



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System (BGP)

National GPRA Report Performance Measure List and Definitions

Version 8.0 Patch 2
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1.0 CRS 2008 National GPRA Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2008 National GPRA Report. Many measures include refusals, which are not listed in this document but are included in the report.

Note:

Font indicates official GPRA measures reported in the National GPRA Report submitted to OMB and Congress.

Font indicates changes from CRS Version 8.0 Patch 1.

+ Not an official GPRA measure but is included in the National GPRA Report provided to OMB and Congress, to provide context to a GPRA measure(s).

* Not an official GPRA measure and is not included in the National GPRA Report provided to OMB and Congress. This measure is included in the CRS National GPRA Report to provide context to a GPRA measure(s).

DIABETES GROUP

Diabetes Prevalence

+Diabetes Diagnosis Ever

*Diabetes Diagnosis During GPRA Year

Glycemic Control

+Documented Alc

GPRA: Poor Glycemic Control

GPRA: Ideal Glycemic Control

Blood Pressure Control

*BP Assessed

GPRA: Controlled BP

LDL Assessment

GPRA: LDL Assessed

*LDL <= 100

Nephropathy Assessment

GPRA: Estimated GFR & Quantitative

GPRA: Urinary Protein or History of ESRD

Retinopathy Assessment

GPRA: Retinopathy Evaluation

DENTAL GROUP

GPRA: Access is Dental (Annual Dental Visit)

GPRA: Dental Sealants (count; not rate)

GPRA: Topical Flouride Application (count; not rate)

IMMUNIZATIONSAdult Immunizations (65+**GPRA: Influenza****GPRA: Pneumovax Ever**Childhood Immunizations (19-35 months)

*Active Clinical Pts w/4:3:1:3:3

GPRA: Active IMM Pts w/4:3:1:3:3

*4 DTaP

*3 Polio

*1 MMR

*3 HiB

*3 Hepatitis B

CANCER SCREENING**GPRA: Pap Smear Rates****GPRA: Mammogram Rates**Colorectal Cancer Screening**GPRA: Fecal Occult Blood Test during Report Period, Flexible Sigmoidoscopy or DCBE in past 5 years, or Colonoscopy in past 10 years**

*Fecal Occult Blood Test

Tobacco Use and Exposure Assessment

*Tobacco Assessment

*Tobacco Users

*Smokers

*Smokeless Users

*Exposed to Environmental Tobacco Smoke (ETS)

Tobacco Cessation**GPRA: Tobacco Cessation Counseling or Smoking Cessation Aid**

*Quit Tobacco Use

Tobacco Cessation Counseling or Smoking Cessation Aid or Quit Tobacco Use*BEHAVIORAL HEALTH****GPRA: Alcohol Screening (FAS Prevention)****GPRA: Intimate Partner Violence/Domestic Violence Screening**Depression Screening**GPRA: Depression Screening or Mood Disorder Diagnosis**

*Depression Screening

*Mood Disorder Diagnosis

CARDIOVASCULAR DISEASE-RELATEDObesity Assessment

- *Obesity Assessment
 - *Assessed as Overweight
 - *Assessed as Obese
 - *Assessed as Overweight or Obese

Childhood Weight Control (Children 2-5)

GPR: BMI 95% and Up

*BMI 85-94%

*BMI \geq 85%

Comprehensive CVD-Related Assessment

GPR: BP, LDL, and Tobacco Assessed, BMI, and Lifestyle Counseling

*Depression Screen

OTHER CLINICAL**GPR: Prenatal HIV Screening**

Definitions for all performance measure topics included in CRS begin on page 7. Definitions for numerators and denominators that are preceded by “GPR” represent measures that are reported to OMB and Congress.

Note: The logic changes represented in this document were not used for reporting of any GPR data in 2008. Rather, CRS Version 8.0 was used for the 2nd and 3rd quarter reports and CRS Version 8.0 Patch 1 was used for the 4th quarter reports. The logic changes indicated in this document will be reflected only in local National GPR Reports that are run using CRS Version 8.0 Patch 2 in the interim period after the 4th quarter reports are run and prior to the 2009 reports are run using CRS Version 9.0. No national reports were produced from this logic. This logic will be used as the baseline logic for CRS 2009 Version 9.0. A 2009 logic document will be produced for that version.

1.1 CRS Denominator Definitions

1.1.1 For All Denominators

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

1.1.2 Active Clinical Population for National GPRA Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2008 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN) - defined as Beneficiary 01.
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

1.1.3 Active Clinical Population for Local Reports

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2008 Clinical Measures User* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.4 User Population for National GPRA Reporting

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

1.1.5 User Population for Local Reports

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

1.1.6 Active Clinical CHS Population for National GPRA Reporting (CHS-only sites)

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

1.1.7 Active Clinical CHS Population for Local Reports (CHS-only sites)

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

2.0 CRS National GPRA Report Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2008 Version 8.0 Patch 2 Selected Measures (Local) Report.

