



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

CRS Clinical Performance Measure Logic Manual for FY 2017 Clinical Measures

Version 17.0
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Office of Information Technology (OIT)
Division of Information Resource Management

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Preface

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

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

This manual contains the FY 2017 clinical performance measure definitions and logic for the CRS 2017 Version 17.0 software. 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 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 to 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 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 was “translated” into programming code with the assistance of clinical subject matter experts. CRS uses predefined 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 has one or more defined denominators and numerators.

Administrative and clinical users can produce reports for selected measures at any time to:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data.

- Monitor their site's performance against past national performance and upcoming agency goals.
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes.
- Quickly measure impact of process changes on performance measures.
- Identify areas meeting or exceeding measures to provide lessons learned.

Users of the RPMS CRS include:

- Area Office and site quality improvement staff
- Compliance Officers
- GPRA coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Office directors
- Any staff involved with quality assurance initiatives
- Staff who run various CRS reports

1.0 Introduction

This manual provides information on the performance measure logic used by the Clinical Reporting System (CRS) Version 17.0 Selected Measures (Local) Report (Fiscal Year [FY] 2017 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the CRS Version 17.0 User Manual.

2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

- For Government Performance and Results Act (GPRA) measures, the measure description is provided as stated in the Indian Health Service (IHS) Annual Performance Report to Congress
- Definitions of all denominators and numerators for each performance measure topic
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies, and/or values searched
- Key changes to logic from the previous year, if any
- Description of which patients and information are contained on the patient list
- Performance measure source and past IHS performance, if any, and IHS or Healthy People (HP) 2020 targets for the performance measure
- Report examples
- Patient list examples

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

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more define denominators and numerators. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA/GPRAMA Report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For the Selected Measures reports for local use (CRS Version 17.0 User Manual, Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. There are also additional options available to further refine denominator definitions.

2.1.1.1 Denominator Definitions for National GPRA Reporting

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

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency's IHS User Population definition.

The *Active Clinical* population for the National GPRA/GPRAMA Report is defined by the following criteria:

- Patients with the name of “DEMO, PATIENT” or who are included in the Resource and Patient Management System (RPMS) Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have two visits to medical clinics in the past 3 years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
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:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB

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

- Patient must be alive on the last day of the report period.
- Patient must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the Purchased and Referred Care (PRC) catchment area specified in the community taxonomy specified by the user.

The *Active Clinical Plus Behavioral Health Population* for National GPRA/GPRAMA Reports is defined as follows:

- Patients with the name of “DEMO, PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the Patient Care Component [PCC] Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past 3 years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

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

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other

Clinic Code	Clinic Description
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy
C4	Behavioral Health
C9	Telebehavioral Health

- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy that is specified by the user.

The *GPRA User Population* for the National GPRA/GPRAMA Report is defined by the following criteria:

- Patients with the name of “DEMO, PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the 3 years prior to the end of the Report Period, regardless of the clinic type.

- Patient must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy specified by the user.

Note: The GPRA User Population definition is similar, but not identical, to the definition used by IHS headquarters (HQ) for annual user population statistics. GPRA “visits” are not required to be workload reportable as defined by IHS HQ.

2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPRA/GPRAMA Report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (CRS Version 17.0 User Manual, Section 5.11). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Users have additional options to define the denominators as explained below.

The Active Clinical Population for Selected Measures (Local) Reports is defined as follows:

- Patients with name “DEMO, PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have two visits to medical clinics in the past 3 years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice

Clinic Code	Clinic Description
57	EPSDT
70	Women's Health
80	Urgent Care
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:

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

- Patient 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.

The *Active Clinical Plus Behavioral Health Population* for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of “DEMO, PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have *two* visits to *medical* clinics in the past 3 years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
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:

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT

Clinic Code	Clinic Description
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient 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 typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

The *User Population* for Selected Measures (Local) reports is defined as follows:

- Patients with the name of “DEMO, PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be excluded from the denominator automatically.

- Patient must have been seen at least once in the 3 years prior to the end of the Report Period, regardless of the clinic type.
- Patient 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.

2.1.2 Performance Measure Logic Example

Cancer Screening: Mammogram Rates: During GPRA Year 2017, achieve the target rate of 56.7% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

For CRS, the GPRA measure definition is defined as:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 52 through 64, excluding those with documented history of bilateral mastectomy. (The clinical owner of the measure has determined based on current medical guidelines that “eligible” women are defined as ages 52 through 64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented mammogram in past 2 years.

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

1. Begin with the Active Clinical population definition.
 - Exclude any patients with the name of “DEMO, PATIENT.”
 - Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
 - Exclude any patients with a date of death in the Patient Registration file.
 - Exclude any patients who do *not* have value 01 (AI/AN) 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 3 years prior to the selected report end date; exclude any patient records whose visits do not meet the “two medical clinics” definition.

2. From these patients, identify the subset that are female and at least age 52 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 bilateral mastectomy by searching the V Procedure file for Procedure Codes ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ, V CPT for CPT Codes 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, 19240, w/modifier of 50 or 09950, or POV or Problem List entry where the status is not Deleted of ICD-10: Z90.13 or SNOMED data set PXRMBGP BILAT MASTECTOMY (Problem List only) any time before the end of the report period; *or* who have two separate occurrences for either (1) one code that indicates a right mastectomy and one code that indicates a left mastectomy, or (2) one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side on two different dates of service.
 - a. Right Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.11; SNOMED data set PXRMBGP RIGHT MASTECTOMY (Problem List only); Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ.
 - b. Left Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.12; SNOMED data set PXRMBGP LEFT MASTECTOMY (Problem List only); Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ.
 - c. Mastectomy on unknown side: 1) CPT 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) Procedure ICD-9: 85.41, 85.43, 85.45, 85.47.
4. For these patients (the denominator), check for a mammogram in the past 2 years in the following order:
 - a. Check V Radiology or V CPT for the following CPT Codes: 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202
 - b. Check the Purpose of Visit file (V POV) for a diagnosis of ICD-9: V76.11 Screening Mammogram for High Risk Patient; V76.12 Other Screening Mammogram; 793.80 Abnormal Mammogram, Unspecified; 793.81 Mammographic Microcalcification; 793.89 Other Abnormal Findings On Radiological Exam of Breast or ICD-10: R92.0, R92.1, R92.8, Z12.31.
 - c. Check V Procedures for a procedure of ICD-9: 87.36 Xerography of Breast, 87.37 Other Mammography or ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ.

- d. Check the Women's Health Tracking package for documentation of a procedure called Mammogram Screening, Mammogram Dx Bilat, or Mammogram Dx Unilat and where the result does *not* have "ERROR/DISREGARD".

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.

2.1.3 Age Ranges

Unless otherwise noted, for the purposes of CRS reports, the age of a patient is calculated at the beginning of the report period. For example, for a report period of July 1, 2016 through June 30, 2017, Jane Doe is defined as age 74 if her birth date is June 10, 1942, even though she becomes age 75 during the report period.

2.1.4 Standard Health Care Codes

2.1.4.1 Current Procedural Terminology Codes

One of several code sets used by the healthcare industry to standardize data, and allow for comparison and analysis. Current Procedural Terminology (CPT) 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.

2.1.4.2 International Classification of Disease Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (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, Ninth Revision (ICD-9) for coding, but will be switching to ICD-10 in 2015. CRS searches for ICD and other codes as specified in the logic definition, to determine if a patient meets a denominator or numerator definition.

2.1.4.3 Logical Observation Identifiers Names and Codes

Logical Observation Identifiers Names and Codes (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 laboratory and other healthcare procedures, for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Refer to the CRS Version 17.0 Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

2.2 Diabetes Related Measure Topics

2.2.1 Diabetes Prevalence

Denominators

User Population patients. Broken down by gender and age groups (less than (<) 15, 15 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 64, greater than (>) 64 years).

Numerators

Patients diagnosed with Diabetes *at any time* before the end of the Report Period.

Patients diagnosed with Diabetes *during* the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Diabetes definition: At least one POV diagnosis of ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.*.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of diabetic patients with most recent diagnosis.

Measure Source

HP 2010 5–2, 5–3

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	14.7%
IHS FY 2015 Performance	14.4%
IHS FY 2014 Performance	14.0%
IHS FY 2013 Performance	13.9%
IHS FY 2012 Performance	13.4%
IHS FY 2011 Performance	12.8%
IHS FY 2010 Performance	12.0%
IHS FY 2009 Performance	12.0%
IHS FY 2008 Performance	12.0%
IHS FY 2007 Performance	11.0%
IHS FY 2006 Performance	11.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	10.0%

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*** IHS 2017 Selected Measures with Community Specified Report ***		
DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Diabetes Prevalence		
Denominator(s):		
- User Population patients. Broken down by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, 65+.		
Numerator(s):		
- Patients diagnosed with Diabetes at any time before the end of the Report Period.		
- Patients diagnosed with Diabetes during the Report Period.		
Logic:		
Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one POV diagnosis ICD-9: 250.00-250.93 or ICD-10: E10.*-E13.*.		
Performance Measure Description:		
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.		
Past Performance and/or Target:		

IHS Performance: FY 2016 - 14.7%, FY 2015 - 14.4%, FY 2014 - 14.0%, FY 2013 - 13.9%, FY 2012 - 13.4%, FY 2011 - 12.8%, FY 2010 - 12%, FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

Diabetes Prevalence

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts	2,896		2,456			2,346		
# w/ any DM Dx	265	9.2	243	9.9	-0.7	197	8.4	+0.8
# w/ DM Dx during Report Period	173	6.0	146	5.9	+0.0	100	4.3	+1.7
Male User Pop Pts	1,368		1,152			1,109		
# w/ any DM Dx	114	8.3	104	9.0	-0.7	72	6.5	+1.8
# w/DM Dx during Report Period	82	6.0	78	6.8	-0.8	48	4.3	+1.7
Female User Pop Pts	1,528		1,304			1,237		
# w/ any DM Dx	151	9.9	139	10.7	-0.8	125	10.1	-0.2
# w/ DM Dx during Report Period	91	6.0	68	5.2	+0.7	52	4.2	+1.8

Figure 2-1: Sample Summary Report, Diabetes Prevalence Topic

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*** IHS 2017 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2017 to Dec 31, 2017

Previous Year Period: Jan 01, 2016 to Dec 31, 2016

Baseline Period: Jan 01, 2010 to Dec 31, 2010

Diabetes Prevalence (con't)

	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	730	239	261	403	389	390	262	222
# w/ any DM Dx	1	3	7	37	57	67	50	43
% w/ any DM Dx	0.1	1.3	2.7	9.2	14.7	17.2	19.1	19.4
# w/ DM Dx during Report Period	0	2	3	14	42	49	34	29
% w/ DM Dx during Report Period	0.0	0.8	1.1	3.5	10.8	12.6	13.0	13.1
PREVIOUS YEAR PERIOD								
Total # User Pop	711	227	243	352	316	277	181	149
# w/ any DM Dx	3	4	9	31	54	57	45	40

% w/ any DM Dx	0.4	1.8	3.7	8.8	17.1	20.6	24.9	26.8
# w/ DM Dx during Report Period	1	3	3	9	33	37	31	29
% w/ DM Dx during Report Period	0.1	1.3	1.2	2.6	10.4	13.4	17.1	19.5

CHANGE FROM PREV YR %								
w/ any DM Dx	-0.3	-0.5	-1.0	+0.4	-2.4	-3.4	-5.8	-7.5
w/ DM Dx								
during Report Period	-0.1	-0.5	-0.1	+0.9	+0.4	-0.8	-4.1	-6.4
BASELINE REPORT PERIOD								
Total # User Pop	787	208	217	329	293	228	141	143
# w/ any DM Dx	2	4	12	20	38	46	31	44
% w/ any DM Dx	0.3	1.9	5.5	6.1	13.0	20.2	22.0	30.8
# w/ DM Dx								
during Report Period	2	1	3	7	18	21	20	28
% w/ DM Dx								
during Report Period	0.3	0.5	1.4	2.1	6.1	9.2	14.2	19.6
CHANGE FROM BASE YR %								
w/ any DM Dx	-0.1	-0.7	-2.8	+3.1	+1.7	-3.0	-2.9	-11.4
w/ DM Dx								
during Report Period	-0.3	+0.4	-0.2	+1.3	+4.7	+3.4	-1.2	-6.5

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

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*** IHS 2017 Clinical Performance Measure Patient List ***		
DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Entire Patient List		

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease; HR=High Risk Patient		
Diabetes Prevalence: List of diabetic patients with most recent diagnosis		
PATIENT NAME	HRN	COMMUNITY
DENOMINATOR		NUMERATOR

PATIENT1,DEBORAH	000001	COMMUNITY #1
UP		02/01/17 POV 250.00
PATIENT2,TARA	000002	COMMUNITY #1
UP		05/24/16 POV E11.21
PATIENT3,BOBBIE	000003	COMMUNITY #1
UP		03/30/16 POV 250.00
PATIENT4,WINONA	000004	COMMUNITY #1
UP		04/30/17 POV 250.00
PATIENT5,NADINE	000005	COMMUNITY #1
UP		03/19/16 POV 250.00
PATIENT6,RUTH	000006	COMMUNITY #1
UP		03/19/17 POV E10.10

Figure 2-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

2.2.2 Diabetes Comprehensive Care

Denominators

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever, without a documented history of bilateral blindness.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two diabetes mellitus- (DM-) related visits ever, without a documented history of bilateral foot amputation or two separate unilateral foot amputations.

Numerators

Patients with hemoglobin A1c documented during the Report Period, regardless of result

Patients with blood pressure (BP) documented during the Report Period

Patients with controlled BP, defined as less than (<) 140/90, i.e., the mean systolic value is less than (<) 140 and the mean diastolic value is less than (<) 90

Patients with nephropathy assessment, defined as an estimated GFR with result and a urine albumin-to-creatinine ratio (UACR) during the Report Period *or* with the evidence of diagnosis and/or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period

Patients receiving a qualified retinal evaluation during the Report Period

Note: This numerator does *not* include refusals.

Patients with diabetic foot exam during the Report Period

Note: This numerator does *not* include refusals.

Patients with comprehensive diabetes care (documented A1c *and* blood pressure *and* nephropathy assessment *and* retinal exam *and* diabetic foot exam).

Logic Description

Diabetes definition: First Purpose of Visit (POV) ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the POV file prior to the Report Period.

A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3044F through 3046F, 3047F (old code); LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

BP documented definition: Having a minimum of 1 BP documented during the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

CRS uses mean of last 3 BPs documented during the Report Period. If 3 BPs are not available, uses mean of last 2 BPs, or one BP if there is only one documented. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) BPs and dividing by 3 (or 2).

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 or POV ICD-9: V81.1 documented during the Report Period.

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

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from BP measurements, it will search for the most recent of any of the following CPT codes documented during the Report Period: BP Documented: 0001F, 2000F, G9273, G9274 or POV ICD-9: V81.1; *or* Systolic 3074F, 3075F, or 3077F *with* Diastolic: 3078F, 3079F, or 3080F. The systolic and diastolic values do not have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combinations represent BP less than (<) 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F; *or* G9273. All other combinations *will not* be included in the Controlled BP numerator.

Nephropathy assessment definition: (1) Estimated GFR with result during the report period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, *and* (2) Urine Albumin-to-Creatinine Ratio (UACR) during the Report Period, defined as any of the following: (A) CPT 82043 WITH 82570; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT UACR TESTS.

Note: Be sure to check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values.

(3) ESRD diagnosis/treatment defined as any of the following ever: (A) CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339; (B) Diagnosis (POV or Problem List entry where the status is not Deleted) POV ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXR END STAGE RENAL DISEASE (Problem List only); (C) Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, or 55.6*.

Qualified retinal evaluation definition: (1) diabetic retinal exam or (2) other eye exam. The following methods are qualifying for this measure: (1) dilated retinal evaluation by an optometrist or ophthalmologist, or (2) seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist, or (3) any photographic method formally validated to seven standard fields (ETDRS).

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

- *Other Eye Exam: Non-DNKA* (did not keep appointment) visits to ophthalmology or optometry clinics with an optometrist or ophthalmologist, or visits to formally validated* tele-ophthalmology retinal evaluation clinics. Searches for the following codes in the following order: CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014; Clinic Code A2 (Diabetic Retinopathy)**; Clinic Codes 17 or 18 with Provider Code 08, 24, or 79 where the Service Category is not C (Chart Review) or T (Telecommunications).

*Validation study properly powered and controlled against the ETDRS gold standard.

**Validated photographic (teleophthalmology) retinal surveillance.

Bilateral blindness defined as Diagnosis (POV or Problem List entry where the status is not Deleted) of any of the following: 1) ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.0; 2) SNOMED data set PXRMBGP BILAT BLINDNESS (Problem List only); 3) SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral (Problem List only); 4) One code from (SNOMED data set PXRMBGP LEFT EYE BLIND (Problem List only) OR SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Left (Problem List only)) AND one code from (SNOMED data set PXRMBGP RIGHT EYE BLIND (Problem List only) OR SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Right (Problem List only)).

Diabetic foot exam definition: (1) Exam Code 28 Diabetic Foot Exam, Complete; (2) non-DNKA visit with a podiatrist (Provider Codes 33, 84 or 25), (3) non-DNKA visit to Podiatry Clinic or Diabetic Foot Clinic (Clinic Codes 65 and B7), or (4) CPT 2028F, G9226.

Bilateral foot amputation definition: CPT 27290.50 through 27295.50, 27590.50 through 27592.50, 27598.50, 27880.50 through 27882.50 (50 modifier indicates bilateral), G9224; 2) Procedure ICD-10: 0Y640ZZ.

Unilateral foot amputation definition: Must have two separate occurrences on two different dates of service: (1) CPT 27290 through 27295, 27590 through 27592, 27598, 27880 through 27882; (2) Procedure ICD-9: 84.10, 84.13 through 84.19; ICD-10: 0Y620ZZ, 0Y630ZZ, 0Y670ZZ, 0Y680ZZ, 0Y6C0Z*, 0Y6D0Z*, 0Y6F0ZZ, 0Y6G0ZZ, 0Y6H0Z*, 0Y6J0Z*, 0Y6M0Z0, 0Y6N0Z0, or (3) POV ICD-9: V49.7*.

Key Logic Changes from CRS Version 16.1

1. Added logic to ESRD definition to look at the Problem List.
2. Added SNOMED data set PXRMBGP END STAGE RENAL DISEASE to ESRD definition (for Problem List only).

3. Removed ICD-10 codes H54.10-H54.12 from bilateral blindness definition.
4. Changed logic for bilateral blindness to include inactive problems on the Problem List.
5. Added SNOMED data set PXRMBGP BILAT BLINDNESS and PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral to bilateral blindness definition (for Problem List only).
6. Added SNOMED data sets PXRMBGP LEFT EYE BLIND, PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Left, PXRMBGP RIGHT EYE BLIND, and PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Right to bilateral blindness definition (for Problem List only).
7. Removed LOINC codes 24362-6, 45066-8, and 50261-7 from BGP ESTIMATED GFR LOINC taxonomy.

Patient List Description

List of diabetic patients with documented tests, if any.

Measure Source

Foot Exam: HP 2020 D-9

Measure Past Performance and Long-Term Targets

Target	Percent
HP 2020 goal for foot exam	74.8%

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*** IHS 2017 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Diabetes Comprehensive Care								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	417		467			445		
# w/ Comp Diabetes Care	4	1.0	28	6.0	-5.0	46	10.3	-9.4
# w /A1c w/ or w/o result	207	49.6	357	76.4	-26.8	372	83.6	-34.0

# w/ BPs documented	374	89.7	453	97.0	-7.3	433	97.3	-7.6
# w/ Controlled BP <140/90	251	60.2	319	68.3	-8.1	310	69.7	-9.5
# w/ Est GFR & UACR or w/ ESRD	131	31.4	258	55.2	-23.8	297	66.7	-35.3
Active Diabetic Pts w/o Hx of Bilateral Blindness	417		467			445		
# w/ Retinal Evaluation-No Refusals	37	8.9	126	27.0	-18.1	152	34.2	-25.3
Active Diabetic Pts w/o Hx of Bilateral Amputation	394		446			428		
# w/ Diabetic Foot Exam-No Refusals	47	11.9	90	20.2	-8.3	111	25.9	-14.0

Figure 2-4: Sample Summary Report, Diabetes Comprehensive Care Topic

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetes Comprehensive Care: List of diabetic patients with documented tests, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH AD	000001	COMMUNITY #1 A1c: 02/28/17 6.6;	F	45	05/23/72
PATIENT2,TARA AD	000002	COMMUNITY #1 BP: <140/90: BPs: 118/61;	F	51	09/10/66
PATIENT3,BARBIE AD	000003	COMMUNITY #1 A1c: 04/09/17 6.5;	F	52	02/12/65
PATIENT4,DONALD AD	000004	COMMUNITY #1 BILATERAL BLINDNESS	M	25	08/01/92

AD AMPUTATION
 UACR: 03/31/17 QUANT UACR; EYE: 03/30/17 C1 18; FOOT EXAM: 01/07/17 C1 65

Figure 2-5: Sample Patient List, Diabetes Comprehensive Care

2.2.3 Diabetes: Glycemic Control

GPRAMA Measure Description, Good Glycemic Control

During GPRA Year 2017, achieve the target rate of 48.4% for the proportion of patients with diagnosed diabetes who have good glycemic control (defined as A1c less than (<) 8).

Denominators

User Population patients diagnosed with diabetes prior to the report period.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRAMA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are age 19 and older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever; (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than (>) 5.

Numerators

Patients with a hemoglobin A1c documented during the Report Period, regardless of result.

Poor Control: Total of Poor and Very Poor Control: Patients with A1c greater than (>) 9.5.

Very Poor Control: Patients with A1c greater than or equal to (>=) 12.

Poor Control: Patients with A1c greater than (>) 9.5 and less than (<) 12.

Fair Control: Patients with A1c greater than or equal to (>=) 8 and less than or equal to (<=) 9.5.

Patients with A1c greater than or equal to (>=) 7 and less than (<) 8.

Good Control: Patients with A1c less than (<) 8. (GPRAMA Numerator)

Patients with A1c less than (<) 7.

Without Result: Patients with A1c documented but no value.

Logic Description

Diabetes definition: First Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Hemoglobin A1c	83036, 83037, 3044F-3046F, 3047F (old code) Note: CPT 3044F represents A1c less than (<) 7 and will be included in the A1c less than (<) 7 and A1c less than (<) 8 numerators.	Yes	DM AUDIT HGB A1C TAX

In the CPT Codes column, specific LOINC codes used CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of diabetic patients with most recent A1c value, if any.

Measure Source

HEDIS; HP 2020 D-11, D-5

Measure Past Performance and Long-Term Targets Hemoglobin A1c Documented

Performance	Percent
IHS FY 2016 Performance	85.5%
IHS FY 2015 Performance	84.7%
IHS FY 2014 Performance	85.7%
IHS FY 2013 Performance	85.2%
IHS FY 2012 Performance	84.9%
IHS FY 2011 Performance	83.0%
IHS FY 2010 Performance	82.0%
IHS FY 2009 Performance	80.0%
IHS FY 2008 Performance	79.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	79.0%
IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
<i>HP 2020 Goal</i>	71.1%

Good Glycemic Control (A1c less than (<) 8)

Performance	Percent
IHS FY 2016 Performance	46.9%
IHS FY 2015 Performance	47.4%
IHS FY 2014 Performance	48.6%
IHS FY 2013 Performance	48.3%

Poor Glycemic Control (A1c greater than (>) 9.5)

Performance	Percent
IHS FY 2016 Performance	21.7%
IHS FY 2015 Performance	20.9%
IHS FY 2014 Performance	20.7%
IHS FY 2013 Performance	20.7%
IHS FY 2012 Performance	19.8%
IHS FY 2011 Performance	19.1%
IHS FY 2010 Performance	18.0%

Performance	Percent
IHS FY 2009 Performance	18.0%
IHS FY 2008 Performance	17.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

Ideal Glycemic Control (A1c less than (<) 7)

Performance	Percent
IHS FY 2012 Performance	33.2%
IHS FY 2011 Performance	31.9%
IHS FY 2010 Performance	32.0%
IHS FY 2009 Performance	31.0%
IHS FY 2008 Performance	32.0%
IHS FY 2007 Performance	31.0%
IHS FY 2006 Performance	31.0%
IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
<i>HP 2020 Goal</i>	<i>58.9%</i>

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*** IHS 2017 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Diabetes: Glycemic Control								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
User Pop Pts w/ DM								
Dx	621		606			571		
# w/ A1c w/ or w/o								
result	225	36.2	370	61.1	-24.8	394	69.0	-32.8
# w/ A1c >=12	43	6.9	62	10.2	-3.3	31	5.4	+1.5
# w/ A1c >9.5 and								

<12	57	9.2	88	14.5	-5.3	81	14.2	-5.0
# w/ Alc >=8 and <=9.5	41	6.6	52	8.6	-2.0	72	12.6	-6.0
# w/ Alc >=7 and <8	26	4.2	44	7.3	-3.1	61	10.7	-6.5
# w/ Alc <8	76	12.2	168	27.7	-15.5	208	36.4	-24.2
# w/ Alc <7	50	8.1	124	20.5	-12.4	147	25.7	-17.7
# w/ Alc w/o Result	8	1.3	0	0.0	+1.3	2	0.4	+0.9
Active Diabetic Pts (GPRAMA)	417		467			445		
# w/ Alc w/ or w/o result	207	49.6	357	76.4	-26.8	372	83.6	-34.0
# w/ Alc > 9.5	96	23.0	150	32.1	-9.1	112	25.2	-2.1
# w/ Alc >=12	42	10.1	62	13.3	-3.2	31	7.0	+3.1
# w/ Alc >9.5 and <12	54	12.9	88	18.8	-5.9	81	18.2	-5.3
# w/ Alc >=8 and <=9.5	38	9.1	51	10.9	-1.8	72	16.2	-7.1
# w/ Alc >=7 and <8	26	6.2	43	9.2	-3.0	60	13.5	-7.2
# w/ Alc <8 (GPRAMA)	67	16.1	156	33.4	-17.3	186	41.8	-25.7
# w/ Alc <7	41	9.8	113	24.2	-14.4	126	28.3	-18.5
# w/ Alc w/o Result	6	1.4	0	0.0	+1.4	2	0.4	+1.0
Active Adult Diabetic Pts	309		388			374		
# w/ Alc w/ or w/o result	193	62.5	325	83.8	-21.3	336	89.8	-27.4
# w/ Alc >=12	39	12.6	59	15.2	-2.6	28	7.5	+5.1
# w/ Alc >9.5 and <12	54	17.5	88	22.7	-5.2	79	21.1	-3.6
# w/ Alc >=8 and <=9.5	38	12.3	50	12.9	-0.6	68	18.2	-5.9
# w/ Alc >=7 and <8	23	7.4	40	10.3	-2.9	55	14.7	-7.3
# w/ Alc <8	57	18.4	128	33.0	-14.5	159	42.5	-24.1
# w/ Alc <7	34	11.0	88	22.7	-11.7	104	27.8	-16.8
# w/ Alc w/o Result	5	1.6	0	0.0	+1.6	2	0.5	+1.1

Figure 2-6: Sample Report, Diabetes: Glycemic Control Topic

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetes: Glycemic Control: List of diabetic patients with most recent Alc value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB
DENOMINATOR		NUMERATOR			

PATIENT1, DEBORAH	000001	COMMUNITY #1	F	45	11/11/72
UP, AD, AAD		03/28/17	A1c:	6.6	
PATIENT2, TARA	000002	COMMUNITY #1	F	51	02/10/66
UP, AD, AAD		02/20/17	A1c:	12.4	
PATIENT3, BOBBIE	000003	COMMUNITY #1	F	52	05/06/65
UP, AD, AAD		04/09/17	A1c:	6.5	
PATIENT4, WINONA	000004	COMMUNITY #1	F	53	07/21/64
UP					
PATIENT5, NADINE	000005	COMMUNITY #1	F	61	08/12/56
UP, AD, AAD		02/01/17	A1c:	6.5	
PATIENT6, RUTH	000006	COMMUNITY #1	F	64	06/30/53
UP					

Figure 2-7: Sample Patient List, Diabetes: Glycemic Control

2.2.4 Diabetes: Blood Pressure Control

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 63.8% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as less than (<) 140/90).

