RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

Version 8.0
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Preface

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

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

This manual provides instructions on using the Clinical Reporting System. Version 8.0 Patch 2 adds FY 2008 clinical performance measures to existing FY 2002 through FY 2007 measures.

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

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

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

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

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

- Identify potential data issues in their RPMS, for example, missing or incorrect data.
- Monitor their site's performance against past national performance and upcoming agency goals.
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes.
- Quickly measure impact of process changes on performance measures.
- Identify IHS Areas meeting or exceeding measures to provide lessons learned.

Users of the RPMS Clinical Reporting System (CRS) include

- Area and site Quality Improvement staff
- Compliance Officers
- GPRA Coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Directors
- Any staff involved with quality assurance initiatives
- Staff who run the various CRS reports

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1.0 About this Manual

This manual provides user instructions for the CRS Clinical Reporting System version 8.0 (FY 2008 Clinical Performance Measures).

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

- Setting up the CRS application, including taxonomies and site parameters
- Using the report option to produce different reports: National GPRA, Selected Measures, CMS, GPRA Performance, HEDIS Performance, Elder Care, and Taxonomy reports
- Exporting and aggregating Area-level data for National GPRA, HEDIS Performance, and Elder Care reports

Refer to the Administrator Manual for information on the logic used and sample output for each individual performance measure. For information on using the CRS V8.0 GUI, refer to the GUI User Manual.

1.1 Key Changes for Version 8.0

1.1.1 Changes to GPRA measures reported to Congress

- **Diabetes: Glycemic Control**: (1) Added CPT codes to A1c definition, (2) removed code from A1c LOINC taxonomy.
- **Diabetes: Blood Pressure Control**: Added CPT codes for blood pressure documented and uncontrolled blood pressure
- **Diabetes: LDL Assessment**: (1) Deleted the numerator for patients with a lipid profile or an LDL+HDL+TG, (2) added CPT codes to the LDL definition, (3) added code to LDL LOINC taxonomy, (4) renamed topic from Diabetes: Lipids Assessment to Diabetes: LDL Assessment.
- **Diabetes: Nephropathy Assessment**: (1) Added CPT, ICD-9 diagnosis, and ICD-9 procedure codes, (2) added codes to Estimated GFR LOINC taxonomy, (3) added codes to Quantitative Urine Protein Assessment LOINC taxonomy.
- **Diabetic Retinopathy**: (1) Added separate numerator for refusals and removed refusals from the diabetic retinal exam numerator, (2) added CPTs and an ICD9 procedure code to the Diabetic Retinal Exam definition, (3) added CPTs and procedure code to the Other Eye Exam definition, (4) deleted CPT 92287 from Other Eye Exam definition.

- **Dental Sealants**: Added logic limiting the number of sealants per tooth to two during the Report Period.
- **Adult Immunizations: Influenza**: (1) Added Immunization Package contraindications of "Egg Allergy" and "Anaphylaxis" to numerator logic, (2) added separate numerator for contraindications and NMI refusals, (3) moved NMI refusals to this numerator and out of the refusals numerator, (4) added CPTs to influenza definition, (5) deleted Parent Refusal since it does not apply to this age group.
- **Adult Immunizations: Pneumovax**: (1) Added Immunization Package contraindication of "Anaphylaxis" to numerator logic, (2) added separate numerator for contraindications and NMI refusals, (3) moved NMI refusals to this numerator and out of the refusals numerator, (4) added CPT codes to pneumovax definition, (5) removed V03.89, since it is a generic code and is not specific to pneumococcal, (6) deleted Parent Refusal since it does not apply to this age group.
- **Childhood Immunizations**: (1) Added contraindications from the Immunization Package as contraindications or evidence of disease for certain immunizations, (2) added HCPCS codes for Hepatitis B and Pneumococcal definitions, (3) removed CPT 90749 from DTaP definition since it is a generic (unlisted) code, (4) added CVX code 17 to HiB definition and refusal of HiB.
- **Cancer Screening: Pap Smear Rates**: (1) Added ICD-9 codes for diagnostic Pap smears, (2) added CPT 58956, CPT 58548, and POV 618.5 to hysterectomy definition, (3) removed ICD-9 procedure 68.9 from hysterectomy definition, (4) added ICD-9 codes 795.09 and V67.01 and HCPCS G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, and P3001 to Pap smear definition, (5) removed V76.49 from Pap smear definition, (6) removed several codes and added one code to LOINC taxonomy for Pap smear.
- **Cancer Screening: Mammogram Rates**: (1) Added ICD-9 codes for diagnostic mammograms, (2) added CPTs 77051-77054 and 76083 to mammogram and mammogram refusal definitions, (3) added new CPT codes to mastectomy definition.
- **Colorectal Cancer Screening**: (1) Added HCPCS G0328 to FOBT definition, (2) moved V76.51 from colonoscopy definition to FOBT definition, (3) added HCPCS codes G0213-G0215, G0231 to colorectal cancer diagnosis for denominator exclusion, (4) removed HCPCS G0106 and G0120 from DCBE definition, (5) revised logic to look for the most recent test the patient had during the applicable timeframes, (6) added CPT 44157 and 44158 to total colectomy definition and added G0394 to FOBT definition.

- **Tobacco Cessation**: (1) Added prescription for tobacco cessation aid for meeting the numerator, (2) added ICD-9 codes to patient education definition for tobacco cessation counseling, (3) added CPT II codes to tobacco user, tobacco counseling, and tobacco medication definitions, (4) added sub-numerator for refusal of counseling, (5) removed code V15.82 from tobacco users and tobacco cessation counseling and added it to quit tobacco use definition.
- **Alcohol Screening (FAS Prevention)**: Added ICD-9 codes to patient education definition for alcohol screening.
- **Intimate Partner Violence/Domestic Violence Screening**: Added ICD-9 codes to patient education definition for domestic violence screening.
- **Comprehensive CVD-Related Assessment**: (1) Added CPT codes to LDL definition, (2) added code to LDL LOINC taxonomy, (3) added CPT II codes to tobacco screening definition, (4) added ICD-9 codes to tobacco screening patient education definition, (5) added ICD-9 codes for patient education relating to nutrition, exercise, and obesity, (6) added new CPT II codes for blood pressure definition.
- **Prenatal HIV Testing**: (1) Added ICD-9 code V72.42 and expanded ICD-9 range to 640.*-649.* (from 640.*-648.*) for pregnancy definition, (2) added CPT and ICD-9 procedure codes to abortion definition, (3) added codes to HIV Test LOINC taxonomy.

1.1.2 Other National GPRA Changes

- Split the National GPRA Report and all related reports and patient lists into separate reports: National GPRA Report and a new Other National Measures (ONM) Report.

> **Note:** The Breastfeeding Rates topic is now included in the ONM Report.

- New GPRA Measure Forecast Patient List: Created to allow users to run a GPRA-measure forecast for individual patients, a clinic, or facility's scheduled patients, or for any patient regardless of appointment status. This list uses modified National GPRA logic and indicates the GPRA measures will be due for during the GPRA year. It also includes information for the provider on how the measure can be met.

1.1.3 New Non-GPRA Performance Topics

- Alcohol Screening and Brief Intervention (ASBI) in the ER
- Heart Failure and Evaluation of LVS Function
- Sexually Transmitted Infection (STI) Screening
- Palliative Care

1.1.4 Other Key Logic Changes to Non-GPRA Measures

- **Diabetes Comprehensive Care**: (1) Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD, (2) added CPT codes to the LDL definition, (3) added code to LDL LOINC taxonomy, (4) added CPT II code to foot exam definition, (5) added CPT codes 83037, 3046F, and 3047F to A1c definitions, (6) added CPT II codes for BP, (7) removed LOINC code from A1c taxonomy, (8) added codes to Estimated GFR and Quantitative Urine Protein Assessment LOINC taxonomies.
- **Childhood Immunizations**: Same changes as listed in National GPRA measures section above and added the 4:3:1:3:3:1 numerator.
- **Adolescent Immunizations**: (1) Added denominator for AC patients 13-17, (2) removed UP denominator, (3) added numerators for 1:3:2:1 combination, including refusals, contraindications, and evidence of disease, (4) added numerators for Td/Tdap, including refusals, contraindications, and evidence of disease, (5) added Td and Tdap definitions to logic, (6) added contraindications from the Immunization Package as contraindications for certain immunizations, (7) added two numerators for 1 dose of meningococcal and 3 doses of HPV, (8) added new denominators for females only for age 13 and ages 13-17 for the HPV measure, (9) added HCPCS codes for Hepatitis B definition.
- **Appropriate Treatment for Children with Upper Respiratory Infection and Appropriate Treatment for Children with Pharyngitis**: (1) In list of antibiotic medications, added three groups of meds (Cefazolin, Cephradine, and Lomefloxacin) and removed two groups (Dirithromycin and Flomefloxacin), (2) updated the medication taxonomy.
- **Cancer Screening: Mammogram Rates**: Same changes as listed in National GPRA measures section above and changed age range for 40+ denominator to 42+ denominator, since the minimum age for mammography is 40 and this measure looks back 2 years, which would make the minimum age 40 (vs. 38).
- **Colorectal Cancer Screening**: Same changes as listed in National GPRA measures section above and added three numerators to the Selected Measures (Local) Report.

- **Tobacco Use and Exposure Assessment**: (1) Added ICD-9 V72.42 and expanded ICD9 range from 640.*-649.* (from 640.*-648.*) for pregnancy definition, (2) added ICD-9 codes to patient education definition for tobacco screening, (3) added CPT II codes to tobacco screening, tobacco users, smokers, and smokeless users definitions, (4) added CPT and ICD-9 procedure codes to abortion definition, (5) removed code V15.82 from tobacco users and smokers definitions.
- **Depression Screening**: Same changes as listed in National GPRA measures section above and: (1) Added ICD-9 codes to patient education definition for depression-related patient education, (2) added new denominators AC and UP patient 8-17, (3) fixed program logic for the Active IHD denominator. Previously it was not requiring the patient to meet both the Active Clinical definition AND meet the criteria relating to the IHD-related visits.
- **Antidepressant Medication Management**: (1) Added CPT codes to definitions for visits with mental health providers and non-mental health providers, (2) updated the medication taxonomy.
- **Nutrition and Exercise Education for At Risk Patients**: Added ICD-9 codes for patient education relating to nutrition and exercise education and obesity.
- **Cardiovascular Disease and Cholesterol Screening**: (1) Added CPT codes to LDL definition, (2) added code to LDL LOINC taxonomy, (3) added code to Total Cholesterol LOINC taxonomy, (4) fixed program logic for the Active IHD denominator. Previously it was applying the age range of 23 and older, when it should not have been.
- **Cardiovascular Disease and Blood Pressure Control**: (1) Added new CPT II codes to BP documented logic, (2) fixed program logic for the Active IHD denominator. Previously it was applying the age range of 20 and older, when it should not have been.
- **Controlling High Blood Pressure**: (1) Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the ESRD definition, (2) revised denominator age range from 46-85 to 18-85, (3) added new CPT II codes to BP definition.
- **Appropriate Medication Therapy after A Heart Attack, Persistence of Appropriate Medication Therapy after A Heart Attack, Appropriate Medication Therapy in High Risk Patients**: (1) Added ICD-9 V72.42 and expanded ICD-9 range from 640.*-649.* (from 640.*-648.*) for pregnancy definition, (2) added CPT and ICD-9 procedure codes to abortion definition, (3) updated medication taxonomies BGP HEDIS ACEI MEDS, BGP HEDIS ARB MEDS, BGP HEDIS BETA BLOCKER MEDS, (4) added code to ALT and AST taxonomies, (5) added code to Creatine Kinase taxonomy.

- **Cholesterol Management for Patients with Cardiovascular Conditions**: (1) Added CPT codes to LDL definition, (2) added code to LDL LOINC taxonomy, (3) revised timeframe for IVD definition in denominator, (4) added ICD-9 procedure codes 00.66, 36.06 and 36.07 to PTCA definition, (5) added HCPCS S2205-S2209 to CABG definition, (6) made the following changes for IVD definition: (A) removed different diagnosis categories and lumped them all into one (IVD), (B) added ICD-9 codes 414.8 and 414.9, (C) removed ICD-9 codes 443.9, 438.5*, 438.6-438.9, 441.*, 435.*, 437.0, 437.1, and 438.0-438.42.
- **Prenatal HIV Testing**: Same changes as listed in National GPRA measures section above and added ICD-9 042 to HIV Counseling/Patient Education definition when searching for patient education codes by diagnosis.
- **HIV Quality of Care**: (1) Added codes to HIV Viral Load LOINC taxonomy, (2) made patient list available for this topic.
- **Chlamydia Testing**: Removed codes from LOINC taxonomy for Chlamydia test.
- **Osteoporosis Management**: (1) Added CPT codes 77078-77081 and 77083 and HCPCS G0130 to BMD test definition, (2) added CPTs 22520, 22521, 22523, 22524, 25606-25609, HCPCS S2360 and S2362, and ICD-9 procedure codes 81.65 and 81.66 to fracture definition, (3) removed codes 79.00, 79.09, 79.10, 79.19, 79.20, 79.29, 79.30, 79.39, and 79.60 from fracture definition, (4) removed fluoride, vitamin D, and calcium products from list of osteoporosis treatments medications and updated medication taxonomy.
- **Osteoporosis Screening in Women**: (1) Added CPT codes 77078-77081 and HCPCS G0130 to screening definition.
- **Rheumatoid Arthritis Medication Monitoring**: Added codes to ALT, AST, Creatinine, Glucose, and Potassium LOINC taxonomies.
- **Osteoarthritis Medication Monitoring**: Added codes to ALT, AST, and Creatinine LOINC taxonomies.
- **Asthma Quality of Care**: (1) Updated all the medication taxonomies used in this topic, (2) added ICD9 493.2* to COPD definition, (3) revised ICD9 range from 506.* to 506.4 in COPD definition.
- **Asthma and Inhaled Steroid Use**: (1) Added Momestasone to the drug taxonomy, (2) added exclusion logic to the denominator, (3) revised denominator criteria to check first for persistent asthma in ARS and if the patient is not found in ARS, then to check for asthma-related visits.
- **Chronic Kidney Disease Assessment**: (1) Revised logic to account for textual results of "<60" and ">60", (2) added numerator for patients with normal GFR (>=60), (3) added codes to Creatinine and Estimated GFR LOINC taxonomies.

- **Prediabetes/Metabolic Syndrome**: (1) Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD, (2) added CPT codes to LDL definition, (3) added code to LDL LOINC taxonomy, (4) added CPT II codes to tobacco screening definition, (5) added ICD-9 codes for patient education relating to nutrition, exercise, and obesity, (6) added CPT II codes for BP documented definition, (7) added codes to Estimated GFR, Fasting Glucose, HDL, Quantitative Urine Protein Assessment, and Triglyceride LOINC taxonomies, (8) removed CPTs from HDL and Triglyceride definitions and required lab tests to have a non-null, numeric result since the logic was including patients with null results, (9) split fasting glucose definition into two definitions (one for denominator and one for numerator), where the denominator does not include POV 790.21 and it requires a lab test to have a non-null, numeric result since the logic was including patients with null results.
- **Drugs to be Avoided in the Elderly**: (1) Added Ephedrine and Theophylline to BGP HEDIS ANTIHISTAMINE MEDS, (2) added Dexmethylphenidate and deleted Pemoline (Cyclert) from BGP HEDIS AMPHETAMINE MEDS, (3) added Amytal to BGP HEDIS BARBITURATE MEDS, (4) added Estradiol, and Ethinyl estradiol to BGP HEDIS ORAL ESTROGEN MEDS, (5) deleted Cyclandelate (Cyclospasmol) from BGP HEDIS VASODILATOR MEDS, (6) added Atropine injectable, Cyclandelate, Diazepam injectable, Dicyclomine injectable, Diphenhydramine injectable, Dipyridamole injectable, Hydroxyzine injectable, Ketorolac injectable, Meperidine injectable, Mesoridazine, Methocarbamol injectable, Orphenadrine injectable, Pemoline, Pentazocine, Pentobarbital, Promethazine, Premarin injectable, Rectal Diastat, Scopolamine injectable, patches, and Trimethobenzamide to BGP HEDIS OTHER MEDS AVOID ELD, (7) updated the following taxonomies: BGP HEDIS ANTIANXIETY MEDS, BGP HEDIS ANTIEMETIC MEDS, BGP HEDIS ANALGESIC MEDS, BGP HEDIS ANTIPSYCHOTIC MEDS, BGP HEDIS BENZODIAZEPINE MEDS, BGP HEDIS OTHER BENZODIAZEPINE, BGP HEDIS CALCIUM CHANNEL MEDS, BGP HEDIS GASTRO ANTISPASM MED, BGP HEDIS BELLADONNA ALKA MEDS, BGP HEDIS SKL MUSCLE RELAX MED, BGP HEDIS ORAL HYPOGLYCEMIC RX, and BGP HEDIS NARCOTIC MEDS.

1.1.5 Additional Key Enhancements and Revisions

- **CMS Report**: (1) The CMS logic was updated per the CMS Specifications Manual for discharges effective 4/1/2007. (2) Four new hospital measures were added, two pneumonia measures and two measures in a new category of Surgical Care Improvement/Surgical Infection Prevention (SCIP). (3) The CMS Report was completely redesigned to offer two separate patient lists for each of the 21 CMS measures, where one list applies denominator exclusion logic and the second does not. By having lists available for each measure, CRS is able to apply more exclusion logic than was previously applied. These lists also show all of the data found electronically to assist the abstractor in determining if the patient should be included in the denominator and numerator. A third patient list is also available for each measure category that lists all patients in the entire measure group (e.g. list of all patients 18 and older discharged with heart failure).
- **Updated CRS GUI**: The optional CRS graphical user interface (GUI) has been updated to match all functionality available in the roll-and-scroll version of CRS.

2.0 Orientation

The following terms and abbreviations are used throughout this manual.

Active Clinical CHS Patients

The basic denominator definition used by CRS, when the CHS-Only Site Parameter is set to "Yes." The Active Clinical CHS definition was developed specifically for facilities that provide only Contract Health Services to its patients and the majority of its patients do not meet the Active Clinical denominator definition. For detailed description of the denominator, see Section 3.2.3.2.

Active Clinical Patients

The basic denominator definition used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard GPRA User Population definition. For detailed description of the denominator, see Section 3.2.3.1.

AI/AN

Abbreviation for **A**merican **I**ndian and **A**laska **N**atives.

ASUFAC Code

The six-digit code representing the **A**rea, **S**ervice **U**nit and **Fac**ility location for any individual direct, tribal or urban healthcare location. The ASUFAC is used by CRS to identify the site creating the reports.

Baseline Year

CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year (defined by the user). For the National GPRA report, baseline information will be determined by the Office of Planning and Evaluation and provided to sites prior to report deadlines.

BGP

The technical name, or "namespace," for the Clinical Reporting System (CRS) component of the Resource and Patient Management System (RPMS) software suite. Namespace is a unique two-to-four alpha character code assigned by the database administrator to an RPMS 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. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS

Clinical Reporting System (CRS) component of the Resource and Patient Management System (RPMS) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator

The denominator for a performance measure is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, for example, all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures

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

FY

Abbreviation for **F**iscal **Y**ear. The fiscal year for the Federal government is October 1 through September 30.

GPRA

Abbreviation for **G**overnment **P**erformance and **R**esults **A**ct, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. For a detailed description, see Section 3.1.1.

GPRA Measure

Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2008, the IHS has 35 GPRA measures in three main categories: Treatment (20), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress

IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year. Aggregated data from the CRS version 8.0 (FY08) will be used to report most clinical measures in the FY 2008 Performance Report.

GUI

Abbreviation for **g**raphical **u**ser **i**nterface, the Windows-based version of the CRS application. Visual CRS is available in addition to the character-based (“roll & scroll or CHUI) user interface.

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

Healthcare **E**ffectiveness **D**ata and **I**nformation **S**et (HEDIS®). Developed by the National Committee for Quality Assurance, HEDIS is a tool used by more than 90 percent of American’s health plans to measure performance on important dimensions of care and service.

I/T/U

Abbreviation referring to all **I**ndian, **T**ribal, and **U**rban 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 **I**nternational **C**lassification of **D**isease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition, to determine if a patient meets a denominator or numerator definition.

Logic

The detailed definition, including specific RPMS fields and codes, of how the CRS software defines a denominator or numerator.

LOINC

Logical **O**bservation **I**dentifiers **N**ames and **C**odes (LOINC®). A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (electrocardiograms, vital signs, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

National GPRA Report

In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical performance measure topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

Numerator

The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

Patient List

For each measure, CRS produces a list of patients related to the specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identify them as meeting the measure. Patient lists are a good way to identify patients, who need a procedure or test, for example, patients age 50 and older who have not received Influenza vaccinations.

Performance Measure

The combination of one defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.

Performance Measure Topic

An overarching clinical topic, for example, Diabetes: Blood Pressure Control. Each topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes: 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 numerators, the GPRA measure is Controlled Blood Pressure.

PIT

Abbreviation for **P**erformance **I**mprovement **T**eam. 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.

QI

Abbreviation for **Q**uality **I**mprovement.

Report Period

CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA Report, 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 and fiscal year 2008 defines July 1, 2007 - June 30, 2008 as the Report Period. All CRS reports also display the Previous and Baseline periods for comparison.

Selected Measures Report (CRS)

This type of report displays results for all denominators and numerators related to the one or more performance measure topics (GPRA and/or developmental) selected by the user. CRS 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 Measures 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 CRS measure 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, CRS 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. CRS uses a slightly different definition, which 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 measures included on the National GPRA Report use the Active Clinical population definition. For a detailed description of the User Population denominator, see Sections 3.2.3.3 (GPRA reporting) and 3.2.3.6 (local reporting).

3.0 Introduction

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

Because definitions of clinical performance measures can change every year, CRS will be updated and released annually. The current version BGP 8.0 adds FY 2008 clinical performance measures to existing FY 2007 through FY 2002 measures.

3.1 Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current Administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters 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 measures describe clinical treatment and prevention measures. The performance measures 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 2008, the IHS has 35 GPRA measures in three main categories: Treatment (20), Prevention (12), and Capital Programming/Infrastructure (3).

Performance measures are further characterized by type, where

- **Outcome measures** directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses. Examples include reducing prevalence of obesity, diabetic complications, and unintentional injury.
- **Output measures** describe the level of activity that will be provided over a period of time - the internal activities of a program (i.e., the products and services delivered); for example, maintaining accreditation rate for Youth Regional Treatment Centers, conducting at least three community injury prevention projects in each Area.
- **Efficiency measures** track the ratio of total outputs or outcomes to total inputs (Federal plus non-Federal). Examples include average project duration from Project Memorandum of Agreement (MOA) execution to construction completion and percent of replacement health centers completed on time.

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

For a complete list of FY 2008 GPRA measures, see “Appendix A: FY06 - FY08 GPRA Measures.” Further information about GPRA performance reporting, including results for FY 2001 through FY 2007 can be found at the following Web site:

http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp

3.1.2 Clinical Performance Measures

Most of the 35 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure. Some, however, just have a numerator and are just a count, such as Sealants and Topical Fluoride.

The Treatment category includes measures covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment measure is Diabetes: Blood Pressure Control. The FY 2008 goal for this measure is to maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at a rate to be determined (TBD). (Blood pressure control is defined as the mean of at least 2 non-ER blood pressure values less than 130/80). The IHS FY 2007 national rate was 39%; the Healthy People 2010 goal is 40% (see Section 3.2.4).

The Prevention category includes measures covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention measure is Adult Immunizations: Influenza. The FY 2008 goal for this measure is to increase to a rate TBD the influenza vaccination levels among non-institutionalized adult patients aged 65 years and older. The IHS FY 2007 rate was 59%; the Healthy People 2010 goal is 90%.

Measure example

GPRA Measure Cancer Screening: Pap Smear Rates: During FY 2008, increase to a rate TBD 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.

The denominator is the total population that is being reviewed for a specific measure. For the Pap Smear measure, the denominator is all female patients at least age 21 at the beginning of the Report period and less than 65 at the end 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, documented in RPMS any time in the three years prior to the end of the report period or a refusal of a Pap smear in the past year. For detailed description of performance measure logic, see Section 3.2.4, “Performance Measure Logic Example.”

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetes: Blood Pressure Control, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators that are reviewed for any Diabetes measure are User Population and Active Adult Diabetic patients. For detailed logic definitions of the denominators, see the *CRS Administrator Manual*, Section 2.0, "Performance Measure Logic." In addition to the GPRA 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 measure 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 GPRA measures 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 measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures may become formal GPRA measures in future years.

Required performance reporting provides the agency with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate performance measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror 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 measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as HEDIS® 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 (HHS). 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 measure, 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. For additional information about Healthy People 2010, go to this web site:

  http://www.healthypeople.gov/

- **Healthcare Effectiveness Data and Information Set (HEDIS®)** is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed 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 possessing. 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. For additional information about NCQA and HEDIS, go to this web site:

  http://www.ncqa.org/tabid/59/Default.aspx

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP 2010 target information on the report for as many of the measures included in CRS as are available. CRS 2008 (BGP v8.0) includes a specific HEDIS Report option.

3.2 CRS 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 Clinical Reporting System is a software tool that provides reports for local site and Area use specifically on clinical performance measures that are based on data from the IHS Resource and Patient Management System (RPMS). For FY08, CRS includes 35 GPRA and 24 developmental/other clinical measure topics. Each measure 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 performance measure is described in the *CRS Administrator Manual*, Section 2.0, "Performance Measure Logic."

3.2.1 How Does CRS Work?

CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 300 GPRA and developmental clinical performance measures, representing 59 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 measure criteria) as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY07 to the same measure from CRS FY08. The three time periods allow truly comparable data.

The National GPRA Report provides a summary of the local GPRA measure 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 measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA Report for transmission to the Area office where an Area-wide aggregate report can be generated. For detailed descriptions of the different report types, see Section 5.0, "Reports and Patient Lists."

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current version 8.0 adds FY 2008 performance measures to the existing FY 2007 through FY 2002 clinical performance measures.

The Clinical Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA and developmental measures that are based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be translated into programming code. This means 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 CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of measures, i.e., the Diabetes Program reviewed and approved the logic for diabetes measures.

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

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. For detailed information about taxonomies, see Section 4.3, "Taxonomies."

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

3.2.2 CRS Security Keys

In order for a user to have access to the CRS application, s/he must be assigned the BGPZMENU security key in RPMS. Other security keys that a user may need are:

- **BGPZ PATIENT LISTS**, which enables a user to run lists of patients that contain patient identifiers and medical information.
- **BGPZ SITE PARAMETERS**, which enables a user to edit the site parameters.

- **BGPZ TAXONOMY EDIT**, which enables a user to edit the site-populated lab and medication taxonomies.
- **BGPZAREA**, which provides user access to the Area Office menu, where Area Aggregate reports may be run.

3.2.3 CRS Key Denominator Definitions

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

The Active Clinical population is the denominator definition used for most GPRA measures. This denominator was developed in FY 2003 specifically for clinical measures because it was felt to be more representative of the active clinical population.

> **Note:** Because facilities, who offer no direct care and whose patients receive only Contract Health Services, do not meet the requirements of the Active Clinical population, a new site parameter, **Contract Health Site Only**, was added for FY2006.

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

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local facility use (Section 5.8), 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.

3.2.3.1 Active Clinical Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will be excluded from the denominator automatically.
- 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 in the previous list OR to one of the following additional medical clinics:

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

- 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.

3.2.3.2 Active Clinical CHS Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will be excluded from the denominator automatically.
- Must have two CHS visits in the three years prior to the end of the Report Period.
- 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.

3.2.3.3 User Population for National GPRA Reporting

- Patients with the name of "DEMO,PATIENT" will be excluded from the denominator automatically.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- 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.

3.2.3.4 Active Clinical Population for Local Reports

- Patients with name "DEMO,PATIENT" will automatically be excluded from the denominator.
- 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 in the previous list OR to one of the following additional medical clinics:

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

- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.5 Active Clinical CHS Population for Local Reports

- Patients with the name of "DEMO,PATIENT" will be excluded from the denominator automatically.
- Must have two CHS visits in the three years prior to the end of the Report Period.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.3.6 User Population for Local Reports

- Patients with the name of "DEMO,PATIENT" will be excluded from the denominator automatically.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in Section 3.1.2 was Cancer Screening: Pap Smear Rates: During FY 2008, increase to a rate TBD 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.

For CRS, the GPRA measure definition is defined as:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the measure has determined based on current medical guidelines that "eligible" women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past three years or refusal in past year.

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

1. Begin with the Active Clinical population definition (see Section 3.2.3.1).
    - Exclude any patients with the name of "DEMO,PATIENT."
    - 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 GPRA 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; OR for facilities with the CHS-Only site parameter set to "Yes," exclude any patients who do not have 2 CHS visits in the past 3 years.
2. From these patients, identify the subset that are female and that are at least age 21 on the first day of the Current Report period and less than age 65 on the last day of the report period.
3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.8 or V CPT for CPT codes 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135 or V POV 618.5 any time before the end of the Report period.
4. For these patients (the denominator), check for a Pap smear in the past three years in the following order:
    a. V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP PAP SMEAR TAX taxonomy; OR
    b. V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the *CRS Technical Manual* for specific codes); OR

c. Purpose of Visit file (V POV) is checked for: a diagnosis of: V67.01 Follow-up Vaginal Pap Smear, V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, 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, 795.0*, V76.49 Pap Smear for Women w/o a Cervix, or 795.06 Pap smear of cervix with cytologic evidence of malignancy; OR

d. V Procedures is checked for a procedure of 91.46; OR

e. V CPT is checked for the following CPT codes: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; OR

f. The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear; OR

g. Refusals file is checked for Lab Test Pap Smear in the past year.

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

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

3.2.5 CRS Report Time Periods

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

- **Current or Report period**: a time period entered by the user. For a typical National GPRA 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. For a typical National GPRA Report, the baseline year is July 1, 1999 through June 30, 2000.

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 to be able to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY07 to the same measure from CRS FY08. The three time periods allow truly comparable data.

3.3 FY08 Clinical Measures Included in CRS

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

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

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

For the performance measurement logic included in the National GPRA/GPRA Performance, Selected Measures, CMS, Other National Measures, Elder Care, HEDIS, and Patient Education reports, see the specific Performance Measure Definitions and Logic documents on the CRS website, CRS 2008 page:

http://www.ihs.gov/cio/crs/index.cfm?module=crs_fy08

4.0 Getting Started: System Setup

Before a site can use the Clinical Reporting System (CRS) for FY2008 to run reports, the site's system parameters and taxonomies must be set up.

System Setup Task Summary

Step	Action	For details, see Section
1	Create the "official" community taxonomy for national GPRA reporting, using Q-Man.	4.1
2	Set up the CRS system parameters for the site.	4.2
3	Run the taxonomy check for all reports.	4.4
4	Set up the lab and medication taxonomies used by CRS.	4.5

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. Most likely, your facility has one or more Community taxonomies set up for use with other RPMS applications.

For the National GPRA Report, a Community taxonomy should be used that includes all communities served by the facility.

> **Note:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas would use their defined Contract Health Service (CHS) catchments as their default community taxonomies for the yearly GPRA report, with the exception of the Oklahoma City Area (all of OK is in the Contract Health Service Delivery Area (CHSDA).

For local reports, individuals may want to run reports for selected measures for a specific subset of the population, which may use a different community taxonomy than the community taxonomy used to run the National GPRA Report.

Use **Q-Man** to set up the community taxonomy. If you do not have access to Q-Man, see your RPMS Site manager.

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

To define the Community taxonomy, follow these steps:

1. At the Main Menu prompt, choose the **QMAN** menu option and press Enter.

   The Q-Man menu is displayed.

2. At the "Enter Return to continue or ^ to Exit" prompt, press Enter.
3. At the "Your Choice" prompt, type **1** (Search PCC Database) and press Enter.
4. At the "What is the subject of your search?" prompt, type **LIVING PATIENTS** (all uppercase) and press Enter.
5. At the "Attribute of Living Patients" prompt, type **Community** and press Enter.
6. At the "Enter Community" and "Enter Another Community" prompts, type the name(s) of the community/communities of interest.

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

7. At the "Want to save this community group for future use?" prompt, type **Y** and press Enter.
8. At the "Group Name" prompt, type a name for the taxonomy and press Enter.
9. At the "Are you adding [*group name*]' as a new Taxonomy (the #TH)?" prompt, verify your group name and type Y (to save it) or N (to cancel the save).
10. (Optional) At the "Taxonomy Brief Description" prompt, type a short description of the taxonomy and press Enter.
11. (Optional) At the "1>" prompt, type enter the information for the extended description for the taxonomy; otherwise press Enter.
12. At the "Attribute of Living Patients" prompt, type ^ (shift + 6) and press Enter.
13. At the "What is the subject of your search?" prompt, type ^ (shift + 6) and press Enter to return to the Q-Man main menu.
14. To exit the Q-Man main menu, type 0 (zero) at the prompt.

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

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

Attribute of LIVING PATIENTS: COMMUNITY <Enter>

Enter COMMUNITY: TUCSON <Enter>              PIMA     ARIZONA     077     0410077
Enter ANOTHER COMMUNITY: SELLS <Enter>       PIMA     ARIZONA     067     0410067
Enter ANOTHER COMMUNITY: SAN XAVIER <Enter>  PIMA     ARIZONA     065     0410065
Enter ANOTHER COMMUNITY: <Enter>

The following have been selected =>

     SAN XAVIER
     SELLS
     TUCSON

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

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

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

Figure 4-1: Example of setting up a Community taxonomy in Q-Man

4.2 Site Parameters (SP)

CI08 > SET > SP

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

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

- **BGP Site Parameters Location** (i.e., Facility location), which defines your facility location.
- **Default Community taxonomy**, which defines the Community taxonomy name your site is most likely to use, when identifying the population for reports

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

- **Definition of Home**, which is used by Public Health Nursing measure to identify PHN visits in a Home location, in addition to Clinic Code 11. Generally, but not always, a site's home location is called HOME.
- **Export Height/Weight Data to Area/National Programs**, which may be set to "N" *only* by Tribal facilities that do not want to export their height/weight data associated with the National GPRA Report to their Area and IHS Division of Epidemiology. The default is set to "Y."

  When a reporting facility chooses to export its GPRA data to the Area Office, if the Export Height/Weight Data site parameter is set to "Y," the Area Office export file that is created (file beginning with "BG08") will include visit data containing height and/or weight measurements taken during the period July 1, 2007 through June 30, 2008 for all active clinical patients 0-65 years of age included in the National GPRA Report.

  The Area Office creates a combined file containing unduplicated data from all facilities. The file is sent to the California Area Office for transmission to the Division of Epidemiology, which uses the data to construct frequency curves. Only the unique registration record ID of each patient is sent; individual names and chart numbers are not sent.

  A copy of a letter addressed to Tribal Clinic Directors that discusses this data file in detail and explains how the information will be used is included in "Appendix E: Height and Weight Data File Letter."

- **Contract Health Site Only**, which is for facilities that offer *only Contract Health Services* to its patients. If a facility offers *any* direct services to its patients, this site parameter should be set to "No." Setting this parameter to "Yes" redefines the Active Clinical denominator to Active Clinical CHS, requiring a patient to have two (2) *CHS* visits in the past three years versus meeting the criteria of the Active Clinical denominator definition for having two (2) visits to defined medical clinics in the past three years.

To edit the Site Parameters, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter; for example,

```
             **************************************************
             **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
             **************************************************
                                Version 8.0

                             DEMO INDIAN HOSPITAL

   CI08   CRS 2008 ...
   CI07   CRS 2007 ...
   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI08 <Enter>  CRS 2008
```

Figure 4-2: Accessing the System Setup menu (step 1)

2. At the "Select CRS 2008 Option" prompt, type **SET** and press Enter; for example,

```
                          **********************************
                          **      IHS/RPMS CRS 2008       **
                          **  Clinical Reporting System   **
                          **********************************
                                     Version 8.0

                                  DEMO INDIAN HOSPITAL

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

Select CRS 2008 Option: SET <Enter>  System Setup
```

Figure 4-3: Accessing the System Setup menu (step 2)

3. At the "Select System Setup Option" prompt, type **SP** and press Enter.

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

The Setup Menu is displayed; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008  **
                          **       Setup Menu     **
                          **************************
                                Version 8.0

                             DEMO INDIAN HOSPITAL

   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

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

Figure 4-4: Accessing the System Setup menu (step 3)

4. At the "Select BGP Site Parameters Location" prompt, type the name of your site location.
5. At the "Please enter your site's Default Community Taxonomy" prompt, type the name of the Community taxonomy your site is most likely to use for performance reporting.

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

6. At the "Enter Your Site's Home location" prompt, type the name of your Home location, or press the Enter key to accept the default response.

   Typing **HOME** at this prompt displays a list of all Home locations. Follow the prompts to select the appropriate location.

   Remember: This is for reporting of PHN home visits only and should not be confused with your facility/site location.

7. At the "Do you want to export Height/Weight data to the Area/National Programs?" prompt, type **Y** if your site wants to export its height and weight data.

   If your site is a Tribal site and does not want to export its data, type **N**.

   Note: All federal and Urban facilities must type **Y** at this prompt.

8. At the "Contract Health Site Only?" prompt, type **N** if your facility offers direct care to its patients.

   If your facility provides Contract Health Services *ONLY* to its patients, type **Y**.