Note: *Bold italic* font indicates new or edited definitions

2.1 Diabetes Group

2.1.1 Diabetes Prevalence

No changes from Version 8.0 Patch 1

Owner/Contact

Diabetes Program/Dr. Marie Russell

National Reporting

NATIONAL (included in National GPRA Report; **NOT** reported to OMB and Congress)

Denominator

User Population patients

Numerator

- 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever.
- 2) Anyone diagnosed with diabetes during the Report Period.

Definition

- 1) **Diabetes:** At least one diagnosis 250.00-250.93 recorded in the V POV file.

Patient List

Diabetic patients with most recent diagnosis.

2.1.2 Diabetes: Glycemic Control

Changes from Version 8.0 Patch 1, as noted

Owner/Contact

Diabetes Program/Dr. Marie Russell

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.

Numerators

- 1) Hemoglobin A1c documented during the Report Period.
- 2) **GPRA:** Poor control: A1c greater than (>) 9.5.
- 3) **GPRA:** Ideal control: A1c less than (<) 7.

Definition

- 1) **A1c:** Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as any of the following: CPT 83036, 83037, 3044F-3047F (*added 3044F-3045F*); LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX.

CPT 3044F represents A1c < 7 and will be included in the Ideal Control numerator.

GPRA 2008 Description:

Poor Glycemic Control: During FY 2008, maintain at the FY 2007 rate of 16% the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

Ideal Glycemic Control: During FY 2008, maintain at the FY 2007 rate of 31% the proportion of patients with diagnosed diabetes who have ideal glycemic control (defined as A1c < 7).

Patient List Options

List of diabetic patients with a documented Alc.

List of diabetic patients without a documented Alc.

List of diabetic patients with poor glycemic control (Alc greater than (>) 9.5).

List of diabetic patients with ideal glycemic control (Alc less than (<) 7).

2.1.3 Diabetes: Blood Pressure Control

Changes from Version 8.0 Patch 1, as noted

Owner/Contact

Diabetes Program/Dr. Marie Russell

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

Numerators

GPRA: Controlled BP, < 130/80.

Definitions

- 1) **BP Documented:** CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) 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.

If CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F (*added codes 3074F-3076F, 3078F-3079F*) *documented on a non-ER visit* during the Report Period.

- 2) **Controlled BP:** CRS uses a mean, as described above. If the mean systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

If CRS is not able to calculate a mean BP, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: 3074F, 3075F, 3077F, 3078F, 3079F, and 3080F. The systolic and diastolic values do NOT have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the Controlled BP numerator. (Previously, CPT codes 3077F and 3080F were included in BP Documented and Not Controlled BP numerators only. Added logic for new CPT codes 3074F-3079F and the numerators in which they are included.)

Note: CPT codes are not included since they do not store the result, which is used in this topic.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 39% the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as <130/80).

Patient List Options

List of diabetic patients who had their BP assessed.

List of diabetic patients who did not have their BP assessed.

List of diabetic patients with controlled BP, defined as <130/80.

List of diabetic patients with uncontrolled BP, defined as >130/80.

2.1.4 Diabetes: LDL Assessment

No changes from Version 8.0 Patch 1

Owner/Contact

Diabetes Program/Dr. Marie Russell

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

Numerators

- 1) **GPRA:** Patients with LDL completed during the Report Period, regardless of result.
- 2) LDL \leq 100

Definitions

- 1) **LDL:** CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL $<$ 130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL \leq 100, CPT 3048F will count as meeting the measure.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 61% the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).details

Patient List Options

List of diabetic patients with LDL completed, regardless of result.

List of diabetic patients without LDL completed.

2.1.5 Diabetes: Nephropathy Assessment

No changes from Version 8.0 Patch 1

Owner/Contact

Diabetes Program/Dr. Marie Russell

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

Numerator

GPRA: Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Definitions

- 1) **Estimated GFR:** Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy.
- 2) **Quantitative Urine Protein Assessment:** CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN.
Note: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values.
- 3) **End Stage Renal Disease:**
 - A) ANY diagnosis ever of 585.5, 585.6, V42.0, V45.1, or V56*,
 - B) ANY CPT in the range of 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339, or
 - C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 baseline rate of 40% the proportion of patients with diagnosed diabetes who are assessed for nephropathy details.

Patient List Options

List of diabetic patients with nephropathy assessment.

List of diabetic patients without nephropathy assessment.

2.1.6 Diabetic Retinopathy

No changes from Version 8.0 Patch 1

Owner/Contact

Diabetes Program/Dr. Mark Horton

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Key denominator for this and all diabetes-related topics below.