Denominators

User Population patients diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are age 19 and older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM-related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than (>) 5.

Numerators

Patients with blood pressure documented during the report period.

Patients with controlled blood pressure, defined as less than (<) 140/90, i.e., the mean systolic value is less than 140 and the mean diastolic value is less than 90 (GPRA Numerator).

Patients with blood pressure that is not controlled.

Logic Description

Diabetes definition: First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

BP documented definition: CRS uses mean of last 3 BPs documented during the Report Period. If 3 BPs are not available, uses mean of the last 2 BPs, or one BP if there is only one documented. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F-3080F, G9273, G9274 or POV ICD-9: V81.1 documented during the Report Period.

Controlled BP definition: CRS uses a mean, as described above where BP is less than (<)140/90. If the mean systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented during the Report Period: BP Documented: CPT 0001F, 2000F, G9273, G9274 or ICD-9: POV V81.1; *or* Systolic: CPT 3074F, 3075F or 3077F *with* Diastolic: CPT 3078F, 3079F, or 3080F. The systolic and diastolic values do *not* have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combinations represent BP less than (<)140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F; *or* G9273. All other combinations will *not* be included in the Controlled BP numerator.

CRS uses the following definition:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

In the LOINC Codes column, specific LOINC codes by CRS are location in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of diabetic patients with BP value, if any.

Measure Source

HP 2020 D-7

Measure Past Performance and Long-Term Targets

Controlled BP

Performance	Percent
IHS FY 2016 Performance	68.3%
IHS FY 2015 Performance	62.5%
IHS FY 2014 Performance	63.8%
IHS FY 2013 Performance	64.6%
<i>Former definition of BP less than (<) 130/80:</i>	
IHS FY 2012 Performance	38.9%
IHS FY 2011 Performance	37.8%
IHS FY 2010 Performance	38.0%
IHS FY 2009 Performance	37.0%
IHS FY 2008 Performance	38.0%
IHS FY 2007 Performance	39.0%
IHS FY 2006 Performance	37.0%
IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%

Performance	Percent
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
<i>HP 2020 Goal</i>	<i>57.0%</i>

BP Assessed

Performance	Percent
IHS FY 2016 Performance	95.7%
IHS FY 2015 Performance	86.7%
IHS FY 2014 Performance	87.5%
IHS FY 2013 Performance	87.5%
IHS FY 2012 Performance	88.5%
IHS FY 2011 Performance	87.9%
IHS FY 2010 Performance	89.0%
IHS FY 2009 Performance	88.0%
IHS FY 2008 Performance	89.0%
IHS FY 2005 Performance	89.0%

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 *** IHS 2017 Selected Measures with Community Specified Report ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Diabetes: Blood Pressure Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts w/ DM Dx	621		606			571		
# w/ BPs Documented	445	71.7	525	86.6	-15.0	495	86.7	-15.0
# w/ Controlled BP <140/90	303	48.8	374	61.7	-12.9	361	63.2	-14.4
# w/ Not Controlled BP	142	22.9	151	24.9	-2.1	134	23.5	-0.6
Active Diabetic Pts (GPRA)	417		467			445		
# w/ BPs Documented	374	89.7	453	97.0	-7.3	433	97.3	-7.6
# w/ Controlled BP <140/90 (GPRA)	251	60.2	319	68.3	-8.1	310	69.7	-9.5

# w/ Not Controlled BP	123	29.5	134	28.7	+0.8	123	27.6	+1.9
Active Adult Diabetic Pts	309		388			374		
# w/ BPs Documented	306	99.0	387	99.7	-0.7	370	98.9	+0.1
# w/ Controlled BP <140/90	206	66.7	277	71.4	-4.7	269	71.9	-5.3
# w/ Not Controlled BP	100	32.4	110	28.4	+4.0	101	27.0	+5.4

Figure 2-8: Sample Report, Diabetes: Blood Pressure Control Topic

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetes: Blood Pressure Control: List of diabetic patients with blood pressure value, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AD,AAD	000001	COMMUNITY #1 133/82 CON	F	45	11/11/72
PATIENT2,TARA UP,AD,AAD	000002	COMMUNITY #1 3074F/3080F UNC	F	51	02/10/66
PATIENT3,BOBBIE UP,AD,AAD	000003	COMMUNITY #1 138/66 CON	F	52	05/06/65
PATIENT4,WINONA UP	000004	COMMUNITY #1	F	53	07/21/64
PATIENT5,NADINE UP,AD,AAD	000005	COMMUNITY #1 159/86 UNC	F	61	08/12/56
PATIENT6,RUTH UP	000006	COMMUNITY #1 139/74 CON	F	64	06/30/53

Figure 2-9: Sample Patient List, Diabetes: Blood Pressure Control

2.2.5 Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes

GPRM Measure Description

During GPRM Year 2017, achieve the target rate of 61.9% for the proportion of patients with diagnosed diabetes and cardiovascular disease who are on statin therapy.

Denominators

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever, ages 40 through 75; and *Active Diabetic patients* age 21 and older with documented CVD or an LDL greater than or equal to (\geq) 190. Broken down by age groups 21 through 39, 40 through 75, 76 and older. (GPRA Denominator)

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least 2 visits during the Report Period, and 2 DM-related visits ever, ages 40 through 75.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever, ages 40 through 75; and *Active Diabetic patients* age 21 and older with documented CVD or an LDL greater than or equal to (\geq) 190, including denominator exclusions.

User Population patients diagnosed with diabetes prior to the Report Period, ages 40 through 75; and *Active Diabetic patients* age 21 and older with documented CVD or an LDL greater than or equal to (\geq) 190.

Numerators

Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period. (GPRA Numerator)

Patients with any of the listed denominator exclusions.

- a. Patients with documented allergy, intolerance, or other adverse effect to statin medication.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Logic

Diabetes definition: First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Cardiovascular Disease (CVD) diagnosis defined as any of the following:

Subject Defined	ICD and Other Codes
Coronary Heart Disease (CHD)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 410.0-413.*, 414.0-414.9, 429.2; ICD-10: I20.0-I22.8, I24.0-I25.83, I25.89, I25.9, Z95.5; SNOMED data set PXR M ISCHEMIC HEART DISEASE (Problem List only)
Acute Myocardial Infarction (AMI)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 410.0*-410.9*, 412; ICD-10: I21.*, I22.*, I23.*, I25.2; SNOMED data set PXR M BGP AMI (Problem List only)
Ischemic Vascular Disease (IVD)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 440.4, 444.*, 445.*; ICD-10: I20.*, I24.*, I25.1*, I25.5-I25.812, I65.*, I66.*, I70.1, I70.201-I70.299, I70.92, I74.*, I75.*; SNOMED data set PXR M BGP IVD (Problem List only)
Ischemic Stroke or Transient Ischemic Attack (TIA)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9; ICD-10: G45.0-G45.2, G45.8, G45.9, G46.0-G46.2, I63.*; SNOMED data set PXR M BGP ISCHEMIC STROKE TIA (Problem List only)
CABG	POV: ICD-9: V45.81; ICD-10: Z95.1 CPT: 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536, 33572, 35500, 35600, S2205-S2209 Procedure: ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z*
PCI	POV: ICD-9: V45.82; ICD-10: Z95.5, Z98.61 CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607 Procedure: ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05 (old code), 36.06-36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734**
Other Revascularization	CPT: 37220, 37221, 37224-37231

CRS uses the following to define the tests:

Subject Defined	LOINC Codes	Taxonomy
LDL Done	Yes	DM AUDIT LDL CHOLESTEROL TAX

Subject Defined	LOINC Codes	Taxonomy
LDL greater than or equal to (\geq) 190		Tests in above taxonomy with LDL greater than or equal to (\geq) 190
LDL less than ($<$) 70		Tests in above taxonomy with LDL less than ($<$) 70

In the LOINC Codes column, specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with documented allergy, intolerance, or other adverse effect to statin medication.
2. Patients who have an active diagnosis of pregnancy or who are breastfeeding.
3. Patients with a diagnosis of cirrhosis of the liver during the Report Period or the year prior to the Report Period.
4. Patients who are receiving palliative care.
5. Patients with end-stage renal disease (ESRD).
6. Patients with diabetes whose most recent LDL result is less than ($<$) 70 and who have never had an LDL result greater than or equal to (\geq) 190 and who are not taking statin therapy.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		See below for definition

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Acute Alcoholic Hepatitis		POV or Problem List entry where the status is not Inactive or Deleted during the Report Period: ICD-9: 571.1; ICD-10: K70.10, K70.11; SNOMED data set PXRMBGP ACUTE ETOH HEPATITIS (Problem List only)
NMI Refusal		Refusal: NMI refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the Report Period
Myopathy/Myalgia, defined as any of the following during the Report Period: POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 359.0-359.9, 729.1, 710.5, 074.1; ICD-10: G71.14, G71.19, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80-M60.9, M79.1; SNOMED data set PXRMBGP MYOPATHY MYALGIA (Problem List only)
Any of the following occurring anytime ever: POV: ICD-9: 995.0-995.3 AND E942.9 Entry in ART (Patient Allergies File): "statin" or "statins" Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "Statin" or "Statins" Problem List entry where the status is not Deleted: SNOMED data set PXRMBGP ADR STATIN

Subject Defined	ICD and CPT Codes
Pregnancy	<p>Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the Report Period, where the primary provider is not a CHR (Provider code 53) with:</p> <p>POV or Problem List: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.* , V27.* , V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.* , O60.0*, O61.*-O66.* , O68, O69.* , O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.* , O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.* , Z36</p> <p>Procedure: ICD-9: 72.* , 73.* , 74.*</p> <p>CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828</p> <p>Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.</p> <p>The patient must not have a documented miscarriage or abortion (defined below) occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".</p>
Abortion	<p>CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267</p> <p>POV: ICD-9: 635*, 636*, 637*; ICD-10: O00.* through O03.89, O04.* , Z33.2</p> <p>Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z</p>

Miscarriage	CPT: 59812, 59820, 59821, 59830 POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9
Breastfeeding	POV: ICD-9: V24.1; ICD-10: Z39.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001 during the Report Period

Cirrhosis of the liver definition: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-9: 571.2, 571.5, 571.6; ICD-10: K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81; SNOMED data set PXR M BGP CIRRHOSIS (Problem List only).

Palliative care visit definition: POV ICD-9: V66.7; ICD-10: Z51.5.

ESRD diagnosis/treatment definition: Any of the following ever: (A) CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339; (B) Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXR M END STAGE RENAL DISEASE (Problem List only); (C) Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, or 55.6*.

Numerator Logic

Statin therapy user definition: CPT 4013F

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Niacin-lovastatin, Niacin-simvastatin, Ezetimibe-simvastatin, Amlodipine-Atorvastatin, Sitagliptin-simvastatin, Ezetimibe-atorvastatin.

Key Logic Changes from CRS Version 16.1

1. Added logic to CVD definitions to look at the Problem List.
2. Added SNOMED data set PXR M ISCHEMIC HEART DISEASE to CHD definition (for Problem List only).

3. Added SNOMED data set PXRMBGPAMI to AMI definition (for Problem List only).
4. Added SNOMED data set PXRMBGP IVD to IVD definition (for Problem List only).
5. Added SNOMED data set PXRMBGPISCHEMICSTROKE TIA to ischemic stroke/TIA definition (for Problem List only).
6. Added logic to Acute Alcoholic Hepatitis definition to look at the Problem List.
7. Added SNOMED data set PXRMBGPACUTE ETOH HEPATITIS to acute alcoholic hepatitis definition (for Problem List only).
8. Added logic to Myopathy/Myalgia definition to look at the Problem List.
9. Added SNOMED data set PXRMBGP MYOPATHY MYALGIA to myopathy/myalgia definition (for Problem List only).
10. Updated adverse drug reaction/documentated statin allergy logic to clarify that Problem List entry status is not Deleted.
11. Added SNOMED data set PXRMBGPADR STATIN to statin adverse reaction definition (for Problem List only).
12. Added logic to cirrhosis of the liver definition to look at the Problem List.
13. Added SNOMED data set PXRMBGPCIRRHOSIS to cirrhosis of the liver definition (for Problem List only).
14. Added logic to ESRD definition to look at the Problem List.
15. Added SNOMED data set PXRMBGPEND STAGE RENAL DISEASE to ESRD definition (for Problem List only).

Patient List Description

List of diabetic patients with statin therapy or exclusion, if any.

Measure Source

HHS Statin Therapy eMeasure

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	61.9%

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*** IHS 2017 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Diabetic Pts 40-75 or 21+ w/ CVD or LDL>=190 (GPRA)	261		276					282	
# w/ Statin Rx (GPRA)	86	33.0	95	34.4	-1.5		116	41.1	-8.2
Active Diabetic Pts 21-39 w/ CVD or LDL>=190	6		5				3		
# w/ Statin Rx	2	33.3	2	40.0	-6.7		3	100.0	-66.7
Active Diabetic Pts 40-75 w/ CVD or LDL>=190	72		77				70		
# w/ Statin Rx	33	45.8	36	46.8	-0.9		36	51.4	-5.6
Active Diabetic Pts 76+ w/ CVD or LDL>=190	15		11				12		
# w/ Statin Rx	5	33.3	3	27.3	+6.1		3	25.0	+8.3
Active Diabetic Pts 40-75	240		260				267		
# w/ Statin Rx	79	32.9	90	34.6	-1.7		110	41.2	-8.3
Active Diabetic Pts 40-75 or 21+ w/ CVD or LDL>=190, incl Exclusions	336		343				327		
# w/ Exclusions	75	22.3	67	19.5	+2.8		45	13.8	+8.6
A. # w/ Allergy/ADR w/ % of Total Exclusions	16	21.3	31	46.3	-24.9		19	42.2	-20.9
User Pop Pts w/ DM Dx 40-75 or 21+ w/ CVD or LDL>=190	368		352				341		

# w/ Statin Rx	89	24.2	97	27.6	-3.4	120	35.2	-11.0
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Figure 2-10: Sample Report, Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: List of diabetic patients with statin therapy or exclusion, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AD (CHD)	000001	COMMUNITY #1 Statin: 02/27/17	F	35	11/11/81
PATIENT2,TARA UP	000002	COMMUNITY #1	F	51	02/10/65
PATIENT3,BOBBIE UP,AD (CHD)	000003	COMMUNITY #1 Exclusion: 02/02/13	F	52	05/06/64
PATIENT4,WINONA UP,AD	000004	COMMUNITY #1 Statin: 01/08/17	F	53	07/21/63
PATIENT5,NADINE UP,AD	000005	COMMUNITY #1	F	61	08/12/55
PATIENT6,RUTH UP (CHD)	000006	COMMUNITY #1 Exclusion: 02/15/17	F	64	06/30/52

Figure 2-11: Sample Patient List, Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 63.3% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Denominators

User Population patients diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever (GPRA Denominator).

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are aged 19 and older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than (>) 5.

Numerator

Patients with nephropathy assessment, defined as an estimated GFR with result and a urine albumin-to-creatinine ratio (UACR) during the Report Period or with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report Period (GPRA Numerator).

Logic Description

Diabetes definition: First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report period.

Nephropathy assessment definition:

- Estimated GFR with result during the Report Period and Urine Albumin-to-Creatinine Ratio (UACR) during the Report Period, *or*
- ESRD diagnosis/treatment defined as any diagnosis ever.

CRS uses the following to define the tests/diagnoses:

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX

Subject Defined	CPT Codes	LOINC Codes	Taxonomy
Urine Albumin-to-Creatinine Ratio (UACR)	CPT: 82043 WITH 82570	Yes	BGP QUANT UACR TESTS Note: Be sure to check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values
End Stage Renal Disease	CPT: 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339 Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXR END STAGE RENAL DISEASE (Problem List only) Procedure: ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		

In the LOINC Codes column, specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 16.1

1. Added logic to ESRD definition to look at the Problem List.

2. Added SNOMED data set PXRME END STAGE RENAL DISEASE to ESRD definition (for Problem List only).
3. Removed LOINC codes 24362-6, 45066-8, and 50261-7 from BGP ESTIMATED GFR LOINC taxonomy.

Patient List Description

List of diabetic patients with nephropathy assessment, if any.

Measure Source

HP 2010 5–11

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	63.3%
IHS FY 2015 Performance	62.0%
IHS FY 2014 Performance	60.0%
IHS FY 2013 Performance	68.2%
IHS FY 2012 Performance	66.7%
IHS FY 2011 Performance	56.5%
IHS FY 2010 Performance	55.0%
IHS FY 2009 Performance	50.0%
IHS FY 2008 Performance	50.0%
IHS FY 2007 Performance (new baseline established; revised standards of care resulted in revised measure definition)	40.0%
IHS FY 2006 Performance (measure definition was different from current definition)	55.0%
IHS FY 2005 Performance (measure definition was different from current definition)	47.0%
IHS FY 2004 Performance (measure definition was different from current definition)	42.0%
IHS FY 2003 Performance (measure definition was different from current definition)	37.5%
IHS FY 2002 Performance (measure definition was different from current definition)	35.0%

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*** IHS 2017 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2017 to Dec 31, 2017

Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Diabetes: Nephropathy Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop Pts w/ DM Dx	621		606			571			
# w/ Est GFR & UACR or w/ ESRD	138	22.2	261	43.1	-20.8	304	53.2	-31.0	
Active Diabetic Pts (GPRA)	417		467			445			
# w/ Est GFR & UACR or w/ ESRD (GPRA)	131	31.4	258	55.2	-23.8	297	66.7	-35.3	
Active Adult Diabetic Pts	309		388			374			
# w/ Est GFR & UACR or w/ ESRD	109	35.3	234	60.3	-25.0	272	72.7	-37.5	

Figure 2-12: Sample Report, Diabetes: Nephropathy Assessment

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetes: Nephropathy Assessment: List of diabetic patients with nephropathy assessment, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AD,AAD	000001	COMMUNITY #1	F	45	11/11/72
PATIENT2,TARA UP,AD,AAD	000002	COMMUNITY #1	F	51	02/10/66
PATIENT3,BOBBIE UP,AD,AAD	000003	COMMUNITY #1	F	52	05/06/65
PATIENT4,WINONA UP	000004	COMMUNITY #1	F	53	07/21/64
PATIENT5,NADINE UP,AD,AAD	000005	COMMUNITY #1	F	61	08/12/56
PATIENT6,RUTH UP	000006	COMMUNITY #1	F	64	06/30/53
PATIENT7,DANIELLE UP	000007	COMMUNITY #1	F	79	03/22/38
					ESRD: 11/01/16 POV V56.8

Figure 2-13: Sample Patient List, Diabetes: Nephropathy Assessment

2.2.7 Diabetic Retinopathy

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 63.1% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Denominators

User Population patients diagnosed with diabetes prior to the Report Period, without a documented history of bilateral blindness.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever, without a documented history of bilateral blindness. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: (1) who are 19 and older at the beginning of the Report Period, (2) whose first ever DM diagnosis occurred prior to the Report Period; (3) who had at least two DM related visits ever, (4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and (5) never have had a creatinine value greater than (>) 5, without a documented history of bilateral blindness.

Numerators

Patients receiving a qualified retinal evaluation during the Report Period.

Note: This numerator does not include refusals. (GPRA Numerator)

- a. Patients receiving diabetic retinal exam during the Report Period
- b. Patients receiving other eye exams during the Report Period
- c. Patients with a JVN visit during the Report Period.
- d. Patients with an Ophthalmology visit during the Report Period.
- e. Patients with an Optometry visit during the Report Period.

Logic Description

Diabetes definition: First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Serum creatinine definition (used with Active Adult Diabetic denominator): Site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.).

Qualified retinal evaluation definition: (1) Diabetic retinal exam or (2) other eye exam, as shown below. The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to seven standard fields (ETDRS).

CRS searches in the following order for:

Diabetic Retinal Exam (any of the following during the report period)

Exam	CPT Codes	Other Codes
Diabetic Retinal Exam	2022F, 2024F, 2026F, S0620, S0621, S3000	Exam: 03 (dilated retinal examination or formally validated* photographic equivalent)

Other Eye Exam (any of the following during the report period)

Exam	CPT Codes	Other Codes
Non-DNKA visit to an optometrist or ophthalmologist	67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014	
Non-Did Not Keep Appointment (DNKA) visit to formally validated* tele-ophthalmology retinal evaluation clinics		Clinic codes: A2 (Diabetic Retinopathy)**
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry clinics with an optometrist or ophthalmologist where the Service Category is not C (Chart Review) or T (Telecommunications)		Clinic codes: 17 or 18 <i>with</i> Provider Codes: 08, 24, or 79

*Validation study properly powered and controlled against the ETDRS gold standard.

**Validated photographic (teleophthalmology) retinal surveillance.

JVN visit (any of the following during the report period)

Subject Defined	Other Codes
JVN	Clinic code: A2

Ophthalmology visit (any of the following during the report period)

Subject Defined	Other Codes
Ophthalmology	Clinic code: 17 <i>with</i> Provider Code: 79 where the Service Category is not C (Chart Review) or T (Telecommunications)

Optometry visit (any of the following during the report period)

Subject Defined	Other Codes
Optometry	Clinic code: 18 <i>with</i> Provider Code: 08 or 24 where the Service Category is not C (Chart Review) or T (Telecommunications)

Bilateral Blindness Exclusion

Subject Defined	Other Codes
Bilateral blindness	POV or Problem List entry where the status is not Deleted: 1) ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.0; 2) SNOMED data set PXRMBGP BILAT BLINDNESS (Problem List only); 3) SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral (Problem List only); 4) One code from (SNOMED data set PXRMBGP LEFT EYE BLIND (Problem List only) OR SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Left (Problem List only)) AND one code from (SNOMED data set PXRMBGP RIGHT EYE BLIND (Problem List only) OR SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Right (Problem List only)).

Key Logic Changes from CRS Version 16.1

1. Removed ICD-10 codes H54.10-H54.12 from bilateral blindness definition.
2. Changed logic for bilateral blindness to include inactive problems on the Problem List.
3. Added SNOMED data set PXRMBGP BILAT BLINDNESS and PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral to bilateral blindness definition (for Problem List only).
4. Added SNOMED data sets PXRMBGP LEFT EYE BLIND, PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Left, PXRMBGP RIGHT EYE BLIND, and PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Right to bilateral blindness definition (for Problem List only).

Patient List Description

List of diabetic patients with qualified retinal evaluation, if any.

