Sealants	1592	895	1384	TBD	TBD
IMMUNIZATIONS					
Influenza 65+	62.4%	63.6%	65.2%	51.2%	51.4%
Pneumovax 65+	79.8%	79.2%	76.6%	64.8%	63.9%
PREVENTION					
Pap Smear Rates	68.0%	68.0%	67.3%	61.0%	62.0%
Mammogram Rates	44.5%	46.4%	43.3%	39.6%	42.0%
*Colorectal Cancer Screen	19.6%	24.0%	19.8%	--	--
FAS Prevention	6.7%	6.5%	6.3%	--	--
DV/IPV Screen 16-24	0.7%	2.7%	1.6%	--	--
With BMI	40.8%	41.6%	37.7%	--	--
*Assessed as Obese	20.7%	20.2%	17.7%	--	--
Tobacco Assessment	8.0%	7.8%	8.6%	--	--
*Tobacco Users	3.0%	3.0%	3.6%	--	--
*Cholesterol Screening	38.5%	37.9%	38.3%	--	--
*CVD Prevention: Normal BP	39.1%	39.3%	37.2%	--	--
PREGNANT WOMEN					
*Tobacco Assessment	10.0%	4.3%	7.3%	--	--
*HIV Testing	65.5%	65.4%	21.4%	--	--
Public Health Nursing	1	1	0	TBD	TBD
(* = Not GPRA indicator for FY 2004)					

Figure 5-3: Sample Performance Summary Page from Area Director Report

### 5.3.4 Patient List Formats

Patient Lists for individual indicators are available with any Selected Indicators reports (SEL, PP or ALL menu options) and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the indicators to report on. See section 6.2.1 Running the Selected Indicators Reports (SEL, PP, ALL) with Patient Lists for a detailed description of how to produce patient lists.

Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name.

**NOTE:** To be able to sort and manipulate the patient lists by any column, it is recommended that you select either **D** (Delimited) or **B** (Both) when you are prompted for the Report format (see section 5.3). By opening the delimited file in Excel, you can sort and format the lists (see Appendix B: Working with Delimited Files).

Key elements of the Patient List format are described below (Figure 5-4).

- ❶ **Report Type:** indicates “Patient List” as the report type.
- ❷ **Patient List Type:** displays whether the Patient List is a “Random List,” “List by Provider,” or “Entire Patient List,” depending on which option the user selected.
- ❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains
  - all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period);
  - the denominator type the patient belongs to (e.g., “UP” (User Population) or “AC” (Active Clinical));
  - the date that a test meeting the numerator definition was performed, if any; and the test code.

**NOTE:** If an indicator has a denominator definition of All User Population users, the patient list will NOT include the entire denominator, as many sites may have thousands of patients (and hundreds of pages of patient lists). Only patients meeting the numerator will be displayed on the Patient List. The List Description will describe the list content.

- ❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient’s *Health Record Number* (HRN); the *Community* name; the patient’s *gender*, e.g., M or F; the patient’s *age* (*as of the first day of the Current Report period*); and denominator and numerator



information (see ⑥ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name

- ⑤ **Age Column:** displays the age of the patient at the beginning of the Report period.
- ⑥ **Value Column:** displays different information about the denominator and numerator, depending on the individual indicator. For most patient lists, displays which denominator the patient is a member of (e.g., “AC” for Active Clinical). Displays information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the example below, the value column identifies the appropriate denominator, the date a pap smear was documented, and the test code. If no date and code information is displayed, this patient is counted in the denominator only, not in the numerator.

\*\*\*\*\* CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT \*\*\*\*\*

XYZ Jan 06, 2004 Page 49

**1** \*\*\* IHS FY04 Clinical Performance Indicator Patient List \*\*\*  
 DEMO SITE  
 Reporting Period: Jul 01, 2003 to Jun 30,2004

**2** Random Patient List

---

Women's Health: Pap Smear Rates

Denominator(s):  
 GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.  
 Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerator(s):  
 Patients with a Pap Smear documented in the three years prior to end of Report period, including Refusals.  
 A: Patients with documented refusal.

Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18. Hysterectomy defined as V Procedure: 68.3, 68.7, 68.9 or CPT 58550-54; 58150-58294. Pap Smear definitions: 1) V Lab: PAP SMEAR; 2) POV: V76.2-SCREEN MAL NEOP-CERVIX; V72.3 - GYNECOLOGIC EXAMINATION; 3) V Procedure: 91.46; 4) V CPT: 88141-88167; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-defined taxonomy BGP GPRA PAP SMEAR; 8) Refusal Exam 15 (Pelvic) or Lab Test Pap Smear.

During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.

IHS FY 2002 Performance: 62%; IHS FY 2003 Performance: 61%; IHS 2010 Goal:90%

**3** WH Pap Smear: Women 21-64 w/denom identified & doc test/refusal

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,JOSIE	999999	COMMUNITY #1	F	63	UP,AC; 04/09/02 VLab
PATIENT,MARILYN	888888	COMMUNITY #2	F	22	UP; 07/09/01 VLab
PATIENT,SYDNEY	777777	COMMUNITY #2	F	23	UP,AC; 06/11/02 V72.3
PATIENT,GRETA	666666	COMMUNITY #2	F	23	UP;
PATIENT,MARILYN	444444	COMMUNITY #2	F	26	UP,AC; 05/08/00 V76.2
PATIENT,VELMA	222222	COMMUNITY #2	F	34	UP,AC;
PATIENT,HORTENCE	000001	COMMUNITY #2	F	40	UP;
PATIENT,EUNICE	000002	COMMUNITY #2	F	45	UP,AC; 01/24/01 91.46
PATIENT,CELESTE	000003	COMMUNITY #2	F	45	UP,AC;
PATIENT,BERTHA	000004	COMMUNITY #2	F	50	UP;
PATIENT,PATRICIA	000006	COMMUNITY #3	F	46	UP;
PATIENT,PAMELA	000007	COMMUNITY #4	F	22	UP,AC;
PATIENT,PAMELA	000008	COMMUNITY #4	F	22	UP,AC; 08/12/01 VLab
PATIENT,LOUISE	000011	COMMUNITY #4	F	43	UP,AC;
PATIENT,SHERRY	000012	SITE,RURAL	F	47	UP,AC;
PATIENT,KATHERINE	000013	SITE,URBAN	F	22	UP; 01/24/02 VLab

Figure 5-4: Sample Patient List

## 6.0 How to Run Reports and Patient Lists

This section provides detailed instructions on how to select and produce different report types using the Reports menu option on the GPRA+ FY04 Reporting System main menu.

See section 5.1 Report Types for descriptions of each report type.

### 6.1 Running Reports: Overview

#### 6.1.1 GPRA, Area Director and HEDIS Performance Reports

Producing the GPRA Performance, Area Director Performance or HEDIS Performance reports includes the following steps:

- Selecting the Report type;
- Identifying the date range and the ending date fiscal year for the Current Report period;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- For Area Director or HEDIS Performance reports, identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- For Area Director or HEDIS Performance reports, selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

#### 6.1.2 Selected Indicators Reports

Producing any Selected Indicators report includes the following steps:

- Selecting the Report type;
- Choosing one, multiple or all indicators;
- Choosing if Patient Lists should be produced or not;
- Identifying the date range and the ending date fiscal year for the Current Report period;

- Identifying the Baseline year (the Previous Year period is automatically defined);
- Identifying the population by selecting either a Community taxonomy name or a user-created patient panel<sup>13</sup> (Appendix C: Creating a Patient Panel);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

## 6.2 Report Basics

This section will describe the menu prompts and options that should be followed to run any of the report options. Menu prompts that occur only on the Selected Indicators reports (menu options SEL, PP or ALL) are described in further detail in section 6.2.1 below.

1. Type **GP04** at the “Select IHS GPR+ Performance Indicator Menu Option:” prompt. The GPR+ FY04 Main menu displays (Figure 6-2).

```

*****
**                IHS/RPMS GPR+                **
**  Clinical Performance Indicator Reporting System  **
*****
                        Version 3.1

                        CROW HO

GP04  GPR+ FY04 ...
GP03  GPR+ FY03 ...
GP02  GPR+ FY02 ...
TAX   Taxonomy Setup

Select IHS GPR+ Performance Indicator Menu Option: GP04  GPR+ FY04

```

Figure 6-1: GPR+ Main Menu

2. The GPR+ FY04 main menu will be displayed (Figure 6-2). The AO Area Options generally will only be displayed for Area Office staff with appropriate security keys assigned.
3. Type **RP** at the “Select GPR+ FY04 Option:” prompt.

<sup>13</sup> The Selected Indicators with Patient Panel Population is a new report option for v3.1.

```

*****
**                GPRA+ FY04                **
**  Clinical Performance Indicator Reporting System  **
*****
                        Version 3.1

                        DEMO SITE

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

Select GPRA+ FY04 Option: RP Reports
    
```

Figure 6-2: GPRA+ FY03 Main Menu

4. The main Reports menu displays (Figure 6-3)

```

*****
**                GPRA+ FY04                **
**                Reports Menu              **
*****
                        Version 3.1

                        CROW HO

GP      GPRA Report
AP      Area Director's Performance Report
SEL     Selected Indicators w/Community Taxonomy Defined
PP      Selected Indicators w/Patient Panel Population
ALL     Selected Indicators with No Community defined
HED     HEDIS Report

Select Reports Option: gp GPRA Report
    
```

Figure 6-3: GPRA+ FY04 Reports Menu

**NOTE:** Before running any reports for national (GPRA reporting) use, you should have the following information:

1. The name of the community taxonomy to be used, if it's different from the default.
2. The date range and fiscal year for the end date for this specific report (Current), e.g., July 1 through June 30, FY 2004.
3. The Baseline year.

**NOTE:** Depending on a variety of factors, including the number of indicators selected, the size of your database, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

If you select the Selected Indicators with No Community Defined report (ALL menu option), your report may take up to 24 hours to run.

5. Select the report type at the “Select Reports Option:” prompt on the GPRA+ FY04 Reports menu. Information about the specific report will appear and the site-defined lab taxonomies will be checked (Figure 6-4).

If the message The following taxonomies are missing or have no entries: is displayed, your report results for the indicator that uses the lab taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

```
Select Reports Option: GP  GPRA Report

                IHS FY04 GPRA Clinical Performance Indicator Report

This will produce a GPRA Indicator Report for all GPRA indicators for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

You can choose to export this data to the Area office.  If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the GPRA Report...

In order for the GPRA Report to find all necessary data, several
taxonomies must be established.  The following taxonomies are missing or have
no entries:
[BGP PAP SMEAR TAX] has no entries
End of taxonomy check.  PRESS ENTER:
```

*Figure 6-4: Running a Report: Report Description Display and Taxonomy Check*

6. Type the number corresponding to the appropriate date range for the report at the “Enter the date range for your report” prompt.

All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year period selected by the user.

7. Type the fiscal year for the ending date of the Current Report period (e.g., 2004) at the “Enter End Date FY:” prompt.

8. Type the baseline year at the “Enter Year:” prompt. The baseline year should be at least two (2) years earlier than the Current Report period.

**NOTE:** For national GPRA reporting, the baseline year should be 2000.

The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30

Enter the date range for your report: 3 July 1 - June 30

Enter the Fiscal Year (FY) for the the report END date.
Use a 4 digit year, e.g. 2004
Enter FY: 2004 (2004)

Enter the Baseline Year to compare data to (at least 2 years prior to Current).
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2000 (2000)

The date ranges for this report are:
Reporting Period:      Jul 01, 2003 to Jun 30, 2004
Previous Year Period:  Jul 01, 2002 to Jun 30, 2003
Baseline Period:      Jul 01, 1999 to Jun 30, 2000

```

*Figure 6-5: Running Reports: Selecting Current and Baseline Date Ranges.*

9. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type ?? to see the entire list.

10. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

**NOTE:** This menu option will NOT appear if you are running a GPRA Performance Report. GPRA Report populations are predefined as Beneficiary 01 Indian/Alaska Native only.

The screen will now display your Home location, as defined in the Site Parameters (see section 4.2 Site Parameters).

11. Type Y or N at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.

**NOTE:** The export option will NOT appear if you are running any Selected Indicators reports.

```
Specify the community taxonomy to determine which patients will be
included in the report.  You should have previously created this taxonomy
using QMAN (see User Manual for more detail).

Enter the Name of the Community Taxonomy: LB_Lodge_Yellow// Lodge Grass and Yellowtail

Select one of the following:

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

Select Beneficiary Population to include in this report: 1// 1  Indian/Alaskan N
ative (Classification 01)
Your HOME location is defined in Site Parameters as: HOME asufac: 404295

Do you wish to export this data to Area? // N NO
```

*Figure 6-6: Running Reports: Selecting Communities and Population Type*

12. A Summary of the report will be displayed, showing date ranges, selected community taxonomy name and Home location. If any of this information is incorrect, type a caret (^) (Shift-6) to return to a previous menu.
13. Type the corresponding letter for your output at the “Select an Output Option:” prompt
- P (Print) will send the report file to your printer, your screen or an electronic file.
  - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
  - B (Both) will produce both a printed report and a delimited file.
14. If you select P Print, type in a printer or file name at the “Device:” prompt. In the example below, the default prompt is Home, which prints directly to the screen. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple “Enter RETURN to continue” prompts, type 0;P-OTHER80 at the Home prompt (see Figure 6-7 below).



If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name (see Figure xx below).

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

```

SUMMARY OF FY 04 ANNUAL AREA DIRECTOR PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:

Reporting Period:      Oct 01, 2003 to Sep 30, 2004
Previous Year Period:  Oct 01, 2002 to Sep 30, 2003
Baseline Period:      Oct 01, 1999 to Sep 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow

The HOME location is: HOME 404295

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

Select one of the following:

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

Select an Output Option: P// P Print Report on Printer or Screen

DEVICE: HOME// 0;P-OTHER80 VT   Right Margin: 80//

```

*Figure 6-7: Running Reports: Selecting Print Options – Print to Screen*

```

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

```

*Figure 6-8: Printing to an Electronic File*

- If you select **D** (Delimited) at the “Select an Output Option” prompt, you will be prompted to print your file to the screen (**S**) or to an electronic file (**F**). If this report will take several hours to run, it is recommended to print to a file.

If you select **F** File, type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```

Select an Output Option: P// d Create Delimited output file (for use in Excel)

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

Select one of the following:

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

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

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

Won't you queue this ? Y// y YES
Requested Start Time: NOW//20:00:00 (APR 27, 2004@20:00:00)
Tasked with 2033810

```

Figure 6-9: Running Reports: Delimited Reports

## 6.2.1 Running the Selected Indicators Reports (SEL, PP, ALL) with Patient Lists

The three Selected Indicators reports allow sites to customize the population and population-type that are included. The menu options for all Selected Indicators reports require some additional menu prompts to select specific indicators and patient lists. Section 5.1.3 Selected Indicator Reports for Local Facility Use provides detailed descriptions of each report.

1. Follow steps 1 through 3 in section 6.2 above to display the main Reports menu (Figure 6-10).

```

*****
**      GPRA+ FY04      **
**      Reports Menu   **
*****
Version 3.1

CROW HO

GP      GPRA Report
AP      Area Director's Performance Report
SEL     Selected Indicators w/Community Taxonomy Defined
PP      Selected Indicators w/Patient Panel Population
ALL     Selected Indicators with No Community defined
HED     HEDIS Report

Select Reports Option: gp GPRA Report

```

Figure 6-10: GPRA+ FY04 Reports Menu

2. Type the report name you want to produce at the “Select Reports Option” prompt. Information about the Selected Indicators report will appear and the taxonomies will be checked.
  - **SEL** Reports only on patients residing in a community of residence that is included in the Community Taxonomy defined by the user
  - **PP** Reports on patients included in a patient panel defined by the user (see Appendix C for additional information about creating a patient list as a FileMan search template using QMan.
  - **ALL** Reports on all patients in the site’s RPMS database, regardless of community of residence.
3. If you selected **PP** (Selected Indicators with Patient Panel Population), type in the name of the Search Template (patient panel) you want to use (see Appendix C for assistance in creating search templates).
4. A list of pre-defined groups of indicator topics is displayed. Type the letter corresponding to the topics you want, or type **SEL** to choose your own. The **SEL** option allows you to select one or multiple indicator topics. See section 5.2 Report Content for a description of the indicator topics contained in the predefined topic reports.

```

Select Reports Option: SEL Selected Indicators Report

      IHS FY04 Clinical Performance Indicator Report (Selected Indicators)
This will produce an Indicator Report for one or more indicators for a year
period you specify. You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.
Checking for Taxonomies to support the GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER:
  Select one of the following:

      DM      Diabetes-Related Indicators
      CVD     Cardiovascular Disease-Related Indicators
      WH      Women's Health-Related Indicators
      PR      Prevention-Related Indicators
      SEL     Selected Indicators (User Defined)

Which set of Indicators should be included in this report: sel Selected Indicat
ors (User Defined)
  
```

Figure 6-11: Running Selected Indicators Reports: Selecting Report Topics

5. If you selected a pre-defined topic list (e.g., DM, CVD, WH or PR), skip to step 10 below to select patient lists.
6. If you typed **SEL** (Selected), the Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-12).

Type + at the “Select Action:” prompt to see the entire list of indicators.

7. Type **S** (Select Indicator) to select specific topics.
8. Type the number(s) corresponding to the indicator topics you want to select at the “Which Items?” prompt.

You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```

INDICATOR SELECTION          Nov 10, 2003 12:18:23   Page:    1 of    1
IHS Clinical Performance Indicators
* indicates the indicator has been selected

1) Diabetes Prevalence/Incidence
2) Diabetes: Glycemic Control
3) Diabetes: Blood Pressure Control
4) Diabetes: Lipids Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
7) Diabetes and Mental Health
8) Diabetes: Access to Dental Services
9) Access to Dental Services
10) Dental Sealants
11) Adult Immunizations: Influenza
12) Adult Immunizations: Pneumovax
13) Women's Health: Pap Smear Rates
14) Women's Health: Mammogram Rates
15) Colorectal Cancer Screening
16) Alcohol Screening (FAS Prevention)
17) Domestic Violence Screening
18) Prenatal HIV Testing
19) Chlamydia Testing
20) Obesity Assessment
21) Nutrition and Exercise Education
22) Tobacco Use and Exposure Assessment
23) Tobacco Cessation
24) Cardiovascular Disease Prevention: Cholesterol Screening
25) Cardiovascular Disease Prevention: Lipids Assessment
26) Cardiovascular Disease Prevention: Blood Pressure Control
27) Hypertension Control
28) Cardiovascular Disease: Lipids Assessment
29) HIV Quality of Care
30) Asthma
31) Medications Education
32) Public Health Nursing

      Enter ?? for more actions
S      Select Indicator      D      De Select Indicator  Q      Quit
Select Action: +// S      Select Indicator

Which item(s): (1-10): 2,6,13-14

```

Figure 6-12: Running the Selected Indicator Report, Selecting Indicator Topics

9. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-13).

10. Type **Q** (Quit) when you have completed selecting topics at the “Select Action:” prompt.

```

INDICATOR SELECTION          Nov 10, 2003 12:18:23   Page:    1 of    1
IHS Clinical Performance Indicators
* indicates the indicator has been selected

1)  Diabetes Prevalence/Incidence
*2) Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
*6) Diabetic Retinopathy
7)  Diabetes and Mental Health
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Adult Immunizations:  Influenza
12) Adult Immunizations:  Pneumovax
*13) Women's Health:  Pap Smear Rates
*14) Women's Health:  Mammogram Rates

      Enter ?? for more actions
S      Select Indicator      D      De Select Indicator  Q      Quit
Select Action: +// S      Select Indicator
Select Action: +// Q      Quit

```

Figure 6-13: Running Selected Indicator Report, showing selected indicator topics

11. If you want patient lists in addition to the report, type **Y** (Yes) at the “Do you want individual lists for any indicators?” prompt.

The Indicator List Selection screen will display. Only the topics that you have selected for your report will be listed.

If you typed **N** (No), skip to step to complete report selection.

12. Type **S** (Select Indicator) to select patient lists for specific indicator topics.
13. Type the number(s) corresponding to the indicators you want to select at the “Which Items?” prompt.

After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-14).

14. Type **Q** (Quit) when you have completed selecting topics.

```

Do you want individual lists for any the selected indicators? N//y Yes

INDICATOR LIST SELECTION      Mar 06, 2003 16:11:48      Page:    1 of    1
IHS Clinical Performance Indicator Lists of Patients
* indicates the list has been selected

1) DM Glycemic Control: Diabetic Pts w/denom identified & Hgb Date&Value
2) DM Retinopathy: Diabetic Pts w/ denom identified & eye exam, if any
*3) WH Pap Smear: Women 21-64 w/denom identified & doc test/refusal
*4) WH Mammogram Rates: Women 52-69 w/demoninator and Mammogram/refusal

      Enter ?? for more actions
S      Select List              D      De Select List
A      All Lists                Q      Quit
Select Action:+//

```

Figure 6-14: Choosing Patient Lists for Selected Indicators Report

15. Type the corresponding letter for the type of patient list you want to run.

- **R** (Random) will produce a list containing 10% of the entire patient list for the indicator.
- **A** (All Patients) will produce a list of all patients, indicating which denominator(s) and numerator(s) the patient meets. If the denominator for the indicator is the entire User Population, the list will only show patients who meet the numerator(s).
- **P** (By Provider) will produce a list of patients with a user-specified designated care provider.

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

16. If you selected **P** (By Provider), type the designated provider name at the “Enter Designated Provider Name:” prompt.

```

For these lists select which patient list you would like.

      Select one of the following:

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

Choose report type for the Lists: R// P Patient List by Provider
Enter Designated Provider Name: Acord,Arllis      AA

```

Figure 6-15: Selecting Patient List Type

17. Follow steps 6 through 8 in section 6.2 to select the Current and Baseline periods.

18. If you selected **SEL** (Selected Indicators with Community Taxonomy) report, press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type ?? to see the entire list.

19. For **SEL** and **ALL** reports, type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

The screen will now display your Home location, as defined in the Site Parameters (see section 4.2 Site Parameters).

20. A summary of the Selected Indicators report will be displayed (Figure 6-x).

```

The date ranges for this report are:
  Reporting Period:      Jan 01, 2002 to Dec 31, 2002
  Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
  Baseline Period:      Jan 01, 1998 to Dec 31, 1998

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

Enter the Name of the Community Taxonomy: LB_Lodge_Yellow//          Lodge Gras
s and Yellowtail
Your HOME location is defined as: HOME asufac: 404295

  Select one of the following:

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

Select Beneficiary Population to include in this report: 1//  Indian/Alaskan Na
tive (Classification 01)

                SUMMARY OF FY 04 GPRA REPORT TO BE GENERATED

The date ranges for this report are:
  Reporting Period:      Jan 01, 2002 to Dec 31, 2002
  Previous Year Period:  Jan 01, 2001 to Dec 31, 2001
  Baseline Period:      Jan 01, 1998 to Dec 31, 1998

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow
The HOME location is: HOME 404295

```

*Figure 6-16: Summary Screen for Selected Indicators Report*

21. Follow steps 13—15 in section 6.2 above to determine the output (e.g. print to screen, delimited file, etc.).

**NOTE:** This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** The ALL report may take up to 24 hours to run. Always test your first report at night or on the weekend.

If you need to exit now, type ^ at the “Device” prompt.

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

    Select one of the following:

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

Select an Output Option: P// b Both a printed report and Delimited File
Enter a filename for the delimited output: lbtst3-6

When the report is finished your delimited output will be found in the
directory. The filename will be lbtst3-6.txt

DEVICE: HOME//      Right Margin: 80//
```

*Figure 6-17: Running the Selected Indicators Report: Print Options*



## 7.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the GPRA Performance, Area Director Performance or HEDIS Performance reports. These summary, or aggregate, reports are generated from individual site export reports sent to the Area which are created when a site chooses the export option when running one of the three reports: GPRA Performance, Area Director Performance or HEDIS Performance.

Service units with multiple facilities can also use this option to produce aggregated reports.

1. To open the Area Office menu options, type AO at the “Select GPRA+ FY04 Option” prompt at the main menu.

```

*****
**                               GPRA+ FY04                               **
** Clinical Performance Indicator Reporting System **
*****
                               Version 3.1

                               DEMO SITE

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

Select GPRA+ FY03 Option: AO Area Options

```

Figure 7-1: Opening the Area Office options.

Menu options include:

- **Uploading** facility data files: To produce a report, the Area must first upload the FileMan data files from all facilities into the Area’s GPRA+. Facilities can choose to create export data files when GPRA Performance or Area Director Performance reports are run (see Section 6.2, step 9 above). The facility must either manually or automatically send the data file to a designated location on the Area server.
- Running the **Area Office GPRA report**.
- Running the **Area Office Area Director Performance report**.
- Running the **Area HEDIS Performance report**.
- Producing a **List of Data Files**<sup>14</sup>: this menu option allows you to see a list of facility data files available on your designated network location.

**Area Offices** must provide sites with the following information before the site runs their export reports for national GPRA reporting:

<sup>14</sup> The List Files menu option is a new feature for v3.1.

- Date range (e.g., July 1 – June 30);
- Fiscal year for the report END date;
- Baseline fiscal year; and
- (for Area Director Performance report only) the population type (e.g., AI/AN only (Beneficiary 01) or All).

GPRA+ will only aggregate site export files where all these factors are identical.<sup>15</sup>

For the final GPRA Performance report, the **designated IHS Report Coordinator** for the annual GPRA Performance report should convey this information to the Area Office GPRA Coordinators.

**Sites** must provide their Area contact with their export file name after the report is run; sites may be requested to FTP the export file to the Area server.

## 7.1 Upload Export Data File from Site (UPL)

This option is used by Areas to upload data files that have been manually sent via FTP or transmitted automatically by service units. Once these files have been received and uploaded, they can be used in an area aggregate report. Areas will have to execute this option each time a service unit sends a data file.

1. Type UPL at the “Area Office Options:” prompt on the Area Options menu.

```

*****
**          GPRA+ FY04          **
**   Area Options Menu   **
*****
                Version 3.1

                DEMO SITE

UPL   Upload Report Files from Site
AGP   Run Area GPRA Report
AAD   Run AREA Area Director Report (Area Only)
AHED  Run Area HEDIS Report
LSTF  List files in a directory

Select Area Options Option: UPL Upload Report Files from Site

```

Figure 7-2: Uploading GPRA Data File from Site (step 2)

2. Type the appropriate directory name at the “Enter directory path:” prompt. This is the Area network directory to which the facility’s data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested Performance reports (section 5.0).

