



GPRC Bulletin 06-02: Clinical Guidance for 2006 Reporting

DATE: June 2, 2006

TO: Executive Directors

CC: Site Managers, Clinical Directors, GPRC Coordinators

In an effort to improve 2006 GPRC reporting rates for the measures listed below, the California Area Office (CAO) is providing a checklist of practical and actionable items. We hope that the checklist will help in your efforts to 1) provide *quality care to American Indian/Alaska Native patients in California*, 2) *receive credit for the exceptional patient care your staff provides* and 3.) *meet and exceed nationally set targets for all GPRC measures*.

This report serves to provide assistance in improving GPRC rates for the subsequent measures for the 2006 report. This document is an attempt to provide interim technical assistance. A more comprehensive report will be published in the near future to provide “tip and tricks” for process changes. Keep in mind that the next two months are critical in ensuring Area and National targets are met. The June 30th timeline for the end of the GPRC reporting period (July 1, 2005 – June 30th, 2006) is crucial in identifying patients that need specific services and providing the appropriate care. However, because the GPRC due date is not until Aug 4, 2006, there is additional time to perform chart audits and ensure accurate documentation and data entry has been achieved.

Based on 2006 second quarter and third quarter reports, the following measures have been identified as needing the most attention to achieve previously determined IHS national targets:

- **Dental Measures**
 - Topical Fluoride (patients)
 - Sealants
- **Immunizations**
 - Childhood IZS (19-35 months)
 - Pneumovax 65+
- **Cancer Screening**
 - Pap Smear
 - Mammography
- **Prevention Screenings**
 - Prenatal HIV Screening
 - FAS Prevention

Thank you for your participation and continued efforts in the improvement of GPRC performance at your facility. This speaks volumes toward the dedication and commitment you and your staff have toward improving the quality of care provided to your patients. Please don't hesitate to contact us if we can be of further assistance to you in this process. Elaine.brinn@ihs.gov, Janae.price@ihs.gov, Amy.Patterson@ihs.gov

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Taking it one step at a time: *End of Year Checklist*

1. Get a group together that can perform chart review functions (this may be your QA group/committee).

2. Run a selected measures report (for the specified measures listed above)
 - a. Under **GPRA** - IHS Clinical Reporting System (CRS) Main Menu . . .
 - i. Select **CI 06** CRS 2006...
 - ii. Select **RPT** Reports ...
 - iii. Select **NTL** National GPRA Reports . . .
 - iv. Select **LST** National GPRA Report Patient List
 - v. End of Taxonomy Check: Press **Enter**
 - vi. Select Action: +// **S**
 - vii. Which Measure Topic: (1-26): **11, 12, 13, 14, 18, 25**
 (* to scroll down the list select (+) to scroll up the list select (-), if you need additional queues select ??)
 - viii. Once all 6 measures have been selected (*) type **Q** (quit)
 - ix. Select **(2)** for each measure which will give you those patients that have not met the GPRA measure for 2006. *Exception: Childhood Immunizations select (4) as we are reporting from the Immunization package until 2007.*
 - x. Here you can select **R** (Random Patient List), **P** (Patient List by Provider), or **A** (All patients). We strongly recommend P or A unless your patient population is so large that you will not be able to review all charts that have not met their respective GPRA measure.
 - xi. Select the date range: July 1 – June 30 (**3**)
 - xii. Enter Year: **2006**
 - xiii. Do you want to change your Current Report Dates? N// **N**
 - xiv. Enter the Name of the Community Taxonomy: GPRA COMMUNITIES// *hit return to select this default*
 - xv. Select an Output Option: P// **D** (Create a Delimited output file)
 - xvi. Select output type: S// **F** (File – delimited output will be written to a file in pub).
 - xvii. Enter a filename (no more than 40 characters): **QAcheck06**
 - xviii. Won't you queue this? Y// **Y**
 - xix. Requested Start Time: Now// **Now**

3. Access the created file (**QAcheck06**) from your public directory. Since it is a delimited file you will have to open the Excel program first, go to file open, locate and select the patient list file. Under “original data type” select delimited, click next. Under “delimiters” check the “other” box and type an (^) in the box beside

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it, click next. Make sure “General” is selected under the column data format and then click finish.