9. When the “Select BGP Site Parameters Location” prompt is displayed, press Enter to return to the System Setup menu.

```
                          *************************
                          **   IHS/RPMS CRS 2008  **
                          **       Setup Menu     **
                          *************************
                                Version 8.0

                             DEMO INDIAN HOSPITAL

   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: SP <Enter>  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO HOSPITAL <Enter>      NAVAJO       TUBA
CITY       01                      AZ            808701
         ...OK? Yes// <Enter>  (Yes)

Please enter your site's DEFAULT COMMUNITY taxonomy: BETA TEST COMMUNITIES //
<Enter>
Please enter your site's HOME location: UNDESIG LOCS // HOME <Enter>
     1   HOME       NAVAJO       TUBA CITY       89    AZ
     2   HOME       CALIFORNIA TRIBE/638       UIHS-TSURAI       89
     3   HOME       BILLINGS TRIBE/638       ROCKY BOY'S       95
     4   HOME       BILLINGS TRIBE/638       FLATHEAD       95
     5   HOME       CALIFORNIA URBAN       AMERICAN IND FREE CLINIC       89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 <Enter>  HOME     NAVAJO       TUBA CITY       89    AZ

Tribal Sites Only:
Do you want to export Height/Weight data to the Area/National Programs?: YES// Y
<Enter>  YES
Only answer the next question with a Yes if this site provides
no direct services but only provides contract health services
to their patients.
CONTRACT HEALTH SITE ONLY?: NO// N <Enter>  NO

Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters (steps 4-9)

4.3 Taxonomies

Taxonomies are used to find data items in PCC, 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 performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard code sets (e.g., Health Factors, patient education codes, etc.).

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

4.3.1 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 certain criteria. Two types of taxonomies are distributed with the Clinical Reporting System:

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

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

For data elements like diagnoses, procedures or lab tests identified by LOINC codes, the taxonomy 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 CRS software. These taxonomies can be updated *only* by the CRS programmer. For a complete list of software-defined taxonomies, see the *Clinical Reporting System (BGP) Technical Manual*.

Site-populated taxonomies are used to mitigate the variations in terminology for 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. Or, one site's beta-blocker data can be compared to another site, even though the same names are not used for beta-blocker drugs.

For example, one site's Lab table might contain the term Glucose Test, while another site's table may contain the term Glucose for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a 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 TAX," and the individual facility would enter all varieties of spelling and punctuation for Glucose Tests used at that facility.

4.3.2 Site-Populated Clinical Taxonomies Used by CRS

During the initial installation of CRS, the site's CRS Implementation team will need to review the taxonomies that must be populated by the site, to make sure that all appropriate entries exist or are entered. After that, the GPRA Coordinator and/or person(s) responsible for maintaining the lab and drug taxonomies should review the taxonomies at least each quarter before running the quarterly reports, to ensure the taxonomies are up-to-date.

The CRS site-populated taxonomies include both lab tests and drugs. The table in Sections 4.3.3 and 4.3.4 can be used as a checklist.

CRS also uses "hard coded" pre-defined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, ADA, NDC, and VA Drug Class codes, as identified in the performance measure logic. *These taxonomies cannot be altered by the site*.

To view a list of all pre-defined taxonomies, select the View Taxonomy (VT) option on the Taxonomy Setup menu. The *Clinical Reporting System (BGP) Technical Guide* also includes a list of all pre-defined taxonomies.

Detailed instructions on how to check and set up these taxonomies are included in Sections 4.3, "Taxonomies," and 4.5, "Taxonomy Setup (TS)."

Reports can be run for the lab tests and medications, including the site-populated taxonomies. For information on running these reports, see Sections 5.16,"Lab Taxonomy Report (TXL)," and 5.17, "Medication Taxonomy Report (TXM)," respectively.

4.3.3 Site-Populated Lab Taxonomies

New lab taxonomies for CRS Version 8.0:

BKM FTA-ABS TESTS TAX
BKM GONORRHEA TEST TAX
BKM RPR TESTS TAX

Deleted lab taxonomies for this version:

URINE GLUCOSE GP
DM AUDIT LIPID PROFILE

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

In the following table, two asterisks (**) precede the new taxonomy names and text is bolded.

Table 4-1: Site-Populated Lab Taxonomies

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP CBC TESTS	All Complete Blood Count (CBC) Lab Tests	CBC CBC/Auto Diff CBC W/Diff CBC+Diff CBC W/Diff+ Plt CBC & Morphology (With Diff) CBC & Morphology (No Diff) CBC (Prenatal Profile) Hemogram Hemo Panel	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
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	Selected Measures
BGP CHLAMYDIA TESTS TAX	All Chlamydia Trachomatis Lab Tests	Chlamydia Culture Chlamydia IgG Chlamydia IgM Chlamydia Screen Chlamydia, DNA Probe Chl/Gc Combo	Chlamydia Testing Sexually Transmitted Infection (STI) Screening	Other National Measures Selected Measures HEDIS
BGP CMS ABG TESTS	All Arterial Blood Gas (ABG) or Pulse Oximetry Lab Tests	Arterial Blood Gas Pulse Oximetry	Pneumonia	CMS
BGP CMS BLOOD CULTURE	All Blood Culture Lab Tests	Blood Culture Culture, Blood	Pneumonia	CMS

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP CREATINE KINASE TAX	All Creatine Kinase Lab Tests (excluding CK isoenzymes)	CK CPK Creatine Kinase Creatine Phosphokinase	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients	Other National Measures Selected Measures
BGP GPRA ESTIMATED GFR TAX	All Estimated GFR Lab Tests	Estimated GFR Est GFR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Chronic Kidney Disease Assessment	Other National Measures National GPRA/ GPRA Performance Selected Measures Elder Care
BGP GPRA FOB TESTS	All Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood FOBT	Colorectal Cancer Screening	National GPRA/ GPRA Performance Selected Measures HEDIS Elder Care
BGP GROUP A STREP TESTS	All Group A Strep Lab Tests	Throat Culture Rapid Strep Strep A Ag	Appropriate Testing for Children with Pharyngitis	Selected Measures HEDIS
BGP HIV TEST TAX	All HIV Lab Tests	HIV Tests HIV Screen	Prenatal HIV Testing Sexually Transmitted Infection (STI) Screening	National GPRA/ GPRA Performance Other National Measures Selected Measures
BGP HIV VIRAL LOAD TAX	All HIVViral Load Lab Tests (as measured by PCR or comparable test)	HIV Viral Load	HIV Quality of Care	Selected Measures
BGP LIVER FUNCTION TESTS	All Liver Function Lab Tests	Liver Function Hepatic Function LFT	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care
BGP PAP SMEAR TAX	All Pap Smear Lab Tests	Pap Smear Thin Prep Pap	Cancer Screening: Pap Smear Cervical Cancer Screening (Pap Smear) (HEDIS)	National GPRA/ GPRA Performance Selected Measures HEDIS

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
BGP POTASSIUM TESTS	All Potassium Lab Tests	Potassium K Also include panels including Potassium, such as: Electrolytes (Lytes) Basic Metabolic Panel (BMP) Comprehensive Metabolic Panel (CMP) Renal Function Panel	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP QUANT URINE PROTEIN	All Quantitative Urine Protein Lab Tests	ACR A/C Ratio Albumin/Creatinine Albumin/Creatinine Ratio Microalbumin/Creatinine Ratio Microalbumin Microalbumin, Random Microalbumin, Timed Protein/Creatinine Ratio 24 hr Urine Protein Timed Urine Protein Urine Protein/24 Hrs Protein/Creatinine Quantitative Urine Protein Quant Urine Protein Computed Urine Protein	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Other National Measures Selected Measures Elder Care
****BKM FTA-ABS TESTS TAX**	**All Fluorescent Treponemal Antibody Absorption Lab Tests to Confirm Syphilis**	**FTA-ABS FTA-AB TP-PA Antibodies**	**Sexually Transmitted Infection (STI) Screening**	**Other National Measures Selected Measures**

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
****BKM GONORRHEA TEST TAX**	**All Gonorrhea (Neisseria Gonorrhoeae) Lab Tests**	**Gonococcus GC Nucleic Acid AMP Neisseria Gonorrhoeae DNA Probe Neisseria Gonorrhoeae Probe Neisseria Gonorrhoeae DNA PCR N. Gonorrhoeae DNA N Gonorrhoeae SDA, OTV GC DNA Probe Gonorrhea, DNA Probe Chlamydia & Gonorrhea Probe GC Culture GC-PCA**	**Sexually Transmitted Infection (STI) Screening**	**Other National Measures Selected Measures**
****BKM RPR TESTS TAX**	**All Syphilis (Rapid Plasma Reagin (RPR) Lab Tests**	**RPR RPR QUANT VDRL RPR, RFLX RPR-Monitor RPR Diagnostic**	**Sexually Transmitted Infection (STI) Screening**	**Other National Measures Selected Measures**
DM AUDIT A/C RATIO	All Albumin and Creatinine Lab Tests	A/C Ratio AC Ratio ACR	Comprehensive Diabetes Care (HEDIS)	HEDIS
DM AUDIT ALT TAX	All Alanine Transaminase (ALT) Lab Tests	ALT SGPT ALT (SGPT)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Other National Measures Selected Measures Elder Care

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT AST TAX	All Aspartate Aminotransferase (AST) Lab Tests	AST SGOT AST (SGOT)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Other National Measures Selected Measures Elder Care
DM AUDIT CHOLESTEROL TAX	All Total Cholesterol Lab Tests	Cholesterol Total Cholesterol	CVD and Cholesterol Screening	Other National Measures Elder Care
DM AUDIT CREATININE TAX	All Creatinine Lab Tests – NOTE: do NOT include names of panels that creatinine test may be part of (e.g., basic metabolic panel) since it looks at creatinine results	Creatinine	All Diabetes Measures for Active Adult Diabetic denominator Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Measures Elder Care
DM AUDIT FASTING GLUCOSE TAX	All Fasting Glucose Lab Tests	Glucose (Fasting) F Glucose Glucose, Fasting Fasting Glucose FBS Fasting Blood Sugar Fasting GTT GTT, Fasting	Prediabetes/Metabolic Syndrome	Other National Measures Selected Measures

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT GLUCOSE TESTS TAX	All Glucose Lab Tests, Including Fasting and Tolerance Tests	Glucose Random Glucose Fasting Glucose Whole Blood Glucose Accucheck Hemocue Glucose Fingerstick Glucose Whole Blood Glucose GTT 1HR/100gm GTT 2HR/100GM GTT 3HR/100GM GTT 2HR GTT 3HR GLUCOSE TOLERANCE 1HR GLUCOSE TOLERANCE 2HR GLUCOSE TOLERANCE 3HR GLUCOSE 1HR/100gm GLUCOSE 1HR/50gm GLUCOSE 2HR/100gm GLUCOSE 2HR/75gm GLUCOSE 3HR/100gm GLUCOSE GTT FASTING	Rheumatoid Arthritis Medication Monitoring	Selected Measures
DM AUDIT HDL TAX	All HDL Cholesterol Lab Tests – NOTE: do NOT include Lipid Panels in this taxonomy since it looks at HDL results	HDL	Prediabetes/Metabolic Syndrome	Other National Measures Selected Measures Elder Care
DM AUDIT HGB A1C TAX	All HGB A1C Lab Tests	HgbA1C A1C HbA1c Hemoglobin A1C Glycosylated Hemoglobin Glycohemoglobin A1c	Diabetes: Glycemic Control Diabetes Comprehensive care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Other National Measures Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Examples of Members	Performance Measures Used In	Reports Used In
DM AUDIT LDL CHOLESTEROL TAX	All LDL Cholesterol Lab Tests **Note:** do NOT include Lipid Panels since it looks at LDL results	LDL LDL-C	Diabetes: Lipids Assessment Diabetes Comprehensive Care CVD and Cholesterol Screening Comprehensive CVD-Related Assessment Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS) Comprehensive Diabetes Care (HEDIS) Prediabetes/Metabolic Syndrome	National GPRA/ GPRA Performance Other National Measures Selected Measures HEDIS Elder Care
DM AUDIT MICRO-ALBUMINURIA TAX	All Microalbuminuria Lab Tests	Microalbumunia Micral Microalbumunia, Urine A/C Ratio AC Ratio ACR Microalbumin/Creatinine Ratio Microalbumin Random	Comprehensive Diabetes Care (HEDIS)	HEDIS
DM AUDIT TRIGLYCERIDE TAX	All Triglyceride (TG) Lab Tests **Note:** do not include Lipid Panels since it looks at TG results	Triglyceride	Prediabetes/Metabolic Syndrome	Other National Measures Selected Measures
DM AUDIT URINE PROTEIN TAX	All Urine Protein Lab Tests	Urine Protein Urine Protein Screen	Comprehensive Diabetes Care (HEDIS) Rheumatoid Arthritis Medication Monitoring	Selected Measures HEDIS

4.3.4 Site-Populated Drug Taxonomies

All of the taxonomies in Table 4-2 that begin with “BGP” will be pre-populated by the CRS software, as indicated in the “Drugs” column. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site’s drug file and pre-populated, since there may be drugs that CRS could not locate and which should be included in your site-populated taxonomy. You can add those drugs that should be included by editing your site-populated drug taxonomy.

New medication taxonomies for CRS Version 8.0:

BGP CMS IMMUNO-SUPPRESSIVE MEDS
BGP CMS SMOKING CESSATION MEDS
BGP SYSTEMIC CHEMO MEDS

In the following table,

- Two asterisks (**) precede new taxonomy names and the text is bolded.
- A single asterisk (*) precedes any taxonomy where drugs were added and/or removed. Here, additions are bolded, and deletions are noted.

Table 4-2: Site-Populated Drug Taxonomies

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ANTI-PLATELET DRUGS	All anti-platelet medications used in CRS CMS measures	**Pre-populated by VA Drug Class BL700** Aspirin & Dipyridamole (Aggrenox), Cilostazol (Pletal), Clopidogrel (Plavix), Dipyridamole (Persantine), Heparin, Ticlopidine (Ticlid)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Heart Attack (AMI) Treatment (CMS)	Other National Measures Selected Measures CMS
BGP ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS	**Pre-populated by NDC** Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent)	Asthma and Inhaled Steroid Use	Selected Measures
BGP CMS ACEI MEDS	All angiotensin converting enzyme (ACE) inhibitor medications used in CRS CMS measures	**Pre-populated by VA Drug Class code CV800** See list of drugs in BGP CMS ACEI Medications.	Heart Attack (AMI) Treatment Heart Failure	CMS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP CMS ANTIBIOTIC MEDS	All antibiotic medications used in CRS CMS measures	**Pre-populated by VA Drug Class codes:** - AM050 - AM054 - AM100 - AM104 - AM111 - AM112 - AM130 - AM150 - AM200 - AM250 - AM300 - AM350 - AM500 - AM650 - AM900 See list of drugs in Table 4-3: BGP CMS Antibiotic Medications.	Pneumonia Surgical Infection Prevention	CMS
BGP CMS ARB MEDS	All angiotensin receptor blocker medications used in CRS CMS measures	**Pre-populated by VA Drug Class code CV805** See list of drugs in BGP CMS ARB Medications.	Heart Attack (AMI) Treatment Heart Failure	CMS
BGP CMS BETA BLOCKER MEDS	All beta-blocker medications used in CRS CMS measures	**Pre-populated by VA Drug Class CV100 and NDC** See list of drugs in BGP CMS Beta Blocker Medications.	Heart Attack (AMI) Treatment Heart Failure	CMS
****BGP CMS IMMUNO-SUPPRESSIVE MEDS**	**All immunosuppressant medications used in CRS measures**	**Pre-populated by VA Drug Classes IM600, MS190, and MS109 except for drugs with the name containing "Hyaluronate."** See list of drugs in BGP CMA Immunosuppressive Medications**.**	**Pneumonia (CMS)**	**CMS**
****BGP CMS SMOKING CESSATION MEDS**	**All smoking cessation medications used in CRS measures**	**Pre-populated by NDC and with all drug names containing "Nicotine Patch," "Nicotine Polacrilex," "Nicotine Inhaler," or "Nicotine Nasal Spray."**	**Tobacco Cessation** **Medical Assistance with Smoking Cessation (HEDIS)** **Heart Attack (AMI) Treatment (CMS)** **Heart Failure (CMS)** **Pneumonia (CMS)**	**National GPRA/GPRA Performance** **Selected Measures** **HEDIS** **CMS**

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
****BGP SYSTEMIC CHEMO MEDS**	**All systemic chemotherapy medications used in CRS measures**	**Pre-populated by VA Drug Classes beginning with "AN."** **AN000 Antineoplastics** **AN100 Antineoplastics, Alkylating Agents** **AN200 Antineoplastic Antibiotics** **AN300 Antineoplastics, Antimetabolites** **AN400 Antineoplastic Adjuvants** **AN500 Antineoplastic Hormones** **AN600 Antineoplastic Radiopharmaceuticals** **AN900 Antineoplastic, Other**	**Pneumonia (CMS)**	**CMS**
BGP CMS THROMBOLYTIC MEDS	All thrombolytic agent medications used in CRS CMS measures	**Pre-populated by VA Drug Class BL600** Abbokinase, Activase, Alteplase, Anistreplase, Anisoylated Plasminogen-Streptokinase Activator Complex, APSAC, Eminase, Kabikinase, Retavase, Reteplase, rPA (RPA), Streptase, Streptokinase, Tenecteplase, Tissue plasminogen activator, TNKase, tPA (TPA), UK, Urokinase	Heart Attack (AMI) Treatment	CMS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP CMS WARFARIN MEDS**	All Warfarin (blood thinner) medications used in CRS CMS measures	**Pre-populated with all drug names containing "Warfarin"** Barr Warfarin Sodium, Coumadin, Dicumarol, Jantoven, Panwarfin, Warfarin **Deleted in CRS 8.0:** Anisindione, Liquamar, Marevam, Miradon,	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Heart Attack (AMI) Treatment (CMS)	Other National Measures Selected Measures CMS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS ACEI MEDS**	All ACE inhibitor medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** ACE Inhibitors: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik) ACE Inhibitors - Combination Products: **Amlodipine-benazepril (Lotrel)**, Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), **Enalapril-felodipine (Lexxel)**, **Enalapril-diltiazem (Teczem)**, Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochloro-thiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, **Quinaretic**)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Comprehensive Diabetes Care (HEDIS)	Other National Measures Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS AMPHETAMINE MEDS**	All amphetamine medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Amphetamine Mixtures (Adderall), Benzphetamine (Didrex), Dextroamphetamine (Dexedrine), **Dexmethylphenidate**, Diethylproprion (Tenuate), Methamphetamine (Desoxyn), Methylphenidate (Ritalin, Methylin, etc.), Phendimetrazine (Prelu-2), Phenteramine (Ionamin, Adipex) **Deleted in CRS 8.0:** Pemoline (Cyclert)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS ANALGESIC MEDS	All analgesic medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Ketorolac (Tordal)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS ANTIANXIETY MEDS	All anti-anxiety medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Meprobamate (Equagesic, Equanil, Miltown)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS ANTIBIOTIC MEDS**	All antibiotic medications used in CRS HEDIS measures for children	**Pre-populated by NDC; developed by HEDIS** Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, **Cefazolin**, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, **Cephradine**, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, **Lomefloxacin**, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol **Deleted in CRS 8.0:** Dirithromycin, Flomefloxacin	Appropriate Treatment for Children with Upper Respiratory Infection (CRS and HEDIS) Appropriate Testing for Children with Pharyngitis	Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTI-DEPRESSANT MEDS	Contains all antidepressant medications used in CRS	**Pre-populated by NDC; developed by HEDIS** Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.)	Antidepressant Medication Management	Selected Measures HEDIS
BGP HEDIS ANTIEMETIC MEDS	All antiemetic medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Trimethobenzamide (Tigan)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
***BGP HEDIS ANTIHISTA-MINE MEDS**	All antihistamine medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Cyproheptadine (Periactin), Dexchlorpheniramine (Polaramine), Diphenhydramine (Benadryl), **Ephedrine**, Hydroxyzine (Vistaril, Atarax), Promethazine (Phenergan), **Theophylline**, Tripelennamine	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
***BGP HEDIS ANTI-PSYCHOTIC MEDS**	All antipsychotic medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Thioridazine (Mellaril) **Deleted in CRS 8.0:** Mesoridazine (Serentil)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS ARB MEDS**	All angiotensin receptor blocker (ARB) medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** ARBs: Candesartan (Atacand), prosartan (Teveten), rbesartan (Avapro), osartan (Cozaar), lmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan) ARB Combination Products: Candesartan + **HCTZ** (Atacand HCT), **Eprosartan + HCTZ (Teveten HCT)**, Irbesartan + **HCTZ** (Avalide HCT), Losartan + **HCTZ** (Hyzaar **HCT**), **Olmesartan + HCTZ (Benicar HCT)**, Telmisartan + **HCTZ (Micardis HCT)**, **Valsartan** + HCTZ (Diovan HCT)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Comprehensive Diabetes Care (HEDIS)	Other National Measures Selected Measures
***BGP HEDIS ASTHMA INHALED MEDS**	All inhaled asthma medications for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC; developed by HEDIS** Medication categories are: **Cromolyn Sodium**, **Inhaled Corticosteroids**, Nedocromil, Long acting, inhaled beta-2 agonists, **and Short-acting, inhaled beta-2 agonists**	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
BGP HEDIS ASTHMA LEUK MEDS	All asthma leukotriene modifier medications for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC; developed by HEDIS** Accolate (generic Zafirlukast), Singulair (generic Montelukast), Zyflo (generic Zileuton)	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA MEDS	All asthma medications that are not inhalers, leukotriene modifiers or nedocromil for the **denominator** in the CRS HEDIS-based asthma measures	**Pre-populated by NDC; developed by HEDIS** **Medication categories are:** Methylxanthines, Antiasthmatic Combinations, Beta-Adrenergic Agents, General Bronchodilator Agents, Long-Acting Adrenergic Bronchodilators, Short-Acting Adrenergic Bronchodilators, Xanthines	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
***BGP HEDIS BARBITURATE MEDS**	All barbiturate medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Amobarbital/Secobarbital (Tuinal), **Amytal**, Aprobarbital (Alurate), Butabarbital (Butisol), Mephobarbital (Mebaral), Pentobarbital (Nembutal), Phenobarbital, Secobarbital (Seconal)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS BELLADONNA ALKA MEDS	All belladonna alkaloids (including combination drugs) medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Atropine sulfate, Belladonna, Hyoscyamine (Anaspaz, Cystospaz, Levsin, Levsinex), In combination (Barbidonna, Bellergal-S, Butibel, Donnatal), Scopolamine (Scopace, Transderm -Scope)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS BENZODIAZE-PINE MEDS	All long-acting benzodiazepine medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Chlordiazepoxide (Librium), Chlordiazepoxide/Amitriptyline (Limbitrol), Diazepam (Valium), Flurazepam (Dalmane)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS BETA-BLOCKER MEDS	All beta-blocker medications for the CRS HEDIS-based Beta-Blocker measures	**Pre-populated by NDC; developed by HEDIS** Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate	Beta-Blocker Treatment After a Heart Attack Persistence of Beta-Blocker Treatment After a Heart Attack Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients	Other National Measures Selected Measures HEDIS
BGP HEDIS CALCIUM CHANNEL MEDS	All short-acting calcium channel blocker medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Nifedipine (Procardia, Adalat) - short acting only	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS GASTRO ANTISPASM MED	All gastrointestinal antispasmodics medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Dicyclomine (Bentyl), Propantheline (Pro-Banthine)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS NARCOTIC MEDS	All narcotic medications used in CRS HEDIS-based measures	Pre-populated by NDC; developed by HEDIS Meperidine Pentazocine (Talacen, Talwin, Talwin Cpd, Talwin NX) Propoxyphene combinations (Darvon CPD, Darvon N, Darvocet-N) Propoxyphene (Darvon)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
***BGP HEDIS ORAL ESTROGEN MEDS**	All gastrointestinal antispasmodics medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Oral estrogen (**Estradio**l, **Ethinyl Estradiol**, Premarin, Ogen, Menest)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS ORAL HYPOGLYCEMIC RX	All oral hypoclycemic medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Chlorpropamide (Diabinese)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS OSTEOPOROSIS DRUGS**	All osteoporosis medications used in CRS	**Pre-populated by NDC; developed by HEDIS** Alendronate, Alendronate-Cholecalciferol, Calcitonin, Estrogen, Ibandronate, Injectable Estrogens, Raloxifene, Risedronate, Teriparatide **Deleted in CRS 8.0:** Fluoride, Vitamin D, and Calcium Products	Osteoporosis Management	Selected Measures HEDIS
BGP HEDIS OTHER BENZODIA-ZEPINE	All other long-acting benzodiazepine medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS** Clidinium/Chlordiazepoxide (Librax)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS OTHER MEDS AVOID ELD**	All other medications to be avoided in the elderly (used in CRS HEDIS-based measures)	**Pre-populated by NDC; developed by HEDIS**. **Atropine Injectable**, **Cyclandelate**, Desiccated thyroid, **Diazepam Injectable**, **Dicyclomine Injectable**, **Diphenhydramine Injectable**, **Dipyridamole Injectable**, **Hydroxyzine Injectable**, **Ketorolac Injectable**, **Meperidine Injectable**, **Mesoridazine**, **Methocarbamol Injectable**, Methyltestosterone (Android, Virilon, Testrad), Nitrofurantoin (Macrodantin), **Orphenadrine Injectable**, **Pemoline**, **Pentazocine**, **Pentobarbital**, **Promethazine**, **Premarin Injectable**, **Rectal Diastat**, **Scopolamine Injectable, Patches**, **Trimethobenzamide**	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP HEDIS PRIMARY ASTHMA MEDS	All primary therapy asthma medications for the **numerator** for the CRS HEDIS-based asthma measures	**Pre-populated by NDC; developed by HEDIS**. **Medication categories are:** Cromolyn Sodium, Inhaled Corticosteroids, Leukotriene Modifiers, Methylxanthines, and Nedocromil	Asthma Quality of Care Use of Appropriate Medications for People with Asthma	Selected Measures HEDIS
BGP HEDIS SKL MUSCLE RELAX MED	All skeletal muscle relaxant medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS**. Carisoprodol (Soma), Chlorzoxazone (Paraflex), Cyclobenzaprine (Flexeril), Metaxalone (Skelaxin), Methocarbamol (Robaxin), Orphenadrine (Norflex)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
***BGP HEDIS STATIN MEDS**	All statin (HMG CoA reductase inhibitors) medications developed by HEDIS	**Pre-populated by NDC; developed by HEDIS** Statins (HMG CoA reductase inhibitors): Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor) Statin Combination Products: **Advicor**, Caduet, PraviGard Pac, Vytorin	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients	Other National Measures Selected Measures
***BGP HEDIS VASODILATOR MEDS**	All vasodilator medications used in CRS HEDIS-based measures	**Pre-populated by NDC; developed by HEDIS**. Dipyridamole (Persantine) short acting only, Ergot mesyloids (Hydergine), Isoxsuprine (Vasodilan) **Deleted in CRS 8.0:** Cyclandelate (Cyclospasmol)	Drugs to be Avoided in the Elderly	Selected Measures HEDIS Elder Care
BGP RA AZATHIOPRINE MEDS	All azathioprine medications used in CRS.	**Pre-populated by NDC** Azathioprine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA CYCLOSPORINE MEDS	All cyclosporine medications used in CRS	**Pre-populated by NDC** Cyclosporine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA GLUCO-CORTICOIDS MEDS	All glucocorticoids medications used in CRS	**Pre-populated by VA Drug Class HS051** Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone	Rheumatoid Arthritis Medication Monitoring	Selected Measures Elder Care
BGP RA IM GOLD MEDS	All intramuscular gold medications used in CRS	**Pre-populated by NDC** Gold Sodium Thiomalate, IM (Intramuscular)	Rheumatoid Arthritis Medication Monitoring	Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP RA LEFLUNOMIDE MEDS	All leflunomide medications used in CRS	**Pre-populated by NDC** Leflunomide	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA METHO-TREXATE MEDS	All methotrexate medications used in CRS	**Pre-populated by NDC** Methotrexate	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA MYCOPHENO-LATE MEDS	All mycophenolate medications used in CRS	**Pre-populated by NDC** Mycophenolate	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA OA NSAID MEDS	All Non-steroidal anti-inflammatory drugs (NSAID) osteoarthritis medications used in CRS	**Pre-populated by NDC** Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib	Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring	Selected Measures Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP RA ORAL GOLD	All oral gold medications used in CRS	**Not able to pre-populate by NDC** Oral Gold	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA PENICILLAMINE MEDS	All penicillamine medications used in CRS	**Pre-populated by NDC** Penicillamine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
BGP RA SULFASALAZINE MEDS	All sulfasalazine medications used in CRS	**Pre-populated by NDC** Sulfasalazine	Rheumatoid Arthritis Medication Monitoring	Selected Measures
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any Aspirin / ASA product used for antiplatelet therapy, Aspirin & Dipyridamone (Aggrenox)	Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Heart Attack (AMI) Treatment (CMS)	Other National Measures Selected Measures CMS

4.3.4.1 BGP CMS ACEI Medications

Accupril
Accuretic
Aceon
Altace

Benazepril
Benazepril/amlodipine
Benazepril/hydrochloride
Benazepril/hydrochlorothiazide

Capoten
Capozide
Capozide 25/15
Capozide 25/25
Capozide 50/15
Capozide 50/25

Captopril
Captopril HCT
Captopril/hydrochlorothiazide

Enalapril
Enalapril/diltiazem
Enalapril/felodipine
Enalapril/hydrochlorothiazide
Enalapril Maleate/diltiazem
Enalapril Maleate/hydrochlorothiazide
Enalaprilat

Fosinopril
Fosinopril Sodium/ hydrochlorothiazide

Lexxel
Lisinopril
Lisinopril/hydrochlorothiazide
Lotensin
Lotensin HCT
Lotrel

Mavik
Moexipril
Moexipril Hydrochloride

Moexipril Hydrochloride/ hydrochlorothiazide

Moexipril/hydrochlorothiazide
Monopril
Monopril HCT
Monopril HCT 10/12.5

Perindopril
Perindopril erbumine
Prinivil
Prinzide

Quinapril
Quinapril HC1
Quinapril HC1/HCT

Quinapril Hydrochloride/ hydrochlorothiazide

Quinapril/hydrochlorothiazide
Quinaretic

Ramipril

Tarka
Teczem
Trandolapril
Trandolapril/verapamil

Trandolapril/verapamil hydrochloride

Uniretic
Univasc

Vaseretic
Vasotec

Zestoretic
Zestril

4.3.4.2 BGP CMS ARB Medications

Atacand
Atacand HCT
Avalide
Avapro
Benicar
Benicar HCT
Candesartan
Candesartan/hydrochlorothiazide
Cozaar
Diovan
Diovan HCT
Eprosartan
Eprosartan/hydrochlorothiazide
Hyzaar
Irbesartan
Irbesartan/hydrochlorothiazide
Losartan
Losartan/hydrochlorothiazide
Micardis
Micardis HCT
Olmesartan
Olmesartan/hydrochlorothiazide
Tasosartan
Telmisartan
Telmisartan/hydrochlorothiazide
Teveten
Teveten HCT
Valsartan
Valsartan/hydrochlorothiazide
Verdia

4.3.4.3 BGP CMS Antibiotic Medications

New medications added in v8.0 are preceded by two asterisks (**) and bolded.

Drugs that were deleted: Cefamandole, Cefamandole Nafate, Cefmetazole, Cefmetazole Sodium, Efavirenz, Mandol, Sustiva, Valacyclovir Hydrochloride, Valtrex, and Zefazone.

Table 4-3: BGP CMS Antibiotic Medications

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Achromycin	Tetracycline
Achromycin V	Tetracycline
Adoxa	Doxycycline
Alatrofloxacin	Alatrofloxacin
Alatrofloxacin Mesylate	Alatrofloxacin
Amficot	Ampicillin
Amikacin	Amikacin
Amikacin Sulfate	Amikacin
Amikin	Amikacin
Amoxicillin	Amoxicillin
Amoxicillin/Clavulanate Potassium	Amoxicillin/Clavulanate Potassium
Amoxicillin Trihydrate	Amoxicillin
Amoxil	Amoxicillin
Ampicillin	Ampicillin
Ampicillin (Anhydrous)	Ampicillin
Ampicillin-Probenecid	Ampicillin
Ampicillin Sodium	Ampicillin
Ampicillin-Sulbactam	Ampicillin-Sulbactam
Ampicillin Trihydrate	Ampicillin
Ampicin	Ampicillin
Ancef	Cefazolin
Anspor	Cephradine
Antibiotic Not Otherwise Specified (NOS)	None
Apo-Ampi	Ampicillin
Apo-Sulfatrim	Sulfamethoxazole Trimethoprim
Atovaquone	Atovaquone
Augmentin	Amoxicillin/Clavulanate Potassium
Augmentin XR	Amoxicillin/Clavulanate Potassium

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Avelox	Moxifloxacin
Azactam	Aztreonam
Azithromycin	Azithromycin
Aztreonam	Aztreonam
Bacampicillin	Bacampicillin
Bacampicillin Hydrochloride	Bacampicillin
Bacitracin	Bacitracin
Baci-IM	Bacitracin
Bactocill	Oxacillin
Bactrim	Sulfamethoxazole Trimethoprim
Bactrim DS	Sulfamethoxazole Trimethoprim
Beepen-VK	Penicillin V Potassium
Benzylpenicillin	Benzylpenicillin
Biaxin	Clarithromycin
Biaxin XL	Clarithromycin
Bicillin-C-R	Penicillin G Benzathine/Penicillin G Procaine
Bicillin L-A	Penicillin G Benzathine
Biocef	Cephalexin
Biomox	Amoxicillin
C-Lexin	Cephalexin
Carbenicillin	Carbenicillin
Carbenicillin Indanyl Sodium	Carbenicillin
Ceclor	Cefaclor
Ceclor CD	Cefaclor
Ceclor Pulvules	Cefaclor
Cedax	Ceftibuten
Cefaclor	Cefaclor
Cefaclor ER	Cefaclor
Cefadroxil	Cefadroxil
Cefadroxil Monohydrate	Cefadroxil
Cefadyl	Cephapirin
Cefamandole Nafate	Cefamandole
Cefanex	Cephalexin
Cefazolin	Cefazolin
Cefazolin Sodium	Cefazolin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Cefdinir	Cefdinir
Cefditoren	Cefditoren
Cefditoren Pivoxil	Cefditoren
Cefepime	Cefepime
Cefepime Hydrochloride	Cefepime
Cefixime	Cefixime
Cefizox	Ceftizoxime
Cefmetazole	Cefmetazole
Cefmetazole Sodium	Cefmetazole
Cefobid	Cefoperazone
Cefonicid	Cefonicid
Cefonicid Sodium	Cefonicid
Cefoperazone	Cefoperazone
Cefoperazone Sodium	Cefoperazone
Cefotan	Cefotetan
Cefotaxime	Cefotaxime
Cefotaxime Sodium	Cefotaxime
Cefotetan	Cefotetan
Cefotetan Disodium	Cefotetan
Cefoxitin	Cefoxitin
Cefoxitin Sodium	Cefoxitin
Cefpodoxime	Cefpodoxime
Cefpodoxime Proxetil	Cefpodoxime
Cefprozil	Cefprozil
Ceftazidime	Ceftazidime
Ceftazidime Sodium	Ceftazidime
Ceftibuten	Ceftibuten
Ceftin	Cefuroxime
Ceftizoxime	Ceftizoxime
Ceftizoxime Sodium	Ceftizoxime
Ceftriaxone	Ceftriaxone
Ceftriaxone Sodium	Ceftriaxone
Cefuroxime	Cefuroxime
Cefuroxime Axetil	Cefuroxime
Cefuroxime Sodium	Cefuroxime
Cefzil	Cefprozil

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Cephalexin	Cephalexin
Cephalexin Hydrochloride	Cephalexin
Cephalexin Monohydrate	Cephalexin
Cephalothin	Cephalothin
Cephalothin Sodium	Cephalothin
Cephapirin	Cephapirin
Cephapirin Sodium	Cephapirin
Cephradine	Cephradine
Cephradine Sodium	Cephradine
Ceptaz	Ceftazidime
Ciloxan	Ciprofloxacin
Cinobac	Cinoxacin
Cinoxacin	Cinoxacin
Cipro	Ciprofloxacin
Ciprofloxacin	Ciprofloxacin
Ciprofloxacin Hydrochloride	Ciprofloxacin
Claforan	Cefotaxime
Clarithromycin	Clarithromycin
Cleocin	Clindamycin
Cleocin HCL	Clindamycin
Cleocin Phosphate	Clindamycin
Clindamycin	Clindamycin
Clindamycin Hydrochloride	Clindamycin
Clindamycin Phosphate	Clindamycin
Cloxacillin	Cloxacillin
Cloxacillin Sodium	Cloxacillin
Cloxapen	Cloxacillin
****Colistimethate** (*new in v 8.0*)	**Colistimethate**
****Coly-Mycin M** (*new in v 8.0*)	**Colistimethate**
Co-Trimoxazone	Sulfamethoxazole Trimethoprim
Cotrim	Sulfamethoxazole Trimethoprim
Cotrim DS	Sulfamethoxazole Trimethoprim
Crystapen	Penicillin G Sodium
Cubicin	Daptomycin
Daptomycin	Daptomycin
Declomycin	Demeclocycline

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Demeclocycline	Demeclocycline
Dicloxacillin	Dicloxacillin
Dicloxacillin Sodium	Dicloxacillin
Dirithromycin	Dirithromycin
Doryx	Doxycycline
DoxyCaps	Doxycycline
Doxycycline	Doxycycline
Doxycycline Calcium	Doxycycline
Doxycycline Hyclate	Doxycycline
Doxycycline Hydrochloride	Doxycycline
Doxycycline Monohydrate	Doxycycline
Duricef	Cefadroxil
Dycill	Penicillin
Dynabac	Dirithromycin
Dynacin	Minocycline
Dynapen	Dicloxacillin
E-Mycin	Erythromycin
Ed A-Ceph	Cephalexin
EES	Erythromycin
E.E.S.	Erythromycin
Efavirenz	Efavirenz
Ertapenem	Ertapenem
Ertapenem Sodium	Ertapenem
ERYC	Erythromycin
EryPed	Erythromycin
Erytab	Erythromycin
Erythrocin	Erythromycin
Erythromycin	Erythromycin
Erythromycin Base	Erythromycin
Erythromycin Estolate	Erythromycin
Erythromycin Ethylsuccinate	Erythromycin
Erythromycin Lactobionate	Erythromycin
Erythromycin Stearate	Erythromycin
Erythromycin/Sulfisoxazole	Erythromycin
Factive	Gemifloxacin
Flagyl	Metronidazole

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Floxin	Ofloxacin
Fortaz	Ceftazidime
****Fosfomycin Tromethamine** (*new in v 8.0*)	**Fosfomycin Tromethamine**
Furadantin	Nitrofurantoin
Furalan	Nitrofurantoin
Furatoin	Nitrofurantoin
G-Mycin	Gentamicin
Gantanol	Sulfamethoxazole
Gantrisin	Sulfisoxazole
Garamycin	Gentamicin
Gatifloxacin	Gatifloxacin
Gemifloxacin	Gemifloxacin
Gentamicin	Gentamicin
Gentamicin Sulfate	Gentamicin
Gentamicin Sulfate Sodium Chloride	Gentamicin
Genticin	Gentamicin
Geocillin	Carbenicillin Indanyl Sodium
Grepafloxacin	Grepafloxacin
Ilosone	Erythromycin
Ilotycin	Erythromycin
Imipenem	Imipenem-Cilastatin
Imipenem-Cilastatin	Imipenem-Cilastatin
Invanz	Ertapenem
Kanamycin	Kanamycin
Kantrex	Kanamycin
Keflet	Cephalexin
Keflex	Cephalexin Monohydrate
Keflin	Cephalexin
Keftab	Cephalexin Hydrochloride
Kefurox	Cefuroxime
Kefzol	Cefazolin
Ketek	Telithromycin
Ledercillin VK	Penicillin
Levaquin	Levofloxacin
Levofloxacin	Levofloxacin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Lincocin	Lincomycin
Lincomycin	Lincomycin
Lincorex	Lincomycin
Linezolid	Linezolid
Lomefloxacin	Lomefloxacin
Lomefloxacin Hydrochloride	Lomefloxacin
Lorabid	Loracarbef
Lorabid Pulvules	Loracarbef
Loracarbef	Loracarbef
Lyphocin	Vancomycin
Macrobid	Nitrofurantoin
Macrodantin	Nitrofurantoin
Mandol	Cefamandole
Marcillin	Ampicillin
Maxaquin	Lomefloxacin
Maxipime	Cefepime
Mefoxin	Cefoxitin
Meropenem	Meropenem
Mepron	Atovaquone
Merrem	Meropenem
Methicillin	Methicillin
Methicillin Sodium	Methicillin
Metizol	Metronidazole
Metronidazole	Metronidazole
Mezlin	Mezlocillin
Mezlocillin	Mezlocillin
Mezlocillin Sodium	Mezlocillin
Minocin	Minocycline
Minocycline	Minocycline
Minocycline HCL	Minocycline
Monocid	Cefonocid
Monodox	Doxycycline
****Monurol** (*new in v 8.0*)	**Fosfomycin Tromethamine**
Moxifloxacin	Moxifloxacin
Moxifloxacin Hydrochloride	Moxifloxacin
Mycifradin	Neomycin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Nafcil	Nafcillin
Nafcillin	Nafcillin
Nafcillin Sodium	Nafcillin
Nalidixic Acid	Nalidixic Acid
Nallpen	Nafcillin
Nebcin	Tobramycin
Neggram	Nalidixic Acid
Neo-fradin	Neomycin
Neomycin	Neomycin
Neomycin Sulfate	Neomycin
Neo-Tabs	Neomycin
Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin
Noroxin	Norfloxacin
Novo Ampicillin	Ampicillin
Novodoxylin	Doxycycline
Nu-Ampi	Ampicillin
Ofloxacin	Ofloxacin
Omnicef	Cefdinir
Omnipen	Ampicillin
Omnipen-N	Ampicillin
Oxacillin	Oxacillin
Oxacillin Sodium	Oxacillin
Oxytetracycline	Oxytetracycline
Panmycin	Tetracycline
Pathocil	Dicloxacillin
PC Pen VK	Penicillin
PCE	Erythromycin
Pediamycin	Erythromycin
Pediazole	Erythromycin
Pefloxacin	Pefloxacin
Pen Vee K	Penicillin
Pen-V	Penicillin
Penbritin	Ampicillin
Penicillin	Penicillin
Penicillin G	Penicillin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Penicillin G Benzathine	Penicillin
Penicillin G Benzathine/Penicillin G Procaine	Penicillin G Benzathine/Penicillin G Procaine
Penicillin G Potassium	Penicillin
Penicillin G Procaine	Penicillin
Penicillin G Sodium	Penicillin
Penicillin V	Penicillin
Penicillin V Potassium	Penicillin
Periostat	Doxycycline
Permapen	Penicillin
Pfizerpen	Penicillin
Piperacillin	Piperacillin
Piperacillin Sodium	Piperacillin
Piperacillin-Tazobactam	Piperacillin-Tazobactam
Pipracil	Piperacillin
Polycillin	Ampicillin
Polycillin-PRB	Ampicillin/Probenicid
Polymox	Amoxicillin
Polymyxin	Polymyxin
****Polymyxin B** (*new in v 8.0*)	**Polymyxin**
Primaxin	Imipenem-Cilastatin
Principen	Ampicillin
Proloprim	Trimethoprim
Prostaphlin	Oxacillin
Protostat	Metronidazole
Quinupristin/Dalfopristin	Quinupristin/Dalfopristin
Raxar	Grepafloxacin
Rifadin	Rifampin
Rifampin	Rifampin
Rimactane	Rifampin
Robicillin VK	Penicillin
Robimycin	Erythromycin
Rocephin	Ceftriaxone
Septra	Sulfamethoxazole Trimethoprim
Septra DS	Sulfamethoxazole Trimethoprim
SMZ-TMP	Sulfamethoxazole Trimethoprim

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Sparfloxacin	Sparfloxacin
Spectrobid	Bacampicillin
Spectracef	Cefditoren
Staphcillin	Methicillin
Streptograminis	Streptograminis
Streptomycin	Streptomycin
Streptomycin Sulfate	Streptomycin
Sulfamethoxazole	Sulfamethoxazole
Sulfamethoxazole Trimethoprim	Sulfamethoxazole Trimethoprim
Sulfatrim	Sulfamethoxazole Trimethoprim
Sulfisoxazole	Sulfisoxazole
Sulfisoxazole/Erythromycin Ethylsuccinate	Erythromycin
Sumycin	Tetracycline
Suprax	Cefixime
Sustiva	Efavirenz
Synercid	Quinupristin/Dalfopristin
TAO	Troleandomycin
Tazicef	Ceftazidime
Tazidime	Ceftazidime
TCN	Tetracycline
TEC-PAQ	Gatifloxacin
Tegopen	Cloxacillin
Telithromycin	Telithromycin
Tequin	Gatifloxacin
Terramycin	Oxytetracycline
Tetracycline	Tetracycline
Tetracycline Hydrochloride	Tetracycline
Ticar	Ticarcillin
Ticarcillin	Ticarcillin
Ticarcillin-Clavulanate	Ticarcillin-Clavulanate
Ticarcillin Disodium	Ticarcillin
Tigecycline	Tigecycline
Timentin	Ticarcillin-Clavulanate
Tobi	Tobramycin
Tobra	Tobramycin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Tobramycin	Tobramycin
Tobramycin Sulfate	Tobramycin
Totacillin	Ampicillin
Totacillin-N	Ampicillin
Trimethoprim	Trimethoprim
Trimox	Amoxicillin
Trimpex	Trimethoprim
Troleandomycin	Troleandomycin
Trovafloxacin	Trovafloxacin
Trovafloxacin/Alatrofloxacin	Trovafloxacin
Trovafloxacin Mesylate	Trovafloxacin
Trovan	Trovafloxacin
****Tygacil** (*new in v 8.0*)	**Tigecycline**
Ultracef	Cefadroxil
Unasyn	Ampicillin-Sulbactam
Unipen	Nafcillin
Uroplus DS	Sulfamethoxazole Trimethoprim
Uroplus SS	Sulfamethoxazole Trimethoprim
V-Cillin K	Penicillin
Valacyclovir Hydrochloride	Valacyclovir Hydrochloride
Valtrex	Valacyclovir Hydrochloride
Vancocin	Vancomycin
Vancocin HCL	Vancomycin
Vancoled	Vancomycin
Vancomycin	Vancomycin
Vancomycin Hydrochloride	Vancomycin
Vantin	Cefpodoxime
Vectrin	Minocycline
Veetids	Penicillin
Velosef	Cephradine
Vibramycin	Doxycycline
Vibra-Tabs	Doxycycline
Wycillin	Penicillin
Wymox	Amoxicillin
Z-pak	Azithromycin
Zagam	Sparfloxacin

BGP CMS ANTIBIOTIC MEDS	
Drug	**Generic Name Crosswalk**
Zefazone	Cefmetazole
Zinacef	Cefuroxime
Zithromax	Azithromycin
Zithromax TRI-PAK	Azithromycin
Zolicef	Cefazolin
Zosyn	Piperacillin-Tazobactam
Zosyn Add-Vantage	Piperacillin-Tazobactam
Zyvox	Linezolid

4.3.4.4 BGP CMS Beta Blocker Medications

Acebutolol
Atenolol
Atenolol/chlorthalidone

Betapace
Betapace AF
Betaxolol
Bisoprolol
Bisoprolol/fumarate
Bisopropol/hydrochlorothiazide
Blocadren
Brevibloc

Carteolol
Cartrol
Carvedilol
Coreg
Corgard
Corzide 40/5
Corzide 80/5

Esmolol

Inderal
Inderal LA
Inderide
Inderide LA

Kerlone

Labetolol
Levatol
Lopressor
Lopressor HCT
Lopressor/hydrochlorothiazide

Metoprolol
Metoprolol/hydrochlorothiazide
Metoprolol Tartrate/
hydrochlorothiazide

Nadolol
Nadolol/bendroflumethiazide
Normodyne

Penbutolol
Pindolol
Propranolol
Propranolol HC1
Propranolol Hydrochloride
Propranolol/hydrochlorothiazide

Sectral
Sorine
Sotalol

4.3.4.5 BGP CMA Immunosuppressive Medications

Note: New Taxonomy for CRS v8.0

BGP CMS IMMUNOSUPPRESSIVE MEDS			
141W94	1592U89	3TC	5 + 2
5-FU	7 +3	Abacavir	ABC
Abraxane	ABT-378	ABV	AC
Ace	Acetocot	Acthrel	Actummune
Actinomycin D	Abacavir/Lamivudine	Adalimumab	Adbeon
Adefovir	ADF	Adlone-40	Adlone-80
Adrenocot	Adrenocot L.A.	Adriamycin PFS	Adriamycin RDF
Adriamycin RDF/PFS	Adrucil	AF1549	Agenerase
A-Hydrocort	Aldesleukin	Alferon N	Alimta
Alkeran	Alkeran I.V.	Altretamine	Amcort
Amdoxovir	A-Methapred	Amethopterin	Amifostine
Amprenavir	Anastrozole AP	Antithymocyte Globulin	APV
Arabinasyl Cytosine	Ara-C	Arava	Arimidex
Aristocort	Aristocort for Injection	Aristocort Forte	Aristopak
Aristopan Injection	Aromasin	Arsenic Trioxide	Asparaginase
Atazanavir	ATG	Atrgam	ATV
Avonex	Azacitidine	Azasan	Azathioprine
Azathioprine sodium	AZT	Basiliximab	BCG
BCNU	BCVPP	BEP	Betaferon
Betamethasone	Betamethasone Acetate	Betamethasone Dipropionate	Betamethasone Dipropionate Powder
Betamethasone Sodium Phosphate	Beta-Phos/AC	Betaseron	Bexarotene
Bexxar	Bicalutamide	BiCNU	BIP
Bis-Pom PMEA	Blenoxane	Bleomycin	Bleomycin Sulfate
BOMP	Bortezomib	Budesonide	Busulfan
CAE	CAF	CAL-G	CAM
Camptosar	CAP	Capecitabine	Capravirine
Carboplatin	Carimune	Carmustine	CAV
CAVE	CBV	CC	CCNU

BGP CMS IMMUNOSUPPRESSIVE MEDS			
CDDP/VP	CeeNu	Celestone	Celestone Phosphate
Celestone Soluspan	Cellcept	Cerubidine	CEV
CF	CFM	CHAP	ChIVPP
ChIVPP/EVA	Chlorambucil	CHOP	CHOP-BLEO
Chromic phosphate P32	CISCA	CISCA/VB	Cisplatin
Cisplatinum	Citrorорum Factor	Cladribine	CMF
CMFP	CMFVP	Combivir	COMLA
COMP	COP	COPE	COPP
Cortef	Corticorelin	Corticorelin Ovine (as trifluoracetate)	Cortisone
Cortisone Acetate	Cort-K	Cortone Acetate	Cortrosyn
Cosmegan	Cosmegen	Cosyntropin	Cotolone
Coviracil	CP	Crixivan	CT
Curretab	CVD	CVI	CVP
CVPP	Cyclophosphamide	Cyclophosphamide Lyophilized	Cyclosporine
Cyclosporine A	Cycrin	Cystosine Arabinoside	Cytarabine
Cytosar-U	Cytoxan	Cytoxan Lyophilized	D4T
DA	Dacarbazine	Daclizumab	Dactinomycin
DAL	Dalalone	Dalalone D.P.	Dalalone L.A.
DAPD	Darcarbazine	DAT	Daunomycin
Daunorubicin	Daunorubicin Citrate Liposome	Daunorubicin Hydrochloride	Daunorubicin Liposomal
DaunoXome	DAV	DCT	DDC
DDI	Decadron	Decadron Phosphate, Injectable	Decadron with Xylocaine
Decadron-LA	Deca-Durabolin	Decaject	Decaject L.A.
Delatest	Delatestryl	Delavirdine	Deltasone
Dep Medalone 80	Depandro 100	Depmedalone	Depoject-80
Depo-Medrol	Depopred	Depo-Predate	De-Sone LA
Dexacen-4	Dexacorten	Dexamethasone	Dexamethasone Acetate
Dexamethasone Intensol	Dexamethasone Sodium Phosphate	Dexamethasone Lidocaine	Dexasone
Dexasone LA	Dexone	Dexone LA	Dexrazoxane

BGP CMS IMMUNOSUPPRESSIVE MEDS			
DHAP	DI	Didanosine	DLV
DMP-266	Docetaxel	Dororubicin	Doxil
Doxorubicin	Doxorubicin HCl	Doxorubicin Hydrochloride	Doxorubicin Hydrochlorideliposome
Doxorubicin Liposomal	Droxia	DTIC-Dome	Durabolin
Durabolin-50	Duralone	Duratest	Durathate 200
DVP	EAP	EC	Efavirenz
EFP	EFV	ELF	Eligard
Elspar	EMA 86	Emcyt	Emtricitabine/Tenofovir
Enbrel	Endoxan	EP	Epirubicin
Epivir	Ergamisol	Erlotinib	ESHAP
Estramustine	Estramustine Phosphate Sodium	Etanercept	Ethoyl
Etopophos	Etoposide	Etoposide (as Phosphate)	Eulexin
EVA	Everone	Exemestane	FAC
FAM	FAMe	FAMTX	FAP
Fareston	F-CL	FED	Femara
Filgrastim	FK-506	FL	Fle
Florinef Acetate	Floxuridine	Fludara	Fludarabine
Fludarabine Phosphate	Fludrocortisone	Fludrocortisone Acetate	Fluorouracil
Fluorouracil, Systemic	Flutamide	FOAM	Folex
Folex PFS	Folinic Acid	Fortase	FTC
FTV	FUDR	FZ	Gefitinib
Gemcitabine	Gemcitabine HCl	Gemtuzumab	Gemzar
Gleevec	Gliadel	Glivec	Goserelin
Goserelin Acetate	Halotestin	HDMTX	Herceptin
Hexadrol	Hexadrol Phosphate	Hexalen	Hexamethylmelamine
HIVID	HN2	Humira	Hybolin Decanoate
Hybolin-Improved	Hycamtin	Hydeltrasol	Hydeltra-T.B.A.
Hydrea	Hydrocort SS	Hydrocortisone	Hydrocortisone Acetate
Hydrocortisone Cypionate	Hydrocortisone Sodium Phosphate	Hydrocortisone Sodium Succinate	Hydrocortone
Hydrocortone Acetate	Hydrocortone Phosphate	Hydroxychloroquine Sulfate	Hydroxyurea

BGP CMS IMMUNOSUPPRESSIVE MEDS			
Ibritumomab	Idamycin	Idarubicin	Idarubicin HCl
Idarubicin Hydrochloride	IDV	IE	Ifex
Ifosfamide	IfoVP	Imatinib Mesylate	Imuran
Indinavir	Interferon Beta-1a	Interferon Alfa-2a	Interferon Alfa-2b
Interferon Alfa-n3	Interferon Beta-1b	Interferon Gamma-1b	Intron A
Intron A HAS Free	Invirase	Iodine I 131	Iodine I 131 Tositumomab
Iodotope	Iressa	Irinotecan	Kaletra
Kenaject-40	Kenalog-10	Kenalog-40	Key-Pred
Key-Pred SP	KLT	Lamivudine	Leflunomide
Leflunomine	Letrozole	Leukeran	Leukine
Leukovoren	Leuprolide	Leuprolide Acetate	Leustatin
Levamisole	Levamisole HC1	Levamisole Hydrochloride	Liquid Pred
Lomustine	Lopinavir/Ritonavir	LPV/RTV	Lysodren
M-2	MAID	Matulane	m-BACOD
MBC	MC	Mechlorethamine	Mechlorethamine HC1
Mechlorethamine Hydorchloride	Medicort	Medidex	Medidex LA
Medipred	Meditest	Medralone	Medralone 40
Medralone 80	Medrol	Megace	Megestrol
Megestrol Acetate	Melphalan	Mercaptopurine	Mesnex
Metastron	Methotrexate	Methotrexate LPF	Methotrexate LPF Sodium
Methotrexate Sodium	Methylcotol	Methylone 40	Methylone 80
Methylpredniso-lone	Methylprednisolone Acetate	Methylprednisol/One Sodium Succinate	Meticorten
MF	MINE-ESHAP	Mini-BEAM	Mithracin
Mithramycin	Mitomycin	Mitotane	Mitoxantrone
Mitoxantrone HCl	Mitoxantrone Hydrochloride	MIV	MK-639
MOPP	MOPP/ABV	MP	M-Prednisolone
MTXCP-PDAdr	Muromonab-CD3	Mustargen	Mustargen HC
Mutamycin	MV	M-VAC	MVP

BGP CMS IMMUNOSUPPRESSIVE MEDS			
MVPP	Mycophenolate Mofetil	Mycophenolate Mofetil Hydrochloride	Myleran
Navelbine	Nelfinavir	Neoral	Neosar
Neulasta	Neumega	Neupogen	Nevirapine
NFL	NFV	Nipent	Nitrogen Mustard
Nolvadex	Norvir	Novantrone	NOVP
NVP	Oncaspar	Oncovin	OPA
OPPA	Oprelvekin	Orasone	Orthoclone Okt 3
Oxandrin	Oxandrolone	Oxymetholone	PAC
Paclitaxel	Paclitaxel Protein-bound	Paraplatin	PC
PCV	Pediapred	Pegaspargase	Pegasys
Pegfilgrastim	Peginterferon	PEG-Intron	Pemetrexed
Pentostatin	PFL	Phenylalanine Mustard	Phosphocol P32
Photofrin	Pipobroman	Plaquenil	Platinol
Platinol-AQ	Platinol-Q	Plicamycin	PNU-14069
POC	Porfimer	Porfimer sodium	Predacort 50
Predacorten	Predaject-50	Predalone 50	Predate-50
Predcor	Prednisolone	Prednisolone Sodium	Prednisone
Prelone	Preveon	Pri-Cortin 50	Primethasone
Procarbazine	Procarbazine HCl	Procarbazine Hydrochloride	Prograf
Proleukin	ProMACE	ProMACE/cytaBOM	Purinethol
PVB	PVDA	PVP-16	Rapamune
Rapamycin	Rescriptor	Retrovir	Rheumatrex
Rheumatrex Dose Pack	Ritonavir	Rituxan	Rituximab
Roferon-A	Rubex	RTV	Samarium SM 153
Sandimmune	Saquinavir	Sargostim	Selestoject
Semustine	Simulect	Sirolimus	Sodcium Iodide I 131
Sodium Phosphate P32	Solu-Cortef	Solu-Medrol	Solurex
Solurex LA	SQV	Stanford V	Stanozolol
Stavudine	Sterapred	Sterapred DS	Stilphostrol
Streptozocin	Strontiun-89 Chloride	Sustiva	TAC 3

BGP CMS IMMUNOSUPPRESSIVE MEDS			
Tacrolimus	Tamoxifen	Tamoxifen Citrate	Tarabine PFS
Tarceva	Taxol	Taxotere	Taz
Temozolomide	Teniposide	Teslac	Thalidomid
Thalidomide	TheraCys	Theracys 3	TheraCys Intravesical
Thioguanine	Thioplex	Thiotepa	Thymoglobulin
TICE BCG	Tice BCG Vaccine	Tipranavir	Toposar
Topotecan	Topotecan Hydrochoride	Toremifene	Toremifene Citrate
Tositumomab	TPV	Tramacort-D	Trastuzumab
Tretinoin	Triam-A	Triamcinolone	Triamcinolone Diacetate
Triamcinolone Hexacetonide	Triamcort	Triam-Forte	Triamicinolone Acetonide
Triamonide 40	Tri-Kort	Trilog	Trilone
Tri-Med	Tristoject	Trizivir	TZV
Uracil Mustard	U-Tri-Lone	VAC	VACAdr-IfoVP
VAD	VadrC	Valrubicin	Valtoran
VATH	VBAP	VC	VCAP
VCR	VDA	VDP	Velban
Velcade	VePesid	Vercyte	Vesanoid
Vidaza	Videx	Vinblastine	Vinblastine Sulfate
Vincristine	Vincristine Sulfate	Vinorelbine	Vinorelbine Tartrate
VIP	VIP-1/2	Viracept	Viramune
VM	VP16	V-TAD	Vumon
VX-478	Xeloda	Zalcitabine	Zanosar
ZDV	Zenapex	Zerit	Zevalin
Ziagen	Zidovudine	Zoladex	

4.4 Taxonomy Check (TC)

C108 > SET > TC

Use the **Taxonomy Check (TC)** Setup Menu option to scan for missing taxonomies or those taxonomies with no entries. The first time you use CRS 2008 Version 8.0, you should expect to see a list of those taxonomies that are new to the 2008 software, because they will have no members. Taxonomies that existed previously will retain the members previously associated to them and will not be overwritten with blank taxonomies.

The Taxonomy Check options are by report:

- National GPRA/GPRA Performance Reports
- Other National Measures Report
- Selected Measures Reports
- CMS Report
- Elder Care Report
- HEDIS Report

You should run the taxonomy check for each report that your facility will run. If there are reports your facility will not run, you do not need to run the taxonomy check for that report. For example, if your facility does not run the CMS or HEDIS reports, you could skip those taxonomy checks.

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

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

To check the site taxonomies, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, Type **CI08** and press Enter to display the CRS 2008 main menu.
2. At the "Select CRS 2008 Option" prompt, type **SET** and press Enter to display the Setup menu.
3. At the "Select System Setup Option" prompt, type **TC** and press Enter.

   The Taxonomy Check menu is displayed; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Taxonomy Check Menu  **
                          **************************
                                  Version 8.0

                              DEMO INDIAN HOSPITAL

   NGTC   Taxonomy Check-National GPRA/GPRA Performance Rpts
   OTC    Taxonomy Check-Other National Measures Report
   LRTC   Taxonomy Check-Selected Measures Reports
   CMTC   Taxonomy Check-CMS Report
   ELTC   Taxonomy Check-Elder Care Report
   HETC   Taxonomy Check-HEDIS Report

Select Taxonomy Check Option:
```

Figure 4-6: Taxonomy Check Menu

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

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

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

```
Checking for Taxonomies to support the National GPRA Report.
Please enter the device for printing.

DEVICE: HOME// <Enter>  VT    Right Margin: 80// <Enter>

Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER:
```

Figure 4-7: Checking a taxonomy (step 5)

The system checks to see if all taxonomies used in the report are present (Figure 4 10). The name of any taxonomy that is either missing or that has no members is displayed.

6. Review the list of taxonomies that need to be set up or populated. For instructions on setting up these taxonomies, see Section 4.5.

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

> **Note:** All taxonomies should be reviewed for completeness, even though many of the taxonomies used by CRS have already been established and populated by other RPMS applications (e.g., Diabetes Management) or by CRS 2007 Version 7.0.

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

4.5 Taxonomy Setup (TS)

C108 > SET > TS

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

Use the **Taxonomy Setup (TS)** Setup Menu option to add to or edit members in the required taxonomies used in CRS, or to view the taxonomies. All taxonomies should be present after CRS 2008 is loaded, even taxonomies with no members yet.

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

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

The Taxonomy Setup options are by report:

- National GPRA/GPRA Performance Reports
- Other National Measures Report
- CMS Report

- All CRS Reports
- All CRS Taxonomies (including site-populated and software-defined (i.e., hard-coded)

You should set up the taxonomies for each report that your facility will run. If there are reports your facility will not run, you do not need to set up taxonomies for that report. For example, if your facility does not run the CMS Report, you could skip that taxonomy setup.

To set up the taxonomies for a site, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, Type **CI08** and press Enter to display the CRS 2008 main menu.
2. At the "Select CRS 2008 Option" prompt, type **SET** and press Enter to display the Setup menu.
3. At the "Select System Setup Option" prompt, type **TS** and press Enter.

   The Taxonomy Setup menu is displayed; for example,

```
                          ***************************
                          **   IHS/RPMS CRS 2008   **
                          **  Taxonomy Setup Menu  **
                          ***************************
                                 Version 8.0

                              DEMO INDIAN HOSPITAL

   NGTS   Taxonomy Setup-National GPRA/GPRA Performance Rpts
   OTS    Taxonomy Setup-Other National Measures Report
   CMTS   Taxonomy Setup-CMS Report
   CRTS   Taxonomy Setup-All CRS Reports
   VT     View All CRS Taxonomies

Select Taxonomy Setup Option
```

Figure 4-8: Taxonomy Setup Menu

4. At the "Select Taxonomy Setup Option" prompt, type the menu option of the taxonomy setup option you want to run, for example, CRTS or NGTS.

   A list of the site-populated taxonomies for the selected report is displayed.

For example, selecting the CRTS option displays the list of lab and drug taxonomies included for all CRS reports (Figure 4-9).

```
2008 CRS TAXONOMY UPDATE      Dec 27, 2007 08:32:50          Page:    1 of    6
TAXONOMIES TO SUPPORT 2008 ALL CRS REPORTS REPORTING

1)  BGP ANTI-PLATELET DRUGS          DRUGS       Anti-Platelet Drugs.
2)  BGP ASTHMA INHALED STEROIDS      DRUGS       Inhaled Corticosteroids Drugs
3)  BGP CBC TESTS                    LAB         CBC Lab tests
4)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
5)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
6)  BGP CMS ABG TESTS                LAB         ABG Lab tests
7)  BGP CMS ACEI MEDS                DRUGS       Ace Inhibitor Drugs
8)  BGP CMS ANTIBIOTIC MEDS          DRUGS       Antibiotic Drugs
9)  BGP CMS ARB MEDS                 DRUGS       Contains ARB drugs.
10)  BGP CMS BETA BLOCKER MEDS       DRUGS       Contains all Beta Blocker Drugs
11)  BGP CMS BLOOD CULTURE           LAB         Blood Culture tests.
12)  BGP CMS IMMUNOSUPPRESSIVE MEDS  DRUGS
13)  BGP CMS SMOKING CESSATION MEDS  DRUGS
14)  BGP CMS SYSTEMIC CHEMO MEDS     DRUGS
15)  BGP CMS THROMBOLYTIC MEDS       DRUGS       CMS
16)  BGP CMS WARFARIN MEDS           DRUGS       Contains Warfarin Drugs.
+         Enter ?? for more actions                                        >>>
S    Select Taxonomy to Edit            D    Display a Taxonomy
Select Action:+//
```

Figure 4-9: Example of a list of site-populated taxonomies for all CRS reports

Selecting the NGTR option displays the list of lab and drug taxonomies included for the National GPRA Report (Figure 4-10).

```
2008 CRS TAXONOMY UPDATE      Dec 27, 2007 08:33:35          Page:    1 of    1
TAXONOMIES TO SUPPORT 2008 NATIONAL GPRA REPORT REPORTING

1)  BGP CMS SMOKING CESSATION MEDS   DRUGS
2)  BGP GPRA ESTIMATED GFR TAX       LAB         Estimated GFR Lab Tests
3)  BGP GPRA FOB TESTS               LAB         Fecal Occult Blood Lab Tests
4)  BGP HIV TEST TAX                 LAB         HIV Screening Lab Tests
5)  BGP PAP SMEAR TAX                LAB         Pap Smear Lab Tests
6)  BGP QUANT URINE PROTEIN          LAB
7)  DM AUDIT CREATININE TAX          LAB         Creatinine Lab Tests
8)  DM AUDIT HGB A1C TAX             LAB         Hemoglobin A1C Lab Tests
9)  DM AUDIT LDL CHOLESTEROL TAX     LAB         LDL Cholesterol Lab Tests


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

Figure 4-10: Example of a list of site-populated taxonomies for the National GPRA Report

5. To view the members of a taxonomy, type **D** at the "Select Action" prompt.
   a. Type the number of the taxonomy you want to view.

      For example, using the list displayed for the National GPRA Report (Figure 4-10), typing 6 displays the BGP QUANT URINE PROTEIN taxonomy and its associated members (Figure 4-11).

b. To return to the taxonomy list, type Q.

```
TAXONOMY VIEW          Dec 27, 2007 08:34:44       Page:   1 of   1
Display of the BGP QUANT URINE PROTEIN taxonomy
* View Taxonomies

1)  QUANT URINE PROTEIN

Select Action:+// Q <Enter>  Quit
```

Figure 4-11: Example of displaying taxonomies (step 5)

6. To edit the members of a taxonomy, type **S** at the "Select Action" prompt.
   a. Type the number of the taxonomy you want to edit.

      For example, the list displayed for the National GPRA Report (Figure 4-10), typing 6 in displays the BGP QUANT URINE PROTEIN taxonomy and its associated members, which is a single lab test, QUANT URINE PROTEIN.

7. To add a taxonomy item, type **A** at the "Select Action" prompt.
   a. Type the first few characters of the lab test you want to add at the "Which Lab Test" prompt.
   b. Type the number of the test you want to add at the "Which Lab Test" prompt.

```
TAXONOMY VIEW          Dec 27, 2007 08:34:44       Page:   1 of   1
Updating the BGP QUANT URINE PROTEIN taxonomy
* View Taxonomies

1)  QUANT URINE PROTEIN

Select Action:+//  A <Enter>  Add Taxonomy Item

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

Figure 4-12: Example of adding items to a Lab taxonomy (step 6)

The test you added is now displayed as part of the taxonomy; for example,

```
TAXONOMY VIEW          Dec 27, 2007 08:34:44       Page:   1 of   1
Updating the BGP QUANT URINE PROTEIN taxonomy

1)  QUANT URINE PROTEIN
2)  MICROALBUMIN


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

Figure 4-13: Example of lab taxonomy with added test

8. To add more items to a taxonomy, repeat step 7.
9. When you have completed adding all tests for your site to the taxonomy,
   a. Press Enter at the prompt for another lab test.
   b. Review the list of members displayed for the taxonomy, and if complete and correct, type Q to quit and save the taxonomy at the "Select Action" prompt.

When you finish adding, editing, or removing taxonomy members from ALL taxonomies, select the Taxonomy Check (TC) Setup Menu option (see Section 4.4) to perform a final check of taxonomies needed for CRS for this report.

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

4.6 Using Q-Man to Populate a Taxonomy

Q-Man is the RPMS query utility. Q-Man builds queries through a series of elements. The *Q-Man User Manual* provides detailed and easy-to-follow instructions for constructing queries. You can download a PDF version of the manual from the following RPMS web site.

http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=documents

5.0 Reports and Patient Lists

The Clinical Reporting System (CRS) 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.

CRS 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 measures review data for more than one year, such as Cancer Screening: Pap Smear, which looks for a Pap smear in past three years.

The National GPRA, GPRA Performance, Other National Measures, Elder Care, HEDIS Performance, and Patient Education report data files can be exported to the Area and aggregated for an Area report.

5.1 Report and Patient List Overview

Several output options are included in CRS 2008. In addition to the pre-defined National GPRA Report, users have many choices for "customizing" reports for local facility use by selecting different populations and/or specific measure topics. New for Version 8.0 are the GPRA Measure Forecast Patient List and accompanying GPRA Measure Forecast Denominator Definitions, Other National Measures Report, and the Other National Measures Report Patient List

Report options include:

- **National GPRA Reports**
  - National GPRA Report (GP) (without patient lists)
  - National GPRA Report Patient List (LST)
  - Create Search Template for National Patient List (NST)
  - GPRA Measure Forecast Patient List (FOR)
  - GPRA Measure Forecast Denominator Definitions (FORD)
  - Comprehensive National GPRA Patient List (CMP)

- **Reports for Local Use**
  - Selected Measures w/Community Specified (COM)
  - Selected Measures w/Patient Panel Population (PP)
  - Selected Measures with All Communities (ALL)
  - CMS Performance Report (CMS)
- **Other National Reports**
  - GPRA Performance Report (GPU) (National GPRA Report with user-defined report parameters)
  - Other National Measures Report (ONM)
  - Other National Measures Report Patient List (OST)
  - Elder Care Report (ELD)
  - HEDIS Performance Report (HED)
  - Patient Education Report (PED)
- **Taxonomy Reports**
  - Lab Taxonomy Report (TXL)
  - Medication Taxonomy Report (TXM)

The following table (Table 5-1) shows the population options available with each report type. Note that the two taxonomy reports are not included in the table, because they report on site-populated taxonomies only and not patients. The GPRA Measure Forecast Definitions report is not listed, because it simply defines the denominators used in the GPRA Measure Forecast Patient List.

Table 5-1: Population Options with National GPRA Reports, Local Reports, Other National Reports

Population Options	National GPRA Reports					Local Reports				Other National Reports					
	GP	LST	NST	FOR	CMP	COM	PP	ALL	CMS	GPU	ONM	OST	ELD	HED	PED
GPRA Community Taxonomy	X	X	X		X	X				X	X	X	X	X	X
Other Site-Populated Community Taxonomy	X[1]	X	X		X	X				X	X	X	X	X	X
AI/AN Patients only	X	X	X		X	X		X		X	X	X	X	X	X
Non-AI/AN Patients		X	X		X	X		X		X	X	X	X	X	X
Both AI/AN and Non-AI/AN Patients		X	X	X	X	X		X		X	X	X	X	X	X
All RPMS patients (any community of residence)				X				X	X						
Patient panel (user specified list of patients)				X			X								
Patient List		X		X	X	X	X	X	X			X	X	X	X
Search Template			X	X											

[1] Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

5.2 National GPRA Report (GP)

CI08 > RPT > NTL > GP

5.2.1 Overview

The National GPRA Report is the report sites will run when they are ready to submit their annual GPRA data to their respective Area Offices for 2008 GPRA reporting. It is also the report option used for quarterly GPRA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA Report. The National GPRA Report (GP) includes both measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress, for example, diabetic patients with controlled blood pressure (see Section 5.2.3 for specific content), as well as other measures representing potential new GPRA measures and/or other strategic agency clinical focus, for example, Comprehensive CVD-Related Assessment.

The population for the National GPRA Report should include only patients with a community of residence that is listed in the site's "official" GPRA Community taxonomy. The Area GPRA Coordinators have defined the existing CHS catchment areas

[2] as the GPRA Community[3]. The default Community Taxonomy selected in the Site Parameters (see Section 4.2).

The National GPRA Report is pre-defined to include only the American Indian and Alaska Native (AI/AN) patient-type population, defined as Beneficiary 01 in the Patient Registration file.

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

[2] A catchment area includes patients registered within a particular service unit AND who reside in one of the communities assigned to the service unit.

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

The National GPRA Report can be exported to the Area Office by the site for aggregation into an Area-wide report. The National GPRA Report will also create two delimited electronic files (.txt) with measure results designed to be used in Excel to set up graphs (see Appendix B: Working with Delimited Files). The files containing all of the measures reported to Congress in the IHS annual GPRA report begin with "CRSGPRANT1" and "CRSGPRANT2."

Patient Lists can be run with this report.

5.2.2 Running the National GPRA Report

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

To run the National GPRA Report, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter; for example,

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

                                  Version 8.0

                               DEMO INDIAN HOSPITAL

   CI08   CRS 2008 ...
   CI07   CRS 2007 ...
   CI06   CRS 2006 ...
   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI08
<Enter>  CRS 2008
```

Figure 5-1: CRS Main Menu options

The CRS 2008 Main Menu is displayed.

2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter; for example,

```
                        ********************************
                        **      IHS/RPMS CRS 2008      **
                        **  Clinical Reporting System  **
                        ********************************
                                  Version 8.0

                               DEMO INDIAN HOSPITAL

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

Select CRS 2008 Option: RPT <Enter>  Reports
```

Figure 5-2: CRS 2008 menu options

The CRS Reports Menu is displayed.

3. To access the National GPRA Reports menu, type **NTL** at the "Select Reports Option" prompt and press Enter; for example,

```
                             *************************
                             **   IHS/RPMS CRS 2008  **
                             **     Reports Menu     **
                             *************************
                                   Version 8.0

                                DEMO INDIAN HOSPITAL

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

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

Figure 5-3: CRS Reports Menu, selecting National GPRA reports (NTL)

The National GPRA Reports Menu is displayed.

4. At the "Select National GPRA Reports Option" prompt, type **GP** and press Enter to run the National GPRA report; for example,

```
                        **********************************
                        **      IHS/RPMS CRS 2008       **
                        **    National GPRA Reports     **
                        **********************************
                                  Version 8.0

                               DEMO INDIAN HOSPITAL

   GP      National GPRA Report
   LST     National GPRA Report Patient List
   NST     Create Search Template for National Patient List
   FOR     GPRA Measure Forecast Patient List
   FORD    GPRA Measure Forecast Denominator Definitions
   CMP     Comprehensive National GPRA Patient List

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

Figure 5-4: National GPRA Reports menu, selecting the National GPRA report

The system displays the following information about the National GPRA report:

```
                        IHS 2008 National GPRA Report

This will produce a National GPRA report.
You will be asked to provide the community taxonomy to determine which patients
will be included.  This report will be run for the Report Period July 1, 2007
through June 30, 2008 with a Baseline Year of July 1, 1999 through
June 30, 2000.  This report will include beneficiary population of
American Indian/Alaska Native only.

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

Press enter to continue: <Enter>
```

Figure 5-5: Description of the National GPRA Report

5. At the prompt to continue, press Enter.

6. Next, the system checks the site-populated taxonomies.
   - If the following message is displayed, press Enter.

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

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

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

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

   Exit from the report to edit your taxonomies by typing a caret (^) at any prompt until you return to the main menu.

7. At the "Enter the Name of the Community Taxonomy" prompt,
   - Press Enter to accept the default taxonomy, if it is your official GPRA community taxonomy, or
   - Type the name of your official GPRA community taxonomy and press Enter.

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

   To display all of the available community taxonomies, type two question marks (??) and press Enter at the prompt.

   Next, your Home location (as defined in the Site parameters, Section 4.2) is displayed.

8. At the "Do you wish to export this data to Area?" prompt, type **Y** (Yes) *ONLY* if you are ready to send the final data to your Area office; otherwise, type **N** (No), and press Enter.

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES// <Enter>
Your HOME location is defined as: HOME asufac:  999989
Do you wish to export this data to Area? Y <Enter>  YES
```

Figure 5-6: Running the National GPRA Report (steps 7-8)

Information about creating a file or Height and Weight data for your local use is displayed.

> **Note:** A copy of a letter addressed to Tribal Clinic Directors that discusses this data file in detail and explains how the information will be used is included in "Appendix E: Height and Weight Data File Letter."

The Height and Weight data file includes

- Data for all active clinical patients 0-65 years of age who are included in the National GPRA Report and includes
- Visit data containing height and/or weight measurements taken during the period July 1, 2007 through June 30, 2008.

Answering "Y" to the prompt creates a local file for your facility's use. You may use information in the Height and Weight data file to construct frequency curves for overweight and obese rates.

You can create a single file or multiple files containing your facility's height and weight data. You are then prompted to create a single file of data or multiple files.

9. At the "Do you wish to create a Height/Weight Output file?" prompt,
   - Type **Y** and press Enter if you want to create the file on your local server.

> **Note:** To view this data in Excel, you may want to create multiple data files, since Excel limits the total records to 65,536 for a single file and truncates any remaining records

   - Type **N** and press enter if you do not want to create the file.

> **Note:** If the Height/Weight site parameter is set to "Yes" (see Section 4.2) and you choose *not to create* the height/weight output file, a file will not be created on your local server. However, the height and weight data will be sent to your Area office.