<sup>15</sup> For the next version of GPRA+ software (CRS v5.0), the national reporting parameters (date range, current year, baseline year, and population-type) will be predefined.

**NOTE:** You will be informed by your Area Office information systems personnel which directory should be used.

3. Type the name of the file you wish to upload at the “Enter Filename w /ext:” prompt. This file name is assigned by GPRA+ at the time the facility runs either the GPRA Performance or the Area Director Performance reports (section 5.0, Step 11).

**NOTE:** Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data file names at the time the facility reports are run. It is strongly recommended that each Area establish a quarterly review process for the Area Director Performance indicator reporting data, which includes all GPRA indicators and some additional key clinical performance measures.

4. The following messages should appear on your screen: All done reading file, Processing, and Data uploaded. If you don't see these messages, the file was not uploaded (Figure 7-2).

If you have typed the file name incorrectly or GPRA+ cannot locate the file, the following message will display: CANNOT OPEN (OR ACCESS) FILE '[directory name]/[filename]'.

5. The “Enter filename” prompt will appear again. Type in another file name to upload.<sup>16</sup>
6. To exit, type the caret (^) (Shift-6) at the prompt. The “Enter directory path” prompt will appear.
7. Type in a new directory, or ^ ([Shift][6]) to exit back to the Area Options menu.

---

<sup>16</sup> Entering multiple file names is a new feature for v3.1.

```
This option is used to upload a SU's FY 04 GPRA data.
You must specify the directory in which the GPRA data file resides
and then enter the filename of the data.

Enter directory path (i.e. /usr/spool/uucppublic/): q:\
Enter filename w /ext (i.e. BG04101201.5): bg04808701.30
Directory=q:\ File=bg04808701.30
All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG04101201.5): bg04404201.23
Directory=q:\ File=bg04404201.23

All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG04101201.5): ^
Enter directory path (i.e. /usr/spool/uucppublic/): ^
```

*Figure 7-2: Uploading Site Export Data File: Specifying Location and File Name*

## 7.2 Run Area Aggregate Reports

The three menu options for Run Area [Report Name] Reports are used by the Area Office to produce an aggregated Performance report, summarizing the performance of all facilities/service units to produce Area-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (e.g., GPRA Performance, Area Director Performance)
- date ranges (e.g., July 1 through June 30),
- fiscal year end dates,
- baseline fiscal year periods, and
- population type (e.g., AI/AN only).

For example, the specifications for the final 2004 national GPRA reporting are expected to be: Area Director Performance report, July 1 through June 30, FY 2004 end date, baseline 2000, and AI/AN only. The IHS GPRA Report coordinator should communicate this information to the Area GPRA Coordinators, who in turn should notify each facility's report coordinator prior to having sites run their reports.

For each menu option, the user will specify the elements listed above and select an output option.

### 7.2.1 Run Area GPRA Performance Report (AGP)

This option is used by the Area to produce an area aggregate GPRA Performance report. The GPRA report contains only those clinical indicators (specific denominators and numerators) defined in the IHS GPRA Performance Plan. This report will aggregate all data files received to date from the service units.

1. Type **AGP** at the “Select Area Options:” prompt on the Area Options menu.

```

*****
**          GPRA+ FY04          **
**      Area Options Menu      **
*****
                Version 3.1

                DEMO SITE

UPL  Upload Report Files from Site
AGP  Run AREA GPRA Report (to be used at Area only)
AAD  Run AREA Area Director Report (Area Only)

Select Area Options Option: AGP Run AREA GPRA Report (to be used at Area only)
    
```

Figure 7-3: Running Area GPRA Report

2. Type the number corresponding to the appropriate date range for the Current report period at the “Enter the date range for your report:” prompt.
3. Type the fiscal year for the END date of your Current Report period (e.g., 2004) at the “Enter Fiscal year:” prompt.
4. Enter the baseline fiscal year. Most often, this year will be two (2) years prior to the Current Report end date.

The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```

[AREA_Name] Area Aggregate GPRA Report

Select one of the following:

1      January 1 - December 31
2      April 1 - March 31
3      July 1 - June 30
4      October 1 - September 30

Enter the date range for your report: 3 July 1 - June 30

Enter the Fiscal Year (FY) for the report END date. Use a 4 digit
year, e.g. 2002, 2004
Enter FY: 2004 (2004)

Enter the Baseline Year to compare data to (at least 2 years prior to Current).
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2000 (2000)

The date ranges for this report are:
Reporting Period:      Jul 01, 2003 to Jun 30, 2004
Previous Year Period:  Jul 01, 2002 to Jun 30, 2003
Baseline Period:      Jul 01, 1999 to Jun 30, 2000

```

Figure 7-4: Running Area GPRA Report: Selecting Report Dates

5. Type A (Area Aggregate) or F (One Facility) at the “Run Report for:” prompt. The default option is A.

The Area Aggregate option will run a report that combines the data for all sites. The One Facility option will run a report similar to the facility GPRA report (section 5.0). The example here is an Area Aggregate report.

```

Select one of the following:
A      Area Aggregate
F      One Facility

Run Report for: A// A AREA Aggregate

```

Figure 7-5: Running Area GPRA Report: Selecting Report Type

6. All facilities that have had their data files uploaded for the selected time period will be displayed onscreen. Review the list. If you are missing any expected facility (service unit) reports, the date ranges or baseline year may not have matched your criteria.
7. The name of a delimited text file and the network directory that it will be saved to are displayed on the screen. This text file provides a summary of GPRA indicator results for each site in the aggregate report and can be used in Excel to create graphs and other summary reports (see Appendix B: Working with Delimited Files).
8. Type the corresponding letter for your output at the “Select an Output Option:” prompt
  - P (Print) will send the report file to your printer, your screen or an electronic file.

- **D (Delimited Output)** will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. (See Appendix B for detailed instructions in creating an Excel file.)
  - **B (Both)** will produce both a printed report and a delimited file.
9. If you select **P Print**, type in a printer or file name at the “Device:” prompt. In the example below, the default prompt is Home, which prints directly to the screen. The default prompt may vary at different sites. If you want to print to a file or you don’t know your printer name, check with your Site Manager.

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

10. If you select **D (Delimited)** at the “Select an Output Option” prompt, you will be prompted to print your file to the screen (**S**) or to an electronic file (**F**). If this report will take several hours to run, it is recommended to print to a file.

If you select **F File**, type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

Data from the following Facilities has been received and will be used in the Area Aggregate Report:

FY: 2004	END DATE: JUN 30, 2004	SU: SELLS	Facility: SELLS HOSP
FY: 2004	END DATE: JUN 30, 2004	SU: SELLS	Facility: SAN XAVIER
FY: 2004	END DATE: JUN 30, 2004	SU: SELLS	Facility: SANTA ROSA
FY: 2004	END DATE: JUN 30, 2004	SU: SELLS	Facility: YAQUI

A file will be created called GPRAEX8020000701200106302004043017273.TXT and will reside in the Q:\PUB directory. This file can be used in Excel.

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

Select one of the following:

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

Select an Output Option: P// rint Report on Printer or Screen

DEVICE: HOME// VT Right Margin: 80//

*Figure 7-6: Running Area GPRA Report: Selecting Ouptut Option*

The printed report will look similar to the facility GPRA Performance Report, but the cover page will display a list of all facilities and communities included in the report data (see Figure 7-7 below). The report data is aggregated for each indicator; currently data is not broken out by each facility for each indicator.



XYZ

Mar 14, 2003

Page 1

\*\*\* IHS GPRA CLINICAL PERFORMANCE INDICATORS \*\*\*  
 AREA AGGREGATE  
 Reporting Period: Jul 01, 2003 to Jun 30,2004  
 Previous Year Period: Jul 01, 2002 to Jun 30, 2003  
 Baseline Period: Jul 01, 1999 to Jun 30, 2000

Report includes the following facility data:

HOPI HEALTH CARE CENTER

Communities:

BACABI	BLUE BIRD CN	HOTEVILLA
KEAMS CANYON	KYKOTSMOVI	LEUPP
MISHONGNOVI	ORAIBI,OLD	POLACCA
SECOND MESA	SHIPAULOVI	SHUNGOPOVI
SICHOMOVI	SKUNK SPRGS	SNOWBIRD
SPIDER MOUND	TELEHOGAN	TEWA
TOREVA	WALPI	

ELKO

Communities:

BAKER	BATTLE MOUNTAIN	BEOWAWE
CARLIN	CRESCENT VALLEY	ELKO
ELY	EUREKA EAST	GOSHUTE (IBAPAH)
HALLECK	JACKPOT	JARBIDGE
LAMOILLE	LUND	MCGILL
MONTELLO	OSINO	RUBY VALLEY
RUTH	RYNDON	SOUTH FORK
SPRING CREEK	WENDOVER	

PARKER HOSP

Communities:

BIG RIVER	BLYTHE	BOUSE
BULLHEAD CITY	CHEMEHUEVI VALLEY	CHLORIDE
DOLAN SPRINGS	EARP	EHRENBERG
KINGMAN	LAKE HAVSU C	MOHAVE VALLE
NEEDLES	OATMAN	PARKER
PARKER DAM	PEACH SPRGS	POSTON
QUARTZSITE	RIVIERA	SALOME
SELIGMAN	SUPAI	TOPOCK
TRUXTON	VALENTINE	VIDAL
WENDEN	WICKIEUP	WILLIAMS
YUCCA		

WHITERIVER H

Communities:

CANYON DAY	CARRIZO	CEDAR CREEK
CIBECUE	DIAMOND CRK	EAST FORK
FORT APACHE	HON-DAH/INDIAN PINE	MENARY
RAINBOW CITY	SEVEN MILE	WHITE RIV NE
WHITE RIV NW	WHITE RIV SE	WHITE RIV SW
WHITERIVER		

FT. YUMA HOSP

Communities:

1090	BARD	BRAWLEY
DATELAND	EL CENTRO	GADSDEN
IMPERIAL	LIGURTA	MOHAWK
RIVERSIDE SCHOOL	ROLL	SAN LUIS (AZ 288)
SOMERTON	TACNA	WELLTON
WINTERHAVEN	YUMA	

OWYHEE HOSPITAL

Communities:

11-MILE CORN	BOISE	CALDWELL
FILER	GLENNS FERRY	MOUNTAIN HOME

NAMPA	TWIN FALLS	
SAN CARLOS		
Communities:		
7-MILE WASH	BYLAS	CALVA
CLAYPOOL	CLIFTON	COOLIDGE DAM
CUTTER	DUNCAN	EDEN
FORT THOMAS	GERONIMO	GILSON WASH
GLOBE	LOW. PERIDOT	MIAMI
MORENCI	NORTH GILSON	PERIDOT
PERIDOT HEIGHTS	PHOENIX	PIMA
SAFFORD	SAN CARLOS	SENECA
SOUTH GILSON	THATCHER	UP. PERIDOT
WHITERIVER	YOUNG	

Figure 7-7: Sample Area GPRA Report Cover Page for Phoenix Area

### 7.2.2 Run Area AD (Area Director) Performance Report (AAD)

The Area Office Area Director (AD) Performance Report option (AAD) is used by the Area to produce an Area-wide Area Director Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The Area Director Performance report is different from the GPRA Performance report in two ways. First, the AD report includes both GPRA clinical indicators as well as other indicators representing key clinical priorities within the agency (see Section 5.2.2 for specific indicators). Additionally the Area Director Performance report can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. Patient lists are NOT included in this report.

**NOTE:** The data uploaded from the facilities must have matching date ranges, fiscal year end dates, baseline fiscal year periods and populations. For example, the final 2004 GPRA Performance report is expected to be July 1 through June 30, FY 2004 end date, and baseline 2002, with AI/AN population only. The IHS GPRA Report coordinator should communicate this information to the Area GPRA Coordinators, who in turn should notify each facility’s report coordinator prior to having sites run their reports.

1. Type AAD at the “Select Area Options:” prompt on the Area Options menu.

```

*****
**      GPRA+ FY04      **
**      Area Options Menu      **
*****
Version 3.1

DEMO SITE

UPL      Upload Report Files from Site
AGP      Run AREA GPRA Report (to be used at Area only)
AAD      Run AREA Area Director Report (Area Only)
AHED     Run Area HEDIS Report

Select Area Options Option: AAD Run AREA Area Director Report (Area Only)

```

Figure 7-8: Opening the Area Report from the Area Options Menu

2. Type the number corresponding to the appropriate date range for the Current report period at the “Enter the date range for your report:” prompt.
3. Type the fiscal year for the END date of your Current Report period (e.g., 2004) at the “Enter Fiscal year:” prompt.
4. Enter the baseline fiscal year. Most often, this year will be two (2) years prior to the Current Report end date.

The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```

TUCSON FY 04 Area Aggregate AREA Annual Performance Report

Select one of the following:

1          January 1 - December 31
2          April 1 - March 31
3          July 1 - June 30
4          October 1 - September 30

Enter the date range for your report: 4  October 1 - September 30

Enter the Fiscal Year (FY) for the report END date.  Use a 4 digit
year, e.g. 2002, 2004
Enter FY:  2003  (2003)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000):  2001  (2001)

The date ranges for this report are:
Reporting Period:      Jul 01, 2003 to Jun 30, 2004
Previous Year Period:  Jul 01, 2002 to Jun 30, 2003
Baseline Period:      Jul 01, 1999 to Jun 30, 2000

```

Figure 7-9: Area Director Report, Selecting the Report Time Period

5. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.1 step 10 above).

```
Select one of the following:

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

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

Figure 7-10: Selecting Report Population-Type

6. Follow steps 5 through 10 above for the Area GPRA Performance Report to select report type and output.

### 7.2.3 Run Area HEDIS Performance Report (AHED)

The aggregated Area HEDIS Performance Report is produced in the same steps as the GPRA Performance Report (see section 7.2.1 Run Area GPRA Performance Report (AGP)).

## 7.3 List Files in a Directory (LSTF)<sup>17</sup>

The List Files function allows Area Office technical staff to see a list of FileMan files that have been transmitted by facilities to the Area for aggregation. This list will *not* indicate whether the file has been uploaded into GPRA+.

1. Type LSTF at the “Area Office Options:” prompt on the Area Options menu.
2. Type the appropriate directory name at the “Enter directory path:” prompt. This should be the Area network directory to which the facility’s data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national Performance report (section 5.0).
3. A list of files will be displayed. Only FileMan data files created by GPRA+ FY04 (BGP v. 3.\*) will be listed. File names begin with “BG04,” followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing “.HE” are HEDIS reports.
4. Press the Enter key to return to the Area Options menu.

<sup>17</sup> The List Files menu option is a new feature for v3.1.

This option is used to list all GPR+ 04 files that are in a directory. These files begin with BG04 and contain the facility's ASUFAC. You must specify the directory in which the GPR+ data files reside.

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

The following GPR+ 04 files reside in the q:\ directory.

BG04000101.9  
BG04000111.28  
BG04404201.15  
BG04404201.8  
BG04404201.HE17  
BG04404201.HE5  
BG04404201.HE6  
BG04808701.30

Enter RETURN to continue:

*Figure 7-11: Displaying GPR+ Data Files*

## 8.0 Indicator Logic

This section provides the following information for each indicator topic:

- Topic or indicator description; for GPRO indicators, the description is taken from the IHS Annual Performance Report to Congress;
- Definitions of all denominators and numerators for each indicator topic;
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for.
- Key changes to logic from previous year, if any.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- Patient list example.

**NOTE:** All report examples and patient list examples used in this section were produced from “scrubbed” demo databases and do not represent individual patient data.

### 8.1 Indicator Logic Basics

#### 8.1.1 GPRO+ Denominator Definitions

Each indicator topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. For national GPRO reporting (GPRO Performance and Area Director Performance reports), only one denominator for each topic is reported. These denominators are predefined, based on the Active Clinical Population definition. For Selected Indicator reports for local use (see section 5.1.3), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

##### 8.1.1.1 Denominator Definitions for National GPRO Reporting

The Active Clinical population is the denominator definition used as the basis for most GPRO indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. Prior to FY 2003, the GPRO User Population denominator definition was used for national reporting, similar to the agency IHS User Population definition (see below).

**Active Clinical** population for national GPRA reporting is defined as by the following criteria:

- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. 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. See *section 4.1* for additional information about setting up Community Taxonomies.
- Must not be deceased during the three year time frame be alive on the last day of the Report period.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women’s Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

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

Two indicators on the national GPRA report use a broader denominator definition. Diabetes Prevalence and Access to Dental Services indicators use the GPRA User Population denominator.

**GPR+ User Population** is defined as:

- First three definitions from Active Clinical population above, and
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

**NOTE:** The GPR+ User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPR+ “visits” are not required to be workload reportable as defined by IHS HQ.

### 8.1.1.2 Denominator Definitions for Selected Indicators (Local) Reports

In addition to the two reports for national GPR+ reporting (GPR+ Performance and Area Director Performance), GPR+ provides Selected Indicators reports intended for local facility use for specific public health and/or performance improvement initiatives (see section 5.1.3 for additional information). Multiple denominators and numerators will be reported for each indicator topic (e.g., *both* Active Clinical and GPR+ User Population). *Section 8.0 Indicator Logic* provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

**Active Clinical Population** for Selected Indicators (Local) Reports is defined as follows:

- (*Same as national GPR+ reporting*) Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See section 3.2.2.1 above for details about medical clinics.
- (*Same as national GPR+ reporting*) 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See *section 6.2.1 Running Selected Indicators Reports* for detailed instructions as to making these selections.)

**GPR+ User Population** for Selected Indicators (Local) reports is defined as follows:

- (*Same as national GPR+ 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.
- (*Same as national GPR+ reporting*) 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See *section 6.2.1 Running Selected Indicators Reports* for detailed instructions as to making these selections.)

### 8.1.2 Logic Example

The GPRA indicator example used in above was Women's Health: Pap Smear Rates: maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2003 levels.

For GPRA+, the GPRA indicator definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 18 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the indicator has determined based on current medical guidelines that "eligible" women are defined as ages 18-64.)
- Numerator (those from the denominator who meet the criteria for the indicator): patients with documented pap smear or refusal in past three years; displays refusals separately.

For the programmer, the Pap Smear indicator is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see section 3.2.2 above).
  - Exclude any patients with a date of death in the Patient Registration file.
  - Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
  - Exclude any patients whose Community of Residence is not included in the site's defined Community Taxonomy for this report.
  - For the remaining patients, search visit files for the three years prior to the selected Report end date. Exclude any patients whose visits do not meet the "2 medical clinics" definition.
2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back three (3) years for a test when a patient who is currently 21 would have been 18).
3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.

4. For these patients (the denominator), check for a pap smear in the following order:
  - V Lab is checked for a lab test called PAP SMEAR and for any site-defined pap smear lab test documented in the BGP PAP SMEAR TAX.
  - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix.
  - V Procedures is checked for a procedure of 91.46.
  - V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.
  - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.
  - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see GPRA+ Technical Manual for specific codes).
  - Refusals file is checked for Lab Test Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see section 8.0 Indicator Logic.

### 8.1.3 Age Ranges

For the purposes of GPRA+ reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report period.

### 8.1.4 Standard Health Care Codes

#### 8.1.4.1 CPT Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

#### 8.1.4.2 ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme.

In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. GPRA+ searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

### 8.1.4.3 LOINC

Standard code sets are used to standardize data and mitigate variations in local terminologies for lab and other healthcare procedures, allowing for comparison and analysis. Logical Observations, Identifiers, Names, and Codes (LOINC) is a standard coding system originally initiated for Laboratory values. The system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.).

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; by the end of FY 2003, over 25 sites had converted to LOINC codes for their lab tests. GPRA+ software began to incorporate LOINC codes into its logic for the new indicators included in version 2.1. For version 3.0, LOINC taxonomies have been included for all appropriate indicators.

Sites interested in converting their lab tests to LOINC codes should contact the RPMS Lab User Support Team via the ITSC Support Center; (888) 830-7280 (toll free) or (505) 248-4371 if in Albuquerque, NM or surrounding area or email support@ihs.gov.

See GPRA+ Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

## 8.2 Diabetes Related Indicator Topics

### 8.2.1 Diabetes Prevalence

**GPRA Indicator Description:** During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

**Denominator:** All GPRA User Population patients, broken down by gender and age groups (<15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs).

**Numerator(s):** Anyone diagnosed with Diabetes (at least one diagnosis 250.00-250.93 recorded in the V POV file) *at any time* before the end of the Report period.

Anyone diagnosed with Diabetes in *the year prior* to the end of the Report period.

**Logic Description:** Age is calculated at the beginning of the Report period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in VPOV file.

**Key Logic Changes:** None.

**Patient List Description:** A list of all patients diagnosed with Diabetes, the date of the most recent DM diagnosis, and the DM diagnosis code.

XYZ		Jan 06, 2004						Page 1	
*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Diabetes Prevalence									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# User pop	8,626		8,509			8,378			
# w/ any DM DX	1,118	13.0	1,020	12.0	+1.0	947	11.3	+1.7	
# w/ DM DX w/in past year	815	9.4	736	8.6	+0.8	656	7.8	+1.6	
# Male User pop	3,684		3,630			3,574			
# w/ any DM DX	403	10.9	373	10.3	+0.7	333	9.3	+1.6	
# w/DM DX w/in past year	285	7.7	274	7.5	+0.2	232	6.5	+1.2	
# Female User pop	4,942		4,879			4,804			
# w/ any DM DX	715	14.5	647	13.3	+1.2	614	12.8	+1.7	
# w/ DM DX w/in past year	530	10.7	462	9.5	+1.3	424	8.8	+1.9	

Figure 8-1: Sample Summary Report, Diabetes Prevalence Indicator Topic

Age Specific Diabetes Prevalence								
	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
<b>CURRENT REPORT PERIOD</b>								
Total # User Pop	2,861	869	964	1,502	1,151	704	349	226
# w/ DM DX ever	15	22	58	151	277	277	189	129
% w/ DM DX ever	0.5	2.5	6.0	10.1	24.1	39.3	54.2	57.1
# w/DM DX in past yr	6	13	31	112	173	218	161	101
% w/DM DX in past yr	0.2	1.5	3.2	7.5	15.0	31.0	46.1	44.7
<b>PREVIOUS YEAR PERIOD</b>								
Total # User Pop	2,865	879	969	1,469	1,127	673	330	197
# w/ DM DX ever	15	17	48	139	258	264	167	112
% w/ DM DX ever	0.5	1.9	5.0	9.5	22.9	39.2	50.6	56.9
# w/DM DX in past yr	7	11	30	88	179	207	133	81
% w/DM DX in past yr	0.2	1.3	3.1	6.0	15.9	30.8	40.3	41.1
<b>CHANGE FROM PREV YR %</b>								
w/ DM DX ever	+0.0	+0.6	+1.1	+0.6	+1.2	+0.1	+3.5	+0.2
w/DM DX in past yr	-0.0	+0.2	+0.1	+1.5	-0.9	+0.2	+5.8	+3.6
<b>BASELINE REPORT PERIOD</b>								
Total # User Pop	2,878	849	958	1,476	1,071	647	304	195
# w/ DM DX ever	12	16	40	140	245	239	147	108
% w/ DM DX ever	0.4	1.9	4.2	9.5	22.9	36.9	48.4	55.4
# w/DM DX in past yr	6	11	23	89	160	181	114	72
% w/DM DX in past yr	0.2	1.3	2.4	6.0	14.9	28.0	37.5	36.9
<b>CHANGE FROM BASE YR %</b>								
w/ DM DX ever	+0.1	+0.6	+1.8	+0.6	+1.2	+2.4	+5.8	+1.7
w/DM DX in past yr	+0.0	+0.2	+0.8	+1.4	+0.1	+3.0	+8.6	+7.8

Figure 8-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

```

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*** IHS FY04 Clinical Performance Indicator Patient List ***
      DEMO SITE
      Reporting Period: Jul 01, 2003 to Jun 30,2004
      Random Patient List

-----
Diabetes Prevalence

DM Prevalence: All Diabetic Patients with most recent Diagnosis

PATIENT NAME      HRN      COMMUNITY      SEX AGE      VALUE
-----
PATIENT,SOPHIA    000000  COMMUNITY #2   F   44   09/19/03 250.02
PATIENT,BERTHA    111111  COMMUNITY #2   F   50   05/23/04 250.00
PATIENT,RAY       222222  COMMUNITY #2   M   61   03/13/04 250.00
PATIENT,JOSHUA    333333  COMMUNITY #3   M   82   07/11/02 250.00
    