Numerators

- 1) **GPRA:** Patients receiving a qualified retinal evaluation* during the Report Period, or a documented refusal of a diabetic retinal exam.
 - A) Patients receiving diabetic retinal exam during the Report Period.
 - B) Patients who refused a diabetic retinal exam during the Report Period.
 - C) Patients receiving other eye exams during the Report Period.

Definitions

- 1) **Qualified Retinal Evaluation*:** A) Diabetic retinal exam or documented refusal or B) other eye exam.
 - A) **Diabetic Retinal Exam:** Any of the following during the Report Period:
 - (1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or refusal of Exam 03;
 - (2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

B) Other Eye Exam:

(1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.), or

(2) non-DNKA visits to an optometrist or ophthalmologist.

Searches for any of the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.details

*Qualifying Retinal Evaluation: The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or Ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 49% the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Patient List Options

List of diabetic patients who received any retinal screening or documented refusal of a diabetic eye exam.

List of diabetic patients who did not receive any retinal screening or documented refusal of a diabetic eye exam.

2.2 Dental Group

2.2.1 Access to Dental Services

No changes from Version 8.0 Patch 1

Owner/Contact

Dental Program/ Dr. Patrick Blahut

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: User Population patients, broken down by age groups: 0-5, 6-11, 12-19, 20-34, 35-44, 45-54, 55-74, 75 and older.

Numerators

GPRA: Patients with a documented dental visit during the Report Period, including refusals.

A) Patients with documented refusal during the Report Period.

Definitions

- 1) **Dental Visit:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; or POV V72.2. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.
- 2) **Refusal of Dental Exam:** For non-CHS visits, searches for refusal of Exam Code 30 or ADA code 0000 or 0190.

Patient List Options

List of patients with documented dental visit or refusal.

List of patients without documented dental visit or refusal.

2.2.2 Dental Sealants

No changes from Version 8.0 Patch 1

Owner/Contact

Dental Program/ Dr. Patrick Blahut

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

None

Numerators

GPRA: Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period. Age breakouts (HP 2010): <12; 12-18; >18.

A) Number of documented refusals.

Definitions

- 1) **Dental Sealant:** ADA code 1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.
- 2) **Refusal of Dental Sealant:** Refusal of ADA code 1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

GPRA 2008 Description:

During FY 2008, maintain the FY 2007 rate of 245,449 sealants placed per year in American Indian and Alaska Native patients.

Patient List

Patients who received or refused dental sealants during Report Period.

2.2.3 Topical Fluoride

No changes from Version 8.0 Patch 1

Owner/Contact

Dental Program/Dr. Patrick Blahut

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

None

Numerators

- 1) **GPRA:** Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.
 - A) Patients with documented refusal in past year.

Definitions

- 1) **Topical Fluoride Application:** V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

- 2) **Refusal of Topical Fluoride Application:** Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

GPRA 2008 Description:

During FY 2008, maintain the FY 2007 rate of 107,934 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Patient List

Patients who received or refused at least one topical fluoride application during Report period.

2.3 Immunization Group

2.3.1 Adult Immunizations: Influenza

Changes from Version 8.0 Patch 1, as noted

Owner/Contact

Epidemiology Program/Amy Groom, MPH

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

- 1) **GPRA:** Ages 65 and older.

Numerators

- 1) **GPRA:** Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.
 - A) Patients with documented refusal.
 - B) Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Definitions

- 1) **Influenza Vaccine:** Any of the following during the Report Period:
 - A) Immunization/CVX codes 15, 16, 88, or 111;
 - B) POV V04.8 (old code), V04.81, V06.6;
 - C) CPT 90655-90662 (*added 90661-90662*), 90724 (old code), G0008, G8108;
 - D) ICD Procedure 99.52.
- 2) **Contraindication to Influenza Vaccine:** Any of the following documented at any time before the end of the Report Period:
 - A) Contraindication in the Immunization Package of “Egg Allergy” or “Anaphylaxis,” or
 - B) PCC NMI Refusal.
- 3) **Refusal of Influenza Vaccine:**
 - A) Refusal of immunization/CVX codes 15, 16, 88, or 111 as documented in PCC Refusal File (i.e. REF), or
 - B) in the Immunization Package as contraindication of “Patient Refusal.”

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 59% the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

Patient List Options

List of patients \geq 65 years who received or refused an Influenza immunization.

List of patients \geq 65 years who did not receive or refuse an Influenza immunization.

2.3.2 Adult Immunizations: Pneumovax

No changes from Version 8.0 Patch 1

Owner/Contact

Epidemiology Program/Amy Groom, MPH

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

- 1) **GPRA:** Active Clinical patients ages 65 or older.

Numerators

- 1) **GPRA:** Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year.
 - A) Documented patient refusals (REF) or not medically indicated (NMI).
 - B) Contraindication or a documented NMI (not medically indicated) refusal.