```
Height and Weight data is contained in this report.  Do you wish to create
a file of all the heights and weights in this file?  You can use this file
to upload to another system like SAS or Microsoft ACCESS.
WARNING:  This file can be very large as it contains 1 record for each
height and weight taken on the patients in the active clinical population.
This file may be too large for EXCEL.  If you don't plan on using this
data for a study some kind, please answer NO to the next question.

Do you wish to create a HEIGHT/WEIGHT Output file? Y// Y <Enter>  Yes
```

Figure 5-7: Running the National GPRS Report, creating a Height/Weight output file

10. A summary of the report is displayed. If any of this information is incorrect, type a caret (^) at the next prompt, to return to the previous menu.

```
                SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jul 01, 2007 to Jun 30, 2008
     Previous Year Period:     Jul 01, 2006 to Jun 30, 2007
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 999989
```

Figure 5-8: Summary of National GPRA Report to be generated

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

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. For detailed instructions, see "Appendix B: Working with Delimited Files."
    - **B** (Both) produce both a printed report and a delimited file.

    For example,

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 5-9: Running the National GPRA Report, choosing an output type

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

a. If you select **P** (Print), type the name of a printer or file name at the "Device" prompt.

   The default prompt, "Home" (which may vary at different sites), prints directly to the screen. Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

   If you want to print to a file or if you do not know your printer name, check with your Site Manager. At most sites, to print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt; for example,

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

   To print to a file, type Host or HFS at the "Home" prompt, then specify the file location and name at the Host File Name prompt; for example,

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

   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.

b. If you select **D** (Delimited), you are 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 that you print to a file.

   - If you select F (File), type the name of the file at the "Enter a filename for the delimited output" prompt.

     File names cannot exceed 40 characters and are given the extension .txt automatically. Most sites are set up to print the file to your network's Public directory. 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 are prompted to queue the report to run at a later time. You can specify different day and/or another time to run at a later time.

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

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

     Select one of the following:

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

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

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

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW// 20:00:00 <Enter>  (APR 27, 2008@20:00:00)
```

Figure 5-10: Selecting the Print output option

5.2.3 National GPRA Report Content

The contents of both the National GPRA and GPRA Performance reports are exactly the same and are defined in the following table. Performance measures included in the current GPRA Performance Plan to Congress (i.e., GPRA measures) are in **bold** font.

Table 5-2: Content of the National GPRA and GPRA Performance Reports

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	**Active Diabetic patients**	1) With Hemoglobin A1c, any value **2) With Poor control** **3) With Ideal control**
DM: Blood Pressure Control	**Active Diabetic patients**	1) With BP assessed **2) With Controlled BP**
DM: LDL Assessment	**Active Diabetic patients**	**1) With LDL done** 2) With LDL <= 100.
DM: Nephropathy Assessment	**Active Diabetic patients**	**With estimated GFR AND a quantitative urinary protein or with ESRD**
DM: Retinopathy	**Active Diabetic patients**	**1) With qualified retinal evaluation or refusal** A) With documented refusal of diabetic retinal exam
Access to Dental Services	**User Population, broken down by age groups**	**1) With documented dental exam or refusal** 2) With documented refusal
Dental Sealants	**No denominator. This measure is a total count only, not a percentage.**	**Total number of dental sealants provided and refusals**
Topical Fluoride	**No denominator. This measure is a total count only, not a percentage.**	**2) Total number of patients with at least one topical fluoride application or refusal** A) With documented refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult IZ: Influenza	**Active Clinical patients 65 and older**	**1) With influenza vaccination or refusal** A) With refusal in past year B) With contraindication or a documented NMI refusal
Adult IZ: Pneumovax	**Active Clinical patients 65 and older**	**1) With pneumovax ever or refusal in past year** A) With refusal in past year B) With contraindication or a documented NMI refusal
Childhood IZ	1) Active Clinical patients 19 - 35 months **2) Active Immunization Package patients 19 - 35 months**	**1) With 4:3:1:3:3 combo (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B)** 2) With 4 doses of DTaP 3) With 3 doses of Polio 4) With 1 doses of MMR 5) With 3 doses of HiB 6) With 3 doses of Hepatitis B
Cancer Screening: Pap Smear Rates	**Female Active Clinical patients ages 21 through 64**	**1) With documented pap smear in past 3 years or refusal in past year** 2) With refusal in past year
Cancer Screening: Mammogram Rates	**Female Active Clinical patients ages 50 through 64**	**1) With documented mammogram in past 2 years or refusal in past year** 2) With documented refusal
Colorectal Cancer Screening	**Active Clinical patients 51-80**	**1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year** A) With refusal in past year 2) With FOB test in past year
Tobacco Use and Exposure Assessment	Active Clinical patients ages 5 and older	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
Tobacco Cessation	**Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by age and gender groups**	**1) With tobacco cessation counseling or refusal or received a prescription for cessation medication** A) With documented refusal 2) Quit tobacco use

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Alcohol Screening (FAS Prevention)	**Female Active Clinical patients ages 15 through 44**	**1) With documented alcohol screening or refusal** A) With documented refusal
IPV/DV Screening	**Female Active Clinical patients ages 15 through 40**	**1) With documented IPV/DV screen or refusal** A) With documented refusal
Depression Screening	**Active Clinical patients ages 18+, broken down by gender**	**1) With depression screening or refusal or diagnosed with mood disorder** A) With depression screening B) With mood disorder diagnosis C) With refusal
Obesity Assessment (BMI)	Active Clinical patients ages 2 through 74, broken down by age and gender groups	1) With BMI calculated or refusal A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal
Childhood Weight Control	**Active Clinical patients ages 2-5 with BMI, broken down by age and gender groups**	1) With BMI 85-94% **2) With BMI 95% and up** 3) With BMI >85%
Comprehensive CVD-Related Assessment	**Active IHD patients ages 22 and older**	1) With BP documented in past 2 years 2) With LDL done in 5 years 3) With tobacco screening 4) With BMI or refusal 5) With lifestyle education **6) With all above assessments** 7) With depression screening
Prenatal HIV Testing	**Pregnant female patients with no documented miscarriage or abortion or HIV diagnosis**	**1) With HIV test in past 20 months** 2) With refusal in past year

5.3 National GPRA Report Patient List (LST)

CI08 > RPT > NTL > LST

5.3.1 Overview

Patient Lists are available for performance measures included in the National GPRA Report (GP) and the GPRA Performance Report (GPU). You may choose whether to display those patients meeting or not meeting a measure, for example, a list of patients with or without mammograms.

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

- List of diabetic patients with a documented A1c
- List of diabetic patients without a documented A1c
- List of diabetic patients with poor glycemic control (A1c > 9.5)
- List of diabetic patients with ideal glycemic control (A1c < 7)

The types of Patient Lists that can be reported include

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

5.3.2 Running the National GPRA Report Patient List

To run the National GPRA Report Patient List, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter, to display the National GPRA Reports menu.
4. At the "Select National GPRA Reports Option" prompt, type **LST** and press Enter.

The system displays the following information about the National GPRA Report Patient List.

```
                    IHS GPRA Performance Report Patient List
                             CRS 2008, Version 8.0

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

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

Figure 5-11: Description of the National GPRA Report Patient List

5. At the prompt to continue, press Enter.
6. Next, the system checks the site-populated taxonomies.
   - If the following message is displayed, press Enter.

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

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

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

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

Exit from the report to edit your taxonomies by typing a caret (^) at any prompt until you return to the main menu.

The Performance Measure Selection list of available topics is displayed; for example,

```
PERFORMANCE MEASURE SELECTION Dec 27, 2007 09:21:56        Page:   1 of   2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations: Influenza
11) Adult Immunizations: Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-12: Running National GPRA Report Patient Lists, Performance Measure Selection

The Action bar appears at the bottom of the screen.

7. To view multiple pages, at the "Select Action" prompt,
   - Type a plus sign (+) to view the next page
   - Type a minus sign/hyphen (-) to return to the previous page.
8. To select measure topics,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Measure Topic?" prompt, type the number(s) preceding the measure(s) you want.

      To select multiple topics, type a range (e.g., 1-4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers(e.g., 1-4, 8, 12).

      After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number (Figure 5-13),
9. To deselect measure topics,
   a. At the "Select Action" prompt, type **D** and press Enter.

b. At the "Which item(s)" prompt, type the number(s) preceding the measure(s) you want to remove.

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

10. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt after you have completed selecting topics.

```
PERFORMANCE MEASURE SELECTION Dec 27, 2007 09:21:56        Page:   1 of   2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

*1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations: Influenza
11) Adult Immunizations: Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-13: Running National GPRA Report Patient Lists, selected performance measure topics

Patient lists available for the first topic you selected are displayed.

11. For each selected performance measure topic, type the number of the item(s) on which you want to report at the "Which item(s) prompt; for example,

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

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

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

          1)  Documented A1c
          2)  No Documented A1c
          3)  Poor Glycemic Control
          4)  Ideal Glycemic Control
Which item(s):   (1-4):  1,3 <Enter>
```

Figure 5-14: Running National GPRA Report Patient Lists, selecting patient lists for each topic

12. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where

    - **R** (Random) produces a list containing 10% of the entire patient list.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    For example, if you select P (Patient List by Provider), you are prompted for a Designated Provider Name.

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

     Select one of the following:

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

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

Figure 5-15: Running National GPRA Report Patient Lists, example of selecting Patient List by Provider

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.

> **Note:** Print patient lists only when you need them, or print to an electronic file.

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

    - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

      Or

    - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

14. Type the **4-digit baseline year** at the "Enter Year" prompt.
15. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN only, or your entire population, and press Enter. For example,

```
     Select one of the following:

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

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

Figure 5-16: Running National GPRA Report Patient Lists, selecting Beneficiary Population

16. Next,

    - Select the Community taxonomy.
    - Select an output option.

    For detailed instructions, see step 7 to select community taxonomy and step11 to select an output option, in Section 5.2.2, "Running the National GPRA Report."

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

5.3.3 Patient List Content

The following table shows the National GPRA and GPRA Performance Reports

- Performance measure topics
- Associated met/not met measures
- Content of the patient lists

Performance measures included in the current GPRA Performance Plan to Congress (i.e., GPRA measures) are in **bold** font.

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

> **Note:** Not every performance measure topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, only a patient list containing patients meeting the measure is available.

Table 5-3: Content of the Patient List and corresponding Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes.
Diabetes (DM): Glycemic Control	Documented A1c	List of diabetic patients with a documented A1c.
	No Documented A1c	List of diabetic patients *without* a documented A1c.
	Poor Glycemic Control	List of diabetic patients with poor glycemic control (A1c greater than (>) 9.5).
	Ideal Glycemic Control	List of diabetic patients with ideal glycemic control (A1c less than (<) 7).
DM: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed.
	BP Not Assessed	List of diabetic patients who did *not* have their BP assessed.
	Controlled BP	List of diabetic patients with controlled BP, defined as <130/80.
	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as >130/80.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
DM: LDL Assessment	LDL Assessed	List of diabetic patients with LDL completed, regardless of result.
	LDL Not Assessed	List of diabetic patients without LDL completed.
DM: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with nephropathy assessment.
	Nephropathy Not Assessed	List of diabetic patients without nephropathy assessment.
DM: Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening or a documented refusal of a diabetic eye exam.
	Retinopathy Not Assessed	List of diabetic patients who *did not* receive any retinal screening or a documented refusal of a diabetic eye exam.
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit or refusal.
	No Documented Dental Visit	List of patients *without* documented dental visit or refusal.
Dental Sealants	With Dental Sealants	List of patients who received or refused dental sealants during Report period.
Topical Fluoride	With Topical Fluoride Application	List of patients who received or refused at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	Documented Influenza Immunization	List of patients >= 65 yrs who received or refused an Influenza immunization.
	No Documented Influenza Immunization	List of patients >= 65 yrs who did not receive or refuse an Influenza immunization.
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	List of patients =>65 yrs with pneumovax immunization ever or refusal in past year.
	No Documented Pneumovax Ever	List of patients =>65 yrs without pneumovax immunization ever or refusal in past year.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Childhood Immunizations	Active Clinical Patients With 4:3:1:3:3	List of Active Clinical 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).
	Active Clinical Patients Without 4:3:1:3:3	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.
	Active Immunization Package Patients 4:3:1:3:3	List of 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).
	Active Immunization Package Patients Without 4:3:1:3:3	List of patients 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.
	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients 19-35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.
	No Documented Pap Smear or Refusal	List of female patients *without* a Pap Smear documented in the past 3 years or refusal in past year.
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	List of female patients with a Mammogram documented in the past 2 years or refusal in past year.
	No Documented Mammogram or Refusal	List of female patients *without* a Mammogram documented in the past 2 years or refusal in past year.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Colorectal Cancer Screening	Documented CRC Screening or Refusal	List of patients 51-80 with CRC screening or refusal.
	No Documented CRC Screening or Refusal	List of patients 51-80 *without* CRC screening or refusal.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening.
	No Documented Tobacco Screening	List of patients *without* documented tobacco screening.
	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users.
Tobacco Cessation	Tobacco Users w/cessation intervention or refusal	List of tobacco users with documented tobacco cessation intervention or refusal.
	Tobacco Users w/o documented cessation intervention/refusal	List of tobacco users without documented tobacco cessation intervention or refusal.
	List of tobacco users who quit tobacco use	List of tobacco users who quit tobacco use.
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening/Refusal	List of female patients with documented screening.
	No Documented Alcohol Screening/Refusal	List of female patients without documented screening.
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	List of patients with documented IPV/DV screening or refusal.
	No Documented IPV/DV Screening	List of patients without documented IPV/DV screening or refusal.
Depression Screening	Documented Depression Screening (=>18 AC)	List of Active Clinical patients =>18 screened for depression /diagnosed with mood disorder.
	No Documented Depression Screening (=>18 AC)	List of Active Clinical patients =>18 not screened for depression/diagnosed with mood disorder.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Obesity Assessment	Documented Obesity Screening	List of patients with documented obesity screening.
	No Documented Obesity Screening	List of patients *without* documented obesity screening.
	Assessed as Obese	List of patients assessed as obese using BMI and standard tables.
Childhood Weight Control	List of patients ages 2-5 with BMI =>95%	List of patients ages 2-5 with BMI =>95% (i.e. overweight).
Comprehensive CVD-Related Assessment	Active IHD Pts 22+ With Comprehensive CVD Assessment	List of Active IHD patients 22+ with a comprehensive CVD assessment.
	Active IHD Pts 22+ Without Comprehensive CVD Assessments	List of Active IHD patients 22+ *without* a comprehensive CVD assessment.
Prenatal HIV Testing	Documented HIV Test or Refusal	List of pregnant patients with documented HIV test or refusal in past 20 months.
	No Documented HIV Test or Refusal	List of pregnant patients *without* documented HIV test or refusal in past 20 months.

5.4 Search Template for National Patient List (NST)

CI08 > RPT > NTL >NST

5.4.1 Overview

A search template may be created from a National GPRA Patient List for patients meeting or not meeting a performance measure included in the National GPRA Report. You can select the performance measure, such as Pap Smear in the past three years, and then choose the list you want, for example, patients without a Pap Smear. You provide the Community taxonomy to determine which patients will be included and choose the report period.

The Patient List options include

- a random list (10% of the total list)
- a list by designated primary care provider
- the entire patient list of patients

When the Search Template for National Patient List option is run, the National GPRA Report for the selected performance measure is included but, the patient list is not.

5.4.2 Creating a Search Template for a National Patient List

To create a search template for a national patient list, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter, to display the National GPRA Reports menu.
4. At the "Select National GPRA Reports Option" prompt, type **NST** and press Enter.

The system displays the following information about the Search Template.

```
             IHS GPRA Performance Patient Search Template Creation

                              CRS 2008, Version 8.0

This will produce a search template of patients who either met or did not meet
a National GPRA Report performance measure.  You will be asked to select
one performance measure topic and then to choose which performance
measure numerators you would like to create a search template for.
For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 3 years.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.

Press enter to continue: <Enter>
```

Figure 5-17: Description of the Patient Search Template

5. At the prompt to continue, press Enter.
6. Next, the system checks the site-populated taxonomies.
   - If the following message is displayed, press Enter.

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

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

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

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

Exit from the report to edit your taxonomies by typing a caret (^) at any prompt until you return to the main menu.

The Performance Measure Selection list of available topics is displayed; for example,

```
PERFORMANCE MEASURE SELECTION Dec 27, 2007 09:21:56        Page:   1 of   2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations: Influenza
11) Adult Immunizations: Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-18: Creating a Search Template for a National Patient List, Performance Measure Topic Selection

The Action bar appears at the bottom of the screen.

7. To view multiple pages, at the "Select Action" prompt,
   - Type a plus sign (+) to view the next page
   - Type a minus sign/hyphen (-) to return to the previous page.
8. To select a specific measure topic,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Select Only One Measure" prompt, type the number corresponding to the measure topic you want and press Enter.

> **Note:** Only one topic may be selected when creating a search template.

   c. At the "Select Action" prompt, type **Q** and press Enter.

The measure you selected is marked with an asterisk (*) before its number; for example,

```
PERFORMANCE MEASURE SELECTION Dec 27, 2007 09:21:56        Page:   1 of   2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Services
8)  Dental Sealants
9)  Topical Fluoride
10) Adult Immunizations: Influenza
11) Adult Immunizations: Pneumovax
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Tobacco Use and Exposure Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-19: Creating a Search Template for a National Patient List, selected Performance Measure Topic selected

The Patient lists available for the measure topic you selected are displayed.

9. At the "Which item(s) prompt; type the number of the item(s) on which you want to report; for example,

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

          1)  BP Assessed
          2)  BP Not Assessed
          3)  Controlled BP
          4)  Uncontrolled BP
Which item(s):  (1-4): 3 <Enter>
```

Figure 5-20: Creating a Search Template for a National Patient List, selecting patient lists

10. At the "Patient Search Template" prompt, type the name of the search template to which you want to save the patient list.

If the name of the search template entered does not currently exist, you are asked to confirm that you want to add it as a new search template; otherwise, you are asked if you want to overwrite an existing search template. For example,

```
Enter a search template name for the following list of patients:
   List of diabetic patients with controlled BP, defined as <130/80.
Patient Search Template: DEMOV8NST_JWF <Enter>
  Are you adding 'DEMOV8NST_JWF' as a new SORT TEMPLATE? No// Y <Enter>  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in theDEMOV8NST_JW Search Template.
```

11. Repeat step10 to provide a patient search template name for each selected patient list.
12. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where
    - **R** (Random) produces a list containing 10% of the entire patient list.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider. If you select this option, you are prompted for a Designated Provider Name
    - **A** (All Patients) produces a list of all patients.

```
Select List Type.

     Select one of the following:

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

Choose report type for the Lists: R// <Enter>  Random Patient List
```

Figure 5-21: Creating a Search Template for a National Patient List, selecting the report type for the lists

13. At the "Enter the date range for your report" prompt, do one of the following:
    - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

      Or

    - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-22: Creating a Search Template for a National Patient List; selecting report date range

14. Type the **4-digit Baseline Year** at the "Enter Year" prompt, and press Enter.
15. Next, select the Community Taxonomy you wish to report on.

    For detailed instructions, see step 7 in Section 5.2.2, "Running the National GPRA Report."

16. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN, or your entire population, and press Enter. For example,

```
     Select one of the following:

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

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

Figure 5-23: Creating a Search template for a National Patient List, selecting Beneficiary Population

17. Next, select an output option.

    For detailed instructions, see step 11 in Section 5.2.2, "Running the National GPRA Report."

> **Note:** The output contains only the National GPRA Report for the selected performance measure topic and will not include the list(s) of patients. The list(s) of patients will be stored in the search template(s) you created.

5.4.3 Search Template Content

The content of the National Search Template is the same as the content for the National GPRA Patient List, except that it is saved to a search template.

5.5 GPRA Measure Forecast Patient List (FOR)

CI08 > RPT > NTL > FOR

5.5.1 Overview

The GPRA Measures Forecast Patient List is linked to the Scheduling package and produces a list of patients with or without scheduled appointments that identifies all of the GPRA measures each patient has not yet met.

The list may be run for several different options:

- by specified clinic and appointment date range
- for a selected patient and appointment date range
- all appointments for an entire facility or division to all clinics or specified clinics
- any selected set of patients regardless of appointment status

This can be used to create a list of all GPRA screenings and/or tests that a patient is due for at his or her next visit.

The logic for the denominators for this list is different than the denominator logic used in the National GPRA Report. The definitions are different, because although a patient may not meet the GPRA definition of Active Clinical or User Population at a particular appointment, the patient may meet it later in the GPRA year. Thus, it was necessary to develop a separate set of denominator definitions for this patient list. The numerator logic, however, is the same. You can use the GPRA Measure Forecast Denominator Definitions (FORD) menu option to print these definitions.

This report is based on the CRS clinical logic and consequently, may produce different results from the current clinical reminders available in the EHR package.

5.5.2 Running the GPRA Measure Forecast Patient List

To run the GPRA Measure Forecast Patient List, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter, to display the National GPRA Reports menu.
4. At the "Select National GPRA Reports Option" prompt, type **FOR** and press Enter.

   The system displays the following information about the GPRA Measure Forecast patient list.

```
This patient list is linked to the Scheduling Menu and enables users to
run a list of patients that are scheduled for appointments during a
user-defined time period to list of clinics at the facility defined by
the user and shows the GPRA measures the patient will not meet as of the
date of the appointment.  The list uses revised CRS logic for the GPRA
measures, which is defined in the report, and also includes information
for the provider on how to fulfill the GPRA measure.
PRESS ENTER: <Enter>
```

Figure 5-24: Description of the GPRA Measure Forecast Patient List

5. At the prompt, press Enter.
6. At the "Create List/Sort by" prompt, select the report selection criteria, where
   - **C** creates a list for all clinics or for one or more selected clinics at the facility sorted for a specified appointment date range (default).
   - **P** creates a list for one selected patient's appointments.
   - **D** creates a list for all of a Facility's or a Division's appointments
   - **A** creates a list for any selected set of patients, regardless of whether they had a scheduled appointment status. This option should be used for walk-in patients.

```
     Select one of the following:

          C         By CLINIC NAME for a specified appointment date range
          P         Selected Patients w/Appointments
          D         One Facility's or Divisions Appointments
          A         Any selected set of patients regardless of appt status

Create List/Sort by: C//
```

Figure 5-25: Running the GPRA Measure Forecast Patient List, selecting report criteria

a. If you select **C**, by clinic, you are prompted for one or more clinics and an appointment date range; for example,

```
Create List/Sort by: C// C  By CLINIC NAME for a specified appointment date range

     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter> One or more selected Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

Enter Beginning Appointment Date: 5/1/08 <Enter>  (MAY 01, 2008)
Enter Ending Appointment Date: 5/2/08 <Enter>  (MAY 02, 2008)
```

Figure 5-26: Running the GPRA Measure Forecast Patient List by Clinic

b. If you select **P**, selected patients with appointments, you are prompted for a patient's name and an appointment date range; for example,

```
Create List/Sort by: C// P  Selected Patients w/Appointments
Select PATIENT NAME: PATIENT <Enter>
   1    PATIENT,AARON             <A>   M 04-16-1998 XXX-XX-2306    WW 000001
   2    PATIENT,ABIGAIL                 F 03-24-1983 XXX-XX-4789    WW 000002
   3    PATIENT,ELAINE                  F 07-04-1924 XXX-XX-1043    WW 000003
   4    PATIENT,YVETTE                  F 11-23-1966 XXX-XX-4875    WW 000004
   5    PATIENT,BLAIR                   F 05-19-1971 XXX-XX-5934    WW 000005
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,AARON                    <A>   M 04-16-1998 XXX-XX-2306    WW 000001

Enter Beginning Appointment Date: 1/1/08 <Enter>  (JAN 01, 2008)
Enter Ending Appointment Date: 12/31/08 <Enter>  (DEC 31, 2008)
```

Figure 5-27: Running the GPRA Measure Forecast Patient List by Patient

c. If you select **D**, one facility's or division's appointments, you will be prompted for a facility or division, the clinics within that facility or division you want to include, and an appointment date range; for example,

```
Create List/Sort by: C// D  One Facility's or Divisions Appointments
Select MEDICAL CENTER DIVISION NAME: DEMO INDIAN HOSPITAL       2582

     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter>  One or more selected Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

Enter Beginning Appointment Date:  5/1/08 <Enter>  (MAY 01, 2008)
Enter Ending Appointment Date:  5/2/08 <Enter>  (MAY 02, 2008)
```

Figure 5-28: Running the GPRA Measure Forecast Patient List by Facility or Division

d. If you select **A**, any selected set of patients regardless of appointment status, you are prompted for the name of one or more patients. You can select the patients by name, one at a time, or you can enter the name of a search template of patients.

```
Create List/Sort by: C// A <Enter>  Any selected set of patients regardless of appt
status
Select PATIENT NAME: PATIENT <Enter>
   1    PATIENT,AARON             <A>   M 04-16-1998 XXX-XX-2306    WW 000001
   2    PATIENT,ABIGAIL                 F 03-24-1983 XXX-XX-4789    WW 000002
   3    PATIENT,ELAINE                  F 07-04-1924 XXX-XX-1043    WW 000003
   4    PATIENT,YVETTE                  F 11-23-1966 XXX-XX-4875    WW 000004
   5    PATIENT,BLAIR                   F 05-19-1971 XXX-XX-5934    WW 000005
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  SMITH,AARON                     <A>   M 04-16-1998 XXX-XX-2306    WW 000001

Select patient(s): <Enter>
```

Figure 5-29: Running the GPRA Measure Forecast Patient List by Patient Name

If you want to run the list for patients included in a search template, type a left bracket ([) followed by the name of the search template and press Enter at the "Select patient(s)" prompt.

In the following example (Figure 5-30), all search templates containing “SK” in the name are displayed and the third template named SK80ACNOPAP2003012808 was selected. It contains 265 patients; thus the patient list will be run only for those 265 patients included in the search template.

```
Create List/Sort by: C// Any selected set of patients regardless of appt status
Select patient(s): [SK
     1   SK70DMNONEPH2003     (Dec 13, 2006)       User #3  File #9000001  INQ
     2   SK70TSTWITHMAMMO2003113006
                              (Nov 30, 2006)       User #3  File #9000001  INQ
     3   SK80ACNOPAP2003012808
                              (Jan 28, 2008)       User #3  File #9000001  INQ
     4   SK80P2GUITOBCESSPTSWO
                              (Jul 06, 2008)       User #3  File #9000001  INQ
     5   SK80P32003NOPAP      (Mar 25, 2009)       User #3  File #9000001  INQ
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 3  SK80ACNOPAP2003012808
                              (Jan 28, 2008)       User #3  File #9000001  INQ
265 entries added.
Select patient(s):
```

Figure 5-30: Running the GPRA Measure Forecast Patient List by Search Template

7. At the “Device” prompt, type the name of a printer or a file name.

Note: This report is *only* available in the printed format.

The default prompt, “Home” (which may vary at different sites), prints directly to the screen. Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

Print to screen:

To print a report to your screen without multiple “Enter Return to continue” prompts, type **0;P-OTHER80** at the “Home” prompt; for example,

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

Print to file:

To print to a file, type **Host** or **HFS** at the “Home” prompt, then specify the file location and name at the Host File Name prompt; for example,

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

5.6 GPRA Measure Forecast Denominator Definitions (FORD)

CI08 > RPT > NTL > FORD

5.6.1 Overview

This option is used to print out the denominator definitions used in the GPRA Measures Forecast Patient List (FOR).

5.6.2 Running the GPRA Measure Forecast Denominator Definitions

To print the GPRA Measure Forecast Denominator Definitions, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter, to display the National GPRA Reports menu.
4. At the "Select National GPRA Reports Option" prompt, type **FORD** and press Enter.
5. At the "Device" prompt, type the name of a printer or a file name.

Note: This report is *only* available in printed format.

The default prompt, "Home" (which may vary at different sites), prints directly to the screen. Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

Print to screen:

To print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt; for example,

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

Print to file:

To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the Host File Name prompt; for example,

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

5.7 Comprehensive National GPRA Patient List (CMP)

CI08 > RPT > NTL > CMP

5.7.1 Overview

This patient list option displays all of the patients included in the National GPRA/GPRA Performance Report, and lists all of the GPRA measures reported to Congress that the patient did not meet and the name and discipline of the provider to whom the patient last saw. For a list of the performance measures included in this report, see Section 5.7.3, "Patient List Content."

The Patient List options include

- a random list (10% of the total list)
- a list by designated primary care provider
- the entire patient list of patients and the measure(s) they did not meet

5.7.2 Running the Comprehensive National GPRA Patient List

To print the Comprehensive National GPRA Patient List, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter, to display the National GPRA Reports menu.
4. At the "Select National GPRA Reports Option" prompt, type **CMP** and press Enter.

The system displays the following information about the Comprehensive National GPRA Patient List.

```
National GPRA Report performance measures that are reported to Congress
in which a patient was included but did not meet. Performance measures
not relevant to a patient will not be listed.  For example, if a male
patient who is 30 years old, he would not be listed as having not met
the Child Immunizations or Pap Smear measures.

The list will include the National GPRA Report logic and performance measure
rates for Report Period, Previous Year, and Baseline Year for all
the measures, followed by a list of patients that shows which
measures each patient did not meet.

You will be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the patients,
and the Report Period and Baseline Year.

Press ENTER to Continue:
```

Figure 5-31: Running the Comprehensive National GPRA Patient List, report information display

5. At the prompt, press Enter.

   A message is displayed warning you about the potential number of pages the report could include and recommending that you select the delimited output option.

6. Type **Y** and press Enter to continue, or type a caret (^) to return to the previous menu.
7. Next, the system checks the site-populated taxonomies.
   - If the following message is displayed, press Enter.

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

All taxonomies are present.

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

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

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

   Exit from the report to edit your taxonomies by typing a caret (^) at any prompt until you return to the main menu.

8. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where

   - **R** (Random) produces a list containing 10% of the entire patient list.
   - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), you are prompted for a Designated Provider Name; for example,

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

     Select one of the following:

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

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

Figure 5-32: Running Comprehensive National GPRA Patient List, selecting patient list by Provider example

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.

> **Note:** Print patient lists only when you need them, or print to an electronic file.

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

   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5 58: Running the Comprehensive National GPRA Patient List, selecting report date range

10. Type the **4-digit Baseline Year** at the "Enter Year" prompt, and press Enter.
11. At the "Enter the Name of the Community Taxonomy" prompt,
    - Press Enter to accept the default, or
    - Type the name of your official GPRA community taxonomy and press Enter.
12. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN, or your entire population, and press Enter. For example,

```
     Select one of the following:

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

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

13. Next, select an output option.

    For detailed instructions, see step11 in Section 5.2.2, "Running the National GPRA Report."

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

5.7.3 Patient List Content

The following table shows the National GPRA performance measures and which are included in the GPRA Performance Plan to Congress (i.e., GPRA measures) that are applicable to each patient and will be included in this report.

Performance measures that are counts and not rates, such as Dental Sealants, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report.

Table 5-4: Patient List content by Performance Measure and topic

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Glycemic Control	Ideal Glycemic Control	DM Ideal Control
DM: Blood Pressure Control	Controlled BP	DM Contr BP
DM: LDL Assessment	LDL Assessed	DM LDL Doc
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
Access to Dental Services	Documented Dental Visit	Dental Visit
Adult Immunizations: Influenza	Documented Influenza Immunization	AC 65+ Influenza IZ
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	AC 65+ Pneumovax IZ
Childhood Immunizations	Active Immunization Package Patients With All Documented Childhood Immunizations	IMM Pkg Child IZ
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	AC Pap Smear
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	AC Mammogram
Colorectal Cancer Screening	Documented CRC Screening or Refusal	AC CRC Scrn
Tobacco Cessation	Documented Tobacco Cessation Counseling or Refusal	AC Tobacco Cess
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	AC Alcohol Scrn
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	AC IPV/DV Scrn

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Depression Screening	Documented Depression Screening/Mood Disorder DX (Active Clinical 18+ Patients Only)	AC Depr Scrn
Comprehensive CVD-Related Assessment	Comprehensive CVD-Related Assessment	Active IHD Comp CVD
Prenatal HIV Testing	Documented HIV Test or Refusal	AC Prenatal HIV Test

5.8 Selected Measures Reports for Local Facility Use (LOC)

CI08 > RPT > LOC

5.8.1 Overview

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 performance measure topics and different populations. All Selected Measures reports include the option to run Patient Lists.

- **Selected Measures with Community Specified (COM)** includes ***all*** denominators and numerators for performance measure topic(s) selected by the user. The report displays *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators; for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by gender and age where defined.

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

This report also provides an option for selecting different patient-type populations: 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.

- **Selected Measures with Patient Panel Population (PP)** includes ***all*** numerators, including any breakdowns by gender and age where defined, for performance measure topic(s) selected by the user. The report displays *only* one denominator, the number of patients in the user-defined patient panel.

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

- **Selected Measures with All Communities (ALL)** includes ***all*** denominators and numerators for performance measure topic(s) selected by the user. The report displays both Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators; for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by gender and age where defined.

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

5.8.2 Running the Selected Measures Reports with Patient Lists

To run the Selected Measures Reports with Patient Lists, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the Reports for Local Use, IHS Clinical Measures menu; for example,

```
             **************************************************
             **                IHS/RPMS CRS 2008                **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                           Version 8.0

                         DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option:
```

Figure 5-33: CRS Reports for Local Use: IHS Clinical Measures menu options

These are the CRS reports for local use:

- **COM - Selected Measures w/Community Specified** reports only on patients residing in a community of residence that is included in the Community Taxonomy selected by the user.
- **PP - Selected Measures w/Patient Panel Population** reports only on patients included in a patient panel selected by the user. For detailed instructions see "Appendix C: Creating a Patient Panel with Q-Man."
- **ALL - Selected Measures w/All Communities** reports on all patients in the site's RPMS database, regardless of community of residence.
- **CMS - CMS Performance Report** is used by IHS hospitals for reporting on CMS hospital quality measures. The report includes all patients in the local RPMS database who meet the criteria for the report.

> **Note:** To stop at any time during the report setup, type a caret (^) at any prompt, until you return to your desired location.

5.8.2.1 Running the Selected Measures Community Specified Report (COM)

CI08 > RPT > LOC > COM

To run the Selected Measures Community Specified Report, follow these steps:

1. At "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **COM** and press Enter; for example,

```
              ******************************************************
              **                 IHS/RPMS CRS 2008                **
              **   Reports for Local Use: IHS Clinical Measures   **
              ******************************************************
                                 Version 8.0

                               DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option: COM
<Enter>  Selected Measures w/Community Specified
```

Figure 5-34: CRS Reports for Local Use menu, selecting the Selected Measures with Community Specified (COM)

Information about the report option and the available types of reports are displayed. You may select from three pre-defined reports that contain topics specific to diabetes (DM), cardiovascular disease (CVD), or women's health (WH), or you may choose your own topics (SEL) for the report.

```
Select Reports for Local Use: IHS Clinical Measures Option: COM  Selected Measures
w/Community Specified

     IHS 2008 CRS - Clinical Performance Measure Report (Selected Measures)
This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

     Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          SEL       Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: SEL <Enter>
Selected Performance Measures (User Defined)
```

Figure 5-35: Selected Measures with Community Specified: report information display

2. At the "Which set of Performance measures should be included in this report" prompt, type the code for the report you want to run and press Enter.
   - If you typed the DM, CVD, or WH pre-defined report, **go to step 6** for the taxonomy check.
   - If you typed SEL, **continue with step 3**.
3. If you select to include user defined performance measures in the report, the Performance Measure Selection screen is displayed; for example,

```
PERFORMANCE MEASURE SELECTION Dec 31, 2007 11:04:28          Page:    1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Diabetes: LDL Assessment
6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Fluoride
12) Adult Immunizations: Influenza
13) Adult Immunizations: Pneumovax
14) Childhood Immunizations
15) Adolescent Immunizations
16) Appropriate Treatment for Children with Upper Respiratory Infection

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// +
```

Figure 5-36: Running Selected Measures Reports, Selecting Performance Measure Topics, Page 1 of 4

```
PERFORMANCE MEASURE SELECTION Dec 31, 2007 11:05:29          Page:    2 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
17) Appropriate Testing for Children with Pharyngitis
18) Cancer Screening: Pap Smear Rates
19) Cancer Screening: Mammogram Rates
20) Colorectal Cancer Screening
21) Tobacco Use and Exposure Assessment
22) Tobacco Cessation
23) Alcohol Screening (FAS Prevention)
24) Alcohol Screening and Brief Intervention (ASBI) in the ER
25) Intimate Partner (Domestic) Violence Screening
26) Depression Screening
27) Antidepressant Medication Management
28) Obesity Assessment
29) Childhood Weight Control
30) Nutrition and Exercise Education for At Risk Patients
31) Cardiovascular Disease and Cholesterol Screening
32) Cardiovascular Disease and Blood Pressure Control

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// +
```

Figure 5-37: Running Selected Measures Reports, Selecting Performance Measure Topics, page 2 of 4

```
PERFORMANCE MEASURE SELECTION Dec 31, 2007 11:05:46          Page:    3 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
33) Controlling High Blood Pressure
34) Comprehensive CVD-Related Assessment
35) Appropriate Medication Therapy after a Heart Attack
36) Persistence of Appropriate Medication Therapy after a Heart Attack
37) Appropriate Medication Therapy in High Risk Patients
38) Cholesterol Management for Patients with Cardiovascular Conditions
39) Heart Failure and Evaluation of LVS Function
40) Prenatal HIV Testing
41) HIV Quality of Care
42) Chlamydia Testing
43) Sexually Transmitted Infection (STI) Screening
44) Osteoporosis Management
45) Osteoporosis Screening in Women
46) Rheumatoid Arthritis Medication Monitoring
47) Osteoarthritis Medication Monitoring
48) Asthma

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// +
```

Figure 5-38: Running Selected Measures Reports, Selecting Performance Measure Topics, page 3 of 4

```
PERFORMANCE MEASURE SELECTION Dec 31, 2007 11:06:08          Page:    4 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
49) Asthma Quality of Care
50) Asthma and Inhaled Steroid Use
51) Chronic Kidney Disease Assessment
52) Prediabetes/Metabolic Syndrome
53) Medications Education
54) Public Health Nursing
55) Breastfeeding Rates
56) Drugs to be Avoided in the Elderly
57) Functional Status Assessment in Elders
58) Fall Risk Assessment in Elders
59) Pallative Care

          Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-39: Running Selected Measures Reports, Selecting Performance Measure Topics, page 4 of 4

The Action bar appears at the bottom of the screen.

4. To view multiple pages, at the "Select Action" prompt,
   - Type a plus sign (+) to view the next page
   - Type a minus sign/hyphen (-) to return to the previous page.
5. To select measure topics,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the measure(s) you want.

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

      After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number (Figure 5-42).
   c. When you have completed selecting topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
PERFORMANCE MEASURE SELECTION Dec 31, 2007 11:07          Page:    1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Diabetes: LDL Assessment
*6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Fluoride
12) Adult Immunizations: Influenza
13) Adult Immunizations: Pneumovax
*14) Childhood Immunizations
15) Adolescent Immunizations
16) Appropriate Treatment for Children with Upper Respiratory Infection

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// Q <Enter> Quit
```

Figure 5-40: Running Selected Measures Reports, showing selected performance measure topics

6. Next, the taxonomies required to run the report are checked. At the prompt, Press Enter to continue.
7. At the "Enter the date range for your report" prompt, do one of the following:
   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 3 <Enter>  July 1 - June 30
Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year: 2006 <Enter>  2006
```

Figure 5-41: Running Selected Measures Reports, selecting report date range

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

If you pick a report period end date that is greater than the date you are running the report, a warning message is displayed. A prompt is displayed, asking if you want to change your Current Report Dates. To continue with the report, press Enter to accept the default answer "No." To change your report date range, type Y and press Enter.

8. Type the **4-digit baseline year** at the "Enter Year" prompt and press Enter.

   The date ranges you selected for the report, including Report (Current), Previous Year and Baseline are displayed; for example,

```
The date ranges for this report are:
     Reporting Period:         Jul 01, 2006 to Jun 30, 2007
     Previous Year Period:     Jul 01, 2005 to Jun 30, 2006
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000
```

Figure 5-42: Running Selected Measure Reports, selected report date ranges

9. At the "Enter the Name of the Community Taxonomy" prompt,
   - Press Enter to accept the default taxonomy, or
   - Type the name of a community taxonomy and press Enter.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

   Next, your Home location (as defined in Section 4.2) is displayed.

10. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

   - If you want to include patient lists in addition to the report, type **Y** (Yes) and press Enter. **Continue with step 11** to select the lists.
   - If you do not want to include patient lists, press Enter to accept the default, "No." **Go to step 13** to select the Beneficiary (patient) Population for the report.

The Measure List Selection screen is displayed; only the topics that you have selected for your report are listed; for example,

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION        Dec 31, 2007 11:39:26          Page:    1 of    1
IHS 2008 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documented tests, if any
2)  DM Nephropathy: List of diabetic patients w/nephropathy assessment, if any
3)  Childhood Imm: List of Pts 19-35 months with IZ, if any

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

Figure 5-43: Running Selected Measures Reports, choosing patient lists

11. To select patient lists,
    a. At the "Select Action" prompt, type **S** and press Enter.
    b. At the "Which Items?" prompt, type the number(s) preceding the list(s) you want.

       After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number.

    c. When you have completed selecting lists, Type **Q** (Quit) to exit and save your selections and press Enter.
12. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where
    - **R** (Random) produces a list containing 10% of the entire patient.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), you are prompted for a Designated Provider Name; for example,

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

     Select one of the following:

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

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

Figure 5-44: Running Selected Measures Reports, selecting patient list type

13. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN only, or your entire population and press Enter. For example,

```
     Select one of the following:

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

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

Figure 5-45: Running Selected Measures Reports, selecting beneficiary population

A summary of the Selected Measures report is displayed; for example,

```
      SUMMARY OF 2008 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jul 01, 2006 to Jun 30, 2007
     Previous Year Period:     Jul 01, 2005 to Jun 30, 2006
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 999989

These performance measures will be calculated: Diabetes Comprehensive Care ;
Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Lists will be produced for these measures: Diabetes Comprehensive Care ; Diabetes:
Nephropathy Assessment ; Childhood Immunizations ;
```

Figure 5-46: Summary Screen for Selected Measures Report

14. Next, select an output option (Figure 5-50).

    For detailed instructions, see step11 in Section 5.2.2, “Running the National GPRA Report.”

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

     Select one of the following:

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

Select an Output Option: P// B <Enter>  Both a printed report and Delimited File

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

     Select one of the following:

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

Select output type: S// F <Enter>  FILE - delimited output will be written to a file
in pub
Enter a filename for the delimited output (no more than 40 characters): STST3-6
<Enter>
When the report is finished your delimited output will be found in the
 directory.  The filename will be stst3-6.txt

DEVICE: HOME//
```

Figure 5-47: Running the Selected Measures Report: selecting output options example

Note: This is the last point from which you can exit before starting the report process. **If you have included patient lists, the report may take 6-10 hours to run**. Always test your first report at night or on the weekend.
To exit, type a caret (^) at the "Device" prompt.

5.8.2.2 Running the Selected Measures with Patient Panel Report (PP)

CI08 > RPT > LOC > PP

To run the Selected Measures with Patient Panel Report, follow these steps:

1. At "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **PP** and press Enter; for example,

```
              ******************************************************
              **                 IHS/RPMS CRS 2008                **
              **   Reports for Local Use: IHS Clinical Measures   **
              ******************************************************
                                 Version 8.0

                               DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option: PP
<Enter>  Selected Measures w/Patient Panel Population
```

Figure 5-48: CRS Reports for Local Use menu, selecting the Selected Measures with Patient Panel Population (PP)

2. Information about the Selected Measures report is displayed and the taxonomies required to run the report are checked (Figure 5-49); press Enter to continue.

```
          2008 Clinical Performance Measure Report (Selected Measures)
            Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

NOTE:  With this option all patients in a user defined search template
will be included in the report.  The user population and active clinical user
logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the CRS Report...

All taxonomies are present.

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

Figure 5-49: Running Selected Measures Patient Panel Report: Display of report information and taxonomy check

3. At the "Enter Search Template name" prompt, type in the name of the Search Template (i.e., Patient Panel) you want to use. For instructions, see "Appendix C: Creating a Patient Panel with Q-Man."

> **Note:** This field is **case-sensitive**. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; no search templates with names in lower case letters will be displayed.

4. At the "Which set of Performance measures should be included in this report" prompt, type the code for the report you want to run and press Enter.

   For a list of the topics contained in the pre-defined topic reports, see Section 5.8.3.

   - If you selected the DM, CVD, or WH pre-defined report, **continue with the following steps, in order**:

     a. Step 10, to select the report date range.

     c. Step 11, to enter the baseline year.11

     c. Steps 7 and 8, to include patient lists.

     d. Step 9, to select a report type for the lists.

     e. Step 12, to select the output.12

   - If you typed SEL, **continue with step 5** to select measure topics.

5. To view multiple pages of available topics, at the "Select Action" prompt,
   - Type a plus sign (+) to view the next page
   - Type a minus sign/hyphen (-) to return to the previous page.
6. To select measure topics,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the measure(s) you want.

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

      After pressing the Enter key, selected measures are marked with an asterisk (*) before their corresponding number.

   c. Type **Q** (Quit) when you have completed selecting topics at the "Select Action:" prompt.

7. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

   Note: You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

   - If you want to include patient lists in addition to the report AND you have security access, type **Y** (Yes) and press Enter. **Continue with step 8** to select patient lists.
   - If you do not want to include patient lists, press Enter to accept the default, "No." **Go to step 10** to select a report date range.

   The Measure List Selection screen is displayed. Only the topics that you have selected for your report are listed.

8. To select patient lists,
   a. At the "Select Action" prompt, type **S** and press Enter to select patient lists for specific measure topics.
   b. At the "Which Items?" prompt, type the number(s) preceding the list(s) you want.

      After pressing the Enter key, each list you selected is marked with an asterisk (*) before its number; for example,

   c. When you have completed selecting lists, type **Q** (Quit) and press Enter.
9. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where
   - **R** (Random) produces a list containing 10% of the entire patient list.
   - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), you are prompted for a Designated Provider Name.

10. At the "Enter the date range for your report" prompt, do one of the following:
    - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

      Or

    - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

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

If you pick a report period end date that is greater than the date you are running the report, a warning message is displayed. A prompt is displayed, asking if you want to change your Current Report Dates. To continue with the report, press Enter to accept the default answer "No." To change your report date range, type Y and press Enter.

11. Type the **4-digit baseline year** at the "Enter Year" prompt and press Enter.

    A summary of the Selected Measures report is displayed; for example,

```
      SUMMARY OF 2008 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2006 to Dec 31, 2006
     Previous Year Period:     Jan 01, 2005 to Dec 31, 2005
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The following search template of patients will be included in
this report: DEMO PATIENT PANEL
The HOME location is: HOME 999989

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ;
```

Figure 5-50 Running Selected Measures Patient Panel Report: Summary of Report to be Run

12. Next, select an output option.

    For detailed instructions, see step11 to select an output option, in Section 5.2.2, "Running the National GPRA Report."

> **Note:** This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run**. Always test your first report at night or on the weekend.
> To exit, type a caret (^) at the "Device" prompt.

5.8.2.3 Running the Selected Measures with All Communities Report (ALL)

CI08 > RPT > LOC > ALL

To run the Selected Measures with All Communities Report, follow these steps:

1. At "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **ALL** and press Enter; for example,

```
             **************************************************
             **                IHS/RPMS CRS 2008               **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                              Version 8.0

                            DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option: ALL
<Enter>  Selected Measures w/All Communities
```

Figure 5-51: CRS Reports for Local Use menu, selecting the Selected Measures w/All Communities (ALL)

Information about the Selected Measures report is displayed, followed by the prompt to select a set of measures to include in the report; for example,

```
        IHS 2008 Clinical Performance Measure Report (Selected Measures)
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for a
year period you specify.  You will be asked to provide: 1) the
reporting period and, 2) the baseline period to compare data to.

NOTE:  With this option all patients in your database will be reviewed
regardless of what community they live in.  You will NOT be asked to enter
a community taxonomy name.

     Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          SEL       Selected Measures (User Defined)

Which set of Measures should be included in this report:
```

Figure 5-52: Running Selected Measures All Communities Report: Display of report information and prompt to select measures

2. At the "Which set of measures should be included in this report" prompt, type the code for the report you want to run and press Enter.

   For a list of the topics contained in the pre-defined topic reports, see Section 5.8.3.

   - If you selected the DM, CVD, or WH pre-defined report, **continue with the following steps, in order**:

     a. Step 8, for the taxonomy check.

     b. Step 9, to select the report date range.

     c. Step 10, to enter the baseline year.

     d. Steps 5 and 6, to include patient lists.

     e. Step 7, to select a report type for the lists.

     f. Step 11, to select a beneficiary population.

     h. Step 12, to select the output.

   - If you typed SEL, **continue with step 3** to select measure topics.

3. To view multiple pages of available topics, at the "Select Action" prompt,
   - Type a plus sign (+) to view the next page
   - Type a minus sign/hyphen (-) to return to the previous page.
4. To select measure topics:
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the topic(s) you want.

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

      After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number; for example,

   c. When you have completed selecting topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

5. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

   Note: You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

   - If you want to include patient lists in addition to the report AND you have security access, type **Y** (Yes) and press Enter. **Continue with step 6**.
   - If you do not want to include patient lists, press Enter to accept the default, "No," and **go to step 8** to continue the report selection process.

   The Measure List Selection screen is displayed. Only the topics that you have selected for your report are listed.

6. To select patient lists:
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the list(s) you want.

      After pressing the Enter key, each list you selected is marked with an asterisk (*) before its number.

   c. When you have completed selecting lists, type **Q** (Quit) to save your selections and exit, and press Enter.
7. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where
   - **R** (Random) produces a list containing 10% of the entire patient list.
   - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), you are prompted for a Designated Provider Name.

8. The taxonomies required to run the report are checked. Press Enter to continue.
9. At the "Enter the date range for your report" prompt, do one of the following:
   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

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

If you pick a report period end date that is greater than the date you are running the report, a warning message is displayed. A prompt is displayed, asking if you want to change your Current Report Dates. To continue with the report, press Enter to accept the default answer "No." To change your report date range, type Y and press Enter.

10. Type the **4-digit baseline year** at the "Enter Year" prompt and press Enter.

    The Report (Current), Previous Year and Baseline date ranges you selected and your Home location, as defined in the Site Parameters (Section 4.2), are displayed.

11. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN, or your entire population, and press Enter.

    A summary of the Selected Measures report is displayed; for example,

```
      SUMMARY OF 2008 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

ALL Communities included.
The HOME location is: HOME 999989

These measures will be calculated: Diabetes Prevalence ; Diabetes Comprehensive
Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure Control ;

Lists will be produced for these measures:

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

Figure 5-53: Running Selected Measures All Communities Report: Summary of Report to be Run

13. Next, select an output option.

    For detailed instructions, see step11 in Section 5.2.2, "Running the National GPRA Report."

Note: This is the last point from which you can exit before

5.8.3 Reports Content

Table 5-5: Selected Measures Report: Diabetes-Related

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	All denominators	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with HbA1c, regardless of result 2) Patients with BP documented in past two years 3) Patients with controlled BP 4) Patients with LDL, regardless of result 5) Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment, or with ESRD Dx. 6) Patients receiving any retinal screening or a documented refusal of a diabetic eye exam 7) Patients with diabetic foot exam 8) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND Diabetic Foot Exam
Diabetes (DM): Glycemic Control	All denominators	All numerators
DM: Blood Pressure Control	All denominators	All numerators
DM: LDL Assessment	All denominators	All numerators
DM: Nephropathy Assessment	All denominators	Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment, or with ESRD Dx.
DM: Retinopathy	All denominators	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult Immunizations: Influenza	Active Diabetic patients	All numerators
Adult Immunizations: Pneumococcal	Active Diabetic patients	All numerators
Depression Screening	Active Diabetic patients	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender and age groups	All numerators
Comprehensive CVD-Related Assessment	Active Diabetic patients ages 22 and older	All numerators
Prediabetes/Metabolic Syndrome	Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes	All numerators

Table 5-6: Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Tobacco Use and Exposure Assessment	Active Clinical patients ages 45 and older, broken down by gender	1) Patients who have been screened for tobacco use 2) Patients identified as current tobacco users A) Patients identified as current smokers
Depression Screening	Active IHD patients, broken down by gender	All numerators
Obesity Assessment	Active Clinical patients ages 20-74, broken down by gender	For those with a BMI calculated, patients considered obese using BMI and standard tables
Cardiovascular Disease and Cholesterol Screening	All denominators	All numerators
Cardiovascular Disease and Blood Pressure Control	All denominators	All numerators
Controlling High Blood Pressure	Active Clinical patients ages 18-85 diagnosed with hypertension, broken down by age and gender.	All numerators
Comprehensive CVD-Related Assessment	All denominators	All numerators
Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Persistence of Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Appropriate Medication Therapy in High Risk Patients	All denominators	All numerators
Cholesterol Management for Patients with Cardiovascular Conditions	All denominators	All numerators
Heart Failure and Evaluation of LVS Function	All denominators	All numerators

Table 5-7: Selected Measures Report: Women's Health Related

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Pap Smear Rates	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators
Colorectal Cancer Screening	Female Active Clinical patients ages 51-80 without a documented history of colorectal cancer	All numerators
Tobacco Use	1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant female User Population patients 3) Female User Population patients ages 5 and older	All numerators
Alcohol Screening (FAS Prevention)	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators
Depression Screening	1) Female Active Clinical =>18 2) Female Active Clinical =>65 3) Female User Population =>18 4) Female User Population =>65 5) Female Active Diabetic 6) Female Active IHD	All numerators
Obesity Assessment	1) Female Active Clinical patients ages 2-74, broken down by age groups 2) Female User Population patients ages 2-74, broken down by age groups	All numerators
Cardiovascular Disease and Cholesterol Screening	Female Active Clinical patients ages 23+	All numerators
Controlling High Blood Pressure	1) Female Active Clinical patients ages 18 through 85 diagnosed with hypertension.	All Numerators
Prenatal HIV Testing	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Chlamydia Testing	All denominators, broken out by age groups.	All numerators
Sexually Transmitted Infection (STI) Screening	Screenings needed for incidents of key STIs for female Active Clinical patients that occurred during the defined period (for numerator #3 and 3A only)	1) No denominator. Count of female Active Clinical patients diagnosed with one or more key STIs during the defined period 2) No denominator. Count of key separate STI incidents for female Active Clinical patients during the defined period 3) Total number of screenings performed or refused from one month prior to the date of relevant STI incident through two months after A) Number of documented refusals
Osteoporosis Management	All denominators	All numerators
Osteoporosis Screening in Women	All denominators	All numerators

5.8.4 Selected Measures Reports Patient Lists

Patient Lists for individual performance measures are available with any Selected Measures report (COM, PP, or ALL menu options) and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The Patient List options include

- a random list (10% of the total list)
- a list by designated primary care provider
- the entire list of patients

After selecting the measures to report, users select those measures for which they want to run patient lists.

5.8.5 Patient Lists Content

Table 5-8: Content of Patient Lists and selected performance measure topics

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis.
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any.
Diabetes: Glycemic Control	List of diabetic patients with most recent A1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients with BP value, if any.
Diabetes: Lipids Assessment	List of diabetic patients with documented LDL cholesterol test, if any.
Diabetes: Nephropathy Assessment	List of diabetic patients with nephropathy assessment, if any.
Diabetic Retinopathy	List of diabetic patients with qualified retinal evaluation or refusal, if any.
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit or refusal, if any.
Access to Dental Services	List of patients with documented dental visit or refusal and date.
Dental Sealants	List of patients who received or refused dental sealants during Report period.
Topical Fluoride	List of patients who received or refused at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	List of patients >= 50 yrs or DM DX with influenza code or refusal, if any.
Adult Immunizations: Pneumovax	List of patients =>65 yrs or DM DX with pneumovax, contraindication, or refusal, if any.
Childhood Immunizations	List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.
Adolescent Immunizations	List of patients 13-17 with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.
Appropriate Treatment for Children with Upper Respiratory Infection	List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.

Performance Measure Topic	Patient List
Appropriate Testing for Children with Pharyngitis	List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.
Cancer Screening: Pap Smear Rates	List of women 21-64 with documented Pap smear or refusal, if any.
Cancer Screening: Mammogram Rates	List of women 42+ with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients 51-80 with CRC screening or refusal, if any.
Tobacco Use and Exposure Assessment	List of patients 5 and older with no documented tobacco screening.
Tobacco Cessation	List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.
Alcohol Screening (FAS Prevention)	List of female patients with no documented alcohol screening or refusal.
Alcohol Screening and Brief Intervention (ASBI) in the ER	List of patients seen in the ER for an injury who were screened for hazardous alcohol use, with results of screen and BNI, if any.
Intimate Partner (Domestic) Violence Screening	List of female patients 13 and older not screened for IPV/DV.
Depression Screening	List of patients not screened for depression/diagnosed with mood disorder.
Antidepressant Medication Management	List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Obesity Assessment	List of patients for whom BMI could NOT be calculated.
Childhood Weight Control	List of patients ages 2-5, with current BMI.
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any.
Cardiovascular Disease Prevention: Cholesterol Screening	List of patients screened with cholesterol or LDL value, if any.
Cardiovascular Disease Prevention: Blood Pressure Control	List of Patients => 20 or with IHD with BP value, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Comprehensive CVD-Related Assessment	List of patients with assessments received, if any.
Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with appropriate medication therapy, if any.

Performance Measure Topic	Patient List
Persistence of Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with persistent medication therapy, if any.
Appropriate Medication Therapy in High Risk Patients	List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.
Cholesterol Management for Patients with Cardiovascular Conditions	List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.
Heart Failure and Evaluation of LVS Function	List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.
Prenatal HIV Testing	List of pregnant patients without documented HIV test or refusal in past 20 months.
HIV Quality of Care	List of patients 13 and older diagnosed with HIV, with CD4 test, if any.
Chlamydia Testing	List of patients with documented Chlamydia screening, if any.
Sexually Transmitted Infection (STI) Screening	List of patients diagnosed with one or more STIs during the defined time period with related screenings.
Osteoporosis Management	List of female patients with new fracture who have had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients ages 65 and older with osteoporosis screening, if any.
Rheumatoid Arthritis Medication Monitoring	List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” The chronic medications and all lab tests the patient DID have are displayed.
Osteoarthritis Medication Monitoring	List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” All lab tests the patient DID have are displayed.
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations.
Asthma Quality of Care	List of asthmatic patients with primary asthma therapy medications, if any.
Asthma and Inhaled Steroid Use	List of patients with asthma with inhaled corticosteroid prescription, if any.
Chronic Kidney Disease Assessment	List of patients with Creatinine test, with GFR and value, if any.

Performance Measure Topic	Patient List
Prediabetes/Metabolic Syndrome	List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.
Medications Education	List of patients receiving medications with med education, if any.
Public Health Nursing	List of patients with PHN visits documented. Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.
Breastfeeding Rates	List of patients 45-394 days old, with infant feeding choice value, if any.
Drugs to be Avoided in the Elderly	List of patients 65 and older with at least one prescription for a potentially harmful drug.
Functional Status Assessment in Elders	List of patients =>55 with functional status codes, if any. The following are the abbreviations used in the Numerator column: TLT - Toileting BATH - Bathing DRES - Dressing XFER - Transfers FEED - Feeding CONT - Continence FIN - Finances COOK - Cooking SHOP - Shopping HSWK - Housework/Chores MEDS - Medications TRNS - Transportation
Fall Risk Assessment in Elders	List of patients 65 years or older with fall risk assessment, if any.
Palliative Care	List of patients with a palliative care visit.

5.9 CMS Performance Report (CMS)

CI08 > RPT > LOC > CMS

5.9.1 Overview

The **CMS** (Centers for Medicare & Medicaid Services) **Performance Report** provides IHS hospitals with lists of patients and related RPMS data as a basis for chart review and further data abstraction, to report CMS Hospital Quality Data for 21 required performance measures.

In January 2004, CMS began requiring hospitals to provide clinical performance data on ten quality measures related to three serious medical conditions that result in hospitalization:

- heart attack (acute myocardial infarction)
- heart failure
- pneumonia

Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) stipulates that eligible hospitals that do not submit their data to CMS using the 10-measure "starter" set will be subject to reduction in their FY2005 payment by 0.4%.

Section 5001(a) of the Deficit Reduction Act of 2005, Pub. L. 109-171 (DRA) superseded the MMA of 2003 and set new requirements for the RHQDAPU program. The act requires IPPS hospitals to submit the additional quality measures for FY 2007 and each subsequent fiscal year.

Hospitals that meet the requirements specified in the final regulation MCS-1488-F will receive their full annual payment update. **Those hospitals that do not submit data for all required quality measures to the QIO Clinical Data Warehouse WILL RECEIVE A REDUCTION OF 2.0 PERCENT IN THEIR MEDICARE ANNUAL PAYMENT UPDATE for the applicable fiscal year**.

The set of measures was expanded to 36 measures in 2007, which includes nine patient satisfaction (i.e. HCAHPS) measures. For additional information on the CMS measures, visit:

http://www.cms.hhs.gov/HospitalQualityInits/

The CMS Performance Report is unlike any other report in CRS in that it does not include denominators and numerators and performance measure rates. It does contain lists of patients and all of the relevant information available in RPMS; however, it still requires the user to:

(1) Review the patients' charts to search for information that may be available only from the chart and which is not documented in RPMS.

(2) Compile the information for CMS reporting.

(3) Transmit the report data to CMS utilizing the CMS online outcomes reporting tool. CRS does not provide an option for transmitting the data to CMS.

The CMS Performance Report includes all patients who meet the measure criteria and does not provide the option to run the report for American Indian/Alaska Native patients only, nor does it provide the option to export the data to the Area Office.

5.9.2 Running the CMS Performance Report

To run the CMS Performance Report, follow these steps:

1. At "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **CMS** and press Enter; for example,

```
             **************************************************
             **                IHS/RPMS CRS 2008               **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                              Version 8.0

                            DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use: IHS Clinical Measures Option: CMS
<Enter>  CMS Performance Report
```

Figure 5-54: CRS Reports for Local Use menu, selecting the CMS Performance Report (CMS)

The system displays the following information about the report; for example,

```
       IHS 2008 CRS - RPMS PATIENT DATA FOR ANNUAL CMS HOSPITAL REPORTING
The CMS (Centers for Medicare & Medicaid Services) Performance Report
provides IHS hospitals with lists of patients and related RPMS data as a
basis for chart review and further data abstraction to report CMS
Hospital Quality Data for 21 required hospital performance measures in
four different topics.