```

Figure 8-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

## 8.2.2 Diabetes: Glycemic Control

**GPRA Indicator Description:** During FY 2004, establish the baseline of patients with diagnosed diabetes that have poor glycemic control (defined as greater than (>) 9.5).

**GPRA Indicator Description:** During FY 2004, increase the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as less than (<) 7).

**Denominators:** All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

**GPRA Denominator: Active Diabetic patients,** defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**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 at least one year prior to the end of 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 year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

### **Numerators:**

**GPRA Numerator:** Number of patients with a Hemoglobin A1c documented in year prior to the end of Current Report period, regardless of result.

Very Poor Control. Patients with HbA1c equal to or greater than (=>) 12.

Poor Control. Patients with HbA1c greater than (>) 9.5 or less than (<) 12.

**GPRA Numerator:** Total of Poor and Very Poor Control, patients with HbA1c greater than (>) 9.5).

Fair Control. Patients with HbA1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control. Patients with HbA1c equal to or greater than (=>) 7 and less than (<) 8.

**GPRA Numerator:** Ideal Control. Patients with HbA1c less than (<) 7.

Without Result. Patients with HbA1c documented but no value.

**Logic Description:** GPRA+ searches RPMS for the most recent Hemoglobin A1c test in the year prior to the end of the Report period. For Active Adult Diabetic

denominator, “primary clinic” is defined by the Diabetes Program as the following clinic codes: 01 General; 06 Diabetic; 13 Internal Medicine; 20 Pediatrics; 24 Well Child; or 28 Family Practice.

GPRA+ uses the following definitions:

	CPT Codes	LOINC Codes <sup>18</sup>	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
HbA1c	83036	yes	DM AUDIT HGB A1C TAX

**Key Logic Changes:** Uses HbA1c tests only, not glucose. Definition of Ideal control has changed to less than (<) 7 from less than or equal to (<=) 7. Added Poor Control as a GPRA indicator.

**Patient List Description:** A list of all diabetic patients, with their denominator identifier. The date of the Hemoglobin A1c and its value, if any.

**Indicator Source:** IHS Diabetes Standards of Care.

#### GPRA Indicator Past Performance and Targets:

##### Hemoglobin A1c Documented:

IHS FY 2002 Performance	73%
IHS FY 2003 Performance	75%
HP 2010 Goal	50%

##### Poor Glycemic control:

IHS FY 2002 Performance	18%
IHS FY 2003 Performance	17%

##### Good Glycemic control:

IHS FY 2002 Performance	25%
IHS FY 2003 Performance	28%
IHS 2010 Goal	40%

<sup>18</sup> Specific LOINC codes used by GPRA+ are located in the *GPRA+ Technical Manual*.

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30,2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Diabetes: Glycemic Control									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop w/ DM DX									
> 1 yr prior to									
report end date	981		919			833			
# w/HgbA1c done w/									
or w/o result	633	64.5	617	67.1	-2.6	517	62.1	+2.5	
# w/HgbA1c =>12	23	2.3	35	3.8	-1.5	72	8.6	-6.3	
# w/HgbA1c >9.5									
and < 12	118	12.0	123	13.4	-1.4	137	16.4	-4.4	
# w/HgbA1c => 8									
& =< 9.5	139	14.2	128	13.9	+0.2	91	10.9	+3.2	
# w/HgbA1c=>7									
& < 8	127	12.9	94	10.2	+2.7	82	9.8	+3.1	
# w/HgbA1c < 7	226	23.0	236	25.7	-2.6	135	16.2	+6.8	
# w/HgbA1c									
w/o Result	0	0.0	1	0.1	-0.1	0	0.0	+0.0	
Active Diabetic Pts									
(GPRA Denominator)	645		607			545			
# w/HgbA1c done w/									
or w/o result									
(GPRA)	582	90.2	555	91.4	-1.2	490	89.9	+0.3	
# w/HgbA1c =>12									
(GPRA)	21	3.3	28	4.6	-1.4	64	11.7	-8.5	
# w/HgbA1c >9.5									
and < 12 (GPRA)	105	16.3	107	17.6	-1.3	131	24.0	-7.8	
# w/HgbA1c => 8									
& =< 9.5	127	19.7	120	19.8	-0.1	89	16.3	+3.4	
# w/HgbA1c=>7									
& < 8	122	18.9	89	14.7	+4.3	81	14.9	+4.1	
# w/HgbA1c < 7									
(GPRA)	207	32.1	210	34.6	-2.5	125	22.9	+9.2	
# w/HgbA1c									
w/o Result	0	0.0	1	0.2	-0.2	0	0.0	+0.0	
Active Adult Diabetic									
Patients	487		419			360			
# w/HgbA1c done w/									
or w/o result	453	93.0	400	95.5	-2.4	329	91.4	+1.6	
# w/HgbA1c =>12	16	3.3	25	6.0	-2.7	45	12.5	-9.2	
# w/HgbA1c >9.5									
and < 12	90	18.5	88	21.0	-2.5	99	27.5	-9.0	
# w/HgbA1c => 8									
& =< 9.5	108	22.2	95	22.7	-0.5	67	18.6	+3.6	
# w/HgbA1c=>7									
& < 8	98	20.1	59	14.1	+6.0	45	12.5	+7.6	
# w/HgbA1c < 7	141	29.0	132	31.5	-2.6	73	20.3	+8.7	
# w/HgbA1c									
w/o Result	0	0.0	1	0.2	-0.2	0	0.0	+0.0	

Figure 8-4: Sample Report, Diabetes: Glycemic Control Topic



List of Diabetic Patients with denominator identified & most recent HgA1c value, if any.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MARVIN	000000	COMMUNITY #4	M	74	UP,AC,AAD; 09/14/03 5.2
PATIENT, PETER	111111	COMMUNITY #4	M	77	UP,AC,AAD; 12/14/03 5.1
PATIENT, SOPHIA	222222	COMMUNITY #2	F	44	UP,AC,AAD; 08/19/03 12.2
PATIENT, RAY	333333	COMMUNITY #2	M	61	UP,AC,AAD; 05/18/04 6.9
PATIENT, JOSHUA	444444	COMMUNITY #3	M	82	UP; u
PATIENT, DANIELLE	555555	SITE, URBAN	F	27	UP,AC,AAD; 04/13/04 6.2
PATIENT, DANIELLE	666666	SITE, URBAN	F	52	UP,AC; u
PATIENT, ELLIE	777777	SITE, URBAN	F	61	UP,AC,AAD; u
PATIENT, ELIZABETH	888888	SITE, URBAN	F	69	UP,AC,AAD; 09/04/03 6.5
PATIENT, BERNARD	999999	SITE, URBAN	M	56	UP,AC; u
PATIENT, JERRY	000002	SITE, URBAN	M	61	UP,AC,AAD; 05/01/04 7.0
PATIENT, LEON	000003	SITE, URBAN	M	64	UP; u

Figure 8-5: Sample Patient List, Diabetes: Glycemic Control

### 8.2.3 Diabetes: Blood Pressure Control

**GPRA Indicator Description:** During FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control (defined as <130/80) by 2% over FY 2003 level.

**Denominators:** All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

**GPRA Denominator: Active Diabetic patients**, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**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 at least one year prior to the end of 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 year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

#### Numerator(s):

Patients with Blood Pressure documented during year prior to end of Report period.

GPRA Numerator. Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

Patients with BP that is not controlled.

**Logic Description:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. GPRA+ uses mean of last 3

Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. 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.

GPRA+ uses the following definition:

	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX

**Key Logic Changes for Previous Year:** Controlled blood pressure is defined as less than (<) 130/80, rather than less than or equal to (<=) 130.80.

**Patient List Description:** A list of all diabetic patients, with their denominator identifier. Displays the mean blood pressure value, if any, and designates CON for Controlled or UNC for Not Controlled.

**Indicator Source:** IHS Diabetes Standards of Care.

**GPRA Indicator Past Performance and Targets for Blood Pressure Control:**

IHS FY 2002 Performance	36.1%
IHS FY 2003 Performance	37.3%
IHS 2010 Goal	50%

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30,2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Diabetes: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX	981		919			833			
# w/ BPs documented	681	69.4	646	70.3	-0.9	572	68.7	+0.8	
# w/controlled BP < 130/80	396	40.4	377	41.0	-0.7	322	38.7	+1.7	
# w/Not controlled BP	285	29.1	269	29.3	-0.2	250	30.0	-1.0	
Active Diabetic Pts (GPRA Denominator)	645		607			545			
# w/ BPs documented	606	94.0	571	94.1	-0.1	513	94.1	-0.2	
# w/Controlled BP < 130/80 (GPRA)	353	54.7	329	54.2	+0.5	286	52.5	+2.3	
# w/Not controlled BP	253	39.2	242	39.9	-0.6	227	41.7	-2.4	
Active Adult Diabetic Patients	487		419			360			
# w/ BPs documented	444	91.2	386	92.1	-1.0	342	95.0	-3.8	
# w/Controlled BP < 130/80	263	54.0	231	55.1	-1.1	191	53.1	+0.9	
# w/Not controlled BP	181	37.2	155	37.0	+0.2	151	41.9	-4.8	

Figure 8-6: Sample Report, Diabetes: Blood Pressure Control Topic

List of Patients w/ denominator identified & Mean BP, if any						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
-----						
PATIENT, MARVIN	999999	COMMUNITY #4	M	74	UP,AC,AAD; 142/77	UNC
PATIENT, PETER	888888	COMMUNITY #4	M	77	UP,AC,AAD; 125/72	CON
PATIENT, JOSHUA	777777	FACILITY #3	M	82	UP; u	
PATIENT, DANIELLE	666666	SITE, URBAN	F	27	UP,AC,AAD; 127/60	CON
PATIENT, ELLIE	555555	SITE, URBAN	F	61	UP,AC,AAD; 134/53	UNC
PATIENT, BERNARD	444444	SITE, URBAN	M	56	UP,AC; u	
PATIENT, BERT	333333	SITE, URBAN	M	61	UP,AC,AAD; 124/71	CON

Figure 8-7: Sample Patient List, Diabetes: Blood Pressure Control

## 8.2.4 Diabetes: Lipids Assessment

**Indicator Description:** During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia by 2% over FY 2003 level (i.e., LDL cholesterol).

**Denominators:** All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

**GPRA Denominator: Active Diabetic patients**, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**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 at least one year prior to the end of 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 year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

**Numerators:** Patients who have had *EITHER* a Lipid Profile (Panel) *OR* an LDL, an HDL and Triglyceride (TG) (all three) in the year prior to the end of the Report period.

**GPRA Numerator:** Patients with LDL completed in the prior year, regardless of result.

**HEDIS Numerator:** Patients with LDL results of less than or equal to ( $\leq$ ) 130. A) LDL  $\leq$  100. B) LDL 101-129.

**Logic Description:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done in year prior to end of Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
Lipid Profile	80061	yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	yes	DM AUDIT HDL TAX
Triglyceride	84478	yes	DM AUDIT TRIGLYCERIDE TAX

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** A list of all diabetic patients, with their denominator identifier. Lipid Profile (Panel) is indicated by “LP;” the date of most recent LDL tests is listed, with the value, if any.

**Indicator Source:** IHS Diabetes Standards of Care.

**Indicator Past Performance and Targets:**

IHS FY 2002 Performance	43.7%
IHS FY 2003 Performance	47.6%
HP 2010 Goal	70%

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DEMO SITE										
Report Period: Jul 01, 2003 to Jun 30,2004										
Previous Year Period: Jul 01, 2002 to Jun 30, 2003										
Baseline Period: Jul 01, 1999 to Jun 30, 2000										
-----										
Diabetes: Lipids Assessment										
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from		
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %		
User Pop w/ DM DX	981		919			833				
# w/Lipid Profile OR TG & HDL & LDL recorded	310	31.6	349	38.0	-6.4	324	38.9	-7.3		
# w/ LDL done	151	15.4	175	19.0	-3.6	92	11.0	+4.3		
# w/LDL < 130	90	9.2	143	15.6	-6.4	59	7.1	+2.1		
A. # of patients w/LDL result =< 100	62	6.3	94	10.2	-3.9	36	4.3	+2.0		
B. # w/LDL 101-129	28	2.9	49	5.3	-2.5	23	2.8	+0.1		
Active Diabetic Pts (GPRA Denominator)	645		607			545				
# w/Lipid Profile OR TG & HDL & LDL recorded	285	44.2	315	51.9	-7.7	305	56.0	-11.8		
# w/ LDL done (GPRA)	136	21.1	151	24.9	-3.8	86	15.8	+5.3		
# w/LDL < 130	81	12.6	124	20.4	-7.9	55	10.1	+2.5		
A. # of patients w/LDL result =< 100	58	9.0	84	13.8	-4.8	33	6.1	+2.9		
B. # w/LDL 101-129	23	3.6	40	6.6	-3.0	22	4.0	-0.5		
Active Adult Diabetic Patients	487		419			360				
# w/Lipid Profile OR TG & HDL & LDL recorded	196	40.2	202	48.2	-8.0	199	55.3	-15.0		
# w/ LDL done	97	19.9	91	21.7	-1.8	53	14.7	+5.2		
# w/LDL < 130	58	11.9	77	18.4	-6.5	35	9.7	+2.2		
A. # of patients w/LDL result =< 100	42	8.6	51	12.2	-3.5	24	6.7	+2.0		
B. # w/LDL 101-129	16	3.3	26	6.2	-2.9	11	3.1	+0.2		

Figure 8-8: Sample Report, Diabetes: Lipid Assessment

List of Patients w/ denominator identified & Documented Lipid Values, if any							
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE		
PATIENT, MARVIN SAMUEL	999999	COMMUNITY	#2	M	60	UP, AC, AAD; LP; 12/06/03	126
PATIENT, TRAVIS X	123456	COMMUNITY	#4	M	28	UP, AAD;	
PATIENT, HAROLD S	654321	COMMUNITY	#2	M	31	UP, AC, AAD; LP; 02/20/04	97
PATIENT, CHRISTINE BOWEN	963741	COMMUNITY	#3	F	50	UP, AAD; LP	
PATIENT, ERNESTINE MARIA	159359	COMMUNITY	#3	F	60	UP, AAD;	
PATIENT, REGINALD	789459	COMMUNITY	#3	M	30	UP, AC, AAD; LP	
PATIENT, BERNARD	456123	COMMUNITY	#3	M	55	UP, AC, AAD;	
PATIENT, LORENA B	543219	SITE, RURAL		F	28	UP, AC, AAD; LP; 02/05/04	139
PATIENT, ELIZABETH REGIN	998877	SITE, RURAL		F	38	UP, AC, AAD;	
PATIENT, JERRY R	001122	SITE, URBAN		M	61	UP, AC, AAD; LP; 08/12/04	150

Figure 8-9: Sample Patient List, Diabetes: Lipids Assessment

## 8.2.5 Diabetes: Nephropathy Assessment

**GPRA Indicator Description:** During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 2% over FY 2003 level.

**Denominators:** All User Population patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

**GPRA Denominator: Active Diabetic patients,** defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**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 at least one year prior to the end of 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 year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

### **Numerator(s):**

**GPRA Numerator:** Total patients with nephropathy assessment, defined as patients with positive urine protein test or microalbuminuria test, regardless of result, (if negative urine protein) done in year prior to the end of the Report period.<sup>19</sup>

**Logic Description:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. GPRA+ searches for last microalbuminuria test done in year prior to end of Report period, regardless of result

<sup>19</sup> For version 3.1, this indicator definition has reverted to the 2003 definition. The logic for version 3.0 included Estimated GFR value as meeting the indicator definition, in addition to a positive urine protein or microalbuminuria test.

(positive or negative). If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Microalbuminuria	82043, 82044	Yes	DM AUDIT MICROALBUMINURIA TAX
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** A list of all diabetic patients, with their denominator identifier. The date of any tests described in the numerator, with the value, if any. Microalbuminuria test is indicated by “M;” Urine Protein by “U.”

**Indicator Source:** IHS Diabetes Standards of Care.

**Indicator Past Performance and Targets:**

IHS FY 2002 Performance	35%
IHS FY 2003 Performance	37.6%
IHS 2010 Goal	70%



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-----								
Diabetes: Nephropathy Assessment								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX	981		919			833		
# w/ Nephropathy assessment	134	13.7	133	14.5	-0.8	130	15.6	-1.9
Active Diabetic Pts (GPRA Denominator)	645		607			545		
# w/ Nephropathy assessment (GPRA)	123	19.1	124	20.4	-1.4	118	21.7	-2.6
Active Adult Diabetic Patients	487		419			360		
# w/ Nephropathy assessment	91	18.7	82	19.6	-0.9	83	23.1	-4.4

Figure 8-10: Sample Report, Diabetes: Nephropathy Assessment

DM Nephropathy: List of Patients w/ denom identified, test & value

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,SOPHIA ANNA	789456	COMMUNITY #2	F	44	UP,AC,AAD;
PATIENT,RAY	654987	COMMUNITY #2	M	61	UP,AC,AAD; 02/22/04 M
PATIENT,JOSHUA P	951357	COMMUNITY #3	M	82	UP;
PATIENT,PETER STANLEY	765432	COMMUNITY #4	M	77	UP,AC,AAD; 12/14/03 U 6
PATIENT,DANIELLE	654321	SITE,URBAN	F	27	UP,AC,AAD; 10/26/03 M
PATIENT,DAISY MARIE	159623	SITE,URBAN	F	52	UP,AC;
PATIENT,ELLIE F	362951	SITE,URBAN	F	61	UP,AC,AAD; 02/05/04 U NEGATIVE
PATIENT,BERNARD	528741	SITE,URBAN	M	56	UP,AC;
PATIENT,BERT LOGAN	999999	SITE,URBAN	M	61	UP,AC,AAD; 07/26/03 U NEGATIVE
PATIENT,JERRY	888888	SITE,URBAN	M	61	UP,AC,AAD; 05/01/04 U 3+
PATIENT,LEON FREDERIC	001254	SITE,URBAN	M	64	UP;

Figure 8-11: Sample Patient List, Diabetes: Nephropathy Assessment

### 8.2.6 Diabetic Retinopathy

**GPRA Indicator Description:** During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.

**NOTE:** The GPRA indicator reported at the national level only applies to a few test sites for FY04. This indicator is included here because all sites are expected to report on this indicator beginning in FY05. The numerator is currently defined very broadly for retinal screening.

**Denominators:** All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

**GPRA Denominator: Active Diabetic patients**, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**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 at least one year prior to the end of 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 year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

**Numerator(s):** Patients receiving any retinal screening in the year prior to the end of the Report period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA (did not keep appointment) visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthamology retinal screening clinics.

A: Patients receiving diabetic retinal exam (or documented refusal) in prior year.

B: Patients receiving other eye exams in year prior to the end of Report period, defined as: Non-DNKA visit to ophthalmology, optometry clinics, or Non-DNKA visit to an optometrist or ophthalmologist.

**Logic Description:** DM AUDIT CREATININE TAX taxonomy is used for Denominator 4.

GPRA+ searches in the following order for:

<b>Exam</b>	<b>CPT Codes</b>	<b>Other Codes</b>
Diabetic eye exam		<b>VExam: 03</b>
Tele-ophthalmology retinal screening clinics		<b>Clinic code: A2</b>
NON-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	<b>Provider codes: 24, 79, 08</b>
Non-DNKA visit to ophthalmology or optometry	92250	<b>Clinic codes: 17, 18, 64</b>
Refusal of a diabetic eye exam		<b>Refusals Exam: 03</b>

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** A list of all diabetic patients, with their denominator identifier. The date of any screenings described in the numerator with the code.

**Indicator Source:** IHS Diabetes Standards of Care.

**Indicator Targets:**

IHS FY 2002 Performance	49%
IHS FY 2003 Performance	48.8%
IHS 2010 Goal	IHS target not set yet

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DEMO SITE									
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Baseline Period: Jul 01, 1999 to Jun 30, 2000									
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Diabetic Retinopathy									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX	981		919			833			
# w/any Retinal screening	349	35.6	316	34.4	+1.2	245	29.4	+6.2	
A. # w/ Diabetic Retinal exam or refusal	32	3.3	26	2.8	+0.4	5	0.6	+2.7	
B. # w/Other Eye exams	317	32.3	290	31.6	+0.8	240	28.8	+3.5	
Active Diabetic Pts GPRA Denominator	645		607			545			
# w/any Retinal screening (GPRA)	316	49.0	272	44.8	+4.2	221	40.6	+8.4	
A. # w/ Diabetic Retinal Exam or refusal	27	4.2	11	1.8	+2.4	3	0.6	+3.6	
B. # w/Other Eye Exams	289	44.8	261	43.0	+1.8	218	40.0	+4.8	
Active Adult Diabetic Patients	487		419			360			
# w/any Retinal screening	231	47.4	175	41.8	+5.7	144	40.0	+7.4	
A. # w/ Diabetic Retinal Exam	21	4.3	8	1.9	+2.4	2	0.6	+3.8	
B. # w/Other Eye exams	210	43.1	167	39.9	+3.3	142	39.4	+3.7	

Figure 8-12: Sample Report, Diabetic Retinopathy

Diabetes Retinopathy: List of Diabetic patients w/denominator identified & eye exam status, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,SOPHIA	951263	COMMUNITY	#2	F	44 UP,AC,AAD;
PATIENT,RAY	985236	COMMUNITY	#2	M	61 UP,AC,AAD;02/22/04 Prov: 08
PATIENT,JOSHUA R	912345	COMMUNITY	#3	M	82 UP;
PATIENT,MARVIN THOMAS	987125	COMMUNITY	#4	M	74 UP,AC,AAD; CPT 92014
PATIENT,PETER	962457	COMMUNITY	#4	M	77 UP,AC,AAD;
PATIENT,DANIELLE	123456	SITE,URBAN	F	27	UP,AC,AAD;10/26/03 Cl: A2
PATIENT,SANDRA MARIE	654321	SITE,URBAN	F	52	UP,AC;
PATIENT,ELIZABETH	958741	SITE,URBAN	F	69	UP,AC,AAD;09/04/03 Cl: 18

Figure 8-13: Sample Patient List, Diabetic Retinopathy

## 8.2.7 Diabetes and Mental Health

**Indicator Description:** Increase the proportion of diabetic patients screened for depressive, anxiety and/or adjustment disorders.

**Denominator(s):** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

**Numerator(s):** Patients screened for or counseled about depression in the year prior to the end of the Report period.

Patients with a diagnosis of depressive, anxiety and/or adjustment disorders during year prior to end of Report period.