Definitions

- 1) **Pneumovax Vaccine:**
 - A) Immunization/CVX codes 33, 100, 109;
 - B) POV V06.6, V03.82;
 - C) ICD Procedure 99.55;
 - D) CPT 90732, 90669, G0009, G8115.
- 2) **Contraindication to Pneumovax Vaccine:**
 - A) Contraindication in the Immunization Package of “Anaphylaxis,” or
 - B) PCC NMI Refusal.
- 3) **Refusal of Pneumovax Vaccine:**
 - A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e., REF) or
 - B) Immunization Package contraindication of “Patient Refusal.”

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 79% the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Patient List Options

List of patients =>65 years with pneumovax immunization, contraindication, or refusal.

List of patients =>65 years without pneumovax immunization, contraindication, or refusal.

2.3.3 Childhood Immunizations

Changes from Version 8.0 Patch 1, as noted below and added text to clarify logic for contraindications

Owner/Contact

Epidemiology Program/Amy Groom, MPH

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominators

- 1) Active Clinical patients ages 19-35 months at end of Report Period.
- 2) **GPRA:** User Population patients active in the Immunization Package who are 19-35 months at end of Report period.

Note: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.

Numerators

- 1) **GPRA:** Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.
- 2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal.
- 3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal.
- 4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal.
- 5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal.
- 6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.

Definitions

- 1) **Patient Age:** Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7-23 months at the beginning of the Report Period, which makes the patient between the ages of 19-35 months at the end of the Report Period.
- 2) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

- 3) **Active Immunization Package Patients Denominator:** Same as User Population definition EXCEPT includes only patients flagged as active in the Immunization Package.
- Note:** Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.
- 4) **Dosage and Types of Immunizations:**
- A) **4 Doses of DTaP:**
- 1) 4 DTaP/DTP/Tdap;
 - 2) 1 DTaP/DTP/Tdap and 3 DT/Td;
 - 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus;
 - 4) 4 DT and 4 Pertussis;
 - 5) 4 Td and 4 Pertussis; or
 - 6) 4 each of Diphtheria, Tetanus, and Pertussis.
- B) **3 Doses of Polio:**
- 1) 3 OPV;
 - 2) 3 IPV; or
 - 3) combination of OPV & IPV totaling 3 doses.
- C) **1 Dose of MMR:**
- 1) MMR;
 - 2) 1 M/R and 1 Mumps;
 - 3) 1 R/M and 1 Measles; or
 - 4) 1 each of Measles, Mumps, and Rubella.
- D) 3 doses of Hep B OR 2 doses IF documented with CPT 90743.
- E) 3 doses of HIB
- 5) **Refusal, Contraindication, and Evidence of Disease Information:** Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.
- A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
- B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
- C) For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.

- D) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.).
- E) To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.
- F) To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.
- 6) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: **DTaP:** 20, 50, 106, 107, 110, 120; **DTP:** 1, 22, 102; **Tdap:** 115; **DT:** 28; **Td:** 9, 113; **Tetanus:** 35, 112; **Pertussis:** 11; **OPV:** 2, 89; **IPV:** 10, 89, 110, 120; **MMR:** 3, 94; **M/R:** 4; **R/M:** 38; **Measles:** 5; **Mumps:** 7; **Rubella:** 6; **HiB:** 17, 22, 46-49; 50, 51, 102, 120; **Hepatitis B:** 8, 42-45, 51, 102, 104, 110; **Varicella:** 21, 94; **Pneumococcal:** 33, 100, 109.
- 7) **Immunization Definitions:**

Note: In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

A) **DTaP:**

- 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120;
- 2) POV V06.1;
- 3) CPT: **90696**, 90698, 90700, 90721, 90723.

DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

B) **DTP:**

- 1) Immunization (CVX) codes: 1, 22, 102;
- 2) POV: V06.1, V06.2, V06.3;
- 3) CPT: 90701, 90711 (old code), 90720;
- 4) Procedure 99.39.

DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

C) **Tdap:**

- 1) Immunization (CVX) code: 115;
- 2) CPT 90715.

Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

D) DT:

- 1) Immunization (CVX) code 28;
- 2) POV V06.5; 3) CPT 90702.

DT contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

E) Td:

- 1) Immunization (CVX) code 9, 113;
- 2) POV V06.5; 3) CPT 90714, 90718.

Td contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

F) Diphtheria:

- 1) POV V03.5;
- 2) CPT 90719;
- 3) Procedure 99.36.

Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*.

Diphtheria contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

G) Tetanus:

- 1) Immunization (CVX) codes: 35, 112;
- 2) POV V03.7,
- 3) CPT 90703;
- 4) Procedure 99.38.

Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*.

Tetanus contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

H) Pertussis:

- 1) Immunization (CVX) code 11;
- 2) POV V03.6;
- 3) Procedure 99.37.

Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*.

Pertussis contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

I) OPV:

- 1) Immunization (CVX) codes:
2, 89; 2) CPT 90712.

OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of “Anaphylaxis.”

J) IPV:

- 1) Immunization (CVX) codes: 10, 89, 110, 120;
- 2) POV V04.0, V06.3;
- 3) CPT: **90696**, 90698, 90711 (old code), 90713, 90723;
- 4) Procedure 99.41.

IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79.

IPV contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy.”

K) MMR:

- 1) Immunization (CVX) codes: 3, 94;
- 2) POV V06.4;
- 3) CPT: 90707, 90710;
- 4) Procedure 99.48.

MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of “Anaphylaxis,” “Immune Deficiency,” “Immune Deficient,” or “Neomycin Allergy.”

L) M/R:

- 1) Immunization (CVX) code 4;
- 2) CPT 90708.

M/R contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

M) R/M:

- 1) Immunization (CVX) code 38;
- 2) CPT 90709 (old code).

R/M contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

N) Measles:

- 1) Immunization (CVX) code 5;
- 2) POV V04.2;
- 3) CPT 90705;
- 4) Procedure 99.45.

Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*.

Measles contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

O) Mumps:

- 1) Immunization (CVX) code 7;
- 2) POV V04.6;
- 3) CPT 90704;
- 4) Procedure 99.46.

Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*.

Mumps contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

P) Rubella:

- 1) Immunization (CVX) code 6;
- 2) POV V04.3;
- 3) CPT 90706;
- 4) Procedure 99.47.

Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0.

Rubella contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

Q) HiB:

- 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120;
- 2) POV V03.81;
- 3) CPT: 90645-90648, 90698, 90720-90721, 90748.

HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2.

HiB contraindication definition: 1) Immunization Package contraindication of “Anaphylaxis.”

R) Hepatitis B:

- 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110;
- 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023.

Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3.

Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 78% the proportion of American Indian/Alaska Native children ages 19-35 months who have received the recommended immunizations.

Patient List Options

Patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

List of patients Active Immunization Package patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B).

List of Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

Note: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months

2.4 Cancer Screen Group

2.4.1 Cancer Screening: Pap Smear Rates

No changes from Version 8.0 Patch 1

Owner/Contact

Carolyn Aoyama

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.

Numerators

GPRA: Patients with documented pap smear in past three years or refusal in past year.

A) Patients with documented refusal in past year.

Definitions

- 1) **Hysterectomy:** Any of the following ever: A) V Procedure: 68.4-68.8; B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or C) V POV 618.5.
- 2) **Pap Smear:**
 - A) V Lab: PAP SMEAR;
 - B) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination , Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or 795.0*;
 - C) V Procedure: 91.46;
 - D) V CPT: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear;
 - E) Women's Health: Procedure called Pap Smear;
 - F) LOINC taxonomy;
 - G) Site-populated taxonomy BGP GPRA PAP SMEAR;
 - H) Refusal Lab Test Pap Smear.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 59% the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

Patient List Options

List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.

List of female patients without a Pap Smear documented in the past 3 years or refusal in past year.

2.4.2 Cancer Screening: Mammogram Rates

No changes from Version 8.0 Patch 1

Owner/Contact

Carolyn Aoyama

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

1) **GPRA:** Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.

Note: The patients must be less than 65 years of age as of the end of the Report Period.

Numerators

GPRA: Patients with documented mammogram in past two years or refusal in past year.

A) Patients with documented refusal in past year.

Definitions

1) **Bilateral Mastectomy:**

A) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; or

B) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

2) **Unilateral Mastectomy:** Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service.

A) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240 or

B) V Procedures: 85.41, 85.43, 85.45, 85.47.

3) **Mammogram:**

A) V Radiology or V CPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202;

B) POV: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast;

C) V Procedures: 87.36, 87.37;

D) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat.

- 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 43% the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years.

Patient List

List of female patients with a Mammogram documented in the past 2 years or refusal in past year.

List of female patients without a Mammogram documented in the past 2 years or refusal in past year.

2.4.3 Colorectal Cancer Screening

Clarified FOBT includes Fecal Immunochemical Test (FIT), as noted. No actual logic changes, since there are no separate codes for this test. The text was revised to inform sites they can include this test in their site-populated taxonomy for fecal occult blood.

Owner/Contact

Epidemiology Program/ Dr. Nathaniel Cobb

National Reporting

NATIONAL (included in National GPRC Report; reported to OMB and Congress)

Denominator

GPRC: Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy, broken out by gender.

Numerators

- 1) **GPRC:** Patients who have had ANY CRC colorectal screening, defined as any of the following:
 - A) Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)* during the Report Period;
 - B) flexible sigmoidoscopy or double contrast barium enema in the past five years;
 - C) colonoscopy in the past 10 years, or
 - D) a documented refusal in the past year.
- A) Patients with documented refusal in the past year.
- 2) Patients with Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)* during the Report Period.