- a. An Excel spreadsheet should open including patients under each measure who did not meet the measure in 2006.
 - b. Note: Depending on your user population this file may take some time before completing the patient list. Keep checking your pub directory.
4. Pull charts for patients identified on the patient list and check the following:
- a. **Data Entry Checks:** Is all the information being entered, correctly?
 1. Is the POV/CPT/Lab/IMM **code** in the correct place on the PCC form? **See pages 9-12 for code listings.**
 2. If not, has the procedure been documented somewhere else in the chart?)
 - b. Is there a **refusal or contraindication code**?
 1. These codes count toward meeting many measures, if documented *during the report period*: PAP, Mammogram, Immunizations (Childhood and Pneumovax), Prenatal HIV Screening, and FAS Prevention
 2. Providers: Document on PCC
 3. Write “refused” in POV section or appropriate order box
 4. Data Entry: Use REF mnemonic
 - c. Is there a possibility for **historical data entry**?
 1. Contact local referral sites to obtain documentation
 2. Immunizations, Pap, Mammogram (Type, date, location)
 - d. Is there a possibility for **scheduling patient services**?
 1. Check appointment book to see if any patients that are missing specific procedures are scheduled for an appointment **before the end of the report period** and make a note that specific procedure should be performed when patient comes in.
 2. Send due letters to patients, as appropriate
5. Set aside those charts that have had the selected procedures performed but are showing up delinquent from the CRS patient list report. Go into RPMS to enter data correctly or add historical data.
6. Once you have completed this process. Re-run your patient list in the same manner as the original report and compare to make sure those charts reviewed are being counted.

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Special Considerations:

Childhood Immunizations (19-35 months)

- *The most common reason for low rates is caused by missing 4th DTAP (get those patients in to complete their IZ series).*
- *Another common reason is when patients stop coming in for well child visits, in which case reminder letters need to be utilized.*
- *Providers should ask about and record off-site historical IZ's (type, date received, and location) on PCC forms – data entry mnemonic: **HIM***
- *Providers should document refusals; write “Refused” in appropriate vaccine Order box on PCC form – data entry mnemonic: **REF** (Immunization, Value, Date Refused).*

Prenatal HIV Screening

- *Put the following on the POV lines: HX Prenatal HIV/Date*
- *NO RESULTS should be put in this area*
- *If the patient is referred out for prenatal care, records should be requested and information recorded as above*

Topical Fluorides & Dental Sealants

Although patient's lists are not useful for these dental measures, please check with your dental office staff to ensure they are following these guidelines:

- **Topical Fluorides:** *All children receive FI unless contraindicated (medically) or parental request; both of these are quite rare. These procedures would therefore be recorded in the chart as well as the Attending Dentist Statement or whatever form the clinic uses for billing. The standard of care would dictate fluoride application for all children (codes D1201 or D1203) and adult application as indicated to treat dental sensitivity, or as indicated (example reduced salivary flow from radiation/chemo therapy).*
- **Sealants:** *“...potential sealant benefit may exist at any age, in any tooth with a pit or fissure, including primary and permanent teeth in adults and children.” Using these guideline dental sealants are in all likelihood being underutilized by most providers.*

As with the previous measure guidance data entry is an issue with dental measures as well: Is all information being entered? Does clinical staff review RPMS data monthly/quarterly? Is the dentist or dental director given a supervisory role with data entry personnel? Is the data entry staff properly trained?