The CMS Performance Report is unlike any other report in CRS in that it
does not include denominators and numerators and performance measure
rates.  It does contain lists of patients and all of the relevant
information available in RPMS; however, it still requires the users to:
(1) review the patients' charts to search for information that may be
available only from the chart and which is not documented in RPMS, (2) to
compile the information for CMS reporting, and (3) to transmit the report
data to CMS.  CRS does not provide an option for transmitting the data to
CMS.

The CMS Performance report includes all patients who meet the measure
criteria and does not provide the option to export the data to the Area
Office.
You will be asked to provide: 1) the name of the reporting hospital, 2)
the CMS measure topic, 3) the CMS patient list, 4) the reporting period
and 5) the patient population.
Press Enter to Continue:  <Enter>

Enter the name of your Hospital: DEMO INDIAN HOSPITAL//
```

Figure 5-55: Descriptions of the CMS (Centers for Medicare & Medicaid Services) Performance Report

2. At the prompt to continue, press Enter.
3. At the "Enter the name of your Hospital" prompt,
   - Press Enter to accept the default facility name (as defined in the site parameters) or
   - Type the name of a different hospital and press Enter.

   The CMS Topic Selection screen containing the list of available performance topics is displayed.
4. To select the specific topics to include with the report,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the topic(s) you want.

      You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

      After pressing the Enter key, the topics you selected will have an asterisk at the left side.

   c. When you have completed selecting topics, type **Q** (Quit) at the "Select Action" prompt to save your selections and exit and press Enter.

```
CMS TOPIC SELECTION           Dec 31, 2007 12:09:10          Page:    1 of    1
CMS Clinical Performance Topics
* indicates the performance topic has been selected
*1)  Acute Myocardial Infarction (AMI)
2)  Heart Failure
*3)  Pneumonia Treatment
4)  Surgical Care Improvement Project (SCIP)

          Enter ?? for more actions
S    Select Topic         D    De Select Topic
Select Action:+//
```

Figure 5-56: Running the CMS Performance Report (step 4)

5. Next, you are prompted to select the specific patient lists you wish to print for each CMS topic you selected. Press Enter to Continue.
6. To select patient lists,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the list you want.

      You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

      After pressing the Enter key, each list you selected is marked with an asterisk (*) before its number; for example,

```
CMS PATIENT LIST SELECTION    Dec 31, 2007 12:13:08          Page:    1 of    1
CMS Clinical Performance Topics
* indicates the performance topic has been selected
1)  All Patients 18 and Older Discharged with AMI
*2)  AMI-1 Aspirin at Arrival: w/Exclusion Logic Applied
*3)  AMI-1 Aspirin at Arrival: w/o Exclusion Logic Applied
4)  AMI-2 Aspirin at Discharge: w/ Exclusion Logic Applied
5)  AMI-2 Aspirin at Discharge: w/o Exclusion Logic Applied
6)  AMI-3 ACEI or ARB for LVSD w/ Exclusion Logic Applied
7)  AMI-3 ACEI or ARB for LVSD: w/o Exclusion Logic Applied
*8)  AMI-4 Adult Smoking Cessation: w/ Exclusion Logic Applied
*9)  AMI-4 Adult Smoking Cessation: w/o Exclusion Logic Applied
10) AMI-5 Beta Blocker at Discharge: w/ Exclusion Logic Applied
11) AMI-5 Beta Blocker at Discharge: w/o Exclusion Logic Applied
12) AMI-6 Beta Blocker at Arrival: w/ Exclusion Logic Applied
13) AMI-6 Beta Blocker at Arrival w/o Exclusion Logic Applied
14) AMI-7a Fibrinolytic Therapy: w/o Exclusion Logic Applied
15) AMI-8a Primary PCI: w/o Exclusion Logic Applied

          Enter ?? for more actions
S    Select List          D    De Select List
Select Action:+//
```

Figure 5-57: Running the CMS Performance Report: (step 6)

   c. Repeat steps 6a-b to select patient lists for each topic you selected.

d. When you have completed selecting patient lists for each selected topic, type **Q** (Quit) at the "Select Action" prompt to save your selections and exit, and press Enter.

7. The taxonomies required to run the report are checked. Press the Enter key to continue.
8. At the "Enter the date range for your report" prompt, do one of the following:

- Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

  Or

- Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

> **Note:** For this report, the report period does not have to be 1-year in length; it can be for any length of time

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period (enter beginning and ending date)

Enter the date range for your report:
```

Figure 5-58: Running the CMS Performance Report: Selecting Report Date Range

9. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population, and press Enter. For example,

```
     Select one of the following:

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

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

Figure 5-59: Running the CMS Performance Report, Selecting the Beneficiary Population

> **Note:** While the report includes an option to run the report for AI/AN or non-AI/AN patients only, the report that is run for submission to CMS should include all patients (i.e. both AI/AN and non-AI/AN) since CMS does not require IHS to submit data only for AI/AN patients.

10. To include all of the report narrative (i.e., cover page, CMS text, and RPMS logic), press Enter at the prompt to have the explanatory/logic text printed with your report. Otherwise, type N (No) and press Enter to include only the patient lists
11. At the "Device" prompt, type the name of a printer or file. The default prompt may vary at different sites.
    - To print to your screen, 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 multiple prompts to press Enter to continue, type **0;P OTHER80** at the Home prompt.
    - To print to a file, or if you do not know your printer name, check with your Site Manager. At most sites, to print to a file, type **Host** or **HFS**, then designate the file location and name.

> **Note:** This is the last point from which you can exit before starting the report process. **The report may take several hours or longer to run, since it includes patient lists**. Always test your first report at night or on the weekend. To exit, type a caret (^) at the "Device" prompt

5.9.3 Report and Patient List Content

The CMS Performance Report is unlike any other report in CRS in that it does not include denominators and numerators and measure rates. It does contain patient lists; however, they are formatted differently than all other CRS patient lists.

The CMS Performance Report automatically provides lists of patients and RPMS data as it relates to each particular measure as a basis for chart review and further data abstraction to report to CMS for 21 CMS quality measures. Because of the nature of this report, these patient lists are formatted differently than the other CRS patient lists and users are not given the option to run a random list or list by designated provider.

The following table shows the content of this report and the patient lists.

Table 5-9: CMS Performance Report Content

CMS Quality Measure	Patient List
Heart Attack (AMI)	List of all patients 18 and older discharged with Acute Myocardial Infarction (AMI)
	AMI-1 Aspirin at Arrival: List of AMI patients 18+ who were not excluded based on RPMS exclusion logic
	AMI-1 Aspirin at Arrival: List of AMI patients 18+, without RPMS exclusion logic applied
	AMI-2 Aspirin at Discharge: List of AMI patients 18+ who were not excluded based on RPMS exclusion logic
	AMI-2 Aspirin at Discharge: List of AMI patients 18+, without RPMS exclusion logic applied
	AMI-3 ACEI or ARB for LVSD: List of AMI patients 18+ with LVSD or ejection fraction who were not excluded based on RPMS exclusion logic
	AMI-3 ACEI or ARB for LVSD: List of AMI patients 18+ with LVSD or ejection fraction, without RPMS exclusion logic applied
	AMI-4 Adult Smoking Cessation: List of AMI patients 18+ with a history of smoking who were not excluded based on RPMS exclusion logic
	AMI-4 Adult Smoking Cessation: List of AMI patients 18+ with a history of smoking, without RPMS exclusion logic applied
	AMI-5 Beta Blocker at Discharge: List of AMI patients 18+ who were not excluded based on RPMS exclusion logic
	AMI-5 Beta Blocker at Discharge: List of AMI patients 18+, without RPMS exclusion logic applied
	AMI-6 Beta Blocker at Arrival: List of AMI patients 18+ who were not excluded based on RPMS exclusion logic
	AMI-6 Beta Blocker at Arrival: List of AMI patients 18+, without RPMS exclusion logic applied
	AMI-7a Fibrinolytic Therapy: List of AMI patients 18+ with ST-segment elevation or LBBB on ECG, without RPMS exclusion logic applied
	AMI-8a Primary PCI: List of AMI patients 18+ with ST-segment elevation or LBBB on ECG, without RPMS exclusion logic applied

CMS Quality Measure	Patient List
Heart Failure (HF)	List of all patients 18 and older discharged with heart failure
	HF-1 Discharge Instructions: List of heart failure patients 18+ discharged to home who were not excluded based on RPMS exclusion logic
	HF-1 Discharge Instructions: List of heart failure patients 18+ discharged to home, without RPMS exclusion logic applied
	HF-2 Evaluation of LVSF: List of heart failure patients 18+ who were not excluded based on RPMS exclusion logic
	HF-2 Evaluation of LVSF: List of heart failure patients 18+, without RPMS exclusion logic applied
	HF-3 ACEI or ARB for LVSD: List of heart failure patients 18+ with LVSD or ejection fraction who were not excluded based on RPMS exclusion logic
	HF-3 ACEI or ARB for LVSD: List of heart failure patients 18+ with LVSD or ejection fraction, without RPMS exclusion logic applied
	HF-4 Adult Smoking Cessation: List of heart failure patients 18+ with a history of smoking who were not excluded based on RPMS exclusion logic
	HF-4 Adult Smoking Cessation: List of heart failure patients 18+ with a history of smoking, without RPMS exclusion logic applied

CMS Quality Measure	Patient List
Pneumonia (PN)	List of all patients 18 and older discharged with pneumonia
	PN-1 Oxygenation Assessment: List of pneumonia patients 18+ who were not excluded based on RPMS exclusion logic
	PN-1 Oxygenation Assessment: List of pneumonia patients 18+, without RPMS exclusion logic applied
	PN-2 Pneumococcal Vaccination: List of pneumonia patients 65+ who were not excluded based on RPMS exclusion logic
	PN-2 Pneumococcal Vaccination: List of pneumonia patients 65+, without RPMS exclusion logic applied
	PN-3b Blood Culture in ER: List of pneumonia patients 18+ with initial ER blood culture and on antibiotics who were not excluded based on RPMS exclusion logic
	PN-3b Blood Culture in ER: List of pneumonia patients 18+ with initial ER blood culture and on antibiotics, without RPMS exclusion logic applied
	PN-4 Adult Smoking Cessation: List of pneumonia patients 18+ with a history of smoking who were not excluded based on RPMS exclusion logic
	PN-4 Adult Smoking Cessation: List of pneumonia patients 18+ with a history of smoking, without RPMS exclusion logic applied
	PN-5b Antibiotic Within 4 Hours: List of pneumonia patients 18+ who were not excluded based on RPMS exclusion logic
	PN-5b Antibiotic Within 4 Hours: List of pneumonia patients 18+, without RPMS exclusion logic applied
	PN-6 Antibiotic Selection for CAP: List of pneumonia patients 18+ who were not excluded based on RPMS exclusion logic
	PN-6 Antibiotic Selection for CAP: List of pneumonia patients 18+, without RPMS exclusion logic applied
	PN-7 Influenza Status: List of patients 50+ discharged with pneumonia during October – February who were not excluded based on RPMS exclusion logic
	PN-7 Influenza Status: List of patients 50+ discharged with pneumonia during October - February, without RPMS exclusion logic applied

CMS Quality Measure	Patient List
Surgical Care Improvement Project (SCIP)	List of all patients 18 and older discharged with a SCIP procedure
	SCIP-Inf-1 Antibiotic 1 Hour Before Incision: List of all patients 18+ discharged with a SCIP procedure who were not excluded based on RPMS exclusion logic
	SCIP-Inf-1 Antibiotic 1 Hour Before Incision: List of all patients 18+ discharged with a SCIP procedure, without RPMS exclusion logic applied
	SCIP-Inf-3 Antibiotics D/C 24 Hours Post Surgery: List of all patients 18+ discharged with a SCIP procedure who were not excluded based on RPMS exclusion logic
	SCIP-Inf-3 Antibiotics D/C 24 Hours Post Surgery: List of all patients 18+ discharged with a SCIP procedure, without RPMS exclusion logic applied

5.10 GPRA Performance Report (GPU)

CI08 > RPT > OTH > GPU

5.10.1 Overview

The GPRA Performance Report (GPU) includes the same performance measures included in the National GPRA Report (see Section 5.2). However, unlike the National GPRA Report, users select ALL report parameters (i.e., report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from pre-defined quarters, such as September 30, December 31, or users may enter any end date, such as November 14.

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

Patient Lists for this report are run in the same manner as they are for the National GPRA Report, as described in Section 5.3.2.

5.10.2 Running the GPRA Performance Report

To run the GPRA Performance Report, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter, to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter, to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter, to display the National GPRA Reports menu.
4. At the "Select Other National Reports Option" prompt, Type **GPU** and press Enter; for example,

```
                        **********************************
                        **      IHS/RPMS CRS 2008       **
                        **    Other National Reports    **
                        **********************************
                                   Version 8.0

                                 DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: GPU <Enter>  GPRA Performance Report
```

Figure 5-60: Other National Reports Menu, selecting the GPRA Performance report (GPU)

5. Information about the GPRA Performance Report is displayed; press Enter when prompted.
6. The site-populated taxonomies needed to run the report are checked; press Enter when prompted.

```
           IHS GPRA Performance Report for a User Selected Date Range

This will produce a National GPRA report for a year period you specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

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

Press enter to continue:
Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 5-61: Running the GPRA Performance Report: Report Description Display and Taxonomy check

7. At the "Enter the date range for your report" prompt, do one of the following:
   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5-62: Running the GPRA Performance Report, selecting report date range

8. Type the **4-digit Baseline Year** at the "Enter Year" prompt, and press Enter.

   The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline (Figure 5-58).

9. At the "Enter the Name of the Community Taxonomy" prompt,
   - Press Enter to accept the default taxonomy, or
   - Type the name of a community taxonomy and press Enter.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

```
Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year: 2003 <Enter>  (2003)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-63: Running the GPRA Performance Report, selecting dates and community taxonomy

10. Type the number corresponding to the Beneficiary population you want to review: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population; for example,

```
Select one of the following:

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

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

Figure 5-64: Running the GPRA Performance Report, selecting beneficiary population

11. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (Section 4.2).
12. 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.

A summary of the GPRA Performance Report is displayed; for example,

```
              SUMMARY OF IHS GPRA PERFORMANCE REPORT TO BE GENERATED
                             CRS 2008, Version 8.0

The date ranges for this report are:
     Report Period:            Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: HOME 999989

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 5-65: Summary Screen for GPRA Performance Report

13. Next, select an output option.

    For detailed instructions, see step11 in Section 5.2.2, “Running the National GPRA Report.”

5.10.3 Report Content

The topics included in the GPRA Performance Report are the same as those included on the National GPRA Report (for details, see Section 5.2.3). The GPRA Performance Report Patient List contains the same content as the National GPRA Report Patient List (for details, see Section 5.3.3).

5.11 Other National Measures Report (ONM)

CI08 > RPT > OTH > ONM

5.11.1 Overview

The Other National Measures (ONM) Report primarily reports non-GPRA measures for which national data is needed and includes some GPRA measures to provide context to the non-GPRA measures. Patient lists for the ONM Report may be run using the OST menu option.

The ONM Report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both, and can be exported to the Area Office by the site for aggregation into an Area-wide ONM Report. The ONM Report will also create two delimited electronic files (.txt) with selected measure results designed to be used in Excel to set up graphs (see "Appendix B: Working with Delimited Files"). The files containing the other national measures begin with "CRSONMNT1" and "CRSONMNT2."

5.11.2 Running the Other National Measures Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the Other National Reports menu.

4. At the "Select Other National Reports Option" prompt, type **ONM** and press Enter to display the Other National Reports menu; for example,

```
                        **********************************
                        **      IHS/RPMS CRS 2008       **
                        **    Other National Reports    **
                        **********************************
                                  Version 8.0

                                DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: ONM Enter>  Other National Measures
Report
```

Figure 5-66: Other National Reports Menu, selecting the Other National Measures Report (ONM)

5. Information about the Other National Measures Report is displayed. At the end of the taxonomy check, press Enter to continue.

```
                    IHS 2008 Other National Measures Report

This will produce the Other National Measures (ONM) Report for all
ONM performance measures for a year period you specify.  You will be
asked to provide: 1) the reporting period, 2) the baseline period to
compare data to, 3) the community taxonomy  to determine which patients
will be included, and the 4) beneficiary population.

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

Press Enter to Continue:
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 5-67: Running the Other National Measures Report; information screen and taxonomy check

6. The site-defined taxonomies needed to run the report will be checked. Press Enter to continue.
7. At the "Enter the date range for your report" prompt, do one of the following:

- Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

  Or

- Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-68: Running the Other National Measures Report, selecting report date range

8. Type the **4-digit Baseline year** at the "Enter Year" prompt, and press Enter (Figure 5 65).
9. At the "Enter the Name of the Community Taxonomy" prompt,
   - Press Enter to accept the default taxonomy, or
   - Type the name of a community taxonomy and press Enter.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

```
Enter the year for the report.  Use a 4 digit
year, e.g. 2008
Enter year:  2003 <Enter>  (2003)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-69: Running the Other National Measures Report; selecting report date and community taxonomy

10. Type the number corresponding to the Beneficiary population you want to include in your report. 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.
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.
12. Next, select an output option.

    For detailed instructions, see step11 in Section 5.2.2, "Running the National GPRA Report."

5.11.3 Report Content

Measures also included in the National GPRA Report/GPRA Performance Report are shown in bold font in the following table.

Table 5-10: Content of the Other National Measures Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Comprehensive Care	Active Diabetic Patients	1) With A1c documented 2) With BP documented 3) With controlled BP (<130/80) 4) With LDL done 5) With nephropathy assessment 6) With retinal evaluation 7) With diabetic foot exam 8) With comprehensive diabetes care (documented A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND diabetic foot exam)
Topical Fluoride	No denominator. This measure is a total count only, not a percentage.	1) Total number of topical fluoride applications and refusals A) With documented refusal
Adult IZ: Influenza	Active Diabetic patients	1) With influenza vaccination, contraindication, or refusal A) With refusal in past year B) With contraindication/ NMI refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult IZ: Pneumovax	Active Diabetic patients	1) With pneumovax or contraindication ever or refusal in past year A) With refusal in past year B) With contraindication/ NMI refusal
Childhood IZ	1) Active Clinical patients 19 - 35 months **2) Active Immunization Package patients 19 - 35 months**	**1) With 4:3:1:3:3 combo** 2) With 4:3:1:3:3:1 combo 3) With 4:3:1:3:3:1:4 combo **4) With 4 doses of DTaP** **5) With 3 doses of HiB** **6) With 1 dose of MMR** **7) With 3 doses of HiB** **8**) **With 3 doses of Hepatitis B** 9) 1 dose of Varicella 10) With 4 doses of pneumococcal
Adolescent Immunizations	1) Active Clinical patients ages 13-17 2) Female Active Clinical patients ages 13-17	1) With 1:3:2:1 combo 2) With 1 dose of Tdap 3) With 1 dose of meningococcal 4) With 3 doses of HPV (females only)
Alcohol Screening and Brief Intervention (ASBI) in the ER	1) Active Clinical patients age 15-34 seen in the ER for injury 2) Active Clinical patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period 3) User Population patients age 15-34 seen in the ER for injury 4) User Population patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period	1) Screened in the ER for hazardous alcohol use A) With a positive screen 2) With a brief negotiated interview (BNI) at or within 7 days of the ER visit A) Provided a BNI at the ER visit B) Provided a BNI not at the ER visit but within 7 days of the ER visit

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Depression Screening	Active Diabetic patients, broken down by gender.	1) With depression screening or refusal or diagnosed with mood disorder A) With depression screening B) With mood disorder diagnosis C) With refusal 2) With depression-related education or refusal of education in past year.
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients ages 23+	1) With documented total cholesterol screening in past 5 years
Cardiovascular Disease and Blood Pressure Control	1) Active Clinical patients ages 20+ 2) Active Clinical Pts w/ischemic disease DX	All numerators
Appropriate Medication Therapy after a Heart Attack	Active Clinical patients 35 and older discharged for an AMI	1) With beta-blocker Rx/refusal/contraindication 2) With ASA Rx/refusal/contraindication 3) With ACEI/ARB Rx/refusal/contraindication 4) With statin Rx/refusal/contraindication 5) With all above meds
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI	1) With 135-day beta-blocker Rx/refusal/contraindication 2) With 135-day ASA Rx/refusal/contraindication 3) With 135-day ACEI/ARB Rx/refusal/contraindication 4) With 135-day statin Rx/refusal/contraindication 5) With all above meds

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Appropriate Medication Therapy in High Risk Patients	Active IHD patients ages 22 and older	1) With 180-day beta-blocker Rx/refusal/contraindication 2) With 180-day ASA Rx/refusal/contraindication 3) With 180-day ACEI/ARB Rx/refusal/contraindication 4) With 180-day statin Rx/refusal/contraindication 5) With all above meds
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical patients ages 18 to 75 diagnosed with AMI, CABG, PTCA, or IVD	All numerators
Heart Failure and Evaluation of LVS Function	Active Clinical ages 18 or older discharged with heart failure during the Report Period	1) With LVS function evaluated before arrival, during hospitalization, or is planned for after discharge
Sexually Transmitted Infection (STI) Screening	No denominator for numerators #1 and 2. These measures are total counts only; not percentages. 1) Screenings needed for incidents of key STIs for Active Clinical patients	1) Total count of Active Clinical patients who were diagnosed with one or more key STIs 2) Total count of separate key STI incidents for Active Clinical patients 3) Total number of screenings performed or refused
Prediabetes/Metabolic Syndrome	Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Public Health Nursing	No denominator. These measures are total counts only; not percentages.	1) Number of visits by PHNs in any setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter
Breastfeeding Rates	1) Active Clinical patients who are 45-394 days old 2) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days). 3) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days). 4) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days). 5) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days).	1) With infant feeding choice (IFC) screening at least once 2) With IFC screen @ 2months 3) With IFC screen @ 6 months 4) With IFC screen @ 9 months 5) With IFC screen @ 1 yr 6) With IFC screen @ 2 months and exclusively/mostly breastfed 7) With IFC screen @ 6 months and exclusively/mostly breastfed 8) With IFC screen @ 9 months and exclusively/mostly breastfed 9) With IFC screen @ 1 year and exclusively/mostly breastfed

5.12 Other National Measures Report Patient List (OST)

CI08 > RPT > OTH > OST

5.12.1 Overview

The Other National Measures Report Patient List (OST) option prints a patient list(s), including patients who DO or DO NOT meet a measure, or both, for one or more performance measure topics included in the Other National Measures Report.

5.12.2 Running the Other National Measures Report Patient List

To run the Other National Measures Report Patient List, follow these steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the Other National Reports menu.
4. At the "Select Other National Reports Option" prompt, type **OST** and press Enter to display the Other National Reports menu; for example,

```
                        **********************************
                        **      IHS/RPMS CRS 2008       **
                        **    Other National Reports    **
                        **********************************
                                  Version 8.0

                                DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: OST <Enter>  Other National Measures
Report Patient List
```

Figure 5-70: Other National Reports Menu, selecting the Other National Measures Report Patient List (OST)

5. Information about the patient list is displayed. At the end of the taxonomy check, press Enter to continue.

```
          IHS Other National Measures Performance Report Patient List
                              CRS 2008, Version 8.0

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

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue:
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 5-71: Running the Other National Measures Report Patient List, report information and taxonomy check

The Performance Measure Selection screen containing the list of available topics is displayed.

6. To view the available topics,
   - Type a plus sign (+) at the “Select Action” prompt to see the next page of the list of measures.
   - Type a hyphen (-) at the “Select Action:” prompt to return to the previous page.

```
PERFORMANCE MEASURE SELECTION Jan 02, 2008 13:08:30        Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Comprehensive Care
2)  Topical Fluoride
3)  Adult Immunizations: Influenza
4)  Adult Immunizations: Pneumovax
5)  Childhood Immunizations
6)  Adolescent Immunizations
7)  Alcohol Screening and Brief Intervention (ASBI) in the ER
8)  Depression Screening
9)  Cardiovascular Disease and Cholesterol Screening
10) Cardiovascular Disease and Blood Pressure Control
11) Appropriate Medication Therapy after a Heart Attack
12) Persistence of Appropriate Medication Therapy after a Heart Attack
13) Appropriate Medication Therapy in High Risk Patients
14) Cholesterol Management for Patients with Cardiovascular Conditions
15) Heart Failure and Evaluation of LVS Function
16) Sexually Transmitted Infection (STI) Screening

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5 67: Running the Other National Measures Report Patient List, selecting performance measure topics

7. To select the specific topics to include with the report,
   a. At the "Select Action" prompt, type **S** and press Enter.
   b. At the "Which Items?" prompt, type the number(s) preceding the topic(s) you want.

      You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

      For a list of the available performance measure topics, see the first table column in Section 5.12.3.

      After pressing the Enter key, selected topics are marked with an asterisk to the left of its corresponding number.

   c. When you have completed selecting topics, type **Q** (Quit) at the "Select Action" prompt to save your selections and exit and press Enter.

```
PERFORMANCE MEASURE SELECTION Jan 02, 2008 13:08:30        Page:    1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Comprehensive Care
2)  Topical Fluoride
3)  Adult Immunizations: Influenza
4)  Adult Immunizations: Pneumovax
5)  Childhood Immunizations
6)  Adolescent Immunizations
7)  Alcohol Screening and Brief Intervention (ASBI) in the ER
* 8)  Depression Screening
9)  Cardiovascular Disease and Cholesterol Screening
10) Cardiovascular Disease and Blood Pressure Control
11) Appropriate Medication Therapy after a Heart Attack
12) Persistence of Appropriate Medication Therapy after a Heart Attack
13) Appropriate Medication Therapy in High Risk Patients
14) Cholesterol Management for Patients with Cardiovascular Conditions
15) Heart Failure and Evaluation of LVS Function
16) Sexually Transmitted Infection (STI) Screening

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+// Q <Enter> Quit
```

Figure 5-72: Running the Other National Measures Report Patient List, showing selected topics

8. Patient lists available for the first topic you selected are displayed (Figure 5-73). Type the number of the list you would like to print and press Enter.

   You may type a range of patient lists as described in step 9b. If you selected more than one topic, the next patient list available will be displayed. For a list of the available patient lists, see the second and third columns in the table included in Section 5.12.3.

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

     1)  Active Diabetic Patients with Depression Screening
     2)  Active Diabetic Patients without Depression Screening
Which item(s):  (1-2): 1

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

     Select one of the following:

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

Choose report type for the Lists: R// Patient List by Provider
Enter Designated Provider Name: Provider,Arlis <Enter>
```

Figure 5-73: Running the Other National Measures Report Patient List, selecting patient lists for each topic

9. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type of Patient List you want, where
   - **R** (Random) produces a list containing 10% of the entire patient list.
   - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), you are prompted for a Designated Provider Name.

> **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.

10. At the "Enter the date range for your report" prompt, do one of the following:
    - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

      Or

    - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5-74: Running the Other National Measures Report Patient List, selecting report date range

11. Type the **4-digit Baseline Year** at the "Enter Year" prompt, and press Enter.

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

```
Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year:  2003 <Enter>  (2003)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-75: Running the Other National Measures Report Patient List, selecting report date ranges

12. At the "Enter the Name of the Community Taxonomy" prompt, select the Community Taxonomy you wish to report on.
    - Press Enter to accept the default taxonomy, or
    - Type the name of a community taxonomy and press Enter.
13. Type the number corresponding to the Beneficiary population you want to include in your report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.
14. Select your desired print output option to finish running the report.

    For detailed instructions, see step11 in Section 5.2.2, "Running the National GPRA Report."

5.12.3 Patient List Content

The content of the patient list report is determined by the performance measure topic and performance measure you select. The following table shows the performance measure topics, their associated met/not met measures, and content of the patient lists.

> **Note:** Not every measure will have a Met and Not Met patient list option. For example, for topical fluoride (number of applications), users may only print a patient list containing patients meeting the measure, because this measure is a count, not a percentage.

In addition to the patient lists being printed, the Other National Measures Report for the selected performance measure topic(s) will also be printed.

Table 5-11: Content of the Patient List Report by Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Comprehensive Care	A1c documented	List of diabetic patients who did have their A1c assessed.
	No A1c documented	List of diabetic patients who did not have their A1c assessed.
	BP documented	List of diabetic patients who did have their BP assessed.
	No BP documented	List of diabetic patients who did not have their BP assessed.
	Controlled BP	List of diabetic patients with controlled BP, defined as <130/80.
	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as >130/80.
	LDL documented	List of diabetic patients with LDL completed.
	LDL not assessed	List of diabetic patients without LDL completed.
	Nephropathy assessed	List of diabetic patients with nephropathy assessment.
	No nephropathy assessment	List of diabetic patients without nephropathy assessment.
	Retinal evaluation	List of diabetic patients with retinal evaluation.
	No retinal evaluation	List of diabetic patients without retinal evaluation.
	Documented Diabetic Foot Exam	List of diabetic patients with a diabetic foot exam.
	No Documented Diabetic Foot Exam	List of diabetic patients without a diabetic foot exam.
	With Comprehensive Diabetes Care	List of diabetic patients with comprehensive diabetes care.
	Without Comprehensive Diabetes Care	List of diabetic patients without comprehensive diabetes care.
Topical Fluoride	With Topical Fluoride Application	List of patients who received or refused at least one topical fluoride application during Report period.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Adult Immunizations: Influenza	Diabetic Patients with Influenza Immunization	List of diabetic patients with influenza vaccination, contraindication, or refusal.
	Diabetic Patients without Influenza Immunization	List of diabetic patients without influenza vaccination, contraindication, or refusal.
Adult Immunizations: Pneumovax	Diabetic Patients with Pneumovax Ever	List of diabetic patients with pneumovax vaccination, contraindication, or refusal.
	Diabetic Patients without Pneumovax Ever	List of diabetic patients without pneumovax immunization ever or refusal in past year.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Childhood Immunizations	Active Clinical Patients with 4:3:1:3:3:1:4	List of patients Active Clinical 19-35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.
	Active Clinical Patients without 4:3:1:3:3:1:4	List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.
	Active Immunization Package Patients with 4:3:1:3:3:1:4	List of Active Immunization Package patients 19-35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.
	Active Immunization Package Patients without 4:3:1:3:3:1:4	List of patients Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.
	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients 19-35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Adolescent Immunizations	Active Clinical 13-17 with 1:3:2:1	List of Active Clinical patients 13-17 with 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella).
	Active Clinical 13-17 without 1:3:2:1	List of Active Clinical patients 13-17 without 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.
	Active Clinical 13-17 with 1 Tdap	List of Active Clinical patients 13-17 with 1 Tdap ever.
	Active Clinical 13-17 without 1 Tdap	List of Active Clinical patients 13-17 without 1 Tdap ever.
	Active Clinical 13-17 with 1 Meningococcal	List of Active Clinical patients 13-17 with 1 Meningococcal ever.
	Active Clinical 13-17 without 1 Meningococcal	List of Active Clinical patients 13-17 without 1 Meningococcal ever.
	Female Active Clinical 13-17 with 3 HPV	List of female Active Clinical patients 13-17 with 3 doses of HPV ever.
	Female Active Clinical 13-17 without 3 HPV	List of female Active Clinical patients 13-17 without 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.
Alcohol Screening & Brief Intervention (ASBI) in the ER	Patients 15-34 with ER Injury Screened for Alcohol Use	Patients 15-34 seen in the ER for injury who were screened for hazardous alcohol use.
	Patients 15-34 with ER Injury Not Screened for Alcohol Use	Patients 15-34 seen in the ER for injury who were not screened for hazardous alcohol use.
	Patients 15-34 with ER Injury and Positive Alcohol Screen with BNI	Patients 15-34 seen in the ER for injury with positive alcohol screen who received a BNI.
	Patients 15-34 with ER Injury and Positive Alcohol Screen without BNI	Patients 15-34 seen in the ER for injury with positive alcohol screen who did not receive a BNI.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Depression Screening	Active Diabetic Patients with Depression Screening	List of Active Diabetic patients screened for depression/diagnosed with mood disorder.
	Active Diabetic Patients without Depression Screening	List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.
Cardiovascular Disease and Cholesterol Screening	Active Clinical 23+ with Total Cholesterol Screening	List of Active Clinical patients 23+ screened for total cholesterol in past 5 years.
	Active Clinical 23+ without Total Cholesterol Screening	List of Active Clinical patients 23+ not screened for total cholesterol in past 5 years.
Cardiovascular Disease and Blood Pressure Control	Active Clinical 20+ or with IHD with BP Assessed	List of Active Clinical patients =>20 or who have IHD who had their BP assessed twice in past two years.
	Active Clinical 20+ or with IHD w/o BP Assessment	List of Active Clinical patients =>20 or who have IHD who have not had their BP assessed twice in past two years.
	Active Clinical 20+ or with IHD w/Normal BP (<120/80)	List of Active Clinical patients =>20 or who have IHD who have normal BP (<120/80).
	Active Clinical 20+ or with IHD w/Uncontrolled BP (>=120/80)	List of Active Clinical patients =>20 or who have IHD who have uncontrolled BP (=>120/80).

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35+ with Beta-Blocker Therapy	List of Active Clinical patients =>35 discharged for AMI with beta-blocker therapy.
	Active Clinical 35+ without Beta-Blocker Therapy	List of Active Clinical patients =>35 discharged for AMI without beta-blocker therapy.
	Active Clinical 35+ with ASA Therapy	List of Active Clinical patients =>35 discharged for AMI with ASA therapy.
	Active Clinical 35+ without ASA Therapy	List of Active Clinical patients =>35 discharged for AMI without ASA therapy.
	Active Clinical 35+ with ACEI/ARB Therapy	List of Active Clinical patients =>35 discharged for AMI with ACEI/ARB therapy.
	Active Clinical 35+ without ACEI/ARB Therapy	List of Active Clinical patients =>35 discharged for AMI without ACEI/ARB therapy.
	Active Clinical 35+ with Statin Therapy	List of Active Clinical patients =>35 discharged for AMI with statin therapy.
	Active Clinical 35+ without Statin Therapy	List of Active Clinical patients =>35 discharged for AMI without statin therapy.
	Active Clinical 35+ with All Meds	List of Active Clinical patients =>35 discharged for AMI with all appropriate medications.
	Active Clinical 35+ without All Meds	List of Active Clinical patients =>35 discharged for AMI without all appropriate medications.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35+ with 135-day Beta-Blocker Therapy	List of Active Clinical patients =>35 with AMI Dx with 135-day beta-blocker therapy.
	Active Clinical 35+ without 135-day Beta-Blocker Therapy	List of Active Clinical patients =>35 with AMI Dx without 135-day beta-blocker therapy.
	Active Clinical 35+ with 135-day ASA Therapy	List of Active Clinical patients =>35 with AMI Dx with 135-day ASA therapy.
	Active Clinical 35+ without 135-day ASA Therapy	List of Active Clinical patients =>35 with AMI Dx without ASA therapy.
	Active Clinical 35+ with 135-day ACEI/ARB Therapy	List of Active Clinical patients =>35 with AMI Dx with 135-day ACEI/ARB therapy.
	Active Clinical 35+ without 135-day ACEI/ARB Therapy	List of Active Clinical patients =>35 with AMI Dx without 135-day ACEI/ARB therapy.
	Active Clinical 35+ with 135-day Statin Therapy	List of Active Clinical patients =>35 with AMI Dx with 135-day statin therapy.
	Active Clinical 35+ without 135-day Statin Therapy	List of Active Clinical v =>35 with AMI Dx without 135-day statin therapy.
	Active Clinical 35+ with 135-day Treatment of All Meds	List of Active Clinical patients =>35 with AMI Dx with 135-day therapy for all appropriate meds.
	Active Clinical 35+ without 135-day Treatment of All Meds	List of Active Clinical patients =>35 with AMI Dx without 135-day therapy for all appropriate meds.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Appropriate Medication Therapy in High Risk Patients	Active IHD 22+ with 180-day Beta-Blocker Therapy	List of Active IHD patients 22+ with 180-day beta-blocker therapy.
	Active IHD 22+ without 180-day Beta-Blocker Therapy	List of Active IHD patients 22+ without 180-day beta-blocker therapy.
	Active IHD 22+ with 180-day ASA Therapy	List of Active IHD patients 22+ with 180-day ASA therapy.
	Active IHD 22+ without 180-day ASA Therapy	List of Active IHD patients 22+ without 180-day ASA therapy.
	Active IHD 22+ with 180-day ACEI/ARB Therapy	List of Active IHD patients 22+ with 180-day ACEI/ARB therapy.
	Active IHD 22+ without 180-day ACEI/ARB Therapy	List of Active IHD patients 22+ without 180-day ACEI/ARB therapy.
	Active IHD 22+ with 180-day Statin Therapy	List of Active IHD patients 22+ with 180-day statin therapy.
	Active IHD 22+ without 180-day Statin Therapy	List of Active IHD patients 22+ without 180-day statin therapy.
	Active IHD 22+ with 180-day Treatment of All Meds	List of Active IHD patients 22+ with 180-day therapy for all appropriate meds.
	Active IHD 22+ without 180-day Treatment of All Meds	List of Active IHD patients 22+ without 180-day therapy for all appropriate meds.
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18-75 with CVD with LDL Assessed	List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL completed, regardless of result.
	Active Clinical 18-75 with CVD without LDL Assessed	List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD without LDL completed.
	Active Clinical 18-75 with CVD with LDL <=100	List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL <=100.
	Active Clinical 18-75 with CVD with LDL 101-130	List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL 101-130.
	Active Clinical 18-75 with CVD with LDL >130	List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL >130.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Heart Failure and Evaluation of LVS Function	Active Clinical 18+ with Evaluation of LVS Function	List of Active Clinical heart failure patients 18+ who received evaluation of LVS function.
	Active Clinical 18+ without Evaluation of LVS Function	List of Active Clinical heart failure patients 18+ who did not receive evaluation of LVS function.
Sexually Transmitted Infection (STI) Screening	Active Clinical with STI who were Screened for Other Key STIs	List of Active Clinical patients diagnosed with an STI who were screened for other key STIs.
	Active Clinical with STI who were not Screened for Other Key STIs	List of Active Clinical patients diagnosed with an STI who were not screened for other key STIs.
Prediabetes/ Metabolic Syndrome	Active Clinical 18+ with All Assessments	List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome with all assessments.
	Active Clinical 18+ without All Assessments	List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome without all assessments.
Public Health Nursing	Documented PHN Visit(s) in Any Setting, including Home	List of patients with a PHN visit(s) in any setting, including Home.
	Documented PHN Visit(s) in Home Setting	List of patients with a PHN visit(s) in Home setting.
Breastfeeding Rates	Patients 45-394 Days with Infant Feeding Choice Screening	List of Active Clinical patients 45-394 days who were screened for Infant Feeding Choice at least once.
	Patients 45-394 Days without Infant Feeding Choice Screening	List of Active Clinical patients 45-394 days who were not screened for Infant Feeding Choice at least once.
	At 2 Months of Age, Were Exclusively or Mostly Breastfed	List of Active Clinical patients screened at the age of two months (45-89 days) and were either exclusively or mostly breastfed.
	At 2 Months of Age, Were Not Exclusively or Mostly Breastfed	List of Active Clinical patients screened at the age of two months (45-89 days) old and were not exclusively or mostly breastfed.

5.13 Elder Care Report (ELD)

CI08 > RPT > OTH > ELD

5.13.1 Overview

The Elder Care Report contains quality of care measures for patients 55 and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. The measure "rate of functional status assessment" is unique to this report. Performance measures are also reported by age ranges 55-64, 65-74, 75-84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care Report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both; and the report can be exported to the Area Office by the site for aggregation into an Area-wide Elder Care Report.

Patient Lists may be run for this report.

5.13.2 Running the Elder Care Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the Other National Reports menu.

4. At the "Select Other National Reports Option" prompt, type **ELD** and press Enter to display the Other National Reports menu; for example,

```
                      ********************************
                      **      IHS/RPMS CRS 2008      **
                      **    Other National Reports   **
                      ********************************
                                Version 8.0

                              DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: ELD <Enter>  Elder Care Report
```

Figure 5-76: Other National Reports Menu, selecting Elder Care Report (ELD)

Information about the Elder Care report is displayed; for example,

```
              2008 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all
ELDER performance measures for a year period you specify.  You will
be asked to provide: 1) the reporting period, 2) the baseline period
to compare data to, 3) the community taxonomy to determine which
patients will be included, and 4) the patient population (i.e. AI/AN only,
non AI/AN, or both) to determine which patients will be included.

If you choose to run the report for all Elder Care measures, you
will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for the
Area Office to use in Area aggregated data.  Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

There are 27 measures in the Elder Care Performance Measure Report.
Press enter to continue:

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5 73: Running the Elder Care Report, report description display and measure selection

5. At the “Run the report on” prompt, type S or A press Enter.
   - If you type **S** (Selected set of Measure), the Performance Measure Selection screen is displayed with the list of available measure topics. **Continue with step 6**.
   - If you type **A** (All Measures), **go to step 8**.
6. To view the available topics,
   - Type a plus sign (+) at the “Select Action” prompt to see the next page of the list of measures.
   - Type a hyphen (-) at the “Select Action:” prompt to return to the previous page.
7. To select the specific topics to include with the report,
   a. At the “Select Action” prompt, type **S** and press Enter.
   b. At the “Which Items?” prompt, type the number(s) preceding the topic(s) you want.

      You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

      For a list of the available performance measure topics, see the first table column in Section 5.12.3.

      After pressing the Enter key, selected topics are marked with an asterisk to the left of its corresponding number.

   c. When you have completed selecting topics, type **Q** (Quit) at the “Select Action” prompt to save your selections and exit and press Enter.

```
PERFORMANCE MEASURE SELECTION Jan 03, 2008 07:29:52        Page:    1 of    2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Diabetes: Access to Dental Services
8)  Access to Dental Services
9)  Adult Immunizations: Influenza
10) Adult Immunizations: Pneumovax
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression Screening
16) Obesity Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//     S <Enter>  Select Measure
```

Figure 5-77: Running Elder Care Report, Selecting Performance Measure Topics

8. The taxonomies required to run the report will be checked. Press Enter to continue.
9. At the "Enter the date range for your report" prompt, do one of the following:
   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-78: Running the Elder Care Report, selecting report date range

10. Type the **4-digit Baseline year** at the "Enter Year" prompt, and press Enter.

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

11. At the "Enter the Name of the Community Taxonomy" prompt,

- Press the Enter key to select the default Community taxonomy or
- Type a new name and press Enter.

  Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

The screen displays your Home location, as defined in the Site Parameters.

12. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- If you want to include patient lists in addition to the report, type **Y** (Yes) and press Enter. The Elder Measure List Selection screen is displayed. Only the topics that you have selected for your report are listed. **Continue with step 13** to select the lists.
- If you do not want to include patient lists, press Enter to accept the default, "No." **Go to step 16** to select the Beneficiary (patient) Population for the report.

13. To select patient lists,
    a. At the "Select Action" prompt, type **S** and press Enter.
    b. At the "Which Items?" prompt, type the number(s) preceding the list(s) you want.

       After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number.

    c. When you have completed selecting lists, Type **Q** (Quit) to exit and save your selections and press Enter.

```
ELDER MEASURE LIST SELECTION  Dec 07, 2007 12:53:52       Page:    1 of    1
IHS FY 08 ELDER Performance Measure Lists of Patients
* indicates the list has been selected
*1)  Mammogram: List of female patients =>55 with mammogram/refusal, if any.
2)  Colorectal Cancer: List of pts =>55 w/CRC screening,refusal&date, if any

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

Figure 5-79: Running the Elder Care Report, choosing patient lists

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where

    - **R** (Random) produces a list containing 10% of the entire patient.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    For a description of the available patient list types, see Section 5.3.2, step 12.

    If you select P (Patient List by Provider), you are prompted for a Designated Provider Name; for example,

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

     Select one of the following:

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

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

Figure 5-80: Running the Elder Care Report, selecting patient list type

15. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN only, or your entire population, and press Enter. For example,

```
Select one of the following:

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

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

Figure 5-81: Running the Elder Care Report, selecting beneficiary population

16. **If you are running the report for all Elder measures**, type **Y** or **N** at the "Do you wish to export this data to Area?" prompt, and press Enter.

> **Note:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Elder Care Report is displayed.

```
                SUMMARY OF FY 08 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2005 to Dec 31, 2005
     Previous Year Period:     Jan 01, 2005 to Dec 31, 2004
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 5-82: Summary Screen for Elder Care Report

17. Select your print options to finish running the report.

    For detailed instructions, see step11 in Section 5.2.2, "Running the National GPRA Report."

5.13.3 Report Content

Table 5-12: Content of the Elder Care Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population 55+, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55+, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (>9.5) 3) With Very Poor control (>=12) 4) With Poor control (>9.5 and <12) 5) With Fair control (=>8 and =>9.5) 6) With Good control (=>7 and <8) 7) With GPRA-defined Ideal control (<7) 8) With Hemoglobin A1c without result

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
DM: Blood Pressure Control	Active Diabetic patients 55+, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
DM: LDL Assessment	Active Diabetic patients 55+, broken down by age groups	1) With LDL, any value 2) With LDL <130 3) With LDL <=100 4) With LDL 101-129
DM: Nephropathy Assessment	Active Diabetic patients 55+, broken down by age groups	With estimated GFR AND a quantitative urinary protein or with ESRD
DM: Retinopathy	Active Diabetic patients 55+, broken down by age groups	1) With any retinal screening or refusal A) With diabetic retinal exam B) With refusal of diabetic retinal exam C) With other eye exam
Diabetic Access to Dental Services	Active Diabetic patients 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Access to Dental Services	User Population 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Adult IZ: Influenza	Active Clinical patients 55+, broken down by age groups	1) With influenza vaccination or refusal in past year or contraindication ever A) With refusal in past year B) With contraindication or NMI refusal
Adult IZ: Pneumovax	Active Clinical patients 55+, broken down by age groups	1) With pneumovax or contraindication ever or refusal in past year A) With refusal in past year B) With contraindication or NMI refusal
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55+, broken down by age groups	1) With documented mammogram in past 2 years or refusal in past year A) With refusal in past year

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year A) With refusal in past year 2) With FOBT in past year 3) With flex sig or DCBE in past 5 years or colonoscopy in past 10 years 4) With flex sig in past 5 years or colonoscopy in past 10 years 5) With flex sig and DCBE in past 5 years or colonoscopy in past 10 years
Tobacco Use Assessment	Active Clinical patients 55+, broken down by gender and age groups	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
IPV/DV Screening	Female Active Clinical patients 55+, broken down by age groups	1) With documented IPV/DV screen or refusal A) With IPV/DV exam B) With IPV/DV diagnosis C) With IPV/DV education or counseling D) With refusal in past year
Depression Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With depression screening or diagnosed with mood disorder A) With depression screening B) With mood disorder diagnosis C) With refusal 2) With depression-related patient education or refusal
Obesity Assessment (BMI)	Active Clinical patients 55+, broken down by age and gender groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55+, broken down by age and gender groups	1) With BP documented in past 2 years 2) With Normal BP 3) With Pre-hypertension I BP 4) With Pre-hypertension II BP 5) With Stage 1 BP 6) With Stage 2 BP 7) With Systolic HTN
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients 55+, broken down by age and gender groups	1) With blood cholesterol screening in past 5 years 2) With cholesterol >=240 3) With LDL in past 5 years, regardless of result 4) With LDL <=100 5) With LDL 101-130 6) With LDL 131-160 7) With LDL >160
Osteoporosis Management	Female Active Clinical patients 55+ with fracture, broken down by age groups	Treated or tested for osteoporosis
Osteoporosis Screening in Women	Female Active Clinical patients ages 55+ without a documented history of osteoporosis, broken down by age groups.	1) Screened for osteoporosis in past 2 years or refusal in past year A) With refusal
Osteoarthritis Medication Monitoring	Active Clinical patients ages 55+ diagnosed with osteoarthritis, broken down by age groups	Patients who received appropriate monitoring of medication during the Report Period.
Functional Status	Active Clinical patients 55+, broken down by age and gender groups	With functional status screening
Asthma	1) Active Clinical patients 55+, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Public Health Nursing	No denominator; counts only	1) Number of visits by PHNs in any setting, patients ages 55+ A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter
Fall Risk Assessment in Elders	Active Clinical patients 65+, broken down by age and gender groups	1) Screened for fall risk or with fall-related diagnosis A) Screened for fall risk B) History of fall C) Fall-related diagnosis, D) Abnormality of gait/balance E) Refusal of fall risk screen

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Drugs to be Avoided in the Elderly	Active Clinical patients 65+, broken down by age and gender groups	1) With at least 1 drug to be avoided 2) With at least 2 drugs to be avoided Included in both numerators above are the following sub-numerators: A) Antianxiety meds B) Antiemetic meds C) Analgesic meds D) Antihistamine meds E) Antipsychotic meds F) Amphetamine meds G) Barbiturate meds H) Long-acting benzodiazepine meds I) Benzodiazepine meds J) Calcium channel blocker meds K) Gastrointestinal antispasmodic meds L) Belladonna alkaloid meds M) Skeletal muscle relaxant meds N) Oral estrogen meds O) Oral hypoglycemic meds P) Narcotic meds Q) Vasodilator meds R) Other HEDIS-defined drugs
Palliative Care	No denominator. This measure is a total count only, not a percentage.	1) The total number of Active Clinical patients 55 and older with at least one palliative care visit during the Report Period. Broken down by gender and age groups. 2) The total number of palliative care visits for Active Clinical patients 55 and older during the Report Period. Broken down by gender and age groups.

5.13.4 Elder Care Patient List

Patient Lists are available for individual measures included in the Elder Care Report and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The Patient List options include

- a random list (10% of the total list)
- a list by designated primary care provider
- the entire patient list

Users select which measures they want to run patient lists for after they have selected the measures for the report.

Table 5-13: Elder Care Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	Diabetic patients =>55 with most recent diagnosis
Diabetes: Glycemic Control	Diabetic patients =>55 with most recent A1c value, if any.
Diabetes: Blood Pressure Control	Diabetic patients =>55 with BP value, if any.
Diabetes: LDL Assessment	Diabetic patients =>55 with LDL cholesterol test, if any.
Diabetes: Nephropathy Assessment	List of patients =>55 with nephropathy assessment, if any.
Diabetic Retinopathy	List of diabetic patients =>55 with qualified retinal evaluation or refusal, if any.
Diabetes: Access to Dental Services	List of diabetic patients =>55 and documented dental visit or refusal, if any.
Access to Dental	List of patients =>55 with documented dental visit or refusal and date.
Adult Immunizations: Influenza	List of patients =>55 with influenza immunization/contraindication, or refusal and date, if any.
Adult Immunizations: Pneumovax	List of patients =>55 with pneumovax immunization/contraindication, or refusal and date, if any.
Cancer Screening: Mammogram Rates	List of female patients =>55 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients =>55 with CRC screening/refusal, if any.
Tobacco Use and Exposure Assessment	List of patients =>55 with no documented tobacco screening.

Performance Measure Topic	Patient List
Intimate Partner Violence/Domestic Violence	List of female patients =>55 not screened for domestic violence and without documented refusal.
Depression Screening	List of patients =>55 not screened for depression/diagnosed with mood disorder.
Obesity Assessment	List of patients 55-74 for whom BMI could NOT be calculated.
Cardiovascular Disease and Blood Pressure Control	List of patients =>55 with mean BP, if any.
Cardiovascular Disease and Cholesterol Screening	List of patients =>55 with cholesterol or LDL value if any.
Osteoporosis Management	List of female patients =>55 with new fracture who had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients =>55 with osteoporosis screening, if any.
Osteoarthritis Med Monitoring	List of OA patients 55 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:". All lab tests the patient DID have are displayed.
Functional Status	List of patients =>55 with functional status codes, if any.
Asthma	List of patients =>55 diagnosed with asthma and any asthma-related hospitalizations.
PHN	List of patients =>55 with PHN visits documented Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.
Fall Risk Assessment	List of patients 65 years or older with fall risk assessment, if any.
Drugs to be Avoided in the Elderly	List of patients 65 and older with at least one prescription for a potentially harmful drug.
Palliative Care	List of patients =>55 with at least one palliative care visit during the Report Period.

5.14 HEDIS Performance Report (HED)

CI08 > RPT > OTH > HED

5.14.1 Overview

IHS uses HEDIS® as a source for defining clinical performance measures. The HEDIS Performance Report contains only HEDIS measures and is intended for use by sites interested in seeking NCQA certification.

CRS Version 8.0 includes 22 HEDIS measure topics from the "Effectiveness of Care" performance section; the remaining topics that can be derived from RPMS will be included in the future versions of the CRS software.

The population for the HEDIS Performance 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 Section 5.2), as it most closely matches 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.

Some HEDIS-defined measures may be slightly different than GPRA-defined measures; for example, female patients ages 42 through 69 (not 52-64) with mammograms documented in past two years.

The HEDIS Performance Report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN, or both. This report can be exported to the Area Office by the site for aggregation into an Area-wide HEDIS report.

Patient Lists may be run for this report.

5.14.2 Running the HEDIS Performance Report

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the “Select CRS 2008 Option” prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the Other National Reports menu.
4. At the “Select Other National Reports Option” prompt, type **HED** and press Enter to display the Other National Reports menu; for example,

```
                        ********************************
                        **      IHS/RPMS CRS 2008      **
                        **    Other National Reports   **
                        ********************************
                                  Version 8.0

                                DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: HED <Enter>  HEDIS Performance Report
```

Figure 5-83: Other National Reports, selecting the HEDIS Performance Report (HED)

5. Information about the HEDIS Performance Report is displayed. Press Enter to continue.
6. The system checks the taxonomies to support the HEIS report. At the end of the taxonomy check, press Enter to continue.