Definitions

- 1) **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.
- 2) **Total Colectomy:** CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8.
- 3) **Colorectal Cancer Screening:** The most recent of any of the following during applicable timeframes (changed to look at most recent screening):
 - A) **Fecal Occult Blood Test (FOBT) *or Fecal Immunochemical Test (FIT)*:** CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394; LOINC taxonomy, or site-populated taxonomy BGP GPRC FOB TESTS
 - B) **Flexible Sigmoidoscopy:** V Procedure 45.24, 45.42; CPT 45330-45345, G0104
 - C) **Double Contrast Barium Enema:** CPT or VRad: 74280, G0106, G0120

D) **Colonoscopy:** V POV V76.51 Colon screening; V Procedure 45.22, 45.23, 45.25, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121

E) **Screening Refusals:**

A. **FOBT or FIT:** Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394;

B. **Flexible Sigmoidoscopy:** Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104;

C. **Double Contrast Barium Enema:** Refusal of V Radiology CPT: 74280, G0106, G0120;

D. **Colonoscopy:** Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 26% the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening

Patient List Options

List of patients 51-80 with CRC screening or refusal in past year.

List of patients 51-80 without CRC screening or refusal in past year

2.4.4 Tobacco Use and Exposure Assessment

Changes from Version 8.0 Patch 1, as noted below

Owner/Contact

Mary Wachacha & Chris Lamer, PharmD/Epidemiology Program, Dr. Nat Cobb

National Reporting

NATIONAL (included in National GPRA Report; **NOT** reported to OMB and Congress)

Denominator

Active Clinical patients ages 5 and older.

Numerators

- 1) Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator).
- 2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users.
 - A) Current smokers
 - B) Current smokeless tobacco users
- 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator).

Definitions

- 1) **Tobacco Screening:** An additional 8 months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.
 - A) Any Health Factor for category Tobacco.
 - B) POV or Current PCC Problem List 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 (tobacco-related diagnosis).
 - C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", "-SHS," 305.1, 305.1* (old codes), 649.00-649.04, or V15.82.
 - E) CPT **99406, 99407, G0375 (old code), G0376 (old code)**, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), or 1036F (Current Tobacco Non-User).
- 2) **Tobacco Users:**
 - A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless.
 - B) POV 305.1, 305.10-305.12 (old codes), or 649.00-649.04.
(Removed ADA code 1320).
 - C) **CPT 99406, 99407, G0375 (old code), G0376 (old code)**, 1034F or 1035F.

- 3) **Current Smokers:**
 - A) Health Factors: Current Smoker, Current Smoker and Smokeless, Cessation-Smoker.
 - B) 305.1, 305.10-305.12 (old codes), or 649.00-649.04.
(*Removed ADA code 1320*).
 - C) 4. CPT **99406, 99407, G0375 (old code), G0376 (old code)**, 1034F.
- 4) **Current Smokeless:**
 - A) Health Factors: Current Smokeless, Current Smoker and Smokeless, or Cessation-Smokeless.
 - B) CPT 1035F.
- 8) **Environmental Tobacco Smoke (ETS):** Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke

Patient List

List of patients with documented tobacco screening.

List of patients without documented tobacco screening.

2.4.5 Tobacco Cessation

Changes from Version 8.0 Patch 1, as noted below and added text clarifying tobacco user logic

Note: In CRS Version 8.0 Patch 2, the Other National Measures (ONM) Report will contain a new set of denominators, numerators, and logic. This logic is developmental GPRA logic and *may* be used as the GPRA 2009 logic after analysis of the results is performed. This logic will be included *only* in the ONM Report.

Owner/Contact

Mary Wachacha & Chris Lamer, PharmD/Epidemiology Program, Dr. Nat Cobb

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: <12, 12-17, 18 and older.

Numerators

- 1) **GPRA:** Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.
 - A) Patients who refused tobacco cessation counseling.
- 2) Patients identified during the Report Period as having quit their tobacco use.
- 3) ***Patients who have received or refused tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period.***

Definitions

- 1) **Current Tobacco Users:** Any of the following documented prior to the Report Period:
 - A) Health Factors (looks at the last documented): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless
 - B) Last documented Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or 649.00-649.04
(Removed ADA code I320)
 - C) Last documented CPT ***99406, 99407, G0375 (old code), G0376 (old code), 1034F or 1035F.***

If any of the above are found, the patient is considered a tobacco user.

- 2) **Tobacco Cessation Counseling:** Any of the following during the Report Period:
 - A) Patient Education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04
 - B) Clinic Code 94
 - C) Dental Code 1320
 - D) CPT code **99406, 99407**, G0375 (*old code*), G0376 (*old code*), or 4000F
 - E) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.
- 3) **Prescription for Tobacco Cessation Aid:** Any of the following:
 - A) Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy;
 - B) Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY";
 - C) CPT 4001F.
- 4) **Quit Tobacco Use:** POV or Current Active Problem List 305.13 (old code) or V15.82; Health Factors Previous Smoker, Previous Smokeless (looks at the last documented health factor).