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CALIFORNIA AREA DASHBOARD: 2ND AND 3RD QUARTER RESULTS

DIABETES	2006-3rd QTR	2006-2 ND QTR	2005 Final	2006 Target
Diabetes Dx Ever	10%	10%	10%	N/A
Documented HbA1c	75%	66%	83%	N/A
Poor Glycemic Control	13%	11%	15%	15%
Good Glycemic Control	34%	30%	37%	32%
Controlled BP <130/80	31%	30%	36%	37%
LDL Assessed	50%	38%	64%	56%
Nephropathy Assessed	47%	36%	59%	50%
Retinopathy Exam	28%	21%	50%	baseline (50% pilot sites)
DENTAL				
Access to Services	29%	26%	36%	24%
Topical Fluoride- Patients	4,332	3,279	4,581	85,318†
Sealants	5,513	3,713	8,458	249,882†
IMMUNIZATIONS				
Influenza 65+	48%	43%	58%	59%
Pneumovax 65+	69%	71%	70%	72%
Childhood Izs	*48% (42%)	*39% (33%)	51%	75%
PREVENTION				
Pap Smear Rates	51%	50%	56%	60%
Mammogram Rates	34%	33%	41%	41%
FAS Prevention	8%	6%	10%	12%
DV/IPV Screen	20%	15%	15%	14%
Childhood Weight Control	25% (**74)	25% (**70%)	**76%	baseline
Tobacco Cessation	5% (**33%)	3% (**26%)	***36%	baseline
Depression Screening	7%	5%	N/A	baseline
Prenatal HIV Screening	28%	25%	17%	55%
Colorectal Cancer Screening	19%	19%	20%	baseline
Cholesterol Screening	58%	57%	56%	44%
*IMM Package rates				
**BMI Measured				
***Tobacco Assessment				

†Topical Fluoride and Sealant measures are reported as total counts; based on user population, areas like California will only contribute a small proportion of that count. Attention should be paid to comparisons of each reporting period and not the overall national target for improving these particular measures.

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Topical Fluorides (Patients)	<p>Denominator: None. This indicator is a total count only, not a percentage.</p> <p>Numerator: The total number of patients with at least one topical fluoride treatment during the Report Period.</p> <p>Logic Description: Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205 - OR - 2) V POV V07.31 A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year.</p> <p>Performance Improvement Tip: If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position.</p>
Sealants	<p>Denominator: None. This indicator is a total count only, not a percentage.</p> <p>Numerator: The total number of dental sealants during the Report Period.</p> <p>Logic Description: Sealants defined as V Dental ADA code 1351.</p> <p>Performance Improvement Tip: If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position.</p>
Childhood Immunizations	<p>Denominator: Patients who are 19-35 months at end of Report period.</p> <p>Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.</p> <p>Denominator Logic: Age of the patient is calculated at the end of the report period.</p> <p>Numerator Logic: (See codes below)</p> <p>1) Dosage and types of immunization definitions:</p> <ul style="list-style-type: none"> • 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap ad 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis. • 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses. • 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella. • 3 doses of Hep B • 3 doses of HIB • 1 dose of Varicella • If codes for the same immunization are dated within 10 days of each other they are to be considered the same immunization. <p>2) Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below:</p> <ul style="list-style-type: none"> • Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. • For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. <p>Evidence of disease will be checked for at any time in the child's life prior to the end of the report period.</p>

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Childhood Immunization Codes	Immunization	CPT Code	ICD and Other Codes
Refusals: Same as Immunization codes	DTap	90698, 90700, 90721, 90723, 90749	Imm Codes: 20, 50, 106, 107, 110 POV: V06.1
	DTP	90701, 90711, 90720	Imm Codes: 1, 22, 102 POV: V06.1, V06.2, V06.3 V Procedure: 99.39
Evidence of Disease (EOD): <i>POV or Problem List (active or inactive).</i>	Tdap	90715	Imm Code: 115
	DT (Diphtheria & Tetanus)	90702	Imm Code: 28 POV: V06.5
Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208*	TD (Tetanus & Diphtheria)	90718	Imm Code: 9 POV: V06.5
	Diphtheria	90719	POV: V03.5 V Procedure: 99.36
	Tetanus	90703	Imm Code: 35, 112 POV: V03.7 EOD: 037* V Procedure: 99.38
	Pertussis		Imm Code: 11 POV: V03.6 V Procedure: 99.37 EOD: 033*
	OPV*	90712	Imm Code: 2, 89
	IPV	90698, 90711, 90713, 90723	Imm Code: 10, 89, 110 POV: V04.0, V06.3 V Procedure: 99.41 EOD: V12.02, 045*, 138, 730.70-730.79
	MMR*	90707, 90710	Imm Code: 3, 94 POV: V06.4 V Procedure: 99.48
	M/R (Measles/Rubella)	90708	Imm Code: 4
	R/M (Rubella/Mumps)	90709	Imm Code: 38
	Measles	90705	Imm Code: 5 POV: V04.2 EOD: 055*
	Mumps	90704	Imm Code: 7 POV: V04.6 EOD: 072*
	Rubella	90706	Imm Code: 6 POV: V04.3 EOD: 056*, 771.0
	HiB	90645-90648, 90698, 90720-90721, 90748	Imm Code: 22, 46-49, 50, 51, 102 POV: V03.81 EOD: 038.41, 041.5, 320.0, 482.2
	Hepatitis B	90736, 90723, 90731, 90740, 90743-90748	Imm Code: 8, 42-45, 51, 102, 104, 110 EOD: V02.61, 070.2, 070.3
	Varicella*	90710, 90716	Imm Code: 21, 94 POV: V05.4 EOD: 052*, 053*