```
                2008 HEDIS Clinical Performance Measure Report

This will produce a HEDIS Performance Measure Report for all HEDIS measures
for a year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, 3) the
community taxonomy to determine which patients will be included, and
4) the patient population (i.e. AI/AN only, non AI/AN, or both) to
determine which patients will be included.

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

Press enter to continue: <Enter>

Checking for Taxonomies to support the HEDIS Report...

All taxonomies are present.

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

Figure 5-84: Running the HEDIS Report, report description display and taxonomy check

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

   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report:
```

Figure 5-85: Running the HEDIS report, selecting report date range

8. Type the **4-digit Baseline year** at the "Enter Year" prompt, and press Enter.

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

9. At the "Enter the Name of the Community Taxonomy" prompt,

   - Press Enter to accept the default taxonomy, if it is your official GPRA community taxonomy, or
   - Type the name of your official GPRA community taxonomy and press Enter.

To display all of the available community taxonomies, type two question marks (??) and press Enter at the prompt.

```
Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year:  2008 <Enter>  (2008)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-86: Running the HEDIS Report, selecting report dates and community taxonomy

10. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- If you want to include patient lists in addition to the report, type **Y** (Yes) and press Enter. **Continue with step 11** to select the lists.

If you do not want to include patient lists, press Enter to accept the default, "No." **Go to step 13** to complete report selection.

The HEDIS Measure List Selection screen is displayed; All HEDIS topics and their associated patient lists are listed; for example,

```
HEDIS MEASURE LIST SELECTION  Jan 03, 2008 07:43:53       Page:    1 of    2
IHS FY 08 HEDIS Performance Measure Lists of Patients
* indicates the list has been selected

1)  Childhood Imm: List of patients without ALL childhood immunizations
2)  Adolescent Imm: List of pts w/o ALL adolescent immunizations
3)  URI: List of pts 3 mths-18yrs w/URI, with antibiotic, if any
4)  App. Testing Child w/Pharyngitis:  List pts 2-18 w/pharyngitis&Strep Test, i
5)  Colorectal Cancer Screen: Pts 51-80 and CRC screening, if any
6)  Breast Cancer Screen: Women 42-69 and Mammogram/refusal, if any
7)  Cervical Cancer Screen: Women 24-64 and Pap Smear/refusal, if any
8)  Chlamydia Screen: Women 16-25 w/no documented test
9)  Osteoporosis Management: List of female pts w/new fracture w/tx, if any
10) BP Control: List of patients with hypertension and BP value, if any.
11) Beta-Blocker Tx After Heart Attack: List of pts w/AMI w/tx, if any
12) Beta-Blocker Tx: List of pts w/AMI, w/all beta-blocker meds, if any
13) Chol Mgt for Pts w/Card Cond: List  pts w/AMI, CABG w/LDL, if any
14) DM Care: List of diabetic patients w/documented tests, if any.
15) Asthma: List of asthmatic Pts w/primary asthma medications, if any
16) Antidepressant Med Mgt - List of pts w/new depression w/OPC,APT,CONPT

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

Figure 5-87: Running the HEDIS Report, choosing patient lists

11. To select patient lists,
    a. At the “Select Action” prompt, type **S** and press Enter.
    b. At the “Which Items?” prompt, type the number(s) preceding the list(s) you want.

       After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number.

    c. When you have completed selecting lists, Type **Q** (Quit) to exit and save your selections and press Enter.
12. At the “Choose report type for the Lists” prompt, type the letter corresponding to the type you want, where
    - **R** (Random) produces a list containing 10% of the entire patient.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), you are prompted for a Designated Provider Name; for example,

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

     Select one of the following:

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

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

Figure 5-88: Running the HEDIS Report, selecting patient list type

13. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN only, or your entire population and press Enter. For example,

```
     Select one of the following:

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

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

Figure 5-89: Running the HEDIS Report, selecting beneficiary population

14. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N** and press Enter.

> **Notes:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the HEDIS Report is displayed.

```
                  SUMMARY OF FY 08 HEDIS REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2006 to Dec 31, 2006
     Previous Year Period:     Jan 01, 2005 to Dec 31, 2005
     Baseline Period:          Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

All HEDIS measures will be calculated.

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 5-90: Summary Screen for HEDIS report and output options

15. Select your print options to finish running the report.

    For detailed instructions, see step11 in Section 5.2.2, “Running the National GPRA Report.”

5.14.3 Report Content

Table 5-14: Contents of the HEDIS Performance Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunizations	Active Clinical patients ages 19-35 months	1) With 4 DTaP 2) With 3 Polio 3) With 1 MMR 4) With 3 HiB 5) With 3 Hep B 6) With 1 Varicella 7) With 4 Pneumococcal conjugate 8) With 4:3:1:3:3:1 combo 9) With 4:3:1:3:3:1:4 combo
Adolescent Immunization Status	Active Clinical patients age 13	1) With 2 MMR 2) With 3 Hep B 3) With 1 Varicella 4) With 2:3:1 combo
Appropriate Treatment for Children with Upper Respiratory Infection	Active Clinical patients ages 3 months through 18 years diagnosed with an upper respiratory infection	Patients NOT prescribed an antibiotic on or within three days after diagnosis
Appropriate Testing for Children with Pharyngitis	Active Clinical patients ages 2-18 years diagnosed with pharyngitis and prescribed an antibiotic	Patients who received a Group A strep test.
Colorectal Cancer Screening	Active Clinical patients ages 51-80 without a documented history of colorectal cancer	Patients who have had ANY CRC screening (time period dependent upon type of CRC screening) or a refusal in the past year
Breast Cancer Screening	Female Active Clinical patients ages 42 through 69 without a documented history of bilateral mastectomy or two separate unilateral mastectomies	Patients with a Mammogram documented in the past 2 years, including documented refusals in past year. Broken out by age groups.
Cervical Cancer Screening	Female Active Clinical patients ages 24 through 64 without a documented history of hysterectomy	Patients with a Pap Smear documented in the past 3 years, including refusals in past year.

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Chlamydia Screening in Women	Female Active Clinical patients ages 16 through 25, broken down by age groups	Patients with documented Chlamydia test in past year
Osteoporosis Management in Women Who Had a Fracture	Female Active Clinical patients ages 67 and older who had a new fracture	Patients treated or tested for osteoporosis after the fracture.
Controlling High Blood Pressure	Active Clinical patients ages 18 through 85 diagnosed with hypertension	1) With BP value 2) With controlled blood pressure, defined as < 140/90
Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI, broken out by gender	Patients with active prescription for beta-blockers
Persistence of Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI	Patients with a 135-day course of treatment with beta-blockers
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with AMI, CABG, PTCA, OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.	1) With LDL regardless of value 2) With LDL < 100
Comprehensive Diabetes Care	Active Diabetic patients	1) Hemoglobin A1c, any value 2) A1c > 9.0 (defined as poor control) 3) A1c < 7.0 (defined as good control) 4) Retinal eye exam 5) LDL, any value 6) LDL <100 7) Medical attention for nephropathy 8) BP <130/80 9) BP <140/90
Use of Appropriate Medications for People with Asthma	Active Clinical patients ages 5-56 with persistent asthma, broken down by age groups	With Rx for primary asthma therapy medication

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Antidepressant Medication Management	Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.	1) With at least three mental health visits within 12 weeks after diagnosis 2) With separate prescriptions/ refills of antidepressant medication for continuous treatment of at least 84 days 3) With separate prescriptions/ refills of antidepressant medication treatment to provide continuous treatment for at least 180 days
Drugs to be Avoided in the Elderly	Active Clinical patients ages 65 and older, broken down by gender and age groups.	1) With at least 1 drug to be 2) With at least 2 drugs to be avoided Included in both numerators above are the following sub-numerators: avoided A) Antianxiety meds B) Antiemetic meds C) Analgesic meds D) Antihistamine meds E) Antipsychotic meds F) Amphetamine meds G) Barbiturate meds H) Long-acting benzodiazepine meds I) Benzodiazepine meds J) Calcium channel blocker meds K) Gastrointestinal antispasmodic meds L) Belladonna alkaloid meds M) Skeletal muscle relaxant meds N) Oral estrogen meds O) Oral hypoglycemic meds P) Narcotic meds Q) Vasodilator meds R) Other HEDIS-defined drugs
Medical Assistance with Smoking Cessation	Active Clinical patients identified as tobacco users	1) Advised to quit smoking or refusal in past year 2) Received information on smoking cessation medications or refusal in past year

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Flu Shots for Adults Ages 50-64	Active Clinical patients ages 50 through 64	1) With documented influenza vaccine or refusal in past year or contraindication ever
Flu Shots for Older Adults	Active Clinical patients ages 65 and older	1) With documented influenza vaccine or refusal in past year or contraindication ever
Pneumonia Vaccination Status for Older Adults	Active Clinical patients ages 65 and older	1) With documented pneumovax ever or refusal in past year
Annual Dental Visit	1) User Population patients ages 3 through 21, broken down by age group 2) Active diabetic patients	1) With documented dental visit or refusal in past year

5.14.4 HEDIS Performance Report Patient List

Patient Lists are available for individual measures included in the HEDIS Performance Report and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The Patient List options include

- a random list (10% of the total list)
- a list by designated primary care provider
- the entire patient list of patients

Users select which measures they want to run patient lists for after they have selected the measures for the report.

Table 5-15: HEDIS Performance Patient Lists

Performance Measure Topic	Patient List
Childhood Immunization Status	List of patients without ALL childhood immunizations, indicating which immunizations not received. **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.
Adolescent Immunization Status	List of patients without ALL adolescent immunizations, indicating which immunizations not received.
Appropriate Treatment for Children with Upper Respiratory Infection	List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.
Appropriate Testing for Children with Pharyngitis	List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date, if any.
Breast Cancer Screening (Mammogram)	List of women 42-69 with mammogram/refusal, if any.
Cervical Cancer Screening (Pap Smear)	List of women 24-64 with documented test/refusal, if any.
Chlamydia Screening in Women	List of patients with no documented screening.
Osteoporosis Management in Women Who Had a Fracture	List of female patients with osteoporosis treatment or testing, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management for Patients with Cardiovascular Conditions	List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.
Comprehensive Diabetes Care	List of diabetic patients w/documented tests, if any.
Use of Appropriate Medications for People with Asthma	List of asthmatic patients with primary asthma therapy medications, if any.
Antidepressant Medication Management	List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Drugs to be Avoided in the Elderly	List of patients 65 and older with at least one prescription for a potentially harmful drug.

Performance Measure Topic	Patient List
Medical Assistance with Smoking Cessation	List of tobacco users with tobacco cessation intervention, if any.
Flu Shots for Adults Ages 50-64	List of patients ages 50-64 w/ IZ code/date, if any.
Flu Shots for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Pneumonia Vaccination Status for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Annual Dental Visit	List of patients with documented dental visit only.

5.15 Patient Education Report (PED)

CI08 > RPT > OTH > PED

5.15.1 Overview

This report contains seven topics for User Population patients who received patient education during the report period. The seven topics provide information on the rate of User Population patients receiving education, time spent providing the education, top 25 diagnoses for which education was provided, top 25 education topics, top 15 provider disciplines that provided education, patient understanding of education, and whether or not goals were set and met.

The Patient Education Report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both, and can be exported to the Area Office by the site for aggregation into an Area-wide Elder Care report.

Patient Lists may be run for this report.

5.15.2 Running the Patient Education Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the Other National Reports menu.
4. At the "Select Other National Reports Option" prompt, type **PED** and press Enter to display the Other National Reports menu; for example,

```
                        **********************************
                        **      IHS/RPMS CRS 2008       **
                        **    Other National Reports    **
                        **********************************
                                  Version 8.0

                                DEMO INDIAN HOSPITAL

   GPU    GPRA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   HED    HEDIS Performance Report
   PED    Patient Education Report

Select Other National Reports Option: PED <Enter>  Patient Education Report
```

Figure 5-91: Other National Reports, selecting the Patient Education Report (PED)

5. Information about the Patient Education Report is displayed. Press Enter to continue.

```
                        IHS 2008 Patient Education Report

                       Patient Education Report

This will produce a report for all patients in the User Population for
Patient Education performance measures you specify for a given period.
You will be asked to:  1) select the measures, and provide 2) the
reporting period, 3) the baseline period to compare data to, and 4) the
community taxonomy to determine which patients will be included, and
5) the patient population (i.e. AI/AN only, non AI/AN, or both) to
determine which patients will be included.

You will be given the opportunity to export this data to the Area
office.  If you answer yes, this option will produce a report in export
format for the Area Office to use in Area aggregated data.  Depending on
site specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.
PRESS ENTER: <Enter>
```

Figure 5-92: Running the Patient Education Report, report description display

6. At the “Run the report on” prompt, type S or A press Enter.
   - If you type **S** (Selected set of Measure), the Performance Measure Selection screen is displayed with the list of available measure topics. **Continue with step 7**.
   - If you type **A** (All Measures), **go to step 9**.
7. To view the available topics,
   - Type a plus sign (+) at the “Select Action” prompt to see the next page of the list of measures.
   - Type a hyphen (-) at the “Select Action:” prompt to return to the previous page.
8. To select the specific topics to include with the report,
   a. At the “Select Action” prompt, type **S** and press Enter.
   b. At the “Which Items?” prompt, type the number(s) preceding the topic(s) you want.

      You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

      After pressing the Enter key, selected topics are marked with an asterisk to the left of its corresponding number.

   c. When you have completed selecting topics, type **Q** (Quit) at the “Select Action” prompt to save your selections and exit and press Enter.

```
PATIENT ED MEASURE SELECTION  Jan 03, 2008 07:51:14        Page:    1 of    1
IHS Patient Education Measures
* indicates the performance measure has been selected

1)  Rate of User Population Patients Receiving Patient Education
2)  Rate of Time by Provider Discipline
3)  Rate for Top 25 Diagnoses with Education
4)  Rate for Top 25 Education Topics
5)  Rate for Top 15 Provider Disciplines Who Educated
6)  Rate of Patient Understanding of Education
*7)  Goal Setting

          Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//
```

Figure 5-93: Running Patient Education Report, selecting performance measure topics

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

   - Type 1, 2, 3, or 4 and press Enter to select a pre-defined date range. Then type the calendar year of the report end date, for example 2008, and press Enter.

     Or

   - Type 5 and press Enter to define a report period. Then type the end date in MM/DD/CCYY format, for example, 11/30/2007, and press Enter.

```
     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5 91: Running the Patient Education Report, selecting report date range

10. Type the **4-digit Baseline year** at the "Enter Year" prompt, and press Enter.

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

11. At the "Enter the Name of the Community Taxonomy" prompt,

    - Press the Enter key to select the default Community taxonomy or
    - Type a new name and press Enter.

      Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

```
Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year:  2008 <Enter>  (2008)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-94: Running the Patient Education Report, selecting report dates and community taxonomy

12. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- If you want to include patient lists in addition to the report, type **Y** (Yes) and press Enter. The Patient Ed List Selection screen is displayed. Only the topics that you have selected for your report are listed. **Continue with step 13** to select the lists.
- If you do not want to include patient lists, press Enter to accept the default, "No." **Go to step 15** to complete report selection.

13. To select patient lists,
    a. At the "Select Action" prompt, type **S** and press Enter.
    b. At the "Which Items?" prompt, type the number(s) preceding the list(s) you want.

       After pressing the Enter key, each measure you selected is marked with an asterisk (*) before its number.

    c. When you have completed selecting lists, Type **Q** (Quit) to exit and save your selections and press Enter.

```
PATIENT ED LIST SELECTION     Jan 03, 2008 07:56:45        Page:    1 of    1
IHS FY 08 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1)  List of User Pop Pts who received Pt Ed during Report Period
2)  List User Pop Pts w/pat ed during report period, w/summed time by provider
*3)  List of User Pop Pts who received pt ed during report period, w/count of ea
4)  List of User Pop Pts who received pt ed during the Report Period w/topic, if
5)  List of User Pop Pts who received pt ed during report period, w/prov disc
6)  List of User Pop Pts w/ pt ed w/ level of understanding, if any
7)  List of User Pop Pts w/Pat Ed w/Goal Setting information

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

Figure 5-95: Running the Patient Education Report, choosing patient lists

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type you want, where
    - **R** (Random) produces a list containing 10% of the entire patient.
    - **P** (By Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), you are prompted for a Designated Provider Name; for example,

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

     Select one of the following:

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

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: PROVIDER,Arlis <Enter>         AP
```

Figure 5-96: Running the Patient Education Report, selecting patient list type

15. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, non-AI/AN only, or your entire population, and press Enter. For example,

```
Select one of the following:

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

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

Figure 5-97: Running the Patient Education Report, selecting beneficiary population

16. **If you are running the report for all Elder measures**, type **Y** or **N** at the "Do you wish to export this data to Area?" prompt, and press Enter.

> **Note:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Patient Education Report is displayed.

```
           SUMMARY OF FY 08 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2006 to Dec 31, 2006
     Previous Year Period:     Jan 01, 2005 to Dec 31, 2005
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 5-98: Summary Screen for Patient Education Report

17. Select your print options to finish running the report.

    For detailed instructions, see step11 in Section 5.2.2, “Running the National GPRA Report.”

5.15.3 Report Content

Table 5-16: Contents of the Patient Education Report

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate of User Population Patients Receiving Patient Education	User Population patients	With patient education
Rate of Time by Provider Discipline	The total time spent providing education to User Population patients during the Report Period.	Total time spent, in minutes, providing education by provider discipline. In addition, the following statistical information will be provided 1) Total number of patient education codes with provider and minutes recorded 2) Average time spent, in minutes, providing education to each patient. 3) Minimum time spent, in minutes, providing education to a patient. 4) Maximum time spent, in minutes, providing education to a patient.
Rate for Top 25 Diagnoses with Education	The total number of patient education codes documented for User Population patients for all providers during the Report Period.	The 25 most common diagnoses of the patient education documented during the Report Period.
Rate for Top 25 Education Topics	The total number of patient education codes documented for User Population patients for all providers during the Report Period.	The 25 most common education topics of the patient education documented during the Report Period.
Rate for Top 15 Provider Disciplines Who Educated	The total number of patient education codes documented for User Population patients for all providers during the Report Period.	The 15 most common provider discipline codes that provided education during the report period.

Performance Measure Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate of Patient Understanding of Education	The total number of patient education codes documented for User Population patients for all providers during the Report Period.	1) Good understanding of education 2) Fair understanding of education 3) Poor understanding of education 4) Refusal of education 5) Understanding not assessed (group education) 6) Understanding left blank
Goal Setting	User Population patients who received patient education during the report period.	1) Number of patients who set at least one goal during the Report Period. 2) Number of patients who did not set at least one goal during the Report Period. 3) Number of patients who met at least one goal during the Report Period. 4) Number of patients who did not meet at least one goal during the Report Period.

5.15.4 Patient Education Report Patient Lists

Patient Lists are available for individual measures included in the Patient Education report and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The Patient list options include

- a random list (10% of the total list)
- a list by designated primary care provide
- the entire patient list of patients

Users select which measures they want to run patient lists for after they have selected the measures for the report.

Performance Measure Topic	Patient List
Rate of User Population Patients Receiving Patient Education	List of User Population patients who received patient education during the Report Period.
Rate of Time by Provider Discipline	List of User Population patients who received patient education during the Report Period with the summed time in minutes spent by provider.
Rate for Top 25 Diagnoses with Education	List of User Population patients who received patient education during the Report Period with the count of each diagnosis for which education was received.
Rate for Top 25 Education Topics	List of User Population patients who received patient education during the Report Period with the count of each education topic received.
Rate for Top 15 Provider Disciplines Who Educated	List of User Population patients who received patient education during the Report Period with the count of provider discipline codes that provided the education.
Rate of Patient Understanding of Education	List of User Population patients who received patient education during the Report Period with the count for each level of understanding.
Goal Setting	List of User Population patients who received patient education during the Report Period with goal setting information.

5.16 Lab Taxonomy Report (TXL)

CI08 > RPT > TAX > TXL

5.16.1 Overview

Unlike all of the reports described previously, the lab taxonomy reports contain information on site-populated lab taxonomies and do not report on any patients. Each report lists the lab taxonomies included in the National GPRA Report, Other National Measures Report, Selected Measures reports, Elder Care Report, HEDIS Report, and the CMS Report, respectively. Within each taxonomy, all of the lab tests that have been assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.16.2 Running the Lab Taxonomy Reports

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the Taxonomy Reports menu.
4. At the "Select Taxonomy Reports Option:" prompt, type **TXL** and press Enter; for example,

```
                          ****************************
                          **    IHS/RPMS CRS 2008     **
                          **  Taxonomy Reports Menu   **
                          ****************************
                                   Version 8.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option: TXL <Enter>  Lab Taxonomy Report
```

Figure 5-99: Taxonomy Reports Menu, selecting the Lab Taxonomy Reports (TXL)

5. At the "Select Lab Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter; for example,

```
                        ********************************
                        **      IHS/RPMS CRS 2008      **
                        **  Lab Taxonomy Reports Menu  **
                        ********************************
                                  Version 8.0

                                DEMO INDIAN HOSPITAL

   LGP    Lab Taxonomies-National GPRA/GPRA Perf Report
   LONM   Lab Taxonomies-Other National Measures Report
   LSEL   Lab Taxonomies-Selected Measures Reports
   LELD   Lab Taxononies-Elder Care Report
   LHED   Lab Taxonomies-HEDIS Report
   LCMS   Lab Taxonomies-CMS Report

Select Lab Taxonomy Report Option: LHED <Enter>  Lab Taxonomies-HEDIS Report
```

Figure 5-100: Lab Taxonomy Report Menu, selecting a Lab Taxonomy Report

6. Information about the selected Lab Taxonomy report is displayed, and you are advised that you may only run a printed version of the report. Type **Y** and press Enter to continue.
7. At the "Device" prompt, type in a printer or file name.The default prompt may vary at different sites.
   - To print to your screen, 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 prompts to press Enter to continue, type **0;P OTHER80** at the Home prompt.

   - To print to a file or you do not know your printer name, check with your Site Manager. At most sites, type **Host** or **HFS**, then designate the file location and name.

```
                              Lab Taxonomy Report
                             CRS 2008, Version 8.0

Site populated Lab Taxonomy Report for the HEDIS Report

This will produce a report of all site-populated lab taxonomies for CRS
2008 in the specified report.  Each lab taxonomy is listed with the lab
tests that have been assigned by your facility for inclusion in the
taxonomy.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//
```

Figure 5-101: Running the Lab Taxonomy Report, displaying report information and selecting the device

5.16.3 Report Content

Table 5-17: Content of Lab Taxonomy Report

Report(s) Taxonomies Included In	Site-Populated Lab Taxonomy Name
NATIONAL GPRA/GPRA PERFORMANCE REPORTS	BGP GPRA ESTIMATED GFR TAX
	BGP GPRA FOB TESTS
	BGP HIV TEST TAX
	BGP PAP SMEAR TAX
	BGP QUANT URINE PROTEIN
	DM AUDIT CREATININE TAX
	DM AUDIT HGB A1C TAX
	DM AUDIT LDL CHOLESTEROL TAX
OTHER NATIONAL MEASURES REPORT	BGP CHLAMYDIA TESTS TAX
	BGP CREATINE KINASE TAX
	BGP GPRA ESTIMATED GFR TAX
	BGP HIV TEST TAX
	BGP QUANT URINE PROTEIN
	BKM FTA-ABS TESTS TAX
	BKM GONORRHEA TEST TAX
	BKM RPR TESTS TAX
	DM AUDIT ALT TAX
	DM AUDIT AST TAX
	DM AUDIT CHOLESTEROL
	DM AUDIT FASTING GLUCOSE TESTS
	DM AUDIT HDL TAX
	DM AUDIT HGB A1C TAX
	DM AUDIT LDL CHOLESTEROL TAX
	DM AUDIT TRIGLYCERIDE TAX

Report(s) Taxonomies Included In	Site-Populated Lab Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP CBC TESTS
	BGP CD4 TAX
	BGP CHLAMYDIA TESTS TAX
	BGP CREATINE KINASE TAX
	BGP GPRA ESTIMATED GFR TAX
	BGP GPRA FOB TESTS
	BGP GROUP A STREP TESTS
	BGP HIV TEST TAX
	BGP HIV VIRAL LOAD TAX
	BGP LIVER FUNCTION TESTS
	BGP PAP SMEAR TAX
	BGP POTASSIUM TESTS
	BGP QUANT URINE PROTEIN
	BKM FTA-ABS TESTS TAX
	BKM GONORRHEA TEST TAX
	BKM RPR TESTS TAX
	DM AUDIT ALT TAX
	DM AUDIT AST TAX
	DM AUDIT CHOLESTEROL TAX
	DM AUDIT CREATININE TAX
	DM AUDIT FASTING GLUCOSE TESTS
	DM AUDIT GLUCOSE TESTS TAX
	DM AUDIT HDL TAX
	DM AUDIT HGB A1C TAX
	DM AUDIT LDL CHOLESTEROL TAX
	DM AUDIT TRIGLYCERIDE TAX
	DM AUDIT URINE PROTEIN TAX

Report(s) Taxonomies Included In	Site-Populated Lab Taxonomy Name
ELDER CARE REPORT	BGP CBC TESTS
	BGP GPRA ESTIMATED GFR TAX
	BGP GPRA FOB TESTS
	BGP LIVER FUNCTION TESTS
	BGP QUANT URINE PROTEIN
	DM AUDIT ALT TAX
	DM AUDIT AST TAX
	DM AUDIT CHOLESTEROL TAX
	DM AUDIT CREATININE TAX
	DM AUDIT HGB A1C TAX
	DM AUDIT LDL CHOLESTEROL TAX
HEDIS REPORT	BGP CHLAMYDIA TESTS TAX
	BGP GPRA FOB TESTS
	BGP GROUP A STREP TESTS
	BGP PAP SMEAR TAX
	DM AUDIT A/C RATIO
	DM AUDIT HGB A1C TAX
	DM AUDIT LDL CHOLESTEROL TAX
	DM AUDIT MICROALBUMINURIA TAX
	DM AUDIT URINE PROTEIN TAX
CMS REPORT	BGP CMS ABG TESTS
	BGP CMS BLOOD CULTURE

5.17 Medication Taxonomy Report (TXM)

CI08 > RPT > TAX > TXM

5.17.1 Overview

As with the Lab Taxonomy Report, these reports contain information on site-populated medication taxonomies and do not report on any patients. They list all of the medication taxonomies included in the National GPRA Report, Other National Measures Report, Selected Measures reports, Elder Care Report, HEDIS Report, and the CMS Report, respectively. Within each taxonomy, all of the medications that have been assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.17.2 Running the Medication Taxonomy Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI08** and press Enter to display the CRS 2008 Main Menu.
2. At the "Select CRS 2008 Option" prompt, type **RPT** and press Enter to display the CRS Reports Menu.
3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the Taxonomy Reports menu.
4. At the "Select Taxonomy Reports Option:" prompt, type **TXM** and press Enter; for example,

```
                          ****************************
                          **    IHS/RPMS CRS 2008    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                                   Version 8.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option: TXM  Medication Taxonomy Report
```

Figure 5-102: Taxonomy Reports Menu, selecting Medication Taxonomy Reports (TXM)

5. At the "Select Medication Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter; for example,

```
                    ***************************************
                    **          IHS/RPMS CRS 2008         **
                    **  Medication Taxonomy Reports Menu  **
                    ***************************************
                                 Version 8.0

                              DEMO INDIAN HOSPITAL

   MGP    Med Taxonomies-National GPRA/GPRA Perf Report
   MONM   Med Taxonomies-Other National Measures Report
   MSEL   Medication Taxonomies-Selected Measures Reports
   MELD   Medication Taxonomies-Elder Care Report
   MHED   Medication Taxonomies-HEDIS Report
   MCMS   Medication Taxonomies-CMS Report

Select Medication Taxonomy Report Option: MHED <Enter>  Medication Taxonomies-HEDIS
Report
```

Figure 5-103: Lab Taxonomy Report Menu, selecting a medication taxonomy report

6. Information about the selected Medication Taxonomy report is displayed, and you are advised that you may only run a printed version of the report. Type **Y** and press Enter to continue.
7. At the "Device" prompt, type in a printer or file name. The default prompt may vary at different sites.
   - To print to your screen, 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 prompts to press Enter to continue, type **0;P OTHER80** at the Home prompt.

   - To print to a file or you do not know your printer name, check with your Site Manager. At most sites, type **Host** or **HFS**, then designate the file location and name.

```
                          Medication Taxonomy Report
                            CRS 2008, Version 8.0

Site populated Medication Taxonomy Report for the HEDIS Report

This will produce a report of all site-populated medication taxonomies
for CRS 2008 in the specified report.  Each medication taxonomy is listed
with the medications that have been assigned by your facility for
inclusion in the taxonomy and/or pre-populated by CRS.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter>  YES
DEVICE: HOME//
```

Figure 5-104: Running the Medication Taxonomy Report (steps 6, 7)

5.17.3 Report Content

Table 5-18: Content of the Medication Taxonomy Report

Report(s) Taxonomies Included In	Site-Populated Medication Taxonomy Name
NATIONAL GPRA/GPRA PERFORMANCE REPORTS	BGP CMS SMOKING CESSATION MEDS
OTHER NATIONAL MEASURES REPORT	BGP ANTI-PLATELET DRUGS
	BGP CMS WARFARIN MEDS
	BGP HEDIS ACEI MEDS
	BGP HEDIS ARB MEDS
	BGP HEDIS BETA BLOCKER MEDS
	BGP HEDIS STATIN MEDS
	DM AUDIT ASPIRIN DRUGS

Report(s) Taxonomies Included In	Site-Populated Medication Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP ANTI-PLATELET DRUGS
	BGP ASTHMA INHALED STEROIDS
	BGP CMS SMOKING CESSATION MEDS
	BGP CMS WARFARIN MEDS
	BGP HEDIS ACEI MEDS
	BGP HEDIS AMPHETAMINE MEDS
	BGP HEDIS ANALGESIC MEDS
	BGP HEDIS ANTIANXIETY MEDS
	BGP HEDIS ANTIBIOTICS MEDS
	BGP HEDIS ANTIDEPRESSANT MEDS
	BGP HEDIS ANTIEMETIC MEDS
	BGP HEDIS ANTIHISTAMINE MEDS
	BGP HEDIS ANTIPSYCHOTIC MEDS
	BGP HEDIS ARB MEDS
	BGP HEDIS ASTHMA INHALED MEDS
	BGP HEDIS ASTHMA LEUK MEDS
	BGP HEDIS ASTHMA MEDS
	BGP HEDIS BARBITURATE MEDS
	BGP HEDIS BELLADONNA ALKA MEDS
	BGP HEDIS BENZODIAZEPINE MEDS
	BGP HEDIS BETA BLOCKER MEDS
	BGP HEDIS CALCIUM CHANNEL MEDS
	BGP HEDIS GASTRO ANTISPASM MED
	BGP HEDIS NARCOTIC MEDS
	BGP HEDIS ORAL ESTROGEN MEDS
	BGP HEDIS ORAL HYPOGLYCEMIC RX
	BGP HEDIS OSTEOPOROSIS DRUGS
	BGP HEDIS OTHER BENZODIAZEPINE
	BGP HEDIS OTHER MEDS AVOID ELD
	BGP HEDIS PRIMARY ASTHMA MEDS
	BGP HEDIS SKL MUSCLE RELAX MED
	BGP HEDIS STATIN MEDS
	BGP HEDIS VASODILATOR MEDS
	BGP RA AZATHIOPRINE MEDS
	BGP RA CYCLOSPORINE MEDS
	BGP RA GLUCOCORTICOIDS MEDS
	BGP RA IM GOLD MEDS

Report(s) Taxonomies Included In	Site-Populated Medication Taxonomy Name
	BGP RA LEFLUNOMIDE MEDS
	BGP RA METHOTREXATE MEDS
	BGP RA MYCOPHENOLATE MEDS
	BGP RA OA NSAID MEDS
	BGP RA ORAL GOLD MEDS
	BGP RA PENICILLAMINE MEDS
	BGP RA SULFASALAZINE MEDS
	DM AUDIT ASPIRIN DRUGS
ELDER CARE REPORT	BGP HEDIS AMPHETAMINE MEDS
	BGP HEDIS ANALGESIC MEDS
	BGP HEDIS ANTIANXIETY MEDS
	BGP HEDIS ANTIEMETIC MEDS
	BGP HEDIS ANTIHISTAMINE MEDS
	BGP HEDIS ANTIPSYCHOTIC MEDS
	BGP HEDIS BARBITURATE MEDS
	BGP HEDIS BELLADONNA ALKA MEDS
	BGP HEDIS BENZODIAZEPINE MEDS
	BGP HEDIS CALCIUM CHANNEL MEDS
	BGP HEDIS GASTRO ANTISPASM MED
	BGP HEDIS NARCOTIC MEDS
	BGP HEDIS ORAL ESTROGEN MEDS
	BGP HEDIS ORAL HYPOGLYCEMIC RX
	BGP HEDIS OSTEOPOROSIS DRUGS.
	BGP HEDIS OTHER BENZODIAZEPINE
	BGP HEDIS OTHER MEDS AVOID ELD
	BGP HEDIS SKL MUSCLE RELAX MED
	BGP HEDIS VASODILATOR MEDS
	BGP RA OA NSAID MEDS
	DM AUDIT ASPIRIN DRUGS

Report(s) Taxonomies Included In	Site-Populated Medication Taxonomy Name
HEDIS REPORT	BGP CMS SMOKING CESSATION MEDS
	BGP HEDIS ACEI MEDS
	BGP HEDIS AMPHETAMINE MEDS
	BGP HEDIS ANALGESIC MEDS
	BGP HEDIS ANTIANXIETY MEDS
	BGP HEDIS ANTIBIOTIC MEDS
	BGP HEDIS ANTIDEPRESSANT MED
	BGP HEDIS ANTIEMETIC MEDS
	BGP HEDIS ANTIHISTAMINE MEDS
	BGP HEDIS ANTIPSYCHOTIC MEDS
	BGP HEDIS ARB MEDS
	BGP HEDIS ASTHMA INHALED MEDS
	BGP HEDIS ASTHMA LEUK MEDS
	BGP HEDIS ASTHMA MEDS
	BGP HEDIS BARBITURATE MEDS
	BGP HEDIS BELLADONNA ALKA MEDS
	BGP HEDIS BENZODIAZEPINE MEDS
	BGP HEDIS BETA BLOCKER MEDS
	BGP HEDIS CALCIUM CHANNEL MEDS
	BGP HEDIS GASTRO ANTISPASM MED
	BGP HEDIS NARCOTIC MEDS
	BGP HEDIS ORAL ESTROGEN MEDS
	BGP HEDIS ORAL HYPOGLYCEMIC RX
	BGP HEDIS OSTEOPOROSIS DRUGS.
	BGP HEDIS OTHER BENZODIAZEPINE
	BGP HEDIS OTHER MEDS AVOID ELD
	BGP HEDIS PRIMARY ASTHMA MEDS
	BGP HEDIS SKL MUSCLE RELAX MED
	BGP HEDIS VASODILATOR MEDS

Report(s) Taxonomies Included In	Site-Populated Medication Taxonomy Name
CMS REPORT	BGP ANTI-PLATELET DRUGS
	BGP CMS ACEI MEDS
	BGP CMS ANTIBIOTIC MEDS
	BGP CMS ARB MEDS
	BGP CMS BETA BLOCKER MEDS
	BGP CMS SMOKING CESSATION MEDS
	BGP CMS IMMUNOSUPPRESSIVE MEDS
	BGP CMS SYSTEMIC CHEMO MEDS
	BGP CMS THROMBOLYTIC MEDS
	BGP CMS WARFARIN MEDS
	DM AUDIT ASPIRIN DRUGS

5.18 Report Formats

5.18.1 Report Cover Page Format

The Cover Page for each report uses the following basic format (see corresponding number callouts in Figure 5-105):

(**1**) **Report Type**: the top line of the cover page describes the report type, for example, "IHS 2008 Selected Measures with Community Specified Report."

(**2**) **Report Time Periods**: describes the dates included in the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.

(**3**) **Measures**: describes the measures included in the Report.

(**4**) **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.

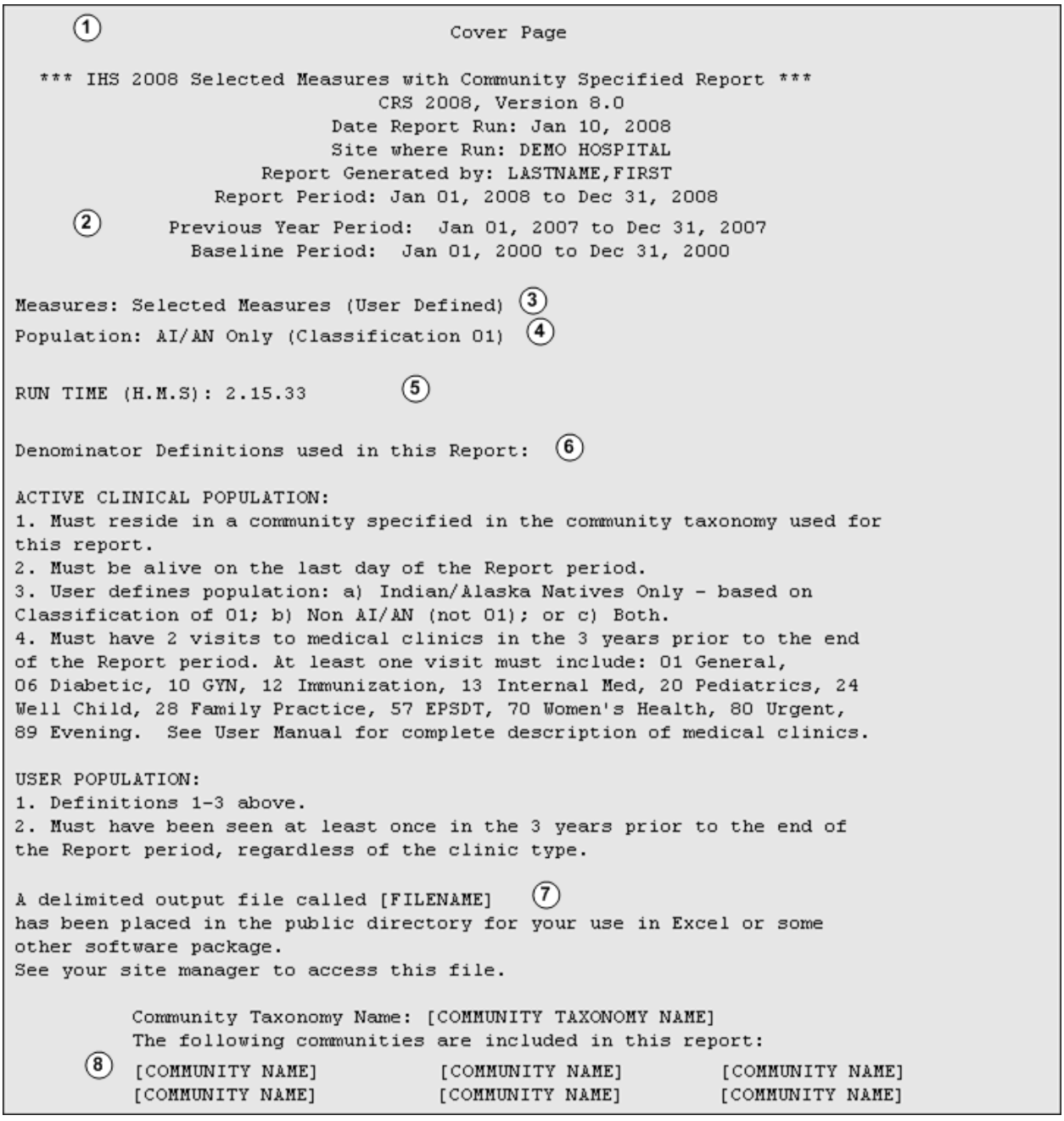
(**5**) **Run Time**: displays how long this Report took to run, in hours, minutes, and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of performance measures you are running.

(**6**) **Denominator Definitions**: describes the definition of the key denominators for the specific report. Definitions are provided on each Cover Page, so that any user who runs the report will understand the logic.

> **Note:** The definition of the Active Clinical denominator varies for each of the reports.

(7) **Output File information**: if a user has designated that a delimited file or an Area export file be created, the file name appears 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 selected for this Report (for discussion about how Community taxonomies are used, see Section 4.1).



```
(1)                          Cover Page

  *** IHS 2008 Selected Measures with Community Specified Report ***
                            CRS 2008, Version 8.0
                         Date Report Run: Jan 10, 2008
                         Site where Run: DEMO HOSPITAL
                    Report Generated by: LASTNAME,FIRST
                  Report Period: Jan 01, 2008 to Dec 31, 2008
(2)          Previous Year Period:  Jan 01, 2007 to Dec 31, 2007
               Baseline Period:  Jan 01, 2000 to Dec 31, 2000

Measures: Selected Measures (User Defined) (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 be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on
Classification of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General,
06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24
Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent,
89 Evening.  See User Manual for complete description of medical clinics.

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

A delimited output file called [FILENAME]   (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: [COMMUNITY TAXONOMY NAME]
          The following communities are included in this report:
(8)       [COMMUNITY NAME]          [COMMUNITY NAME]        [COMMUNITY NAME]
          [COMMUNITY NAME]          [COMMUNITY NAME]        [COMMUNITY NAME]
```

Figure 5-105: Sample of Report Cover Page

5.18.2 Report Format

Except for the CMS Report, the CRS reports display the following information for each of the three time periods:

- Count of the number of patients in the denominator;
- Count of the number of patients within that denominator who meet the numerator definition;
- Percentage of the total patients in the denominator who meet the numerator; that is, [Numerator Count] / [Denominator Count] * 100; and
- Change from the Current Report period from either of the past time periods, calculated as an absolute value (see number 9, Performance Measure Goal(s)).

The following example of a report page from a Selected Measures Report (Section 5.8) shows the key elements.

(**1**) **Report Date**: displays the date that the report was run.

(**2**) **Report Type**: the top line of the cover page describes the report type.

(**3**) **Report Time Periods**: describes the Current Report time period, as well as the Previous and Baseline periods.

(**4**) **Performance Measure Topic Title**: displays the name of the performance measure topic.

(**5**) **Denominator Definition(s)**: detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.

(**6**) **Numerator Definition(s)**: detailed definition of each numerator for the measure topic.

(**7**) **Performance Measure Logic**: displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

(**8**) **Performance Measure Description**: the general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY08 GPRA measure definitions (see “Appendix A: FY06 - FY08 GPRA Measures”).

(**9**) **Performance Measure Goal(s)**: Details IHS past performance, if any (for GPRA measures), 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”).

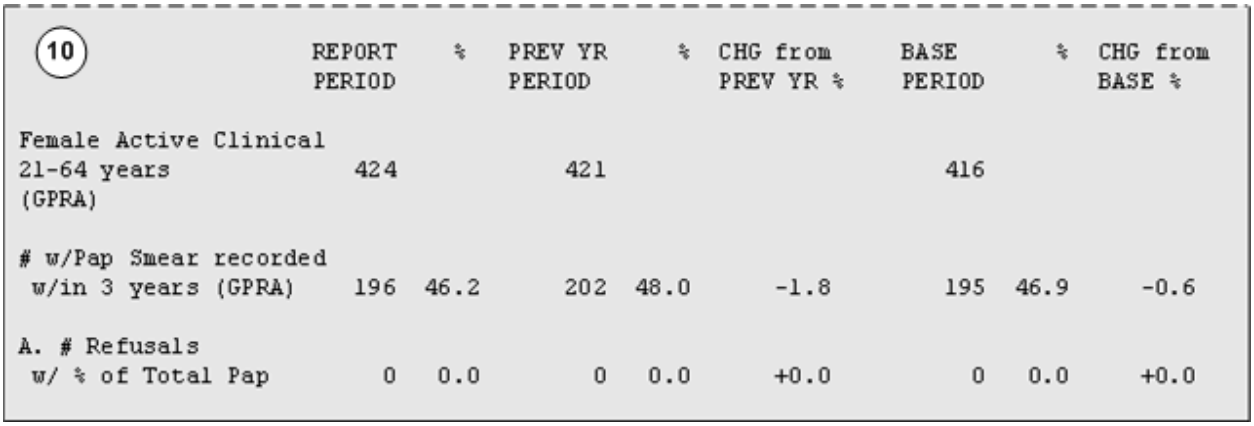
(**10**)**Current Report Period Change from Past Years**: calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. CRS 2008 uses the absolute difference between the first percentage and the second percentage, for example,

[Report Period %] minus [Base Period %] = Change

The direction of the change is indicated by a "+" (plus) or "-" (minus). The "+" indicates that the Current Report percent is larger than the past period.

```
JW                              (1)  Jan 05, 2008                    Page 15
(2)     *** IHS 2008 Selected Measures with Community Specified Report ***
                                DEMO HOSPITAL
                      Report Period: Oct 01, 2007 to Sep 30, 2008
          (3)       Previous Year Period:  Oct 01, 2006 to Sep 30, 2007
                     Baseline Period:  Oct 01, 1999 to Sep 30, 2000
------------------------------------------------------------------------------
(4) Cancer Screening: Pap Smear Rates

(5) 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.

(6) Numerator(s):
  GPRA Numerator:  Patients with a Pap Smear documented in the past 3 years,
  including refusals in past year.
  A: Patients with documented refusal in past year.

(7) Logic:
  Age of the patient is calculated at the beginning of the Report Period.
  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.
  Hysterectomy defined as any of the following ever:  1) V Procedure:
  68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294,
  58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or 3) V POV 618.5.

  Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up
  Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine
  Gynecological Examination, 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, 795.0*; 3) V Procedure: 91.46; 4) V CPT:
  88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147,
  G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap
  Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX;
  8) Refusal (in past year) Lab Test Pap Smear.
(8) Performance Measure Description
  TBD

(9) Past Performance and/or Target:
  IHS Performance - FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 -
  58%, FY 2003 - 61%; IHS 2010 Goal: 90%

  Source:
  HP 2010 3-4
```

Figure 5-106: Sample of Report Format (1 of 2)



(10)	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years (GPRA)	424		421			416		
# w/Pap Smear recorded w/in 3 years (GPRA)	196	46.2	202	48.0	-1.8	195	46.9	-0.6
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 5-107: Sample of Report Format, continued (2 of 2)

5.18.3 Summaries for National GPRA/GPRA Performance & ONM Reports

Clinical Performance Summaries for both GPRA and non-GPRA measures are included at the end of the National GPRA/GPRA Performance Reports. A Clinical Performance Summary for selected other national measures is included at the end of the Other National Measures (ONM) Report.

The summaries display the site's current, previous and baseline performance results together with the national performance for the previous year and the 2010 goal, either HP 2010 or IHS 2010. Sites can quickly see on which measures they most need to improve. Also included in the GPRA summary is a "GPRA08 Goal" column so users know what performance IHS has to achieve nationally in order to meet the GPRA measures.

JW Dec 14, 2008 Page 1
*** IHS 2008 National GPRA Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2007 to Jun 30, 2008
Previous Year Period: Jul 01, 2006 to Jun 30, 2007
Baseline Period: Jul 01, 1999 to Jun 30, 2000

OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA08 Goal	Nat'l 2007	2010 Goal
DIABETES						
Poor Glycemic Control >9.5	15.6%	4.2%	12.6%	TBD	16%	N/A
Ideal Glycemic Control <7	29.4%	31.6%	25.3%	TBD	31%	40.0%
Controlled BP <130/80	21.1%	21.1%	14.9%	TBD	39%	50.0%
LDL Assessed	64.2%	48.4%	26.4%	TBD	61%	70.0%
Nephropathy Assessed*	39.4%	6.3%	5.7%	TBD	40%	70.0%
Retinopathy	49.5%	41.1%	50.6%	TBD	49%	76.0%
DENTAL						
Dental Access General	8.4%	8.5%	8.9%	TBD	25%	40.0%
# Sealants	49	61	81	TBD	245,449	N/A
Topical Fluoride-# Pts	38	26	15	TBD	107,934	N/A
IMMUNIZATIONS						
Influenza 65+	28.2%	39.7%	23.1%	TBD	59%	90.0%
Pneumovax Ever 65+	45.6%	69.8%	56.9%	TBD	79%	90.0%
Active IMM 4:3:1:3:3**	37.9%	0.0%	0.0%	TBD	78%	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	42.8%	51.6%	45.9%	TBD	59%	90.0%
Mammogram Rates 52-64	34.9%	37.9%	46.8%	TBD	43%	70.0%
Colorectal Cancer 51-80	19.4%	25.3%	17.4%	TBD	26%	33.0%
Tobacco Cessation Counsel	12.4%	18.2%	25.5%	TBD	16%	72.0
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.0%	0.6%	0.3%	TBD	41%	25.0%
IPV/DV Screen 15-40	0.6%	0.3%	0.0%	TBD	36%	40.0%
Depression Screen 18+	4.2%	5.6%	2.6%	TBD	24%	68.0%
CARDIOVASCULAR DISEASE						
Children 2-5 w/BMI =>95%	11.4%	23.1%	12.5%	TBD	24%	Reduce 10%
IHD: Comp CVD Assessment	39.7%	43.2%	38.9%	TBD	30%	15.0%
OTHER CLINICAL						
Prenatal HIV Testing	55.2%	19.4%	0.0%	TBD	74%	95.0%

* Measure definition changed in 2007.
** Site Previous and Site Baseline values are not applicable for this measure.

Figure 5-108: Sample GPRA Measures Clinical Performance Summary from National GPRA Report

```
JW                                Dec 14, 2008                          Page 1
                     *** IHS 2008 National GPRA Report ***
                              DEMO INDIAN HOSPITAL
                    Report Period: Jul 01, 2007 to Jun 30, 2008
                 Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                    Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                  NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                            Site    Site     Site         Nat'l      2010
                          Current Previous Baseline      2007       Goal
--------------------------------------------------------------------------------

DIABETES
 Diabetes DX Ever*           8.2%    9.2%    8.4%       11%        N/A
 Documented A1c*            72.5%   73.7%   59.8%       79%        50.0%
 BP Assessed                92.7%   82.1%   85.1%       TBD        N/A

IMMUNIZATIONS
 Active Clinical 4:3:1:3:3  21.6%   10.3%   10.9%       TBD        80.0%

CANCER-RELATED
 Tobacco Assessment 5+      44.7%   42.1%   36.3%       TBD        N/A
  Tobacco Use Prevalence    43.7%   36.1%   39.4%       TBD        12.4%

CARDIOVASCULAR DISEASE
 BMI Measured 2-74          68.1%   79.4%   72.8%       TBD        N/A
  Assessed as Obese         41.5%   41.0%   37.4%       TBD        N/A
 IHD: Comp CVD Assessment
  IHD: BP Assessed          96.6%  100.0%  100.0%       N/A        95.0%
  IHD: LDL Assessed         84.5%   86.4%   83.3%       N/A        85.0%
  IHD: Tobacco Assessed     74.1%   84.1%   75.0%       N/A        50.0%
  IHD: BMI Assessed         93.1%   97.7%   97.2%       N/A        45.0%
  IHD: Lifestyle Counsel    50.0%   50.0%   61.1%       N/A        75.0%
  IHD: Depression Screen     6.9%    9.1%    5.6%       N/A        15.0%

 *Non-GPRA measure included in the IHS GPRA report submitted to OMB to
provide context to other GPRA measures.
```

Figure 5-109: Sample Non-GPRA Measures Performance Summary Page from National GPRA Report

JW Nov 21, 2008 Page 1
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2008 to Dec 31, 2008
Previous Year Period: Jan 01, 2007 to Dec 31, 2007
Baseline Period: Jan 01, 2000 to Dec 31, 2000

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2007	2010 Goal
DIABETES					
Comprehensive Care	1.9%	0.0%	0.0%	TBD	N/A
DENTAL					
Top Fluoride-# Apps	43	26	15	TBD	N/A
IMMUNIZATIONS					
DM: Influenza	43.0%	47.4%	26.4%	TBD	N/A
DM: Pneumovax Ever	48.6%	53.7%	58.6%	TBD	N/A
Childhood (19-35 Months)					
AC: 4:3:1:3:3:1	19.6%	7.7%	9.1%	N/A	N/A
AC: 4:3:1:3:3:1:4	3.9%	0.0%	0.0%	N/A	N/A
IMM: 4:3:1:3:3:1	34.5%	0.0%	0.0%	N/A	N/A
IMM: 4:3:1:3:3:1:4	6.9%	0.0%	0.0%	N/A	N/A
Adolescent (13-17 Years)					
AC: 1:3:2:1	1.2%	0.0%	0.0%	N/A	N/A
AC: 1 Tdap	2.3%	0.0%	0.0%	N/A	N/A
AC: 1 Menningococcal	2.3%	0.0%	0.0%	N/A	N/A
AC Female: 3 HPV	40.0%	0.0%	0.0%	N/A	N/A
BEHAVIORAL HEALTH					
AC ER Injury w/Alc Scrn	45.2%	0.0%	0.0%	N/A	N/A
AC ER Inj w/BNI	44.4%	0.0%	0.0%	N/A	N/A
DM: Depression Screen	12.1%	12.6%	5.7%	TBD	N/A
CARDIOVASCULAR DISEASE					
Cholesterol Screen 23+	29.7%	34.9%	35.4%	TBD	80.0%
BP Assessed 20+	66.3%	79.4%	74.8%	TBD	N/A
Normal BP	22.0%	24.1%	25.3%	TBD	N/A
Pre-HTN I BP	18.1%	20.3%	17.4%	TBD	N/A
Pre-HTN II BP	24.9%	21.2%	22.0%	TBD	N/A
Stage 1 HTN BP	28.4%	27.2%	27.2%	TBD	N/A
Stage 2 HTN BP	6.6%	7.1%	8.2%	TBD	N/A
BP Assessed in IHD Pts	96.4%	100.0%	100.0%	TBD	N/A
Normal BP	16.7%	11.4%	13.9%	TBD	N/A
Pre-HTN I BP	11.1%	27.3%	19.4%	TBD	N/A
Pre-HTN II BP	42.6%	22.7%	30.6%	TBD	N/A
Stage 1 HTN BP	25.9%	29.5%	16.7%	TBD	N/A
Stage 2 HTN BP	3.7%	9.1%	19.4%	TBD	N/A
Med Therapy Post AMI					
Beta-Blocker Treatment	36.5%	0.0%	0.0%	TBD	N/A
ASA Treatment	17.5%	0.0%	0.0%	TBD	N/A

Figure 5-110: Sample Other National Measures Performance Summary Page from ONM Report, page 1

JW Nov 21, 2008 Page 2
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2008 to Dec 31, 2008
Previous Year Period: Jan 01, 2007 to Dec 31, 2007
Baseline Period: Jan 01, 2000 to Dec 31, 2000

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2007	2010 Goal
ACEI/ARB Treatment	15.9%	0.0%	0.0%	TBD	N/A
Statin Treatment	19.0%	0.0%	0.0%	TBD	N/A
With all Above Meds	9.5%	0.0%	0.0%	TBD	N/A
Persistence of Med Therapy Post AMI					
Beta-Blocker Treatment	42.2%	66.7%	75.0%	TBD	N/A
ASA Treatment	13.3%	0.0%	50.0%	TBD	N/A
ACEI/ARB Treatment	17.8%	33.3%	25.0%	TBD	N/A
Statin Treatment	17.8%	66.7%	50.0%	TBD	N/A
With All Above Meds	8.9%	0.0%	25.0%	TBD	N/A
Med Therapy in High Risk Patients					
Beta-Blocker Treatment	67.9%	61.4%	50.0%	TBD	N/A
ASA Treatment	50.0%	52.3%	75.0%	TBD	N/A
ACEI/ARB Treatment	60.7%	47.7%	55.6%	TBD	N/A
Statin Treatment	58.9%	52.3%	44.4%	TBD	N/A
With All Above Meds	33.9%	22.7%	16.7%	TBD	N/A
LDL Assessed in Cardiovascular					
Conditions 18-75	75.8%	80.0%	50.0%	TBD	N/A
LDL <=100	48.0%	55.0%	33.3%	TBD	N/A
LDL 101-130	24.0%	15.0%	22.2%	TBD	N/A
LDL >130	12.0%	20.0%	44.4%	TBD	N/A
HF and LVS Function	30.2%	0.0%	0.0%	N/A	N/A
OTHER CLINICAL					
# STI Patients	25.0%	3.0%	2.0%	N/A	N/A
# STI Incidents	31.0%	5.0%	7.0%	N/A	N/A
STI Pts w/STI Screens	32.9%	26.7%	28.6%	N/A	N/A
PreDM/Met Synd All Screen	94.6%	88.7%	94.4%	TBD	N/A
# PHN Visits-Any Setting	18	16	19	TBD	N/A
Breastfeed Rates @ 2 Mos	100.0%	0.0%	100.0%	N/A	60.0%

Figure 5-111: Sample Other National Measures Performance Summary Page from ONM Report, page 2

5.18.4 Patient List Formats

Users may run Patient Lists for the following reports:

- National GPRA/GPRA Performance reports (LST menu option)
- Selected Measures report (COM, PP, or ALL menu options)
- Other National Measures (OST menu option)
- Elder Care (ELD menu option)
- HEDIS (HED menu option)
- Patient Education (PED menu option)

Users may also run the Comprehensive National GPRA Patient List (CMP) and the GPRA Measure Forecast Patient List (FOR). The CMS Performance Report automatically includes patient lists.

Except for the CMS Performance Report, the lists display patients who meet the numerator(s), denominator(s), or both, depending on the type of report run and the performance measure. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

The CMS Performance Report provides lists of patients but does not determine if patients met the denominator or numerator. Rather, it provides all of the relevant information found in RPMS that the user should review, along with chart data, to determine if a patient should be included in the denominator and numerator.

For the National GPRA/GPRA Performance and the Other National Measures reports, patient lists can be created for one or more performance measure topics at a time. The patient lists for these reports allow users to include only patients meeting the measure, only patients not meeting the measure, or both for most performance measures.

The GPRA Measure Forecast Patient List identifies all GPRA measures a patient will be due for during the current GPRA year and provides information for the provider on how the measure can be met. This list is linked to the Scheduling menu and may be run

1) for a selected patient with a scheduled appointment,
2) all patients with scheduled appointments to a selected clinic(s) or all clinics at a facility,
3) all patients with scheduled appointments to an entire facility or division, or
4) a selected set of patients even if they do not a scheduled appointment.

The Comprehensive National GPRA Patient List shows all patients included in the National GPRA Report who did not meet at least one GPRA measure, and identifies which GPRA measure(s) the patients did not meet.

For the Selected Measures (COM, PP, ALL), Elder Care, HEDIS, and Patient Education reports, users select the performance measure topic(s) for which they want to run patient lists but do not have the option of choosing to include only patients meeting or not meeting the performance measure.

For instructions on producing each of these patient lists, see the following sections.

- For the National GPRA/GPRA Performance Patient List, see Section 5.3.2.
- For the GPRA Measure Forecast Patient List, see Section 5.5.2.
- For the Comprehensive National GPRA Patient List, see Section 5.7.2.
- For Selected Measures Reports (COM, PP, ALL) Patient Lists, see Section 5.8.2.
- For the Other National Measures Report Patient List, see Section 5.12.2.
- For the Elder Care Report, Section 5.13.2.
- For the HEDIS Report, see Section 5.14.2.
- For the Patient Education Report, see Section 5.15.2.

Patient Lists are organized by

- Community
- Gender
- Age
- Last name

Key elements of the Patient List format are

(**1**) **Report Type**: Indicates "Patient List" as the report type.

(**2**) **Patient List Type**: Displays whether the Patient List is a "Random Patient List," "Patient List by Provider," or "All Patients," depending on which option the user selected.

(**3**) **List Description**: Describes which patients will be included on the list.

(**4**) ***List*** columns: All patient lists contain the following columns of information:

- **Patient Name** displayed as Last, First
- Health Record Number (**HRN**) of the patient
- **Community** name
- **Sex** (M or F) of the patient;
- **Age** of the patient (*as of the first day of the Report period*)

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

(**5**) **Denominator** column: For most patient lists, displays the denominator of which the patient is a member (e.g., "AC" for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.

(**6**) **Numerator Value** column: Displays different information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded. In the example on the next page (Figure 5-112), the value column identifies 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.

Note:	This column is not included in the Comprehensive National GPRA Patient List report. Instead, it has the Measure Not Met (#7) and Lst Prvdr (#8) columns. In addition, the performance measures are not listed separately; each patient is listed only once with all the measures s/he did not meet and indicated in the Measure Not Met column.

(**7**) **Measure Not Met** column: displayed only for the Comprehensive National GPRA Patient List. Displays all of the applicable National GPRA Report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.

(**8**) **Lst Prvdr** column: displayed only for the Comprehensive National GPRA Patient List. Displays the name, abbreviated discipline of the provider the patient saw at his/her last visit, and the date of the patient's last visit.