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 16% the proportion of tobacco-using patients who receive tobacco cessation intervention.

Patient List Options

List of tobacco users with documented tobacco cessation intervention or refusal.

List of tobacco users without documented tobacco cessation intervention or refusal.

List of tobacco users who quit tobacco use.

List of tobacco users with documented tobacco cessation intervention or refusal or who quit tobacco use.

List of tobacco users without documented tobacco cessation intervention or refusal and did not quit tobacco use.

2.5 Behavioral Health Group

2.5.1 Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention)

Changes from Version 8.0 Patch 1, as noted below and added text to GPRA numerator to clarify what is counted for GPRA

Owner/Contact

Wilbur Woodis, Dr. Peter Stuart

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).

Numerators

- 1) **GPRA:** Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, received alcohol-related patient education, or refused alcohol screening during the Report Period.
 - A) Patients with documented refusal in past year.

Definitions

- 1) **Alcohol Screening:**
 - A) PCC Exam code 35;
 - B) Any Alcohol Health Factor;
 - C) Screening Diagnosis: V11.3; V79.1, or BHS problem code 29.1;
 - D) *CPT 99408, 99409, G0396, G0397, H0049, or*
 - E) *V Measurement in PCC or BH of AUDT, AUDC, or CRFT.*
- 2) **Alcohol-related Diagnosis or Procedure:**
 - A) Alcohol-related Diagnosis (POV, Current PCC or BHS Problem List): 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29
 - B) Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69
- 3) **Alcohol-related Patient Education:** All Patient Education codes containing “AOD-” or “-AOD”, “CD-” or “-CD” (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*
- 4) **Refusal of Alcohol Screening:** Refusal of
 - A) PCC Exam code 35.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 41% the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Patient List Options

List of female patients with documented screening.

List of female patients without documented screening.

2.5.2 Intimate Partner (Domestic) Violence Screening

No changes from Version 8.0 Patch 1

Owner/Contact

Denise Grenier, LCSW and Dr. Peter Stuart

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Female Active Clinical patients ages 15-40.

Nominators

- 1) **GPRA:** Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.
 - A) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

Definitions

- 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam
- 2) **IPV/DV Related Diagnosis:** POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.*
- 3) **IPV/DV Patient Education:** Patient Education codes containing “DV-” or “-DV”, 995.80-83, 995.85, V15.41, V15.42, or V15.49
- 4) **IPV/DV Counseling:** POV V61.11
- 5) **Refusals:**
 - A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam;
 - B) Any refusal in past year with Patient Education codes containing "DV-" or “-DV.”

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 36% the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Patient List Options

List of female patients 15-40 with documented IPV/DV screening or refusal.

List of female patients 15-40 without documented IPV/DV screening or refusal.

2.5.3 Depression Screening

Changes from Version 8.0 Patch 1, as noted below

Owner/Contact

Denise Grenier, LCSW and Drs. David Sprenger and Peter Stuart

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active Clinical patients ages 18 and older, broken down by gender.

Numerators

- 1) **GPRA:** Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year.
 - A) Patients screened for depression during the Report Period.
 - B) Patients with a diagnosis of a mood disorder during the Report Period.
 - C) Patients with documented refusal in past year.

Definitions

- 1) **Depression Screening:** Any of the following:
 - A) Exam Code 36,
 - B) POV V79.0,
 - C) BHS problem code 14.1 (screening for depression), or
 - D) *V Measurement in PCC or BH of PHQ2 or PHQ9.***
- 2) **Mood Disorders:** At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.
- 3) **Screening Refusal:** Any PCC refusal in past year with Exam Code 36.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 24% the proportion of adults ages 18 and older who receive annual screening for depression.

Patient List Options

List of Active Clinical patients =>18 screened for depression/diagnosed with mood disorder.

List of Active Clinical patients =>18 not screened for depression/diagnosed with mood disorder.

2.6 Cardiovascular Disease Related Group

2.6.1 Obesity Assessment

No changes from Version 8.0 Patch 1

Owner/Contact

Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen

National Reporting

NATIONAL (included in National GPRA Report; **NOT** reported to OMB and Congress)

Denominator

Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

Numerators

- 1) All patients for whom BMI can be calculated, including refusals in the past year.
 - A Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables.
 - B) Of Numerator 1, patients considered obese, adults BMI ≥ 30 , age 18 and under based on standard tables.
 - C) Of Numerator 1, total overweight and obese.
 - D) Of Numerator 1, patients with documented refusal in past year.

Definitions

- 1) **BMI:** Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight within last five years not required to be on same day. For over 50, height and weight within last two years not required to be on same day.
- 2) **Refusals:** Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Patient List Options

List of patients with calculated BMI.