Measure Source

HP 2020 D-10

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	59.1% (National rate)
IHS FY 2015 Performance	61.3% (National rate)
IHS FY 2014 Performance	59.9% (National rate)
IHS FY 2013 Performance	57.6% (National rate)
IHS FY 2012 Performance	55.7% (National rate)
IHS FY 2011 Performance	54.8% (National rate)
IHS FY 2010 Performance	53.0% (National rate)
IHS FY 2009 Performance	51.0% (National rate)
IHS FY 2008 Performance	50.0% (National rate)
IHS FY 2007 Performance	49.0% (National rate)
IHS FY 2006 Performance	49.0% (National Rate) 52.0% (Designated Sites Rate)
IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%

Performance	Percent
IHS FY 2002 Performance	49.0%
HP 2020 Goal	58.7%

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 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Diabetic Retinopathy

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts w/ DM Dx w/o Hx of Bilateral Blindness	621		606			571		
# w/ Retinal Evaluation-No Refusals	37	6.0	141	23.3	-17.3	166	29.1	-23.1
A. # w/ DM Retinal exam w/ % of Total Eval	16	43.2	99	70.2	-27.0	43	25.9	+17.3
B. # w/ Other Eye exams w/ % of Total Eval	21	56.8	42	29.8	+27.0	123	74.1	-17.3
Active Diabetic Pts w/o Hx of Bilateral Blindness (GPRA)	417		467			445		
# w/ Retinal Evaluation-No Refusals (GPRA)	37	8.9	126	27.0	-18.1	152	34.2	-25.3
A. # w/ DM Retinal exam w/ % of Total Eval	16	43.2	89	70.6	-27.4	42	27.6	+15.6
B. # w/ Other Eye exams w/ % of Total Eval	21	56.8	37	29.4	+27.4	110	72.4	-15.6
# w/ Validated Teleretinal visit	2	0.5	0	0.0	+0.5	16	3.6	-3.1
# w/ Ophthalmology visit	8	1.9	40	8.6	-6.6	39	8.8	-6.8
# w/ Optometry visit	24	5.8	106	22.7	-16.9	133	29.9	-24.1
Active Adult Diabetic Pts w/o Hx of Bilateral Blindness	309		388			374		
# w/ Retinal Evaluation-No Refusals	32	10.4	110	28.4	-18.0	129	34.5	-24.1

A. # w/ DM Retinal exam w/ % of Total Eval	14	43.8	79	71.8	-28.1	38	29.5	+14.3
B. # w/ Other Eye exams w/ % of Total Eval	18	56.3	31	28.2	+28.1	91	70.5	-14.3

Figure 2-14: Sample Report, Diabetic Retinopathy

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetic Retinopathy: List of diabetic patients with qualified retinal evaluation, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AD,AAD	000001	COMMUNITY #1 Eval: 01/07/17	F	45	11/11/72
PATIENT2,TARA UP,AD,AAD	000002	COMMUNITY #1	F	51	02/10/66
PATIENT3,BOBBIE UP,AD,AAD	000003	COMMUNITY #1 Eval: 05/29/17	F	52	05/06/65
PATIENT4,WINONA UP	000004	COMMUNITY #1	F	53	07/21/64
PATIENT5,NADINE UP,AD,AAD	000005	COMMUNITY #1 Eval: 02/06/17	F	61	08/12/56
PATIENT6,RUTH UP	000006	COMMUNITY #1	F	64	06/30/53
PATIENT7,JONELLE UP,AD,AAD	000007	COMMUNITY #1 03/29/17 Diab Eye Ex	F	69	10/27/48

Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 Diabetes: Access to Dental Services

Denominator

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever.

Numerators

Patients with documented dental visit during the Report Period.

Note: This numerator does *not* include refusals.

Logic Description

Diabetes definition: First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Dental visit definition: For non-PRC dental visits, searches for Dental ADA codes 0000, 0190, or 0191; CPT codes D0190 or D0191; Exam 30; or POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21. For PRC dental visits, searches for any visit with an ADA code. PRC visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of diabetic patients with documented dental visit, if any.

Measure Source

HP 2020 D-8

Measure Past Performance and Long-Term Targets:

Past Performance	Percent
IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
<i>HP 2020 Goal</i>	<i>61.2%</i>

Performance Improvement Tip

If your facility's dental services are paid for with PRC funds, ensure the final payment for each purchase order is posted and the PRC to PCC link is set to the "on" position. Having the PRC to PCC link on will enable the PRC data to be passed from PRC/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Diabetes: Access to Dental Services		
REPORT	%	PREV YR % CHG from BASE % CHG from

	PERIOD	PERIOD	PREV YR %	PERIOD	BASE %
Active Diabetic Pts	417	467		445	
# w/ Dental Visit-No Refusals	71 17.0	165 35.3	-18.3	155 34.8	-17.8

Figure 2-16: Sample Report, Diabetes and Dental Access

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Diabetes: Access to Dental Services: List of diabetic patients and documented dental visit, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH AD	000001	COMMUNITY #1 03/03/17 ADA 0000	F	45	11/11/72
PATIENT2,TARA AD	000002	COMMUNITY #1	F	51	02/10/66
PATIENT3,BOBBIE AD	000003	COMMUNITY #1 01/06/17 ADA 0190	F	52	05/06/65
PATIENT4,NADINE AD	000004	COMMUNITY #1	F	61	08/12/56
PATIENT5,SHERRY AD	000005	COMMUNITY #1	F	68	03/18/49
PATIENT6,JONELLE AD	000006	COMMUNITY #1 03/29/17 ADA 0000	F	69	09/22/48

Figure 2-17: Sample Patient List, Diabetes and Dental Access

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 29.7% for the proportion of patients who receive dental services.

Denominators

User Population patients. Broken down by age groups (0 through 5, 6 through 21, 22 through 34, 35 through 44, 45 through 54, 55 through 74, 75 and older). (GPRA Denominator)

Numerators

Patients with documented dental visit during the Report Period.

Note: This numerator does *not* include refusals. (GPRA Numerator)

Logic Description

Dental visit definition: For non-PRC dental visits, searches for Dental ADA codes 0000, 0190, or 0191; CPT codes D0190 or D0191; Exam 30; or POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21. For PRC dental visits, searches for any visit with an ADA code. PRC visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with documented dental visit and date.

Measure Source

HP 2020 OH-7

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	28.7%

Performance	Percent
IHS FY 2015 Performance	29.2%
IHS FY 2014 Performance	28.8%
IHS FY 2013 Performance	28.3%
IHS FY 2012 Performance	28.8%
IHS FY 2011 Performance	26.9%
IHS FY 2010 Performance	25.0%
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	25.0%
IHS FY 2007 Performance	25.0%
IHS FY 2006 Performance	23.0%
IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
<i>HP 2020 Goal</i>	<i>49.0%</i>

Performance Improvement Tip

If your facility’s dental services are paid for with PRC funds, ensure the final payment for each purchase order is posted and the PRC to PCC link is set to the “on” position. Having the PRC to PCC link on will enable the PRC data to be passed from PRC/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Access to Dental Services								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
User Pop Pts (GPRA)	2,466		2,561			2,516		
# w/ Dental Visit-No Refusals (GPRA)	377	15.3	821	32.1	-16.8	860	34.2	-18.9

Figure 2-18: Sample Report, Access to Dental Services

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*** IHS 2017 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								

Previous Year Period: Jan 01, 2016 to Dec 31, 2016							
Baseline Period: Jan 01, 2010 to Dec 31, 2010							

Access to Dental Services (con't)							
	TOTAL USER POPULATION						
	Age Distribution						
	0-5	6-21	22-34	35-44	45-54	55-74	75+ yrs
CURRENT REPORT PERIOD							
Total # User Pop	343	755	507	244	259	314	44
# w/ Dental Visit-No Refusals (GPRA)	110	104	54	34	33	37	5
% w/ Dental Visit-No Refusals (GPRA)	32.1	13.8	10.7	13.9	12.7	11.8	11.4
PREVIOUS YEAR PERIOD							
Total # User Pop	405	779	500	250	285	305	37
# w/ Dental Visit-No Refusals (GPRA)	185	234	154	75	81	86	6
% w/ Dental Visit-No Refusals (GPRA)	45.7	30.0	30.8	30.0	28.4	28.2	16.2
CHANGE FROM PREV YR %							
w/ Dental Visit-No Refusals (GPRA)	-13.6	-16.3	-20.1	-16.1	-15.7	-16.4	-4.9
BASELINE REPORT PERIOD							
Total # User Pop	372	795	482	264	280	279	44
# w/ Dental Visit-No Refusals (GPRA)	174	264	162	80	92	83	5
% w/ Dental Visit-No Refusals (GPRA)	46.8	33.2	33.6	30.3	32.9	29.7	11.4
CHANGE FROM BASE YR %							
w/ Dental Visit-No Refusals (GPRA)	-14.7	-19.4	-23.0	-16.4	-20.1	-18.0	+0.0

Figure 2-19: Sample Age Breakdown Report, Access to Dental Services

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;

HR=High Risk Patient

Access to Dental Service: List of patients with documented dental visit and date.
(con't)

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT10,JOHN UP	000010	COMMUNITY #1 01/03/17 ADA 0190	M	17	01/10/00
PATIENT11,HOWARD UP	000011	COMMUNITY #1 01/24/17 ADA 0000	M	25	03/16/92
PATIENT12,JAMES UP	000012	COMMUNITY #1 02/19/17 ADA 0000	M	31	05/10/86
PATIENT13,STEVEN UP	000013	COMMUNITY #1 01/24/17 ADA 0000	M	32	02/18/85
PATIENT14,EDWARD UP	000014	COMMUNITY #1 06/10/17 ADA 0000	M	32	09/29/85
PATIENT15,DAVID UP	000015	COMMUNITY #1 04/10/17 ADA 0190	M	33	07/19/84

Figure 2-20: Sample Patient List, Access to Dental Services

2.3.2 Dental Sealants

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 16.6% for the proportion of patients with at least one or more intact dental sealants.

Denominator

User Population patients ages 2 through 15. Broken down by age groups (2 through 5, 3 through 5, 6 through 9, 10 through 12, 13 through 15, and 5 through 19 (GPRA Denominator))

Numerators

Patients with at least one or more intact dental sealants (GPRA Numerator)

Count only: For patients meeting the *User Population* definition, the total number of dental sealants during the report period.

Note: This numerator does not include refusals.

- a. Dental sealants in patients 2 through 15 years.
- b. Dental sealants in patients greater than (>) 15 yrs.

Age breakouts are based on Healthy People 2020 age groups for dental sealants.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Sealants definition: Dental ADA Code 1351, 1352, 1353 or CPT Code D1351, D1352, D1353 documented during the Report Period or Dental ADA code 0007 documented during the past 3 years from the end of the Report Period, as long as the 007 code is not documented on the same visits as 1351, 1352, 1353, D1351, D1352, or D1353. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

For the count measure, only two sealants per tooth and only one repair (ADA code 1353 or CPT D1353) per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with intact dental sealants.

Measure Source

HP 2020 OH-2

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	18.1%
IHS FY 2015 Performance	16.3%
IHS FY 2014 Performance	14.6%
IHS FY 2013 Performance	13.9%

Performance	# of Sealants
IHS FY 2012 Performance	295,734
IHS FY 2011 Performance	276,893
IHS FY 2010 Performance	275,459
IHS FY 2009 Performance	257,067
IHS FY 2008 Performance	241,207
IHS FY 2007 Performance	245,449
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882

Performance	# of Sealants
IHS FY 2004 Performance	230,295 287,158
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

For the IHS FY 2004 Performance, # of Sealants, please note this was reported by the National Patient Information Reporting System (NPIRS).

Performance Improvement Tip

If your facility's dental visits are paid for with PRC funds, ensure the final payment for each purchase order is posted and the PRC to PCC link is set to the "on" position. Having the PRC to PCC link on will enable the PRC data to be passed from PRC/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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Dental Sealants									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop Pts 2-15 (GPRA)	702		709			695			
# w/ Intact Dental Sealants (GPRA)	37	5.3	44	6.2	-0.9	46	6.6	-1.3	
Total User Population, Ages 2-5 yrs	231		237			230			
# w/ Intact Dental Sealants (GPRA)	11	4.8	10	4.2	+0.5	10	4.3	+0.4	
Total User Population, Ages 3-5 yrs	169		182			161			
# w/ Intact Dental Sealants (GPRA)	11	6.5	9	4.9	+1.6	9	5.6	+0.9	
Total User Population, Ages 6-9 yrs	206		213			217			

# w/ Intact Dental Sealants (GPRA)	16	7.8	15	7.0	+0.7	19	8.8	-1.0
Total User Population, Ages 10-12 yrs	151		135			116		
# w/ Intact Dental Sealants (GPRA)	5	3.3	13	9.6	-6.3	7	6.0	-2.7
Total User Population, Ages 13-15 yrs	114		124			132		
# w/ Intact Dental Sealants (GPRA)	5	4.4	6	4.8	-0.5	10	7.6	-3.2
Total User Population, Ages 5-19 yrs	719		726			752		
# w/ Intact Dental Sealants (GPRA)	36	5.0	41	5.6	-0.6	43	5.7	-0.7
Total # of Sealants Documented	195		281		-86	296		-101
A. # Dental Sealants, pts 2-15 yrs	166		223		-57	218		-52
B. # Dental Sealants, pts 16+ yrs	29		58		-29	76		-47

Figure 2-21: Sample Report, Dental Sealants

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Dental Sealants: List of patients with intact dental sealants.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT20,GEORGE UP	000020	COMMUNITY #1	M	5	03/02/12
		4 sealants: 03/28/17 ADA 1351 (1); 03/28/17 ADA 1351 (1); 03/28/17 ADA 1351 (1); 03/28/17 ADA 1351 (1)			
PATIENT21,CODY UP	000021	COMMUNITY #1	M	7	10/02/10
		1 sealants: 03/03/17 ADA 1351			
PATIENT50,DAWN UP	000050	COMMUNITY #2	F	4	08/06/13
		3 sealants: 04/15/17 ADA 1351 (1); 05/19/17 ADA 1351 (1); 05/19/17 ADA 1351 (1)			
PATIENT51,JOY UP	000051	COMMUNITY #2	F	6	06/08/11
		2 sealants: 03/17/17 ADA 1351 (2)			
PATIENT52,DONALD UP	000052	COMMUNITY #2	M	8	05/25/09
		1 sealants: 02/02/17 CPT D1351 (1)			

Figure 2-22: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 29.9% for the proportion of patients who received one or more topical fluoride applications.

Denominator

User Population patients ages 1 through 15 (GPRA Denominator).

Numerators

Patients who received one or more topical fluoride applications during the report period (GPRA Numerator).

Count only: For patients meeting the *User Population* definition, the total number of patients with at least one topical fluoride treatment during the Report Period.

Note: This numerator does <i>not</i> include refusals. (GPRA Numerator)
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- a. Topical fluoride treatment in patients 1 through 15 yrs.

Count only: For patients meeting the *User Population* definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Topical fluoride application definition: (1) Dental ADA Codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208 or 5986; (2) CPT Codes D1201 (old code), D1203 (old code), D1204 (old code), D1205 (old code), D1206, D1208, D5986, or 99188; 3) POV ICD-9: V07.31.

For the count measure, a maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients who received at least one topical fluoride application during Report Period.

Measure Source

Not Available

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	31.1%
IHS FY 2015 Performance	29.4%
IHS FY 2014 Performance	27.9%
IHS FY 2013 Performance	26.7%

Performance	Number of Patients
IHS FY 2012 Performance	169,083
IHS FY 2011 Performance	161,461
IHS FY 2010 Performance	145,181
IHS FY 2009 Performance	136,794
IHS FY 2008 Performance	120,754
IHS FY 2007 Performance	107,934
IHS FY 2006 Performance	95,439
IHS FY 2005 Performance	85,318
IHS FY 2005 Performance	113,324

For the IHS FY 2005 Performance, Number of Patients (113,324) is the number of applications.

Performance Improvement Tip

If your facility's dental visits are paid for with PRC funds, ensure the final payment for each purchase order is posted and the PRC to PCC link is set to the "on" position. Having the PRC to PCC link on will enable the PRC data to be passed from PRC/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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Topical Fluoride

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts 1-15 (GPRA)	767		774			747		
# w/ Topical Fluoride Application (GPRA)	161	21.0	292	37.7	-16.7	226	30.3	-9.3
Total # of Patients w/ 1+ Topical Fluoride App-No Refusals	194		392		-198	289		-95
A. # Topical Fluoride App, pts 1-15 yrs	199		565		-366	364		-165
Total # of Topical Fluoride Applications	234		705		-471	433		-199

Figure 2-23: Sample Report, Topical Fluoride

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Topical Fluoride: List of patients who received or refused at least one topical fluoride application during Report Period.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT20,GEORGE UP	000020	COMMUNITY #1	M	5	03/02/12
		1 topical fluoride:			06/18/17 CPT D5986
PATIENT21,RYAN UP	000021	COMMUNITY #1	M	8	05/25/09
		1 topical fluoride:			03/03/17 ADA 1201
PATIENT22,MICHAEL UP	000022	COMMUNITY #1	M	9	06/22/08
		1 topical fluoride:			03/03/17 CPT D1203
PATIENT23,MARTY UP	000023	COMMUNITY #1	M	15	11/23/02
		2 topical fluoride:			01/07/17 ADA 1204; 08/27/17 ADA 1204

Figure 2-24: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Influenza

GPRA Measure Description

Children: During GPRA Year 2017, achieve the target rate of 37.1% for the proportion of patients age 6 months to 17 years who receive an influenza immunization.

Adults: During GPRA Year 2017, achieve the target rate of 38.7% for the proportion of patients age 18 years and older who receive an influenza immunization.

Denominators

Active Clinical patients. Broken down by age groups.

- a. *Active Clinical patients* ages 6 months through 17 years. (GPRA Denominator)
- b. *Active Clinical patients* ages 18 and older. (GPRA Denominator)
- c. *Active Clinical patients* ages 18 through 49.
- d. *Active Clinical patients* ages 18 through 49 and considered high risk for influenza.
- e. *Active Clinical patients* ages 50 through 64.
- f. *Active Clinical patients* ages 65 and older.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever.

User Population patients. Broken down by age groups.

- a. *User Population patients* ages 6 months through 17 years.
- b. *User Population patients* ages 18 and older.
- c. *User Population patients* ages 18 through 49.
- d. *User Population patients* ages 18 through 49 and considered high risk for influenza.
- e. *User Population patients* ages 50 through 64.
- f. *User Population patients* ages 65 and older.

Numerators

Patients with influenza vaccine documented during the report period or with a contraindication documented at any time before the end of the report period.

Note: The only refusals included in this numerator are not medically indicated (NMI) refusals. (GPRA Numerator)

- a. Patients with a contraindication or a documented NMI refusal.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Diabetes: First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report period.

Influenza definition: Any of the following documented during the Report Period unless otherwise noted.

1. **Influenza immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Influenza vaccine	90630, 90654-90662, 90672, 90673, 90685-90688, 90724 (old code), G0008, G8108 (old code)	<p>Immunization (CVX) Codes: 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 166</p> <p>POV: ICD-9: V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, V06.6 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142</p>

2. **Contraindication:** Any of the following documented at any time before the end of the Report Period, defined as: (A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or (B) PCC NMI Refusal.
3. **High Risk for Influenza:** Persons considered high risk for influenza are defined as those who have two or more visits in the past 3 years with a POV or Problem diagnosis of any of the following:

High Risk Category	ICD-9 Codes	ICD-10 Codes
HIV Infection	042, 042.0 through 044.9 (old codes), 079.53, V08	B20, B52.0, B97.35, Z21

High Risk Category	ICD-9 Codes	ICD-10 Codes
Diabetes	250.00 through 250.93	E08.2*, E09.2*, E10.* through E13.*
Rheumatic Heart Disease	393. through 398.99	I05.* through I09.*
Hypertensive Heart Disease	402.00 through 402.91	I11.*
Hypertensive Heart/Renal Disease	404.00 through 404.93	I13.*
Ischemic Heart Disease	410.00 through 414.9	I20.0 through I22.8, I24.0 through I25.83, I25.89, I25.9
Pulmonary Heart Disease	415.0 through 416.9	I26.* through I27.*
Other Endocardial Heart Disease	424.0 through 424.9	I34.* through I39
Cardiomyopathy	425.0 through 425.9	I42.*, I43
Congestive Heart Failure	428.0 through 428.9, 429.2	I50.1, I50.20, I50.22 through I50.30, I50.32 through I50.40, I50.42 through I50.9
Chronic Bronchitis	491.0 through 491.9	J41.*, J42
Emphysema	492.0 through 492.8	J43.*
Asthma	493.00 through 493.91	J45.21 through J45.902
Bronchiectasis, CLD, COPD	494.0 through 496.	J44.*, J47.*
Pneumoconioses	500 through 505	J60 through J64, J66.8 through J67.6, J67.8 through J67.9
Chronic Liver Disease	571.0 through 571.9	K70.11 through K70.41, K73.0 through K74.5, K74.69, K75.81
Nephrotic Syndrome	581.0 through 581.9	N02.*, N04.*, N08
Renal Failure	585.6, 585.9	N18.6 through N19
Transplant	996.80 through 996.89	T86.00 through T86.819, T86.83*, T86.850 through T86.899, Z48.21 through Z48.280, Z48.290, Z94.0 through Z94.4, Z94.6, Z94.81 through Z94.84, Z95.3, Z95.4
Kidney Transplant	V42.0 through V42.89	
Chemotherapy	V58.1	Z51.11, Z51.12
Chemotherapy follow-up	V67.2	Z08

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with Influenza code, if any.

Measure Source

HP 2020 IID-12.7

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance (age 6 mos – 17 yrs)	37.1%

Performance	Percent
IHS FY 2016 Performance (age 18+)	38.7%

Performance	Percent
IHS FY 2015 Performance (age 65+)	65.4%
IHS FY 2014 Performance (age 65+)	68.1%
IHS FY 2013 Performance (age 65+)	68.0%
IHS FY 2012 Performance (age 65+)	65.0%
IHS FY 2011 Performance (age 65+)	62.0%
IHS FY 2010 Performance (age 65+)	62.0%
IHS FY 2009 Performance (age 65+)	59.0%
IHS FY 2008 Performance (age 65+)	62.0%
IHS FY 2007 Performance (age 65+)	59.0%
IHS FY 2006 Performance (age 65+)	58.0%
IHS FY 2005 Performance (age 65+)	59.0%
IHS FY 2004 Performance (age 65+)	54.0%
IHS FY 2003 Performance (age 65+)	51.0%
IHS FY 2002 Performance (age 65+)	51.4%
<i>HP 2020 Goal (age 65+)</i>	<i>90.0%</i>

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write “Refused” in Influenza Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

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Influenza									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical									
Pts	2,100		2,223			2,207			
# w/ Influenza/Contra/ NMI Refusal	198	9.4	959	43.1	-33.7	898	40.7	-31.3	
A. # w/ Contra/NMI Ref w/ % of Total									
IZ	14	7.1	2	0.2	+6.9	2	0.2	+6.8	
Active Clinical									
Pts 6 months-17 years (GPRA)	760		798			793			
# w/ Influenza/Contra/ NMI Refusal (GPRA)	83	10.9	374	46.9	-35.9	331	41.7	-30.8	
A. # w/ Contra/NMI Ref w/ % of Total									
IZ	4	4.8	0	0.0	+4.8	1	0.3	+4.5	
Active Clinical									
Pts 18+ (GPRA)	1,333		1,378			1,367			
# w/ Influenza/Contra/ NMI Refusal (GPRA)	115	8.6	575	41.7	-33.1	545	39.9	-31.2	
A. # w/ Contra/NMI Ref w/ % of Total									
IZ	10	8.7	2	0.3	+8.3	1	0.2	+8.5	
Active Clinical									
Pts 18-49	893		948			954			
# w/ Influenza/Contra/ NMI Refusal	82	9.2	341	36.0	-26.8	341	35.7	-26.6	
A. # w/ Contra/NMI Ref w/ % of Total									
IZ	3	3.7	1	0.3	+3.4	0	0.0	+3.7	
Active Clinical									
Pts 18-49 High Risk	305		317			323			
# w/ Influenza/Contra/ NMI Refusal	32	10.5	143	45.1	-34.6	140	43.3	-32.9	
A. # w/ Contra/NMI Ref w/ % of Total									

IZ	2	6.3	1	0.7	+5.6	0	0.0	+6.3
Active Clinical Pts 50-64	313		312			304		
# w/ Influenza/Contra/ NMI Refusal	23	7.3	167	53.5	-46.2	140	46.1	-38.7
A. # w/ Contra/NMI Ref w/ % of Total								
IZ	5	21.7	1	0.6	+21.1	1	0.7	+21.0
Active Clinical Pts 65+	127		118			109		
# w/ Influenza/Contra/ NMI Refusal	10	7.9	67	56.8	-48.9	64	58.7	-50.8
A. # w/ Contra/NMI Ref w/ % of Total								
IZ	2	20.0	0	0.0	+20.0	0	0.0	+20.0
Active Diabetic Pts	417		467			445		
# w/ Influenza/Contra/ NMI Refusal	44	10.6	268	57.4	-46.8	239	53.7	-43.2
A. # w/ Contra/NMI Ref w/ % of Total								
IZ	5	11.4	0	0.0	+11.4	0	0.0	+11.4

Figure 2-25: Sample Report, Adult Immunizations: Influenza

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Influenza: List of patients with Influenza code, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH AD	000001	COMMUNITY #1 01/28/17 Imm 88	F	15	06/22/02
PATIENT2,CRYSTAL UP,AC	000002	COMMUNITY #1	F	24	08/11/93
PATIENT3,DEMETRIA UP,AC, HR	000003	COMMUNITY #1 02/25/17 Imm 140	F	35	03/20/82
PATIENT4,JADE UP	000004	COMMUNITY #1	F	50	06/09/67
PATIENT5,MARIE UP,AC,AD,HR	000005	COMMUNITY #1 01/21/17 NMI Refusal	F	65	12/12/52

Figure 2-26: Sample Patient List, Adult Immunization: Influenza

2.4.2 Adult Immunizations

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 86.7% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Denominators

Active Clinical patients ages 19 through 59.

Active Clinical patients ages 60 through 64.

Active Clinical patients ages 65 and older. (GPRA Denominator)

Active Clinical patients ages 18 through 64 and considered high risk for pneumococcal.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever.

Active Clinical patients ages 18 and older. Broken down by age group: 18 through 64.

User Population patients 19 through 59.

User Population patients 60 through 64.

User Population patients ages 65 and older.

User Population patients ages 18 through 64 and considered high risk for pneumococcal.

User Population patients ages 18 and older. Broken down by age group: 18 through 64.

Numerators

Patients who have received 1 dose of Tdap/Td in the past 10 years, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received 1 dose of Tdap ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received 1 dose of Zoster ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients with Pneumococcal vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumococcal vaccine after the age of 65 or a dose of pneumococcal vaccine in the past 5 years. (GPRA Numerator)

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 up-to-date pneumococcal vaccine), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients who have received the 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date pneumococcal vaccine), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

- a. Patients with a contraindication or a documented NMI refusal.

Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period.

Note: The only refusals included in this numerator are NMI refusals.

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Diabetes definition: First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report period.

Pneumococcal Immunization definition: Any of the following documented any time before the end of the Report Period unless otherwise noted.