```
   ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   XYZ                              Apr 14, 2008                         Page 116
    (1)  ***  IHS 2008 Clinical Performance Measure Patient List  ***
                                    DEMO HOSPITAL
                        Report Period: Jan 01, 2008 to Dec 31, 2008
    (2)                           Entire Patient List
--------------------------------------------------------------------------------
Cancer Screening: 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):
GPRA Numerator: Patients with a Pap Smear documented in the past 3 years,
including refusals in past year.
A: Patients with documented refusal in past year.

Logic
Age of the patient is calculated at the beginning of the Report Period.
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.
Hysterectomy defined as any of the following ever:  1) V Procedure:
68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294,
58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or 3) V POV 618.5.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up
Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine
Gynecological Examination, 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, 795.0*; 3) V Procedure: 91.46; 4) V CPT:
88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147,
G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap
Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX;
8) Refusal (in past year) Lab Test Pap Smear.

Performance Measure Description
TBD

Past Performance and/or Target
IHS Performance - FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 -
58%, FY 2003 - 61%; IHS 2010 Goal: 90%

Source
HP 2010 3-4
```

Figure 5-112: Sample Patient List (1 of 2)

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
(3)Cancer Screening: Pap Smear Rates:  List of women 21-64 with documented
test/refusal, if any.
                    (4)                                          (5)          (6)
PATIENT NAME          HRN    COMMUNITY     SEX AGE  DENOMINATOR   NUMERATOR VALUE
-------------------------------------------------------------------------------
PATIENT,VERONICA      999999 COMMUNITY #1    F   21  UP,AC         05/22/06 V76.2
PATIENT,RENEE         888888 COMMUNITY #2    F   21  UP,AC         06/14/07 88164
PATIENT,SYDNEY        777777 COMMUNITY #2    F   23  UP,AC         06/26/07 V76.49
PATIENT,GRETA         666666 COMMUNITY #2    F   23  UP
PATIENT,MARILYN       444444 COMMUNITY #2    F   26  UP,AC         03/15/08 ref
PATIENT,EUNICE        000002 COMMUNITY #2    F   45  UP,AC         05/16/06 Lab
```

Figure 5-113: Sample Patient List, continued (2. of 2)

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
SK                              Apr 25, 2008                        Page 8

            ***  IHS Comprehensive National GPRA Patient List  ***
         *** List of Patients not meeting a National GPRA measure  ***
                         CRS 2008, Version 8.0
                             DEMO HOSPITAL
                  Report Period: Jul 01, 2007 to Jun 30, 2008
                              All Patients

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
                    (4)                                  (5)        (7)      (8)
PATIENT NAME          HRN    COMMUNITY     SEX AGE DENOMINATOR NOT MET/LST PRVDR
-------------------------------------------------------------------------------
YAZZIE,PATIENT        000001 COMMUNITY #1   F  15  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn/PROVIDER,JOHN,INT,02/28/07
KESSINGER,PATIENT     000002 COMMUNITY #1   F  15  UP          Dental Visit/
PROVIDER,JANE,LPN,10/24/06
LEWIS,PATIENT         000003 COMMUNITY #1   F  16  UP          Dental Visit/
PROVIDER,ROBERT,LPN,01/22/05
CHASE,PATIENT         000004 COMMUNITY #1   F  16  UP,AC       Dental Visit, AC
Alcohol Scrn, AC IPV/DV Scrn/PROVIDER,KAREN,PHR,12/22/06
BEGAY,PATIENT         000005 COMMUNITY #1   F  16  UP          Dental Visit/
PROVIDER,CARL,ORT,11/17/06
```

Figure 5-114: Sample Comprehensive National GPRA Patient List

```
SK   ***CONFIDENTIAL PATIENT INFORMATION-COVERED BY THE PRIVACY ACT***Page 1
         GPRA Measures Not Met or Due During Jul 01, 2007-Jun 30, 2008
                              CRS 2008 Version 8.0
          Patients with an Appointment in ULTRASOUNDS on Jan 08, 2008
                        Date Report Run: Jan 09, 2008
                     Site where Run: DEMO INDIAN HOSPITAL
                   Report Generated by: KLEPACKI,STEPHANIE
--------------------------------------------------------------------------------
Appt Time  Patient Name               HRN     Sex DOB       Community
GPRA Measure Not Met       Date of Last Screening and Next Due Date
                           Tests Counted for GPRA Measure
--------------------------------------------------------------------------------
8:00 am    PATIENT,CRSFORG            999807  F   07/07/77  MUSKOGEE

Annual Dental Exam         Last Dental Exam: Never
(All Patients)             GPRA counts visits with ADA 0000 or 0190, PCC
                           refusal of 0000 or 0190, PCC Exam 30 or refusal,
                           POV V72.2 or any CHS visit with any ADA code
                           during 7/1/07-6/30/08

Pap Smear (every 3 years)  Last PAP: Never
(21-64)                    Overdue as of: 07/01/07
                           GPRA counts Pap past 3 years from 6/30/08 or
                           refusal during 7/1/07-6/30/08

Comp CVD Assmt             Sreenings Overdue: 2 BPs, LDL, Tobacco Screen
(22+ w/IHD)                BMI, Lifestyle Counseling
                           GPRA counts 2 non-ER BPs in past 2 years from
                           6/30/08, LDL in past 5 years, BMI in past 5 years
                           for ages 19-50 and past 2 years for >50, tobacco
                           screen during 7/1/07-6/30/08, AND lifestyle
                           counseling during 7/1/07-6/30/08
```

Figure 5-115: Sample GPRA Measure Forecast Patient List, Selected Patient with Appointment Option

6.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA, GPRA Performance, Other National Measures, Elder Care, HEDIS Performance, and Patient Education reports. These summary, or aggregate, reports are generated from individual site export report files that were sent to the Area Office when a site chose to export its data.

> **Note:** It is strongly recommended that each Area establish a quarterly review process for the GPRA Performance reporting data, which includes all GPRA measures and some additional key clinical performance measures.

In addition, Area Offices may aggregate height and weight data received from all sites within the Area into one or multiple delimited files for exporting to the California Area Office, which will then transmit the file to the IHS Division of Epidemiology.

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

> **Note:** Access to the Area Options (OA) is restricted to those users that have the BGPZAREA security key.

To access the Area Options, follow these steps

1. At the "Select CRS 2008 Option" prompt, Type **AO** and press Enter; for example,

```
                      **********************************
                      **      IHS/RPMS CRS 2008       **
                      **  Clinical Reporting System   **
                      **********************************
                                Version 8.0

                             DEMO INDIAN HOSPITAL

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

Select CRS 2008 Option: AO <Enter>  Area Options
```

Figure 6-1: Accessing the Area Options

The Area Office Options menu is displayed; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option:
```

Figure 6-2: Area Office menu options

These are the Area options:

- UPL - Upload Report Files from Site, which uploads the facilities' exported data files located on the Area drive into the Area's Clinical Reporting System.
- AGP - Run AREA National GPRA Report
- GPUA - Run AREA GPRA Performance Report
- AONM - Run AREA Other National Measures Report
- AELD - Run AREA Elder Care Report
- AHED - Run Area HEDIS Report
- AHW - Run AREA Height and Weight Data File
- APED - Run AREA Patient Education Report
- LSTF - List files in a directory, which enables you to view a list of the facility data files at the designated location on your Area server.

To produce an Area report, the Area must first upload the FileMan data files from all facilities into the Area's Clinical Reporting system. Facilities can create export data files when running the following reports:

- National GPRA
- GPRA Performance
- Other National Measures
- Elder Care
- HEDIS Performance
- Patient Education

The facility must send these export data files to a designated location on the Area server manually or automatically.

> **Note:** The height and weight data are uploaded from the National GPRA Report facility files; there is no separate height and weight data file to upload.

For the **National GPRA Report**:

Area Offices must inform sites which community taxonomy should be used for official GPRA reporting *before* the site exports its National GPRA report data. The designated IHS Report Coordinator for the annual National GPRA Report should convey this information to the Area Office GPRA Coordinators.

For the **GPRA Performance**, **Other National Measures**, **Elder Care**, **HEDIS**, and **Patient Education reports**:

Area Offices must provide sites with the following information before the site runs their export reports:

- Date range (e.g., January 1 - December 31; July 1 - June 30)
- Calendar year for the report end date
- Baseline year
- Population (e.g., AI/AN only [Beneficiary 01])

To aggregate data export files from a specific site, all export files must have matching date range, ending calendar year, baseline year, and population data.

For **all Area Aggregate reports**:

After the report is run, sites must provide to their Area contact the name of the Area export file(s), which begins with "BG08."

Sites may be requested to FTP the export file to the Area server in the event the files are not transmitted automatically.

6.1 Upload Report Files from Site (UPL)

CI08 > AO > UPL

This option is used by Areas to upload data files into CRS that have been sent manually via FTP (File Transfer Protocol) or transmitted automatically by service units.

> **Note:** Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data filenames at the time the facility reports are run.

Once these files have been received and uploaded into CRS, they can be used in an area aggregate report. The Area must execute this option each time a service unit sends a data file.

Before you begin, you need the following information:

- Pathname of the directory that holds the data files exported from the sites.

  For the directory pathname location of these files, see your Area Office information systems personnel.

- Filename of each data file you want to upload to the Area CRS.

To upload site export data files into CRS, follow these steps:

1. At the "Area Options Option" menu prompt, Type **UPL** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: UPL <Enter>  Upload Report Files from Site
```

Figure 6-3: Accessing the Upload Report Files from Site Area Office menu option

2. At the “Enter directory path” prompt, type the directory pathname and press Enter.

   This is the Area network directory to which the facility’s data files were sent via FTP, when the facility ran the requested Performance reports; for example:

   Windows: Q:\usr\spool\uucppublic
   UNIX: /usr/spool/uucppublic

3. Type the name of the file you want to upload at the “Enter Filename w /ext” prompt; for example, BG08505901.300.

   Note: Files for the current version of the Clinical Reporting System begin with **BG08**.

   When the facility runs the National GPRA, GPRA Performance, Other National Measures, Elder Care, HEDIS Performance, or Patient Education report, the facility’s CRS assigns a filename to the data file., Each filename begins with “BG08” and ends with one of the following a file extensions, where

   - .HE - identifies HEDIS Performance Reports
   - .ONM - identifies Other National Measures Reports
   - .EL - identifies Elder Care Reports
   - .PED - identifies Patient Education Reports

   The system displays the following progress messages:

   – All done reading file
   – Processing
   – Data uploaded

   If you do not see these messages, the file was not uploaded.

   If you typed the file name incorrectly or CRS cannot locate the file, the following message is displayed:

```
CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'
```

4. At the “Enter Return to continue or '^' to exit” prompt, press Enter.
5. At the “Enter Filename w /ext” prompt, type the name of the file to be uploaded.

   To exit or change directories, type the caret (^) at the prompt.

   The “Enter directory path” prompt is displayed.

6. Type in a new directory, or the caret (^) to exit back to the Area Options menu.

```
This option is used to upload a SU's 2008 CRS data.
You must specify the directory in which the CRS 2008 data file resides
and then enter the filename of the data.

Enter directory path: pathname <Enter>

Enter filename w /ext: BG08505901.300 <Enter>
Directory=Q:\  File=BG08505901.300

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>

Enter filename w /ext: ^
Enter directory path: ^

Directory not entered!! Bye.
```

Figure 6-4: Accessing the Upload Report Files from Site Area Office (steps 2-6)

6.2 Run Area Aggregate Reports (AGP)

CI08 > AO > AGP

There are seven menu options for running Area reports used by the Area Office to produce aggregated performance reports. The Area reports summarize 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 (i.e. National GPRA, GPRA Performance, Other National Measures, Elder Care, HEDIS Performance, Patient Education)
- Date ranges (e.g., July 1 through June 30)
- Calendar year end dates (e.g., 2006)
- Baseline year (e.g., 2000)
- Population type (e.g., AI/AN only)

This information is pre-defined in the National GPRA Report. However, you will need to specify these elements for the GPRA Performance, Other National Measures, Elder Care, HEDIS Performance, and Patient Education reports.

6.2.1 Run Area National GPRA Report (AGP)

Use the **Run Area National GPRA Report (AGP)** option to produce an Area Aggregate National GPRA Report. This report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan and aggregates all data files received to date from the service units.

The Area Aggregate National GPRA report outputs two files: one filename begins with "CRSGPRANT1," and the other filename begins with"CRSGPRANT2." Both of these files must be sent to the Californian Area or National GPRA reporting.

The California Area uses these files to create IHS national rates for all GPRA performance measures reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see "Appendix B: Working with Delimited Files."

To run the Area National GPRA report, follow these steps:

1. At the "Select Area Options Option" Area Office menu prompt, type **AGP** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: AGP <Enter>  Run AREA National GPRA Report
```

Figure 6-5: Accessing the Run Area Nation GPRA Report (AGP)

The date ranges that have been pre-defined for the report are displayed, including Report (Current), Previous Year, and Baseline.

2. At the "Run Report for" prompt,
   - Press Enter to select **A**, the default, to run a report that combines the data for all sites (Area Aggregate), or
   - Type **F** to run a report similar to the facility's National GPRA report (One Facility).

```
The date ranges for this report are:
     Report Period:            Jul 01, 2007 to Jun 30, 2008
     Previous Year Period:     Jul 01, 2006 to Jun 30, 2007
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-6: Running the Area Aggregate National GPRA report (step 2)

3. To select which sites to include in the report,
   a. Press Enter at the prompt to continue; for example,

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue:<Enter>
```

Figure 6-7: Running the Area Aggregate National GPRA report (step 3)

All facilities that have had their data files uploaded for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

   b. Review the displayed list of facilities. To navigate a multi-page list,
      - Type a plus sign (+) to view the next page
      - Type a minus sign/hyphen (-) to return to the previous page.
   c. Select the facilities to include in your report, as follows:
      - To select **all facilities** for the report, type **A** at the "Select Action" prompt.
      - To select **one facility at a time**, type **S and the number** of the facility you want to select and press Enter, at the "Select Action" prompt.
      - To **deselect a facility**, type **R and the number** of the facility and press Enter.

All facilities you selected are marked with an asterisk before there corresponding number.

d. When you have completed selecting facilities, type Q (Quit) at the "Select Action" prompt and press Enter to save your selections and exit.

```
AREA AGGREGATE SITE SELECTION Jan 03, 2008 10:24:07         Page:    1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) KEAMS CANYO HOPI HEALTH CARE 01/01/03  12/31/03  01/01/00  12/31/00  12/28/07
*2) ELKO        ELKO             01/01/03  12/31/03  01/01/00  12/31/00  12/28/07
*3) COLORADO RI PARKER HOSP      01/01/03  12/31/03  01/01/00  12/31/00  01/02/08
*4) WHITERIVER  WHITERIVER H     01/01/03  12/31/03  01/01/00  12/31/00  01/02/08
*5) FORT YUMA   FT. YUMA HOSP    01/01/03  12/31/03  01/01/00  12/31/00  01/02/08
*6) ELKO        OWYHEE HOSPITAL  01/01/03  12/31/03  01/01/00  12/31/00  01/02/08
*7) SAN CARLOS  SAN CARLOS       01/01/03  12/31/03  01/01/00  12/31/00  01/02/08

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility
Select Action:+// Q <Enter>  Quit
```

Figure 6-8: Selecting facilities for the Area Aggregate National GPRA report

In this example, three facilities have been selected. The names of two delimited text files and the network directory to which they will be saved to is displayed; for example,

```
A total of 2 facilities have been selected.

A file will be created called
CRSGPRANT18087012007063000000000200701301222247_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT28087012007063000000000200701301222247_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.
```

Figure 6-9: Example of output filenames and location display for Area Aggregate National GPRA report.

The system then prompts you to choose an output type.

4. Type the letter that corresponds to the type of output you want at the "Select an Output Option" prompt, where
   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.
   - **B** (Both) produce both a printed report and a delimited file.

a. If you select P (Print), type the name of a printer or file name at the "Device" prompt.

   In this example, the default prompt, Home, prints directly to the screen. The default prompt may vary at different sites.

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

b. If you select D (Delimited), you are 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 that you select F to print to a file.

   If you select F (File), type the name of the file at the "Enter a filename for the delimited output" prompt.

   File names cannot exceed 40 characters and are given the extension .txt automatically. Most sites are set up to print the file to your network's Public directory.

   To access the file, 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.

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

     Select one of the following:

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

Select an Output Option: P//
```

Figure 6-10: Selecting the type of out put for the report (step 9)

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

   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.

   If you need further information about how to specify each of these options, check with your Site Manager.

Report Content

The Area Aggregate National GPRA Clinical Performance Report contains the following sections:

- Cover page
- Performance measure topics included in the report
- Official GPRA Measures Clinical Performance Summary
- Non-GPRA Measures Clinical Performance Summary
- Official GPRA Measures Clinical Performance Detail
- Non-GPRA Measures Clinical Performance Detail

An example of the cover page, clinical performance summaries, and clinical performance detail sections of the report follows.

Cover Page

Both the printed and delimited reports include a **Cover Page** displaying a list of all facilities and the communities of each facility that are included in the report data. The report data is aggregated for each measure.

```
                                Cover Page

          ***  IHS 2008 National GPRA Clinical Performance Report  ***
                              CRS 2008, Version 8.0
                                  AREA AGGREGATE
                           Date Report Run:  Jan 30, 2008
                              Site where Run:  [AREA]
                        Report Generated by:  USER,DEMO
                       Report Period: Jul 01, 2007 to Jun 30, 2008
                    Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                       Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------

 Report includes data from the following facilities:
   1.  HOPI HEALTH CARE CENTER
   2.  ELKO
   3.  PARKER HOSP
   4.  WHITERIVER H
   5.  FT. YUMA HOSP
   6.  OWYHEE HOSPITAL
   7.  SAN CARLOS
```

```
The following communities are included in this report:
 1. 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
 2. 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

 3. 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
 4. WHITERIVER H
    Communities:
         CANYON DAY          CARRIZO                   CEDAR CREEK
         CIBECUE             DIAMOND CRK               EAST FORK
         FORT APACHE         HON-DAH/INDIAN PINE       MCNARY
         RAINBOW CITY        SEVEN MILE                WHITE RIV NE
         WHITE RIV NW        WHITE RIV SE              WHITE RIV SW
         WHITERIVER
 5. 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
 6. OWYHEE HOSPITAL
    Communities:
         11-MILE CORN        BOISE                     CALDWELL
         FILER               GLENNS FERRY              MOUNTAIN HOME
         NAMPA               TWIN FALLS
```

```
 7. 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 6-11: Example of the Cover Page of the Area Aggregate National GPRA Report

At the end of the report are the Official GPRA Measures and Non-GPRA Measures Clinical Performance Summaries and Official GPRA Measures and Non-GPRA Measures Clinical Performance Detail sections, as described in the following sections.

Official GPRA Measures Clinical Performance Summary

The **Official GPRA Measures Clinical Performance Summary** section lists the Area aggregate performance measure rates for the Current, Previous, and Baseline periods, as well as the GPRA 2008 Goal, National 2007 performance, and 2010 goal for each GPRA measure in the report.

```
SK                                Jan 08, 2008                          Page 1
                    *** IHS 2008 National GPRA Report ***
                                AREA AGGREGATE
                 Report Period: Jul 01, 2007 to Jun 30, 2008
              Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                 Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------
              OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                           Area    Area     Area     GPRA08     Nat'l    2010
                        Current Previous Baseline  Goal       2007     Goal
-------------------------------------------------------------------------------

DIABETES
Poor Glycemic Control >9.5   15.6%    4.2%   12.6%   TBD        16%      N/A
Ideal Glycemic Control <7    29.4%   31.6%   25.3%   TBD        31%      40.0%
Controlled BP <130/80        21.1%   21.1%   14.9%   TBD        39%      50.0%
LDL Assessed                 64.2%   48.4%   26.4%   TBD        61%      70.0%
Nephropathy Assessed*        39.4%    6.3%    5.7%   TBD        40%      70.0%
Retinopathy                  49.5%   41.1%   50.6%   TBD        49%      76.0%

DENTAL
Dental Access General         8.4%    8.5%    8.9%   TBD        25%      40.0%
# Sealants                     98     122     162     TBD        245,449  N/A
Topical Fluoride-# Pts         76      52      30     TBD        107,934  N/A

IMMUNIZATIONS
Influenza 65+                27.9%   39.7%   23.1%   TBD        59%      90.0%
Pneumovax Ever 65+           45.2%   69.8%   56.9%   TBD        79%      90.0%
Active IMM 4:3:1:3:3**       37.9%    0.0%    0.0%   TBD        78%      80.0%

CANCER-RELATED
Pap Smear Rates 21-64        42.8%   51.6%   45.9%   TBD        59%      90.0%
Mammogram Rates 52-64        34.9%   37.9%   46.8%   TBD        43%      70.0%
Colorectal Cancer 51-80      19.4%   25.3%   17.4%   TBD        26%      33.0%
Tobacco Cessation Counsel    12.4%   18.2%   25.5%   TBD        16%      72.0

BEHAVIORAL HEALTH
FAS Prevention 15-44          3.0%    0.6%    0.3%   TBD        41%      25.0%
IPV/DV Screen 15-40           0.6%    0.3%    0.0%   TBD        36%      40.0%
Depression Screen 18+         4.2%    5.6%    2.6%   TBD        24%      68.0%

CARDIOVASCULAR DISEASE
Children 2-5 w/BMI =>95%     11.4%   23.1%   12.5%   TBD        24%      Reduce 10%
IHD: Comp CVD Assessment     39.7%   43.2%   38.9%   TBD        30%      15.0%

OTHER CLINICAL
Prenatal HIV Testing         55.2%   19.4%    0.0%   TBD        74%      95.0%

  * Measure definition changed in 2007.
 ** Site Previous and Site Baseline values are not applicable for this measure.
```

Figure 6-12: Example of the Area Aggregate National GPRA Report, Official GPRA Measures Summary Page

Non-GPRA Measures Clinical Performance Summary

The **Non-GPRA Measures Clinical Performance Summary** section lists the Area aggregate performance measure rates for the Current, Previous, and Baseline periods, as well as the National 2007 performance, and 2010 goal for each non-GPRA measure in the report.

```
SK                                Jan 08, 2008                        Page 1
                    *** IHS 2008 National GPRA Report ***
                                AREA AGGREGATE
                 Report Period: Jul 01, 2007 to Jun 30, 2008
               Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------
                  NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                            Area    Area     Area         Nat'l      2010
                          Current Previous Baseline      2007       Goal
-------------------------------------------------------------------------------

DIABETES
 Diabetes DX Ever*          8.2%    9.2%    8.4%       11%        N/A
 Documented A1c*           72.5%   73.7%   59.8%       79%        50.0%
 BP Assessed               92.7%   82.1%   85.1%       TBD        N/A

IMMUNIZATIONS
 Active Clinical 4:3:1:3:3 21.6%   10.3%   10.9%       TBD        80.0%

CANCER-RELATED
 Tobacco Assessment 5+     44.7%   42.1%   36.3%       TBD        N/A
  Tobacco Use Prevalence   43.8%   36.1%   39.4%       TBD        12.4%

CARDIOVASCULAR DISEASE
 BMI Measured 2-74         68.1%   79.4%   72.8%       TBD        N/A
  Assessed as Obese        41.6%   41.0%   37.4%       TBD        N/A
 IHD: Comp CVD Assessment
  IHD: BP Assessed         96.6%  100.0%  100.0%       N/A        95.0%
  IHD: LDL Assessed        84.5%   86.4%   83.3%       N/A        85.0%
  IHD: Tobacco Assessed    74.1%   84.1%   75.0%       N/A        50.0%
  IHD: BMI Assessed        93.1%   97.7%   97.2%       N/A        45.0%
  IHD: Lifestyle Counsel   50.0%   50.0%   61.1%       N/A        75.0%
  IHD: Depression Screen    6.9%    9.1%    5.6%       N/A        15.0%

 *Non-GPRA measure included in the IHS GPRA report submitted to OMB to
provide context to other GPRA measures.
```

Figure 6-13: Example of the Area National GPRA Report, Non-GPRA Measures Summary Page

Official GPRA Measures Clinical Performance Detail

The **Official GPRA Measures Clinical Performance Detail** section shows the GPRA performance measure rates by each facility with the Area.

```
SK                                Jan 08, 2008                          Page 1
                    *** IHS 2008 National GPRA Report ***
                                AREA AGGREGATE
                   Report Period: Jul 01, 2007 to Jun 30, 2008
                Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                   Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                        Site     Site    Site  Area     GPRA08   National  2010
                      Current   Prev    Base  Current  Goal      2007     Goal
--------------------------------------------------------------------------------

DIABETES

Poor Glycemic Control >9.5                          15.6%   TBD       16%      N/A
 505901 DEMO INDIAN    XX.X%     X.X%    XX.X%
 505901 DEMO INDIAN    XX.X%     X.X%    XX.X%

Ideal Glycemic Control <7                           29.4%   TBD       31%      40.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

Controlled BP <130/80                               21.1%   TBD       39%      50.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

LDL Assessed                                        64.2%   TBD       61%      70.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

Nephropathy Assessed*                               39.4%   TBD       40%      70.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

Retinopathy                                         49.5%   TBD       49%      76.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

DENTAL

Dental Access General                                8.4%   TBD       25%      40.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

# Sealants                                        98       TBD       245,449  N/A
 505901 DEMO INDIAN      XX       XX       XX
 505901 DEMO INDIAN      XX       XX       XX

Topical Fluoride-# Pts                           76       TBD       107,934  N/A
 505901 DEMO INDIAN      XX       XX       XX
 505901 DEMO INDIAN      XX       XX       XX
```

Figure 6-14: Example of the Area Aggregate National GPRA Report, GPRA Measures Clinical Performance Detail section

Non-GPRA Measures Clinical Performance Detail

The **Non-GPRA Measures Clinical Performance Detail** section shows the non-GPRA performance measure rates by each facility with the Area.

```
SK                                Jan 08, 2008                          Page 1
                      *** IHS 2008 National GPRA Report ***
                                  AREA AGGREGATE
                  Report Period: Jul 01, 2007 to Jun 30, 2008
               Previous Year Period:  Jul 01, 2006 to Jun 30, 2007
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
--------------------------------------------------------------------------------
                  NON-GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                        Site     Site    Site  Area     National   2010
                      Current   Prev    Base  Current  2007       Goal
--------------------------------------------------------------------------------

DIABETES

Diabetes DX Ever*                                 8.2%   11%       N/A
 505901 DEMO INDIAN     X.X%     X.X%     X.X%
 505901 DEMO INDIAN     X.X%     X.X%     X.X%

Documented A1c*                                  72.5%   79%       50.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

BP Assessed                                      92.7%   TBD       N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

IMMUNIZATIONS

Active Clinical 4:3:1:3:3                        21.6%   TBD       80.0%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

BEHAVIORAL HEALTH

Tobacco Assessment 5+                            44.7%   TBD       N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

 Tobacco Use Prevalence                          43.8%   TBD       12.4%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

OTHER CLINICAL

BMI Measured 2-74                                68.1%   TBD       N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

 Assessed as Obese                               41.6%   TBD       N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
```

Figure 6-15: Example of the Area Aggregate National GPRA Report, Non-GPRA Measures Clinical Performance Detail section

6.2.2 Run Area GPRA Performance Report (GPUA)

CI08 > AO > GPUA

Use the Area **GPRA Performance Report (GPUA)** option to produce an Area-wide GPRA Performance report. This report aggregates all data files received to date from facilities, and reports the total Area-wide numbers.

The measures included in this report are exactly the same as the National GPRA Report. However, the GPRA Performance Report is different from the National GPRA Report, as it can be run for different types of user populations:

- American Indian and Alaska Natives (AI/AN) only,
- non AI/AN, or
- both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA Report uses only pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

Note: To run the Area Aggregate GPRA Performance Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area GPRA Performance report, follow these steps:

1. At the "Select Area Options Option" Area Office menu prompt, type **GPUA** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: GPUA <Enter>  Run AREA GPRA Performance Report
```

Figure 6-16: Accessing the Run Area GPRA Performance Report (GPUA)

2. Select the date range for the report, by following steps a or b:
   a. To select a pre-defined period (e.g., January 1 - December 31):
      - Select one of the first four options (1 - 4)
      - Enter the calendar year of the report end date
   b. To enter your own report end date:
      - Select 5, User-defined Report Period
      - Enter the end date of the report in MM/DD/CCYY format (e.g., 11/30/2009)
3. Type the baseline year at the "Enter Year" prompt.

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

```
   [AREA] Aggregate GPRA Performance Report with user defined date range

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year: 2007 <Enter>  (2007)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2007 to Dec 31, 2007
     Previous Year Period:     Jan 01, 2006 to Dec 31, 2006
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 6-17: Area GPRA Performance Report (GPUA), selecting a pre-defined time period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

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

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

Figure 6-18: Area GPRA Performance Report (GPUA), selecting the report population type

5. Next,
   - Select the facilities you want to include in the report.
   - Select an output option.
   - Queue the report to run.

   For detailed instructions, see steps 3 through 5 in Section 6.2.1, “Run Area National GPRA Report (AGP).”

6.2.3 Run Area Other National Measures Report (AONM)

CI08 > AO > AONM

Use the **Area Other National Measures (AONM)** option to produce an Area-wide Other National Measures Report. This report may only be aggregated from report files for which ALL Other National Measures Report measures were included. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The Area Other National Measures report is different from the National GPRA Report, as it can be run for different types of user populations:

- American Indian and Alaska Natives (AI/AN) only,
- non AI/AN, or
- both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA Report uses only pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **Note:** To run the Area Aggregate Other National Measures, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

The Area Aggregate Other National Measures report outputs two delimited files: one filename begins with "CRSONMNT1," and the other filename begins with"CRSONMNT2." Both of these files must be sent to the California Area.

The California Area uses these files to create IHS national rates for all performance measures reported nationally but NOT reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see "Appendix B: Working with Delimited Files."

To run the Area Other National Measures report, follow these steps:

1. At the "Select Area Options Option" Area Office menu prompt, type **AONM** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: AONM <Enter>  Run AREA Other National Measures
Report
```

Figure 6-19: Accessing the Run Area Other National Measures Report (AONM)

2. Select the date range for the report, by following steps a or b:
   a. To select a pre-defined period (e.g., January 1 - December 31):
      - Select one of the first four options (1 - 4)
      - Enter the calendar year of the report end date
   b. To enter your own report end date:
      - Select 5, User-defined Report Period
      - Enter the end date of the report in MM/DD/CCYY format (e.g., 11/30/2009)
3. Type the baseline year at the "Enter Year" prompt.

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

```
            [Area] Aggregate Other National Measures Report

This will produce an Other National Measures Report for a year period
you specify.  You will be asked to provide: 1) the reporting period,
2) the baseline period to compare data to, and 3) the beneficiary/
classification of the patients.

     Select one of the following:

          1         January 1 - December 31
          2         April 1 - March 31
          3         July 1 - June 30
          4         October 1 - September 30
          5         User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31

Enter the Fiscal Year (FY) for the report END date.  Use a 4 digit
year, e.g. 2002, 2005
Enter FY: 2008 <Enter>  (2008)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 6-20: Area Other National Measures Report (AONM), selecting a pre-defined time period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

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

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

Figure 6-21: Area Other National Measures Report (AONM), selecting report population type

5. Next,
   - Select the facilities you want to include in the report.
   - Select an output option
   - Queue the report to run

   For detailed instructions, see steps 3 through 5 in Section 6.2.1, “Run Area National GPRA Report (AGP).”

Before you select the output option, the system displays the name of the two files and their location; for example,

```
A file will be created called
CRSONMNT150590120080630000000002008011707385 6_000002.TXT
and will reside in the q:\ directory. This file can be used in Excel.

A file will be created called
CRSONMNT250590120080630000000002008011707385 6_000002.TXT
and will reside in the q:\ directory. This file can be used in Excel.
```

Figure 6-22: Area Other National Measures Report (AONM), output filenames and location example

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (see Figure 6-11 for an example). The report data is aggregated for each measure.

The following sections appear at the end of the report:

- Selected Other National Measures Clinical Performance Summary
- Performance Detail

The Performance Summary lists the Area aggregate performance measure rates for Current, Previous, and Baseline Periods, as well as the National 2007 performance and 2010 goal for each of the selected measures included in the Summary. For example:

SK Jan 08, 2008 Page 1

AREA AGGREGATE

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	Nat'l 2007	2010 Goal
DIABETES					
Comprehensive Care	7.3%	0.0%	0.0%	TBD	N/A
DENTAL					
Top Fluoride-# Apps	86	52	30	TBD	N/A
IMMUNIZATIONS					
DM: Influenza	42.2%	47.4%	26.4%	TBD	N/A
DM: Pneumovax Ever	48.6%	53.7%	58.6%	TBD	N/A
Childhood (19-35 Months)					
AC: 4:3:1:3:3:1	19.6%	7.7%	9.1%	N/A	N/A
AC: 4:3:1:3:3:1:4	3.9%	0.0%	0.0%	N/A	N/A
IMM: 4:3:1:3:3:1	34.5%	0.0%	0.0%	N/A	N/A
IMM: 4:3:1:3:3:1:4	6.9%	0.0%	0.0%	N/A	N/A
Adolescent (13-17 Years)					
AC: 1:3:2:1	1.2%	0.0%	0.0%	N/A	N/A
AC: 1 Tdap	2.3%	0.0%	0.0%	N/A	N/A
AC: 1 Meningococcal	2.3%	0.0%	0.0%	N/A	N/A
AC Female: 3 HPV	9.8%	0.0%	0.0%	N/A	N/A
BEHAVIORAL HEALTH					
AC ER Injury w/Alc Scrn	47.1%	0.0%	0.0%	N/A	N/A
AC ER Inj w/BNI	54.5%	0.0%	0.0%	N/A	N/A
DM: Depression Screen	11.9%	12.6%	5.7%	TBD	N/A
CARDIOVASCULAR DISEASE					
Cholesterol Screen 23+	27.9%	34.9%	35.4%	TBD	80.0%
BP Assessed 20+	63.0%	79.4%	74.8%	TBD	N/A
Normal BP	21.8%	24.1%	25.3%	TBD	N/A
Pre-HTN I BP	16.9%	20.3%	17.4%	TBD	N/A
Pre-HTN II BP	24.7%	21.2%	22.0%	TBD	N/A
Stage 1 HTN BP	28.5%	27.2%	27.2%	TBD	N/A
Stage 2 HTN BP	6.5%	7.1%	8.2%	TBD	N/A
BP Assessed in IHD Pts	96.6%	100.0%	100.0%	TBD	N/A
Normal BP	16.1%	11.4%	13.9%	TBD	N/A
Pre-HTN I BP	5.4%	27.3%	19.4%	TBD	N/A
Pre-HTN II BP	41.1%	22.7%	30.6%	TBD	N/A
Stage 1 HTN BP	25.0%	29.5%	16.7%	TBD	N/A
Stage 2 HTN BP	3.6%	9.1%	19.4%	TBD	N/A
Med Therapy Post AMI					
Beta-Blocker Treatment	36.5%	0.0%	0.0%	TBD	N/A
ASA Treatment	17.5%	0.0%	0.0%	TBD	N/A

Figure 6-23: Example of the Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 1

```
SK                                Jan 08, 2008                        Page 2
                                AREA AGGREGATE
                  Report Period: Jan 01, 2007 to Dec 31, 2007
               Previous Year Period:  Jan 01, 2006 to Dec 31, 2006
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
         SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY
                           Area    Area     Area         Nat'l      2010
                        Current Previous Baseline      2007       Goal
-------------------------------------------------------------------------------
  ACEI/ARB Treatment         15.9%    0.0%    0.0%       TBD        N/A
  Statin Treatment           19.0%    0.0%    0.0%       TBD        N/A
  With all Above Meds         9.5%    0.0%    0.0%       TBD        N/A
 Persistence of Med Therapy Post AMI
  Beta-Blocker Treatment     42.2%   66.7%   75.0%       TBD        N/A
  ASA Treatment              13.3%    0.0%   50.0%       TBD        N/A
  ACEI/ARB Treatment         17.8%   33.3%   25.0%       TBD        N/A
  Statin Treatment           17.8%   66.7%   50.0%       TBD        N/A
  With All Above Meds         8.9%    0.0%   25.0%       TBD        N/A
 Med Therapy in High Risk Patients
  Beta-Blocker Treatment     65.5%   61.4%   50.0%       TBD        N/A
  ASA Treatment              48.3%   52.3%   75.0%       TBD        N/A
  ACEI/ARB Treatment         60.3%   47.7%   55.6%       TBD        N/A
  Statin Treatment           56.9%   52.3%   44.4%       TBD        N/A
  With All Above Meds        32.8%   22.7%   16.7%       TBD        N/A
 LDL Assessed in Cardiovascular
 Conditions 18-75            81.8%   80.0%   50.0%       TBD        N/A
  LDL <=100                  48.1%   55.0%   33.3%       TBD        N/A
  LDL 101-130                18.5%   15.0%   22.2%       TBD        N/A
  LDL >130                   11.1%   20.0%   44.4%       TBD        N/A
 HF and LVS Function         30.2%    0.0%    0.0%       N/A        N/A

OTHER CLINICAL
 # STI Patients               54       6       4         N/A        N/A
 # STI Incidents              66      10      14         N/A        N/A
 STI Pts w/STI Screens      30.6%   26.7%   28.6%       N/A        N/A
 PreDM/Met Synd All Screen   0.0%    0.0%    0.0%       TBD        N/A
 # PHN Visits-Any Setting     36      32      38         TBD        N/A
 Breastfeed Rates @ 2 Mos  100.0%    0.0%  100.0%       N/A        60.0%
```

Figure 6-24: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 2

The Selected Other National Measures Clinical Performance Detail section shows the selected performance measure rates by each facility within the Area. For example:

```
SK                                Jan 08, 2008                        Page 1
                                AREA AGGREGATE
                  Report Period: Jan 01, 2007 to Dec 31, 2007
               Previous Year Period:  Jan 01, 2006 to Dec 31, 2006
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
                       Site     Site    Site  Area     National   2010
                     Current   Prev    Base  Current  2007       Goal
-------------------------------------------------------------------------------

DIABETES

Comprehensive Care                                7.3%   TBD        N/A
 505901 DEMO INDIAN     X.X%     X.X%     X.X%
 505901 DEMO INDIAN     X.X%     X.X%     X.X%

DENTAL

Top Fluoride-# Apps                              86       TBD        N/A
 505901 DEMO INDIAN      XX       XX       XX
 505901 DEMO INDIAN      XX       XX       XX

IMMUNIZATIONS

DM: Influenza                                   42.2%   TBD        N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

DM: Pneumovax Ever                              48.6%   TBD        N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

Childhood (19-35 Months)
 AC: 4:3:1:3:3:1                                19.6%   N/A        N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

 AC: 4:3:1:3:3:1:4                               3.9%   N/A        N/A
 505901 DEMO INDIAN     X.X%     X.X%     X.X%
 505901 DEMO INDIAN     X.X%     X.X%     X.X%

 IMM: 4:3:1:3:3:1                               34.5%   N/A        N/A
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%
 505901 DEMO INDIAN    XX.X%    XX.X%    XX.X%

 IMM: 4:3:1:3:3:1:4                              6.9%   N/A        N/A
 505901 DEMO INDIAN     X.X%     X.X%     X.X%
 505901 DEMO INDIAN     X.X%     X.X%     X.X%

Adolescent (13-17 Years)
 AC: 1:3:2:1                                     1.2%   N/A        N/A
 505901 DEMO INDIAN     X.X%     X.X%     X.X%
 505901 DEMO INDIAN     X.X%     X.X%     X.X%

 AC: 1 Tdap                                      2.3%   N/A        N/A
```

Figure 6-25: Example of Area ONM Report, Selected Other National Measures Clinical Performance Detail

6.2.4 Run Area Elder Care Report (AELD)

CI08 > AO > AELD

Use the **Area Elder Care Report (AELD)** option to produce an Area-wide Elder Care Report. This report may be aggregated only from report files for which ALL Elder Care measures were included. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The Area Elder Care report is different from the National GPRA Report, as it can be run for different types of user populations:

- American Indian and Alaska Natives (AI/AN) only
- non AI/AN
- both (i.e., the entire population)

This report can also be run for different date ranges, whereas the National GPRA Report uses only pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **Note:** To run the Area Aggregate Elder Care Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area Elder Care report, follow these steps:

1. At the "Select Area Options Option" Area Office menu prompt type **AELD** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: AELD <Enter>  Run AREA Elder Care Report
```

Figure 6-26: Accessing the Run Area Elder Care Report (AELD)

2. Select the date range for the report, by following steps a or b:
   a. To select a pre-defined period (e.g., January 1 - December 31):
      - Select one of the first four options (1 - 4)
      - Enter the calendar year of the report end date
   b. To enter your own report end date:
      - Select 5, User-defined Report Period
      - Enter the end date of the report in MM/DD/CCYY format (e.g., 11/30/2009)
3. Type the baseline year at the second "Enter Year" prompt and press Enter.

```
       2008 Area Aggregate Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER
measures for a year period you specify.  You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 27 topics in the Elder Care Measure 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
          5         User defined date range

Enter the date range for your report: 1 <Enter>  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2007
Enter Year: 2008 <Enter>  (2008)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 6-27: Area Elder Care Report (AELD), selecting pre-defined report time period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

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

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

Figure 6-28: Area Elder Care Report (AELD), selecting report population type

5. Next,
   - Select the facilities you want to include in the report.
   - Select an output option
   - Queue the report to run

   For detailed instructions, see steps 3 through 5 in Section 6.2.1, "Run Area National GPRA Report (AGP)."

6.2.5 Run Area HEDIS Report (AHED)

CI08 > AO > AHED

Use the **Area HEDIS Performance Report (AHED)** option to produce an Area-wide HEDIS Performance Report. This report aggregates all data files received to date from facilities, and reports the total Area-wide numbers.

The Area HEDIS Performance report is different from the National GPRA Report, as it can be run for different types of user populations:

- American Indian and Alaska Natives (AI/AN) only,
- non AI/AN, or
- both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA Report uses only pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **Note:** To run the Area Aggregate HEDIS Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area HEDIS Performance report, follow these steps:

1. At the "Select Area Options Option" prompt, type **AHED** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: AHED <Enter>  Run AREA HEDIS Report
```

Figure 6-29: Accessing the Run Area HEDIS Report (AHED)

2. Select the date range for the report, by following steps a or b:
   a. To select a pre-defined period (e.g., January 1 - December 31):
      - Select one of the first four options (1 - 4)
      - Enter the calendar year of the report end date
   b. To enter your own report end date:
      - Select 5, User-defined Report Period
      - Enter the end date of the report in MM/DD/CCYY format (e.g., 11/30/2009)

3. Type the baseline year at the second "Enter Year" prompt and press Enter.

   The date ranges that you have selected for the report are displayed, including Report (Current), Previous Year, and Baseline; for example,

```
            [AREA] IHS 2008 Area Aggregate HEDIS 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
          5         User defined date range

Enter the date range for your report: 1 <Enter>  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year: 2008 <Enter>  (2008)

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

The date ranges for this report are:
     Reporting Period:         Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 6-30: Area HEDIS Report (AHED), selecting pre-defined report time period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

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

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

Figure 6-31: Area HEDIS Report (AHED), selecting report population type

5. Next,
   - Select the facilities you want to include in the report.
   - Select an output option
   - Queue the report to run

   For detailed instructions, see steps 3 through 5 in Section 6.2.1, "Run Area National GPRA Report (AGP)."

6.2.6 Run Area Height and Weight File (AHW)

CI08 > AO > AHW

Use the Area Height and Weight File (AHW) option to produce an Area-wide delimited file containing unduplicated height and weight data for all Active Clinical patients through 65 years of age that are included in a National GPRA Report.

This option combines all data files received to date from facilities and combines them into a single or multiple delimited files that should be exported to the California Area Office on request by the Division of Epidemiology.

To run the Area Height and Weight File, follow these steps:

1. At the "Select Area Options Option" prompt, type **AHW** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: AHW <Enter>  Run AREA Height and Weight Data
File
```

Figure 6-32: Accessing the Run Area Height and Weight Data File (AHW)

The screen displays information about the file and the date range that has been pre-defined for the report are displayed. The date range uses the begin date of the current report period through the end date of the current report period of the National GPRA Report.

```
            [AREA] Area Aggregate Height and Weight Data Export

This option is used to produce an area aggregate Height and
Weight Export file. This is a single delimited file that will be comprised
of height and weight data.  This file will be used by the Division
of Epidemiology, where it will construct frequency curves of BMI as
a GPRA developmental performance measure.

This file will contain height and weight data for the time period
Jul 01, 2007 through Jun 30, 2008 for all Active Clinical
patients 0-18 who have both a height and weight value documented
on a visit and for all Active Clinical patients age 19-65 who
have a height and/or weight value documented on visits during this time
period.

You will now be able to select which sites to use in the export.

Press Enter to Continue:
```

Figure 6-33: Area Height and Weight Data File (AHW) display of information about the file

2. Select the facilities you want to include in the report.

   For detailed instructions, follow step 3 in Section 6.2.1, “Run Area National GPRA Report (AGP).”

   A message is displayed with the number of facilities whose data will be included in the file.

3. At the prompt to continue, press Enter, or type N and press Enter to cancel.

   A message is displayed informing you that you can create a single file containing all of the facilities’ height and weight data, or create multiple files in the event the number of records exceeds 65,536. The message also displays the name of the file(s).

```
A total of 2 facilities have been selected.

Do you wish to continue? Y// <Enter>  YES

An Area wide Height/Weight Export file will be created.  You can choose
to create one file of data or multiple files of data.  If you are
planning to review this data using Microsoft Excel please keep in
mind that Excel can only handle 65,536 records per file.  If you
are using this data for your own use and will be using Microsoft
Excel to review the data you must choose to create multiple files.
If you are creating this file to send to the Division of Epidemiology
then you should select to create one file.  If you want to both review
and export your data you will need to run this option twice.
If you choose to create one file it will be called:

     CRSHW505901200301012003123120061211141013_001_of_001.TXT
     and will reside in the q:\ directory.
If you have multiple files generated they will all have the
same name with the last 10 characters of the filename being a
of the number of files (e.g. _001_of_003).
```

Figure 6-34: Area Height and Weight Data File (AHW), export file message example

4. At the prompt to create one file or multiple files,
   - To create a single file, type O and press Enter.
   - To create multiple files (M), which is the default, press Enter.

```
     Select one of the following:

          O         ONE File of data
          M         MULTIPLE Files of data

Do you want to create one file or multiple files: M// O <Enter>  ONE File of
data

Writing out Ht/Wt file....
```

5. After the files are created, you should send them to California Area Office for forwarding to the IHS Division of Epidemiology.

   These files may also be used locally and can be opened in Excel.

Note: There is no print output option for this file.

6.2.7 Run Area Patient Education Report (APED)

CI08 > AO > APED

User the **Area Patient Education Report (APED)** option to produce an Area-wide Patient Education Report. This report may only be aggregated from report files for which ALL Patient Education measures were included. This report aggregates all data files received to date from facilities, and reports the total Area-wide numbers.

The Area Patient Education report is different from the National GPRA Report, as it can be run for different types of user populations:

- American Indian and Alaska Natives (AI/AN) only,
- non AI/AN, or
- both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA Report uses only pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **Note:** To run the Area Aggregate Patient Education Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area Patient Education report, follow these steps

1. At the "Select Area Options Option" prompt, type **APED** and press Enter; for example,

```
                          **************************
                          **   IHS/RPMS CRS 2008   **
                          **  Area Office Options  **
                          **************************
                                 Version 8.0

                             DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AONM   Run AREA Other National Measures Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   AHW    Run AREA Height and Weight Data File
   APED   Run AREA Patient Education Report
   LSTF   List files in a directory

Select Area Options Option: APED <Enter>  Run AREA Patient Education Report
```

Figure 6-35: Accessing the Run Area Patient Education Report (APED)

2. Select the date range for the report, by following steps a or b:
   a. To select a pre-defined period (e.g., January 1 - December 31):
      - Select one of the first four options (1 - 4)
      - Enter the calendar year of the report end date
   b. To enter your own report end date:
      - Select 5, User-defined Report Period
      - Enter the end date of the report in MM/DD/CCYY format (e.g., 11/30/2009)
3. Type the baseline year at the second "Enter Year" prompt and press Enter.

   The date ranges that you have selected for the report are displayed, including Report (Current), Previous Year, and Baseline; for example,

```
                IHS 2008 Area Aggregate Patient Education Report

This will produce an area aggregate report for all Patient Education
measures for a year period you specify.  You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 7 topics in the Patient Education Measures 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
          5         User defined date range

Enter the date range for your report: 1 <Enter>  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2008
Enter Year: 2008 <Enter>  (2008)

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

The date ranges for this report are:
     Report Period:            Jan 01, 2008 to Dec 31, 2008
     Previous Year Period:     Jan 01, 2007 to Dec 31, 2007
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 6-36: Area Patient Education Report (APED), selecting pre-defined report time period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     Select one of the following:

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

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

Figure 6-37: Area Patient Education Report (APED), selecting report population type

5. Next,
   - Select the facilities you want to include in the report.
   - Select an output option
   - Queue the report to run

   For detailed instructions, see steps 3 through 5 in Section 6.2.1, "Run Area National GPRA Report (AGP)."

6.3 List Files in a Directory (LSTF)

CI08 > AO > LSTF

The List Files in a Directory (LSTF) option enables Area Office technical staff to view a list of FileMan files that have been transmitted by facilities to the Area for aggregation. This list does not indicate whether the file has been uploaded into CRS.

Only FileMan data files created by CRS 2008 (BGP v8.0) are listed. File names begin with "BG08," followed by the six-digit ASUFAC code for the facility that created and transmitted the file.

Files with an extension containing

- .HE identify HEDIS Performance Reports
- .ONM identify Other National Measures Reports
- .EL identify Elder Care Reports
- .PED identify Patient Education Reports

GPRA Performance Reports are treated the same as National GPRA Reports and will be displayed with them, if they have a report period of July 1, 2007 - June 30, 2008, a baseline year of 2000, and a population of AI/AN. These reports only have numbers in the file name extension.

To view the list of files that have been transmitted for aggregation, follow these steps:

1. At the "Select Area Office Options Option" prompt, type **LSTF** and press Enter.
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 national Performance report.

   A list of files are displayed. For example, the first seven files shown in the following figure are all National GPRA and GPRA Performance Report files.

```
This option is used to list all CRS 2008 files that are in a
directory. These files begin with BG08. You must specify the
directory in which the CRS 2008 data files reside.
Enter directory path (i.e. /usr/spool/uucppublic/): q:\

The following CRS 2008 files reside in the q:\ directory.

     BG08355901.50
     BG08355901.52
     BG08355901.54
     BG08355901.57
     BG08355901.59
     BG08355901.60
     BG08355901.63
     BG08355901.EL85
     BG08355901.EL86
     BG08355901.EL87
     BG08355901.HE56
     BG08355901.HE57
     BG08355901.HE58
     BG08355901.ONM56
     BG08355901.ONM58
     BG08355901.ONM64
     BG08355901.PED36
     BG08355901.PED37

Enter RETURN to continue or '^' to exit:
```

Figure 6-38: Displaying CRS Data Files

3. At the prompt to continue, press Enter to return to the Area Office Options menu.

7.0 RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general Rules of Behavior for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS web site,

http://security.ihs.gov/

The Rules of Behavior listed in the following sections are specific to RPMS.

7.1 All RPMS Users

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

7.1.1 Access

RPMS Users Shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or non-public agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS Users Shall NOT

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform your OFFICIAL duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their job or by divulging information to anyone not authorized to know that information.

7.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS Users Shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS polices and procedures prior to interconnection to or transferring data from RPMS.

7.1.3 Accountability

RPMS Users Shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Logout of the system whenever they leave the vicinity of their PC.
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and IT information processes.

7.1.4 Confidentiality

RPMS Users Shall

- Be aware of the sensitivity of electronic and hardcopy information, and protect it accordingly.
- Store hardcopy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media, prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all HIPAA regulations to ensure patient confidentiality.

RPMS Users Shall NOT

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

7.1.5 Integrity

RPMS Users Shall

- Protect your system against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS Users Shall NOT

- Violate Federal copyright laws.
- Install or use unauthorized software within the system libraries or folders
- Use freeware, shareware, or public domain software on/with the system without your manager's written permission and without scanning it for viruses first.

7.1.6 System Logon

RPMS Users Shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after 5 successive failed login attempts within a specified time period (e.g., one hour).

7.1.7 Passwords

RPMS Users Shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha, numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts, or batch files.
- Change password immediately if password has been seen, guessed, or otherwise compromised; and report the compromise or suspected compromise to your ISSO.
- Keep user identifications (ID) and passwords confidential.

RPMS Users Shall NOT

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per 8 characters from the previous password.
- Post passwords.

- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

7.1.8 Backups

RPMS Users Shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

7.1.9 Reporting

RPMS Users Shall

- Contact and inform your ISSO that you have identified an IT security incident and you will begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS Users Shall NOT

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once

7.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS Users Shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10-minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on your screen after some period of inactivity.

7.1.11 Hardware

RPMS Users Shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS Users Shall NOT

- Eat or drink near system equipment

7.1.12 Awareness

RPMS Users Shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS Manuals for the applications used in their jobs.

7.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and non-recovery of temporary files created in processing sensitive data, virus protection, intrusion detection, and provides physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS Users Shall

- Remotely access RPMS through a virtual private network (VPN) when ever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS Users Shall NOT

- Disable any encryption established for network, internet, and web browser communications.

7.2 RPMS Developers

RPMS Developers Users Shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Shall not access live production systems without obtaining appropriate written access, shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Shall observe separation of duties policies and procedures to the fullest extent possible.
- Shall document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change and reason for the change.
- Shall use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Shall follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.
- Shall document and implement security processes whenever available.

RPMS Developers Shall NOT

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Not release any sensitive agency or patient information.

7.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS Users Shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need to know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, CISO, and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.

- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and back up files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to; abide by all Department and Agency policies and procedures.

Privileged RPMS Users Shall NOT

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Not release any sensitive agency or patient information.

8.0 Glossary

A

Active Clinical CHS Patients

Used when the CHS-Only site parameter is set to "Y." Setting this site parameter to "Y" changes the definition of the Active Clinical population (see below) to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population. For a detailed description of the denominator, see Section 3.2.3.2.

Active Clinical Patients

One of the two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it was felt to be more representative of the active clinical population than the standard User Population definition. For a detailed description of the denominator, see Section 3.2.3.1.

ADA

Abbreviation for the American Dental Association, a professional organization for dentists. The ADA maintains a hardcopy dental claim form and the associated claim submission specifications, and also maintains the Current Dental Terminology (CDT) medical code set. The ADA and the Dental Content Committee (DeCC), which it hosts, have formal consultative roles under HIPAA.

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.

B

Banner

A line of text with a user's name and domain.

Baseline Year

CRS calculates and reports on results for and comparisons between three time periods for each measure: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time 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.

C

CHSDA

Abbreviation for Contract Health Services Delivery Area.

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. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

CRS

The Clinical Reporting System (CRS) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

D

Denominator

The denominator for a measure is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures

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

Device

A device that either displays or prints information.

E

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.

F

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.

G

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 3.1.1for detailed description.

GPRA Measure

Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. FY 2008, the IHS has 35 GPRA measures in three main categories: Treatment (20), Prevention (12), and Capital Programming/Infrastructure (3). These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress

IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; 2) providing final definitions for performance measures for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to measures for the following fiscal year.