List of patients for whom BMI could not be calculated.

2.6.2 Childhood Weight Control

No changes from Version 8.0 Patch 1

Owner/Contact

Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GRPA: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups.

Numerators

- 1) Patients with BMI 85-94%.
- 2) **GPRA Numerator:** Patients with a BMI 95% and up.
- 3) Patients with a BMI =>85%.

Definitions

- 1) **Age:** All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group.
- 2) **BMI:** CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range, as shown in the following table, will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	Sex	BMI (RiskOverwt)	BMI (Overwt)	Data Check Limits	
				BMI >	BMI <
2-2	Male	17.7	18.7	36.8	7.2
	Female	17.5	18.6	37.0	7.1
3-3	Male	17.1	18.0	35.6	7.1
	Female	17.0	18.1	35.4	6.8
4-4	Male	16.8	17.8	36.2	7.0
	Female	16.7	18.1	36.0	6.9
5-5	Male	16.9	18.1	36.0	6.9
	Female	16.9	18.5	39.2	6.8

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 24% the proportion of children with a BMI of 95% or higher.

Patient List

List of patients ages 2-5 with BMI =>95% (i.e. overweight)

2.6.3 Comprehensive CVD-Related Assessment

Changes from Version 8.0 Patch 1, as noted below

Owner/Contact

Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.

Numerators

- 1) Patients with Blood Pressure value documented at least twice in prior two years.
- 2) With LDL completed in past five years, regardless of result.
- 3) Screened for tobacco use during the Report Period.
- 4) For whom a BMI could be calculated, including refusals in the past year.
- 5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.
- 6) **GPRA:** Patients with ALL assessments above.
Note: This does NOT include depression screening.
- 7) Screened for depression or diagnosed with a mood disorder during the Report Period, including documented refusals in past year.

Definitions

- 1) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.
- 2) **Blood Pressure:** Having a minimum of 2 Blood Pressures documented on non-ER visits in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3074F-3080F (*added codes 3074F-3076F, 3078F-3079F*) *documented on non-ER visit* during the past 2 years.
- 3) **LDL:** Finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.
- 4) **Tobacco Screening:** At least one of the following:
 - A. Any health factor for category Tobacco documented during Current Report period;

- B. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82;
 - C. Dental code 1320;
 - D. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82;
 - E. CPT **99406**, **99407**, **G0375 (old code)**, **G0376 (old code)**, 1034F, 1035F, or 1036F.
- 5) **BMI**: CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.
- 6) **Medical Nutrition Counseling**: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" or containing V65.3 (or old code "-DT" (Diet)). Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.
- 7) **Depression Screening/Mood Disorder DX**: Any of the following during the Report Period:
- A) Depression Screening:
 - 1) Exam Code 36,
 - 2) POV V79.0,
 - 3) BHS problem code 14.1 (screening for depression),
 - 4) **V Measurement in PCC or BH of PHQ2 or PHQ9**, or
 - 5) refusal, defined as any PCC refusal in past year with Exam Code 36.
 - B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 baseline rate of 30% the proportion of at-risk patients who have a comprehensive assessment.

Patient List Options

List of Active IHD patients 22+ with a comprehensive CVD assessment.

List of Active IHD patients 22+ without a comprehensive CVD assessment

2.7 STD-Related Group

2.7.1 HIV Screening (*renamed from Prenatal HIV Testing*)

Changes from Version 8.0 Patch 1, as noted below

Owner/Contact

Drs. Scott Giberson, Marie Russell, Jim Cheek, and John Redd

National Reporting

NATIONAL (included in National GPRA Report; reported to OMB and Congress)

Denominator

GPRA: All pregnant Active Clinical patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever.

Numerators

- 1) **GPRA:** Patients who *were screened for HIV (revised wording)* during the past 20 months, including refusals.
 - A) Number of documented refusals.

Definitions

- 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.
- 2) **Miscarriage:** Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830
- 3) **Abortion:** Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, Procedure: 69.01, 69.51, 74.91, 96.49.
- 4) **HIV:** Any of the following documented anytime prior to the end of the Report Period: V POV or Problem List: 042, 042.0-044.9 (old codes), **079.53**, V08, 795.71.
- 5) **HIV Screening:** CPT: 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP GPRA HIV TESTS
- 6) **Refusal of HIV Screening:** Refusal of any lab test in site-populated taxonomy BGP HIV TEST TAX.

GPRA 2008 Description:

During FY 2008, maintain at the FY 2007 rate of 74% the proportion of pregnant patients who are screened for HIV.

Patient List Options

List of pregnant patients with documented HIV test or refusal in past 20 months.

List of pregnant patients without documented HIV test or refusal in past 20 months.

3.0 Contact Information

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

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4297

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: support@ihs.gov