1. **Pneumococcal immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Pneumococcal Vaccine	90669, 90670, 90732, G0009, G8115 (old code), G9279	Immunization (CVX) Codes: 33, 100, 109, 133, 152 POV: ICD-9: V06.6; V03.82

2. **Pneumococcal Contraindication:** (A) Contraindication in the Immunization Package of "Anaphylaxis" or (B) PCC NMI Refusal.
3. **High Risk for Pneumococcal:** Persons considered high risk for pneumococcal are defined as those who have two or more visits in the past 3 years with a POV or Problem diagnosis of any of the following:

High Risk Category	ICD-9 Codes	ICD-10 Codes
HIV Infection	042, 042.0 through 044.9 (old codes), 079.53, V08	B20, B52.0, B97.35, Z21
Diabetes	250.00 through 250.93	E08.2*, E09.2*, E10.* through E13.*
Chronic alcoholism	303.90, 303.91	F10.20, F10.220 through F10.29
Congestive Heart Failure	428.0 through 428.9, 429.2	I50.1, I50.20, I50.22 through I50.30, I50.32 through I50.40, I50.42 through I50.9
Emphysema	492.0 through 492.8	J43.*
Asthma	493.00 through 493.91	J45.21 through J45.902
Bronchiectasis, CLD, COPD	494.0 through 496.	J44.*, J47.*
Pneumoconioses	500 through 505	J60 through J64, J66.8 through J67.6, J67.8 through J67.9
Chronic Liver Disease	571.0 through 571.9	K70.11 through K70.41, K73.0 through K74.5, K74.69, K75.81
Nephrotic Syndrome	581.0 through 581.9	N02.*, N04.*, N08
Renal Failure	585.6, 585.9	N18.6 through N19
Injury to spleen	865.00 through 865.19	

High Risk Category	ICD-9 Codes	ICD-10 Codes
Transplant	996.80 through 996.89	T86.00 through T86.819, T86.83*, T86.850 through T86.899, Z48.21 through Z48.280, Z48.290, Z94.0 through Z94.4, Z94.6, Z94.81 through Z94.84, Z95.3, Z95.4
Kidney Transplant	V42.0 through V42.89	
Chemotherapy	V58.1	Z51.11, Z51.12
Chemotherapy follow-up	V67.2	Z08

Tdap/Td Immunization definition: Any of the following documented during the applicable time frame.

1. **Tdap/Td immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Tdap Vaccine	90715	Immunization (CVX) Codes: 115
Td Vaccine	90714, 90718	Immunization (CVX) Codes: 9, 113, 138, 139 POV: ICD-9: V06.5

2. **Tdap/Td Contraindication:** (A) Contraindication in the Immunization Package of "Anaphylaxis" or (B) PCC NMI Refusal.

Influenza definition: Any of the following documented during the Report Period unless otherwise noted.

1. **Influenza immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Influenza vaccine	90630, 90654-90662, 90672, 90673, 90685-90688, 90724 (old code), G0008, G8108 (old code)	Immunization (CVX) Codes: 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 166 POV: ICD-9: V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, V06.6 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142

2. **Contraindication:** Any of the following documented at any time before the end of the Report Period, defined as: (A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or (B) PCC NMI Refusal.

Zoster definition: Any of the following documented any time before the end of the Report Period unless otherwise noted.

1. **Zoster immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Zoster Vaccine	90736	Immunization (CVX) Codes: 121

2. **Zoster Contraindication:** (A) Contraindication in the Immunization Package of "Immune Deficiency" or "Anaphylaxis" or (B) PCC NMI Refusal.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients greater than or equal to (=>)18 yrs or DM DX with IZ or contraindication, if any.

Measure Source

HP 2020 IID-13.1

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	86.4%
IHS FY 2015 Performance	84.9%
IHS FY 2014 Performance	85.7%
IHS FY 2013 Performance	89.2%
IHS FY 2012 Performance	88.5%
IHS FY 2011 Performance	85.5%
IHS FY 2010 Performance	84.0%
IHS FY 2009 Performance	82.0%
IHS FY 2008 Performance	82.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	74.0%
IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%

Performance	Percent
IHS FY 2002 Performance	64.0%
HP 2020 Goal for % of patients greater than or equal to (=>) 65	90.0%

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
- Providers should document refusals; write “Refused” in Pneumo Vax Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

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*** IHS 2017 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Adult Immunizations									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 19-59	1,087		1,136			1,130			
# w/ Tdap/Td or w/ Contra/NMI Refusal in past 10 yrs	1,007	92.6	1,050	92.4	+0.2	1,009	89.3	+3.3	
A. # w/ Contra/NMI Ref w/ % of Total Tdap/Td	2	0.2	0	0.0	+0.2	0	0.0	+0.2	
# w/ Tdap or w/ Contra/NMI Refusal	909	83.6	881	77.6	+6.1	453	40.1	+43.5	
A. # w/ Contra/NMI Ref w/ % of Total Tdap	2	0.2	0	0.0	+0.2	0	0.0	+0.2	
# w/ Influenza/Contra/NMI Refusal	93	8.6	450	39.6	-31.1	423	37.4	-28.9	
A. # w/ Contra/NMI Ref w/ % of Total Influenza	6	0.6	2	0.2	+0.4	1	0.1	+0.5	
# w/ 1:1:1 Combo or w/ Contra/NMI Refusal	87	8.0	415	36.5	-28.5	187	16.5	-8.5	
A. # w/ Contra/NMI Ref w/ % of Total 1:1:1	4	4.6	1	0.2	+4.4	0	0.0	+4.6	
# w/ 1:1 Combo or w/ Contra/NMI Refusal - No Influenza	908	83.5	880	77.5	+6.1	453	40.1	+43.4	
A. # w/ Contra/NMI Ref w/ % of Total 1:1	2	0.2	0	0.0	+0.2	0	0.0	+0.2	

Active Clinical Pts 60-64	80		78			79		
# w/ Tdap/Td or w/ Contra/NMI Refusal in past 10 yrs	72	90.0	72	92.3	-2.3	69	87.3	+2.7
A. # w/ Contra/NMI Ref w/ % of Total Tdap/Td	1	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/ Tdap or w/ Contra/NMI Refusal	65	81.3	62	79.5	+1.8	26	32.9	+48.3
A. # w/ Contra/NMI Ref w/ % of Total Tdap	1	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/ Influenza/Contra/ NMI Refusal	4	5.0	47	60.3	-55.3	39	49.4	-44.4
A. # w/ Contra/NMI Ref w/ % of Total Influenza	1	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/ Zoster or w/ Contra/NMI Refusal	39	48.8	36	46.2	+2.6	1	1.3	+47.5
A. # w/ Contra/NMI Ref w/ % of Total Zoster	1	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/ 1:1:1:1 Combo or w/ Contra/NMI Refusal	3	3.8	30	38.5	-34.7	0	0.0	+3.8
A. # w/ Contra/NMI Ref w/ % of Total 1:1:1:1	1	33.3	0	0.0	+33.3	0	0.0	+33.3
# w/ 1:1:1 Combo or w/ Contra/NMI Refusal - No Influenza	39	48.8	36	46.2	+2.6	1	1.3	+47.5
A. # w/ Contra/NMI Ref w/ % of Total 1:1:1	1	2.6	0	0.0	+2.6	0	0.0	+2.6

Figure 2-27: Sample Report, Adult Immunizations

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Adult Immunizations: List of patients 18+ yrs or DM Dx with IZ or contraindication,
 if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AC,HR	000001	COMMUNITY #1 TDAP/TD: 12/22/15	F	18	02/25/99
PATIENT2,TARA UP,AC	000002	COMMUNITY #1 TDAP: 03/03/16	F	27	11/23/90
PATIENT3,BOBBIE UP,AC	000003	COMMUNITY #1	F	41	06/11/76
PATIENT4,NADINE	000004	COMMUNITY #1	F	55	08/12/62

UP,AC,HR,AD	Pneumo: 03/27/14 Imm 33 (ever) (up-to-date);
TDAP/TD: 03/27/14 Imm 9 (past 10 yrs)	
PATIENT5,SHERRY	000005 COMMUNITY #1 F 68 09/02/49
UP,AC,HR	Pneumo: 02/03/17 CPT 90669

Figure 2-28: Sample Patient List, Adult Immunizations

2.4.3 Childhood Immunizations

GPRAMA Measure Description

During GPRA Year 2017, achieve the target rate of 74.8% for the proportion of American Indian/Alaska Native children ages 19 through 35 months who have received the recommended immunizations.

Denominators

Active Clinical patients ages 19 through 35 months at end of Report Period.

User Population patients ages 19 through 35 months at end of Report Period.

User Population patients active in the Immunization Package who are 19 through 35 months at end of Report Period. (GPRAMA Denominator)

Note: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerators

Patients who have received the 4:3:1:3*:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals. (GPRAMA Numerator)

Patients who have received 4 doses of DTaP ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 3 doses of Polio ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 1 dose of MMR ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 3 or 4 doses of HiB ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 3 doses of Hepatitis B vaccine ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 1 dose of Varicella ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 1 dose of Hepatitis A vaccine ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 2 or 3 doses of Rotavirus vaccine ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 2 doses of Influenza vaccine ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

For each of the above numerators, the following sub-numerators are included:

- a. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal

Logic Description

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

Active Immunization Package Patients denominator definition: Same as User Pop definition except includes only patients flagged as active in the Immunization Package.

Note: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

- 4 doses of DTaP: (1) 4 DTaP/DTP/Tdap; (2) 1 DTaP/DTP/Tdap and 3 DT/td; (3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; (4) 4 DT and 4 Acellular Pertussis; (5) 4 Td and 4 Acellular Pertussis; or (6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis.
- 3 doses of Polio: (1) v OPV; (2) 3 IPV; or (3) combination of OPV and IPV totaling 3 doses.
- One 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 or 4 doses of HIB, depending on the vaccine administered
- 1 dose of Varicella
- 4 doses of Pneumococcal

- 1 dose of Hepatitis A
- 2 or 3 doses of Rotavirus, depending on the vaccine administered
- 2 doses of Influenza

NMI refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

Note: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations that allow a different number of doses (e.g. 2 or 3 Rotavirus): To count toward the numerator with the smaller number of doses, all of the patient's vaccinations must be part of the smaller dose series. For example, for a patient to count toward the Rotavirus numerator with only 2 doses, all 2 doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first 2 doses are part of the 3-dose series, then the patient only needs 3 doses (even if the third dose is included in the 4-dose series).
- Each immunization must be refused and documented separately. For example, if a patient has an NMI refusal for Rubella only, then there must be an immunization, contraindication, or separate NMI refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is greater than (>) 1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is greater than (>)1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period.)
- To be counted in sub-numerator A, a patient must meet the numerator definition *and* have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

NMI refusals are defined as PCC Refusal type NMI for any of the following IZ codes:

Immunization	Immunization Codes for Refusals	CPT Codes for Refusals
DTaP	20, 50, 102, 106, 107, 110, 120, 130, 132, 146	90696, 90698, 90700, 90721, 90723
DTP	1, 22, 102	90701, 90711 (old code), 90720
Tdap	115	90715
DT (Diphtheria & Tetanus)	28	90702
Td (Tetanus & Diphtheria)	9, 113, 138, 139	90714, 90718
Tetanus	35, 112	90703
Acellular Pertussis	11	
OPV	2, 89	90712
IPV	10, 89, 110, 120, 130, 132, 146	90696, 90698, 90711 (old code), 90713, 90723
MMR	3, 94	90707, 90710; M/R: 90708
M/R (Measles/ Rubella)	4	
R/M (Rubella/ Mumps)	38	90709 (old code)
Measles	5	90705
Mumps	7	90704
Rubella	6	90706
HiB	17, 22, 46-49, 50, 51, 102, 120, 132, 146	90645-90648, 90698, 90720-90721, 90737 (old code), 90748
Hepatitis B	8, 42-45, 51, 102, 104, 110, 132, 146	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code)
Varicella	21, 94	90710, 90716
Pneumococcal	33, 100, 109, 133, 152	90669, 90670, 90732, G0009, G8115 (old code), G9279
Hepatitis A	1, 52, 83, 84, 85, 104	90632-90634, 90636, 90730 (old code)
Rotavirus	74, 116, 119, 122	90680
Influenza	15, 16, 88, 111, 135, 140, 141, 149, 150, 151, 153, 155, 158, 166	90630, 90654-90658, 90659 (old code), 90660-90662, 90672, 90673, 90685-90688, 90724 (old code), G0008, G8108 (old code)

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, Procedure, Evidence of Disease, Contraindication or Refusal Codes
DTaP	90696, 90698, 90700, 90721, 90723	Immunization (CVX) Codes: 20, 50, 102, 106, 107, 110, 120, 130, 132, 146 POV: ICD-9: V06.1 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DTP	90701, 90711 (old code), 90720	Immunization (CVX) Codes: 1, 22, 102 POV: ICD-9: V06.1, V06.2, V06.3 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tdap	90715	Immunization (CVX) Codes: 115 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DT (Diphtheria & Tetanus)	90702	Immunization (CVX) Codes: 28 POV: ICD-9: V06.5 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Td (Tetanus & Diphtheria)	90714, 90718	Immunization (CVX) Codes: 9, 113, 138, 139 POV: ICD-9: V06.5 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Diphtheria	90719	POV: ICD-9: V03.5 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tetanus	90703	Immunization (CVX) Codes: 35, 112 POV: ICD-9: V03.7 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Acellular Pertussis		Immunization (CVX) Codes: 11 POV: ICD-9: V03.6 Contraindications: Immunization Package contraindication of "Anaphylaxis."
OPV	90712	Immunization (CVX) Codes: 2, 89 Contraindications: Immunization Package contraindication of "Immune Deficiency."
IPV	90696, 90698, 90711 (old code), 90713, 90723	Immunization (CVX) Codes: 10, 89, 110, 120, 130, 132, 146 POV: ICD-9: V04.0, V06.3 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: 730.70-730.79; ICD-10: M89.6*; SNOMED data set PXRMBGP POLIO (Problem List only) Contraindications: Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, Procedure, Evidence of Disease, Contraindication or Refusal Codes
MMR	90707, 90710	Immunization (CVX) Codes: 3, 94 POV: ICD-9: V06.4 Contraindications: Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy."
M/R (Measles/ Rubella)	90708	Immunization (CVX) Codes: 4 Contraindications: Immunization Package contraindication of "Anaphylaxis"
R/M (Rubella/ Mumps)	90709 (old code)	Immunization (CVX) Codes: 38 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Measles	90705	Immunization (CVX) Codes: 5 POV: ICD-9: V04.2 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: 055*; ICD-10: B05.*; SNOMED data set PXR M BGP MEASLES (Problem List only) Contraindications: Immunization Package contraindication of "Anaphylaxis"
Mumps	90704	Immunization (CVX) Codes: 7 POV: ICD-9: V04.6 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: 072*; ICD-10: B26.* Contraindications: Immunization Package contraindication of "Anaphylaxis"
Rubella	90706	Immunization (CVX) Codes: 6 POV: ICD-9: V04.3 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: 056*, 771.0; ICD-10: B06.*; SNOMED data set PXR M BGP RUBELLA (Problem List only) Contraindications: Immunization Package contraindication of "Anaphylaxis"
HiB – 3-dose series	90647, 90748	Immunization (CVX) Codes: 49, 51 POV: ICD-9: V03.81 Contraindications: Immunization Package contraindication of "Anaphylaxis"
HiB – 4-dose series	90645, 90646, 90648, 90698, 90720-90721, 90737 (old code)	Immunization (CVX) Codes: 17, 22, 46-48, 50, 102, 120, 132, 146 POV: ICD-9: V03.81 Contraindications: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, Procedure, Evidence of Disease, Contraindication or Refusal Codes
Hepatitis B	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, (old code) Q3023 (old code)	Immunization (CVX) Codes: 8, 42-45, 51, 102, 104, 110, 132, 146 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: V02.61, 070.2*, 070.3*; ICD-10: B16.*, B19.1*, Z22.51; SNOMED data set PXRMBGP HEPATITIS B (Problem List only) Contraindications: Immunization Package contraindication of "Anaphylaxis"
Varicella	90710, 90716	Immunization (CVX) Codes: 21, 94 POV: ICD-9: V05.4 Evidence of Disease: 1) POV or PCC Problem List (active or inactive) ICD-9: 052*, 053*; ICD-10: B01.* through B02.*; SNOMED data set PXRMBGP VARICELLA (Problem List only) or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Contraindications: Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy."
Pneumococcal	90669, 90670, 90732, G0009, G8115 (old code), G9279	Immunization (CVX) Codes: 33, 100, 109, 133, 152 POV: ICD-9: V06.6; V03.82 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Hepatitis A	90632-90634, 90636, 90730 (old code)	Immunization (CVX) Codes: 31, 52, 83, 84, 85, 104 Evidence of Disease: POV or PCC Problem List (active or inactive) ICD-9: 070.0, 070.1; ICD-10: B15.*; SNOMED data set PXRMBGP HEPATITIS A (Problem List only) Contraindications: Immunization Package contraindication of "Anaphylaxis"
Rotavirus – 2-dose series	90681	Immunization (CVX) Codes: 119 Contraindications: Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency"
Rotavirus – 3-dose series	90680	Immunization (CVX) Codes: 74, 116, 122 POV: ICD-9: V05.8 Contraindications: Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency"
Influenza	90630, 90654-90658, 90659 (old code), 90660-90662, 90672, 90673, 90685-90688, 90724 (old code), G0008, G8108 (old code)	Immunization (CVX) Codes: 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 166 POV: ICD-9: V04.8 (old code), V04.81, V06.6 Contraindications: Immunization Package contraindication of "Egg Allergy" or "Anaphylaxis"

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXRMBGP POLIO to IPV evidence of disease definition (for Problem List only).

2. Added SNOMED data set PXRMBGP MEASLES to measles evidence of disease definition (for Problem List only).
3. Added SNOMED data set PXRMBGP RUBELLA to rubella evidence of disease definition (for Problem List only).
4. Added SNOMED data set PXRMBGP HEPATITIS A to Hepatitis A evidence of disease definition (for Problem List only).
5. Added SNOMED data set PXRMBGP HEPATITIS B to Hepatitis B evidence of disease definition (for Problem List only).
6. Added SNOMED data set PXRMBGP VARICELLA to varicella evidence of disease definition (for Problem List only).

Patient List Description

List of patients 19 through 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.

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

The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 or 4 HIB;3 HEP;Vari;4 PNEUMO. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is "MMR; vari;4 PNEUMO," which means the patient did not have 4 Dtap/Dtp, 3 IPV/OPV, 3 or 4 HIB and 3 Hep B immunizations.

Measure Source

CDC; HP 2020 IID-7, IID-8; HEDIS

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 GPRAMA Performance Active Immunization Package 4:3:1:3*:3:1:4 (rate for children age 19 through 35 months)	72.3%

Performance	Percent
IHS FY 2015 GPRAMA Performance Active Immunization Package 4:3:1:3*:3:1:4 (rate for children age 19 through 35 months)	73.3%
IHS FY 2014 GPRAMA Performance Active Immunization Package 4:3:1:3*:3:1:4 (rate for children age 19 through 35 months)	75.4%
IHS FY 2013 GPRA Performance Active Immunization Package 4:3:1:3*:3:1:4 (rate for children age 19 through 35 months)	74.8%
IHS FY 2012 GPRA Performance Active Immunization Package 4:3:1:3:3:1:4 (rate for children age 19 through 35 months)	76.8%
IHS FY 2011 GPRA Performance Active Immunization Package 4:3:1:3:3:1:4 (rate for children age 19 through 35 months)	75.9%
IHS FY 2010 GPRA Performance Active Immunization Package 4:3:1:3:3:1 (rate for children age 19 through 35 months)	79.0%
IHS FY 2009 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19 through 35 months)	79.0%
IHS FY 2008 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19 through 35 months)	78.0%
<i>IHS FY 2008 Non-GPRA Performance Active Clinical 4:3:1:3:3 (rate for children age 19 through 35 months)</i>	68.0%
IHS FY 2007 GPRA Performance Active Immunization Package 4:3:1:3:3(rate for children age 19 through 35 months)	78.0%
IHS FY 2006 Performance (rate for children age 19 through 35 months)	80.0%
IHS FY 2005 Performance (rate for children age 19 through 35 months)	75.0%
IHS FY 2004 Performance(baseline rate for children age 19 through 35 months)	72.0%
IHS FY 2004 Performance(rate for children age 3 through 27 months)	81.0%
IHS FY 2003 Performance(rate for children age 3 through 27 months)	80.0%
IHS FY 2002 Performance(rate for children age 3 through 27 months)	80.0%
<i>HP 2020 goal for % of children age 19 through 35 months with 4:3:1:3:3:4 vaccines</i>	80.0%
<i>HP 2020 goal for % of children age 19 through 35 months with each individual vaccine</i>	90.0%

For the IHS FY 2006 Performance (rate for children 19 through 35 months), the Percent (80.0) please consider: All 2002 through 2006 rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS reports the rate and not the Immunization Program. The CRS rate is reported using the CRS Active Immunization Package denominator.

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ 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).

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Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Childhood Immunizations									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical									
Pts 19-35 months	79		81			72			
# w/ 4313*314									
Combo or w/ Dx/ Contra/NMI Refusal	29	36.7	51	63.0	-26.3	50	69.4	-32.7	
A. # w/ Dx/Contra/NMI Ref w/ % of Total 4313*314	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4 doses DTaP or w/ Contra/NMI Refusal	33	41.8	56	69.1	-27.4	52	72.2	-30.5	
A. # w/ Contra/NMI Ref w/ % of Total DTaP	2	6.1	0	0.0	+6.1	0	0.0	+6.1	
# w/ 3 doses Polio or w/ Dx/Contra/ NMI Refusal	55	69.6	73	90.1	-20.5	65	90.3	-20.7	
A. # w/ Dx/Contra/NMI Ref w/ % of Total Polio	1	1.8	0	0.0	+1.8	0	0.0	+1.8	
# w/ 1 dose MMR or									

w/ Dx/Contra/NMI Refusal	39	49.4	69	85.2	-35.8	64	88.9	-39.5
A. # w/ Dx/Contra/NMI Ref w/ % of Total MMR	1	2.6	1	1.4	+1.1	0	0.0	+2.6
# w/ 3-4 doses HiB or w/ Contra/NMI Refusal	43	54.4	64	79.0	-24.6	61	84.7	-30.3
A. # w/ Contra/NMI Ref w/ % of Total HiB	1	2.3	0	0.0	+2.3	0	0.0	+2.3
# w/ 3 doses Hep B or w/ Dx/Contra/NMI Refusal	70	88.6	78	96.3	-7.7	69	95.8	-7.2
A. # w/ Dx/Contra/NMI Ref w/ % of Total Hep B	2	2.9	0	0.0	+2.9	0	0.0	+2.9

Figure 2-29: Sample Report, Childhood Immunizations

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

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.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,ANDREA UP,AC,IMM Vari; 2 Influenza	000001	COMMUNITY #1 4 DTaP/DTP; 3 Polio; MMR; 3 3-Dose Hib; 3 Hep B;	F	0	01/01/17
PATIENT2,HEATHER UP,AC,IMM	000002	COMMUNITY #1 NMI DTaP/DTP; NMI Polio; 2 Hep A; 2 Influenza	F	1	06/12/16
PATIENT3,TONYA UP	000003	COMMUNITY #1	F	1	10/03/16
PATIENT4,JAMES UP,AC,IMM	000004	COMMUNITY #1 3 Polio; MMR; 3 Hep B; Vari; NMI Rota	M	0	05/05/17
PATIENT5,SCOTT UP,AC,IMM	000005	COMMUNITY #1 4 4-Dose Hib; 2 Hep A; 3 Rota; 2 Influenza	M	0	12/13/17

Figure 2-30: Sample Patient List, Childhood Immunizations

2.4.4 Adolescent Immunizations

Denominators

Active Clinical patients age 13. Broken down by gender where noted.

Active Clinical patients ages 13 through 17. Broken down by gender where noted.

Numerators

Patients who have received the 1:1:3 combination (i.e., 1 Td/Tdap, 1 meningococcal, 3 HPV), including contraindications.

Notes: The only refusals included in this numerator are NMI refusals.

This numerator is broken down by gender.

Patient who have received the 1:1 combination (i.e., 1 Td/Tdap, 1 meningococcal), including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 1 dose of Tdap/Td ever, including contraindications.

- a. Patients with a contraindication or a documented NMI refusal.
- b. Patients who have received 1 dose of Tdap ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 1 dose of meningococcal ever, including contraindications.

Note: The only refusals included in this numerator are NMI refusals.

Patients who have received 3 doses of HPV ever, including contraindications.

Notes: The only refusals included in this numerator are NMI refusals.

This numerator is broken down by gender.

For each of the above numerators, the following sub-numerators are included:

- a. Patients with a contraindication or a documented NMI refusal.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within ten days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 1 dose of Td or Tdap
- 1 dose of Meningococcal
- 3 doses of HPV

Not Medically Indicated (NMI) refusals and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

Note: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations where required number of doses is greater than (>) 1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for HPV, the patient will be included in the numerator.
- For immunizations where required number of doses is greater than (>) 1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HPV, the patient will be included in the numerator.

Adolescent immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
Tdap	90715	Immunization code: 115 NMI Refusals: Immunization code 115 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Td	90714, 90718	Immunization codes: 9, 113, 138, 139 POV: ICD-9: V06.5 NMI Refusals: Immunization codes 9, 113, 138, 139 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Meningococcal	90733, 90734	Immunization codes: 32, 108, 114, 136, 147 NMI Refusals: Immunization codes 32, 108, 114, 136, 147 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes
HPV	90649, 90650, 90651	Immunization codes: 62, 118, 137, 165 NMI Refusals: Immunization codes 62, 118, 137, 165 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 13 through 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 HPV, no IZ will be listed for HPV.

Note: An absent value in the Numerator column means the patient did not meet the requirements for any of the immunizations. An example for a female patient age 13 with a value of “;3 HPV” which means the patient did not have 1 Td/Tdap and 1 Meningococcal immunizations.