H

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 measure 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®). 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

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. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

INDEX (%INDEX)

A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init

Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

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.

K

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.

L

Local Report (CRS)

CRS produces reports for each measure (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.

Logic

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

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.

M

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.

N

Namespace

A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application. For example, the namespace assigned to the Clinical Reporting System is BGP.

NDC

Abbreviation for National Drug Code, a medical code set maintained by the Food and Drug Administration, which contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.

National GPRA Report

For the Clinical Reporting System, the National GPRA Report includes the specific denominator and numerator from each of the clinical measure topics that are included in the IHS GPRA performance plan, and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

Numerator

The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

O

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.

P

Patient List

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

Performance Measure

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

Performance Measure Topic

An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (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 measure is Controlled Blood Pressure.

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.

Q

QI

Abbreviation for quality improvement.

Quarter Ending (for CRS reports)

Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are 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.

R

Receipt dates

The date that the party received the information

Receiving Party

The person or organization that is receiving the information.

Report Period

CRS reports analyze and report on a minimum of one year's data for all measures. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting a date range of April 1 – March 31 and a CY end date of 2007 will select a Report Period of April 1, 2005 – March 31, 2007. All CRS reports also display the Previous and Baseline period for comparison.

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.

S

Sequential

Arranged in a particular order

Site Specific

Particular to a specific site

STAT

Immediately

T

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 CRS performance measure 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, CRS uses taxonomies that can be populated by each individual facility with its own codes.

U

UCI

User Class Identification: a computing area.

Up-Hat (^)

A circumflex or caret, which is used as a delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.

User Population

The Clinical Reporting System uses two main denominators for its reports, 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. For CRS, User Population is defined as any AI/AN patient who is alive on the last day of the Report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See Section 3.2.3 for detailed description of the two denominators.

Utility

A callable routine line tag or function. A universal routine usable by anyone.

V

VA Drug Class

A five-character, alpha-numeric code that specifies a broad classification and a specific type of product used by the Veterans Health Administration. The first two characters are letters and form the mnemonic for the major classification (e.g., AM for antimicrobials). Characters 3 through 5 are numbers and form the basis for sub-classification. The VA Drug Classification system classifies drug products, not generic ingredients.

Variable

A character or group of characters that refers to a value. MUMPS recognizes 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.

9.0 Appendix A: FY06 - FY08 GPRA Measures

The tables displayed on the following pages provide definitions, Headquarters leads or "owners," data source for performance measure reporting and performance targets for each GPRA performance measure.

> **Note:** Measures 15 (Diabetic Dental), 22 (Customer Satisfaction), 37 (Consultation Process), 38 (CHS Procurement Improvement), 39 (Public Health Infrastructure) 40 (Compliance Plans), and 41 (Tribal SD Process) were completed prior to 2006 and have been removed from the matrix. 19 (Urban) removed 1/2006 due to elimination of program funding.

9.1 FY 2006, 2007, 2008 GPRA MEASURES (revised 01/18/07)

9.1.1 Treatment Measures

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Maintain at the FY 2005 rate of 15% **Result: 16%** **Not Met** (Increase in A1c>9.5 is a negative result)	Decrease the rate to 15%	Maintain at the FY 2007 target rate of 15%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Increase the rate to 32% (2% above the FY 2005 rate of 30%) **Result: 31%** **Not Met**	Increase the rate to 32%	Increase the rate to 33%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2005 rate of 37% **Result: 37%** **Met**	Maintain at the FY 2006 rate of 37%	Maintain at the FY 2007 target rate of 37%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Increase the rate to 56% (3% higher that the FY 2005 rate of 53%) **Result: 60%** **Met**	Maintain at the FY 2006 rate of 60%	Maintain at the FY 2007 target rate of 60%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Increase the rate to 50% (3% higher than the FY 2005 rate of 47%) **Result: 55%** **Met**	Establish the baseline rate of assessment based on new, more stringent standard of care	Maintain at the FY 2007 baseline rate	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2005 rate of 50% at designated pilot sites Establish a baseline rate for all sites **Result: 52%/Baseline of 49% set** **Met**	Maintain at the FY 2006 baseline rate of 49% at all sites	Maintain at the FY 2007 target rate of 49%	Mark Horton, PIMC 602-263-1200, ext 2217 602-820-7654 (cell)

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Cancer Screening Group				
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Maintain at the FY 2005 rate of 60% **Result: 59%** **Not Met**	Increase the rate to 60%	Maintain at the FY 2007 target rate of 60%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2005 rate of 41% **Result: 41%** **Met**	Maintain at the FY 2006 rate of 41%	Maintain at the FY 2007 target rate of 41%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	Establish baseline rate **Result: Baseline set at 22%** **Met**	Maintain at the FY 2006 rate of 22%	Maintain at the FY 2007 target rate of 22%	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output]	Maintain 100% accreditation rate **Result: 100% accredited** **Met**	Maintain 100% accreditation rate	Maintain 100% accreditation rate	Wilbur Woodis, OCPS/DBH, 301- 443-6581
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Increase the screening rate to 12% (1% over the FY 2005 rate of 11%) **Result: 28%** **Met**	Maintain at the FY 2006 rate of 28%	Maintain at the FY 2007 target rate of 28%	Wilbur Woodis, OCPS/DBH, 301-443-6581

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Oral Health Group				
12. Topical Fluorides: Number of patients receiving one or more topical fluoride. [outcome]	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride **Result: 95,439** **Met**	Maintain at the FY 2006 rate of 95,439 patients receiving topical fluoride	Maintain at the FY 2007 target rate of 95,439 patients receiving topical fluoride	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Maintain at the FY 2005 rate of 24% **Result: 23%** **Not Met**	Increase the rate to 24%	Maintain at the FY 2007 target rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2005 rate of 249,882 sealants **Result: 246,645** **Not Met**	Maintain at the FY 2006 rate of 246,645	Maintain at the FY 2007 target rate of 246,645	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Violence, Abuse, and Neglect Measure				
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Increase the rate to 14% (1% over the FY 2005 rate of 13%) **Result: 28%** **Met**	Maintain at the FY 2006 rate of 28%	Maintain at the FY 2007 target rate of 28%	Denise Grenier, ITSC, Tucson, 520-670-4865

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software. [output]	Increase over the FY 2005 rate **Result: Increased by 1** **Met**	All clinical GPRA performance measures will be reported using CRS software	Eliminate in FY 2008	Theresa Cullen, ITSC/DIR/OMS, 520-670-4803
18. Depression Screening: Proportion of adults ages 18 and over who are screened for depression. [outcome]	Establish the baseline rate of adults screened for depression **Result: Baseline set at 15%** **Met**	Maintain at the FY 2006 rate of 15%	Maintain at the FY 2007 target rate of 15%	Wilbur Woodis, OCPS/DBH, 301-443-6581
Quality of Care Group				
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [output]	Maintain 100% accreditation rate **Result: 100% accredited** **Met**	Maintain 100% accreditation rate	Maintain 100% accreditation rate	Balerma Burgess, ORAP/BOE, 301-443-1016
21. Medication Error Improvement: Number of Areas with a medical error reporting system. [outcome] **In 2007, changes to Patient Safety: Development and deployment of patient safety measurement system.** **[efficiency]**	Establish and evaluate a medical error reporting system at 3 Areas **Result: Medical error reporting system established at 3 Areas** **Met**	Patient Safety: Develop patient safety measurement system and deploy to 7 sites	Deploy system to 10 additional sites	Sheila Warren, OCPS 301-443-9058 Theresa Cullen, CIO, OIT, 301-443-9848

TREATMENT MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome]	Increase the rate to 32% (2% over the FY 2005 rate of 30%) **Result: 37% placement rate** **Met**	Increase 5% over the FY 2006 rate to 42%	Increase 3% over the FY 2007 target rate to 45%	Georgianna Old Elk, OPHS, 301-443-2349

9.1.2 Prevention Measures

PREVENTION MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Public Health Nursing Measure				
23. Public Health Nursing: Develop and implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community. [output]	Develop data system **Result: Data system developed** **Met**	Establish a baseline of time spent and nature of public health activities	Increase 5% over the FY 2007 baseline	Cheryl Peterson, OCPS, 301-443-1840

PREVENTION MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Immunization Group				
24. Childhood Immunizations: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2005 rate of 75% **Result: 80%(Immunization Report)/78% (CRS using the Immunization Package denominator)** **Met**	Maintain at the FY 2006 rate of 78%	Maintain at the FY 2007 target rate of 78%	Amy Groom, OPHS/Epi, 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2005 rate of 59% **Result: 58%** **Not Met**	Increase the rate to 59%	Maintain at the FY 2007 target rate of 59%	Amy Groom and Jim Cheek, DPHS/Epi, 505-248-4226
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Increase the rate to 72% (3% over the FY 2005 rate of 69%) **Result: 74%** **Met**	Increase the rate to 76% (2% over the FY 2006 rate of 74%)	Maintain at the FY 2007 target rate of 76%	Amy Groom and Jim Cheek, OPHS/Epi, 505-248-4226

PREVENTION MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Injury Prevention Group				
27. Injury Intervention: Number of community-based injury prevention programs [output] **In FY 2007 measure will reflect number of projects per Area. In FY 2008 measure changes to Injury Intervention (Motor Vehicle Injuries): Occupant protection restraint use**.	Implement web-based data collection system to report injury prevention projects. **Result: System implemented** **Met**	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system.	Administer a recognized occupant protection survey in 11 IHS Areas, in order to establish a baseline for restraint use.	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN people (three-year rates centered on mid-year). [outcome]	Maintain the unintentional injury mortality rate at 93.8 per 100,000 **Result: Due 12/09** **Pending**	Maintain the unintentional injury mortality rate at 93.8 per 100,000	Maintain the unintentional injury mortality rate at 93.8 per 100,000	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
29. Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) providers [output]	Establish a baseline of suicidal behavior report forms completed and submitted **Result: Baseline of 1603 established** **Met**	Maintain at the FY 2006 baseline of 1603 suicidal behavior report forms completed and submitted	Increase the number of suicidal behavior report forms completed and submitted to 1683	Wilbur Woodis, OCPS/DBH, 301-443-6581

PREVENTION MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Developmental Prevention and Treatment Group				
30. **CVD Prevention: Cholesterol**: Proportion of patients ages 23 and older who receive blood cholesterol screening. [outcome] **In FY 2007 changes to CVD Prevention: Comprehensive Assessment: Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors**.	Increase the rate to 44% (1% over the FY 2005 rate of 43%) **Result: 48%** **Met**	CVD Prevention: Comprehensive Assessment: Establish the baseline rate of at-risk patients who have a comprehensive assessment	Maintain at the FY 2007 baseline rate	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
31. Childhood Weight Control: Proportion of children ages 2-5 years with a BMI of 95% or higher. [outcome]	Establish the baseline rate of children ages 2-5 with a BMI of 95% or higher **Result: Baseline set at 24%** **Met**	Maintain at the FY 2006 baseline rate of 24%	Maintain at the FY 2007 target rate of 24%	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
32. Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention [outcome]	Establish the baseline rate of patients receiving tobacco cessation intervention **Result: Baseline set at 12%** **Met**	Maintain at the FY 2006 baseline rate of 12%	Maintain at the FY 2007 target rate of 12%	Nat Cobb, OPHS/Epi, 505-248-4132
HIV/AIDS Measure				
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]	Increase the rate to 55% (1% over the FY 2005 rate of 54%) **Result: 65%** **Met**	Maintain at the FY 2006 rate of 65%	Maintain at the FY 2007 target rate of 65%	Jim Cheek, DPHS/Epi, 505-248-4226

PREVENTION MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS). **In FY 2008 measure changes to Environmental Surveillance: Identify and address environmental risk factors in communities**. [output]	Increase the number of tribal programs to 18 **Result: 20 programs** **Met**	Increase the number of tribal programs to 29	Establish a baseline of common environmental risk factors in communities.	Kelly Taylor, OEHE,OPHS, 301-443-1593

9.1.3 Capital Programming/Infrastructure Measures

CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
Performance Measure	**FY 2006 Target and Result**	**FY 2007 Target**	**FY 2008 Target**	**Measure Lead**
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome]	Provide sanitation facilities to 22,000 homes **Result: 24,090** Met	Provide sanitation facilities to 22,500 homes	Provide sanitation facilities to 21,375 homes	James Ludington, OEHE/DSFC, 301-443-1046
35A. Sanitation Improvement: Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. [outcome]	Assure that 20% of existing homes served are at Deficiency Level 4 or above **Result: 35%** **Met**	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2006 rate of 35%	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2007 target rate of 35%	James Ludington, OEHE/DFSC, 301-443-1046
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. [efficiency]	Complete construction of replacement health centers at Red Mesa, AZ, St. Paul, AK, and Metlakatla, AK **Result: 3 projects completed** **Met**	Complete construction of replacement health centers at Sisseton, SD and Clinton, OK	Complete construction of replacement health centers at: Phoenix-Nevada Youth Regional Health Center (YRTC), Fort Belknap Quarters, MT, and Cherokee Nation (Muskogee), OK	Jose Cuzme, OEHE/DFPC, 301-443-8616

10.0 Appendix B: Working with Delimited Files

For more reporting flexibility, such as rearranging report data in a different format or performing other types of calculations on report numbers, select the "Create delimited output file" report output option.

> **Note**: This option is particularly useful for manipulating pages of patient lists, enabling users to sort the lists by any column they want.

For detailed instructions on running a specific report, see Section 5.0, "Reports and Patient Lists."

10.1 Producing a Delimited File

After you have set the parameters of the report you want to create, CRS displays a summary of those parameters. The following example uses the National GPRA report as an example.

1. After the Summary of the report you have selected to create, type **D** at the "Select an Output Option" prompt, and press Enter.

   For example:

```
                SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:         Jul 01, 2007 to Jun 30, 2008
     Previous Year Period:     Jul 01, 2006 to Jun 30, 2007
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 999989

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

     Select one of the following:

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

Select an Output Option: P// D <Enter>  Create Delimited output file
```

Figure 10-1: Creating a delimited output file version of a report

When you select D to create a delimited file, you are prompted to print the delimited output to the screen, where you can capture the output, or print the output to a file.

2. At the "Select output type" prompt,

   a. Press Enter to accept the default, S, which prints the file to the screen where you can capture the output.

   b. Type **F** and press Enter to print the output to a file.

      Then type the name of the delimited file at the "Enter a filename for the delimited output" prompt.

> **Note:** The filename cannot exceed 40 characters and the .txt extension is appended to the name automatically Most sites are set up to print the file to your network's Public directory.

To access the file, 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.

3. Press Enter at the "Won't you queue this?" prompt to queue the report.

4. Specify a start time, either now or a later time, and press Enter.

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

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

     Select one of the following:

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

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

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

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW//20:00:00 <Enter> (APR 27, 2008@20:00:00)
```

Figure 10-2: Example of specifying the filename and queuing the delimited report run

10.2 Opening Text Files in Microsoft 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. On the **Open** dialog box,
   - Ensure that the **Files of type** is either **Text Files** or **All Files**.
   - Select the name of the text file you want to open.

   Then click **Open**.

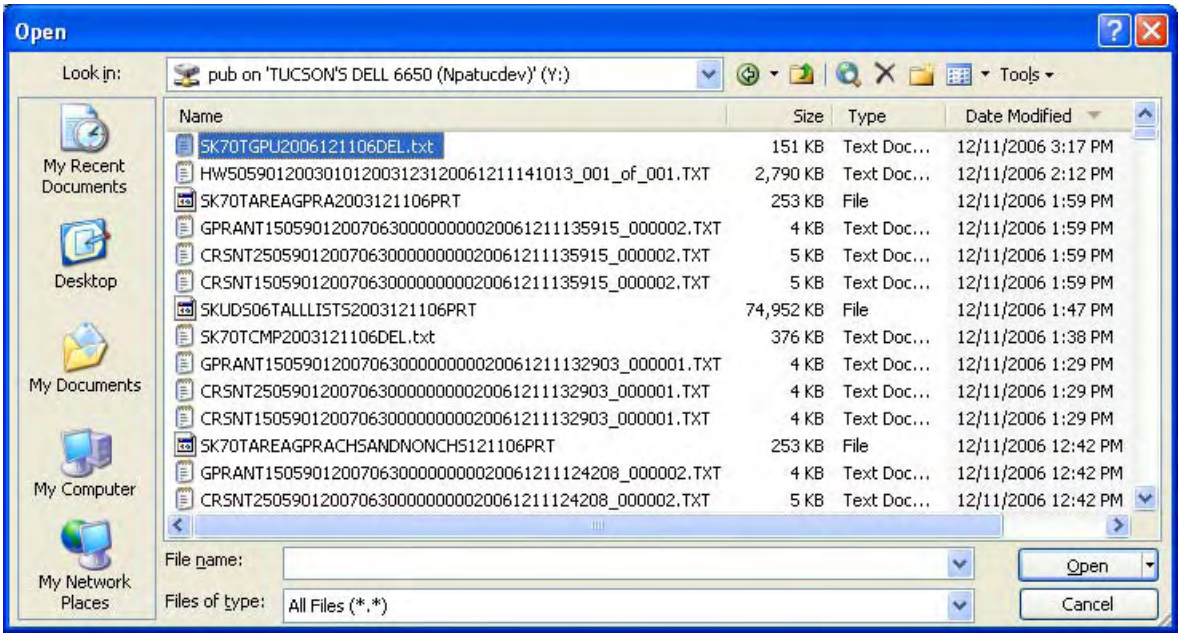


Figure 10-3: Importing the delimited file into Excel (step 4)

The **Text Import Wizard** should appear automatically.

5. On the **Text Import Wizard - Step 1 of 3** dialog box, check to make sure that the **Original Data Type** is **Delimited**.

   Then click **Next** to proceed.

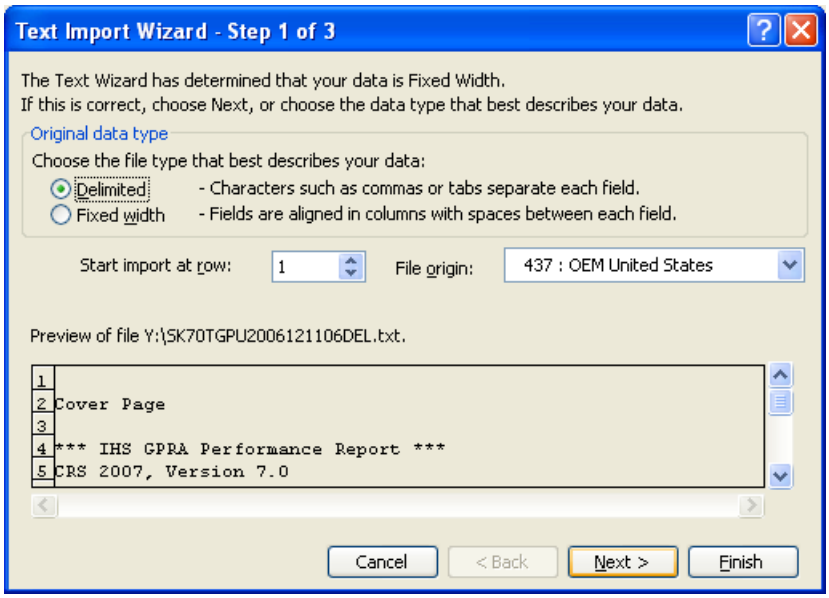


Figure 10-4: Importing the delimited file into Excel (step 5)

6. On the **Text Import Wizard - Step 2 of 3** dialog box,

   - For **Delimiters**, select **Other** and type a caret (^) in the box.

     This tells Excel that the file you are importing separates (delimits) the fields with a "^" character.

   - If any other delimiter is selected, deselect it.

   Then click **Next** to continue.

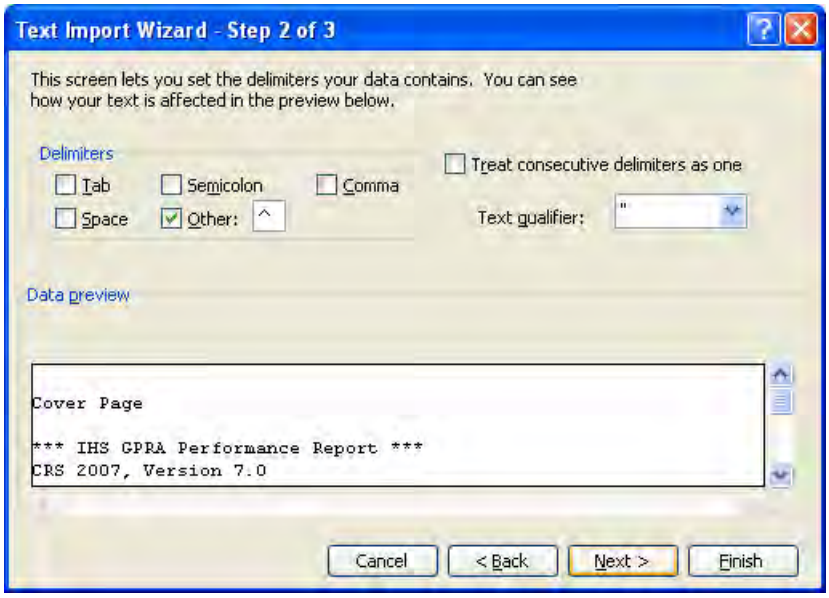


Figure 10-5: Importing the delimited file into Excel (step 6)

7. On the **Text Import Wizard - Step 2 of 3** dialog box,

   - Highlight all the columns by scrolling down until you see multiple columns in the Data Preview display, hold the shift key down, and click on the last column. All columns should now be highlighted.
   - Change the **Column data format** to **Text**.

     If you leave the format set to "General," Excel will reformat some of the cells; for example, change age ranges to dates.

   Then click **Finish**.

Figure 10-6: Importing the delimited file into Excel (step 7)

The data in the selected file appears in the Excel worksheet. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

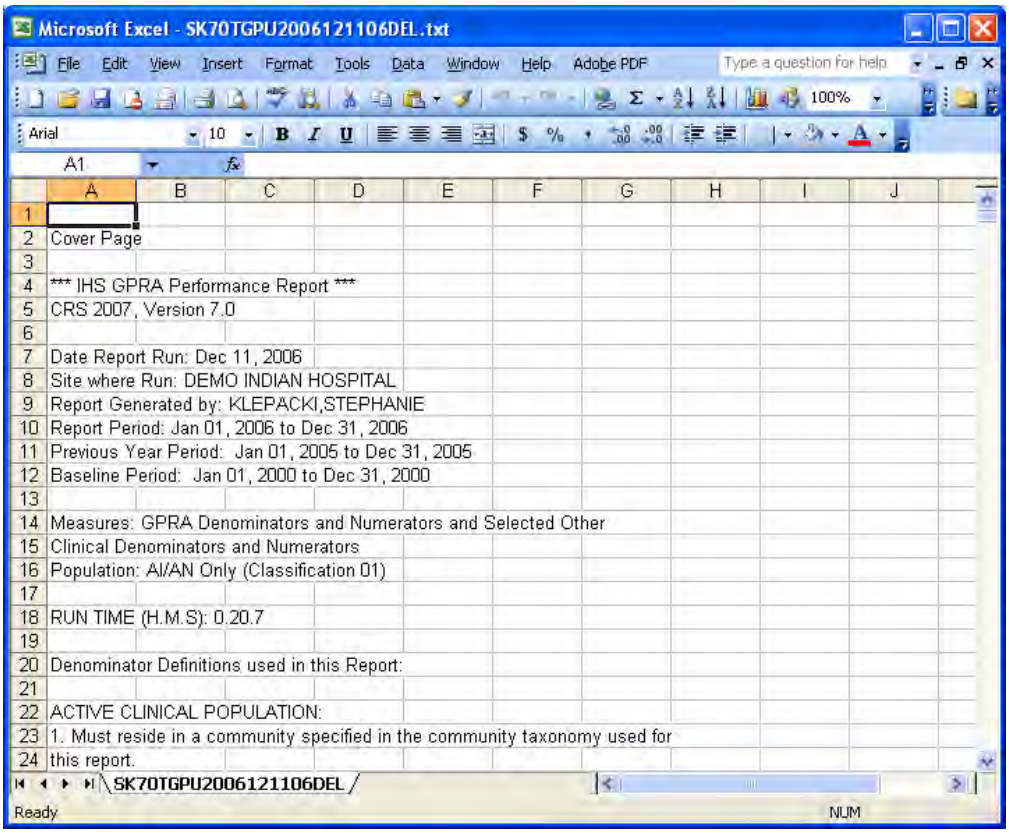


Figure 10-7: Example of a delimited file imported into Excel

Here is an example of a spreadsheet that has been formatted.

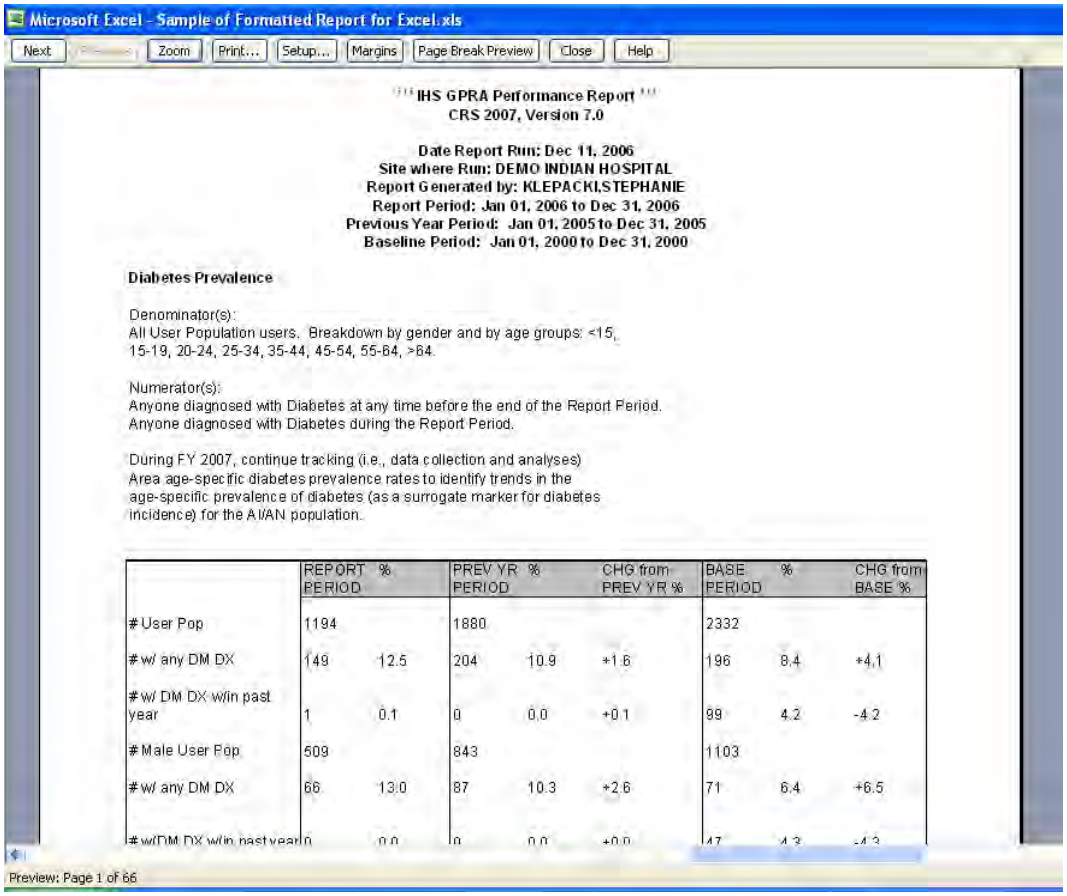


Figure 10-8: Example of a Formatted Performance Report in Excel

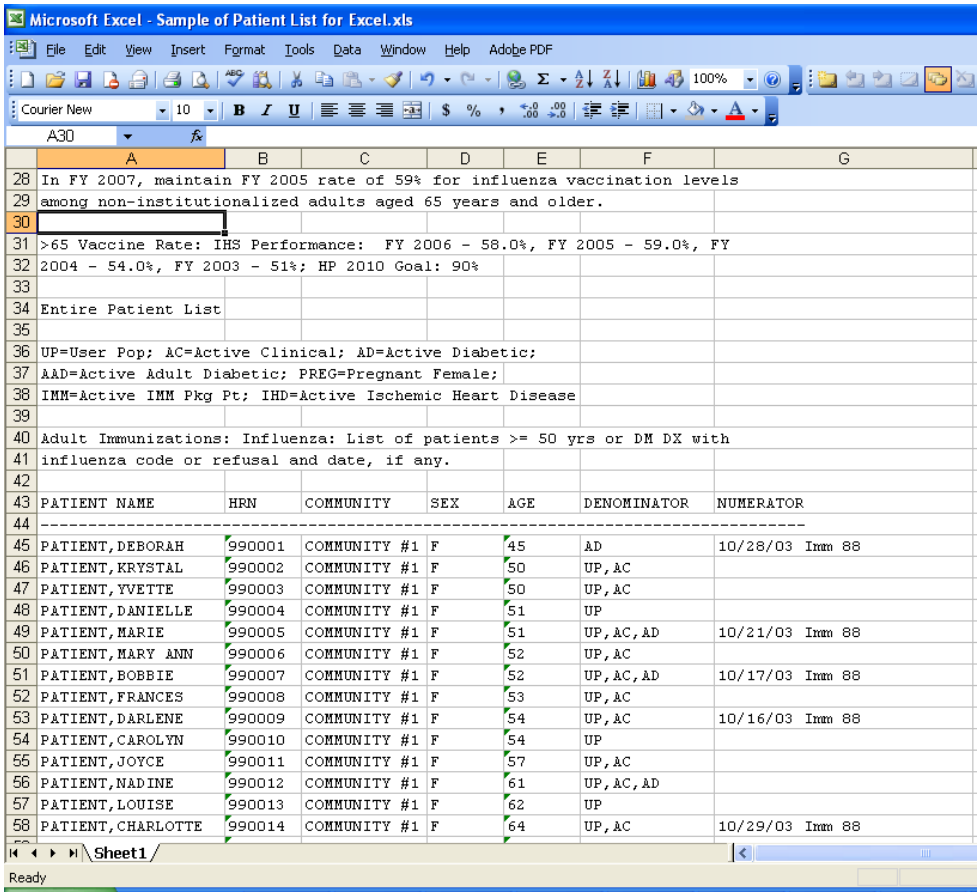
10.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g., Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. Follow the steps in Section 10.2 to open your delimited report in Excel.
2. In Excel, scroll down to the patient list that you want to sort.

3. Format the spreadsheet to see the data more clearly, for example, change the width of some columns.



Microsoft Excel - Sample of Patient List for Excel.xls

File Edit View Insert Format Tools Data Window Help Adobe PDF

Courier New 10 B I U

A30

	A	B	C	D	E	F	G
28	In FY 2007, maintain FY 2005 rate of 59% for influenza vaccination levels						
29	among non-institutionalized adults aged 65 years and older.						
30							
31	>65 Vaccine Rate: IHS Performance: FY 2006 - 58.0%, FY 2005 - 59.0%, FY						
32	2004 - 54.0%, FY 2003 - 51%; HP 2010 Goal: 90%						
33							
34	Entire Patient List						
35							
36	UP=User Pop; AC=Active Clinical; AD=Active Diabetic;						
37	AAD=Active Adult Diabetic; PREG=Pregnant Female;						
38	IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease						
39							
40	Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with						
41	influenza code or refusal and date, if any.						
42							
43	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
44	----------						
45	PATIENT,DEBORAH	990001	COMMUNITY #1	F	45	AD	10/28/03 Imm 88
46	PATIENT,KRYSTAL	990002	COMMUNITY #1	F	50	UP,AC	
47	PATIENT,YVETTE	990003	COMMUNITY #1	F	50	UP,AC	
48	PATIENT,DANIELLE	990004	COMMUNITY #1	F	51	UP	
49	PATIENT,MARIE	990005	COMMUNITY #1	F	51	UP,AC,AD	10/21/03 Imm 88
50	PATIENT,MARY ANN	990006	COMMUNITY #1	F	52	UP,AC	
51	PATIENT,BOBBIE	990007	COMMUNITY #1	F	52	UP,AC,AD	10/17/03 Imm 88
52	PATIENT,FRANCES	990008	COMMUNITY #1	F	53	UP,AC	
53	PATIENT,DARLENE	990009	COMMUNITY #1	F	54	UP,AC	10/16/03 Imm 88
54	PATIENT,CAROLYN	990010	COMMUNITY #1	F	54	UP	
55	PATIENT,JOYCE	990011	COMMUNITY #1	F	57	UP,AC	
56	PATIENT,NADINE	990012	COMMUNITY #1	F	61	UP,AC,AD	
57	PATIENT,LOUISE	990013	COMMUNITY #1	F	62	UP	
58	PATIENT,CHARLOTTE	990014	COMMUNITY #1	F	64	UP,AC	10/29/03 Imm 88

Sheet1

Ready

Figure 10-9: Example of a formatted Patient List in Excel

4. Highlight all of the rows containing patient names and information; for example,

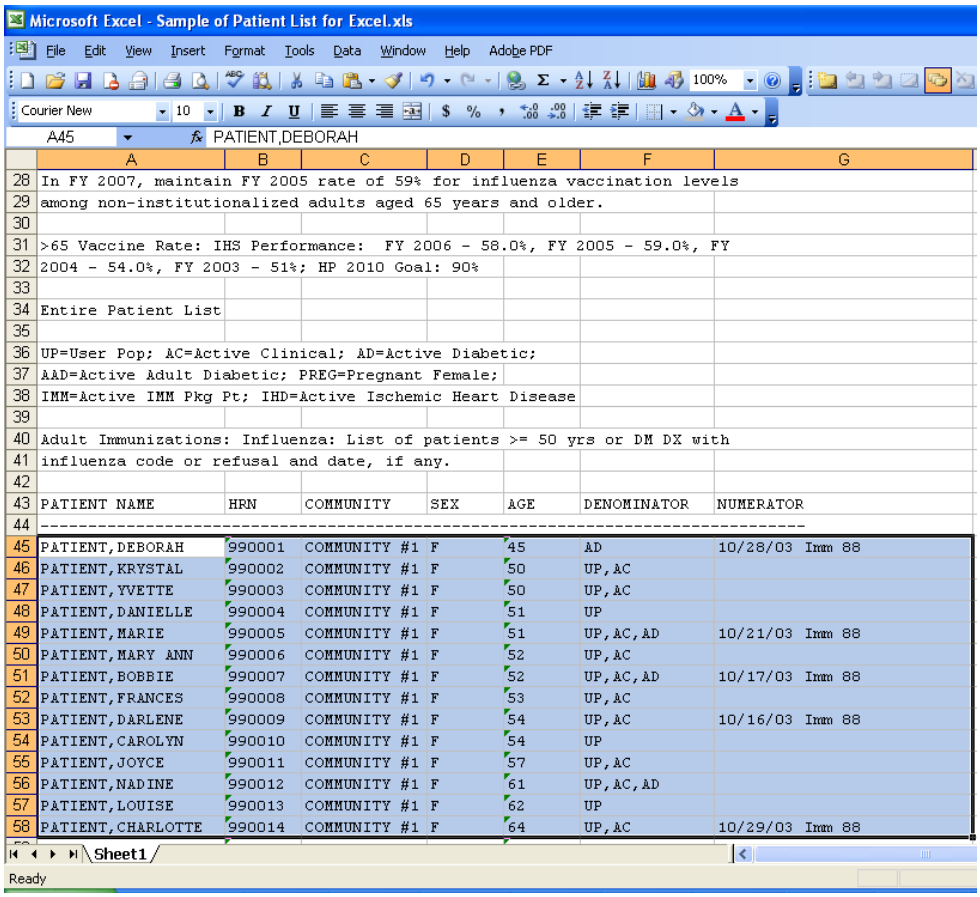


Figure 10-10: Example of Highlighted Rows

5. Select **Data**, then **Sort** from the **Toolbar**.

   The **Sort** dialog box is displayed.

6. On the **Sort** dialog box,
   - Select the columns that you want to sort by and whether to sort in Ascending or Descending order.
   - Select No header row.

   Then click OK.

Figure 10-11: Sort Dialog boxes

In this example, the sort is based on the data in the last column (G) in ascending order. The resulting list will display patients with an immunization, followed by patients with no immunization.

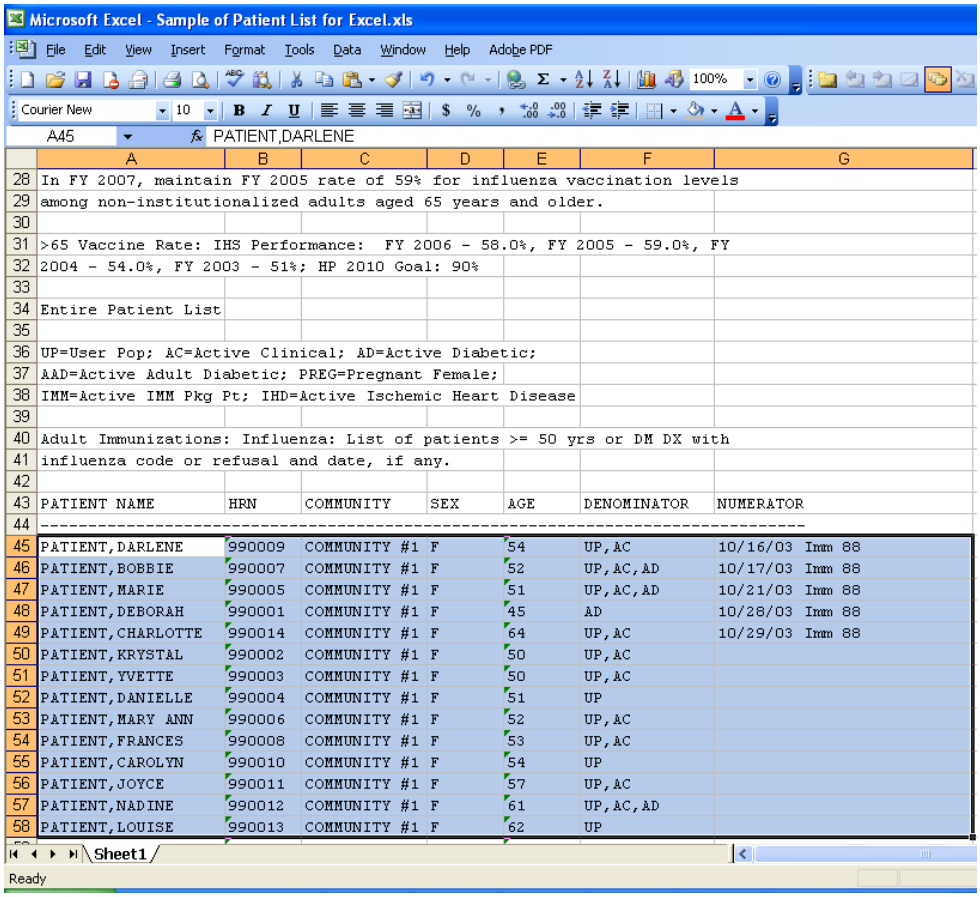


Figure 10-12: Example of a sorted Patient List in Excel

11.0 Appendix C: Creating a Patient Panel with Q-Man

Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 5.8.2.2 for detailed description).

Note: Patient panels must be created as FileMan search templates.

The following example demonstrates how to use QMan to create a list, or panel, of patients. In this example, the list created is for all female patients seen in the past year by a specified provider (PROVIDER1,TEST), who was designated as the Primary provider for a visit.

```
                        *****  Q-MAN OPTIONS  *****

     Select one of the following:

          1         SEARCH PCC Database (dialogue interface)
          2         FAST Facts (natural language interface)
          3         RUN Search Logic
          4         VIEW/DELETE Taxonomies and Search Templates
          5         FILEMAN Print
          9         HELP
          0         EXIT

     Your choice: SEARCH// <Enter>  PCC Database (dialogue interface)

               *****  SEARCH CRITERIA  *****

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

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
       M       MALE
       F       FEMALE
Value: F <Enter>  FEMALE
Computing Search Efficiency
Rating.................................................

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE

Attribute of LIVING PATIENTS: VISIT <Enter>
```

```
SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 <Enter>  (DEC 11, 2005)
Exact ending date: T <Enter>  (DEC 11, 2006)

Next condition of "VISIT": PROVIDER <Enter>
           *****  PROVIDER-RELATED CRITERIA  *****

You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty, etc)
to be used as selection criteria.

     Select one of the following:

          1         NAME(S) of providers
          2         ATTRIBUTE(S) of providers

     Your choice: NAME(S)// <Enter>  of providers

Enter PROVIDER: PROVIDER1,TEST <Enter>
Enter ANOTHER PROVIDER: <Enter>

The following have been selected =>

     PROVIDER1,TEST
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

     Select one of the following:

          1         PRIMARY provider only
          2         SECONDARY providers only
          3         ALL providers
     Your choice: ALL// 1 <Enter>  PRIMARY provider only

         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2006 and DEC 11,2007@23:59:59
         PRIMARY PROVIDERS  (PROVIDER1)

Next condition of "VISIT": <Enter>

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE
         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2006 and DEC 11,2007@23:59:59
         PRIMARY PROVIDERS  (PROVIDER)

Attribute of LIVING PATIENTS: <Enter>
```

```
                    *****  Q-MAN OUTPUT OPTIONS  *****

     Select one of the following:

          1         DISPLAY results on the screen
          2         PRINT results on paper
          3         COUNT 'hits'
          4         STORE results of a search in a FM search template
          5         SAVE search logic for future use
          6         R-MAN special report generator
          9         HELP
          0         EXIT

     Your choice: DISPLAY// 4 <Enter>  STORE results of a search in a FM search
template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)

Enter the name of the SEARCH TEMPLATE: LAB SEEN BY FPROVIDER1 IN PAST YR <Enter>
  Are you adding 'LAB SEEN BY FPROVIDER1 IN PAST YR' as
    a new SORT TEMPLATE? No// Y <Enter>  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO// <Enter>