**Logic Description:** Diabetes diagnosis defined as POV 250.00-250.93. Screening and counseling are defined as: POV V79.0; or as any national patient education codes containing "DEP-", (depression), "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), or "SB-" (suicidal behavior).<sup>20</sup> Depressive, anxiety and/or adjustment disorders diagnoses are defined as at least two visits with POV 296.\*, 300.\*, 301.13, 308.3, 309.\*, 311.\* or Behavioral Health System (BHS) codes 14, 15, 18, 24 in the year prior to end of Report period.

**Key Logic Changes from Previous Year:** Added numerator for counseling and education about depression. Fine tuned the diagnosis codes for accuracy. For sites who do not pass BHS data to PCC, GPRA+ searches directly in BHS. Changed patient list to display diabetics who have *not* been screened for depression.

**Patient List Description:** List of diabetic patients not screened for or diagnosed with depressive and anxiety disorders.

**Indicator Targets:** TBD

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<sup>20</sup> For version 3.1, the following patient education (PEP-C) codes were added as definitions: "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), and "SB-" (suicidal behavior).

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Diabetes and Mental Health								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Diabetic Pts	645		607			545		
# screened for or counseled about depression	15	2.3	8	1.3	+1.0	0	0.0	+2.3
# w/depression diagnosis	119	18.4	104	17.1	+1.3	78	14.3	+4.1

Figure 8-14: Sample Report, Diabetes and Mental Health

DM Depression: Pts NOT screened for/diagnosed w/depression					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
-----					
PATIENT,MARVIN FORD	963852	COMMUNITY #4	M	74	
PATIENT,PETER	741852	COMMUNITY #4	M	77	
PATIENT,SANDRA M	852369	COMMUNITY #2	F	44	
PATIENT,RAY	123456	COMMUNITY #2	M	61	
PATIENT,DONNA JANE	123457	SITE,URBAN	F	27	
PATIENT,ELIZABETH	123458	SITE,URBAN	F	69	
PATIENT,JERRY	123459	SITE,URBAN	M	61	

Figure 8-15: Sample Patient List, Diabetes and Mental Health

### 8.2.8 Diabetes: Access to Dental Services

**Indicator Definition:** During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.

**Denominator:**

**GPRA Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

**Numerator:** Patients with documented dental visit during year prior to end of Report period.

**Indicator Logic:** Dental exam is defined as V Dental ADA codes 0000 or 0190, or V Exam code 30 (dental).

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** List of Active Diabetic patients and date of dental visit and code, if any.

**Indicator Past Performance and Targets:**

IHS FY 2002 Performance	36%
IHS FY 2003 Performance	36.2%
HP 2010 Goal	75%

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Diabetes: Access to Dental Services								
Denominator(s):								
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever								
Numerator(s):								
Patients with documented dental visit during year prior to end of Report period.								
Searches for V Dental ADA codes 0000 or 0190 or VExam 30.								
During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.								
IHS FY 2002 Performance: 36%; IHS FY 2003 Performance: 36%; HP 2010 Goal: 75%								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/dental visit in past yr	170	26.4	159	26.2	+0.2	152	27.9	-1.5

Figure 8-16: Sample Report, Diabetes and Dental Access

DM Dental: Diabetic Pts and documented dental visits, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,SOPHIA	789456	COMMUNITY #2	F	44	
PATIENT,RAY	852147	COMMUNITY #2	M	61	08/16/03;0190
PATIENT,MARVIN	963147	COMMUNITY #4	M	74	02/09/04;0000
PATIENT,PETER	966325	COMMUNITY #4	M	77	10/01/03;0000
PATIENT,DANIELLE	998754	SITE,URBAN	F	27	
PATIENT,ELIZABETH	012365	SITE,URBAN	F	69	09/06/03;0190
PATIENT,JERRY	854796	SITE,URBAN	M	61	01/14/04;0000

Figure 8-17: Sample Patient List, Diabetes and Dental Access

## 8.3 Dental Indicator Topics

### 8.3.1 Access to Dental Services

**Indicator Description:** During FY 2004, maintain the proportion of the AI/AN population that obtain access to dental services at the FY 2003 level.

**Denominator:** All patients in the User Population.

**Numerator:** Patients with documented dental visit during year prior to end of Report period.

**Logic Description:** Dental exam is defined as V Dental ADA codes 0000 or 0190, or V Exam code 30 (dental).

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** List of patients with documented dental visit only, with date and code.

#### Indicator Past Performance and Targets:

IHS FY 2002 Performance	24.9%
IHS FY 2003 Performance	24.6%
IHS 2010 Goal	40%



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Access to Dental Services								
Denominator(s): GPRA Denominator: All patients in the User Population.								
Numerator(s): Patients with documented dental visit during year prior to end of Report period.								
Searches for V Dental ADA codes 0000 or 0190 or VExam 30.								
During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.								
IHS FY 2002 Performance: 25%; IHS FY 2003 Performance: 25%; IHS 2010 Goal: 40%								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Population	8,626		8,509			8,378		
# w/dental visit in past year	1,678	19.5	1,623	19.1	+0.4	1,683	20.1	-0.6

Figure 8-18: Sample Report, Access to Dental Services

Access to Dental Services: List of patients with documented dental service						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
-----						
PATIENT,CHRIS F	123006	COMMUNITY #4	F	31	12/26/03;0190	
PATIENT,HENRY	123005	COMMUNITY #4	M	9	09/14/03;0000	
PATIENT,PETER JONATHA	123004	COMMUNITY #4	M	77	08/01/03;0000	
PATIENT,JOSIE	123003	COMMUNITY #1	F	63	09/06/03;30	
PATIENT,VALERIE KATHL	123002	COMMUNITY #2	F	15	07/10/03;0000	
PATIENT,LENA	123001	COMMUNITY #2	F	38	02/23/04;0000	
PATIENT,ADAM ROGER	123000	COMMUNITY #2	M	9	11/09/03;0000	
PATIENT,FRED M	123654	COMMUNITY #2	M	16	04/13/04;30	
PATIENT,RAY	123524	COMMUNITY #2	M	61	08/16/03;0190	
PATIENT,SHERRY	789456	SITE,RURAL	F	47	05/23/04;0190	
PATIENT,ANDREA	123456	SITE,URBAN	F	10	04/06/04;0000	
PATIENT,DONNA ELIZAB	012345	SITE,URBAN	F	27	03/05/04;0190	

Figure 8-19: Sample Patient List, Access to Dental Services

### 8.3.2 Dental Sealants

**Indicator Description:** During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.

**Denominator:** No denominator. This indicator is a total count only, not a percentage.

**Numerator:** The total number of dental sealants (code 1351) during the year prior to the end of the Current Report period. Breakout by the following age groups: <12, 12-18, >18.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Age breakouts are based on Healthy People 2010 age groups for dental sealants. The V Dental file in PCC is searched for any documented ADA code 1351.

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** Displays list of patients who had sealants and the number of sealants received in the year prior to the end of the Current Report period.

**Indicator Past Performance and Targets:**

IHS FY 2001 Performance	212,612
IHS FY 2002 Performance	227,945

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Baseline Period: Jul 01, 1999 to Jun 30, 2000								
-----								
Dental Sealants								
Denominator(s): No denominator. This indicator is a total count only, not a percentage.								
Numerator(s): The total number of dental sealants during the year prior to the end of the Report period.								
Age of the patient is calculated at the beginning of the Report period. Sealants defined as V Dental ADA code 1351.								
During FY 2004, maintain the number of sealants placed per year in patients at the FY 2003 level.								
IHS FY 2002 Performance: 227,945; IHS FY 2003 Performance: TBD								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Total # of Sealants documented (GPRA Denominator)	1,592		895		+697	1,384		+208
# Dental Sealants documented < 12	985	61.9	618	69.1	+367	776	56.1	+209
# Dental Sealants documented 12-18	494	31.0	203	22.7	+291	565	40.8	-71
# Dental Sealants documented >18	113	7.1	74	8.3	+39	43	3.1	+70

Figure 8-20: Sample Report, Dental Sealants

Dental Sealants: Patients w/number of sealants in report period						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
-----						
PATIENT,PAMELA	999991	COMMUNITY #2	F	22	1 sealants	
PATIENT,HENRY	999990	COMMUNITY #2	M	9	4 sealants	
PATIENT,MIKE	999992	COMMUNITY #2	M	16	4 sealants	
PATIENT,RILEY	999993	COMMUNITY #3	F	14	8 sealants	
PATIENT,VALERIE	999994	COMMUNITY #3	F	15	4 sealants	
PATIENT,SARAH	999995	COMMUNITY #3	F	18	3 sealants	
PATIENT,ERIC	999996	COMMUNITY #3	M	8	2 sealants	
PATIENT,ARTHUR	999997	COMMUNITY #3	M	15	14 sealants	
PATIENT,FRED	999998	COMMUNITY #3	M	16	5 sealants	
PATIENT,STACY	999989	SITE,URBAN	F	12	1 sealants	
PATIENT,CELESTE	999987	SITE,URBAN	F	19	5 sealants	

Figure 8-21: Sample Patient List, Dental Sealants

## 8.4 Immunization Indicator Topics

### 8.4.1 Adult Immunizations: Influenza

**GPRA Indicator Definition:** In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

**Denominator(s):**

All Active Clinical patients ages 50 or older. **A:** All Active Clinical patients ages 50-64. **B: GPRA Denominator.** All Active Clinical patients ages 65 and older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

All User Population patients ages 50 or older. **A:** All User Population patients ages 50-64. **B:** All User Population patients ages 65 and older.

**Numerator:** Patients in the denominator with Influenza vaccine documented in the year prior to the end of the Report period, including refusals.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Influenza vaccine is defined in the following ways:

	CPT Codes	ICD and Other Codes
Influenza Vaccine	90655-90660 <sup>21</sup> , 90724	<b>Immunization (CVX) Code:</b> 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal <b>POV:</b> V04.8, V04.81 <sup>22</sup> , V06.6 <b>ICD Procedure:</b> 99.52 <b>Refusals:</b> Immunization codes 15, 16, 88, 111

**Key Logic Changes from Previous Year:** Updated Immunization (CVX) and CPT codes. Added Refusal as a means to meet the indicator.

**Patient List Description:** List of Patients ages 50 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Influenza Vaccine, if any, and corresponding code.

<sup>21</sup> CPT code 90656 has been added to the logic for the Influenza Vaccination indicator for version 3.1.

<sup>22</sup> ICD code V04.81 has been added to the logic for the Influenza Vaccination indicator for version 3.1.

**GPRA Indicator Past Performance and Targets for Patients => 65:**

IHS FY 2002 Performance	51.4%
IHS FY 2003 Performance	51.2%
HP 2010 Goal	90%

**Performance Improvement Tips:**

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “Refused” in Influenza Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Adult Immunizations: Influenza									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Patients									
ages 50 or older	665		610			573			
Total # w/Flu vaccine documented	341	51.3	304	49.8	+1.4	276	48.2	+3.1	
A. Active Clinical Patients									
ages 50-64	487		456			432			
Total # w/Flu vaccine documented	230	47.2	206	45.2	+2.1	184	42.6	+4.6	
B. Active Clinical Patients									
65 and older									
(GPRA Denominator)	178		154			141			
Total # w/Flu vaccine documented (GPRA)	111	62.4	98	63.6	-1.3	92	65.2	-2.9	
Active Diabetic Pts	645		607			545			
Total # w/Flu vaccine documented	396	61.4	377	62.1	-0.7	342	62.8	-1.4	
# User Population									
50 and older	871		800			756			
Total # w/Flu vaccine documented	352	40.4	312	39.0	+1.4	280	37.0	+3.4	
A. # User Population									
ages 50-64	645		603			561			
Total # w/Flu vaccine documented	238	36.9	211	35.0	+1.9	185	33.0	+3.9	
B. # User Population									
65 and older	226		197			195			
Total # w/Flu vaccine documented	114	50.4	101	51.3	-0.8	95	48.7	+1.7	

Figure 8-22: Sample Report, Adult Immunizations: Influenza

List of Patients >= 50 yrs or DM DX with date of Influenza Vaccine, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, PAUL	999123	COMMUNITY #4	M	69	UP;
PATIENT, MARVIN	888123	COMMUNITY #4	M	74	UP,AC,AD; 01/03/04 V04.8
PATIENT, CHRIS	777123	COMMUNITY #4	M	85	UP,AC,;
PATIENT, JOSIE	666123	COMMUNITY #1	F	63	UP,AC; 01/01/04 Imm 88
PATIENT, DOUGLAS	555123	COMMUNITY #1	M	51	UP;
PATIENT, SOPHIA	444123	COMMUNITY #2	F	44	AD; 02/22/04 Imm 88
PATIENT, RITA	333123	COMMUNITY #2	F	69	UP,;
PATIENT, CELESTE	222123	COMMUNITY #2	F	73	UP,AC; 12/05/03 Imm 88
PATIENT, MARVIN	111123	COMMUNITY #2	M	62	UP,AC,; 01/09/04 Imm 111
PATIENT, ABRAHAM	000123	COMMUNITY #2	M	81	UP,AC;
PATIENT, JOSHUA	991234	COMMUNITY #3	M	24	AD;
PATIENT, DANIELLE	898134	SITE, URBAN	F	27	AD; 01/30/04 Imm 88
PATIENT, NANETTE	887123	SITE, URBAN	F	50	UP,;
PATIENT, ELLIE	632145	SITE, URBAN	F	61	UP,AC,; 11/30/03 90657

Figure 8-23: Sample Patient List, Adult Immunization: Influenza

#### 8.4.2 Adult Immunizations: Pneumococcal

**GPRA Indicator Definition:** In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.

**Denominator(s): GPRA Denominator:** All Active Clinical patients ages 65 or older at beginning of Report period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

All User Population patients ages 65 and older at beginning of Report period.

**Numerators:** Patients in the denominator with pneumovax documented *at any time* prior to the end of the Report period.

A. For Active Diabetic patients only, with pneumovax documented in the past five years.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pneumovax	90669, 90732	<b>Immunization codes:</b> 33 - Pneumococcal Polysaccharide Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS <b>POV:</b> V06.6; V03.89, V03.82 <b>V Procedure:</b> 99.55 <b>Refusals:</b> Immunization codes 33, 100, 109

**Key Logic Changes from Previous Year:** Updated Immunization (CVX) and CPT codes. Added Refusal as means to meet the indicator.

**Patient List Description:** List of Patients ages 65 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Pneumovax, if any, and corresponding code.

**GPRA Indicator Past Performance and Targets:**

IHS FY 2002 Performance	64%
IHS FY 2003 Performance	65%
HP 2010 Goal for % of patients => 65	90%

**Performance Improvement Tips:**

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “Refused” in Pneumo Vax Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).



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Adult Immunizations: Pneumovax									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts ages 65 & older (GPRA Denominator)	178		154			141			
Total # w/Pneumovax documented (GPRA)	142	79.8	122	79.2	+0.6	108	76.6	+3.2	
Active Diabetic Pts	645		607			545			
Total # w/Pneumovax documented	520	80.6	485	79.9	+0.7	448	82.2	-1.6	
Total # w/Pneumovax documented in past 5 yrs	268	41.6	288	47.4	-5.9	261	47.9	-6.3	
# User Population ages 65 & older	226		197			195			
Total # w/Pneumovax documented	150	66.4	132	67.0	-0.6	125	64.1	+2.3	

Figure 8-24: Sample Report, Adult Immunization: Pneumococcal

Pneumovax: Patients >=65 yrs or DM DX w/ pneumovax code & date, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,PAUL	771234	COMMUNITY #4	M	69	UP;
PATIENT,MARVIN	661234	COMMUNITY #4	M	74	UP,AC,AD; 12/07/94 Imm 33
PATIENT,PETER	551234	COMMUNITY #4	M	77	UP,AC,AD; 09/06/03 99.55
PATIENT,CHRIS	441234	COMMUNITY #4	M	85	UP,AC;
PATIENT,SOPHIA	331234	FACILITY #2	F	44	AD; 09/20/97 Imm 33
PATIENT,RITA	221234	FACILITY #2	F	69	UP;
PATIENT,CELESTE	111234	FACILITY #2	F	73	UP,AC; 09/23/98 V03.89
PATIENT,RAY	888123	FACILITY #2	M	61	AD; 12/15/01 Imm 100
PATIENT,ABRAHAM	999258	FACILITY #2	M	81	UP,AC; 10/18/96 Imm 33
PATIENT,JOSHUA	888258	FACILITY #3	M	24	AD;
PATIENT,LUCAS	666258	FACILITY #3	M	84	UP;
PATIENT,DANIELLE	555258	SITE,URBAN	F	27	AD; 01/30/04 Imm 33
PATIENT,ELIZABETH	444258	SITE,URBAN	F	69	UP,AC,AD; 10/17/96 90732
PATIENT,DEBBIE	333258	SITE,URBAN	F	77	UP;
PATIENT,LOUISE	222258	SITE,URBAN	F	81	UP,AC; 01/02/95 Imm 33
PATIENT,JERRY	111258	SITE,URBAN	M	37	AD;

Figure 8-25: Sample Patient List, Adult Immunization: Pneumococcal

## 8.5 Cancer Related Indicator Topics

### 8.5.1 Women's Health: Pap Smear

**GPRA Indicator Description:** During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels. [For FY 2004, “eligible women” has been defined as ages 18 through 64.]

**Denominator(s):** Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.

Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

**Numerators:** Patients who had a Pap Smear documented in the three years prior to the end of the Report period. Documented refusals are counted in this numerator.

**A.** Patients with documented refusal.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	58550-54, 58150-58294	<b>V Procedure:</b> 68.3 – 68.7 or 68.9		
Pap Smear	88141–88150; 88152–88158; 88164–88167	<b>VLab:</b> PAP SMEAR <b>POV<sup>23</sup>:</b> V76.2-Screen Mal Neop-Cervix <b>V Procedure:</b> 91.46 <b>Women's Health Tracking:</b> procedure called Pap Smear	yes	BGP GPRA PAP SMEAR
Refusal		<b>Refusals<sup>24</sup>:</b> Lab Test Value Pap Smear		

**Key Logic Changes from Previous Year:** Added LOINC taxonomy and site-defined taxonomy for those sites using lab test names that are not Pap Smear.

<sup>23</sup> ICD code V72.3 Gynecologic Examination has been removed as a definition for pap smear in version 3.1.

<sup>24</sup> Refusal for pelvic exam (code 15) has been removed as a definition for pap smear in version 3.1.

**Patient List Description:** A list of all female patients ages 21 through 64, with their denominator identifier. Displays date of pap smear, if any, and test code or file location.

**Indicator Past Performance and Targets:**

IHS FY 2002 Performance	62%
IHS FY 2003 Performance	61%
IHS 2010 Goal	90%

**Performance Improvement Tips:**

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**
2. Providers should document refusals; write "Refused" in Pap Order box on PCC form. Data entry mnemonic: **REF** (Lab Test Value, Date Refused).

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Women's Health: Pap Smear Rates									
IHS FY 2002 Performance: 62%; IHS FY 2003 Performance: 61%; IHS 2010 Goal: 90%									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Female Active Clinical									
21-64 years									
(GPRA Denominator)	1,956		1,972			1,932			
# w/Pap Smear recorded									
w/in 3 years (GPRA)	1,330	68.0	1,341	68.0	-0.0	1,300	67.3	+0.7	
A. # Refusals									
w/ % of Total Pap	1	0.1	0	0.0	+0.1	1	0.1	-0.0	
# Female User Pop									
21-64 years									
	2,585		2,535			2,471			
# w/Pap Smear recorded									
w/in 3 years	1,384	53.5	1,392	54.9	-1.4	1,356	54.9	-1.3	
A. # Refusals									
w/ % of Total Pap	1	0.1	0	0.0	+0.1	1	0.1	-0.0	

Figure 8-26: Sample Report, Women's Health: Pap Smear

WH Pap Smear: Women 21-64 w/denom identified & doc test/refusal					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,PAMELA	888888	COMMUNITY #1	F	22	UP; 01/01/03 VLab
PATIENT,CHRIS	777777	COMMUNITY #1	F	31	UP; AC
PATIENT,TESS	666666	COMMUNITY #1	F	38	UP;
PATIENT,LOUISE	555555	COMMUNITY #1	F	43	UP,AC; 02/01/04 VLab
PATIENT,JOSIE	444444	COMMUNITY #2	F	63	UP,AC; 02/12/02 V76.3
PATIENT,MARILYN	333333	COMMUNITY #3	F	22	UP,AC; 03/21/02 VLab
PATIENT,SYDNEY	222222	COMMUNITY #3	F	23	UP,AC; 03/02/04 WH
PATIENT,GRETA	111111	COMMUNITY #3	F	23	UP;
PATIENT,GLADYS	000000	COMMUNITY #3	F	25	UP,AC;
PATIENT,MARILYN	123322	COMMUNITY #3	F	26	UP,AC; 08/01/03 V72.3
PATIENT,HORTENCE	987654	COMMUNITY #3	F	40	UP;
PATIENT,CELESTE	321012	COMMUNITY #3	F	45	UP,AC;
PATIENT,BERTHA	000001	COMMUNITY #3	F	50	UP;
PATIENT,SHERRY	000002	SITE,RURAL	F	47	UP,AC;
PATIENT,KATHERINE	000003	SITE,URBAN	F	22	UP;

Figure 8-27: Sample Patient List, Women's Health: Pap Smear

## 8.5.2 Women's Health: Mammogram

**GPRA Indicator Description:** During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate. [For FY 2004, "eligible women" has been defined as ages 50 through 64.]

**Denominator(s): GPRA Denominator:** Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy.

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy.

**HEDIS Denominator:** Female Active Clinical patients ages 52 through 69.

**Numerator(s):** All patients who had a Mammogram documented in the two years prior to the end of the Report period, including documented refusals.

A: Patients with documented refusal.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. The difference between the age range 50-64 in the definition and 52-64 in the logic is because GPRA+ looks back 2 years for a procedure, i.e., when a patient who was 52 at the beginning of the Report period would have been 50.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Bilateral Mastectomy		<b>V Procedure:</b> 85.42, 85.44, 85.46, 85.48
Mammogram	<b>VRad or VCPT:</b> 76090–76092	<b>POV:</b> V76.11, V76.12 <b>V Procedure:</b> 87.35 – 87.37 <b>Women’s Health:</b> Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal		Procedure 87.35 – 87.37

**Key Logic Changes from Previous Year:** Age range for GPRA Denominator has been changed to 50-64 from 50-69.

**Patient List Description:** A list of all female patients ages 52 through 69 at the beginning of the Report period, with their denominator identifier. Displays date of mammogram, if any, and procedure code or file location.

**Indicator Past Performance and Targets:**

IHS FY 2002 Performance	42%
IHS FY 2003 Performance	40%
IHS 2010 Goal	70%

**Performance Improvement Tips:**

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: **HRAD**.
2. Providers should document refusals; write “Refused” in Mammogram Order box on PCC form. Data entry mnemonic: **REF** (Mammogram, Procedure Code, Date Refused).

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-----									