Measure Source

HEDIS, HP 2020 IID-11

Measure Past Performance and Long-Term Targets:

Target	Percent
<i>HP 2020 goal for each individual IZ: Tdap, Meningococcal, HPV</i>	80.0%
<i>HP 2020 goal for each individual IZ: varicella</i>	90.0%

Performance Improvement Tips

- Providers should ask about and record off-site historical immunizations (IZ 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).

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Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Adolescent Immunizations									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts Age 13	30		35			40			
# w/ 1:1:3 Combo or w/ Contra/NMI Refusal	6	20.0	13	37.1	-17.1	13	32.5	-12.5	
A. # w/ Contra/NMI Ref w/ % of Total 1:1:3	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
Male Active Clinical Pts Age 13	13		14			20			
# w/ 1:1:3 Combo or w/ Contra/NMI Refusal	1	7.7	0	0.0	+7.7	0	0.0	+7.7	
A. # w/ Contra/NMI Ref w/ % of Total 1:1:3	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Pts Age 13	17		21			20			
# w/ 1:1:3 Combo or w/ Contra/NMI Refusal	5	29.4	13	61.9	-32.5	13	65.0	-35.6	
A. # w/ Contra/NMI Ref w/ % of Total 1:1:3	1	20.0	0	0.0	+20.0	0	0.0	+20.0	

Figure 2-31: Sample Report, Adolescent Immunizations

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

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.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,LINDA AC	000001	COMMUNITY #3	F	13	01/31/04
PATIENT2,SHERRY AC	000002	COMMUNITY #3 NMI Tdap	F	13	04/11/04
PATIENT22,JESSICA	000022	COMMUNITY #4	F	13	06/24/04

AC		Tdap; 3 HPV				
PATIENT23, SAMANTHA	000023	COMMUNITY #4	F	13	07/12/04	
AC		Td; NMI Meningococcal				
PATIENT24, NINA	000024	COMMUNITY #4	F	13	07/19/04	
AC		Contra HPV				
PATIENT25, RHONDA	000025	COMMUNITY #4	F	13	12/12/04	
AC		Td; 3 HPV				

Figure 2-32: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

Denominators

Active Clinical patients ages 3 months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period 6 months (182 days) prior to the Report Period through the first 6 months of the Report Period.

User Population patients ages 3 months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period 6 months (182 days) prior to the Report Period through the first 6 months of the Report Period.

Numerator

Patients who were *not* prescribed an antibiotic on or within 3 days after diagnosis. In this measure, appropriate treatment is *not* to receive an antibiotic.

Logic Description

Age is calculated as follows: Children 3 months as of 6 months (182 days) of the year prior to the Report Period to 18 years as of the first 6 months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV ICD-9: 460 or 465.*; ICD-10: J00. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to Clinic Code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as Service Category H, either on the same day or the next day with URI diagnosis.

3. Patient's visit must only have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.
4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.
5. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

Rx Days Supply greater than or equal to (\geq) (URI Visit Date–Prescription Date)

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS

ANTIBIOTIC MEDS or Procedure ICD-9: 99.21; ICD-10: 3E00X29, 3E01329, 3E02329, 3E03029, 3E03329, 3E04029, 3E04329, 3E05029, 3E05329, 3E06029, 3E06329, 3E0E329, 3E0E729, 3E0E829, 3E0F329, 3E0F729, 3E0F829, 3E0G329, 3E0G729, 3E0G829, 3E0H329, 3E0H729, 3E0H829, 3E0J329, 3E0J729, 3E0J829, 3E0K329, 3E0K729, 3E0K829, 3E0L329, 3E0M329, 3E0N329, 3E0N729, 3E0N829, 3E0P329, 3E0P729, 3E0P829, 3E0Q329, 3E0R329, 3E0S329, 3E0U029, 3E0U329, 3E0V329, 3E0W329, 3E0Y329. Medications are: Aminopenicillins (Amoxicillin, Ampicillin), Beta-lactamase inhibitors (Amoxicillin-clavulanate), First generation cephalosporins (Cefadroxil, Cefazolin, Cephalexin), Folate antagonist (Trimethoprim), Lincomycin derivatives (Clindamycin), Macrolides (Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate), Miscellaneous antibiotics (Erythromycin-sulfisoxazole), Natural penicillins (Penicillin G potassium, Penicillin G sodium, Penicillin V potassium), Penicillinase-resistant penicillins (Dicloxacillin), Quinolones (Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin), Second generation cephalosporins (Cefaclor, Cefprozil, Cefuroxime), Sulfonamides (Sulfamethoxazole-trimethoprim), Tetracyclines (Doxycycline, Minocycline, Tetracycline), Third generation cephalosporins (Cefdinir, Cefixime, Cefpodoxime, Cefbuten, Cefditoren, Ceftriaxone). Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 3 months to 18 years of age with upper respiratory infection, with antibiotic prescription, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Appropriate Treatment for Children with Upper Respiratory Infection (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical								
Pts 3 months-18								
yrs w/ Upper								
Respiratory								
Infection	158		110			134		
# w/o Antibiotic								
Rx	119	75.3	97	88.2	-12.9	129	96.3	-21.0
User Pop Pts 3								
months-18 yrs w/								
Upper Respiratory								
Infection	159		110			136		
# w/o Antibiotic								
Rx	120	75.5	97	88.2	-12.7	131	96.3	-20.9

Figure 2-33: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

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.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB
DENOMINATOR		NUMERATOR			
PATIENT1,PAMELA	000001	COMMUNITY #3	F	3	02/15/14
UP,AC		MEETS MEASURE			
PATIENT2,ALICIA	000002	COMMUNITY #3	F	7	06/18/10
UP,AC		MEETS MEASURE			
PATIENT3,JAMES	000003	COMMUNITY #3	M	0	03/14/17

UP,AC		MEETS MEASURE			
PATIENT4,HENRY	000004	COMMUNITY #3	M	12	11/21/05
UP,AC		MEETS MEASURE			
PATIENT25,HEATHER	000025	COMMUNITY #4	F	7	12/06/10
UP,AC		MEETS MEASURE			
PATIENT26,DYLAN	000026	COMMUNITY #4	M	3	03/02/14
UP,AC		MEETS MEASURE			
PATIENT27,CODY	000027	COMMUNITY #4	M	4	04/12/13
UP,AC		MEETS MEASURE			
PATIENT28,KAREN	000028	COMMUNITY #5	F	0	09/22/17
UP,AC		antibiotic injection: 01/06/17			DOES NOT MEET MEASURE

Figure 2-34: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis

Denominators

Active Clinical patients ages 3 through 18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period 6 months (182 days) prior to the Report Period through the first 6 months of the Report Period.

User Population patients ages 3 through 18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period 6 months (182 days) prior to the Report Period through the first 6 months of the Report Period.

Numerator

Patients who received a Group A strep test.

Logic Description

Age is calculated as follows: Children three years as of 6 months (182 days) of the year prior to the Report Period to 18 years as of the first 6 months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV ICD-9: 462, 463, 034.0; ICD-10: J02.0, J03.*. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to Clinic Code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as Service Category H, either on the same day or the next day with pharyngitis diagnosis.
3. Patient's visit must only have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.
5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. “Active” prescription defined as:
6. Rx Days Supply greater than or equal to (\geq)(URI Visit Date – Prescription Date)
7. The patient filled a prescription for antibiotics on or within 3 days after the pharyngitis visit.

If multiple visits exist that meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS

ANTIBIOTIC MEDS or Procedure ICD-9: 99.21; ICD-10: 3E00X29, 3E01329, 3E02329, 3E03029, 3E03329, 3E04029, 3E04329, 3E05029, 3E05329, 3E06029, 3E06329, 3E0E329, 3E0E729, 3E0E829, 3E0F329, 3E0F729, 3E0F829, 3E0G329, 3E0G729, 3E0G829, 3E0H329, 3E0H729, 3E0H829, 3E0J329, 3E0J729, 3E0J829, 3E0K329, 3E0K729, 3E0K829, 3E0L329, 3E0M329, 3E0N329, 3E0N729, 3E0N829, 3E0P329, 3E0P729, 3E0P829, 3E0Q329, 3E0R329, 3E0S329, 3E0U029, 3E0U329, 3E0V329, 3E0W329, 3E0Y329. Medications are: Aminopenicillins (Amoxicillin, Ampicillin), Beta-lactamase inhibitors (Amoxicillin-clavulanate), First generation cephalosporins (Cefadroxil, Cefazolin, Cephalexin), Folate antagonist (Trimethoprim), Lincomycin derivatives (Clindamycin), Macrolides (Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate), Miscellaneous antibiotics (Erythromycin-sulfisoxazole), Natural penicillins (Penicillin G potassium, Penicillin G sodium, Penicillin V potassium), Penicillinase-resistant penicillins (Dicloxacillin), Quinolones (Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin), Second generation cephalosporins (Cefaclor, Cefprozil, Cefuroxime), Sulfonamides (Sulfamethoxazole-trimethoprim), Tetracyclines (Doxycycline, Minocycline, Tetracycline), Third generation cephalosporins (Cefdinir, Cefixime, Cefpodoxime, Cefditoren, Ceftriaxone). Medications must not have a comment of RETURNED TO STOCK.

To be included in the numerator, a patient must have received a Group A Streptococcus test within the 7-day period beginning 3 days prior through 3 days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture), 3210F (Group A Strep Test); site-populated taxonomy BGP GROUP A STREP TESTS; and LOINC taxonomy.

Key Logic Changes from CRS Version 16.1

1. Added LOINC code 78012-2 to BGP GROUP A STREP LOINC taxonomy.

Patient List Description

List of patients 3 through 18 years of age with pharyngitis and a Group A Strep test, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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Report Period: Jan 01, 2017 to Dec 31, 2017								
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Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Appropriate Testing for Children with Pharyngitis (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical								
Pts 3-18 yrs w/								
Pharyngitis &								
Antibiotic Rx	8		8			12		
# w/ Group A Strep								
Test	1	12.5	4	50.0	-37.5	4	33.3	-20.8
User Pop Pts 3-18								
yrs w/ Pharyngitis								
& Antibiotic Rx	8		8			12		
# w/ Group A Strep								
Test	1	12.5	4	50.0	-37.5	4	33.3	-20.8

Figure 2-35: Sample Report, Appropriate Testing for Children with Pharyngitis

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Appropriate Testing for Children with Pharyngitis: List of patients 3-18 years with pharyngitis and a Group A Strep test, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, MICHAEL UP, AC	000001	COMMUNITY #1 03/19/17 RAPID	M	9	05/23/08 (STREP A)
PATIENT2, JOSEPH UP, AC	000002	COMMUNITY #1 05/01/17 RAPID	M	12	02/16/05 (STREP A)
PATIENT3, LESTER UP	000003	COMMUNITY #1	M	13	02/19/04
PATIENT24, MONICA UP, AC	000024	COMMUNITY #2 01/23/17 RAPID	F	5	07/04/12 (STREP A)
PATIENT25, MICHAEL JAMES UP, AC	000025	COMMUNITY #2 03/12/17 RAPID	M	7	09/09/10 (STREP A)

Figure 2-36: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 56.1% for the proportion of female patients ages 24 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous 3 years, or if the patient is over 30, had a Pap screen in the past 3 years or a Pap screen and HPV DNA within the previous 5 years.

Denominators

Female Active Clinical patients ages 24 through 64 without documented history of hysterectomy. (GPRA Denominator)

Female Active Clinical patients ages 24 through 29 without documented history of hysterectomy.

Female Active Clinical patients ages 30 through 64 without documented history of hysterectomy.

Female User Population patients ages 24 through 64 without documented history of hysterectomy.

Female User Population patients ages 24 through 29 without documented history of hysterectomy.

Female User Population patients ages 30 through 64 without documented history of hysterectomy.

Numerators

Patients with a Pap smear documented in the past 3 years, or if a patient is 30 to 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years. (GPRA Numerator)

Note: This numerator does *not* include refusals.

Patients with a Pap Smear documented in the past 3 years.

Patients with a Pap Smear documented 3-5 years ago and an HPV DNA documented in the past 5 years

Logic Description

Age of the patient is calculated at the beginning of the report period. Patients must be at least 24 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.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	<p>Procedure: ICD-9: 68.4-68.9; ICD-10: 0UT9*ZZ</p> <p>Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5; SNOMED data set PXRMBGP HYSTERECTOMY DX (Problem List only)</p> <p>Women's Health: Procedure called Hysterectomy.</p>		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pap Smear	88141-88154, 88160-88167, 88174-88175, G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	Lab: PAP SMEAR POV: ICD-9: V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10: R87.61*, R87.810, R87.820, Z01.42, Z12.4 Women's Health: Procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"	Yes	BGP PAP SMEAR TAX
HPV DNA Note: CRS will only search for a documented HPV DNA if the patient had a Pap Smear 3 to 5 years ago.	87620-87622 (old codes), 87623-87625	Lab: HPV POV: ICD-9: V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 Women's Health: Procedure called HPV Screen and where the result does NOT have "ERROR/DISREGARD"; Procedure called Pap Smear and where the HPV field equals Yes	Yes	BGP HPV TAX

Key Logic Changes from CRS Version 16.1

1. Removed ICD-10 code Z90.711 from hysterectomy definition.
2. Updated hysterectomy definition to include inactive Problem List items.
3. Added SNOMED data set PXRMBGP HYSTERECTOMY DX to hysterectomy definition (for Problem List only).

Patient List Description

List of women 24 through 64 with documented Pap Smear and HPV, if any.

Measure Source

HP 2020 C-15

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	54.8%
IHS FY 2015 Performance	54.9%
IHS FY 2014 Performance	54.6%
IHS FY 2013 Performance	61.7%
IHS FY 2012 Performance	57.1%
IHS FY 2011 Performance	58.1%
IHS FY 2010 Performance	59.0%
IHS FY 2009 Performance	59.0%
IHS FY 2008 Performance	59.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	59.0%
IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
<i>HP 2020 Goal</i>	<i>93.0%</i>

Performance Improvement Tips

- Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: HPAP
- Providers should document refusals; write “Refused” in Pap Order box on PCC form. Data entry mnemonic: REF (Lab Test Value, Date Refused).

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*** IHS 2017 Selected Measures with Community Specified Report ***						
DEMO INDIAN HOSPITAL						
Report Period: Jan 01, 2017 to Dec 31, 2017						
Previous Year Period: Jan 01, 2016 to Dec 31, 2016						
Baseline Period: Jan 01, 2010 to Dec 31, 2010						

Cancer Screening: Pap Smear Rates (con't)						
	REPORT	%	PREV YR	%	CHG from	BASE
	PERIOD		PERIOD		PREV YR	% PERIOD
						% CHG from
						BASE %
Female Active						
Clinical Pts 24-64						
(GPRA)	498		508			499
# w/ Pap Smear	3					

yrs / Pap+HPV 5yrs-No Refusals (GPRA)	168	33.7	223	43.9	-10.2	203	40.7	-6.9
Female Active Clinical Pts 24-29	105		113			113		
# w/ Pap Smear w/in 3 years-No Refusals	43	41.0	57	50.4	-9.5	44	38.9	+2.0
Female Active Clinical Pts 30-64	393		395			386		
# w/ Pap Smear w/in 3 years-No Refusals	118	30.0	165	41.8	-11.7	156	40.4	-10.4
# w/ Pap Smear and HPV w/in 5 years-No Refusals	7	1.8	1	0.3	+1.5	3	0.8	+1.0
Female User Pop Pts 24-64	554		566			559		
# w/ Pap Smear 3 yrs / Pap+HPV 5yrs-No Refusals	172	31.0	226	39.9	-8.9	204	36.5	-5.4
Female User Pop Pts 24-29	115		129			124		
# w/ Pap Smear w/in 3 years-No Refusals	44	38.3	58	45.0	-6.7	45	36.3	+2.0
Female User Pop Pts 30-64	439		437			435		
# w/ Pap Smear w/in 3 years-No Refusals	121	27.6	167	38.2	-10.7	156	35.9	-8.3
# w/ Pap Smear and HPV w/in 5 years-No Refusals	7	1.6	1	0.2	+1.4	3	0.7	+0.9

Figure 2-37: Sample Report, Cancer Screening: Pap Smear Rates

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Cancer Screening: Pap Smear Rates: List of women 25-64 with documented
 Pap smear, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,EVELYN UP	000001	COMMUNITY #1 05/05/15 POV 795.06	F	21	11/19/96

PATIENT2, MICHELLE	000002	COMMUNITY #1	F	22	01/10/95
UP, AC		05/31/17 Lab			
PATIENT3, KAITLYN	000003	COMMUNITY #1	F	22	03/01/95
UP, AC		05/08/15 CPT 88150			
PATIENT4, BRITNEY	000004	COMMUNITY #1	F	22	09/22/95
UP, AC		01/10/17 POV V72.32			
PATIENT5, KATY	000005	COMMUNITY #1	F	31	05/07/86
UP, AC		PAP: 07/01/13 PROC 91.46; HPV: 01/10/14 POV 079.4			

Figure 2-38: Sample Patient List, Cancer Screening: Pap Smear rates

2.6.2 Cancer Screening: Mammogram Rates

GPRM Measure Description

During GPRM Year 2017, achieve the target rate of 56.7% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

Denominators

Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies. (GPRM Denominator)

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerators

All patients who had a Mammogram documented in the past 2 years.

Note: This numerator does *not* include refusals. (GPRM Numerator)

Patients with documented mammogram refusal in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52 through 64 denominators, the patients must be less than 65 years of age as of the end of the Report Period.

Subject Defined	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 OR 19300-19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral) OR 19240, with modifier of 50 or 09950	Procedure: ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-10: Z90.13; SNOMED data set PXRMBGP BILAT MASTECTOMY (Problem List only)
Unilateral Mastectomy	Two separate unilateral mastectomies defined as either of the following: 1) Must have one code that indicates a right mastectomy and one code that indicates a left mastectomy; or 2) Must have 2 separate occurrences on 2 different dates of service for one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side. Right Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.11; SNOMED data set PXRMBGP RIGHT MASTECTOMY (Problem List only); Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ. Left Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.12; SNOMED data set PXRMBGP LEFT MASTECTOMY (Problem List only); Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ. Mastectomy on unknown side: 1) CPT 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) Procedure ICD-9: 85.41, 85.43, 85.45, 85.47.	

Subject Defined	CPT Codes	ICD and Other Codes
Mammogram	Radiology or CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	POV: ICD-9: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; ICD-10: R92.0, R92.1, R92.8, Z12.31 Procedure: ICD-9: 87.36-87.37; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD"
Refusal (during the Report Period)	Radiology Mammogram or CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	

Key Logic Changes from CRS Version 16.1

1. Added logic to look at the Problem List for bilateral and unilateral mastectomies.
2. Added SNOMED data set PXRMBGPBILATMASTECTOMY to bilateral mastectomy definition (for Problem List only).
3. Added SNOMED data set PXRMBGPRIGHTMASTECTOMY to right mastectomy definition (for Problem List only).
4. Added SNOMED data set PXRMBGPLEFTMASTECTOMY to left mastectomy definition (for Problem List only).

Patient List Description

List of women 52 through 64 with mammogram/refusal, if any.

Measure Source

HP 2020 C-17

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	54.8%
IHS FY 2015 Performance	54.5%
IHS FY 2014 Performance	54.2%
IHS FY 2013 Performance	53.8%

Performance	Percent
IHS FY 2012 Performance	51.9%
IHS FY 2011 Performance	49.8%
IHS FY 2010 Performance	48.0%
IHS FY 2009 Performance	45.0%
IHS FY 2008 Performance	45.0%
IHS FY 2007 Performance	43.0%
IHS FY 2006 Performance	41.0%
IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
<i>HP 2020 Goal</i>	<i>81.1%</i>

Performance Improvement Tips

- Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: HRAD.
- Providers should document refusals; write “Refused” in Mammogram Order box on PCC form. Data entry mnemonic: REF (Mammogram, Procedure (CPT) Code, Date Refused).

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Cancer Screening: Mammogram Rates (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Female Active									
Clinical Pts 52-64									
(GPRA)	134		138			132			
# w/ Mammogram									
w/in 2 years-No									
Refusals (GPRA)	55	41.0	82	59.4	-18.4	35	26.5	+14.5	
# w/ Mammogram									
Refusal	1	0.7	0	0.0	+0.7	1	0.8	+0.0	
Female User Pop									
Pts 52-64	145		147			142			
# w/ Mammogram									
w/in 2 years-No									
Refusals	55	37.9	82	55.8	-17.9	35	24.6	+13.3	

# w/ Mammogram Refusal	1	0.7	0	0.0	+0.7	1	0.7	+0.0
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Figure 2-39: Sample Report, Cancer Screening: Mammogram rates

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Cancer Screening: Mammogram Rates: List of women 42+ with mammogram/refusal, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, CARLA UP, AC	000001	COMMUNITY #1 10/01/16 CPT 77052	F	42	02/20/75
PATIENT2, CRYSTAL UP	000002	COMMUNITY #1	F	43	06/30/74
PATIENT3, ALEXA UP, AC	000003	COMMUNITY #1 04/24/16 CPT 76090	F	45	03/09/72
PATIENT4, HANNAH UP	000004	COMMUNITY #1	F	45	05/10/72
PATIENT5, MARTHA UP	000005	COMMUNITY #1	F	47	12/01/70
PATIENT6, TARA UP, AC	000006	COMMUNITY #1 01/15/17 Refused CPT G0206	F	48	10/22/69
PATIENT7, CAROL LYNN UP, AC	000007	COMMUNITY #2 03/05/17 RAD 76092	F	44	08/08/73
PATIENT8, MARY ANN UP, AC	000008	COMMUNITY #2	F	52	06/22/65
PATIENT9, BARBARA UP, AC	000009	COMMUNITY #2 04/22/17 CPT 77057	F	52	09/14/65

Figure 2-40: Sample Patient List, Cancer Screening: Mammogram rates

2.6.3 Colorectal Cancer Screening

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 40.2% for the proportion of clinically appropriate patients ages 50-75 who have received colorectal screening.

Denominators

Active Clinical patients ages 50 through 75 without a documented diagnosis of colorectal cancer or total colectomy. Broken down by gender. (GPRA Denominator)

User Population patients ages 50 through 75 without any documented diagnosis of colorectal cancer or total colectomy.

Numerators

Patients who have had any CRC screening, defined as any of the following: (1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period; (2) flexible sigmoidoscopy in the past 5 years; or (3) colonoscopy in the past 10 years.

Note: This numerator does *not* include refusals. (GPRA Numerator)

Patients with documented CRC screening refusal during the Report Period.

Patients with FOBT or FIT during the Report Period.

Patients with a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Exclusions

Any diagnosis ever of one of the following:

1. **Colorectal Cancer:** Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05; ICD-10: C18.*, C19, C20, C78.5, Z85.030, Z85.038; SNOMED data set PXRMCOLORECTALCANCER (Problem List only); CPT G0213–G0215 (old codes), G0231 (old code).
2. **Total Colectomy:** CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212; Procedure ICD-9: 45.8*; ICD-10: 0DTE*ZZ.

Colorectal cancer screening definition: The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

Colorectal Cancer Screening (CRS looks for the most recent of any of the following during timeframes specified in numerator section above)

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	Procedure: ICD-9: 45.24; ICD-10: 0DJD8ZZ		
Colonoscopy	44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121, G9252, G9253	Procedure: ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ		

Refusal definition: Any of the following in the past year:

Subject Defined	CPT Codes	ICD and Other Codes	Taxonomy
Refusals	FOBT or FIT: 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 (old code) Flexible Sigmoidoscopy: 45330-45345, G0104 Colonoscopy: 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121, G9252, G9253	Flexible Sigmoidoscopy Procedure: ICD-9: 45.24, 45.42; ICD-10: 0DJD8ZZ Colonoscopy Procedure: ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ	V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 16.1

1. Added logic to colorectal cancer screening definition to look at the Problem List.
2. Added SNOMED data set PXR COLORECTAL CANCER to colorectal cancer definition (for Problem List only).
3. Added LOINC code 80372-6 to BGP FOBT LOINC CODES taxonomy.

Patient List Description

List of patients 50 through 75 with CRC screening or refusal, if any.

Measure Source

HEDIS, HP 2020 C-16

Measure Past Performance and Long-Term Targets:

Performance	Percent
IHS FY 2016 Performance	39.6%
IHS FY 2015 Performance	38.6%
IHS FY 2014 Performance	37.5%
IHS FY 2013 Performance	35.0%
<i>Former definition of CRC:</i>	
IHS FY 2012 Performance	46.1%
IHS FY 2011 Performance	41.7%
IHS FY 2010 Performance	37.0%
IHS FY 2009 Performance	33.0%
IHS FY 2008 Performance	29.0%
IHS FY 2007 Performance	26.0%
IHS FY 2006 Performance	22.0%
<i>HP 2020 Goal</i>	<i>70.5%</i>

Performance Improvement Tip

Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: HBE (barium enema); HCOL (colonoscopy); HFOB (Fecal Occult Blood); HSIG (sigmoidoscopy). Providers should also enter as a refusal if the patient refuses the colorectal cancer screening. Refusals may be entered with the data entry mnemonic of REF (refusal).