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<p>Adult Immunizations: Pneumovax</p>	<p>Denominator: Active Clinical patients ages 65 or older. Numerator: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including documented refusals or not medically indicated in past year. Numerator Logic: 1) Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; V Procedure 99.55; CPT Code 90732, 90669 2) Refusal of Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109</p>
<p>Cancer Screening: Pap smear rate</p>	<p>Denominator: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. Numerators: Patients with documented pap smear in past three years or refusal in past year. Denominator Logic: Exclude patients with Hysterectomy: A) V Procedure: 68.4-68.9; B) POV 618.5, V67.01, or V76.47; or C) CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 58956, 59135. Numerator Logic: Include patients with 1) Pap Smear: A) POV: V76.2 Screen Mal Neop-Cervix; V72.31 Routine Gynecological Examination, Pap Cervical Smear as Part of General GYN Exam; 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 (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix; B) CPTCodes: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; C) LOINC taxonomy or local laboratory taxonomy for pap smear OR 2) Refusal</p>
<p>Cancer Screening: Mammogram Rates</p>	<p>Denominator: Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies. Numerator: Patients with documented mammogram in past two years or refusal in past year. Denominator Logic: Exclude patients with 1) Bilateral Mastectomy: CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) Unilateral Mastectomy: Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 Numerator Logic: Include patients with 1) Mammogram: A) V Radiology or V CPT: 76090, 76091, 76092, G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 OR 2) Refusal Mammogram: V Radiology Mammogram for CPT 76090, 76091, 76092, G0206, G0204, G0202.</p>

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<p>Prenatal HIV Screening</p>	<p>Denominator: All pregnant female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.</p> <p>Numerator: Patients who received HIV test during the past 20 months, including refusals in the past 20 months.</p> <p>Numerator Logic: Pregnancy is defined as at least two visits during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV.</p> <ol style="list-style-type: none"> 1) Pregnancy (2 visits in 20 months): V POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* 2) Miscarriage: CPT Codes: 59813, 59820, 59821, 59830 V POV: 630, 631, 632, 633*, 634* 3) Abortion: CPT Codes: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 V POV: 635*, 636*, 637* 4) HIV Diagnosis: V POV: 042.0-044.9, V08, 795.71 5) HIV Test: CPT Codes: antibody: 86689, 86701-86703 confirmatory test: 86689 antigen: 87390, 87391 Refusal/LOINC Codes (yes). 6) HIV Counseling: V POV: V65.44 (Patient Education Codes: 042.0-044.9, V08, 795.71)
<p>Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention)</p>	<p>Denominator: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerator: Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report Period, including refusals in the past year.</p> <p>Numerator Logic:</p> <ol style="list-style-type: none"> 1) Alcohol Screening: PCC Exam Code: 35 V POV: V11.3; V79.1, or problem code 29.1 2) Alcohol-related Diagnoses: POV, Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) Alcohol Education: "as designated locally - OR - 4) Refusal <p>Alcohol Health Factors: The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which as the following four questions:</p> <ol style="list-style-type: none"> 1. Have you ever felt the need to Cut down on your drinking? 2. Have people Annoyed you by criticizing your drinking? 3. Have you ever felt bad or Guilty about your drinking? 4. Have you ever needed and Eye opener the first thing in the morning to steady your nerves or get rid of a hangover? <p>Based on how many YES answers are received, document Health Factor(s)</p> <p>HF – CAGE 0/4 (all no answers)</p> <p>HF – CAGE 1/4</p> <p>HF – CAGE 2/4</p> <p>HF – CAGE 3/4</p> <p>HF – CAGE 4/4</p> <p><u>*Optional Values</u></p> <p>Level of Severity: Mild/Moderate/ or Severe</p> <p>Quantity: # of drinks daily</p>

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