Women's Health: Mammogram Rates									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Active Clinical Women									
52-64 years									
(GPRA Denominator)	274		250			233			
# w/Mammogram recorded									
w/in 2 years (GPRA)	122	44.5	116	46.4	-1.9	101	43.3	+1.2	
A. # Refusals w/ % of									
Total Mammograms	0	0.0	1	0.9	-0.9	2	2.0	-2.0	
# User Pop Women									
52-64 years									
	345		314			283			
# w/Mammogram recorded									
w/in 2 years	124	35.9	121	38.5	-2.6	102	36.0	-0.1	
A. # Refusals w/ % of									
total Mammograms	0	0.0	1	0.8	-0.8	2	2.0	-2.0	

Figure 8-28: Sample Report, Women's Health: Mammogram Rates

WH Mammogram Rates: Women 52-69 w/denominator and Mammogram/refusal					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
-----					
PATIENT,JOSIE	000000	FACILITY #1	F	63	UP,AC;
PATIENT,MAGGIE	111111	FACILITY #2	F	54	UP,AC; 10/14/02 V76.12
PATIENT,RITA	222222	FACILITY #2	F	69	UP;
PATIENT,DALE	333333	SITE,URBAN	F	53	UP,AC; 01/22/04 ref
PATIENT,NANETTE	444444	SITE,URBAN	F	57	UP;
PATIENT,ROXANNE	555555	SITE,URBAN	F	58	UP,AC; 12/09/03 76091
PATIENT,ELLIE	564789	SITE,URBAN	F	61	UP,AC; 10/16/03 V76.12
PATIENT,ELIZABETH	123456	SITE,URBAN	F	69	UP,AC; 12/07/02 76092

Figure 8-29: Sample Patient List, Women's Health: Mammogram Rates

### 8.5.3 Colorectal Cancer Screening

**Developmental Indicator Description:** Increase the proportion of eligible AI/AN patients (ages 50 and older) who have had screening for Colorectal Cancer (CRC).

**Denominator(s):** All Active Clinical patients ages 52 and older at beginning of the Report period.

All GPRA User Population patients ages 52 and older at beginning of the Report period.

**Numerator(s):** Patients who have had CRC screening, defined as any of the following: 1) a Fecal Occult Blood test or Rectal Exam in the two (2) years prior to the end of the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the last 5 years; or 3) colonoscopy in the last 10 years.

**A.** Patients who have had a Fecal Occult Blood test in the past two years.

**B.** Patients with Rectal Exam in past two years.

**Logic Description:** Age is calculated at the beginning of the Report period. The difference between the age range 50 and older in the definition and 52 and older in the logic is because GPRA+ looks back 2 years for a test, i.e., when a patient who was 52 at the beginning of the Report period would have been 50. GPRA+ identifies the tests and procedures described in the numerators above in the following order:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Fecal Occult Blood lab test (FOBT)	82270, 82274, G0107		yes	BGP GPRA FOB TESTS
Rectal Exam		<b>POV:</b> V76.41 Screening for Rectal <b>V Procedure:</b> 48.24-29, 89.34 Rectal Exam <b>V Exam:</b> 14		
Flexible Sigmoidoscopy	45330-45345	<b>V Procedure:</b> 45.22, 45.24, 45.42		
Double contrast barium enema	VCPT or VRad: 74280, 74275, 74270	<b>V Procedure</b> 87.64	yes	
Rigid procto-sigmoidoscopy	45300 - 45327	<b>V Procedure:</b> 48.21-24		
Colonoscopy	44388 - 44394, 45355 - 45387; 45325	<b>POV:</b> V76.51 Colon screening <b>V Procedure:</b> 45.21, 45.23, 45.25		

**Key Logic Changes from Previous Year:** Updated all codes for procedures.

**Patient List Definition:** List of patients ages 52 and older, with appropriate denominator indicated. Date and code of any test or procedure meeting the numerator definition, if any.

**Indicator Targets:** TBD

**Performance Improvement Tips:**

1. Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: **HBE** (barium enema); **HCOL** (colonoscopy); **HFOB** (Fecal Occult Blood); **HSIG** (sigmoidoscopy).

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-----									
Colorectal Cancer Screening									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
52 and older	577		521			485			
# w/screening	113	19.6	125	24.0	-4.4	96	19.8	-0.2	
A. # w/FOB test in past 2 yrs	17	2.9	27	5.2	-2.2	23	4.7	-1.8	
B. # w/ rectal exam in past 2 yrs	90	15.6	94	18.0	-2.4	73	15.1	+0.5	
Total User Population									
52 and older	753		681			635			
# w/screening	114	15.1	130	19.1	-4.0	97	15.3	-0.1	
A. # w/FOB test in past 2 yrs	17	2.3	28	4.1	-1.9	23	3.6	-1.4	
B. # w/ rectal exam in past 2 yrs	91	12.1	99	14.5	-2.5	74	11.7	+0.4	

Figure 8-30: Sample Report, Colorectal Cancer Screening

Colorectal Cancer Screening: List Pts =>52 and CRC screening, if any						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
PATIENT, JOSIE	999999	COMMUNITY #1	F	63	UP, AC;	
PATIENT, DOUGLAS	888888	COMMUNITY #1	M	56	UP;	
PATIENT, CELESTE	444444	COMMUNITY #2	F	73	UP, AC;	
PATIENT, RAY	222222	COMMUNITY #2	M	61	UP, AC; 03/26/04	RECTAL EXAM
PATIENT, MARVIN	111111	COMMUNITY #2	M	62	UP; 06/10/03	FOB V LAB
PATIENT, LUCAS	000124	COMMUNITY #3	M	84	UP, AC;	
PATIENT, PAUL	000001	COMMUNITY #4	M	69	UP;	
PATIENT, PETER	000003	COMMUNITY #4	M	77	UP; 07/18/02	DRE 89.34
PATIENT, CHRIS	000004	COMMUNITY #4	M	85	UP, AC; 10/06/95	COLO 45.21
PATIENT, DANIELLE	000005	SITE, URBAN	F	52	UP, AC;	
PATIENT, ROBERTA	000007	SITE, URBAN	F	58	UP;	
PATIENT, ELLEN	000008	SITE, URBAN	F	61	UP, AC; 01/26/04	FOB V LAB

Figure 8-31: Sample Patient List, Colorectal Cancer Screening



## 8.6 Prevention Related Indicator Topics

### 8.6.1 Alcohol Screening (FAS Prevention)

**GPRA Indicator Definition:** During FY 2004, establish a baseline rate for alcohol use in female patients of child-bearing age [defined as ages 15 to 44].

**Denominator(s): GPRA Denominator:** Female Active Clinical patients ages 15 to 44.

Female User Population patients ages 15 to 44.

**Numerator(s):** Patients who have received any alcohol screen in the year prior to the end of the Report period. Screening is defined as any of the following three conditions.

A: Patients with any Alcohol Health Factor or other screening in prior year.

B: Patients with alcohol-related diagnoses in prior year.

C: Patients with alcohol-related patient education or counseling in prior year.

**Logic Description:** Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A) Any Alcohol Health Factor or Screening diagnosis; B) Diagnosis in POV, current PCC or BHS Problem List); C) Patient education.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Alcohol Screening		<b>Alcohol Health Factor</b> <b>V POV:</b> V11.3 (history of alcoholism), V79.1 (screening for alcoholism)
Alcohol Diagnosis		<b>V POV or current Problem List:</b> 303.*, 305.0*, 291.*, 357.5* <b>BHS Problem List:</b> 10, 27, 29
Alcohol Education		<b>PEP-C codes:</b> containing "CD-" (Chemical Dependency)

**Alcohol Health Factors:** The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following 4 questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?

4. Have you ever needed an Eye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers are received, document Health Factor on PCC:

HF – CAGE 0/4 (all No answers)

HF – CAGE 1/4

HF – CAGE 2/4

HF – CAGE 3/4

HF – CAGE 4/4

Optional values:

Level/Severity: Mild, Moderate, or Severe

Quantity: # of drinks daily

**Key Logic Changes from Previous Year:** Added alcohol-related diagnoses and education as means to meet the screening indicator.

**Patient List Description:** A list of women ages 15 through 44 with appropriate denominator indicated who have NO alcohol Health Factor recorded.

**Indicator Targets:** No HP2010 indicator for Alcohol screening.

IHS target FY 2005	5% over FY04 (TBD)
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Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Alcohol Screening (FAS Prevention)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical ages 15-44									
(GPRA Denominator)	1,983		2,016			1,986			
# w/any alcohol screening (GPRA)	132	6.7	131	6.5	+0.2	125	6.3	+0.4	
A. # w/alcohol health factor/other screening	76	3.8	36	1.8	+2.0	38	1.9	+1.9	
B. # w/alcohol related diagnosis	56	2.8	90	4.5	-1.6	87	4.4	-1.6	
C: # w/alcohol related patient education	41	2.1	12	0.6	+1.5	5	0.3	+1.8	
Female User Population ages 15-44									
	2,689		2,656			2,613			
# w/any alcohol screening	137	5.1	136	5.1	-0.0	129	4.9	+0.2	
A. # w/alcohol health factor or other screening	76	2.8	38	1.4	+1.4	39	1.5	+1.3	
B. # w/alcohol related diagnosis	60	2.2	93	3.5	-1.3	90	3.4	-1.2	
C: # w/alcohol related patient education	42	1.6	12	0.5	+1.1	5	0.2	+1.4	

Figure 8-32: Sample Report, Alcohol Screening (FAS Prevention)

Alcohol Screening (FAS Prevention): Female pts w/NO screening						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
-----						
PATIENT,AUBREY JANE	1111	COMMUNITY #1	F	15	UP,AC;	
PATIENT,DEBORAH J.	2222	COMMUNITY #1	F	19	UP;	
PATIENT,SHIRLEY ROSE	1234	COMMUNITY #1	F	21	UP,AC;	
PATIENT,SARA H	5678	COMMUNITY #1	F	29	UP;	
PATIENT,ELOISE	5555	COMMUNITY #2	F	31	UP,AC;	
PATIENT,CRYSTAL	6555	COMMUNITY #2	F	35	UP,AC;	
PATIENT,ANGELENA MA	6666	COMMUNITY #3	F	36	UP;	
PATIENT,MERCI L	7777	COMMUNITY #4	F	37	UP;	
PATIENT,DARLENA MARIA	8888	COMMUNITY #4	F	40	UP,AC;	

Figure 8-33: Sample Patient List, Alcohol Screening (FAS Prevention), Patients NOT Screened

### 8.6.2 Intimate Partner (Domestic) Violence Screening (New Indicator)

**GPRA Indicator Definition:** For FY 2004, ensure that 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities.

**Denominator(s):** Female Active Clinical patients ages 13 and older.

**GPRA Denominator:** Female Active Clinical patients ages 16-24.

Female User Population patients ages 13 and older.

**Numerator(s):** Patients screened for domestic violence at any time in the year prior to the end of the Report period, defined as meeting any of the following three definitions.

A: Patients with documented IPV/DV exam.

B: Patients with IPV/DV related diagnoses.

C: Patients provided with education or counseling about Domestic Violence

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

	CPT Codes	ICD and Other Codes
IPV/DV Screening		<b>V Exam:</b> code 34
IPV/DV Diagnosis		<b>V POV or current Problem List:</b> 995.50, 995.51, 995.53, 995.54, 995.59, 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49 <b>BHS Problem List:</b> 43.*, 44.*
IPV/DV Education		<b>PEP-C codes:</b> containing “DV-” (Domestic Violence)
IPV/DV Counseling		<b>V POV:</b> V61.11

**Patient List Description:** A list of women ages 13 and older with appropriate denominator indicated who have NOT been screened.

**Indicator Targets:** No HP2010 indicator for Intimate Partner Violence screening.

IHS target FY 2004	15%
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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30,2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
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Domestic Violence Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Female Active Clinical ages 13 and older									
	2,782		2,758			2,697			
# w/screening	39	1.4	56	2.0	-0.6	41	1.5	-0.1	
A. # w/documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	37	1.3	55	2.0	-0.7	41	1.5	-0.2	
C: # provided DV education	4	0.1	2	0.1	+0.1	0	0.0	+0.1	
# Female Active Clinical ages 16-24 (GPRA Denominator)									
	729		744			729			
# w/screening (GPRA)	5	0.7	20	2.7	-2.0	12	1.6	-1.0	
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	4	0.5	20	2.7	-2.1	12	1.6	-1.1	
C: # provided DV education	2	0.3	1	0.1	+0.1	0	0.0	+0.3	
# Female User Pop 13 and older									
	3,691		3,597			3,520			
# w/screening	42	1.1	56	1.6	-0.4	42	1.2	-0.1	
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	40	1.1	55	1.5	-0.4	42	1.2	-0.1	
C: # provided DV education	5	0.1	2	0.1	+0.1	0	0.0	+0.1	

Figure 8-34: Sample Report, Domestic Violence Screening

Domestic Violence Screening: Female patients not screened

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MAURINA	31747	COMMUNITY #1	F	13	UP;;
PATIENT, TOBY	15744	COMMUNITY #1	F	26	UP;AC;
PATIENT, VIVIAN ELIZABE	11864	COMMUNITY #1	F	38	UP;AC;
PATIENT, SHIRLEY A	18890	COMMUNITY #1	F	55	UP;AC;
PATIENT, DELORES	18585	COMMUNITY #2	F	18	UP;AC;GP
PATIENT, CARMEN DONNA	27766	COMMUNITY #2	F	39	UP;AC;
PATIENT, BETTY LOU	34874	COMMUNITY #2	F	61	UP;AC;

Figure 8-35: Sample Patient List, Domestic Violence Screening,

### 8.6.3 Prenatal HIV Testing and Education

**Indicator Definition:** Increase the proportion of pregnant women screened for HIV during prenatal health care visits. [Based on HP 2010 developmental indicator 25-17, screening for sexually transmitted diseases including HIV infection.]

**GPRA FY 2005 Indicator Definition:** In FY 2005, establish baseline screening rates for HIV in pregnancy.

**Denominator:** All pregnant female patients with no recorded HIV diagnosis in POV or problem list.

**Numerators:** Patients who received counseling or patient education about HIV and testing during the past year.

Patients who received HIV test during the year prior to the end of the Report period, including refusals. **A.** Number of documented refusals.

**Logic Description:** Pregnancy is defined as at least two pregnancy-related visits during the year prior to the end of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Pregnancy		<b>V POV:</b> V22.0-V23.9, 640-648, 651-676		
HIV diagnosis		<b>V POV or Problem List:</b> 042.0-044.9, V08, 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391	<b>Refusal:</b> Lab Test HIV	yes	BGP HIV TEST TAX
HIV Counseling		<b>V POV:</b> V65.44 HIV Counseling <b>Patient education codes:</b> containing "HIV-" or HIV diagnosis		

**Key Logic Changes from Previous Year:** None.

**Patient List Description:** A list of pregnant women with no recorded HIV diagnosis who have NOT received an HIV test.

**Indicator Targets:**

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS target	TBD

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
XYZ Jan 06, 2004 Page 35 *** IHS FY04 Clinical Performance Report *** DEMO SITE Report Period: Jul 01, 2003 to Jun 30, 2004 Previous Year Period: Jul 01, 2002 to Jun 30, 2003 Baseline Period: Jul 01, 1999 to Jun 30, 2000								
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Prenatal HIV Testing								
Pregnant Active Clinical w/ no HIV	229	243			201			
# w/HIV education	1	0.4	7	2.9	-2.4	1	0.5	-0.1
# w/HIV test	150	65.5	159	65.4	+0.1	43	21.4	+44.1
A. # test refusals	0	0.0	0	0.0	+0.0	1	0.5	-0.5

Figure 8-36: Sample Report, Prenatal HIV Testing

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
Prenatal HIV Testing: List of Pregnant Patients w/o documented screening					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT,AUDREY JANE	40004	COMMUNITY #1	F	18	
PATIENT,DEBORA	40008	COMMUNITY #1	F	22	
PATIENT,SHIRLEY ROSE	10009	COMMUNITY #1	F	36	
PATIENT,SARA LOUISE	40005	COMMUNITY #1	F	40	
PATIENT,SANDY	40002	COMMUNITY #2	F	27	
PATIENT,CRYSTAL	40005	COMMUNITY #2	F	31	
PATIENT,ANGELA MARGARET	40001	COMMUNITY #3	F	21	
PATIENT,NORMA L	40007	COMMUNITY #3	F	37	
PATIENT,CHARLIE	10000	COMMUNITY #4	F	26	

Figure 8-37: Sample Patient List, Prenatal HIV Testing

## 8.6.4 Chlamydia Screening

**Indicator Definition:** Increase the proportion of female patients ages 16 through 25 who have annual chlamydia trachomatis screening.

**Denominator(s):** Female Active Clinical patients ages 16 through 25.<sup>25</sup>

Female User Population patients ages 16 through 25.

**Numerator(s):** Patients tested for chlamydia trachomatis in year prior to end of Report period.

**Logic Description.** Age is calculated at beginning of Report period. The following codes are used to determine a test for chlamydia.

<sup>25</sup> For version 3.1, the age range for the denominator definition was changed to 16 through 25 to be consistent with HEDIS.



	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	87110, 87270, 87320, 87490-92, 87810	V POV: V73.88, V73.98	yes	BGP CHLAMYDIA TESTS TAX

**Key Logic Changes from Previous Year:** New indicator.

**Patient List Description:** A list of women ages 16 through 25 without a documented chlamydia test.

**Indicator Targets:** TBD

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Chlamydia Testing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical ages 16-25	729		744			729			
#/Chlamydia Screen	74	10.2	0	0.0	+10.2	0	0.0	+10.2	
Female User Population ages 16-25	1,022		1,006			996			
# w/Chlamydia Screen	77	7.5	0	0.0	+7.5	0	0.0	+7.5	

Figure 8-38: Sample Report Chlamydia Testing

Chlamydia Testing: List of Female pts 16-25 w/no documented screening					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,AYSHA ANNE	40001	COMMUNITY #1	F	19	UP;AC
PATIENT,CLARISSE LOUISE	40002	COMM #2	F	16	UP;
PATIENT,CHERYL	40003	COMM #2	F	24	UP;AC
PATIENT,SUSAN MARIA	40004	COMMUNITY #3	F	16	UP;AC
PATIENT,FELICITY IRENE	40005	COMMUNITY #3	F	18	UP;
PATIENT,LINDA MONICA	12345	COMMUNITY #3	F	21	UP;AC
PATIENT,MELISSA	54321	COMMUNITY #3	F	23	UP;

Figure 8-39: Sample Patient List, Female Patients Not Screened for Chlamydia

### 8.6.5 Obesity Assessment

**GPRA Indicator Definition:** For FY 2004, establish a baseline rate for BMI available for children and adults.

**Proposed GPRA FY 2005:** Each Area will increase the number of patients for whom BMI data can be measured by 5% over FY 2004. Each Area will generate a standard age-specific report of BMIs on children and adults.

**Denominators:** Active Clinical patients ages 2 through 74 at beginning of Report period. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

User Population patients ages 2 through 74 at beginning of Report period.

**Numerators:** Patients for whom a BMI could be calculated.

For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Total of all overweight patients.

**Logic Description:** Age is calculated at the beginning of the Report period. Age group breakdowns are based on Healthy People 2010. GPRA+ 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 in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded with last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables.

**Key Logic Change from Previous Year:** None.

**Patient List Description:** List of patients for whom a BMI can NOT be calculated, with appropriate denominator defined.

**GPRA Indicator Targets:**

IHS FY 2004 Target for % patients with BMI available	50%
--	-----

**Performance Improvement Tips:**

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been predefined with a QMan search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.
2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.

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DEMO SITE								
Report Period: Jul 01, 2003 to Jun 30,2004								
Previous Year Period: Jul 01, 2002 to Jun 30, 2003								
Baseline Period: Jul 01, 1999 to Jun 30, 2000								
-----								
Obesity Assessment								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Users								
ages 2-74								
(GPRA Denominator)	5,682		5,643			5,543		
# w/BMI calculated								
(GPRA)	2,320	40.8	2,350	41.6	-0.8	2,090	37.7	+3.1
# overweight	468	8.2	521	9.2	-1.0	446	8.0	+0.2
# Obese	1,175	20.7	1,141	20.2	+0.5	983	17.7	+2.9
# Overweight/Obese	1,643	28.9	1,662	29.5	-0.5	1,429	25.8	+3.1
# User Population								
Patients ages 2-74	8,056		7,920			7,762		
# w/BMI calculated								
# overweight	556	6.9	589	7.4	-0.5	533	6.9	+0.0
# Obese	1,324	16.4	1,285	16.2	+0.2	1,128	14.5	+1.9
# Overweight/Obese	1,880	23.3	1,874	23.7	-0.3	1,661	21.4	+1.9

Figure 8-40: Sample Report Summary Page, Obesity Assessment

Obesity Assessment (con't)								
	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	646	695	955	633	1,032	800	530	391
# w/ BMI calculated	296	304	434	344	435	260	163	84
% w/BMI calculated	45.8	43.7	45.4	54.3	42.2	32.5	30.8	21.5
# Overweight	53	39	85	84	98	53	32	24
% Overweight	17.9	12.8	19.6	24.4	22.5	20.4	19.6	28.6
# Obese	86	113	181	193	273	173	112	44
% Obese	29.1	37.2	41.7	56.1	62.8	66.5	68.7	52.4
# Overweight or Obese	139	152	266	277	371	226	144	68
% Overweight or Obese	47.0	50.0	61.3	80.5	85.3	86.9	88.3	81.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	625	713	947	655	1,050	791	503	359
# w/ BMI calculated	282	353	444	354	407	272	139	99
% w/BMI calculated	45.1	49.5	46.9	54.0	38.8	34.4	27.6	27.6
# Overweight	53	60	86	105	100	56	26	35
% Overweight	18.8	17.0	19.4	29.7	24.6	20.6	18.7	35.4
# Obese	66	143	182	184	247	174	96	49
% Obese	23.4	40.5	41.0	52.0	60.7	64.0	69.1	49.5
# Overweight or Obese	119	203	268	289	347	230	122	84
% Overweight or Obese	42.2	57.5	60.4	81.6	85.3	84.6	87.8	84.8
CHANGE FROM PREV YR %								
w/ BMI calculated	+0.7	-5.8	-1.4	+0.3	+3.4	-1.9	+3.1	-6.1
Overweight	-0.9	-4.2	+0.2	-5.2	-2.0	-0.2	+0.9	-6.8
Obese	+5.6	-3.3	+0.7	+4.1	+2.1	+2.6	-0.4	+2.9
Overweight or Obese	+4.8	-7.5	+0.9	-1.1	+0.0	+2.4	+0.6	-3.9
BASELINE REPORT PERIOD								
Total # Active Clin	601	705	934	667	1,079	763	468	326
# w/ BMI calculated	283	321	419	327	358	223	96	63
% w/BMI calculated	47.1	45.5	44.9	49.0	33.2	29.2	20.5	19.3
# Overweight	46	45	86	92	90	43	27	17
% Overweight	16.3	14.0	20.5	28.1	25.1	19.3	28.1	27.0
# Obese	62	125	177	171	204	146	60	38
% Obese	21.9	38.9	42.2	52.3	57.0	65.5	62.5	60.3
# Overweight or Obese	108	170	263	263	294	189	87	55
% Overweight or Obese	38.2	53.0	62.8	80.4	82.1	84.8	90.6	87.3
CHANGE FROM BASE YR %								
w/ BMI calculated	-1.3	-1.8	+0.6	+5.3	+9.0	+3.3	+10.2	+2.2
Overweight	+1.7	-1.2	-0.9	-3.7	-2.6	+1.1	-8.5	+1.6
Obese	+7.1	-1.8	-0.5	+3.8	+5.8	+1.1	+6.2	-7.9
Overweight or Obese	+8.8	-3.0	-1.5	+0.1	+3.2	+2.2	-2.3	-6.3

Figure 8-41: Sample Report, Age Breakout, Obesity Assessment