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DEMO INDIAN HOSPITAL							
Report Period: Jan 01, 2017 to Dec 31, 2017							
Previous Year Period: Jan 01, 2016 to Dec 31, 2016							
Baseline Period: Jan 01, 2010 to Dec 31, 2010							

Colorectal Cancer Screening (con't)							
REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical							

Pts 50-75 w/o CRC or Total Colectomy (GPRA)	403		399			379		
# w/ CRC Screening-No Refusals (GPRA)	38	9.4	60	15.0	-5.6	55	14.5	-5.1
# w/ CRC Screening Refusal	2	0.5	0	0.0	+0.5	0	0.0	+0.5
# w/ FOBT/FIT during Report Period	3	0.7	27	6.8	-6.0	32	8.4	-7.7
# w/ Flex Sig or Colonoscopy	35	8.7	34	8.5	+0.2	24	6.3	+2.4
Male Active Clinical Pts 50-75	178		174			160		
# w/ CRC Screening-No Refusals	14	7.9	19	10.9	-3.1	18	11.3	-3.4
# w/ CRC Screening Refusal	1	0.6	0	0.0	+0.6	0	0.0	+0.6
# w/ FOBT/FIT during Report Period	2	1.1	8	4.6	-3.5	10	6.3	-5.1
# w/ Flex Sig or Colonoscopy	12	6.7	12	6.9	-0.2	9	5.6	+1.1

Figure 2-41: Sample Report, Colorectal Cancer Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or refusal, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DANIELLE UP	000001	COMMUNITY #1	F	51	03/03/66
					FOB: 08/19/17 CPT G0107
PATIENT2,MARIE UP,AC	000002	COMMUNITY #1	F	51	05/10/66
					COLO: 02/12/15 Refused CPT
PATIENT3,MARY ANN UP,AC	000003	COMMUNITY #1	F	52	05/22/65
PATIENT4,BOBBIE UP,AC	000004	COMMUNITY #1	F	52	07/18/65
PATIENT5,WINONA UP,AC	000005	COMMUNITY #1	F	53	08/05/64
PATIENT6,DARLENE UP,AC	000006	COMMUNITY #1	F	54	08/04/63
					SIG: 04/07/13
					45.24
PATIENT7,JOYCE UP,AC	000007	COMMUNITY #1	F	57	06/27/60
					COLO: 07/07/15 POV V76.51

Figure 2-42: Sample Patient List, Colorectal Cancer Screening

2.6.4 Comprehensive Cancer Screening

GPRC Measure Description

Increase the proportion of patients ages 24 through 75 who received a comprehensive cancer screening.

Denominators

Active Clinical patients ages 24 through 75 who are eligible for cervical cancer, breast cancer, and/or colorectal cancer screening. (GPRC Developmental Denominator)

- a. *Active Clinical female patients* ages 24 through 75.
- b. *Active Clinical male patients* ages 50 through 75.

Numerators

Patients who have had all screenings for which they are eligible.

Note: This numerator does *not* include refusals. (GPRC Developmental Numerator)

- a. Female patients with cervical cancer, breast cancer, and/or colorectal cancer screening.
- b. Male patients with colorectal cancer screening.

Logic Description

Age is calculated at the beginning of the Report Period.

Cervical Cancer Screening definition: To be eligible for this screening, patients must be female Active Clinical ages 24 through 64 and not have a documented history of hysterectomy. Patients must be at least 24 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. To be counted as having the screening, the patient must have had a Pap Smear documented in the past 3 years, or if the patient is 30 to 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years.

CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	Procedure: ICD-9: 68.4-68.9; ICD-10: 0UT9*ZZ Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5; SNOMED data set PXRMBGP HYSTERECTOMY DX (Problem List only) Women's Health: Procedure called Hysterectomy.		
Pap Smear	88141-88154, 88160-88167, 88174-88175, G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	Lab: PAP SMEAR POV: ICD-9: V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10: R87.61*, R87.810, R87.820, Z01.42, Z12.4 Women's Health: Procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"	Yes	BGP PAP SMEAR TAX
HPV DNA Note: CRS will only search for a documented HPV DNA if the patient had a Pap Smear 3 to 5 years ago.	87620-87622	Lab: HPV POV: ICD-9: V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 Women's Health: Procedure called HPV Screen and where the result does NOT have "ERROR/DISREGARD"; Procedure called Pap Smear and where the HPV field equals Yes	Yes	BGP HPV TAX

Breast Cancer Screening definition: To be eligible for this screening, patients must be female Active Clinical ages 52 through 64 and not have a documented history ever of bilateral mastectomy or two separate unilateral mastectomies. Patients must be at least age 52 as of the beginning of the Report Period and must be less than 65 years of age as of the end of the Report Period. To be counted as having the screening, the patient must have had a Mammogram documented in the past 2 years.

CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 OR 19300-19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral) OR 19240, with modifier of 50 or 09950	Procedure: ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-10: Z90.13; SNOMED data set PXRMBGP BILAT MASTECTOMY (Problem List only)

Subject Defined	CPT Codes	ICD and Other Codes
Unilateral Mastectomy	<p>Two separate unilateral mastectomies defined as either of the following: 1) Must have one code that indicates a right mastectomy and one code that indicates a left mastectomy; or 2) Must have 2 separate occurrences on 2 different dates of service for one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side.</p> <p>Right Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.11; SNOMED data set PXR M BGP RIGHT MASTECTOMY (Problem List only); Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ.</p> <p>Left Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.12; SNOMED data set PXR M BGP LEFT MASTECTOMY (Problem List only); Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ.</p> <p>Mastectomy on unknown side: 1) CPT 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) Procedure ICD-9: 85.41, 85.43, 85.45, 85.47.</p>	
Mammogram	<p>Rad or CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202</p>	<p>POV: ICD-9: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast;</p> <p>ICD-10: R92.0, R92.1, R92.8, Z12.31</p> <p>Procedure: ICD-9: 87.36-87.37; ICD-10: BH00ZZZ, BH01ZZZ</p> <p>Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".</p>

Colorectal cancer screening definition: To be eligible for this screening, patients must be Active Clinical ages 50 through 75 and not have a documented history ever of colorectal cancer or total colectomy. To be counted as having the screening, patients must have had any of the following: (1) FOBT or FIT during the Report Period; (2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or (3) colonoscopy in the past 10 years.

The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer	G0213 through G0215, G0231	Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05; ICD-10: C18.*, C19, C20, C78.5, Z85.030, Z85.038; SNOMED data set PXRMCOLORECTALCANCER (Problem List only)		
Total Colectomy	44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210-44212	Procedure: ICD-9: 45.8*; ICD-10: 0DTE*ZZ		
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330 through 45345, G0104	Procedure: ICD-9: 45.24; ICD-10: 0DJD8ZZ		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colonoscopy	44388 through 44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121, G9252, G9253	Procedure: ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ		

Key Logic Changes from CRS Version 16.1

1. Removed ICD-10 code Z90.711 from hysterectomy definition.
2. Updated hysterectomy definition to include inactive Problem List items.
3. Added SNOMED data set PXRMBGP HYSTERECTOMY DX to hysterectomy definition (for Problem List only).
4. Added logic to look at the Problem List for bilateral and unilateral mastectomies.
5. Added SNOMED data set PXRMBGP BILAT MASTECTOMY to bilateral mastectomy definition (for Problem List only).
6. Added SNOMED data set PXRMBGP RIGHT MASTECTOMY to right mastectomy definition (for Problem List only).

7. Added SNOMED data set PXRMBGP LEFT MASTECTOMY to left mastectomy definition (for Problem List only).
8. Added logic to colorectal cancer screening definition to look at the Problem List.
9. Added SNOMED data set PXRMCOLORECTAL CANCER to colorectal cancer definition (for Problem List only).
10. Added LOINC code 80372-6 to BGP FOBT LOINC CODES taxonomy.

Patient List Description

List of patients 25 through 75 with comprehensive cancer screening, if any.

Measure Source

Not Available

Measure Past Performance and Long-Term Targets

None

Performance Improvement Tip

- Providers should ask about and record off-site Pap tests (date received and location) on PCC forms. Data entry mnemonic: HPAP
- Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: HRAD.
- Providers should ask about and record off-site historical colorectal cancer tests (test type, date received and location) on PCC forms. Data entry mnemonics: HBE (barium enema); HCOL (colonoscopy); HFOB (Fecal Occult Blood); HSIG (sigmoidoscopy).

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*** IHS 2017 Selected Measures with Community Specified Report ***							
DEMO INDIAN HOSPITAL							
Report Period: Jan 01, 2017 to Dec 31, 2017							
Previous Year Period: Jan 01, 2016 to Dec 31, 2016							
Baseline Period: Jan 01, 2010 to Dec 31, 2010							

Comprehensive Cancer Screening							
	REPORT	%	PREV YR	%	CHG from	BASE	%
	PERIOD		PERIOD		PREV YR %	PERIOD	BASE %
Active Clinical							
Pts 24-75 (GPRA							
Dev.)	761		761			730	

# w/ Comp Cancer Screening-No Refusals (GPRA Dev.)	170	22.3	215	28.3	-5.9	189	25.9	-3.6
A. Female Active Clinical Pts 24-75	583		587			570		
A. # Female w/ All Screens	156	26.8	196	33.4	-6.6	171	30.0	-3.2
B. Male Active Clinical Pts 50-75	178		174			160		
B. # Male w/ CRC Screen	14	7.9	19	10.9	-3.1	18	11.3	-3.4

Figure 2-43: Sample Report, Comprehensive Cancer Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Comprehensive Cancer Screening: List of patients 21-80 with comprehensive cancer screening, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DANIELLE AC,PAP	000001	COMMUNITY #1 PAP: 05/05/16	F	21	06/05/96
PATIENT2,MARIE AC,PAP	000002	COMMUNITY #1	F	51	11/20/66
PATIENT3,MARY ANN AC,PAP,MAM,CRCS 03/16/12 Proc 45.22	000003	COMMUNITY #1 PAP: 06/12/17 Lab; MAM: 07/06/16 CPT 77055; CRCS:	F	52	08/15/65
PATIENT4,BOBBIE AC,CRCS	000004	COMMUNITY #1 CRCS: 07/20/17	F	53	04/04/64
PATIENT5,WINONA AC,MAM	000005	COMMUNITY #1 MAM: 10/01/16 CPT 77052	F	57	01/18/60
PATIENT6,HARRY AC,CRCS	000006	COMMUNITY #1 CRCS: 04/07/13 Proc 45.24	M	56	05/09/61
PATIENT7,LARRY AC,CRCS	000007	COMMUNITY #1	M	57	06/17/60
PATIENT8,BARRY AC,CRCS	000008	COMMUNITY #1 CRCS: 02/18/17 CPT 45330	M	63	10/22/54

Figure 2-44: Sample Patient List, Comprehensive Cancer Screening

2.6.5 Tobacco Use and Exposure Assessment

Denominators

Active Clinical patients ages 5 and older. Broken down by gender and age groups (5 through 13, 14 through 17, 18 through 24, 25 through 44, 45 through 64, and 65 and older), based on HP 2010 age groups.

Pregnant female User Population patients with no documented miscarriage or abortion.

User Population patients ages 5 and older. Broken down by gender.

Numerators

Patients who have been screened for tobacco use during the Report Period.

Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.

- a. Patients identified as current smokers during the Report Period.
- b. Patients identified as current smokeless tobacco users during the Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS) (second-hand smoke) during the Report Period.

Logic Description

Ages are calculated at beginning of Report Period.

For screening, an additional eight months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.

CRS uses the following codes to define the denominators and numerators:

Subject Defined	CPT Codes	ICD and Other Codes
<p>Pregnancy (Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (Clinic Code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes". The time period is extended to include patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.</p>	<p>CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828</p>	<p>POV: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.*, O60.0*, O61.*-O66.*, O68, O69.*, O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.*, O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.*, Z36</p> <p>Procedure: ICD-9: 72.*, 73.*, 74.*</p>
<p>Miscarriage (after second pregnancy POV in past 20 months)</p>	<p>59812, 59820, 59821, 59830</p>	<p>POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9</p>

Subject Defined	CPT Codes	ICD and Other Codes
Abortion (after second pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	POV: ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2 Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0**, 3E1K78Z, 3E1K88Z
Screened for Tobacco Use (time frame for pregnant patients is past 20 months)	D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8453 (old code), G8455- G8457 (old codes), G8402 (old code), G9275, G9276, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non- User), 1000F (Tobacco Use Assessed)	POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 305.1, 305.1* (old codes), 649.00-649.04, V15.82; ICD-10: F17.2*, O99.33*, Z72.0, Z87.891; SNOMED data set PXRMBGP TOBACCO SCREENED (Problem List only) Patient Education codes: Containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code), G8453 (old code), G9275, G9276, or SNOMED codes 160603005, 160604004, 160605003, 160606002, 160619003, 191887008, 191888003, 191889006, 228494002, 228504007, 228514003, 228515002, 228516001, 228517005, 228518000, 230059006, 230060001, 230062009, 230063004, 230064005, 230065006, 266920004, 428041000124106, 428061000124105, 428071000124103, 449868002, 59978006, 65568007, 77176002, 81703003, 82302008, 89765005 Dental code: 1320
Tobacco Users (time frame for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9276	POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 305.1, 305.10-305.12 (old codes), or 649.00-649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0; SNOMED data set PXRMBGP CURRENT TOBACCO (Problem List only) Dental code: 1320
Current Smokers (time frame for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), G8455 (old code), G8402 (old code), G8453 (old code)	POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 305.1, 305.10-305.12 (old codes), or 649.00-649.04; ICD-10: F17.200, F17.203-F17.210, F17.213-F17.290, F17.293-F17.299, O99.33*; SNOMED data set PXRMBGP TOBACCO SMOKER (Problem List only) Dental code: 1320

Subject Defined	CPT Codes	ICD and Other Codes
Current Smokeless (time frame for pregnant patients is past 20 months)	1035F (Current Smokeless Tobacco User), G8456 (old code)	POV or Problem List entry where the status is not Inactive or Deleted: ICD-10: F17.220, F17.223-F17.229; SNOMED data set PXRMBGP TOBACCO SMOKELESS (Problem List only)

For numerator definitions, all existing national Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS–CHEWING/DIP), and TOBACCO (EXPOSURE) Health Factors are listed below with the numerator to which they apply.

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened; Tobacco Users; Smokeless User
Cessation-Smoker	Screened; Tobacco Users; Smoker
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Current Smoker, status unknown	Screened; Tobacco Users; Smoker
Current smoker, every day	Screened; Tobacco Users; Smoker
Current smoker, some day	Screened; Tobacco Users; Smoker
Heavy Tobacco Smoker	Screened; Tobacco Users; Smoker
Light Tobacco Smoker	Screened; Tobacco Users; Smoker
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous (Former) Smokeless	Screened
Previous Smoker	Screened
Previous (Former) Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXRMBGP TOBACCO EVER SMOKED to tobacco-related diagnosis definition (for Problem List only).

Patient List Description

List of patients 5 and older with documented tobacco screening, if any.

Measure Source

HP 2020 TU-1.1 Cigarette smoking 18 and older; TU-1.2 Smokeless tobacco use 18 and older; TU-11 Exposure to ETS-nonsmokers 3 and older

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance (Screening)	68.7%
IHS FY 2015 Performance (Screening)	67.5%
IHS FY 2014 Performance (Screening)	67.3%
IHS FY 2013 Performance (Screening)	66.6%
IHS FY 2012 Performance (Screening)	64.3%
IHS FY 2011 Performance (Screening)	62.0%
IHS FY 2010 Performance (Screening)	60.0%
IHS FY 2009 Performance (Screening)	57.0%
IHS FY 2008 Performance (Screening)	54.0%
IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%

Performance	Percent
IHS FY 2016 Performance (Tobacco Users)	25.7%
IHS FY 2015 Performance (Tobacco Users)	27.4%
IHS FY 2014 Performance (Tobacco Users)	28.1%
IHS FY 2013 Performance (Tobacco Users)	28.6%
IHS FY 2012 Performance (Tobacco Users)	30.7%
IHS FY 2011 Performance (Tobacco Users)	31.6%
IHS FY 2010 Performance (Tobacco Users)	27.0%
IHS FY 2009 Performance (Tobacco Users)	26.0%
IHS FY 2008 Performance (Tobacco Users)	29.0%
<i>HP 2020 Goals: TU-1.1 (Cigarette smoking 18 and older): 12%; TU-1.2 (Smokeless tobacco use 18 and older): 0.3%; TU-11 (Exposure to ETS-non smokers 18 and older): 68%</i>	

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DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2017 to Dec 31, 2017

Previous Year Period: Jan 01, 2016 to Dec 31, 2016

Baseline Period: Jan 01, 2010 to Dec 31, 2010

Tobacco Use and Exposure Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
%	PREV YR PERIOD	%	CHG from BASE PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 5+	1,861		1,921			1,914			
# w/ Tobacco Screening	358	19.2	1,182	61.5	-42.3	1,288	67.3	-48.1	
# Tobacco Users w/ % of Total Screened	74	20.7	236	20.0	+0.7	297	23.1	-2.4	
A. # Smokers w/ % of Total Tobacco Users	70	94.6	227	96.2	-1.6	279	93.9	+0.7	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	6	8.1	15	6.4	+1.8	22	7.4	+0.7	
# Exposed to ETS/Smoker in home w/ % of Total Screened	27	7.5	109	9.2	-1.7	70	5.4	+2.1	
Male Active Clinical Pts 5+	835		893			896			
# w/ Tobacco Screening	148	17.7	501	56.1	-38.4	548	61.2	-43.4	
# Tobacco Users w/ % of Total Screened	39	26.4	136	27.1	-0.8	190	34.7	-8.3	
A. # Smokers w/ % of Total Tobacco Users	36	92.3	131	96.3	-4.0	178	93.7	-1.4	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	5	12.8	10	7.4	+5.5	13	6.8	+6.0	
# Exposed to ETS/Smoker in home w/ % of Total Screened	15	10.1	49	9.8	+0.4	28	5.1	+5.0	
Female Active Clinical Pts 5+	1,026		1,028			1,018			
# w/ Tobacco Screening	210	20.5	681	66.2	-45.8	740	72.7	-52.2	
# Tobacco Users w/ % of Total Screened	35	16.7	100	14.7	+2.0	107	14.5	+2.2	
A. # Smokers w/ % of Total Tobacco									

Users	34	97.1	96	96.0	+1.1	101	94.4	+2.8
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	2.9	5	5.0	-2.1	9	8.4	-5.6
# Exposed to ETS/Smoker in home w/ % of Total Screened	12	5.7	60	8.8	-3.1	42	5.7	+0.0

Figure 2-45: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

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 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Tobacco Use and Exposure Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION					
	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65+
CURRENT REPORT PERIOD						
# Active Clinical	393	135	267	526	413	127
# w/ Tobacco Screening	59	18	50	94	101	36
% w/ Tobacco Screening	15.0	13.3	18.7	17.9	24.5	28.3
# Tobacco Users	2	3	18	22	24	5
% Tobacco Users w/ % of Total Screened	3.4	16.7	36.0	23.4	23.8	13.9
A. # Smokers	2	3	18	22	22	3
A. % Smokers w/ % of Total Tobacco Users	100.0	100.0	100.0	100.0	91.7	60.0
B. # Smokeless	0	0	2	1	3	0
B. % Smokeless w/ % of Total Tobacco Users	0.0	0.0	11.1	4.5	12.5	0.0
# ETS/Smk Home	4	2	3	6	8	4
% ETS/Smk Home w/ % of Total Screened	6.8	11.1	6.0	6.4	7.9	11.1
PREVIOUS YEAR PERIOD						
# Active Clinical	394	149	298	536	426	118
# w/ Tobacco Screening	201	83	149	365	301	83
% w/ Tobacco Screening	51.0	55.7	50.0	68.1	70.7	70.3
# Tobacco Users	3	7	41	107	64	14
% Tobacco Users w/ % of Total Screened	1.5	8.4	27.5	29.3	21.3	16.9
A. # Smokers	2	7	41	100	64	13
A. % Smokers w/ % of						

Total Tobacco Users	66.7	100.0	100.0	93.5	100.0	92.9
B. # Smokeless	1	0	1	10	2	1
B. % Smokeless w/ % of Total Tobacco Users	33.3	0.0	2.4	9.3	3.1	7.1
# ETS/Smk Home	11	2	14	37	35	10
% ETS/Smk Home w/ % of Total Screened	5.5	2.4	9.4	10.1	11.6	12.0
CHANGE FROM PREV YR %						
# w/ Tobacco Screening	-36.0	-42.4	-31.3	-50.2	-46.2	-42.0
Tobacco Users	+1.9	+8.2	+8.5	-5.9	+2.5	-3.0
A. # Smokers	+33.3	+0.0	+0.0	+6.5	-8.3	-32.9
B. # Smokeless	-33.3	+0.0	+8.7	-4.8	+9.4	-7.1
ETS	+1.3	+8.7	-3.4	-3.8	-3.7	-0.9

Figure 2-46: Sample Age Breakdown Report, Tobacco Use Assessment

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Tobacco Use and Exposure Assessment: List of patients 5 and older with documented tobacco screening, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,CHESTER UP,AC	000001	COMMUNITY #1 01/10/17 SCREEN	M	7	06/05/10
PATIENT2,JUAN UP	000002	COMMUNITY #1	M	19	07/07/98
PATIENT3,BEN UP	000003	COMMUNITY #1	M	22	05/18/95
PATIENT4,MARY UP,AC,PREG	000004	COMMUNITY #2 04/10/17 SCREEN, 04/10/17 USER, 04/10/17 SMOKELESS	F	35	03/31/82
PATIENT5,HARRY B UP	000005	COMMUNITY #2 03/15/17 SCREEN	M	13	09/02/04
PATIENT6,EMERSON UP,AC	000006	COMMUNITY #2 05/21/17 SCREEN, 05/21/17 USER, 05/21/17 SMOKER, 05/21/17 ETS	M	15	11/19/02
PATIENT7,EUGENE JAY UP	000007	COMMUNITY #3	M	29	05/18/88
PATIENT8,ROGER UP,AC	000008	COMMUNITY #3 01/21/17 SCREEN, 01/21/17 USER, 01/21/17 SMOKER	M	31	08/04/86
PATIENT9,ANDREW UP	000009	COMMUNITY #3	M	42	09/15/75

Figure 2-47: Sample Patient List, Tobacco Use Assessment

2.6.6 Tobacco Cessation

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 53.2% for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use.

Denominators

Active Clinical patients identified as current tobacco users or tobacco users in cessation. Broken down by gender and age groups (less than (<) 12, 12 through 17, 18 and older (GPRA Denominator).)

User Population patients identified as current tobacco users or tobacco users in cessation.

Numerators

Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the Report Period.

Note: This numerator does *not* include refusals.

Patients identified as having quit their tobacco use anytime during the Report Period.

Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period. (GPRA Numerator)

Note: This numerator does *not* include refusals.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Logic

Current Tobacco Users or Tobacco Users in Cessation:

CRS will search first for all health factors in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories documented during the Report Period.

If health factor(s) are found and at least one of them is one of the health factors listed below, the patient is counted as a current tobacco user or tobacco user in cessation. The patient is not counted as receiving cessation counseling.

Tobacco User Health Factors (TUHF):

- Cessation-Smoker
- Cessation-Smokeless
- Current Smoker
- Current Smokeless
- Current Smoker and Smokeless
- Current Smoker, status unknown
- Current Smoker, every day
- Current Smoker, some day
- Heavy Tobacco Smoker
- Light Tobacco Smoker

If a health factor is found and it is NOT a TUHF, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user.

If no TUHF was found, CRS will then search for any of the following codes documented during the Report Period:

- Tobacco-related diagnoses (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 305.1, 305.10-305.12 (old codes), or 649.00-649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0; SNOMED data set PXRMBGP CURRENT TOBACCO (Problem List only).
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9276.

If any of these codes are found, the patient will be considered a tobacco user.

If no TUHF or other tobacco user-defining code listed above was found during the specified timeframe, CRS will then search for the most recent health factor in both the TOBACCO (SMOKING) and TOBACCO (SMOKELESS – CHEWING/DIP) categories documented during an EXPANDED timeframe of any time prior to the Report Period. For example, a patient with the most recent health factor being documented five years prior to the Report Period.

Note: If multiple health factors were documented on the same date and if any of them are TUHF's, all of the health factors will be considered as TUHF's.

If a health factor is found during the expanded timeframe, and is a TUHF, the patient will be considered a potential tobacco user.

If a health factor is found during the expanded timeframe and it is not one of the TUHF's, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a potential tobacco user.

If no health factor was found, CRS will then search for any of the following codes documented through the beginning of the Report Period:

- Tobacco-related diagnoses (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 305.1, 305.10-305.12 (old codes), or 649.00-649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0; SNOMED data set PXRMBGP CURRENT TOBACCO (Problem List only).
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9276.

If any of these codes are found, the patient will be considered a potential tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

If the patient is considered a potential tobacco user, CRS will then search for diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 305.13 Tobacco use in remission (old code), V15.82; ICD-10: F17.2*1, Z87.891; SNOMED data set PXRMBGP QUIT TOBACCO (Problem List only) with a date occurring after the health factor date and through the beginning of the report period. If one of these diagnoses is found, the patient will be considered as having quit their tobacco use and will not be included in the denominator. If a diagnosis is not found, the patient is included as a current tobacco user and will be included in the denominator.

Numerator Logic

Tobacco Cessation Counseling

Any of the following documented anytime during the Report Period:

- Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453, or SNOMED codes 160603005, 160604004, 160605003, 160606002, 160619003, 191887008, 191888003, 191889006, 228494002, 228504007, 228514003, 228515002, 228516001, 228517005, 228518000, 230059006, 230060001, 230062009, 230063004, 230064005, 230065006, 266920004, 428041000124106, 428061000124105, 428071000124103, 449868002, 59978006, 65568007, 77176002, 81703003, 82302008, 89765005
- Clinic code 94 (tobacco cessation clinic)
- Dental code 1320
- CPT code D1320, 99406, 99407 , G0375 (old code), G0376 (old code), 4000F, G8402 or G8453

Prescription for Tobacco Cessation Aid

Any of the following documented anytime during the Report Period:

- Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy that does not have a comment of RETURNED TO STOCK.
- Prescription for any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY” that does not have a comment of RETURNED TO STOCK.
- CPT 4001F

Quit Tobacco Use

Any of the following documented anytime during the Report Period through the end of the Report Period AND after the date of the code found indicating the patient was a current tobacco user.

- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 305.13 Tobacco use in remission (old code), V15.82; ICD-10: F17.2*1, Z87.891; SNOMED data set PXRMBGPQUIT TOBACCO (Problem List only)
- Health Factor (looks at the last documented health factor): Previous Smoker, Previous Smokeless, Previous (former) smoker, Previous (former) smokeless

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXRMBGPQUITTOBACCO to quit tobacco definition (for Problem List only).
2. Added SNOMED data set PXRMBGPCURRENTTOBACCO to tobacco user definition (for Problem List only).