Want to run this task in background? No// <Enter>  (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS         SANTA  SEX     VISIT
(Alive)          NUMBER
-------------------------------------------------------------------------------
LASTNAME,AMY LY  123456 FEMALE  +
ROBIN,BLUE       234567 FEMALE  +
DUCK,DONALD      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
```

Figure 11 1: Creating a list of all female patients

12.0 Appendix D: AI/AN Clinical Information on Measures

12.1 Measure 7: Cancer Screening: Cervical Cancer (Pap) Screening

Cervical cancer screening is one of the success stories of cancer prevention. Although cervical cancer was once the leading cancer killer of women, it now ranks 13th in mortality among US women.

[1] An estimated 11,150 new cases of cervical cancer and 3,670 cervical cancer-related deaths were projected to occur in 2007 in the United States.[2]

When found and treated early, cervical cancer often can be cured. The incidence of cervical cancer has declined 70% since the introduction of the Pap smear in 1941.[3] Between 1955 and 1992, the number of cervical cancer deaths in the United States dropped by 74%, as Pap screening became more widespread. The death rate from cervical cancer continues to decline by about 4% a year.[4] A Pap smear can detect changes in the cervix before cancer develops. It can also find early cancer in its most curable stage. About 50% of cervical cancers occur in women who have never had a Pap and another 10% of cases occur in women who seldom get Pap screens (women who have not had a Pap within the previous 5 years or longer).[5]

---

[1] Saslow D, Runowicz CD, Solomon D, Moscicki AB, Smith RA, Eyre HJ, Cohen C; American Cancer Society. "American Cancer Society guideline for the early detection of cervical neoplasia and cancer." *CA, A Cancer Journal for Clinicians.* 2002 Nov-Dec;52(6):342-62.

[2] American Cancer Society. *Cancer Facts and Figures 2007* http://www.cancer.org/downloads/STT/CAFF2007PWSecured.pdf

[3] Sedlacek T. "Cost Effectiveness in New Technology in Cervix Cancer Screening," *Epidemiology* 2002; 13;26-29. Since 1973, the incidence and mortality of cervical cancer has declined by 40%.

[4] American Cancer Society. "What are the Key Statistics about Cervical Cancer?" http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea=

[5] Cox, T. "Human Papillomavirus and Cervical Cancer: A Quick Reference Guide for Physicians, 2001." http://www.arhp.org/healthcareproviders/onlinepublications/clinicalproceedings/cc_introduction.cfm?ID=95)

While regular Pap screening has become a standard part of gynecological care, disparities still persist. In 2004, 80% of US women (all races) with commercial health insurance had received a Pap screen within the past three years, compared to only 63.5% of women on Medicaid.[6] In the National Breast and Cervical Cancer Early Detection Program study of low-income women, only 60% of 312,858 women reported ever having had a Pap smear.[7] The Indian Health Service had a 59% pap screening rate for women ages 21-64 in FY 2007. This rate includes women who have had a pap smear within the previous three years.

Although American Indian and Alaska Native women once had very high incidence and mortality rates for cervical cancer, in recent years, these rates have declined. Yet, while AI/AN women now have a lower overall cervical cancer incidence rate than the US average, their *mortality* rate for cervical cancer has not shown the same rate of decline.

For the period between 1998-2002, the American Cancer Society reported an incidence rate for cervical cancer of 4.9 per 100,000 for AI/AN women, versus 8.7 for whites, 11.1 for African Americans, 8.9 for Asians, and 15.8 for Hispanics.[8] However, in a comparable period (2000-2002), the age-adjusted mortality rate for cervical cancer among AI/AN women was 3.8 times higher than all races.[9]

Among certain AI/AN populations, cervical cancer mortality and incidence rates are even higher. Among the AI population in North and South Dakota, for example, age-adjusted cervical cancer mortality rates were five times the national average between 1989 and 1993 (15.6/100,000 vs. 3.1/100,000). For the period 1994-1998, researchers found an annualized cervical cancer incidence rate of 11.5 per 100,000, compared to a national all race/ethnicity rate of 8.5 per 100,000. They also found a mortality rate of 4.5 per 100,000, compared to a national all-race/ethnicity rate of 2.7 per 100,000.[10]

[6] National Committee for Quality Assurance (NCQA). HEDIS 2004 www.ncqa.org

[7] Lawson H. W., Lee N. C., Thames S. F., Henson R., Miller D. S. "Cervical cancer screening among low-income women: results of a national screening program, 1991-1995." *Journal of Obstetrics and Gynecology*, 92: 745-752, 1998.

[8] American Cancer Society, *Cancer Facts and Figures 2006*. http://www.cancer.org/downloads/STT/CAFF2006PWSecured.pdf

[9] Indian Health Service, Division of Epidemiology.

[10] Leman RF, Espey D, Cobb N. "Invasive cervical cancer among American Indian Women in the Northern Plains, 1994-1998: incidence, mortality, and missed opportunities." *Public Health Report* 2005 May-Jun; 120(3):283-7.

One reason for a higher relative mortality rate among AI/AN women is low Pap screening rates. Native American women are more likely than any other racial or ethnic group to report never having had a prior Pap screen, and they also have the highest proportion of abnormal first screens (4.4% positive versus 3.0% for whites).[11]

Because of lower screening rates, AI/AN women with cervical cancer are less likely to have their cancers found at an earlier, more treatable stage. Lower Pap smear screening rates translate into later stages at diagnosis and poorer outcomes.[12] The 5-year relative survival rate for invasive cervical cancer caught at its earliest stage is almost 100%. A more advanced cancer that has not yet spread to lymph nodes or elsewhere (localized cancer) has a survival rate of about 92%. Only 13% of those with distant disease will survive 5 years. The overall (all stages combined) 5-year relative survival rate for cervical cancer is about 73%.[13]

The main risk factor for cervical cancer is infection by the Human Papilloma Virus (HPV). Most HPV infections will not lead to cervical cancer, but nearly 100% of women with cervical cancer have evidence of infection with HPV.[14] HPV is a group of 100 different types or strains of viruses, of which over 30 are sexually transmitted. HPVs are classified into high, intermediate, and low-risk types based on their association with invasive cancer. Types 16 and 18 are considered high-risk (oncogenic) types and are associated with aggressive forms of cervical cancers. The major risk factor for HPV infection is sexual behavior, including early age at onset of sexual activity, multiple sexual partners, failure to use barrier methods of contraception, and co-infection with other sexually transmitted diseases, particularly HIV. Genital HPV infection is especially common among sexually active young women (under age 25). By age 50, about 80 percent of women will have acquired a genital HPV infection.[15]

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[11] Bernard V, Lee N, Piper M, Richardson L. "Race-specific results of Papanicolaou testing and the rate of cervical neoplasia in the National Breast and Cervical Cancer Early Detection Program, 1991-1998 (United States)." *Cancer Causes and Control* Vol. 12, N 1. 2001: 61-68.

[12] Garner E."Cervical Cancer: Disparities in Screening, Treatment, and Survival." *Cancer Epidemiology Biomarkers & Prevention* Vol. 12, 242S-247S, March 2003.

[13] US Preventive Services Task Force. *Screening for Cervical Cancer: Recommendations and Rationale*. January 2003; and American Cancer Society. "What are the Key Statistics about Cervical Cancer?" http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea

[14] American Cancer Society. *Cancer Facts and Figures 2005*

[15] Centers for Disease Control and Prevention *Human Papillomavirus: HPV Information for Clinicians* April 2007 http://www.cdc.gov/std/hpv/common-clinicians/ClinicianBro-br.pdf
Garner E. "Cervical Cancer: Disparities in Screening, Treatment, and Survival." *Cancer Epidemiology Biomarkers & Prevention* Vol. 12, 242S-247S, March 2003.

There are also lifestyle risk factors for cervical cancer. Researchers believe that tobacco use damages the DNA of cervical cells; women who smoke are about twice as likely as non smokers to develop cervical cancer. Diets low in fruits and vegetables are also associated with an increased risk of cervical cancer.[16] Other risk factors include HIV infection, Chlamydia infection, long-term contraceptive use, multiple pregnancies, low socio-economic status, DES exposure, and a family history of cervical cancer.[17]

The US Preventative Services Task Force found "good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer." The USPSTF also found that "indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years"[18]

The American Cancer Society also recommends that screening for cervical cancer "should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age." The ACS recommends a screening schedule of "every year with regular Pap tests or every two years, using liquid-based tests" for women up to age 30. Women over age 30 with three normal test results in a row may be screened every 2-3 years. Women with weak immune systems or HIV infections may be tested more often. The ACS also recommends that "women age 70 and older who have had three or more normal Pap tests and no abnormal Pap tests in the last 10 years may choose to stop cervical cancer screening." The ACS further advises that "screening after total hysterectomy" is unnecessary "unless the surgery was done as a treatment for cervical cancer or pre-cancer."[19]

Pap screening every 3 years has been found to extend life at a cost of about $5,392 per year of life saved.[20] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[21]

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[16] American Cancer Society. "What is a Pap Test?" http://www.cancer.org/docroot/PED/content/PED_2_3X_Pap_Test.asp?sitearea=PED

[17] American Cancer Society. "What are the Key Statistics about Cervical Cancer?" http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_cervical_cancer_8.asp?sitearea

[18] US Preventive Services Task Force. *Screening for Cervical Cancer: Recommendations and Rationale*. January 2003.

[19] "Early detection of cervical cancer." *CA, A Cancer Journal for Clinicians*, 2002 Nov-Dec;52(6):375-6.

[20] McCrory, DC, Mather, DB, Bastian, L. et al. *Evaluation of Cervical Cytology. Evidence Report/Technology Assessment No. 5*. Rockville, Maryland: Agency for Health Care Policy and Research, 1999. AHCPR publication no. 99–E010.

The HPV DNA test can also test for the types of HPV that are most likely to cause cervical cancer. The FDA has approved it for use as a screening test *in combination with the Pap test* in women over 30 years old. The HPV DNA test is not recommended as a screening test in women under 30 because the test is not as useful in this population. The HPV DNA test can also be used in women with slightly abnormal Pap test results to determine if more testing or treatment is needed.[22]

12.2 Measure 8: Cancer Screening: Breast Cancer (Mammography) Screening

Breast cancer is the second most commonly diagnosed cancer among American women, after skin cancer. Breast cancer is also the second leading cause of cancer death among U.S. women, after lung cancer. The American Cancer Society estimated that in 2007, 178,480 women would be diagnosed with invasive breast cancer, and that there were over 2 million women living in the United States who have been treated for breast cancer. The ACS also estimated that 40,460 women would lose their lives to the disease in 2007.[23]

Breast cancer incidence and mortality rates increase with age. Between 1998 and 2002, 95% of all new cases and 97% of breast cancer deaths occurred in women age 40 and older. During this period, the median age at the time of diagnosis of breast cancer was 61 years.[24] About 77% of diagnoses are among women over 50.[25]

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[21] Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.

[22] American Cancer Society. "Can Cervical Cancer be prevented?" http://www.cancer.org/docroot/CRI/content/CRI_2_4_2X_Can_cervical_cancer_be_prevented_8.asp?rnav=cri

[23] American Cancer Society. *Cancer Facts and Figures, 2007* http://www.cancer.org/downloads/STT/CAFF2007PWSecured.pdf

American Cancer Society. "Overview: Breast Cancer." http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=5

[24] American Cancer Society. *Breast Cancer Facts and Figures 2005-2006* http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

[25] American Cancer Society. *Breast Cancer Detailed Guide*. Atlanta, Georgia: American Cancer Society, 2004. http://documents.cancer.org/104.00/104.00.pdf

Between 2000 and 2004, the breast cancer incidence rate among AI/AN women was 69.8/1000 and the mortality rate was 13.9/1000.[26] Although the incidence of breast cancer among AI/AN women is lower than that for other racial and ethnic groups, breast cancer is still the second leading cause of cancer death among AI/AN women.[27] Lack of physical activity, alcohol consumption, and obesity, health risks often found in the AI/AN community, have been linked to increased risk of breast cancer.[28]

Numerous trials and evaluations have shown that early detection of breast cancer through mammography increases the number of treatment options, improves the chance of successful treatment, and raises survival rates. Mammography detects an average of 90% of breast cancers in women without symptoms.[29] Through mammography, breast cancer can be detected at its earliest, most treatable stage, an average of 1-3 years before a woman can feel a lump. Mammography also locates cancers too small to be felt during a clinical breast examination.[30]

[26] American Cancer Societ. *Breast Cancer Facts and Figures 2007-2008* http://www.cancer.org/downloads/STT/BCFF-Final.pdf

[27] "Cancer mortality among American Indians and Alaska natives - United states, 1994-1998." *Mortality & Morbidity Weekly Report*, 8/1/2003 53 (30); 704-707. The mortality rate for breast cancer among AI/AN women is 17.0 per 100,000, compared to 29.4 for all races.

[28] American Cancer Society. *Breast Cancer Facts and Figures 2001-2002* http://www.cancer.org/downloads/STT/BrCaFF2001.pdf

[29] American Cancer Society. *Breast Cancer Facts and Figures, 2003-2004* http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf

[30] CDC Breast Cancer Screening http://www.cdc.gov/cancer/breast/basic_info/screening.htm

Regular mammography screening has been shown to reduce overall breast cancer mortality. One major review study found an average 24% percent mortality reduction associated with regular screening.[31] In 2002, the US Preventative Services Task Force concluded there was fair evidence that mammography screening every 1-2 years could reduce breast cancer mortality by approximately 20 percent to 25 percent over 10 years for women aged 40 and older.[32] One Swedish study found a mortality reduction of 30% for women ages 40-74, and 34% for women ages 50-74 through regular mammography screening.[33]

Since the late 1980s, breast cancer mortality has declined among women of all races. Between 1990 and 2004, the death rate declined 2.2% annually. The biggest improvement in the mortality rate was among younger women; among women under 50, the death rate declined by 3.3% from 1990 to 2004; among women over 50, the rate declined by 2.0% between 1990 and 2000. These decreases are thought to be the result of increased awareness, earlier detection through mammography screening, and improved treatment. [34] About 80% of all U.S. women aged 50 or older reported in 2002 that they had a mammogram in the previous 2 years, compared with 64% in 1992.[35]

However, there are disparities in rates of mammography screening for different groups. Women with less than a high school education, without heath insurance, or who are recent immigrants to the US are less likely to have had a recent mammogram.[36] Poor women are also less likely to have had a recent mammogram.[37]

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[31] Smith et al, American Cancer Society guidelines for breast cancer screening: update 2003. *CA A Journal for Clinicians*. 2003 May-Jun;53(3):141-69. http://caonline.amcancersoc.org/cgi/reprint/53/3/141.pdf

[32] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale.* February 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

[33] Tabar L, Fagerberg G, Chen HH, Duffy SW, Smart CR, Gad A, Smith RA. "Efficacy of breast cancer screening by age. New results from the Swedish Two-County Trial." *Cancer*. 1995 May 15;75(10):2507-17.

[34] American Cancer Society. *Breast Cancer Facts and Figures 2007-2008* http://www.cancer.org/downloads/STT/BCFF-Final.pdf

[35] "Behavioral Risk Factor Surveillance System Survey Data." Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1999 and 2002. Available at (Public Use Data Set) http://www.cdc.gov/brfss/technical_infodata/surveydata.htm

[36] American Cancer Society. *Breast Cancer Facts and Figures, 2007-2008* http://www.cancer.org/downloads/STT/BCFF-Final.pdf

American Indian and Alaska Native women also have significantly lower rates of mammography screening than other races. In 2000, the CDC found that 71.4% of white women 40 and over reported having a mammogram within the past two years, while only 47.3% of AI/AN women 40 and over did.[38] A survey published in 1999 found that 54% percent of American Indian and Alaska Native women aged 50 years and older had not had a mammogram in the past 24 months.[39] The Indian Health Service had a 43% mammography screening rate for women ages 52-64 in FY 2007. This rate includes women who have had a mammogram within the previous two years.

Low screening rates often result in poorer outcomes for AI/AN women diagnosed with breast cancer. While the incidence of breast cancer among AI/AN women is lower than other groups, AI/AN women diagnosed with breast cancer have lower five-year survival rates in comparison to U.S. whites, mainly because their cancers are less likely to be found in earlier stages.[40] As a result, the breast cancer *mortality* rate among AI/AN women is higher, relative to the *incidence* rate, when compared to other ethnic groups.[41]

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[37] While 72.2% of "near poor or non poor" women aged 40 and over reported having a mammogram within the past two years in 2000, only 55.2% of poor women aged 40 and over did.
Centers for Disease Control and Prevention, National Center for Health Statistics. "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000." *Health, United States 2003* p. 261 http://www.cdc.gov/nchs/data/hus/hus03.pdf

[38] Centers for Disease Control and Prevention, National Center for Health Statistics. "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000." *Health, United States 2003* p. 261
http://www.cdc.gov/nchs/data/hus/hus03.pdf
Note: some women mistake other procedures such as a chest x-ray for a mammogram. Therefore, the actual mammogram screening rate is often lower than the self-reported rate.

[39] Dept. of Health and Human Services. "The Health of American Indian & Alaska Native Women." Information Sheet. Washington, DC: June 1999.

[40] Frost F, Tollestrup K, Hunt WC, Gilliland F, Key CR, Urbina CE. "Breast cancer survival among New Mexico Hispanic, American Indian, and non-Hispanic white women (1973-1992)." *Cancer Epidemiology Biomarkers and Prevention* 1996 Nov; 5(11):861-6.

[41] The incidence of breast cancer among AI/ANs is 54.2 per 100,000 vs. 141.7 for whites, 96.8 for Asians, and 89.6 for Hispanics/Latinas. The breast cancer mortality rate for AI/AN women is 13.6, versus 26.4 for whites, 12.6 for Asians, and 17.3 for Hispanics/Latinas. American Cancer Society, *Cancer Facts and Figures, 2005*. http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf

Although there has been overall improvement in breast cancer mortality rates since 1990, AI/AN women have not shared these gains. From 1992 to 2002, death rates from breast cancer declined by 2.4% for whites, 1.8% for Hispanics, and 1.0% for African Americans and Asian Americans, but did not change for American Indians and Alaska Natives.[42]

Researchers have argued that the death rate from breast cancer could be reduced by more than 30% in American Indian women if current recommendations for biennial screening were followed.[43]

The CDC recommends that women between the ages of 50 and 74 receive a mammogram every 1-2 years. Because most diagnosed cases of breast cancer are among women aged 50 years or older, biennial screening of women between 50 and 69 has been shown to be a particularly cost-effective way to decrease the breast cancer mortality rate.[44]

The US Preventative Services Task Force recommends screening mammography every 1-2 years for women aged 40 and older. The USPSTF "found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer." The USPSTF also found that "evidence is strongest for women aged 50-69."[45]

A review of cost effectiveness of mammography screening found that biennial screening extends life for women aged 65 or older at a cost of about $36,924 per year of life saved.[46] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[47]

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[42] American Cancer Society. *Breast Cancer Facts and Figures 2005-2006*. http://www.cancer.org/downloads/STT/CAFF2005BrF.pdf

[43] Risendal B, Roe D, DeZapien J, Papenfuss M, Giuliano A. "Influence of health care, cost, and culture on breast cancer screening: issues facing urban American Indian women." *Preventative Medicine* 1999 Dec;29(6 Pt 1):501-9.

[44] Salzmann P, Kerlikowske K, Phillips K. "Cost Effectiveness of Extending Screening Mammography Guidelines to Include Women 40-49 Years of Age." *Annals of Internal Medicine* 1997; 127:955-965.

[45] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

[46] Mandelblatt J, Saha S, Teutsch S, et al. "The cost-effectiveness of screening mammography beyond age 65 years: a systematic review for the U.S. Preventive Services Task Force." *Annals of Internal Medicine 2003*;139(10):835–42.

[47] Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.

Provider recommendation is strong predictor of mammography use. One study found that "the most frequent reason cited by women for failure to have mammography is that a physician did not recommend one."[48] Another study found that "94% of women whose physicians had recommended mammograms had had one in the last 2 years, while only 36% of women whose physicians had not made the recommendation had had a mammogram."[49]

12.3 Measure 9: Cancer Screening: Colorectal Cancer Screening

Colorectal cancers are the third most common cancers in the United States, and are the third leading cause of cancer death. The American Cancer Society projects that an estimated 112,340 new cases of colon cancer and 41,420 new cases of rectal cancer will occur in the United States in 2007. Additionally, 52,180 colorectal cancer-related deaths are projected to occur in 2007.[50]

[48] Mandelblatt JS, Yabroff KR. "Effectiveness of interventions designed to increase mammography use: a meta-analysis of provider-targeted strategies." *Cancer Epidemiology Biomarkers and Prevention*. 1999 Sep;8(9):759-67.

[49] National Cancer Institute Breast Cancer Screening Consortium. "Screening Mammography: A Missed Clinical Opportunity: Results of the NCI Breast Cancer Screening Consortium and National Health Interview Survey Studies." *Journal of the American Medical Association* 1990;264:54-58.

[50] American Cancer Society. *Colorectal Cancer Facts and Figure, 2007*. http://www.cancer.org/downloads/STT/CAFF2007PWSecured.pdf Colorectal cancers are the second leading cause of cancer death among men, after lung cancer, and third leading cause of cancer death among women, after lung and breast cancer.

Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women.[51] [52] Alaska Native women, in particular, have colorectal cancer rates of more than twice the US average. Among all Alaska Natives, mortality rates from colorectal cancer are also much higher than the US average.[53]

Although colorectal cancer rates among American Indians are low compared to the overall US average, there is strong evidence that the number of colorectal cancer cases has been rising in recent years. Since the 1980s, the incidence of colon and rectum cancers among American Indian men in New Mexico has more than tripled.[54]

Moreover, while overall combined AI/AN colorectal cancer incidence and mortality rates are lower than the all races rate, AI/AN mortality rates are proportionally higher when compared to incidence rates. Among AI/AN men, for example, the overall colorectal cancer incidence rate is 38.3 per 100,000, compared to 63.4 per 100,000 for men of all races. However, the mortality rate among AI/AN men is 17.1 versus 25.3 for men of all races. Therefore, while AI/ANs have an *incidence* rate that is 60% of the all races average, their *mortality* rate is 68% of the all races average. By comparison, Asian American/Pacific Islander men have a colorectal cancer incidence rate of 56.3 (88% of the all races rate), but have a mortality rate of just 15.8 (62% of the all races rate).[55]

[51] Brown MO, Lanier AP, and Becker TM. "Colorectal cancer incidence and survival among Alaska Natives, 1969-1993." *International Journal of Epidemiology* 1998 Jun; 27 (3); 388-396.

[52] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

[53] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

[54] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996.* New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html

[55] American Cancer Society. *Colorectal Cancer Facts and Figures 2005*.

American Indians and Alaska Natives are less likely to be diagnosed with colorectal cancer at the earliest, localized stage, and more likely to be diagnosed at the distant stage, compared to whites and Asian Americans. Between 1992 and 2000, over 23% of the colorectal cancers found in AI/ANs were at the distant stage, compared to 19% of those in non-Hispanic whites. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 67% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate. Overall, AI/ANs have a "lower probability of survival and a higher risk of death once diagnosed with colorectal cancer, compared with non-Hispanic whites."[56]

Studies have demonstrated that lifestyle, dietary, and environmental factors play a large role in increasing the risk for colon and rectum cancers. Low levels of exercise, high-fat, low-fiber diets, and low consumption of fruits and vegetables, are all associated with an increased risk of colon and rectum cancers. Surveys of the Alaska Native diet have reported several risk factors, including very low intake of fruit and vegetables, low levels of dietary fiber, and high intake of refined carbohydrates and sugars.[57] Other risk factors for colorectal cancers include a family history of the disease, a history of inflammatory bowel disease, high alcohol use (rectum cancers) and tobacco use.[58]

[56] American Cancer Society. *Colorectal Cancer Facts and Figures 2005*.

[57] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD, 1996.

[58] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996*. New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html.

Overall, 91% of new cases and 94% of deaths from colorectal cancers occur in people over age 50. The incidence rate of colorectal cancer is more than 50 times higher in people aged 60-79 than in people under age 40.[59] The CDC recommends that men and women begin regular colorectal cancer screening when they reach age 50. Screening should include one or a combination of four recommended screening tests: fecal occult blood test, sigmoidoscopy, colonoscopy, and/or barium enema. In 2001, only 53.1% of people aged 50 years and older received colorectal cancer testing within the recommended screening periods.[60] The USPSTF "found fair to good evidence that several screening methods are effective in reducing mortality from colorectal cancer."[61]

Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.[62] In FY 2007, the Indian Health Service had a 26% colorectal cancer screening rate for patients ages 51-80, up from 22% in FY 2006. This rate includes all patients with: a Fecal Occult Blood Test (FOBT) within the past two years, a flexible sigmoidoscopy or double contrast barium enema in the past five years, or a colonoscopy within the past 10 years.

[59] American Cancer Society. *Colorectal Cancer Facts and Figures 2005*.

[60] Centers for Disease Control and Prevention. Colorectal Cancer Test Use Among Persons Aged ≥50 Years --- United States, 2001 *MMWR* March 14, 2003; 52(10);193-196. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5210a2.htm

[61] U.S. Preventive Services Task Force, *Screening for Colorectal Cancer 2002*. http://www.ahrq.gov/clinic/uspstf/uspscolo.htm

[62] Ederer TR, Church F, Mandel JS. "Fecal occult blood screening in the Minnesota study: sensitivity of the screening test." *Journal of the National Cancer Institute*. 1997 Oct 1;89(19):1440-8.

Screening for colorectal cancer extends life at a cost of $11,890 to $29,725 per year of life saved.[63] Studies reviewed by the USPSTF "indicate that colorectal cancer screening is likely to be cost-effective (less than $30,000 per additional year of life gained) regardless of the strategy chosen.[64] Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.[65]

12.4 Measure 11: Alcohol Screening (FAS Prevention)

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). Children with FAS have abnormal facial features, growth retardation, and central nervous system problems. They may exhibit learning disabilities, social and behavioral problems, memory and attention span difficulties, and vision and hearing deficiencies. FAS is a permanent condition and is the leading known cause of mental retardation. FAS can be prevented completely, if a woman does not drink alcohol while she is pregnant. [66]

While FAS is the most devastating result of heavy alcohol use during pregnancy, there are other prenatal alcohol-related conditions, including Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD) that can result from alcohol consumption. ARND manifests itself as central nervous system developmental abnormalities and/ or behavioral or cognitive abnormalities. ARBD defects include those of the heart, kidneys, and vision and hearing defects. These conditions are believed to occur approximately three times as often as FAS.[67]

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[63] Centers for Disease Control and Prevention. "Screening to Prevent Chronic Diseases Fact Sheet." http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/cancer.htm
Pignone M, Saha S, Hoerger T, et al. "Cost-effectiveness analyses of colorectal cancer screening: a systematic review for the U.S. Preventive Services Task Force." *Annals of Internal Medicine 2002*;137(2):96–104.

[64] U.S. Preventive Services Task Force. *Screening for Colorectal Cancer 2002*. http://www.ahrq.gov/clinic/uspstf/uspscolo.htm

[65] Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-Effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.

[66] Centers for Disease Control and Prevention. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at http://www.cdc.gov/ncbddd/fas/fasask.htm

[67] Hankin, JR. "Fetal Alcohol Syndrome Prevention Research. Alcohol research & health." *Journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Plains Indians living on reservations.[68] Another study found an AI/AN FAS rate of 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity in those states. [69] The prevalence of FAS in the general US population ranges from 0.5 to 2 cases per 1000 live births.[70]

Studies have found alcohol consumption rates among AI/AN women of childbearing age to be higher than average. One study of alcohol consumption in Alaska found that the prevalence of heavy drinking among AI/AN women was 32%, compared to 15% of non-AI/AN women. AI/AN women were also found to have less knowledge of the harmful effects of alcohol on developing fetuses than non-AI/AN women.[71]

A study of Northern Plains Indians also identified alcohol consumption during early pregnancy as an increased risk factor for Sudden Infant Death Syndrome (SIDS). The study found a six-fold increased risk of SIDS among mothers who had used any alcohol in the first trimester, and an eight-fold increased risk among mothers who had engaged in binge drinking (five or more drinks at a time) in the first trimester. The rate of SIDS among American Indians is consistently above the US national average (1.5 per 1000 compared to 0.7 per 1000 for whites in 1999.)[72]

[68] May PA, Hymbaugh KJ, Aase JM, Samet JM. "Epidemiology of fetal alcohol syndrome among American Indians of the Southwest." *Social Biology*. 1983 Winter;30(4):374-87.

[69] Fetal alcohol syndrome: Alaska, Arizona, Colorado, and New York, 1995-1997: *Morbidity & Mortality Weekly Report*. 2002 May 24;51(20) 433-5.

[70] May PA, and Gossage JP. "Estimating the prevalence of Fetal Alcohol Syndrome: A Summary." *Alcohol Research & Health*. 2001;25(3):159-67.

[71] Prevalence and characteristics of alcohol consumption and fetal alcohol syndrome awareness--Alaska, 1991 and 1993. *Morbidity & Mortality Weekly Report*. 1994 Jan 14;43(1):3-6.

[72] Iyasu S, Randall LL, Welty TK, Hsia J, Kinney HC, Mandell F, McClain M, Randall B, Habbe D, Wilson H, Willinger M. "Risk factors for sudden infant death syndrome among northern plains Indians." *Journal of the American Medical Association*. 2002 Dec 4;288(21):2717-23.

The CDC recommends prevention efforts be targeted at both pregnant women who are currently drinking, but also women who could become pregnant, are drinking at high-risk levels, and are engaging in unprotected sex.[73] The US Preventative Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Studies in the general population show that behavioral counseling interventions on alcohol misuse are effective among women of childbearing age.[74]

In FY 2007, the Indian Health Service screened 41% of women aged 15-44 for alcohol use, compared to 28% in FY 2006, and 11% in FY 2005. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy. Studies have shown that brief intervention with counseling significantly reduces the rate of alcohol use during pregnancy among women with a history of heavy drinking.[75]

[73] Centers for Disease Control and Prevention. Fetal Alcohol Information web page. http://www.cdc.gov/ncbddd/fas/fasask.htm

[74] US Preventative Services Task Force. "Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, April 2004." http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm

[75] Hankin, JR. "Fetal Alcohol Syndrome Prevention Research. Alcohol research & health." *Journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

12.5 Measure 16: Domestic/Intimate Partner Violence Screening

Approximately 4.4 million adult American women are abused by their spouse or partner each year.[76] 30% of women in the United States experience domestic violence at some time in their lives.[77] While men also experience abuse from partners, women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.[78] Symptoms of domestic violence may appear as injuries or chronic conditions related to stress. Intimate partner violence is usually chronic and repetitive.[79] Women who experience domestic violence are more often victims of nonconsensual sex and have higher rates of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.[80]

American Indian and Alaska Native women experience domestic violence at rates similar to or higher than the national average. A survey of Navajo women seeking routine care at an IHS facility revealed that 13.5% had experienced physical abuse in the past year, and 41.9% had experienced physical abuse from a male partner at least once in their lives.[81] A study of the San Carlos Apache tribe reservation found that 75% of women reported violence in their current relationship.[82]

In FY 2007, the Indian Health Service screened 36% of women aged 15-40 for Domestic/Intimate Partner violence, compared to 28% in FY 2006, and 14% in FY 2005.

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[76] Plichta S. "The effects of women abuse on health care utilization and health status: A literature review." *Women's Health Issues*, 2 (3), 154-164.

[77] Wilt S, Olson S. "Prevalence of domestic violence in the United States." *Journal of the American Medical Women's Association*. 1996; 51(3):77-82.

[78] Muelleman RL, Lenaghan PA, Pakieser RA. "Battered women: injury locations and types." *Annals of Emergency Medicine*. 1996;28(5):486-92.

[79] Barrier PA. "Domestic violence." *Mayo Clinic Proceedings*. 1998 Mar;73(3):271-4.

[80] Ganley A, Warshaw C, eds. *Improving the Health Care Response to Domestic Violence: A resource manual for health care providers.* Family Violence Prevention Fund. 1995.

[81] Fairchild D, Fairchild M, Stoner S. "Prevalence of adult domestic violence among women seeking routine care in a Native American health care facility." *American Journal of Public Health.* 1998;88:1515-7.

[82] Hamby S, Skupien M. "Domestic violence on the San Carlos Apache reservation: Rates, associated psychological symptoms, and current beliefs." *IHS Provider* 1998, August.

Screening for intimate partner violence during pregnancy is especially important, as women may experience the start or escalation of violence during pregnancy.[83] One review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.[84] In one survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.[85] Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women. Routine screening for violence with appropriate intervention during pregnancy can help prevent more trauma.[86]

12.6 Measure 24: Childhood Immunization

In recent years, vaccination coverage has increased significantly among young children. In the 1990s, government and private sector initiatives helped to remove barriers to routine childhood vaccinations. Childhood deaths from diseases preventable through routine immunization are now very unusual.[87] Routine immunizations represent a cost-effective public health measure that significantly improves the health of children.[88]

[83] Saunders E. "Screening for domestic violence during pregnancy." *International Journal of Trauma Nursing.* 2000 Apr-Jun;6(2):44-7.

[84] Gazmararian, J.A.; Lazorick, S.; Spitz, A.M.; et al. "Prevalence of violence against pregnant women." *Journal of the American Medical Association* 275:1915-1920, 1996.

[85] Lapham SC, Henley E, Kleyboecker K. "Prenatal behavioral risk screening by computer among Native Americans." *Family Medicine.* 1993;25:197-202.

[86] McFarlane J, Gondolf E. "Preventing abuse during pregnancy: a clinical protocol." *American Journal of Maternal Child Nursing* 1998 Jan-Feb;23(1):22-6.

[87] Rodewald LE, Santoli JM. "The challenge of vaccinating vulnerable children." *Journal of Pediatrics.* 2001 Nov;139(5):613-5

[88] For example, see: Lieu TA, Cochi SL, Black SB, Halloran ME, Shinefield HR, Holmes SJ, Wharton M, Washington AE. "Cost-effectiveness of a routine varicella vaccination program for US children." *Journal of the American Medical Association;* 1994 Feb 2;271(5):375-81.

Among all US children aged 19-35 months, vaccine coverage has reached an all-time high. National coverage levels are now over 90 percent for each vaccine recommended through age 35 months, except the Varicella and Pneumococcal vaccines, and the fourth dose of DTaP.[89] The Healthy People 2010 goal is 90% coverage for each routine immunization for children aged 19-35 months and 80% for the combined series of vaccines.[90]

Yet much work remains to be done. Poorer children are still less likely to have received full vaccination than their wealthier counterparts. In 2003, 83.3% of children aged 19-35 months from households with incomes at or above the poverty line received the 4:3:1:3 series of recommended immunizations, compared with 76.2 percent of children living below the poverty line.[91] One study found, however, that poor children with regular access to a primary care provider achieved vaccination rates similar to wealthier children.[92]

At the Indian Health Service, in FY 2007, 78% of children ages 19-35 months active in the CRS immunization package had received the full combined series of vaccinations. As of FY 2007, only children active in the CRS immunization package are included in this measure.

A full series (4:3:1:3:3) of vaccines for ages 19-35 months includes:

- 4 or more doses of DTaP (diphtheria, tetanus, and pertussis vaccine)
- 3 or more doses of IPV (poliovirus vaccine)
- 1 or more doses of MCV (measles-containing vaccine such as the MMR)
- 3 or more doses of the Hib vaccine (Haemophilus influenzae type b)
- 3 or more doses of HepB (hepatitis B vaccine)

[89] "National, State, and Urban Area Vaccination Coverage among Children Aged 19-35 Months - United States, 2003." *Morbidity & Mortality Weekly Report.* 2004; July 30;53(29):658-661. National rates for vaccination not reaching 90% are: Varicella: 84.8%, Pneumoccocal (3 doses): 68.1%, (4 doses): 36.7%, and 4th DTaP: 84.8%.

[90] Centers for Disease Control and Prevention. *Healthy People 2010*.

[91] National Immunization Survey 2003 tables. http://www.cdc.gov/nip/coverage/NIS/03/toc-03.htm The 4:3:1:3 series includes four or more doses of diphtheria, tetanus, and pertussis vaccine (DTaP), three or more doses of poliovirus vaccine (IPV), one or more doses of measles-containing vaccine such as MMR, and three or more doses of Hib vaccine.

[92] Vivier PM, Alario AJ, Peter G, Leddy T, Simon P, Mor V. "An analysis of the immunization status of preschool children enrolled in a statewide Medicaid managed care program." *Journal of Pediatrics* 2001;139:630-5.

12.7 Measure 30: CVD Prevention: Comprehensive Assessment

Cardiovascular disease (CVD) is the leading cause of death for both men and women among all racial and ethnic groups. About 70 million Americans (almost one-fourth of the population) have some form of cardiovascular disease. About 1,357,000 Americans die of cardiovascular disease each year, which amounts to one death every 37 seconds.[93]

CVD includes coronary heart disease (CHD), stroke, arteriosclerosis, angina, high blood pressure, high cholesterol, and arrhythmia. Heart disease and stroke are the first and third leading causes of death for both men and women in the United States, accounting for nearly 35% of all deaths. CHD is also a leading cause of premature, permanent disability among adults.[94] Heart attacks kill nearly 500,000 men and women each year and cause nearly 12 million hospital days of care per year.[95] The lifetime risk of having a CHD event is estimated to be 49% for men and 32% for women in the United States.[96]

[93] Centers for Disease Control and Prevention. "Preventing Heart Disease and Stroke" http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/dhdsp.htm

[94] Centers for Disease Control and Prevention. "Preventing Heart Disease and Stroke" http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/dhdsp.htm

[95] Wilson PW, D'Agostino RB, Levy D, Belanger AM, Silbershatz H, Kannel WB. "Prediction of coronary heart disease using risk factor categories". *Circulation* 1998, 97:1837-1847.

[96] Jackson R. "Updated New Zealand cardiovascular disease risk-benefit prediction guide." *British Medical Journal*. 2000;320:709-10. Also available at: www.bmj.com/cgi/content/full/320/7236/709

While CVD mortality rates have been decreasing among the general population, they are *increasing* among AI/ANs.[97] Death rates from CVD are higher among American Indians and Alaska Natives than other U.S. groups. In the late 1990s heart disease death rates were 20% higher among AI/AN people than the total U.S. population.[98] Stroke death rates were 14% higher for AI/AN people than for the total U.S. population.[99] Heart disease and stroke are the first and sixth leading causes of death, respectively, among AI/AN people.[100]

Previous data had suggested that cardiovascular disease mortality rates were *lower* for American Indians and Alaska Natives than for the general US population. However, researchers have discovered that this data may have been flawed due to racial misclassification.[101]

A recent study that has adjusted data for misclassification shows a growing disparity between CVD mortality rates among AI/AN people compared to the US All Races and white populations. From 1996 to 1998, the age and misclassification-adjusted number of CVD deaths among AI/AN people was 195.9 per 100,000, compared to 166.1/100,000 among US All Races, and 159.1/100,000 among whites.[102]

Diabetes appears to be a significant cause in the increasing incidence of CVD among AI/ANs.[103] American Indians and most individuals with diabetes have a high prevalence of insulin resistance syndrome, which is a strong predictor of heart disease. Among American Indians in the Strong Heart Study, diabetes was the strongest determinant of CVD.

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[97] Rhoades DA. "Racial misclassification and disparities in cardiovascular disease among American Indians and Alaska Natives." *Circulation*. 2005 Mar 15;111(10):1250-6.

[98] Indian Health Service. *Trends in Indian Health, 2000–2001* Rockville, MD: U.S. Department of Health and Human Services; February 2004.

[99] Centers for Disease Control and Prevention. *Atlas of Heart Disease and Stroke among American Indians and Alaska Natives*. Sec 2:226. http://www.cdc.gov/DHDSP/library/aian_atlas/ or http://www.cdc.gov/DHDSP/library/aian_atlas/pdfs/aian_atlas.pdf

[100] Indian Health Service. *Trends in Indian Health, 2000–2001*. Rockville, MD: U.S. Department of Health and Human Services; February 2004.

[101] Rhoades DA. "Racial misclassification and disparities in cardiovascular disease among American Indians and Alaska Natives." *Circulation*. 2005 Mar 15;111(10):1250-6.

[102] Rhoades DA. "Racial misclassification and disparities in cardiovascular disease among American Indians and Alaska Natives." *Circulation*. 2005 Mar 15;111(10):1250-6.

[103] "Rising Tide of Cardiovascular Disease in American Indians. The Strong Heart Study." *Circulation* 1999; 99:2389-2395.

The Strong Heart Study investigated CVD and its risk factors in American Indians in 13 communities in Arizona, Oklahoma, and South and North Dakota. CVD morbidity and mortality rates were higher in men than in women and were similar in the 3 geographic areas. 56% of the CVD events in men and 78% of CVD events in women occurred in those with diabetes. Although diabetes is known to increase CVD risk factors, it has also been found to have a strong independent effect after adjustment for other risk factors.[104]

One study comparing American Indians (n=1000) with non-Indians (n=905) in Montana found a higher prevalence of CVD among the American Indians. Within this group, American Indians age 45 and older reported a significantly higher prevalence of CVD compared to non-Indians (18% vs. 10%). Indians also reported higher rates of CVD risk factors than non-Indians. Among persons aged 18-44 years, American Indians reported higher rates of hypertension (15% vs. 10%), obesity (29% vs. 12%), and smoking (42% vs. 24%) than non-Indians. Among people age 45 or older, American Indians reported higher rates of diabetes (24% vs. 9%), obesity (38% vs. 16%), and smoking (32% vs. 13%) than non-Indians.[105]

In a 2003 BRFSS survey, the prevalence of having two or more risk factors for CVD was highest among blacks (48.7%) and American Indians/Alaska Natives (46.7%) compared to other groups. Risk factors include high blood pressure, high cholesterol, diabetes, current smoking, physical inactivity, and obesity.[106]

In FY 2007, IHS introduced a Comprehensive CVD Assessment measure for adult patients with Ischemic Heart Disease. The measure includes all of the following:

- Blood Pressure documented at least **twice** in past 2 years
- LDL documented in past 5 years
- Tobacco Screening during the report period
- BMI Measurement
- Lifestyle adaptation counseling during report period

[104] "Rising Tide of Cardiovascular Disease in American Indians. The Strong Heart Study." *Circulation*. 1999; 99:2389-2395.

[105] Harwell TS, Gohdes D, Moore K, McDowall JM, Smilie JG, Helgerson SD. "Cardiovascular disease and risk factors in Montana American Indians and non-Indians." *American Journal of Preventive Medicine*. 2001 Apr;20(3):196-201.

[106] "Racial/Ethnic and Socioeconomic Disparities in Multiple Risk Factors for Heart Disease and Stroke - United States, 2003." *Morbidity & Mortality Weekly Report*. February 11, 2003; 54(05);113-117.

Only patients with all five assessments are counted in the numerator for CVD Comprehensive Screening. In FY 2007, IHS provided comprehensive CVD screening to 30% of active Ischemic Heart Disease (IHD) patients ages 22 and older.

High blood pressure and high cholesterol are two major independent risk factors for cardiovascular disease. Effects of high blood pressure include coronary heart disease, stroke, and cardiac abnormalities.[107] Most people above the age of 35 have systolic (SBP)/diastolic (DBP) above optimal (< 120/< 80 mm Hg); and are therefore at increased CVD risk. Among middle-aged and older adults, the problem is even more severe. According to the CDC, about 90% of middle-aged Americans will develop high blood pressure in their lifetime, and nearly 65% of those with high blood pressure do not have it under control.[108]

According to the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, the risk of CVD, beginning at 115/75 mm Hg, doubles with each increment of 20/10 mm Hg. Individuals with a systolic BP of 120 to 139 mm Hg or a diastolic BP of 80 to 89 mm Hg should be considered as pre-hypertensive and require health-promoting lifestyle modifications to prevent CVD. [109] A 12-13 point reduction in systolic blood pressure can reduce heart attacks by 21%, strokes by 37%, and all deaths from CVD by 25%.[110]

Cholesterol is carried through the blood bound to two types of "lipoproteins." Low-density lipoprotein (LDL) carries most of the cholesterol in the blood. High-density lipoprotein (HDL) helps remove cholesterol from the blood and helps prevent cholesterol from building up. High levels of LDL can cause cholesterol to deposit in blood vessels, clogging the arteries. Elevated low-density lipoprotein cholesterol (LDL) and low levels of high-density lipoprotein cholesterol (HDL) are important risk factors for coronary heart disease. The risk for heart disease increases as levels of LDL increase and as levels of HDL decrease.[111]

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[107] Stamler J, Stamler R, Neaton JD. "Blood pressure, systolic and diastolic, and cardiovascular risks. US population data." *Archives of Internal Medicine*. 1993 Mar 8;153(5):598-615.

[108] Centers for Disease Control and Prevention. "Preventing Heart Disease and Stroke" http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/dhdsp.htm

[109] Chobanian AV. et. al. "The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report." *Journal of the American Medical Association*. 2003 May 21;289(19):2560-72. Epub 2003 May 14.

[110] Centers for Disease Control and Prevention. "Preventing Heart Disease and Stroke" http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/dhdsp.htm

[111] Pignone MP, Phillips CJ, Lannon CM, et al. *Screening Adults for Lipid Disorders. Systematic Evidence Review*. Pub. No. AHRQ01-S004. Rockville, MD: Agency for Healthcare Research and Quality, 2001.

Nearly 107 million American adults have total blood cholesterol values of 200 mg/dL and higher, and 37.7 million American adults have levels of 240 or above. In adults, total cholesterol levels of 240 mg/dL or higher are considered high, and levels from 200 to 239 mg/dL are considered borderline-high. During 1999–2002, nearly 25% of U.S. adults had high cholesterol levels or were being treated with medication. Only 63% of those with high levels were aware of it.[112] Among American Indians ages 45–74: 37.7% of men and 37.6 % of women have total blood cholesterol levels of 200 mg/dL or higher (borderline high); 8.6% of men and 12.7% of women have levels of 240 mg/dL or higher (high).[113]

The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians routinely screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease.[114] Treatment for high cholesterol will help to prevent CVD. A 10% decrease in total blood cholesterol levels may reduce the incidence of heart disease by as much as 30%.[115]

Tobacco is another major risk factor for CVD. Smokers' risk of developing coronary heart disease is 2 - 4 times that of nonsmokers. Smokers have twice the risk of heart attack as nonsmokers. One-fifth of the annual deaths from CVD are attributable to smoking. Cigarette smoking is both a powerful independent risk factor for sudden cardiac death in CVD patients, and acts with other risk factors to greatly increase the risk for coronary heart disease. Exposure to other people's smoke increases the risk of heart disease for nonsmokers as well.[116]

[112] Centers for Disease Control and Prevention.Disparities in Screening for and Awareness of High Cholesterol, United States 1999-2002 MMWR February 11, 2005 / 54(05);117-119. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5405a2.htm

[113] American Heart Association “Cholesterol Statistics” http://americanheart.org/presenter.jhtml?identifier=536

[114] U.S. Preventive Services Task Force. “Screening for Lipid Disorders: Recommendations and Rationale.” *American Journal of Preventive Medicine* 2001;20(3S):73-76 http://www.ahcpr.gov/clinic/uspstf/uspschol.htm

[115] Centers for Disease Control and Prevention. “Preventing Heart Disease and Stroke” http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/dhdsp.htm

[116] American Heart Association. “Risk Factors and Coronary Heart Disease.” www.americanheart.org/presenter.jhtml?identifier=4726

BMI (Body Mass Index) measurement helps to identify patients who are overweight or obese and assess their risk for CVD. People with excess body fat, especially around the waist, are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL cholesterol levels.[117]

Regular physical activity decreases the risk of cardiovascular disease mortality in general and of coronary heart disease mortality in particular. Regular physical activity prevents or delays the development of high blood pressure, and exercise reduces blood pressure in people with hypertension. [118]

Lifestyle counseling can improve the quality of life for patients with risk factors for CVD, and help prevent complications. The CDC recommends that risk factors for heart disease and stroke, including diabetes, tobacco use, physical inactivity, poor nutrition, and overweight and obesity, be addressed through lifestyle changes and appropriate use of medications.[119]

Although not counted as part of the GPRA CVD measure, depression screening is also a key part of CVD comprehensive care. Depression screening for all patients over age 18 is a separate GPRA measure. About 1 in 20 adults experience major depression in a given year. About 1 in 3 people who have survived a heart attack experience depression in a given year.[120]

[117] American Heart Association. "Risk Factors and Coronary Heart disease." www.americanheart.org/presenter.jhtml?identifier=4726

[118] Physical Activity and Health: A Report of the Surgeon General (1999) http://www.cdc.gov/nccdphp/sgr/sgr.htm

[119] Centers for Disease Control and Prevention. Heart Disease and Stroke: The Nation's Leading Killers. http://www.cdc.gov/nccdphp/publications/AAG/dhdsp.htm

[120] Regier DA, Narrow WE, Rae DS, et al. "The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services." *Archives of General Psychiatry*. 1993; 50(2): 85-94.
Lesperance F, Frasure-Smith N, Talajic M. "Major depression before and after myocardial infarction: its nature and consequences." *Psychosomatic Medicine*, 1996; 58(2): 99-110.

Screening and effective treatment for depression in CVD patients is extremely important. People with heart disease are more likely to suffer from depression than otherwise healthy people. Conversely, people with depression are also at greater risk for developing heart disease. People with heart disease who are depressed have an increased risk of death after a heart attack compared to those who are not depressed.[121]

Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and alter blood clotting. Depression can also lead to elevated insulin and cholesterol levels. Depression or anxiety may result in chronically elevated levels of stress hormones, such as cortisol and adrenaline. The body's metabolism is diverted away from the type of tissue repair needed in heart disease. Treatment may include prescription antidepressant medications, particularly the selective serotonin reuptake inhibitors, psychotherapy, or "talk" therapy, and exercise.[122]

12.8 Measure 31: Childhood Weight Control

An epidemic of obesity has spread across the American Indian and Alaska Native (AI/AN) populations. Among Pima Indians, estimates of the prevalence of overweight range from 61% to 78% for men, and 81% to 87% for women.[123] The Navajo Health and Nutrition Survey found that one third of Navajo men aged 20-39 and one half of men aged 40-59 were overweight. Two-thirds or more of Navajo women in all age groups were overweight. These averages represent a vast increase over the relatively low rates of overweight found among the Navajo a half-century ago.[124]

[121] Nemeroff CB, Musselman DL, Evans DL. "Depression and cardiac disease." *Depression and Anxiety,* 1998; 8(Suppl 1): 71-9

[122] National Institute of Mental Health.*Depression*
http://www.nimh.nih.gov/health/publications/depression/summary.shtml

[123] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. "The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs." *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

[124] White LL, Ballew C, Gilbert TJ, Mendlein JM, Mokdad AH, Strauss KF. "Weight, body image, and weight control practices of Navajo Indians: findings from the Navajo Health and Nutrition Survey." *Journal of Nutrition*. 1997 Oct;127(10 Suppl):2094S-2098S.

Rates of overweight and obesity among American Indian and Alaska Native children also exceed the national averages. In the US, 15% of children between ages 6 and 19 are overweight and about 10% of children between ages 2 and 5 are overweight.[125]

Studies have found that the percentage of AI children with a BMI (Body Mass Index: a measure of a person's weight in relationship to their height) above the 85th percentile is consistently higher than that of children of other races. The overall prevalence of overweight for AI children ages 6 to 19 has been estimated at 39% (compared to 15% for all races combined).[126] A study of schoolchildren in seven American Indian communities found that the percentage of AI children ages 6-11 with a BMI above the 95th percentile was higher than the national average (28.6% of AI children versus 11% overall).[127] Among American Indian children ages 2 to 5, overweight/obesity rates have been reported at 12 to 39 percent.[128]

Children who are overweight tend to show related signs of morbidity, which may include elevated blood pressure, cholesterol, triglyceride, and insulin levels.[129] In one population-based sample, approximately 60 percent of obese children aged five to ten had at least one cardiovascular disease (CVD) risk factor, such as elevated total cholesterol, triglycerides, insulin, or blood pressure, and 25 percent had two or more risk CVD factors.[130] Overweight children also are at risk for psychosocial difficulties arising from being obese, including shame, self-blame, and low self-esteem, all of which may impair academic and social functioning and carry into adulthood.

[125] Ogden CL, Flegal KM, Carroll MD, Johnson CL. "Prevalence and trends in overweight among US children and adolescents, 1999-2000." *Journal of the American Medical Association*. 2002 Oct 9;288(14):1728-32.

[126] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. "The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs." *American Journal of Clinical Nutrition*. 1999 Apr;69(4 Suppl):747S-754S.

[127] Caballero B, Himes JH, Lohman T, Davis SM, Stevens J, Evans M, Going S, Pablo J; "Pathways Study Research Group. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities." *The American Journal of Clinical Nutrition*. 2003 Aug;78(2):308-12.

[128] Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives*. April 2001; 9.

[129] Dietz WH. "Health consequences of obesity in youth: childhood predictors of adult disease." *Pediatrics* 1998;101:518-525.

[130] Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. "The relation of overweight to cardiovascular risk factors among children and adolescents: The Bogalusa Heart Study." *Pediatrics* 1999; 103(6 Pt 1):1175-1182.

Obesity in childhood often persists into adulthood and is associated with significant health risks, including high blood pressure, high cholesterol, asthma, arthritis, coronary heart disease, stroke, colon cancer, post-menopausal breast cancer, endometrial cancer, gall bladder disease, and sleep apnea.[131]

One major result of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children. In some populations, type 2 diabetes is now the dominant form of diabetes in children and adolescents.[132] For children born in the United States in 2000, the lifetime risk of being diagnosed with type 2 diabetes at some point in their lives has been estimated at 30 percent for boys and 40 percent for girls, *if* rates of overweight stabilize.

The estimated lifetime risk for developing type 2 diabetes is even higher among some ethnic minority groups (including AI/ANs) at birth and at all ages.[133] In case reports from the 1990s, type 2 diabetes accounted for 8-45 percent of all new childhood cases of diabetes. Prior to the 1990s, type 2 diabetes accounted for less than 4% of new cases.[134]

The Childhood Weight Control GPRA measure assesses the proportion of children ages 2-5 who have a Body Mass Index at or above the 95th percentile. In FY 2007, 24% of children ages 2-5 met this measure; the same rate as in FY 2006. In FY 2009, Childhood Weight Control will move from an annual to a long-term measure.

In order to address the problem of childhood overweight and obesity, IHS is adopting a multi-strategy approach. A new IHS guidance document, "Promoting a Healthy Weight in Children and Youth: Clinical Strategies" outlines five recommendations for preventing and treating overweight among children. These recommendations include BMI Measurement, Breastfeeding, Patient Health Education, Counseling and Referrals, and Community Education.

[131] Schwartz MB, Puhl R. "Childhood obesity: A societal problem to solve." *Obesity Reviews*. 2003; 4(1):57-71.

[132] Deckelbaum RJ, Williams CL. "Childhood obesity: the health issue." *Obesity Research.* 2001 Nov;9 Suppl 4:239S-243S.

[133] Narayan KM, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. 2003. "Lifetime risk for diabetes mellitus in the United States." *Journal of the American Medical Association* 290(14):1884-1890.

[134] Fagot-Campagna A, Pettitt DJ, Engelgau MM, Burrows NR, Geiss LS, Valdez R, Beckles GL, Saaddine J, Gregg EW, Williamson DF, Narayan KM. 2000. "Type 2 diabetes among North American children and adolescents: an epidemiologic review and a public health perspective." *Journal of Pediatrics* 136(5):664-672.

In support of this prevention-based approach, as of FY 2007, IHS added a non-GPRA measure to CRS that tracks breastfeeding rates. Using data gathered from the Infant Feeding Choice Collection Tool (which was developed and tested at Pima Indian Medical Center), this measure tracks the proportion of infants ages 60-425 days old who are either exclusively or mostly breastfed at age 2 months, 6 months, 9 months, and 12 months. (As of FY 2008, IHS is reporting the rate of 2 month olds who are exclusively or mostly breastfed as a Federal PART measure.)

Numerous studies have shown a positive association between breastfeeding and lower rates of overweight among children. A number of studies show that the prevalence of overweight in childhood is lower among young children (3-6 years of age) who were breastfed compared to children who were never breastfed.[135]

The protective effect also seems to persist into older childhood. One study found that among older children (ages 9-14) the risk of becoming overweight was lower for children who were exclusively or mostly breastfed when compared to children who were fed mostly formula. It also found that older children who were breastfed at least seven months were also 20 percent less likely to be overweight than children who were breastfed for at least three months.[136] A recent study also suggests that there is a dose-dependent effect on overweight; for each month of breastfeeding, there was an associated 4% decrease in the risk of the child becoming overweight.[137]

[135] Armstrong J, Reilly J, Child Health Information Team. "Breastfeeding and lowering the risk of childhood obesity." *Lancet* 2002;359:2003-2004.
Gillman MW, Rifas-Shiman SL, Camargo CA, Berkey CS, Frazier AL, Rockett HR, Field AE, Coldiz GA. "Risk of overweight among adolescents who were breastfed as infants." *Journal of the American Medical Association* 2001;285(19):2461-2467.
Hediger ML, Overpeck MD, Kuczmarski RJ, Ruan WJ. "Association between infant breastfeeding and overweight in young children." *Journal of the American Medical Association* 2001;285(19):2453-2460.
Von Kries R, Koletzko B, Sauerwalk T, vonMutius E, Barnette D, Grunert V, vonVoos H. "Breast feeding and obesity: cross sectional study." *British Medical Journal* 1999;319:147-150.

[136] Gillman MW, Rifas-Shiman SL, Camargo CA, Berkey CS, Frazier AL, Rockett HR, Field AE, Coldiz GA. "Risk of overweight among adolescents who were breastfed as infants." *Journal of the American Medical Association* 2001;285(19):2461-2467.

[137] Harder T, Bergmann R, Kallischnigg G, Plagemann A. "Duration of breastfeeding and risk of overweight: A meta-analysis." *American Journal of Epidemiology*. 2005; Sep1:162(5)397-403.

12.9 Measure 32: Tobacco Cessation Intervention

Smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder. Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix.[138] Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis, and tooth loss.[139] Tobacco use causes more than 440,000 deaths every year among adults in the United States and costs $157 billion in annual health-related economic losses.[140]

Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages. Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight. Low birth weight is a leading cause of death among infants.[141]

Nonsmokers are also adversely affected by environmental tobacco smoke. Each year, because of exposure to environmental tobacco smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 300,000 children suffer from lower respiratory tract infections. Exposure to secondhand smoke is associated with an increased risk for SIDS, asthma, bronchitis, and pneumonia in young children.[142] If current tobacco use rates continue, an estimated 5 million to 6.4 million children alive today will die prematurely from a smoking-related disease.[143] [144]

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[138] *The Health Benefits of Smoking Cessation. A Report of the Surgeon General*. HHS Pub. No. (CDC) 90-8416. Atlanta,GA:1990.

[139] *The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General*. NIH Pub. No. 86-2874. Bethesda, MD: 1986.

[140] "Annual Smoking-Attributable Mortality, Years of Potential Life lost, and economic costs - United States, 1995-1999." *Morbidity & Mortality Weekly Report*. 2002 Apr 12;51(14):300-3.

[141] DiFranza, J.R., and Lew, R.A. "Effect of maternal cigarette smoking on pregnancy complications and sudden infant death syndrome." *Journal of Family Practice* 1995;40(4):385-394.

[142] U.S. Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. EPA Pub. No. EPA/600/6-90/006F. Washington, DC: EPA, 1992.

[143] "Smoking-attributable mortality and years of potential life lost - United States, 1984." *Morbidity & Mortality Weekly Report* 1997; May 23;46(20):444-51.

[144] "Projected smoking-related deaths among youth - United States." *Morbidity & Mortality Weekly Report 1996;*Nov 8;45(44):971-4.

Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives. The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000. Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.[145]

Data from the 1997 National Health Interview Survey show that 34.1% of American Indians and Alaska Natives reported that they smoked; this rate was higher than any other group. In 1997, 37.9% of American Indian and Alaska Native men smoked, compared with 27.4% of white men. The smoking rate among American Indian and Alaska Native women was 31.3% compared with 23.3% among white women.[146]

American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans. Among men, American Indians/Alaskan Natives and whites had the highest rates, and among women, American Indians/Alaskan Natives and blacks had the highest rates.[147] Among AI/AN men and women, the rate of use of chewing tobacco or snuff was 4.5%. Among American Indian men, the highest rates of smokeless tobacco use are found in the northern plains (24.6%), and the lowest in the Pacific Northwest (1.8%). Pipe and cigar smoking is also more common among AI/AN men than in other populations.[148]

American Indian women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups. American Indian women also reported the smallest decline (11%) in maternal smoking rates between 1990 and 2001. By contrast, in the same period, maternal smoking rates declined over 26% among non-Hispanic whites, 43% among non-Hispanic blacks, and 49% among Asians.[149]

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[145] U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups - African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

[146] Cigarette Smoking among Adults - United States, 1997. *Morbidity and Mortality Weekly Report*. 1999 Nov 5;48(43):993-6.

[147] Use of Smokeless Tobacco among Adults - United States, 1991 *Morbidity and Mortality Weekly Report*. 1993 Apr 16;42(14):263-6.

[148] *Tobacco Use Among U.S. Racial/Ethnic Minority Groups - African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

[149] American Lung Association. *Trends in Tobacco Use*. American Lung Association Epidemiology and Statistics Unit, Research and Scientific Affairs. June 2003.

Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even long-time smokers can significantly reduce their risk of heart disease and other complications by quitting. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.[150]

Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of comprehensive health care. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.[151] In FY 2007, 16% of tobacco-using patients were offered tobacco cessation intervention within the Indian Health Service.

[150] Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

[151] Warner KE, Smith RJ, Smith DG, Fries BE. "Health and economic implications of a work-site smoking-cessation program: a simulation analysis." *Journal of Occupational and Environmental Medicine* 1996;38(10):981–92.
Harris JR, Schauffler HH, Milstein A, Powers P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health.

12.10 Measure 33: Prenatal HIV Screening

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. In 1992, women made up 14% of adults and adolescents living with AIDS; by the end of 2003, they made up 22%. In 2004, HIV infection was the 6th leading cause of death among women aged 25-34 years, and the 5th leading cause of death among women aged 35-44.[152] Although the rate of HIV infection has stabilized among adult women since 2000, women accounted for 27% of all new HIV and AIDS diagnoses among adults and adolescents in 2003. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men.[153]

HIV infections in newborn children are one potential consequence of higher HIV infection rates among women of childbearing age. According to the Agency for Healthcare Research and Quality, of approximately 4.7 million women who were hospitalized for pregnancy or childbirth in 2002, nearly 6,300 were infected with HIV.[154] In 2003, the CDC reported that 92% of HIV and AIDS cases in children and virtually all new HIV infections in children in the United States were the result of perinatal transmission of HIV.[155] In the year 2000, the CDC estimated that 280-370 infants contracted HIV from their mothers in the United States.[156] The CDC estimates that over 8,700 children have contracted HIV through perinatal transmission cumulatively through the year 2003.[157]

[152] Centers for Disease Control and Prevention. HIV/AIDS Among Women http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm

[153] *HIV/AIDS Surveillance Report, 2003* (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[154] Agency for Healthcare Research and Quality "HIV Screening Recommended for All Pregnant Women." July 2005.

[155] *HIV/AIDS Surveillance Report, 2003* (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[156] Centers for Disease Control and Prevention. "Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation." *Mortality & Morbidity Weekly Report*, Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

[157] *HIV/AIDS Surveillance Report, 2003* (Vol. 15). Atlanta: US. Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

In 1994, Zidovudine (ZDV) was found to reduce perinatal transmission of HIV infection, and the US Public Health Service published guidelines regarding the use of ZDV and routine testing and counseling of HIV positive pregnant women. These guidelines have been effective in reducing rates of HIV in newborns. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%.[158] By contrast, studies have shown that infants whose mothers receive no preventative treatment contract HIV at a rate of 25%.[159] The CDC believes routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.[160]

Although ZDV can reduce perinatal transmission below 2%, HIV testing of all pregnant women is critical in identifying women who will need treatment during pregnancy. In 2000, 1 in 8 HIV-infected women did not receive prenatal care, and 1 in 9 was not tested for HIV before birth.[161] Since 1995, the CDC has recommended that all pregnant women be tested for HIV, and if found to be infected, offered treatment. In 2001 it updated its recommendations to "emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV; recommend simplifying the testing process so that pretest counseling is not a barrier to testing; [and] increase the flexibility of the consent process to allow for various types of informed consent."[162]

[158] Centers for Disease Control and Prevention. "HIV Testing Among Pregnant Women - United States and Canada, 1998-2001," *Morbidity and Mortality Weekly Report*. 2002. November 15/51(45);1013-1016.

[159] Connor EM, Sperling RS, Gelber R, et al. "Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment." *New England Journal of Medicine.* 1994;331:1173-80.

[160] Centers for Disease Control and Prevention. "US Public Health Service recommendations for human-immunodeficiency virus counseling and voluntary testing for pregnant women." *Morbidity and Mortality Weekly Report*: Recommendations and Reports. 1995 Jul 7;44(RR-7):1-15.

[161] "Enhanced Perinatal Surveillance - United States, 1999-2001." Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004. Special Surveillance Report 4. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004spec_no4/default.htm

[162] Centers for Disease Control and Prevention. "Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation." *Morbidity & Mortality Weekly Report*, Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

In 2002, the CDC published information on HIV testing rates in the US and Canada. Specifically, it compared two types of testing approaches, "opt-in" testing, where pregnant women must agree to getting an HIV test, usually in writing, and "opt-out" testing, where pregnant women are told that an HIV test will be included in the standard group of prenatal tests and that they may decline the test. Unless they decline, they receive an HIV test.

In eight states using the opt-in approach in 1998-1999, testing rates ranged from 25% to 69%. However, in Tennessee, which used an opt-out approach, the testing rate was 85%. The CDC concluded from this study, and other information on prenatal HIV testing, that more women are tested with the opt-out approach, and that the opt-out approach can increase the number of HIV-infected women who are offered treatment, and reduce HIV transmission to infants during birth.[163]

In 2005, the U.S. Preventive Services Task Force recommended that all pregnant women, not just those identified as at risk for contracting HIV, be screened for the infection. This recommendation was based on evidence that currently available tests accurately identify pregnant women who are HIV infected and that recommended treatment strategies can dramatically reduce the chances that an infected mother will transmit HIV to her infant.[164] At the Indian Health Service, in FY 2007, 74% of pregnant patients were screened for HIV, compared to 65% in FY 2006, and 54% in FY 2005.

[163] Centers for Disease Control and Prevention. "Reducing HIV Transmission from Mother to Child: An Opt-Out Approach to HIV Screening (2004)," Fact Sheet.
http://www.cdc.gov/hiv/topics/perinatal/resources/factsheets/opt-out.htm

[164] Agency for Healthcare Research and Quality (AHRQ), US Preventative Services Task Force. "Screening for Human Immunodeficiency Virus Infection." July 2005.
http://www.ahrq.gov/clinic/uspstf/uspshivi.htm

13.0 Appendix E: Height and Weight Data File Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service
Division of Epidemiology and
Disease Prevention
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May 2, 2006
To: Area Director
Chief Medical Officer
Clinical Director
GPRA Coordinator
Indian Health Service
From: Chief of Chronic Disease
Medical Epidemiologist
GPRA Field Lead
Indian Health Service
Subject: AI/AN Pediatric Height and Weight Surveillance System

This letter contains important information regarding the **American Indian and Alaska native (AI/AN) Pediatric Height and Weight Surveillance System,** a new public health surveillance activity that will help address the problem of obesity among American Indian and Alaska Native children. This letter describes the new activity and its primary data source: height and weight data collected through the Clinical Reporting System (CRS). Because this information is being collected at the site level, we want you to be fully informed about the parameters of this activity, and to understand how this information will be used.

As you know, the prevalence of obesity in American Indian and Alaska Native (AI/AN) populations has increased dramatically over the past 30 years. Among American Indian preschool and school-age children, obesity rates are up to three times higher than those of other US populations. An estimated 40 percent of AI children are overweight. Obesity is a risk factor for diabetes, which now affects over one quarter of the adult AI population, as well as cardiovascular disease, and some cancers. IHS is committed to reducing childhood obesity through SDPE-funded projects, nutrition education and other community and clinical interventions, and partnerships with Tribes.

Obesity is very difficult to treat. Comprehensive obesity prevention programs beginning early in childhood are necessary if the epidemics of obesity and diabetes among AI/AN populations are to be reversed. Evidence-based school and community interventions that are culturally oriented and family centered are needed to encourage lifelong healthy eating and regular physical activity. However, we do not have a consistent source of accurate data on obesity rates among AI/AN populations and consequently we cannot track or evaluate efforts to prevent ant treat

obesity in AI/AN communities. In 2001, IHS reported to Congress on the problem of obesity within the AI/AN community, along with suggestions on how to address the problem. We were greatly hampered in writing this report by the lack of current data. One major recommendation of this report was to "Support clinical behavioral research and evaluation of public health approaches conducted in partnership with tribes by NIH, CDC, and IHS to prevent and treat obesity in AI/AN populations."[1] We anticipate being asked to do a follow-up report, and will need better baseline and trend information.

Even prior to this report, IHS began tracking Body Mass Index (BMI) measurement for GPRA reporting in FY2000. From 2000-2005 this GPRA measure tracked the proportion of active users, ages 2-74, who had height and weight measured and BMI calculated. As of FY 2006, this GPRA measure has begun to focus specifically on reducing obesity among 2-5 year old children, by tracking the rate of children with a BMI above the 95th percentile. While summarized Area reports can provide a useful overview, GPRA data is not detailed enough for purposes of this surveillance activity. For example, comparing trends among children at age 2 with those in the 2-5 year old age group. Different clinical approaches may be required depending upon which of these groups is experiencing an increase in BMI. It will also be possible to calculate other measures such as weight-for-height, which are not programmed into the GPRA report.

The **American Indian and Alaska Native (AI/AN) Pediatric Height-Weight Surveillance System** is part of the effort to combat childhood obesity. The purpose of this activity is to collect information on the current height and weight status of AI/AN children and use the information to:

- Establish a national baseline prevalence of childhood overweight and underweight by defined geographic regions;
- Increase awareness of the high prevalence of childhood overweight;
- Track changes over time, using consistent measures
- Target resources for healthy growth and development for prevention of diabetes and other chronic diseases; and
- Justify additional resources for early intervention in local, regional, and national IHS/Tribal/Urban Indian health programs and communities to decrease the health disparities in AI/AN.

The IHS Division of Epidemiology has worked with the CRS technology staff to develop a method for obtaining the data necessary from reporting FPRA sites. For CRS Version 6.0 (the current released version of the software), when a facility runs the National GPRA report and exports its data to its Area Office, a file is created for children ages 0-18 from 1999-2006, containing the following data elements:

1. Site Name
2. ASUFAC

[*]Indian Health Service, IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives, April 2001.

3. Unique Registration ID (from Registration)
4. Date of Birth in MM/DD/CCYY format (from Registration)
5. Ethnicity (from Registration)
6. Gender (from Registration)
7. State of Residence (from Registration)
8. Unique Visit ID (Visit file)
9. Visit/Admit Date & Time (Visit file)
10. Height (converted from inches to centimeters)
11. Weight (converted from pounds to kilograms)

Note: both a height and a weight must be recorded for each visit. If only a height or a weight was recorded, it will not be sent in this file.

This file is created automatically, although it does not display during the run. The data for this file is included in the National GPRA file (i.e. files beginning with "BG06") that goes to the Area for aggregation. The Area Office may then run an option to combine all of the facilities' height and weight data into a single data file to be sent to Elaine Brinn at the CAO. The files will then be collected and forwarded to Drs. Marty Kileen and Nat Cobb at the Division of Epidemiology. No induplication of data occurs during the aggregation process, and the files are **not** sent automatically to Epidemiology. A site may obtain a data file relating to its population from the Area coordinator.

In CRS Version 6.1, to be released in late June 2006, two changes are going to occur:

1. The content of this file is going to be expanded to include height and weight data for ALL Active Clinical patients, regardless of age. For children ages 0-18, both a height and weight must be recorded on a visit; for all other ages, either a height and/or weight must be recorded on each visit. The purpose of this change is to allow us to do analyses and trending for adults similar to those described for children.

2. Functionality is going to be added to prompt the user when s/he chooses to export the National GPRA report data to the Area Office if s/he would to create the Height and Weight file locally on their server as a delimited text file. If the user chooses to create the file, it may be opened in an application such as SAS, MS Access or MS Excel. Note that Excel imposes a maximum of 65,535 records per file and if the file contains more than that number of records, the file will be truncated and there will be no way to retrieve the remaining records. Thus, it is recommended that SAS or Access be used to open these files. It is also strongly cautioned that, unless this data is going to be actively used and reviewed, this file should not be created each time the National GPRA report data is exported to the Area Office because the file can be very large, depending on the number of patients in the facility's database.

In order for this data to be complete, statistically meaningful, and comparable to other data sources, it needs to be collected at a local level. Additionally, the site-specific data will allow an individual Service Unit or Tribal program to develop interventions or approaches to weight control that take into account specific factors unique to a population. Local-level data also allow

us to compare with data from other sources, for internal validation purposes. For example, height and weight data has been collected at several sites for children in schools and head Start facilities by the Tribal Epicenters. By comparing this data with that collected through CRS, we can find out how well the BMIs currently measured in our clinics represent the BMIs of the entire population of children. It is possible, for instance, that heavier children are more likely to be weighed and measured in our clinics, skewing our statistics.

There are three pints we want to emphasize about this surveillance system and the data file. First, **this file does not collect any site-specific performance-related data**. It is a file designed to capture height and weight data for the purposes of statistical data collection **only**. No performance-related measure information is captured and no GPRA measure information is collected, including the proportion of patients who have a BMI calculated at a specific site.

Second, **no site-specific statistical data will be published**. Our intent is to use this statistical data to create ape-specific trend data (summarized at the area or state level) to help guide decision making about the childhood weight GPRA measure and associated interventions. We will also use this data to compare with population-based estimates generated from other data collection. Weight and height data will be collected in future years as well.

Third, as is true of any of our patient information, **collection and storage of data will be governed by applicable HIPAA regulations**, and any proposal or request to perform research using this database will be subject to the standard process of IRB review and approval.

We hope that you will appreciate the value of such information, both to the overall effort to combat obesity, and as a potential resource for your site. However, if you have objections to including data from your site in this surveillance system, or would like further information, please contact your Area GPRA coordinator.

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14.0 Contact Information

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