```

Obesity Assessment: Patients w/denominated identified with no BMI

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME          HRN      COMMUNITY  SEX AGE  VALUE
-----
PATIENT, DOUGLAS      123456  COMMUNITY #1  M   56  UP;
PATIENT, BONNIE      234567  COMMUNITY #2  F    3  UP;
PATIENT, SARAH       345678  COMMUNITY #2  F   18  UP, AC;
PATIENT, TAMMY       456789  COMMUNITY #2  F   21  UP;
PATIENT, VELMA       567891  COMMUNITY #2  F   34  UP, AC;
PATIENT, WENDY       678912  COMMUNITY #2  F   35  UP;
PATIENT, HORTENCE    789123  COMMUNITY #2  F   40  UP, AC;
PATIENT, BERTHA      891234  COMMUNITY #2  F   50  UP;
PATIENT, RITA        912345  COMMUNITY #2  F   69  UP;
PATIENT, HENRY       000001  COMMUNITY #2  M    7  UP;

```

Figure 8-42: Sample Patient List for Obesity Assessment Indicator, Patients with no BMI

### 8.6.6 Nutrition and Exercise Education for At Risk Patients

**Indicator Definition:** Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

**Denominators:** Active Clinical patients ages 6 and older considered overweight (including obese). Breakdown by gender.

**A. Obese patients only.** Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

**Numerators:** Patients provided with medical nutrition counseling in the year prior to end of Report period.

Patients provided specific nutrition education in the prior year.

Patients provided specific exercise education in the prior year.

Patients provided with other related exercise and nutrition education.

**Logic Description:** Age of the patient is calculated at beginning of Report period. Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 25. Obese: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 30. For ages 18 and under, definition based on standard tables. GPRA+ 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 in the year prior to the end of 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.

GPRA+ uses the following codes to define the numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Medical nutrition counseling	97802-97804, G0270, G0271	<b>Provider codes:</b> 07, 29, 97, 99 <b>Clinic codes:</b> 67 (dietary) or 36 (WIC)
Nutrition education		<b>V POV:</b> V65.3 dietary surveillance and counseling <b>Patient education codes:</b> ending "-N" (nutrition) (or old code "-DT" (diet)).
Exercise education		<b>V POV:</b> V65.41 exercise counseling <b>Patient education codes:</b> ending "-EX" (exercise).
Related exercise and nutrition counseling		<b>Patient education codes:</b> ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

**Key Logic Changes from Previous Year:** Added Overweight Patient denominator.  
Added Medical Nutrition numerator.

**Patient List Description:** A list of at risk patients with the appropriate denominator identified with education code and date, if any.

**Indicator Targets for Diabetic Education:**

HP 1997 data	42%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75%

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Report Period: Jul 01, 2003 to Jun 30,2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Nutrition and Exercise Education for At Risk Patients									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# All Overweight Active Clinical patients =>6	1,526		1,545			1,297			
# w/medical nutrition counseling	67	4.4	45	2.9	+1.5	12	0.9	+3.5	
# specific nutrition education provided	122	8.0	159	10.3	-2.3	65	5.0	+3.0	
# w/exercise educ	42	2.8	70	4.5	-1.8	6	0.5	+2.3	
# w/ other exec or nutrition educ	43	2.8	73	4.7	-1.9	5	0.4	+2.4	
# Obese Active Clinical patients =>6	1,115		1,082			908			
# w/medical nutrition counseling	63	5.7	41	3.8	+1.9	9	1.0	+4.7	
# specific nutrition education provided	108	9.7	131	12.1	-2.4	53	5.8	+3.8	
# w/exercise educ	36	3.2	57	5.3	-2.0	4	0.4	+2.8	
# w/ other exec or nutrition educ	36	3.2	59	5.5	-2.2	4	0.4	+2.8	
# Active Diabetics	661		612			496			
# w/medical nutrition counseling	46	7.0	14	2.3	+4.7	13	2.6	+4.3	
# specific nutrition education provided	128	19.4	140	22.9	-3.5	83	16.7	+2.6	
# w/exercise educ	47	7.1	71	11.6	-4.5	12	2.4	+4.7	
# w/ other exec or nutrition educ	19	2.9	45	7.4	-4.5	1	0.2	+2.7	

Figure 8-43: Sample Report, Nutrition and Exercise Education for At Risk Patients

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DEMO SITE					
Report Period: Jul 01, 2003 to Jun 30,2004					
Previous Year Period: Jul 01, 2002 to Jun 30, 2003					
Baseline Period: Jul 01, 1999 to Jun 30, 2000					
-----					
Nutrition and Exercise Education (con't)					
TOTAL OBESE ACTIVE CLINICAL POPULATION					
Age Distribution					
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
# Obese Active Clinical	132	186	564	203	30
# Med Nutr Educ	2	10	33	17	1
% w/Med Nutr Educ	1.5	5.4	5.9	8.4	3.3
# w/spec nutr educ	4	15	56	32	1
% w/spec nutr ed	3.0	8.1	9.9	15.8	3.3
# w/exercise educ	3	9	15	9	0
% w/exercise ed	2.3	4.8	2.7	4.4	0.0
# w/other educ	2	10	18	6	0
% w/other educ	1.5	5.4	3.2	3.0	0.0

Figure 8-44: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education: List of at risk patients w/education, if any					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
-----					
PATIENT,CATHERINE	11111	COMM #1	F	65	OW,AD,OB
PATIENT,KATHLEEN	11112	COMMUNITY #2	F	35	OW
PATIENT,BERNARD,SR	11113	COMMUNITY #2	M	39	OW,OB
PATIENT,MARISSA G	11114	COMMUNITY #3	F	8	OW,OB
PATIENT,ANGELA DELORES	11115	COMMUNITY #3	F	39	OW
PATIENT,LORETTA SARAH	11116	COMMUNITY #3	F	42	OW,AD,OB
PATIENT,PHYLLIS ANN	11117	COMMUNITY #3	F	47	OW,AD,OB 06/11/04 V65.3;
PATIENT,CECELIA A	11118	COMMUNITY #3	F	62	OW,AD,OB
PATIENT,DARYL S	11119	COMMUNITY #3	M	9	OW
PATIENT,JOHN BERNARD	11101	COMMUNITY #3	M	11	OW,OB
PATIENT,ANTHONY CHARLES	11102	COMMUNITY #3	M	25	OW,OB
PATIENT,EDWARD JOHN	11103	COMMUNITY #3	M	30	OW
PATIENT,ANTHONY RYAN	11104	COMMUNITY #3	M	35	OW,OB 04/18/04 Prv: 29;04/18/03 V65.3;
PATIENT,ROBERT WALTER	11105	COMMUNITY #3	M	42	OW,AD
PATIENT,JULIAN THOMAS	11106	COMMUNITY #3	M	45	OW,AD 01/08/04 Prv: 29;03/26/03 V65.3;
PATIENT,CHARLES CELE	11107	COMMUNITY #3	M	51	OW,AD,OB 10/17/03 Prv: 29; 04/08/03 DM-N;04/08/03 DM-EX EX;04/08/03 DM-LA OTH
PATIENT,THERESA ELIZAB	11108	COMM #4	F	6	OW,OB
PATIENT,REBECCA CHRIS	11109	COMM #4	F	8	OW

Figure 8-45: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients



### 8.6.7 Assessment for Tobacco Use and Exposure to Second Hand Smoke

**GPRA Indicator Description:** During FY 2004, establish a baseline rate for tobacco use screening.

**Denominators:** All Active Clinical patients ages 5 and older. Additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

Pregnant patients, defined as at least two visits with pregnancy POV during the year prior to the end of the Report period.

All User Population patients ages 5 and older.

**Numerators:** Patients who have been screened for tobacco use in the year prior to the end of the Report period.

Patients identified in past year as current tobacco users, both smokers and smokeless users.

**A.** Patients identified as current smokers in the past year.

**B.** Patients identified as current smokeless tobacco users in the past year.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) in the past year.

**Logic Description:** Age is calculated at the beginning of the Report period. Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented in past year; 2. Tobacco-related diagnosis; 3. Dental code 1320; 4. Tobacco-related patient education code.

GPRA+ uses the following codes:

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits in past year)		<b>V POV:</b> V22.0-V23.9, 640.*-648.*, 651.*-676.*
Screened		<b>V POV or current Active Problem List:</b> 305.1*, V15.82 <b>PEP-C codes:</b> containing "TO-" or "-TO"
Tobacco users and Current Smokers		<b>V POV or current Active Problem List:</b> 305.1, 305.10, 305.11, 305.12, V15.82 <b>Dental code:</b> 1320

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator they apply to.

<b>Health Factor</b>	<b>Numerator</b>
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened
Cessation-Smoker	Screened
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

**Key Logic Changes from Previous Year:** Tobacco cessation numerator has been moved to separate indicator topic. Patient list records patients with NO screening, rather than with screening.

**Patient List Definition:** List of patients with no Tobacco Health Factor or tobacco-related diagnosis in past year.

**Indicator Targets:** TBD

IHS 2004 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

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*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Tobacco Use and Exposure Assessment									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Active Clinical Patients									
ages => 5									
(GPRA Denominator)	5,217		5,208			4,971			
# w/Tobacco									
Screening (GPRA)	480	9.2	419	8.0	+1.2	365	7.3	+1.9	
# tobacco users	179	3.4	152	2.9	+0.5	167	3.4	+0.1	
A. # Smokers	177	3.4	149	2.9	+0.5	162	3.3	+0.1	
B. # Smokeless Tobacco									
Users	2	0.0	3	0.1	-0.0	5	0.1	-0.1	
# exposed to ETS/ smoker in home	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Active Clinical									
Pregnant women	243		245			238			
# w/Tobacco									
Screening	20	8.2	14	5.7	+2.5	15	6.3	+1.9	
# tobacco users	7	2.9	7	2.9	+0.0	9	3.8	-0.9	
A. # Smokers	7	2.9	7	2.9	+0.0	9	3.8	-0.9	
B. # Smokeless Tobacco									
Users	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# exposed to ETS/ smoker in home	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 8-46: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

	TOTAL ACTIVE CLINICAL POPULATION					
	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
# Active Clinical	1,080	470	852	1,824	811	180
# Tobacco Screening	6	12	54	195	168	45
% w/Tobacco Screening	0.6	2.6	6.3	10.7	20.7	25.0
# Tobacco Users	2	5	22	93	48	9
% Tobacco Users	0.2	1.1	2.6	5.1	5.9	5.0
# Smokers	2	5	22	91	48	9
% Smokers	0.2	1.1	2.6	5.0	5.9	5.0
# Smokeless	0	0	0	2	0	0
% Smokeless	0.0	0.0	0.0	0.1	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	1,116	464	868	1,826	769	165
# Tobacco Screening	1	8	38	177	159	36
% w/Tobacco Screening	0.1	1.7	4.4	9.7	20.7	21.8
# Tobacco Users	0	3	20	75	48	6
% Tobacco Users	0.0	0.6	2.3	4.1	6.2	3.6
# Smokers	0	3	20	72	48	6
% Smokers	0.0	0.6	2.3	3.9	6.2	3.6
# Smokeless	0	0	0	3	0	0
% Smokeless	0.0	0.0	0.0	0.2	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	+0.5	+0.8	+2.0	+1.0	+0.0	+3.2
Tobacco Users	+0.2	+0.4	+0.3	+1.0	-0.3	+1.4
Smokers	+0.2	+0.4	+0.3	+1.0	-0.3	+1.4
Smokeless	+0.0	+0.0	+0.0	-0.1	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 8-47: Sample Age Breakdown Report, Tobacco Use Assessment

Tobacco Use and Exposure Assessment: List of patients 5 and older with no documented tobacco screening  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, JOSIE	100001	COMMUNITY #1	F	63	UP, AC;
PATIENT, SARAH	200002	COMMUNITY #2	F	18	UP;
PATIENT, MARILYN	200001	COMMUNITY #2	F	22	UP, AC, PREG;
PATIENT, SYDNEY	111111	COMMUNITY #2	F	23	UP;
PATIENT, GLADYS	111110	COMMUNITY #2	F	25	UP;
PATIENT, MARILYN	100006	COMMUNITY #2	F	26	UP, AC, PREG;
PATIENT, PRISCILLA	100009	COMMUNITY #2	F	26	UP;
PATIENT, RUTH	200004	COMMUNITY #2	F	37	UP, AC;
PATIENT, LENA	100003	COMMUNITY #2	F	38	UP;
PATIENT, LINDSAY	200002	COMMUNITY #2	F	43	UP;
PATIENT, SOPHIA	100007	COMMUNITY #2	F	44	UP, AC;

Figure 8-48: Sample Patient List, Tobacco Use Assessment

### 8.6.8 Tobacco Cessation

**Indicator Definition:** For FY 2004, increase the percentage of patients identified as tobacco users who are counseled on quitting.

**Denominators:** Active Clinical patients identified as current tobacco users at least one year prior to end of Report period.

User Population patients identified as current tobacco users at least one year prior to end of Report period.

**Numerators:** Patients who have received tobacco cessation counseling in year prior to the end of the Report period.

Patients counseled in prior year on smoking cessation medications.

Patients identified in prior year as quit tobacco use.

**Logic Description:** GPRA+ uses the following codes:

	ICD and Other Codes
Tobacco Users	<p><b>Tobacco Health Factors:</b> Current Smoker; Current Smokeless; Current Smoker and Smokeless</p> <p><b>V POV or current Active Problem List:</b> 305.1, 305.10, 305.11, 305.12, V15.82</p> <p><b>Dental code:</b> 1320</p>
Tobacco Cessation Counseling	<p><b>PEP-C code:</b> “TO-QT” (tobacco quit) or “TO-LA” (lifestyle adaptation)</p> <p><b>Dental code:</b> 1320</p> <p><b>Clinic code:</b> 94 (tobacco cessation clinic)</p>

	ICD and Other Codes
Tobacco Cessation Medication Counseling	<b>Patient education code: "TO-M" (medications)</b>
Quit Tobacco User	<b>V POV or current Active Problem List: 305.13 (tobacco use in remission)<sup>26</sup></b> <b>Tobacco Health Factors</b> documented in prior year: Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless

**Key Logic Changes from Previous Year:** Separated tobacco cessation from tobacco use assessment indicator topic; added tobacco cessation medication counseling and quit tobacco use.

**Patient List Description:** List of Tobacco Users with counseling codes, if any.

Indicator Target: TBD

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Tobacco Cessation									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Tobacco Users	157		158			184			
# w/tobacco cessation counseling	7	4.5	1	0.6	+3.8	0	0.0	+4.5	
# counseled on smoking cessation medications	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
# who quit	2	1.3	1	0.6	+0.6	2	1.1	+0.2	
User Population Tobacco Users	173		170			202			
# w/tobacco cessation counseling	11	6.4	1	0.6	+5.8	0	0.0	+6.4	
# counseled on smoking cessation medications	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# who quit	2	1.2	1	0.6	+0.6	2	1.0	+0.2	

Figure 8-49: Sample Report, Tobacco Cessation

<sup>26</sup> ICD code 305.13 (tobacco use in remission) has been added as a definition of Quit Tobacco.

Tobacco Cessation: List of Tobacco Users w/counseling, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,ALBERTA LINDA	90000	COMMUNITY #1	F	38	
PATIENT,ROBERT M	90001	COMMUNITY #1	M	42	02/03/04 TO-M
PATIENT,MICHAEL CHARLES	90012	COMMUNITY #2	F	20	
PATIENT,KIMBERLY SONYA	90013	COMMUNITY #2	F	26	
PATIENT,MARIE ELIZABETH	90004	COMMUNITY #2	F	29	
PATIENT,TAMARA J	90050	COMMUNITY #2	F	34	07/10/03 ADA 1320
PATIENT,CAROL LEE	90007	COMMUNITY #2	F	38	

Figure 8-50: Sample Patient List Tobacco Cessation

## 8.7 Cardiovascular Disease Related Indicator Topics

### 8.7.1 Cardiovascular Disease Prevention: Cholesterol Screening

**Indicator Definition:** Increase the proportion of adults 18 through 65 who have had their blood cholesterol checked within the preceding 5 years. [Based on HP 2010 indicator 12.15.]

**Denominators:** All Active Clinical patients ages 23 through 65, broken down by gender.

All User Population patients ages 23 through 65, broken down by gender.

**Numerator:** Patient with documented cholesterol screening any time in the five years prior to the end of the Report period.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-65 in the definition and 23-65 in the logic is because GPRA+ looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18.

This indicator is met with either a Lipid Profile or a Total Cholesterol panel, e.g., an LDL value only will not count toward meeting the indicator. GPRA+ counts all Y instances reported, regardless of the results of the measurement.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lipid Profile (Panel)	80061	V77.91 (screening for lipoid disorders)	yes	DM AUDIT LIPID PROFILE TAX
Total Cholesterol	82465		yes	DM AUDIT CHOLESTEROL TAX

**Key Logic Changes from Previous Year:** LDL only has been removed as a means for meeting this indicator.

**Patient List Description:** A list of patients ages 23 through 65 at the beginning of the Report period, with the appropriate denominator identified. Displays the date of the test that meets the numerator definition, if any, and the test code.

**Indicator Targets:**

HP 1998 baseline	67%
HP 2010 target for adults who have had blood cholesterol checked (12.15)	80%



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*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Cardiovascular Disease Prevention: Cholesterol Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical users									
ages 23-70	2,963		2,950			2,911			
# w/ Cholesterol screening	1,142	38.5	1,118	37.9	+0.6	1,114	38.3	+0.3	
# Male Active Clinical pop ages 23-70	988		985			976			
# w/ Cholesterol screening	409	41.4	415	42.1	-0.7	424	43.4	-2.0	
# Female Active Clinical pop ages 23-70	1,975		1,965			1,935			
# w/ Cholesterol screening	733	37.1	703	35.8	+1.3	690	35.7	+1.5	
# User Population users ages 23-70	4,181		4,100			4,016			
# w/ Cholesterol screening	1,238	29.6	1,200	29.3	+0.3	1,200	29.9	-0.3	
Total # of Male User Pop ages 23-70	1,608		1,589			1,550			
# w/ Cholesterol screening	467	29.0	456	28.7	+0.3	470	30.3	-1.3	
Total # Female User Pop 23-70 yrs	2,573		2,511			2,466			
# w/ Cholesterol screening	771	30.0	744	29.6	+0.3	730	29.6	+0.4	

Figure 8-51: Sample Report, Cholesterol Screening

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CVD: Patients w/denominator identified and cholesterol screen, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

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PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,AUBREY JANE	999999	COMMUNITY #1	F	23	UP,AC;
PATIENT,DEBORAH J.	888888	COMMUNITY #1	F	28	UP,AC; 04/01/04 V77.91
PATIENT,SHIRLEY ROSE	777777	COMMUNITY #1	F	34	UP; 10/11/03 LP
PATIENT,SARA H	666666	COMMUNITY #1	F	37	UP,AC;
PATIENT,ZELDA	555555	COMMUNITY #1	F	41	UP; 08/12/02 CHOL
PATIENT,CRYSTAL	666666	COMMUNITY #1	F	45	UP;
PATIENT,ANGELENA MA	777777	COMMUNITY #1	F	49	UP; 01/15/04 80061
PATIENT,MERCI L	824978	COMMUNITY #1	F	62	UP,AC;
PATIENT,DARLENA MARIA	974309	COMMUNITY #1	F	65	UP; 09/18/03 LDL

Figure 8-52: Sample Patient List, Cholesterol Screening

## 8.7.2 Cardiovascular Disease Prevention: Lipids Assessment

**Indicator Definition:** For FY 2004, increase the proportion of patients ages 46 and older who have been assessed for dyslipidemia in the past five years.

**Denominators:** All Active Clinical patients ages 46 and over at the beginning of the Report period who are not diabetic (no diagnosis ever). Breakdown by gender.

All User Population patients ages 46 and over at the beginning of the Report period who are not diabetic (no diagnosis ever). Breakdown by gender, Active Diabetic patients ages 46 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

**Numerators:** Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three) in the five years prior to the end of the Report period.

Patients with LDL completed, regardless of result.

Patients with LDL less than or equal to (<=) 100.

Patients with LDL 101 through130.

Patients with LDL 131 through160.

Patients with LDL greater than (>) 160.

**Logic Description:** Age of the patient is calculated at beginning of the Report period. For Denominator, no diabetes diagnosis ever (POV 250.00-250.93). For first two numerators, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerators, finds the last test done in the 5 years prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

**Key Logic Changes from Previous Year:** Age range has changed to 46 and older, from 45 and older.

**Patient List Description:** List of Patients ages 46 or older with appropriate denominator identified. The date of any tests described in the numerators, with the LDL value, if any.

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DEMO SITE									
Report Period: Jul 01, 2003 to Jun 30, 2004									
Previous Year Period: Jul 01, 2002 to Jun 30, 2003									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									
-----									
Cardiovascular Disease Prevention: Lipids Assessment									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
=>46 w/no DM DX	414		396			375			
# w/Lipid Profile OR TG&HDL&LDL recorded	188	45.4	177	44.7	+0.7	165	44.0	+1.4	
# w/LDL done regardless of result	100	24.2	93	23.5	+0.7	84	22.4	+1.8	
# w/LDL result =<100	30	7.2	25	6.3	+0.9	19	5.1	+2.2	
# w/LDL result 101-130	38	9.2	34	8.6	+0.6	28	7.5	+1.7	
# w/LDL result 131-160	16	3.9	13	3.3	+0.6	15	4.0	-0.1	
# w/LDL result >160	5	1.2	4	1.0	+0.2	3	0.8	+0.4	
User Population									
=>46 w/no DM DX	632		603			579			
# w/Lipid Profile OR TG&HDL&LDL recorded	205	32.4	193	32.0	+0.4	174	30.1	+2.4	
# w/LDL done regardless of result	105	16.6	99	16.4	+0.2	89	15.4	+1.2	
# w/LDL result =<100	30	4.7	25	4.1	+0.6	19	3.3	+1.5	
# w/LDL result 101-130	40	6.3	35	5.8	+0.5	28	4.8	+1.5	
# w/LDL result 131-160	16	2.5	13	2.2	+0.4	15	2.6	-0.1	
# w/LDL result >160	6	0.9	6	1.0	-0.0	5	0.9	+0.1	
Active Diabetic Patients									
=> 46	394		347			306			
# w/Lipid Profile OR TG&HDL&LDL recorded	352	89.3	311	89.6	-0.3	272	88.9	+0.5	
# w/LDL done regardless of result	193	49.0	164	47.3	+1.7	112	36.6	+12.4	
# w/LDL result =<100	114	28.9	88	25.4	+3.6	42	13.7	+15.2	
# w/LDL result 101-130	42	10.7	40	11.5	-0.9	29	9.5	+1.2	
# w/LDL result 131-160	11	2.8	10	2.9	-0.1	18	5.9	-3.1	
# w/LDL result >160	7	1.8	7	2.0	-0.2	3	1.0	+0.8	

Figure 8-53: Sample Report, CVD Prevention: Lipids Assessment

CVD Prevention: Lipids Assessment: List Pts w/denominator & Lipid, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MARVIN	96312	COMMUNITY #2	M	60	UP, AC; LP; 12/06/03 126
PATIENT, TRAVIS MARTIN	12345	COMMUNITY #4	M	46	AD;
PATIENT, SOPHIA ANNA	123456	COMMUNITY #2	F	45	UP; LP; 09/13/02 94
PATIENT, HAROLD S	741852	COMMUNITY #2	M	51	UP, AC; LP;
PATIENT, EMMA VALDEZ	99999	COMMUNITY #3	F	46	UP, AC; LP; 05/02/04 no result
PATIENT, CHRISTINE MARTI	888888	COMMUNITY #3	F	50	AD;
PATIENT, ERNESTINE LYMAN	77777	COMMUNITY #3	F	60	UP;
PATIENT, REGINALD	66666	COMMUNITY #3	M	51	UP, AC; LP
PATIENT, BERNARD S	55555	COMMUNITY #3	M	55	UP, AC;
PATIENT, LORENA	44444	SITE, RURAL	F	48	UP; LP; 02/05/02 139
PATIENT, ELIZABETH	33333	SITE, RURAL	F	67	AD;
PATIENT, CHARLENE ANN	22222	SITE, RURAL	F	73	UP;
PATIENT, LINDA	11111	SITE, URBAN	F	52	UP, AC;
PATIENT, JERRY P	00000	SITE, URBAN	M	61	AD; LP; 08/12/01 150

Figure 8-54: Sample Patient List, CVD Prevention: Lipids Assessment

### 8.7.3 Cardiovascular Disease Prevention: Blood Pressure Control

**Indicator Definition:** For FY 2004, increase the proportion of patients ages 18 and older who blood pressure has been assessed in past two years.

**Denominators:** All Active Clinical patients ages 20 and older who are not diabetic (no diagnosis ever). Broken down by gender.

All User Population patients ages 20 and older who are not diabetic (no diagnosis ever.) Broken down by gender.

**Numerators:** Patients with Blood Pressure (BP) value documented at least twice in the prior two years.

Patients with normal BP, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.

Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

Patients with Stage 2 Hypertension BP, defined as  $\Rightarrow$  160/100, i.e., the mean systolic value is equal to or greater than ( $\Rightarrow$ ) 160 AND the mean diastolic value is equal to or greater than ( $\Rightarrow$ ) 100.

**Logic Description:** Age of the patient is calculated at beginning of the Report period. The difference between the age range 18 and older in the definition and 20 and older in the logic is because GPRA+ looks back 2 years for BP values.

For Denominators, no diabetes diagnosis ever (POV 250.00-250.93). For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the 2 years prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

**Patient List Description:** A list of all patients ages 20 and older, with their denominator identifier and mean blood pressure value, if any.

**GPRA Indicator Past Performance and Targets:**

HP 2010 Goal for % of adults with high blood pressure (140/90)	16%
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Cardiovascular Disease Prevention: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
ages 20 and older	2,507		2,544			2,556			
# w/ BPs documented									
	1,893	75.5	1,947	76.5	-1.0	1,960	76.7	-1.2	
# w/Normal BP									
	981	39.1	1,001	39.3	-0.2	950	37.2	+2.0	
# w/PRE HTN I BP									
	435	17.4	440	17.3	+0.1	478	18.7	-1.3	
# w/PRE HTN II BP									
	322	12.8	337	13.2	-0.4	359	14.0	-1.2	
# w/Stage 1 HTN BP									
	143	5.7	154	6.1	-0.3	158	6.2	-0.5	
# w/Stage 2 HTN BP									
	12	0.5	15	0.6	-0.1	15	0.6	-0.1	
User Pop Patients									
ages 20 and older	3,815		3,777			3,732			
# w/ BPs documented									
	1,920	50.3	1,964	52.0	-1.7	1,973	52.9	-2.5	
# w/Normal BP									
	995	26.1	1,009	26.7	-0.6	958	25.7	+0.4	
# w/PRE HTN I BP									
	437	11.5	442	11.7	-0.2	480	12.9	-1.4	
# w/PRE HTN II BP									
	329	8.6	342	9.1	-0.4	361	9.7	-1.0	
# w/Stage 1 HTN BP									
	147	3.9	156	4.1	-0.3	159	4.3	-0.4	
# w/Stage 2 HTN BP									
	12	0.3	15	0.4	-0.1	15	0.4	-0.1	

Figure 8-55: Sample Report, CVD Prevention: Blood Pressure Control

CVD: BP Control: List of Pts =>20 w/denominator & mean BP, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, JOSIE L	000000	COMMUNITY #1	F	63	UP,AC; 110/56 NORMAL
PATIENT, DOUGLAS	111111	COMMUNITY #1	M	56	UP; u
PATIENT, TRACY MARGARET	222222	COMMUNITY #2	F	52	UP,AC; 120/74 PRE STG 1
PATIENT, RITA SUE	444444	COMMUNITY #2	F	69	UP; u
PATIENT, CELESTE	555555	COMMUNITY #2	F	73	UP,AC; 131/81 PRE STG II
PATIENT, MAUDE	666666	COMMUNITY #2	F	76	UP,AC; u
PATIENT, ADAM CHARLES	777777	COMMUNITY #2	M	51	UP; u
PATIENT, RAY	666666	COMMUNITY #2	M	61	AD; 115/73 NORMAL
PATIENT, MARVIN G	555555	COMMUNITY #2	M	62	UP,AC; 134/82 PRE STG II
PATIENT, ABRAHAM SAUL	444444	COMMUNITY #2	M	81	UP,AC; 127/76 PRE STG 1
PATIENT, DALLAS R	222222	COMMUNITY #3	M	80	UP; u
PATIENT, PAUL	000001	COMMUNITY #4	M	69	UP; u
PATIENT, MARVIN	000002	COMMUNITY #4	M	74	AD; 114/61 NORMAL

Figure 8-56: Sample Patient List, CVD Prevention: Blood Pressure Control

## 8.7.4 Hypertension Control

**Indicator Definition:** For FY 2004, increase the proportion of hypertensive patients whose blood pressure is controlled, defined as  $\leq 140/90$  (based on HEDIS definition).

**Denominator:** All Active Clinical patients ages 46 through 85 diagnosed with hypertension.

**Numerators:** Patients with Blood Pressure (BP) value documented at least twice in the prior two years.

Patients with normal BP, defined as less than ( $<$ ) 120/80, i.e., the mean systolic value is less than ( $<$ ) 120 AND the mean diastolic value is less than ( $<$ ) 80.

Patients with Pre Hypertension I BP, defined as equal to or greater than ( $\Rightarrow$ ) 120/80 and less than ( $<$ ) 130/80, i.e., the mean systolic value is equal to or greater than ( $\Rightarrow$ ) 120 and less than ( $<$ ) 130 AND the mean diastolic value is equal to 80.

Patients with Pre Hypertension II BP, defined as  $\Rightarrow 130/80$  and  $<140/90$ , i.e., the mean systolic value is equal to or greater than ( $\Rightarrow$ ) 130 and less than ( $<$ ) 140 AND the mean diastolic value is equal to or greater than ( $\Rightarrow$ ) 80 and less than ( $<$ ) 90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as  $\Rightarrow 140/90$  and  $<160/100$ , i.e., the mean systolic value is equal to or greater than ( $\Rightarrow$ ) 140 and less than ( $<$ ) 160 AND the mean diastolic value is equal to or greater than ( $\Rightarrow$ ) 90 and less than ( $<$ ) 100.

Patients with Stage 2 Hypertension BP, defined as  $\Rightarrow 160/100$ , i.e., the mean systolic value is equal to or greater than ( $\Rightarrow$ ) 160 AND the mean diastolic value is equal to or greater than ( $\Rightarrow$ ) 100.

**Logic Description:** Age of the patient is calculated at beginning of the Report period. For Denominator, hypertension is defined as diagnosis (POV or problem list) 401.\*– 405.\* at least one year prior to end of Report period, and at least one hypertension POV during Report period.

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to end of Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

**Patient List Description:** A list of all patients ages 46 through 85 diagnosed with hypertension, with their mean blood pressure value, if any.



**Indicator Targets: TBD**

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
XYZ Jan 06, 2004 Page 71 *** IHS FY04 Clinical Performance Report *** DEMO SITE Report Period: Jul 01, 2003 to Jun 30, 2004 Previous Year Period: Jul 01, 2002 to Jun 30, 2003 Baseline Period: Jul 01, 1999 to Jun 30, 2000							
-----							
Hypertension Control							
Active Clinical Patients							
ages 46 through 85							
w/Hypertension	378		314		284		
# w/ BPs documented	349	92.3	294	93.6	-1.3	261	91.9 +0.4
# w/Normal BP	83	22.0	71	22.6	-0.7	52	18.3 +3.6
# w/PRE HTN I BP	76	20.1	62	19.7	+0.4	59	20.8 -0.7
# w/PRE HTN II BP	94	24.9	60	19.1	+5.8	65	22.9 +2.0
# w/Stage 1 HTN BP	72	19.0	81	25.8	-6.7	67	23.6 -4.5
# w/Stage 2 HTN BP	24	6.3	20	6.4	-0.0	18	6.3 +0.0

Figure 8-57: Sample Report, Hypertension Control

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
-----					
PATIENT, YOLANDA RUTH	919559	COMMUNITY #1	F	46	HTN PT; 129/81 PRE STG II
PATIENT, MABLE ANN	927108	COMMUNITY #1	F	54	HTN PT; 116/60 NORMAL
PATIENT, LEONA MARIE	934347	COMMUNITY #1	F	57	HTN PT; 127/61 PRE STG 1
PATIENT, CECELIA W	947706	COMMUNITY #1	F	62	HTN PT; 100/62 NORMAL
PATIENT, RICHARD W	956375	COMMUNITY #1	M	46	HTN PT; 137/73 PRE STG II
PATIENT, MARVIN ROBERT	964704	COMMUNITY #1	M	54	HTN PT; 131/77 PRE STG II
PATIENT, ALFRED	972713	COMMUNITY #1	M	61	HTN PT;
PATIENT, REUBEN JOSEPH	988672	COMMUNITY #1	M	82	HTN PT; 119/64 NORMAL
PATIENT, DELLA ANN	993401	COMMUNITY #2	F	47	HTN PT; 151/91 STG 1 HTN
PATIENT, MARIA GRACE	916351	COMMUNITY #2	F	60	HTN PT; 168/89 STG 2 HTN
PATIENT, CHRISTINE ANITA	923842	COMMUNITY #2	F	61	HTN PT; 123/65 PRE STG 1
PATIENT, CAROL JUNE	930903	COMMUNITY #2	F	64	HTN PT; u
PATIENT, PATRICIA ANNE	944904	COMMUNITY #2	F	70	HTN PT; u
PATIENT, CLARA MARIA	955025	COMMUNITY #2	F	73	HTN PT; 152/73 STG 1 HTN
PATIENT, DONNA ELIZABETH	964356	COMMUNITY #2	F	77	HTN PT; 156/75 STG 1 HTN
PATIENT, JANET J	974427	COMMUNITY #2	F	85	HTN PT; u
PATIENT, DAVID JOHN	984518	COMMUNITY #2	M	47	HTN PT; 128/78 PRE STG 1
PATIENT, ROBERT ALLEN, JR	994759	COMMUNITY #2	M	51	HTN PT; 161/80 STG 2 HTN

Figure 8-58: Sample Patient List, Hypertension Control

**8.7.5 Cardiovascular Disease (CVD): Lipids Assessment**

**Indicator Definition:** Increase the proportion of patients with ischemic heart disease who had a lipids assessment and whose LDL result was good.

**Denominator:** All patients diagnosed with cardiac disease at least one year prior to the end of the Report period and with at least two CVD-related visits any time in the previous year.

**Numerator(s):** Number of patients with a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three) in the previous year.

Patients with LDL completed, regardless of result.

Patients with LDL less than or equal to ( $\leq$ ) 100.

Patients with LDL between 101 and 130.

Patients with LDL between 131 and 160.

Patients with LDL greater than ( $>$ ) 160.

**Logic Description:** Denominator: one visit at least one year prior to end of Report period AND 2 or more visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.\*, 414.0-414.9, 428.\* or 429.2 recorded in the V POV file). For first two numerators, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerators, finds the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

**Key Logic Changes from Previous Year:** No changes.

**Patient List Description:** List of Patients diagnosed with cardiac disease, with test(s), date and value, if any.

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Patients w/ CVD DX	30	23			10		
# w/Lipid Profile OR TG & HDL & LDL recorded	20	66.7	17	73.9	-7.2	5	50.0 +16.7
# w/LDL done w or w/o result	5	16.7	8	34.8	-18.1	2	20.0 -3.3
LDL <=100	3	10.0	3	13.0	-3.0	2	20.0 -10.0
LDL 101-130	1	3.3	2	8.7	-5.4	0	0.0 +3.3
LDL 131-160	0	0.0	0	0.0	+0.0	0	0.0 +0.0
LDL >160	0	0.0	0	0.0	+0.0	0	0.0 +0.0

Figure 8-59: Sample Report, Cardiovascular Disease and Lipids Assessment

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, CLARA JANET	88881	COMMUNITY #1	F	62	LP;
PATIENT, ANGELA MARIE	88882	COMMUNITY #1	F	95	LP;
PATIENT, JOSEPH DANIEL	99991	COMMUNITY #1	M	64	LP; 12/17/03 41
PATIENT, GLADYS	89893	COMMUNITY #2	F	68	LP;
PATIENT, ANNA MARGARET	98984	COMMUNITY #2	F	71	
PATIENT, EVELYN MAE	88885	COMMUNITY #2	F	77	
PATIENT, MARY CAROLE	99996	COMMUNITY #2	F	87	LP; 03/03/04 116

Figure 8-60: Sample Patient List, Cardiovascular Disease and Lipids Assessment