Patient List Description

List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

Measure Source

Smoking Cessation Attempts: HP 2020 TU-4

Smoking Cessation Counseling: HP 2020 TU-10

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	50.4%
IHS FY 2015 Performance	52.1%
IHS FY 2014 Performance	48.2%
IHS FY 2013 Performance	45.7%
IHS FY 2012 Performance	36.4%
<i>Former definition:</i>	
IHS FY 2012 Performance	35.2%
IHS FY 2011 Performance	29.4%
IHS FY 2010 Performance	25.0%
IHS FY 2009 Performance	24.0%
IHS FY 2008 Performance	21.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	12.0%
<i>HP 2020 goal for increasing smoking cessation attempts for adult smokers</i>	<i>80.0%</i>

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DEMO INDIAN HOSPITAL		
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Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Tobacco Cessation (con't)		

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Tobacco Users/In Cessation	483		560			436		
# w/ Tobacco Cessation Counseling or Rx for Cessation Aid, or Quit-No Refusals	39	8.1	141	25.2	-17.1	150	34.4	-26.3
Active Clinical Tobacco Users/In Cessation (GPRA)	424		512			417		
# w/ Tobacco Cessation Counseling or Rx for Cessation Aid-No Refusals	26	6.1	100	19.5	-13.4	113	27.1	-21.0
# Quit	12	2.8	44	8.6	-5.8	40	9.6	-6.8
# w/ Tobacco Cessation Counseling, Rx for Cessation Aid, or Quit-No Refusals (GPRA)	37	8.7	135	26.4	-17.6	148	35.5	-26.8
Male Active Clinical Tobacco Users/In Cessation	252		307			253		
# w/ Tobacco Cessation Counseling or Rx for Cessation Aid-No Refusals	12	4.8	52	16.9	-12.2	65	25.7	-20.9
# Quit	8	3.2	21	6.8	-3.7	19	7.5	-4.3
# w/ Tobacco Cessation Counseling, Rx for Cessation Aid, or Quit-No Refusals	20	7.9	72	23.5	-15.5	81	32.0	-24.1
Female Active Clinical Tobacco Users/In Cessation	172		205			164		
# w/ Tobacco Cessation Counseling or Rx for Cessation Aid-No Refusals	14	8.1	48	23.4	-15.3	48	29.3	-21.1
# Quit	4	2.3	23	11.2	-8.9	21	12.8	-10.5
# w/ Tobacco Cessation								

Counseling, Rx for Cessation Aid, or Quit-No Refusals	17	9.9	63	30.7	-20.8	67	40.9	-31.0
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Figure 2-48: Sample Report, Tobacco Cessation

Tobacco Cessation (con't)			
	ACTIVE CLINICAL TOBACCO USERS		
	Age Distribution		
	<12	12-17	18+
CURRENT REPORT PERIOD			
AC Tob Users/in Cess	8	16	400
# w/ Tobacco Cessation Counseling or RX for Cessation Aid- No Refusals	1	1	24
% w/ Tobacco Cessation Counseling or Rx for Cessation Aid- No Refusals	12.5	6.3	6.0
# Quit	0	0	12
% Quit	0.0	0.0	3.0
# w/ Tobacco Cessation Counseling, Rx for Cessation Aid or Quit- No Refusals	1	1	35
% w/ Tobacco Cessation Counseling, Rx for Cessation Aid or Quit- No Refusals	12.5	6.3	8.8
PREVIOUS YEAR PERIOD			
AC Tob Users/in Cess	11	23	478
# w/ Tobacco Cessation Counseling or RX for Cessation Aid- No Refusals	4	2	94
% w/ Tobacco Cessation Counseling or Rx for Cessation Aid- No Refusals	36.4	8.7	19.7
# Quit	2	3	39
% Quit	18.2	13.0	8.2
# w/ Tobacco Cessation Counseling, Rx for Cessation Aid or Quit- No Refusals	6	5	124
% w/ Tobacco Cessation Counseling, Rx for Cessation Aid or Quit- No Refusals	54.5	21.7	25.9
CHANGE FROM PREV YR %			
w/ Tobacco Cessation Counseling or RX for Cessation Aid- No Refusals	-23.9	-2.4	-13.7
# Quit	-18.2	-13.0	-5.2
# w/ Tobacco Cessation			

Counseling, Rx for Cessation Aid or Quit- No Refusals	-42.0	-15.5	-17.2
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Figure 2-49: Sample Age Breakdown Report, Tobacco Cessation

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Tobacco Cessation: List of tobacco users with tobacco cessation intervention,
if any, or who have quit tobacco use.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, BRITNEY UP, AC	000001	COMMUNITY #1 COUNSEL/RX: 06/10/17 CPT G0375	F	22	08/04/95
PATIENT2, LORETTA UP, AC	000002	COMMUNITY #1 COUNSEL/RX: 01/13/17 305.1-DP	F	22	09/19/95
PATIENT3, HALEY UP, AC	000003	COMMUNITY #1 COUNSEL/RX: 02/19/17 TO-LA	F	25	04/01/92
PATIENT4, ANGEL UP, AC	000004	COMMUNITY #1 COUNSEL/RX: 03/05/17 CPT 4000F	F	30	06/15/87
PATIENT5, JOYCE UP, AC	000005	COMMUNITY #1 QUIT: PREVIOUS (FORMER) SMOKER 05/31/17	F	31	05/22/86
PATIENT6, ESTHER UP, AC TRANSDERMAL PATCH	000006	COMMUNITY #1 COUNSEL/RX: 03/05/17 CESSATION MED - NICOTINE 14MG	F	32	09/23/85
PATIENT7, SARAH UP, AC	000007	COMMUNITY #1	F	33	06/15/84
PATIENT8, PAULA UP, AC	000008	COMMUNITY #1 COUNSEL/RX: 03/17/17 TO-QT	F	34	07/04/83

Figure 2-50: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance Measure Topics

2.7.1 Alcohol Screening

GPRA Measure Description

During GPRA Year 2017, establish a baseline for the proportion of patients ages 12 to 75 who receive screening for alcohol use.

Denominators

Active Clinical Plus BH patients ages 12 through 75. Broken down by age groups: 12-19, 20-24, 25-34, 35-44, 45-54, and 55-75. (GPRA Denominator)

Active Clinical Plus BH patients ages 12 through 75 screened for alcohol use during the Report Period, not including refusals or patient education. Broken down by age groups: 12-19, 20-24, 25-34, 35-44, 45-54, and 55-75.

Note: This denominator does *not* include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education.

Female Active Clinical patients ages 14 through 46.

Female Active Clinical patients ages 14 through 46 screened for alcohol use during the Report Period.

Note: This denominator does *not* include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education.

User Population patients ages 12 through 75.

Numerators

Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.

Note: This numerator does *not* include refusals or alcohol-related patient education. (GPRA Numerator)

Patients with alcohol-related patient education during the Report Period.

Patients who were screened positive for alcohol use.

Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the Report Period.

Note: This numerator does *not* include refusals.

- a. Patients with alcohol screening during the report period.
- b. Patients with alcohol-related diagnosis or procedure during the report period
- c. Patients with alcohol-related patient education during the report period.

Logic Description

Ages are calculated at beginning of Report Period.

Alcohol screening definition: Any of the following during the Report Period: (a) Alcohol Screening Exam, any CAGE Health Factor, or Screening Diagnosis; (b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; (c) Alcohol-related procedure; or (d) Patient education.

Subject Defined	ICD and Other Codes
Alcohol Screening	Exam Code: 35 CPT code: 99408, 99409, G0396, G0397, H0049, H0050, 3016F Any CAGE Health Factor POV: ICD-9: V11.3 (history of alcoholism), V79.1 (screening for alcoholism) BHS Problem Code: 29.1 (Screening for Alcoholism) Measurement in PCC or BHS: AUDT, AUDC, or CRFT
Alcohol-related Diagnosis	POV, Current PCC or BHS Problem List: ICD-9: 303.*, 305.0*, 291.*, 357.5*; ICD-10: F10.1*, F10.20, F10.220-F10.29, F10.920-F10.982, F10.99, G62.1; SNOMED data set PXRMBGP ETOH RELATED DX (Problem List only) BHS POV or Problem Codes: 10, 12.1, 14.2, 17.1, 18.1, 20.1, 22.1, 27, 29
Alcohol-related Procedure	Procedure: ICD-9: 94.46, 94.53, 94.61-94.63, 94.67-94.69
Alcohol-related Education	Patient Education codes: "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or containing V11.3, V79.1, 303.*, 305.0*, 291.* 357.5*, 99408, 99409, G0396, G0397, H0049, H0050, 3016F, or SNOMED codes 15167005, 18653004, 191471000, 191475009, 191476005, 191477001, 191478006, 191480000, 191802004, 191804003, 191805002, 191811004, 191812006, 191813001, 19303008, 281004, 284591009, 288281000119100, 29212009, 30491001, 34938008, 41083005, 42344001, 53936005, 61144001, 66590003, 7052005, 7200002, 73097000, 78524005, 79578000, 8635005
Positive Screen for Alcohol Use	Exam Code: 35 Alcohol Screening result of "Positive" Health Factor: CAGE result of 1/4, 2/4, 3/4 or 4/4 CPT: G0396, G0397, 99408, 99409 Measurement Result in PCC: AUDT result of greater than or equal to (>=) 8, AUDC result of greater than or equal to (>=) 4 for men and greater than or equal to (>=) 3 for women, CRFT result of 2-6

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than four drinks in one day?

For Men:

When was the last time you had more than five drinks in one day?

Any time in the past 3 months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?
5. Based on how many YES answers are received, document Health Factor:
 - HF-CAGE 0/4 (all “No” answers)
 - HF-CAGE 1/4
 - HF-CAGE 2/4
 - HF-CAGE 3/4
 - HF-CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 16.1

1. Changed topic to Alcohol Screening from Alcohol Screening (FAS Prevention)
2. Moved measures from GPRA Developmental report to Selected Measures report.
3. Changed GPRA measure to Universal Alcohol Screening measure.
4. Removed User Pop FAS measures.

5. Added new measure with User Pop denominator.
6. Added SNOMED data set PXRMBGP ETOH RELATED DX to alcohol-related diagnosis definition (for Problem List only).

Patient List Description

List of patients with documented alcohol screening and result, if any.

Measure Source

HP 2010 16-17a

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2016 Performance (FAS prevention)	67.2%
IHS FY 2015 Performance (FAS prevention)	66.6%
IHS FY 2014 Performance (FAS prevention)	66.0%
IHS FY 2013 Performance (FAS prevention)	65.7%
IHS FY 2012 Performance (FAS prevention)	63.8%
IHS FY 2011 Performance (FAS prevention)	57.8%
IHS FY 2010 Performance (FAS prevention)	55.0%
IHS FY 2009 Performance (FAS prevention)	52.0%
IHS FY 2008 Performance (FAS prevention)	47.0%
IHS FY 2007 Performance (FAS prevention)	41.0%
IHS FY 2006 Performance (FAS prevention)	28.0%
IHS FY 2005 Performance (FAS prevention)	11.0%
IHS FY 2004 Performance (FAS prevention)	7.0%

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Alcohol Screening (FAS Prevention)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC+BH ages 12-75 (GPRA)	1,517		1,581			1,582		
# w/ Alcohol Screening/Dx/Proc-No								

Refusals or Pt Ed (GPRA)	335	22.1	1,014	64.1	-42.1	1,076	68.0	-45.9
# w/ Alcohol-Related Education	24	1.6	88	5.6	-4.0	36	2.3	-0.7
AC+BH ages 12-75 w/ Alcohol Screening	295		950			975		
# w/ Positive Alcohol Screen (GPRA Dev.)	83	28.1	217	22.8	+5.3	221	22.7	+5.5
Female Active Clinical Pts 14-46	537		549			534		
# w/ Alcohol Screening/Dx/Proc/Pt Ed-No Refusals	141	26.3	372	67.8	-41.5	386	72.3	-46.0
A. # w/ Alcohol Screening w/ % of Total Screened	119	84.4	346	93.0	-8.6	359	93.0	-8.6
B. # w/ Alcohol-Related Dx or Procedure w/ % of Total Screened	17	12.1	19	5.1	+6.9	26	6.7	+5.3
C. # w/ Alcohol-Related Education w/ % of Total Screened	15	10.6	35	9.4	+1.2	14	3.6	+7.0
Female Active Clinical Pts 14-46 w/ Alcohol Screening	119		346			359		
# w/ Positive Alcohol Screen	29	24.4	66	19.1	+5.3	65	18.1	+6.3
User Pop Pts 12-75	1,773		1,814			1,813		
# w/ Alcohol Screening/Dx/Proc-No Refusals or Pt Ed	348	19.6	1,054	58.1	-38.5	1,099	60.6	-41.0

Figure 2-51: Sample Report, Alcohol Screening

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*** IHS 2017 Selected Measures with Community Specified Report ***		
DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Alcohol Screening (con't)		
ACTIVE CLINICAL POPULATION		

	Age Distribution					
	12-19	20-24	25-34	35-44	45-54	55-75
CURRENT REPORT PERIOD						
Total Active Clinical	285	188	319	210	226	289
# w/ Alcohol Screening/Dx/ Proc-No Refusals or Pt Ed	57	43	70	41	62	62
% w/ Alcohol Screening/Dx/ Proc-No Refusals or Pt Ed	20.0	22.9	21.9	19.5	27.4	21.5
# w/ Alcohol-Related Education	6	6	5	2	3	2
% w/ Alcohol-Related Education	2.1	3.2	1.6	1.0	1.3	0.7
# Active Clinical w/ Alcohol Screening	49	37	65	33	56	55
# w/ Positive Alcohol Screen	14	11	22	11	18	7
% w/ Positive Alcohol Screen	28.6	29.7	33.8	33.3	32.1	12.7
PREVIOUS YEAR PERIOD						
Total Active Clinical	307	209	325	213	251	276
# w/ Alcohol Screening/Dx/ Proc-No Refusals or Pt Ed	157	111	223	153	168	202
% w/ Alcohol Screening/Dx/ Proc-No Refusals or Pt Ed	51.1	53.1	68.6	71.8	66.9	73.2
# w/ Alcohol-Related Education	45	4	7	11	11	10
% w/ Alcohol-Related Education	14.7	1.9	2.2	5.2	4.4	3.6
# Active Clinical w/ Alcohol Screening	144	100	205	143	159	199
# w/ Positive Alcohol Screen	21	28	59	41	44	24
% w/ Positive Alcohol Screen	14.6	28.0	28.8	28.7	27.7	12.1
CHANGE FROM PREV YR %						
w/ Alcohol Screening/Dx/ Proc-No Refusals or Pt Ed	-31.1	-30.2	-46.7	-52.3	-39.5	-51.7
w/ Alcohol related Educ	-12.6	+1.3	-0.6	-4.2	-3.1	-2.9
w/ Positive Alcohol Screen	+14.0	+1.7	+5.1	+4.7	+4.5	+0.7

Figure 2-52: Sample Age Breakdown Report, Alcohol Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Alcohol Screening: List of patients with documented alcohol screening and result, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,CHRISTINE S UP	000001	COMMUNITY #1	F	15	05/25/02
PATIENT2,RITA A UP,AC+BH POV V11.3	000002	COMMUNITY #1 SCREEN: 03/06/17	F	15	07/21/02
PATIENT3,DIANE L UP	000003	COMMUNITY #1	F	15	07/30/02
PATIENT4,ALICIA UP,AC,AC+BH	000004	COMMUNITY #1	F	15	10/22/02
PATIENT5,MELISSA UP,AC+BH	000005	COMMUNITY #1 PT ED: 02/13/17 99408-P	F	16	03/11/01
PATIENT6,LISA MARIE UP,AC+BH	000006	COMMUNITY #1 SCREEN: 10/13/17 HF CAGE 1/4	F	16	05/22/01
PATIENT7,RUTH NELLIE UP	000007	COMMUNITY #1	F	16	07/18/01
PATIENT8,ALISHA DAWN UP,AC,AC+BH	000008	COMMUNITY #1 SCREEN: 03/03/17 CPT 3016F	F	16	09/09/01

Figure 2-53: Sample Patient List, Alcohol Screening

2.7.2 Screening, Brief Intervention, and Referral to Treatment (SBIRT)

GPRA Measure Description

During GPRA Year 2017, establish a baseline for the proportion of patients ages 9 through 75 who screened positive for risky or harmful alcohol use and who received a Brief Negotiated Interview (BNI) or Brief Intervention (BI) within 7 days of screen.

Denominators

Active Clinical Plus BH patients ages 9 through 75. Broken down by gender and age groups (9 through 12, 13 through 18, 19 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 64, and 65 through 75).

Active Clinical Plus BH patients age 9 through 75 years screened positive for risky or harmful alcohol use during the Report Period. Broken down by gender and age groups (9 through 12, 13 through 18, 19 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 64, and 65 through 75). (GPRA Denominator)

User Population patients age 9 through 75 years screened positive for risky or harmful alcohol use during the Report Period.

Numerators

Patients screened in Ambulatory Care for risky or harmful alcohol use.

- a. Patients screened positive for risky or harmful alcohol use.
- b. Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in Ambulatory care within 7 days of screen.

Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in Ambulatory Care within 7 days of screen. (GPRA Numerator)

- a. Patients who received a BNI/BI on same day as screen.
- b. Patients who received a BNI/BI 1-3 days after screen.
- c. Patients who received a BNI/BI 4-7 days after screen.
- d. Patients who were referred treatment within 7 days of screen.

Logic Description

Age of the patient is calculated as of the beginning of the Report Period.

Ambulatory Care definition: Service Category A (Ambulatory).

CRS uses the following codes:

Subject Defined	ICD and Other Codes
Screening for Risky or Harmful Alcohol Use	<p><i>Any conducted during an Ambulatory Care visit.</i></p> <p>Exam Code: 35</p> <p>Any Alcohol Health Factor (i.e., CAGE)</p> <p>POV: V79.1 Screening for Alcoholism</p> <p>CPT: G0396, G0397, H0049, H0050, 99408 (old code), 99409 (old code), 3016F</p> <p>Measurement in PCC: AUDT, AUDC, or CRFT</p>
Positive Screen for Hazardous Alcohol Use	<p><i>Any of the following for the screening conducted during an Ambulatory Care visit:</i></p> <p>Exam Code: 35 Alcohol Screening result of "Positive"</p> <p>Health Factor: CAGE result of 1/4, 2/4, 3/4 or 4/4</p> <p>CPT: G0396, G0397, 99408, 99409</p> <p>Measurement Result in PCC: AUDT result of greater than or equal to (>=) 8, AUDC result of greater than or equal to (>=) 4 for men and greater than or equal to (>=) 3 for women, CRFT result of 2-6</p>

Subject Defined	ICD and Other Codes
Brief Negotiated Interview/Brief Intervention (BNI/BI)	<p><i>Any of the following documented at the Ambulatory Care visit or within 7 days of the Ambulatory Care visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:</i></p> <p>CPT: G0396, G0397, H0050, 99408 (old code), 99409 (old code), 96150-96155</p> <p>Patient Education Code: AOD-BNI or containing G0396, G0397, H0050, 99408, 99409, 96150-96155</p>
Referral to treatment	Patient Education Code: AOD-TX

Recommended Brief Screening Tool

SASQ (below).

For Women:

When was the last time you had more than four drinks in one day?

For Men:

When was the last time you had more than five drinks in one day?

Any time in the past 3 months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many YES answers are received, document Health Factor:

- HF–CAGE 0/4 (all No answers)
- HF–CAGE 1/4
- HF–CAGE 2/4

- HF-CAGE 3/4
- HF-CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: number of drinks daily

Key Logic Changes from CRS Version 16.1

1. Made BNI/BI measure new GPRA measure.
2. Added new measure with User Pop denominator.

Patient List Description

List of patients with screening for risky or harmful alcohol use, results of screen, BNI/BI, and referral, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

Performance	Percent
N/A	N/A

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Screening, Brief Intervention, and Referral to Treatment (SBIRT)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
AC+BH Pts 9-75	1,652		1,720			1,685		
# w/ Screening for Alcohol Use	289	17.5	954	55.5	-38.0	968	57.4	-40.0
A. # w/ Positive Screen w/ % of Total Screened	83	28.7	219	23.0	+5.8	221	22.8	+5.9
B. # w/ BNI/BI in 7 days of screen w/ % of Total								

Screened	10	3.5	3	0.3	+3.1	5	0.5	+2.9
Male AC+BH Pts 9-75	741		794			796		
# w/ Screening for Alcohol Use	122	16.5	392	49.4	-32.9	393	49.4	-32.9
A. # w/ Positive Screen w/ % of Total Screened	45	36.9	133	33.9	+3.0	137	34.9	+2.0
B. # w/ BNI/BI in 7 days of screen w/ % of Total Screened	5	4.1	2	0.5	+3.6	3	0.8	+3.3
Female AC+BH Pts 9-75	911		926			889		
# w/ Screening for Alcohol Use	167	18.3	562	60.7	-42.4	575	64.7	-46.3
A. # w/ Positive Screen w/ % of Total Screened	38	22.8	86	15.3	+7.5	84	14.6	+8.1
B. # w/ BNI/BI in 7 days of screen w/ % of Total Screened	5	3.0	1	0.2	+2.8	2	0.3	+2.6

Figure 2-54: Sample Report, Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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 *** IHS 2017 Selected Measures with Community Specified Report ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Screening, Brief Intervention, and Referral to Treatment (SBIRT) (con't)

	AC+BH Pts 9-75							
	Age Distribution							
	9-12	13-18	19-24	25-34	35-44	45-54	55-64	65-75
CURRENT REPORT PERIOD								
AC+BH Pts 9-75	174	205	232	319	210	224	191	97
# w/ Screening for Alcohol Use	2	37	46	65	29	55	34	21
% w/ Screening for Alcohol Use	1.1	18.0	19.8	20.4	13.8	24.6	17.8	21.6
A. # w/ Positive Screen w/ % of Total Screened	1	9	15	22	11	18	5	2
% A. w/ Positive Screen w/ % of Total Screened	0.6	4.4	6.5	6.9	5.2	8.0	2.6	2.1
B. # w/ BNI/BI in 7 days of screen w/ % of Total Screened	1	3	4	1	0	1	0	0
% B. w/ BNI/BI in 7 days of screen								

w/ % of Total Screened	0.6	1.5	1.7	0.3	0.0	0.4	0.0	0.0
PREVIOUS REPORT PERIOD								
AC+BH Pts 9-75	173	232	254	325	213	249	181	93
# w/ Screening for Alcohol Use	15	116	120	205	142	159	128	69
% w/ Screening for Alcohol Use	8.7	50.0	47.2	63.1	66.7	63.9	70.7	74.2
A. # w/ Positive Screen w/ % of Total Screened	2	14	35	59	41	44	19	5
% A. w/ Positive Screen w/ % of Total Screened	1.2	6.0	13.8	18.2	19.2	17.7	10.5	5.4
B. # w/ BNI/BI in 7 days of screen w/ % of Total Screened	0	2	0	1	0	0	0	0
% B. w/ BNI/BI in 7 days of screen w/ % of Total Screened	0.0	0.9	0.0	0.3	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %								
# w/ Screening for Alcohol Use	-7.5	-32.0	-27.4	-42.7	-52.9	-39.3	-52.9	-52.5
A. # w/ Positive Screen w/ % of Total Screened	-0.6	-1.6	-7.3	-11.3	-14.0	-9.6	-7.9	-3.3
B. # w/ BNI/BI in 7 days of screen w/ % of Total Screened	+0.6	+0.6	+1.7	+0.0	+0.0	+0.4	+0.0	+0.0

Figure 2-55: Sample Age Breakdown Report, Screening, Brief Intervention, and Referral to Treatment (SBIRT)

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

SBIRT: List of patients with screening for risky or harmful alcohol use, results of screen, BNI/BI, and referral, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB	
PATIENT1,DARLENE S AC+BH	000001	COMMUNITY #1	F	33	04/04/83	SCREEN: 03/01/17 CPT G0396 result=Pos; BNI: 03/01/17 Yes [0]; REFERRAL: No
PATIENT2,RITA A AC+BH	000002	COMMUNITY #1	F	33	10/22/83	
PATIENT3,DIANE L AC+BH	000003	COMMUNITY #1	F	15	06/02/01	
PATIENT4,ALICIA AC+BH	000004	COMMUNITY #1	F	18	08/13/98	SCREEN: 02/27/17 HF CAGE 1/4 result=Pos; BNI: No; REFERRAL: No
PATIENT5,MELISSA AC+BH	000005	COMMUNITY #1	F	16	03/01/00	SCREEN: 07/01/17 Meas AUDC result=Pos; BNI: No; REFERRAL: 07/06/17 Yes
PATIENT6,LISA MARIE AC+BH	000006	COMMUNITY #1	F	20	06/02/96	SCREEN: 02/06/17 Ex 35; BNI: No;

Figure 2-56: Sample Patient List, Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2.7.3 Intimate Partner (Domestic) Violence Screening

GPRC Measure Description

During GPRC Year 2017, achieve the target rate of 65.3% for the proportion of female patients ages 14 through 46 who receive screening for domestic violence.

Denominators

Female Active Clinical patients ages 14 through 46. (GPRC Denominator)

Female User Population patients ages 14 through 46.

Numerators

Patients screened for intimate partner (domestic) violence at any time during the Report Period.

Note: This numerator does *not* include refusals. (GPRC Numerator)

- a. Patients with documented IPV/DV exam
- b. Patients with IPV/DV related diagnosis
- c. Patients provided with education or counseling about IPV/DV

Logic Description

Age of the patient is calculated at the beginning of the report period. CRS uses the following codes to define numerators.