## 8.8 Other Clinical Indicators

### 8.8.1 HIV Quality of Care

**Indicator Definition:** Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines. [Based on HP 2010 developmental indicator 13-13a Viral Load Testing.]

**Denominator:** All patients ages 13 and older with at least 2 visits with HIV POV or Problem List diagnosis within the service area (i.e., not contract/CHS) in the year prior to the end of the Report period, including 1 HIV diagnosis in last 6 months.

**Numerators:** Patients who received CD4 test only (without PCR viral load) in the year prior to the end of the Report period.

Patients who received HIV viral load only (without CD4) in the year prior to the end of the Report period.

Patients who received both CD4 and HIV viral load tests in the year prior to the end of the Report period.

Total patients receiving tests.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042.0-044.9; V08; 795.71		
CD4	86361		yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		yes	BGP HIV VIRAL TAX

**Patient List Description:** For confidentiality reasons, no patient lists can be produced for this indicator.

**Indicator Targets:** TBD

HP2010 target for viral load testing	developmental
HP2010 baseline for CD4 testing	Nearly 100%

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-----									
HIV Quality of Care									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical >13 w/HIV DX	71		68			48			
# w/CD4 only	0	0.0	1	1.5	-1.5	0	0.0	+0.0	
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/both	70	98.6	65	95.6	+3.0	47	97.9	+0.7	
TOTAL # w/ tests	70	98.6	66	97.1	+1.5	47	97.9	+0.7	

Figure 8-61: Sample Report HIV Quality of Care

**NOTE:** No Patient List is available for this indicator.

## 8.8.2 Asthma Incidence and Hospitalization

**Indicator Definition:** Reduce percentage of asthmatic patients who are hospitalized for asthma. [Based on HP 2010 indicator 24-2.]

**Denominators:** All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

**Numerators:** Patients who have had two asthma-related visits in the year prior to the end of the Report period or are categorized in the Asthma Register System (ARS) as persistent.

Patients from the first numerator who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period.

**Logic Description:** Age is calculated at beginning of Report period. Asthma visits are defined as diagnosis (POV) 493.\*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. Hospitalizations defined as service category H with primary admission diagnosis 493.\*.

**Key Logic Changes from Previous Year:** Added Asthma Register System category as means to identify asthmatic patients.

**Patient List Description:** A list of patients who meet the Asthma diagnosis criteria in the numerator, with their appropriate denominator identified. Displays the date of the asthma diagnosis, with code; additionally displays the date of hospital admission with asthma diagnosis, designated as “H,” if any.

### Indicator Targets:

HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 target for hospitalizations for asthma:	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

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-----									
Asthma									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Total Active Clinical Patients	6,142		6,134			6,240			
# w/asthma	267	4.3	265	4.3	+0.0	253	4.1	+0.3	
under 5	30	11.2	27	10.2	+1.0	28	11.1	+0.2	
5-64	212	79.4	216	81.5	-2.1	214	84.6	-5.2	
65 and older	25	9.4	22	8.3	+1.1	11	4.3	+5.0	
# w/asthma hospitalization	21	7.9	13	4.9	+3.0	15	5.9	+1.9	
under 5	4	19.0	2	15.4	+3.7	1	6.7	+12.4	
5-64	13	61.9	10	76.9	-15.0	12	80.0	+18.1	
65 and older	4	19.0	1	7.7	+11.4	2	13.3	+5.7	

Figure 8-62: Sample Report, Asthma Indicator

Asthma: List of pts diagnosed with asthma w/asthma hospitalization						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
-----						
PATIENT,AUBREY JANE	30049	COMMUNITY #1	F	5	AC; 11/15/03	493.1
PATIENT,DEBORAH J.	30089	COMMUNITY #1	F	8	AC; 04/01/04	493.0;
PATIENT,SHIRLEY ROSE	10009	COMMUNITY #1	F	10	AC; 10/11/03	493.0; H 11/15/01
PATIENT,SARA H	30059	COMMUNITY #1	F	12	AC; 06/13/04	493.0
PATIENT,ELOISE	30029	COMMUNITY #1	F	17	AC; 09/02/03	493.1
PATIENT,CRYSTAL	60059	COMMUNITY #1	F	21	AC; 04/31/04	493.0; H 06/01/02
PATIENT,ANGELENA MA	20019	COMMUNITY #1	F	24	AC; 01/15/04	493.2
PATIENT,MERCI L	20079	COMMUNITY #1	F	29	AC; 06/27/04	493.0
PATIENT,DARLENA MARIA	10030	COMMUNITY #1	F	35	AC; 09/18/03	493.1

Figure 8-63: Sample Patient List, Asthma Indicator

### 8.8.3 Medications Education

**Indicator Definition:** Increase the proportion of patients taking medications who are receiving patient education about their medications. This indicator contributes to the IHS national Patient Safety initiative.

**Denominator(s):** Active Clinical patients with medications dispensed at their facility during the year prior to the end of the Report period.

User Population patients with medications dispensed at their facility during the year prior to the end of the Report period.

**Numerator:** All patients in the denominator who were provided patient education about medications in any location.

**Logic Description:** Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. GPRA+ assumes that the appropriate facility is the one the user has logged onto to run the report.

**NOTE:** If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

GPRA+ uses the following patient education codes to define the numerators:

Medication Education	M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow up) M-L (Medication patient information literature) any PEP-C code containing "-M" (medication)
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**Patient List Description:** A list of patients identified as receiving medications dispensed at their facilities, with the appropriate denominator identified. Displays the date the patient received any medication education and the codes.

**Indicator Targets:**

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	95%
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-----									
Medications Education									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Patients									
receiving									
medications	4,144		4,198			4,202			
# patients receiving									
medication educ	1,586	38.3	77	1.8	+36.4	43	1.0	+37.2	
User Pop Patients									
receiving									
medications	4,745		4,813			4,826			
# patients receiving									
medication educ	1,644	34.6	79	1.6	+33.0	43	0.9	+33.8	

Figure 8-64: Sample Report, Medications Education

Medications Education: List of patients receiving medication w/med education, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,ISAAC PATRICK	91341	COMMUNITY #1	M	48	UP,AC;
PATIENT,ALEXANDER	99022	COMMUNITY #1	M	51	UP,AC; 07/21/03 M-I
PATIENT,EDWARD SAMUEL	59083	COMMUNITY #1	M	55	UP,AC;
PATIENT,EDMUND	92214	COMMUNITY #1	M	61	UP,AC; 06/27/04 M-I
PATIENT,JUSTIN ALEX	84335	COMMUNITY #1	M	66	UP,AC;
PATIENT,ANGELO LUIS	83646	COMMUNITY #1	M	81	UP,AC; 02/03/04 M-I
PATIENT,MARGARET L	86127	COMMUNITY #2	F	29	UP,AC; 09/26/03 M-I
PATIENT,ADRIENNE GRACI	84248	COMM #3	F	17	UP,AC; 03/06/04 M-L
PATIENT,BROOK ASHLEY	94479	COMM #3	F	25	UP,AC; 11/19/03 M-I
PATIENT,LYNN JANELLE	94680	COMM #3	F	26	UP,AC;
PATIENT,KRISTINE MARGAR	95158	COMM #3	F	27	UP,AC; 12/30/03 HTN-M
PATIENT,MARIA LOUISE	96808	COMM #3	F	28	UP,AC;
PATIENT,DONNA RACHEL	84207	COMM #3	F	28	UP,AC; 03/11/04 M-I
PATIENT,DARLENE ELIZA	87606	COMM #3	F	42	UP,AC; 08/18/03 DM-M

Figure 8-65: Sample Patient List, Medications Education

### 8.8.4 Public Health Nursing

**Indicator Definition:** During FY 2004, maintain the total number of public health nursing (PHN) services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.



**Patient Data****Denominator:** All User Population patients.**Numerators :** Patients served by PHNs in any setting.

Patients served by PHNs in Home setting.

**Visit Data****Denominators: GPRA Denominator:** Total number of PHN visits in any setting.**GPRA Denominator:** Total number of PHN visits in Home setting.**Numerators:** Neonate (0-28 days);

Infants (29 days - 12 months);

Patients ages 1-64.

Elders (age 65 and older).

**Logic Description:** A PHN visit is defined as any visit with primary or secondary provider code of 13 or 32, or clinic code 45. Visits in any setting include all PHN visits. Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME; the location used for HOME is entered by the user in the Site Parameters menu option from the System Setup menu (section 4.1 Site Parameters).**Key Logic Changes from Previous Year:** None.**Patient List Description:** List of any patient who has received PHN visit of any type, indicating number of PHN visits in any setting and number of Home visits.**GPRA Indicator Past Performance and Targets:**

	<b>All PHN visits</b>	<b>PHN Home visits</b>
IHS FY 2002 Performance	343,874	156,263
IHS FY 2003 Performance	359,089	160,650
IHS 2010 Goal	None currently	None currently

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-----									
Public Health Nursing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE	
All User Population patients	8,626		8,509			8,378			
# patients served by PHNs in any Setting	1,212	14.1	1,625	19.1	-5.0	1,713	20.4	-6.3	
# patients served by PHNs in a Home Setting	665	7.7	980	11.5	-3.8	1,073	12.8	-5.1	
Total # PHN visits - any Setting	3,396		4,063		-667	4,626		-1,230	
A. 0-28 days any Setting	36		37		-1	57		-21	
B. 29d-12m any Setting	339		347		-8	315		+24	
C. age 1-64 any Setting	2,670		3,482		-812	4,066		-1,396	
D. age 65+ any Setting	351		197		+154	188		+163	
Total # of PHN Visits - Home Setting	896		1,940		-1,044	2,128		-1,232	
A. 0-28 days Home Setting	19		27		-8	43		-24	
B. age 29d-12m Home Setting	142		201		-59	166		-24	
C. age 1-64 Home Setting	664		1,592		-928	1,802		-1,138	
D. age 65+ Home Setting	71		120		-49	117		-46	

Figure 8-66: Sample Report, Public Health Nursing

Public Health Nursing: Patients with PHN visits documented

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,FLORENCE	555551	COMMUNITY #2	F	2	3 all PHN; 2 home
PATIENT,SYDNEY	444441	COMMUNITY #2	F	23	1 all PHN; 0 home
PATIENT,CELESTE	333331	COMMUNITY #2	F	73	1 all PHN; 0 home
PATIENT,RAY	222221	COMMUNITY #2	M	61	1 all PHN; 0 home
PATIENT,SHERRY	000012	SITE,RURAL	F	47	2 all PHN; 1 home
PATIENT,CHRIS	999991	SITE,URBAN	M	0	1 all PHN; 1 home
PATIENT,JON	888881	SITE,URBAN	M	2	1 all PHN; 0 home
PATIENT,RALPH	777771	SITE,URBAN	M	2	1 all PHN; 0 home
PATIENT,JOHN	666661	SITE,URBAN	M	8	1 all PHN; 0 home

Figure 8-67: Sample Patient List, Public Health Nursing .

## 9.0 Glossary

Active Clinical Patients	One of the two basic denominator definitions used by GPRA+. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.2 for detailed description of the denominator.
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
Baseline Year	GPRA+ calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time he or she runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same Baseline Year; otherwise the Area's aggregate report will not calculate properly.
CPT Codes	One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.
Denominator	The denominator for an indicator is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

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Developmental Indicators	For IHS, these are performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured. In GPRA+, developmental indicators are identified by letter identifiers, e.g., A. Diabetes and Mental Health.
Device	A device that either displays or prints information.
Enter Key	Used interchangeably with the Return key. Press the Enter key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards are shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.
Entry Point	Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
FY	Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
GPRA	Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.
GPRA Indicator	Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each indicator has one denominator and one numerator. For FY 2004, the IHS has 40 GPRA indicators in four main categories: Treatment (21), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (5). These indicators address the most significant health problems facing the AI/AN population.

GPRA Performance	In GPRA+, the GPRA Performance Report is a report that only includes the specific denominator and numerator from each of the clinical indicator topics included in the IHS GPRA performance plan (no developmental indicators and no related numerators). The GPRA Performance Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
GPRA Report (GPRA+)	In GPRA+, the GPRA Report is a report that only includes clinical indicators from the IHS GPRA performance plan (no developmental indicators). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
GPRA Report to Congress	IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year.
GPRA+	GPRA+ Clinical Indicator Reporting System is a component of the RPMS (Resource and Patient Management System) software suite. GPRA+ provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' make a unique identifier within all of IHS.
Healthy People 2010 (HP 2010)	HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

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HEDIS	<p><u>Health Plan Employer Data and Information Set (HEDIS®)</u>. HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.</p>
ICD Codes	<p>One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. GPRA+ searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.</p>
INDEX (%INDEX)	<p>A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (&gt;D ^%INDEX).</p>
Indicator	<p>A specific performance measure with one defined denominator and numerator. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.</p>
Indicator Topic	<p>An overarching clinical topic, e.g. Diabetes and Blood Pressure Control. Each indicator topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA indicator is Controlled Blood Pressure.</p>
Init	<p>Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.</p>
I/T/U	<p>Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.</p>

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Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
Local Report (GPRA+)	GPRA+ produces reports for each indicator (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the indicator. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.
LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option" as in Select Menu Management option: (the menu's select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.
Numerator	The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.



Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.
Patient List	GPRA+ will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.
PIT (Performance Improvement Team)	Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.
QI	Abbreviation for quality improvement.
Quarter Ending (for GPRA+ reports)	Because all GPRA+ reports are based on a minimum of one year's data, GPRA+ provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt dates	The date that the party received the information
Receiving Party	The person or organization that is receiving the information.
Report Period	GPRA+ reports analyze and report on a minimum of one year's data for all indicators. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting FY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period. All GPRA+ reports also display the Previous and Baseline period for comparison.

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Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards are shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much GPRA+ indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, GPRA+ uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Up-Hat (^)	A circumflex, also know as a “hat” or “caret,” that is used as a piece delimiter in a global. The up-hat is denoted as “^” and is typed by pressing Shift+6 on the keyboard.
User Population	GPRA+ uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.2 for detailed description of the two denominators.

Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

## 10.0 Appendix A: FY04 and FY05 GPRA Indicators

The table displayed on the following pages provides definitions, indicator leads or “owners,” data source for indicator performance reporting and performance targets for each indicator.

### INDIAN HEALTH SERVICE

#### FY 2004 AND PROPOSED FY 2005 PERFORMANCE INDICATORS

As of September 30, 2003

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Diabetes Prevalence:</u></b> During FY 2005, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population. Becomes an overarching evaluation; no longer GPRA indicator in FY 05</p>	<p>During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.</p>	<p>Edna Paisano, OPS/OPH, 3-1180  Kelly Acton, OCPS/OPH, 505- 248-4182</p>	<p>–IHS statistics program</p>
<p><b><u>Diabetes: Poor Glycemic Control:</u></b> Establish the proportion of patients with diagnosed diabetes that have poor glycemic control (outcome)</p>	<p>No indicator for 04</p>	<p>Kelly Acton, OCPS/OPH, 505- 248-4182</p>	<p>IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports</p>
<p><b><u>Diabetes: Improved Glycemic Control:</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control at the FY 2004 level.</p>	<p>During FY 2004, increase the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control by 1% over the FY 2003 level.</p>	<p>Kelly Acton, OCPS/OPH, 505- 248-4182</p>	<p>IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports</p>
<p><b><u>Diabetes: Blood Pressure Control:</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.</p>	<p>During FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control by 1% over FY 2003 level.</p>	<p>Kelly Acton, OCPS/OPH, 505- 248-4182</p>	<p>IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports</p>
<p><b><u>Diabetes: Dyslipidemia Assessment:</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia at the FY 2004 level.</p>	<p>During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia by 1% over FY 2003 level.</p>	<p>Kelly Acton, OCPS/OPH, 505- 248-4182</p>	<p>IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports</p>

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<b><u>Diabetes: Nephropathy Assessment :</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2003 level.	During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 1% over FY 2003 level.	Kelly Acton, OCPS/OPH, 505-248-4182	IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports
<b><u>Diabetic Retinopathy:</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2003 rate.	During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.	Mark Horton PIMC 602-263-1200	IHS Diabetes Care and Outcomes Audit GPRA+ Area reports Reports from Designated Sites
<b><u>Cancer and Women's Health: Pap Smear Rates:</u></b> During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base GPRA+ Area Reports
<b><u>Cancer and Women's Health: Mammogram Rates:</u></b> During FY 2005, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2004 rate.	During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate.	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base GPRA+ Area Reports
<b><u>Colorectal Cancer Screening:</u></b> TBD	No indicator for FY 2004	Nat Cobb, OPS/OPH, 505-248-4132	NPIRS data base GPRA+ Area Reports
<b><u>RTC Accreditation:</u></b> During FY 2005, 100% Of Regional Treatment Centers will have JACHO or CARF or comparable accreditation	<b><u>RTC Improvement:</u></b> During FY 04, YRTC's will show improvement in 4 criteria by 2% over FY 03	Wilbur Woodis, OCPS/OPH, 301-443-6581	Collected from RTCs by Area BH Coordinators
<b><u>Alcohol Screening (FAS Prevention):</u></b> During FY 2005, increase rate of screening for alcohol use in a defined group of female patients of child-bearing age	During FY 2004, establish a baseline rate for alcohol screening in a defined group of female patients of child-bearing age.	Wilbur Woodis, OCPS/OPH, 301-443-6581	collected via health factor, patient education and other fields
<b><u>Fluoridated Water:</u></b> During FY 2005, increase the proportion of AI/AN population receiving optimally fluoridated water by 0.5% over the FY 2004 levels for all IHS Areas.	During FY 2004, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2003 levels for all IHS Areas.	Patrick Blahut, OCPS/OPH, 301-443-1106	WFRS (CDC) and reports from Area Fluoridation Coordinators

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Dental Access:</u></b> During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.</p>	During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.	Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base GPRA+ Area Reports
<p><b><u>Dental Sealants:</u></b> During FY 2005, maintain the number of sealants placed per year in AI/AN children at the FY 2004 level.</p>	During FY 2004, maintain the number of sealants placed per year in AI/AN children at the FY 2003 level.	Patrick Blahut, OCPS/OPH, 301-443-1106	NPIRS data base GPRA+ Area Reports
<p><b><u>Diabetes: Dental Access:</u></b> During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.</p>	During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 1% over the FY 2003 level.	Patrick Blahut, OCPS/OPH, 301-443-1106	IHS Diabetes Care and Outcomes Audit GPRA+ Area Reports
<p><b><u>Domestic (Intimate Partner) Violence Screening:</u></b> During FY 2005 the IHS will address domestic violence, abuse, and neglect by maintaining the proportion of women who are screened for domestic violence at the FY 04 rate.</p>	During FY 2004, the IHS will address domestic violence, abuse and neglect by screening at least 15% of eligible women patients between the ages of 16-24 for domestic violence at direct care facilities	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803  Ramona Williams, OCPS/OPH, 301-443-2038	New exam code in RPMS GPRA+ Area Reports
<p><b><u>Data Quality Improvement:</u></b> During FY 2005 implement a national program to improve the quality, accuracy and timeliness of RPMS Patient Care Component ( PCC) data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment package to include 2 additional clinical measures</p>	During FY 2004 implement a national program to improve the quality, accuracy and timeliness of RPMS Patient Care Component ( PCC) data to support the Agency's GPRA clinical measures by a. providing DQ training in each area b. expand the current automated data quality assessment package to include 2 additional clinical measures	Mike Gomez IHPES, 505-248-4152	Questionnaire
<p><b><u>Behavioral Health:</u></b> During FY 2005, improve the Behavioral Health Data System by assuring at least an additional 5% of the programs will report minimum agreed-to behavioral health-related data into the national data warehouse. STILL NEEDS TO BE CHANGED</p>	During FY 2004, improve the Behavioral Health Data System by assuring at least an additional 5% of the programs will report minimum agreed-to behavioral health-related data into the national data warehouse.	Wilbur Woodis, OCPS/OPH, 301-443-6581	Indian Health Performance Evaluation System  Collected via questionnaire to sites by OPH/BH staff

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Urban IS Improvement:</u></b> By 2005, expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status, and patient care data for the Indian health system by ensuring the C&amp;G language requires this data sharing</p>	<p>During FY 04, IHS will develop a specific minimum data set as well as appropriate language for the urban C&amp;G</p>	<p>Urban/OD, 301-443-4680</p>	<p>HQ Urban Indian Health Programs office</p>
<p><b><u>Accreditation:</u></b> During FY 2005, maintain 100% accreditation of all IHS hospitals and outpatient clinics.</p>	<p>During FY 2004, maintain 100% accreditation of all IHS hospitals and outpatient clinics</p>	<p>Balerna Burgess, OEM/OPH, 301-443-1016</p>	<p>Accreditation reports submitted by IHS Area Quality Assurance coordinators.</p>
<p><b><u>Medication Error Improvement:</u></b> In FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.</p>	<p>In FY 2004, a. establish baseline data for medication error reporting for all IHS Areas, and b. pilot test standardized medication error reporting system in two additional areas</p>	<p>Robert Pittman, OCPS/OPH, 301-443-1190</p>	<p>Reports from Risk Management Officers</p>
<p><b><u>Customer Satisfaction:</u></b> By the end of FY 2005, improve consumer satisfaction rates by 1% over the FY 04 baseline.</p>	<p>By the end of FY 2004, improve consumer satisfaction rates by 3% over the FY 03 baseline.</p>	<p>Ben Muneta Phil Smith, OPS/OPH, 301-443-6528</p>	<p>IHS Consumer Satisfaction Survey</p>
<p><b><u>Public Health Nursing:</u></b> During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels. TO BE CHANGED</p>	<p>During FY 2004, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.</p>	<p>Barbara Fine, OCPS/OPH, 301-443-1840</p>	<p>NPIRS data base IHPES data base GPRA+ Area Reports, IHS Program Statistics Team, and written reports submitted by Tribes using non-RPMS systems.</p>
<p><b><u>Childhood Immunizations:</u></b> In FY 2005, maintain baseline FY 2004 rates for recommended immunizations for AI/AN children patients 19-35 months</p>	<p>In FY 2004, establish baseline FY 2004 rates for recommended immunizations for AI/AN children patients 19-35 months  Secondary - Increase 3-27 month rates by 2 % over FY 2003.</p>	<p>Amy Groom, Epi/NPABQ, 505-248-4226  Jim Cheek, OPS/OPH, 505-248-4226</p>	<p>Quarterly RPMS Immunization application reports from Area Immunization Coordinators Immunization Package GPRA+ (for FY05)</p>

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Adult Immunizations: Influenza:</u></b> In FY 2005, maintain FY 2004 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.</p>	In FY 2004, maintain FY 2003 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older.	Amy Groom, Epi/NPABQ. 505-248-4226  Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base GPRA+ Area Reports
<p><b><u>Adult Immunizations: Pneumovax:</u></b> In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.</p>	In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	Amy Groom, Epi/NPABQ. 505-248-4226  Jim Cheek, PS/OPH, 505-248-4226	NPIRS data base GPRA+ area reports
<p><b><u>Injury Intervention:</u></b> During FY 2005, maintain at least 36 community-based, proven injury prevention intervention projects across I/T/U settings and establish web based reporting</p>	During FY 2004, maintain at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	Alan Dellapenna, OEHE/OPH, 301-443-0097	Reports from Area Injury Prevention Specialists
<p><b><u>Unintentional Injury Rates:</u></b> During FY 2005, reduce deaths caused by unintentional injuries to no higher than the FY 2004 level.</p>	During FY 2004, reduce deaths caused by unintentional injuries to no higher than the FY 2003 level.	Alan Dellapenna OEHE/OPH, 301-443-0097	National Center for Health Statistics
<p><b><u>Suicide Surveillance :</u></b> During FY 2005, implement national reporting plan for suicide surveillance</p>	During FY 2004, develop a national reporting plan for suicide surveillance	Marlene Echohawk, OCPS/OPH, 301-443-2589	Area BH coordinators BH GUI
<p><b><u>CVD Prevention: Cholesterol:</u></b> During FY 2005, establish the number of adult patients that receive appropriate screening for blood lipids. • cholesterol (% of appropriate patients assessed, % abnormal LDL, TG, HDL; % treated; % at goal)</p>	<p><b><u>CVD Prevention Pilots:</u></b> During FY 2004, support clinical and community-based cardiovascular disease prevention initiatives through the addition of one pilot site and appropriate evaluation of the pilot projects</p>	TBD	IHPES data base GPRA+ Area Reports
<p><b><u>Obesity Assessment:</u></b> During FY 2005 , each area will increase the number of patients for whom BMI data can be measured by 5% percent;</p>	During FY 2004, establish the number of patients for whom BMI data can be obtained	Jean Charles-Azure, OCPS/OPH, 301-443-0576	NPIRS GPRA+ Area reports
<p><b><u>Tobacco Use Assessment :</u></b> By the end of 2005, .... Pending....</p>	During 2004, establish baseline screening rates for tobacco use	Nat Cobb, OPS/OPH, 505-248-4132	IHS Program Records



INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Prenatal HIV Screening:</u></b> In FY 2005, establish baseline screening rates for HIV in pregnancy</p>	<p><b><u>HIV Status:</u></b> In FY 2004, increase the percentage of high-risk sexually active persons who know their HIV status and have received risk reduction counseling by 10% over FY 2003.</p>	<p>Jeanne Bertolli, CDC  Jim Cheek, IHS Epi; 505-248-4132</p>	<p>ID Web GPRA+ (FY05)</p>
<p><b><u>Environmental Surveillance:</u></b> During FY 2005, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2004 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.</p>	<p>During FY 2004, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2003 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.</p>	<p>Kelly Taylor, OEHE/OPH, 301-443-1593</p>	<p>WebEHRS</p>
<p><b><u>Sanitation Improvement:</u></b> During FY 2005, provide sanitation facilities projects to XXX Indian homes with water, sewage disposal, and/or solid waste facilities.</p>	<p>During FY 2004, provide sanitation facilities projects to XXX Indian homes with water, sewage disposal, and/or solid waste facilities.</p>	<p>Crispin Kinney, OEHE/OPH, 301-443-1046</p>	<p>IHS Sanitation Deficiency System (SDS) and Project Data System (PDS)</p>
<p><b><u>Facility Construction:</u></b> During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: <b>XXX</b></p>	<p>During FY 2004, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: <b>XXX</b></p>	<p>Jose Cuzme, OEHE/OPH, 301-443-8616</p>	<p>HQ OEHE</p>
<p><b><u>Consultation Process Improvement :</u></b> During FY 2005, the IHS will meet or exceed stakeholder satisfaction with the IHS consultation process compared to the FY 2004 baseline.</p>	<p>During FY 2004, the IHS will improve stakeholder satisfaction with the IHS consultation process by 3% over the FY 2003 baseline.</p>	<p>Dave Byington, OTP/OD, 301-443-1104</p>	<p>I/T/U survey instrument and protocol.</p>
<p><b><u>CHS Procurement Improvement:</u></b> During the FY 2005 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.  <b>Still to be changed</b></p>	<p>During the FY 2004 reporting period, the IHS will have improved the level of Contract Health Services (CHS) procurement of inpatient and outpatient hospital services for routinely used providers by at least 1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.</p>	<p>Clayton Old Elk Brenda Jeanotte, OCPS/OPH, 301-443-2694</p>	<p>IHS Fiscal Intermediary</p>

INDICATOR FY05	INDICATOR FY04	HQ/FIELD LEADS	DATA SOURCE
<p><b><u>Public Health Infrastructure:</u></b> By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in the last three Area Offices.</p>	<p>By the end of FY 2004, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional 3 area offices ( 9 total)</p>	<p>Nat Cobb OPS/OPH, 505-248-4132</p>	<p>HQ and Area Surveys</p>
<p><b><u>Tribal SD Process:</u></b> During FY 2005, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by:</p> <p>a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need</p>	<p>During FY 2004, the IHS will support the efficient, effective and equitable transfer of management of health programs to tribes submitting proposals or letters of intent to contract or compact IHS programs under the Indian Self-Determination Act by:</p> <p>a. providing technical assistance to all tribes (100%) submitting proposals or letters of intent based on identified areas of need and with specific technical assistance in the area of calculating contract support costs.</p>	<p>Charles Sockeye, OTP/OD, 3-1104</p>	<p>CSC Requests and Signed Annual Funding Agreements.</p>
<p><b><u>Scholarships:</u></b> During FY 2005, improve the placement rate for scholarship recipients</p>	<p>During FY 2004, secure baseline for placement of scholarship recipients</p>	<p>OCPS/OPH, 301-443-1840</p>	

## 11.0 Appendix B: Working with Delimited Files

Sites that want more flexibility than a printed report to be able to rearrange their report data into a different format and perform other types of calculations on the numbers will need to use the delimited file option.

**Note:** This option is particularly useful for manipulating pages of patient lists so that the user can sort them by any column they want to.

### 11.1 Producing a Delimited File

See section 6.0 for detailed instructions on running reports and producing a delimited file.

1. Type the corresponding letter for your output at the “Select an Output Option:” prompt
  - **P (Print)** will send the report file to your printer, your screen or an electronic file.
  - **D (Delimited Output)** will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
  - **B (Both)** will produce both a printed report and a delimited file.

```
SUMMARY OF FY 04 ANNUAL AREA DIRECTOR PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:

Reporting Period:      Oct 01, 2003 to Sep 30, 2004
Previous Year Period:  Oct 01, 2002 to Sep 30, 2003
Baseline Period:      Oct 01, 1999 to Sep 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow

The HOME location is: HOME 404295

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

Select one of the following:

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

Select an Output Option: P// P  Print Report on Printer or Screen

DEVICE: HOME//      Right Margin: 80//
```

Figure 11-1: Selecting Output Options for Reports

2. If you select **D (Delimited)** at the “Select an Output Option” prompt, you will be prompted to print your file to the screen (**S**) or to an electronic file (**F**). If this report will take several hours to run, it is recommended to print to a file.

If you select **F File**, type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension `.txt`. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d Create Delimited output file (for use in Excel)

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

Select one of the following:

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

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

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

Won't you queue this ? Y// y YES
Requested Start Time: NOW//20:00:00 (APR 27, 2004@20:00:00)
Tasked with 2033810
```

*Figure 11-2: Running Reports: Delimited Reports*

## 11.2 Opening Text Files in Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.
2. Select **FILE**, then **OPEN** from the menu bar.
3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your Site Manager.

4. Ensure that the “Files of type” box at the bottom is set to “Text Files” or “All Files.” Highlight and double-click on the name of the text file you want to open.

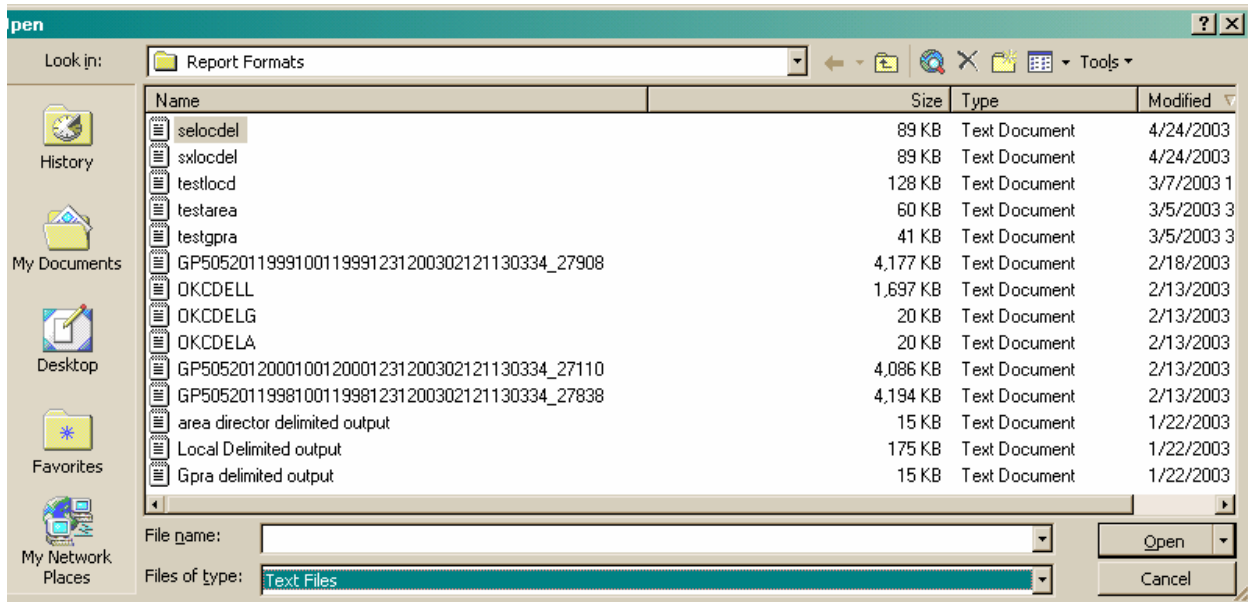


Figure 11-3: Importing the delimited file into Excel (step 4)

5. The Text Import Wizard dialog box should appear automatically.
6. Check to make sure that the “Delimited” radio button is selected for Original Data Type. Click the Next button at the bottom right to proceed.

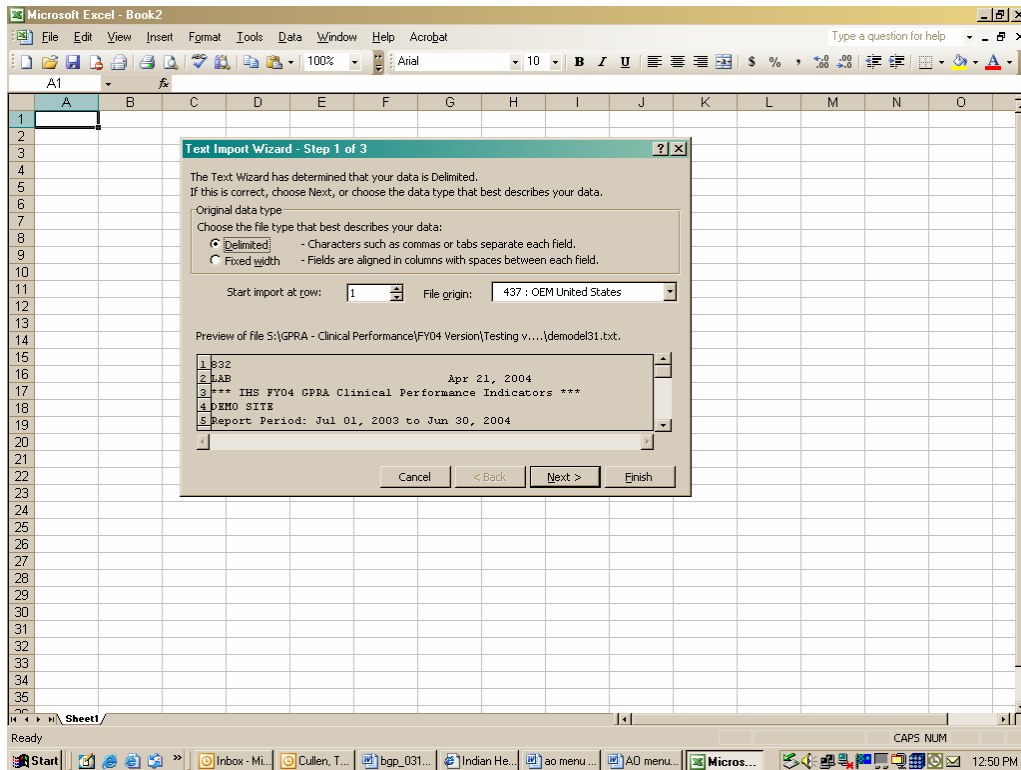


Figure 11-4: Importing the delimited file into Excel (step 6)

7. In the Delimiters box on the Step 2 screen:

- Deselect “Tab” by clicking the check box off
- Select “Other” by clicking the check box on
- Type a caret (^) in the box next to Other. This tells Excel that the file you are importing separates (delimits) the fields with a “^” character.

8. Click the Next button to continue.

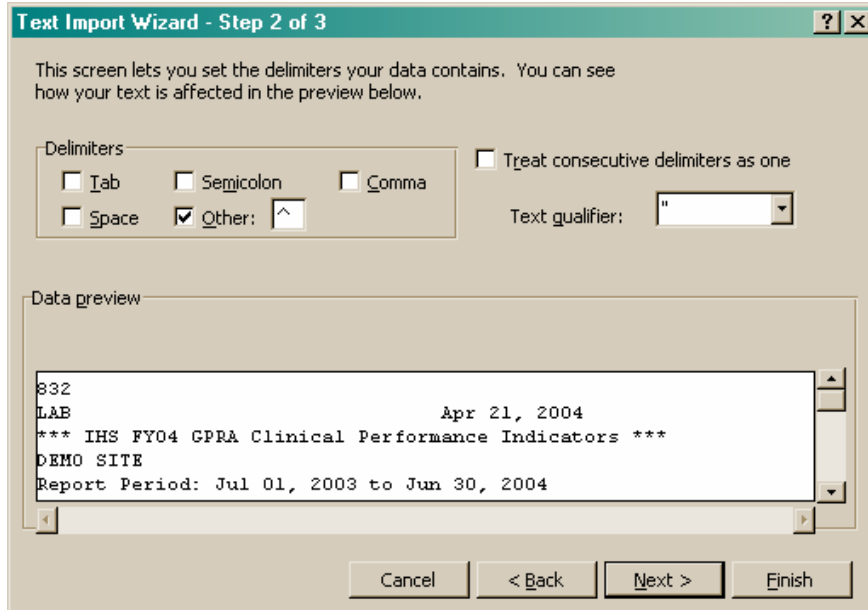


Figure 11-5: Importing the delimited file into Excel (step 8)

9. On the Step 3 screen, highlight all the columns by scrolling down until you see multiple columns in the Data Preview screen, hold the shift key down, and click on the last column. All columns should now be highlighted.

Change the Column data format selected to “Text.” If you leave the format set to “General,” Excel will reformat some of the cells, e.g., change age ranges to dates.

Click the Finish button.

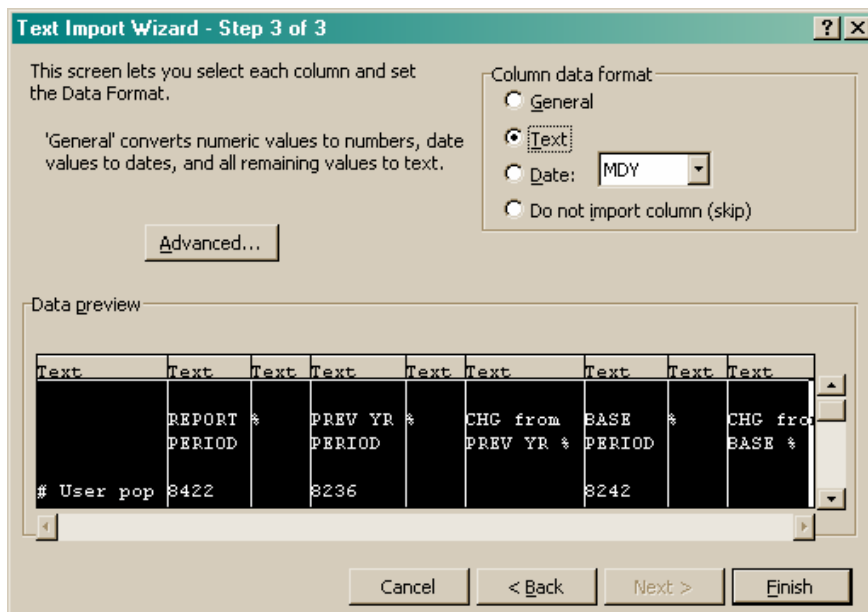


Figure 11-6: Importing the delimited file into Excel (step 9)

- The file will appear on the Excel screen. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

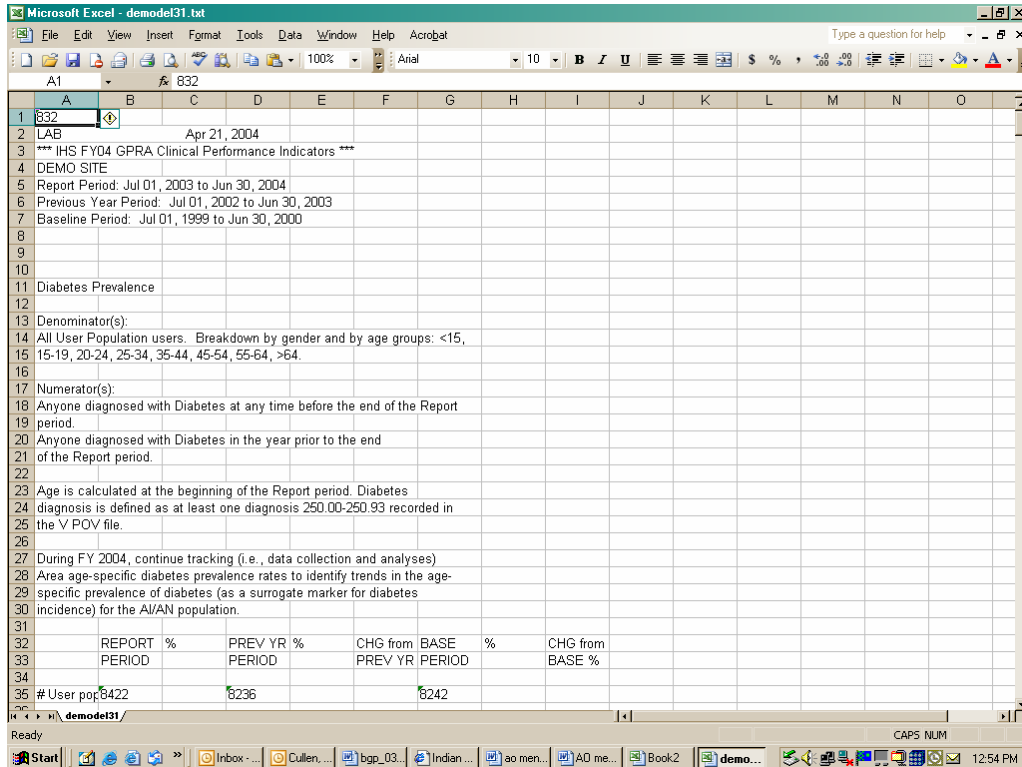


Figure 11-7: Importing the delimited file into Excel (step 10)

- Below is an example of a spreadsheet that has been formatted.



\*\*\* IHS FY03 Local Clinical Performance Indicator Report \*\*\*  
 DEMO HOSPITAL  
 Report Period: Oct 01, 2000 to Sep 30, 2001  
 Previous Year Period: Oct 01, 1999 to Sep 30, 2000  
 Baseline Period: Oct 01, 1997 to Sep 30, 1998

**Indicator 1: Diabetes Prevalence**

Denominator: All GPRA User Population.  
 Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)  
 Numerator 2: DM POV Diagnosis in year prior to end of Report period

Continue tracking Area age-specific diabetes prevalence rates to identify trends in diabetes prevalence (as surrogate marker for diabetes incidence).

	REPORT PERIOD	%	EV1 PERIOD	%	CHG from PRE V YR %	BASE PERIOD	%	CHG from BASE %
<b># User pop</b>	<b>196</b>		<b>205</b>			<b>208</b>		
# w/ any DM DX	16	8.2%	13	6.3%	1.8	10	4.8%	3.4
# w/ DM DX w/in past year	10	5.1%	10	4.9%	0.2	8	3.8%	1.3
<b># MALE User pop</b>	<b>99</b>		<b>97</b>			<b>93</b>		
# w/ any DM DX	9	4.6%	8	3.9%	0.8	6	2.9%	2.6
# w/ DM DX w/in past year	5	2.6%	6	2.9%	-1.1	5	2.4%	-0.3
<b># FEMALE User pop</b>	<b>97</b>		<b>108</b>			<b>115</b>		
# w/ any DM DX	7	3.6%	5	2.4%	2.6	4	1.9%	3.7
# w/ DM DX								

Preview: Page 1 of 60 CAPS

Figure 11-8: Formatted Performance Report

### 11.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the Selected Indicators reports (SEL, PP, or ALL menu options) and select Patient Lists. Then select Delimited as your report output option.

Follow the steps above to open your delimited report in Excel. The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. In Excel, scroll down to the patient list that you want to sort.
2. Format the spreadsheet to see the data more clearly, e.g., change the width of some columns (Figure 11-9)

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88

Figure 11-9: Formatted Patient List in Excel

3. Highlight all of the rows containing patient names and information (Figure 11-10).

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88
PATIENT,SYLVIA	959036	COMMUNITY #1	F	72	UP,AC,AD 11/18/03 Imm 88
PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP
PATIENT,JESSICA B	959998	COMMUNITY #1	F	76	UP,AC,AD 10/22/03 Imm 88
PATIENT,DARLENE A	998097	COMMUNITY #1	F	77	UP,AC,AD
PATIENT,ROCHELLE	950997	COMMUNITY #1	F	79	UP,AC,AD 10/27/03 Imm 88
PATIENT,BETH	989993	COMMUNITY #1	F	80	UP,AC,AD 11/20/03 Imm 88
PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD
PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88
PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88

Figure 11-10: Highlight Rows

4. Select Data/Sort from the Menu options. The Sort dialog box will display on the screen.
5. Select the columns that you want to sort by. The example displayed here will sort the list by the data (last) column, to produce a list that will display patients with no immunizations, organized by denominator type, community and age.

If you have formatted your spreadsheet as text, the Sort Warning dialog box will display. Select the first option.

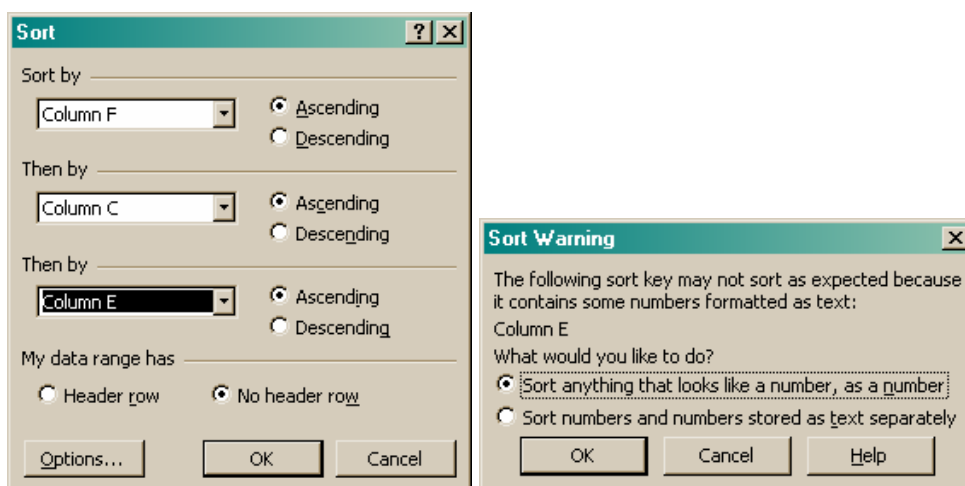


Figure 11-11: Sort Dialog boxes.

6. The spreadsheet now displays the list of patients organized by denominator type (Active Diabetic, User Population, Active Clinical or multiple denominators). Within each denominator type, you can easily see the patients with no influenza immunization documented.

	A	B	C	D	E	F	G	H	I	J	K
	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE					
126	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD					
127	PATIENT,BRANDON LEE	937969	COMMUNITY #3	M	45	AD					
128	PATIENT,DAVID	958759	COMMUNITY #2	M	33	AD 01/23/04 V04.81					
129	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88					
130	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88					
131	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88					
132	PATIENT,HELENE	960609	COMMUNITY #1	F	50	UP					
133	PATIENT,EDDIE H	909767	COMMUNITY #1	M	51	UP					
134	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP					
135	PATIENT,DERRICK JOHN	956759	COMMUNITY #1	M	60	UP					
136	PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP					
137	PATIENT,MARK	950997	COMMUNITY #1	M	73	UP					
138	PATIENT,GAYLE	997500	COMMUNITY #2	F	51	UP					
139	PATIENT,NEAL KEN	993306	COMMUNITY #2	M	57	UP					
140	PATIENT,LEONA KATENAY	988999	COMMUNITY #3	M	56	UP					
141	PATIENT,DERRICK STEVEN	956765	COMMUNITY #3	M	64	UP					
142	PATIENT,FRANCES L	907790	COMMUNITY #3	F	71	UP					
143	PATIENT,DANISHA RAE	989999	COMMUNITY #3	F	66	UP 10/23/03 Imm 88					
144	PATIENT,LAVERNE	950669	COMMUNITY #3	F	54	UP 11/05/03 Imm 88					
145	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88					
146	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88					
147	PATIENT,GEORGE	998095	COMMUNITY #1	M	71	UP 11/20/03 Imm 88					
148	PATIENT,SHAE NAVAL	968939	COMMUNITY #2	M	64	UP 11/20/03 Imm 88					
149	PATIENT,RONNIE	958099	COMMUNITY #2	M	61	UP 12/19/03 Imm 88					
150	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC					
151	PATIENT,KIRK	959590	COMMUNITY #1	M	50	UP,AC					
152	PATIENT,LEROY	997338	COMMUNITY #1	M	52	UP,AC					
153	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC					
154	PATIENT,JUSTIN	999979	COMMUNITY #1	M	59	UP,AC					
155	PATIENT,OLIVER	953890	COMMUNITY #1	M	61	UP,AC					
156	PATIENT,ANTHONY	959779	COMMUNITY #1	M	68	UP,AC					
157	PATIENT,BAHE	937799	COMMUNITY #1	M	78	UP,AC					
158	PATIENT,JOHANSON	959907	COMMUNITY #2	M	51	UP,AC					
159	PATIENT,FRANCIS L	907790	COMMUNITY #3	F	71	UP,AC					

Figure 11-12: Resorted Patient List, Showing Patients with No Influenza Vaccination Documented

## 12.0 Appendix C: Creating a Patient Panel

The following demonstrates an example of using QMan to create a list, or panel, of patients. Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Indicators with Patient Panel Population report (see Section 5.1.3 for detailed description). Patient panels must be created as FileMan search templates.

The example below shows how to create a list of all female patients seen in the past year by a specific provider designated as the primary provider for a visit.

```

***** Q-MAN OPTIONS *****

Select one of the following:

1          SEARCH PCC Database (dialogue interface)
2          FAST Facts (natural language interface)
3          RUN Search Logic
4          VIEW/DELETE Taxonomies and Search Templates
5          FILEMAN Print
9          HELP
0          EXIT

Your choice: SEARCH// PCC Database (dialogue interface)

***** SEARCH CRITERIA *****

What is the subject of your search? LIVING PATIENTS // LIVING PATIENTS

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
M          MALE
F          FEMALE
Value: F FEMALE
Computing Search Efficiency Rating.....

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]
SEX: FEMALE [SER = .66]

Attribute of LIVING PATIENTS: VISIT

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 (APR 22, 2003)
Exact ending date: T (APR 21, 2004)

Next condition of "VISIT": PROVIDER
***** PROVIDER-RELATED CRITERIA *****

You can either specify one or more providers by NAME, or....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty, etc)
to be used as selection criteria.

```

```

Select one of the following:

    1      NAME(S) of providers
    2      ATTRIBUTE(S) of providers

Your choice: NAME(S)//  of providers

Enter PROVIDER: USER, LORI
Enter ANOTHER PROVIDER:

The following have been selected =>

    BUTCHER, LORI A
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

Select one of the following:

    1      PRIMARY provider only
    2      SECONDARY providers only
    3      ALL providers

Your choice: ALL// 1 PRIMARY provider only

Subject of subquery: VISIT
BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
PRIMARY PROVIDERS (ADAM)

Next condition of "VISIT": [ENT]
Computing Search Efficiency Rating....

Subject of search: PATIENTS
ALIVE TODAY [SER = .04]
SEX: FEMALE [SER = .66]
Subject of subquery: VISIT
BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
PRIMARY PROVIDERS (BUTCHER)

Attribute of LIVING PATIENTS: [ENT]

***** Q-MAN OUTPUT OPTIONS *****

Select one of the following:

    1      DISPLAY results on the screen
    2      PRINT results on paper
    3      COUNT 'hits'
    4      STORE results of a search in a FM search template
    5      SAVE search logic for future use
    6      R-MAN special report generator
    9      HELP
    0      EXIT

Your choice: DISPLAY// 4 STORE results of a search in a FM search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)

```

Press the Enter key when done with attributes

```
Enter the name of the SEARCH TEMPLATE: LAB SEEN BY LORI IN PAST YR
Are you adding 'LAB SEEN BY LORI IN PAST YR' as
  a new SORT TEMPLATE? No// Y (Yes)
DESCRIPTION:
  No existing text
  Edit? NO//

Want to run this task in background? No// (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS          SANTA SEX      VISIT
(Alive)          NUMBER
-----
LASTNAME,AMY LY* 123456 FEMALE +
ROBERTSON,EMILY* 234567 FEMALE +
BROWN,GRETA*     345678 FEMALE +
MOUSE,MINNIE     456789 FEMALE +
UPDOWN,FIRST     654321 FEMALE +

Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS
```

name your template,  
using your initials as  
the first 3 characters

Figure 12-1: Creating a list of all female patients

## 13.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

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

**Fax:** (505) 248-4363

**Web:** <http://www.rpms.ihs.gov/TechSupp.asp>

**Email:** [ITSCHelp@mail.ihs.gov](mailto:ITSCHelp@mail.ihs.gov)