Subject Defined	CPT Codes	ICD and Other Codes
IPV/DV Screening		Exam: Code 34 BHS Exam: IPV/DV
IPV/DV Diagnosis		POV or current PCC or BHS Problem List: ICD-9: 995.80-995.83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410; SNOMED data set PXR M BGP IPV DV DX (Problem List only) BHS POV: 43.*, 44.*
IPV/DV Education		Patient education codes: Containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, V15.49, or SNOMED 3027571011, 3027627017, 371772001, 406138006, 412732008, 429746005, 431027007, 432527004

Subject Defined	CPT Codes	ICD and Other Codes
IPV/DV Counseling		POV: ICD-9: V61.11; ICD-10: Z69.11

Key Logic Changes from CRS Version 16.1

- Added SNOMED data set PXRMBGP IPV DV DX to IPV/DV diagnosis definition (for Problem List only).

Patient List Description

List of female patients 14-46 with documented IPV/DV screening, if any.

Measure Source

HP 2010 15-34

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	65.3%
IHS FY 2015 Performance	63.6%
IHS FY 2014 Performance	63.5%
IHS FY 2013 Performance	62.4%
IHS FY 2012 Performance	61.5%
IHS FY 2011 Performance	55.3%
IHS FY 2010 Performance	53.0%
IHS FY 2009 Performance	48.0%
IHS FY 2008 Performance	42.0%
IHS FY 2007 Performance	36.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Intimate Partner (Domestic) Violence Screening (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Female Active								

Clinical Pts 14-46 (GPRA)	537		549			534		
# w/ IPV/DV Screening-No Refusals (GPRA)	100	18.6	339	61.7	-43.1	309	57.9	-39.2
A. # w/ IPV/DV Exam w/ % of Total Screened	97	97.0	336	99.1	-2.1	307	99.4	-2.4
B. # w/ IPV/DV-Related Dx w/ % of Total Screened	1	1.0	6	1.8	-0.8	4	1.3	-0.3
C. # w/ IPV/DV Education w/ % of Total Screened	2	2.0	1	0.3	+1.7	4	1.3	+0.7
Female User Pop Pts 14-46	610		616			610		
# w/ IPV/DV Screening-No Refusals	102	16.7	348	56.5	-39.8	313	51.3	-34.6

Figure 2-57: Sample Report, Intimate Partner (Domestic) Violence Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Intimate Partner (Domestic) Violence Screening: List of female patients 14-46 with documented IPV/DV screening, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,ELVIRA UP	000001	COMMUNITY #1 EXAM: 03/18/17	F	13 Ex 34	08/03/04
PATIENT2,SHARON KAY UP	000002	COMMUNITY #1	F	14	05/04/03
PATIENT3,KRISTINA UP	000003	COMMUNITY #1	F	15	06/06/02
PATIENT4,RITA UP,AC	000004	COMMUNITY #1 EXAM: 05/06/17	F	15 Ex 34	10/24/02
PATIENT5,DIANE LOUISE UP	000005	COMMUNITY #1 EXAM: 02/24/17	F	15 Ex 34	11/18/02
PATIENT6,ALICE LILA UP,AC	000006	COMMUNITY #1	F	15	12/27/02

Figure 2-58: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.4 Depression Screening

GPRAMA/GPRA Measure Description

Age 12-17: During GPRA Year 2017, establish a baseline for the proportion of patients ages 12 through 17 who receive annual screening for depression.

Age 18 and older: During GPRA Year 2017, achieve the target rate of 70.0% for the proportion of patients ages 18 and older who receive annual screening for depression.

Denominators

Active Clinical patients ages 12 through 17. Broken down by gender. (GPRA Denominator)

Active Clinical patients ages 18 and older. Broken down by gender and age group: 65 and older. (GPRAMA Denominator)

User Population patients ages 12 through 17. Broken down by gender.

User Population patients ages 18 and older. Broken down by gender and age group: 65 and older.

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. Broken down by gender.

Active CHD patients, defined as Active Clinical patients diagnosed with coronary heart disease (CHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two CHD-related visits ever. Broken down by gender.

Numerators

Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period.

Note: This numerator does not include refusals. (GPRAMA Numerator)

- a. Patients screened for depression during the Report Period.
- b. Patients with a diagnosis of a mood disorder during the Report Period.
- c. Patients who were screened in a Behavioral Health clinic.

Patients with depression-related education during the Report Period.

Note: Depression-related patient education does not count toward the GPRAMA numerator and is included as a separate numerator only.

Logic Description

Age is calculated at beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	ICD and Other Codes
Diabetes	POV: ICD-9: 250.00–250.93; ICD-10: E10.*-E13.*
Coronary Heart Disease	<i>Any of the following:</i> 1) POV: ICD-9: 410.0–413.*, 414.0–414.9, 429.2; ICD-10: I20.0-I22.8, I24.0-I25.83, I25.89, I25.9, Z95.5 2) One or more CABG or PCI procedures
CABG	POV: ICD-9: V45.81; ICD-10: Z95.1 CPT: 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536, 33572, 35500, 35600, S2205-S2209 Procedure: ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z*
PCI	POV: ICD-9: V45.82; ICD-10: Z95.5, Z98.61 CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607 Procedure: ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734**
Depression Screening	Exam: Exam Code 36 POV: ICD-9: V79.0 CPT: 1220F, 3725F, G0444 BHS Problem Code: 14.1 (Screening for Depression) Measurement in PCC or BHS: PHQ2, PHQ9 or PHQT
Mood Disorders	At least 2 visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. POV: ICD-9: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, 311; ICD-10: F06.31-F06.34, F1*.*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.*, F31.0-F31.71, F31.73, F31.75, F31.77, F31.81-F31.9, F32.*-F39 BHS POV: 14, 15

Subject Defined	ICD and Other Codes
Depression-related Patient Education (does not count toward GPRA numerator)	<p><i>Documented education of any of the following during the Report Period:</i></p> <p>Patient education codes: Containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290319, 995.5*, or 995.80–995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44, or SNOMED codes 14183003, 15193003, 15639000, 18818009, 191610000, 191611001, 191613003, 191616006, 191659001, 192080009, 19527009, 19694002, 20250007, 231504006, 231542000, 2506003, 25922000, 2618002, 268621008, 28475009, 3109008, 319768000, 320751009, 33078009, 35489007, 36170009, 36474008, 36923009, 370143000, 38451003, 38694004, 39809009, 40379007, 40568001, 42925002, 430852001, 442057004, 48589009, 63778009, 66344007, 67711008, 69392006, 71336009, 73867007, 75084000, 75837004, 76441001, 77486005, 77911002, 78667006, 79298009, 81319007, 83176005, 832007, 84760002, 85080004, 87512008.</p>

Recommended Brief Screening Tool

A sample of a Patient Health Questionnaire (PHQ-2 Scaled Version) appears below.

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 - Not at all Value: 0
 - Several days Value: 1
 - More than half the days Value: 2
 - Nearly every day Value: 3
2. Feeling down, depressed, or hopeless
 - Not at all Value: 0
 - Several days Value: 1
 - More than half the days Value: 2
 - Nearly every day Value: 3

Total Possible PHQ-2 Score: Range: 0–6

0–2: Negative

3–6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 16.1

1. Added measures for ages 12 through 17.
2. Created new GPRA measure for age 12 through 17.
3. Added PHQT to depression screening definition.

Patient List Description

List of patients with documented depression screening/diagnosed with mood disorder, if any.

Measure Source

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18 through 6.

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance (age 18+)	67.9%
IHS FY 2015 Performance (age 18+)	67.4%
IHS FY 2014 Performance (age 18+)	66.0%
IHS FY 2013 Performance (age 18+)	65.1%
IHS FY 2012 Performance (age 18+)	61.9%
IHS FY 2011 Performance (age 18+)	56.5%
IHS FY 2010 Performance (age 18+)	52.0%
IHS FY 2009 Performance (age 18+)	44.0%
IHS FY 2008 Performance (age 18+)	35.0%
IHS FY 2007 Performance (age 18+)	24.0%
IHS FY 2006 Performance (age 18+)	15.0%

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DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		

Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Depression Screening (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 12-17 (GPRRA)	201		214			238		
# w/ Depression Screening or Mood Disorder-No Refusals (GPRRA)	8	4.0	47	22.0	-18.0	44	18.5	-14.5
A. # Screened for Depression w/ % of Total Screened	8	100.0	44	93.6	+6.4	38	86.4	+13.6
B. # w/ Mood Disorder Dx w/ % of Total Screened	0	0.0	6	12.8	-12.8	8	18.2	-18.2
C. # Screened in BH Clinic w/ % of Total Screened	2	25.0	0	0.0	+25.0	2	4.5	+20.5
# w/ Depression Education	1	0.5	3	1.4	-0.9	3	1.3	-0.8
Active Clinical Pts 18+ (GPRAMA)	1,336		1,382			1,367		
# w/ Depression Screening or Mood Disorder Dx-No Refusals (GPRAMA)	257	19.2	849	61.4	-42.2	917	67.1	-47.8
A. # Screened for Depression w/ % of Total Screened	232	90.3	818	96.3	-6.1	889	96.9	-6.7
B. # w/ Mood Disorder Dx w/ % of Total Screened	27	10.5	60	7.1	+3.4	52	5.7	+4.8
C. # Screened in BH Clinic w/ % of Total Screened	4	1.6	6	0.7	+0.8	68	7.4	-5.9
# w/ Depression Education	18	1.3	43	3.1	-1.8	26	1.9	-0.6

Figure 2-59: Sample Report, Depression Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Depression Screening: List of patients with documented depression screening/diagnosed with mood disorder, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB
DENOMINATOR	NUMERATOR				

PATIENT55, LORETTA LYNN	000055	COMMUNITY #1	F	78	09/05/39

UP						
PATIENT56, TINA MARIE	000056	COMMUNITY #1	F	78	10/11/39	
UP, AC, AD, CHD						SCREEN: 05/22/17 Meas PHQ9
PATIENT57, DANIELLE	000057	COMMUNITY #1	F	79	05/06/38	
UP, AC						PT ED: 02/06/17 296.20-DP
PATIENT58, LESLIE ANN	000058	COMMUNITY #1	F	80	08/30/37	
UP, AC						SCREEN: 04/16/17 POV V79.0
PATIENT59, DONNA SUE	000059	COMMUNITY #1	F	86	03/22/31	
UP, AC						SCREEN: 01/15/17 POV V79.0
PATIENT60, TAYLOR OLIVIA	000060	COMMUNITY #1	F	87	09/08/30	
UP, AC						
PATIENT61, DENNIS GERALD	000061	COMMUNITY #1	M	18	01/24/99	
UP						PT ED: 02/01/17 296.20-DP
PATIENT62, JOSHUA DALE	000062	COMMUNITY #1	M	18	06/22/99	
UP, AC						

Figure 2-60: Sample Patient List, Depression Screening

2.7.5 Antidepressant Medication Management

GPRA Measure Description

Acute Treatment: During GPRA Year 2017, establish a baseline for the proportion of patients ages 18 and older with acute treatment for depression.

Continuous Treatment: During GPRA Year 2017, establish a baseline for the proportion of patients ages 18 and older with continuous treatment for depression.

Denominators

As of the 120th day of the Report Period, *Active Clinical Plus BH patients* ages 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report Period, *User Population patients* ages 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year. (GPRA Denominator)

Numerators

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks). (GPRA Numerator)

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months). (GPRA Numerator)

Logic Description

Age is calculated at the beginning of the Report Period. To be included in the denominator, patient must have filled a prescription for an antidepressant medication (see list of medications below) within the 121st day of the year prior to the Report Period to the 120th day of the Report Period. For example, if Report Period is July 1, 2016 - June 30, 2017, patient must have filled a prescription during 11/1/2015 - 10/29/2016. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Start Date (IPSD) is the date of the earliest prescription for antidepressant medication filled during that time period.

Denominator Exclusions

Patients who did not have a diagnosis of major depression in an inpatient, outpatient, ED, intensive outpatient or partial hospitalization setting during the 60 days prior to the IPSD (inclusive) through 60 days after the IPSD (inclusive).

Major depression defined as POV ICD-9: 296.20-296.25, 296.30-296.35, 298.0, 311; ICD-10: F32.0-F32.4, F32.8-F33.3, F33.41, F33.9.

Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 105 days prior to the Index Prescription Start Date are excluded as they do not represent new treatment episodes.

Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e., treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114-day time frame, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- First RX is Index Rx Date: 11/1/2016, # Days Prescribed=30
- Rx covers patient through 12/1/2016
- Second RX: 12/15/2016, # Days Prescribed=30

- Gap #1 = (12/15/2016-12/1/2016) = 14 days
- Rx covers patient through 1/14/2017
- Third RX: 1/10/2017, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2017
- Index Rx Date 11/1/2016 + 114 days = 2/23/2017
- Patient's 84th treatment day occurs on 2/7/2017, which is less than or equal to (\leq) 2/23/2017 and # gap days of 14 is less than 30

Example of Patient Not Included in Numerator:

- First Rx is Index Rx Date: 11/1/2016, # Days Prescribed=30
- Rx covers patient through 12/1/2016
- Second Rx: 12/15/2016, # Days Prescribed=30
- Gap #1 = (12/15/2016-12/1/2016) = 14 days
- Rx covers patient through 1/14/2017
- Third Rx: 2/01/2017, # Days Prescribed=30
- Gap #2 = (2/01/2017 through 1/14/2017) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e., treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day time frame, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

1. Made two measures new GPRA measures.

Patient List Description

List of patients with new depression DX and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

Measure Source

HEDIS, HP 2010 18-9b

Measure Past Performance and Long-Term Targets

Performance	Percent
N/A	N/A

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Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Antidepressant Medication Management (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
AC+BH Pts 18+ w/ New Depression Dx and Antidepressant Meds	22		13			23		
# w/ 12-week Treatment Meds	6	27.3	2	15.4	+11.9	7	30.4	-3.2
# w/ 180-Day Treatment Meds	4	18.2	1	7.7	+10.5	1	4.3	+13.8
User Pop Pts 18+ w/ New Depression Dx and Antidepressant Meds (GPRA)	22		13			23		

# w/ 12-week Treatment Meds (GPRA)	6	27.3	2	15.4	+11.9	7	30.4	-3.2
# w/ 180-day Treatment Meds (GPRA)	4	18.2	1	7.7	+10.5	1	4.3	+13.8

Figure 2-61: Sample Report, Antidepressant Medication Management

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Antidepressant Medication Management: List of patients with new depression Dx and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, MICHELLE D UP, AC+BH	000001	COMMUNITY #1	F	22	02/22/95
IESD: 06/06/16; NOT APT: DAYS=60, GAP=1; NOT CONPT: DAYS=60, GAP=1					
PATIENT2, PAULA KAY UP, AC+BH	000002	COMMUNITY #1	F	34	01/14/83
IESD: 10/29/16; NOT APT: DAYS=68, GAP=28; CONPT					
PATIENT3, RHONDA SUE UP	000003	COMMUNITY #1	F	35	10/15/82
IESD: 04/21/17; NOT APT: DAYS=74, GAP=0; NOT CONPT: DAYS=74, GAP=0					
PATIENT4, KATHLEEN UP, AC+BH	000004	COMMUNITY #1	F	38	08/03/79
IESD: 11/15/16; APT; CONPT					

Figure 2-62: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Denominators

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

User Population patients ages 2 through 74. Broken down by gender.

Numerators

Patients for whom a Body Mass Index (BMI) could be calculated.

Note: This numerator does *not* include refusals.

1. For those with a BMI calculated, those considered overweight but not obese using BMI and standard tables
2. For those with a BMI calculated, those considered obese using BMI and standard tables
3. Total of overweight and obese

Patients with documented refusal during the Report Period.

Logic Description

Age is calculated at beginning of the Report Period.

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions are based on standard tables. Refusals include REF, NMI, and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Patients whose BMI either is greater or less than the Data Check Limit range shown in the BMI Standard Reference Data Table in PCC will not be included in the report counts for Overweight or Obese.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with current BMI, if any.

Measure Source

HP 2020: NWS-9 Obesity in Adults 20+, NWS-10.1 (Obesity in Children 2-5), NWS-10.2 Overweight or Obesity in Children 6-11, NWS-10.3 Overweight or Obesity in Adolescents 12-19, NWS-10.4 Overweight or Obesity in Children 2-19

Measure Past Performance and Long-Term Targets

Performance	Percent
Assessed as Obese—IHS FY 2012 Performance	47.1%
Assessed as Obese—IHS FY 2011 Performance	46.9%
Assessed as Obese—IHS FY 2010 Performance	47.0%
Assessed as Obese—IHS FY 2009 Performance	47.0%
Assessed as Obese—IHS FY 2008 Performance	46.0%
BMI Measured—IHS FY 2012 Performance	81.6%
BMI Measured—IHS FY 2011 Performance	78.0%
BMI Measured—IHS FY 2010 Performance	76.0%
BMI Measured—IHS FY 2009 Performance	75.0%
BMI Measured—IHS FY 2008 Performance	74.0%
BMI Measured— FY 2005 Performance	64.0%
BMI Measured—IHS FY 2004 Performance	60.0%
<i>HP 2020 Goal: Obesity in Adults 20+ (NWS-9)</i>	30.6%
<i>HP 2020 Goal: Overweight or Obesity in Children 2–5 (NWS-10.1)</i>	9.6%
<i>HP 2020 Goal: Overweight or Obesity in Children 6–11 (NWS-10.2)</i>	15.7%
<i>HP 2020 Goal: Overweight or Obesity in Adolescents 12–19 (NWS-10.3)</i>	16.1%
<i>HP 2020 Goal: Overweight or Obesity in Children 2–19 (NWS-10.4)</i>	14.6%

Performance Improvement Tips

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a QMan search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.
2. Recent guidelines indicate that height for adults must be taken at least once every 5 years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over 5 years old.
3. If height and weight measurements are being recorded as cm/kg vs. in/lbs ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.
 - Use mnemonics of CHT and KWT (vs. HT and WT), or
 - Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

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Previous Year Period: Jan 01, 2016 to Dec 31, 2016		

Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Obesity Assessment (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical									
Pts 2-74	1,976		2,056			2,053			
# w/ BMI									
Calculated-No									
Refusals	1,400	70.9	1,819	88.5	-17.6	1,840	89.6	-18.8	
A. # Overweight w/									
% of Total BMI	299	21.4	407	22.4	-1.0	402	21.8	-0.5	
B. # Obese w/ % of									
Total BMI	893	63.8	1,086	59.7	+4.1	1,102	59.9	+3.9	
C. #									
Overweight/Obese									
w/ % of Total BMI	1,192	85.1	1,493	82.1	+3.1	1,504	81.7	+3.4	
# w/ BMI Refusal									
(No BMI)	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Male Active									
Clinical Pts 2-74	902		966			978			
# w/ BMI									
Calculated-No									
Refusals	621	68.8	842	87.2	-18.3	855	87.4	-18.6	
A. # Overweight w/									
% of Total BMI	150	24.2	197	23.4	+0.8	209	24.4	-0.3	
B. # Obese w/ % of									
Total BMI	376	60.5	481	57.1	+3.4	483	56.5	+4.1	
C. #									
Overweight/Obese									
w/ % of Total BMI	526	84.7	678	80.5	+4.2	692	80.9	+3.8	
# w/ BMI Refusal									
(No BMI)	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active									
Clinical Pts 2-74	1,074		1,090			1,075			
# w/ BMI									
Calculated-No									
Refusals	779	72.5	977	89.6	-17.1	985	91.6	-19.1	
A. # Overweight w/									
% of Total BMI	149	19.1	210	21.5	-2.4	193	19.6	-0.5	
B. # Obese w/ % of									
Total BMI	517	66.4	605	61.9	+4.4	619	62.8	+3.5	
C. #									
Overweight/Obese									
w/ % of Total BMI	666	85.5	815	83.4	+2.1	812	82.4	+3.1	
# w/ BMI Refusal									
(No BMI)	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-63: Sample Report, Obesity Assessment

Obesity Assessment (con't)	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	214	264	282	186	318	208	222	282
# w/ BMI Calculated								
-No Refusals	102	93	122	174	305	197	186	221
% w/ BMI Calculated								
-No Refusals	47.7	35.2	43.3	93.5	95.9	94.7	83.8	78.4
A. # Overweight w/								
% of Total BMI	20	17	32	43	56	43	40	48
A. % Overweight w/								
% of Total BMI	19.6	18.3	26.2	24.7	18.4	21.8	21.5	21.7
B. # Obese w/								
% of Total BMI	36	36	59	108	226	142	138	148
B. % Obese w/								
% of Total BMI	35.3	38.7	48.4	62.1	74.1	72.1	74.2	67.0
C. # Overweight or Obese w/								
% of Total BMI	56	53	91	151	282	185	178	196
C. % Overweight or Obese w/								
% of Total BMI	54.9	57.0	74.6	86.8	92.5	93.9	95.7	88.7
# w/ BMI Refusal								
(No BMI)	0	0	0	0	0	0	0	0
% w/ BMI Refusal								
(No BMI)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	222	273	305	207	325	211	246	267
# w/ BMI Calculated								
-No Refusals	182	204	245	200	312	202	230	244
% w/ BMI Calculated								
-No Refusals	82.0	74.7	80.3	96.6	96.0	95.7	93.5	91.4
A. # Overweight w/								
% of Total BMI	43	46	61	55	59	40	51	52
A. % Overweight w/								
% of Total BMI	23.6	22.5	24.9	27.5	18.9	19.8	22.2	21.3
B. # Obese w/								
% of Total BMI	50	93	115	120	232	146	165	165
B. % Obese w/								
% of Total BMI	27.5	45.6	46.9	60.0	74.4	72.3	71.7	67.6
C. # Overweight or Obese w/								
% of Total BMI	93	139	176	175	291	186	216	217
C. % Overweight or Obese w/								
% of Total BMI	51.1	68.1	71.8	87.5	93.3	92.1	93.9	88.9
# w/ BMI Refusal								
(No BMI)	0	0	0	0	0	0	0	0
% w/ BMI Refusal								
(No BMI)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CHANGE FROM PREV YR %								
# w/ BMI Calculated								
-No Refusals	-34.3	-39.5	-37.1	-3.1	-0.1	-1.0	-9.7	-13.0
A. # Overweight	-4.0	-4.3	+1.3	-2.8	-0.5	+2.0	-0.7	+0.4
B. # Obese	+7.8	-6.9	+1.4	+2.1	-0.3	-0.2	+2.5	-0.7
C. # Overweight or Obese	+3.8	-11.1	+2.8	-0.7	-0.8	+1.8	+1.8	-0.2
# w/ BMI Refusal (No BMI)	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 2-64: Sample Report, Age Breakout, Obesity Assessment

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Obesity Assessment: List of patients with current BMI, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, PAMELA UP, AC	000001	COMMUNITY #1 16.03	F	3	05/22/14
PATIENT2, GLENDA UP, AC	000002	COMMUNITY #1 17.49	F	3	05/30/14
PATIENT3, SHIRLEY UP	000003	COMMUNITY #1	F	5	09/21/12
PATIENT4, MARY ANNE UP, AC	000004	COMMUNITY #1 Refused	F	5	11/05/12
PATIENT5, JACKIE UP	000005	COMMUNITY #1	F	9	05/19/08
PATIENT6, ZINNIA UP	000006	COMMUNITY #1 29.41 [OVERWEIGHT]	F	15	09/01/02
PATIENT7, MARY RYAN UP, AC	000007	COMMUNITY #1 33.69 [OBESE]	F	15	12/12/02

Figure 2-65: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Measure Description

During GPRA Year 2017, achieve the long-term target rate of 22.8% for the proportion of children with a BMI of 95% or higher.

Denominators

Active Clinical patients ages 2 through 5 for whom a BMI could be calculated. Broken down by gender and age groups (2, 3, 4, 5). (GPRA Denominator)

User Population patients ages 2 through 5 for whom a BMI could be calculated.

Numerators

Patients with BMI in the 85th to 94th percentile.

Patients with a BMI at or above the 95th percentile. (GPRA Numerator)

Patients with a BMI at or above the 85th percentile.

Logic Description

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

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for Overweight or Obese.

BMI Standard Reference Data

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

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients ages 2 through 5, with current BMI.

Measure Source

CDC, National Center for Health Statistics, HP 2020 NWS-10.1

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	22.3%
IHS FY 2015 Performance	21.8%
IHS FY 2014 Performance	22.8%
IHS FY 2013 Performance	22.8%
IHS FY 2012 Performance	24.0%
IHS FY 2011 Performance	24.1%
IHS FY 2010 Performance	25.0%
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	24.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	24.0%
<i>HP 2020 Goal</i>	<i>9.6%</i>

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Childhood Weight Control (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Clinical									
Pts 2-5 w/ BMI									
(GPRA)	78		143			153			
# w/ BMI 85-94%	23	29.5	32	22.4	+7.1	43	28.1	+1.4	
# w/ BMI >=95%									
(GPRA)	27	34.6	43	30.1	+4.5	42	27.5	+7.2	
# w/ BMI >=85%	50	64.1	75	52.4	+11.7	85	55.6	+8.5	
Active Clinical									
Pts Age 2	25		3			15			
# w/ BMI 85-94%	8	32.0	0	0.0	+32.0	2	13.3	+18.7	

# w/ BMI >=95%	7	28.0	3	100.0	-72.0	2	13.3	+14.7
# w/ BMI >=85%	15	60.0	3	100.0	-40.0	4	26.7	+33.3
Active Clinical								
Pts Age 3	24		46			55		
# w/ BMI 85-94%	8	33.3	10	21.7	+11.6	17	30.9	+2.4
# w/ BMI >=95%	8	33.3	14	30.4	+2.9	17	30.9	+2.4
# w/ BMI >=85%	16	66.7	24	52.2	+14.5	34	61.8	+4.8
Active Clinical								
Pts Age 4	25		53			53		
# w/ BMI 85-94%	6	24.0	15	28.3	-4.3	18	34.0	-10.0
# w/ BMI >=95%	10	40.0	16	30.2	+9.8	14	26.4	+13.6
# w/ BMI >=85%	16	64.0	31	58.5	+5.5	32	60.4	+3.6
Active Clinical								
Pts Age 5	4		41			30		
# w/ BMI 85-94%	1	25.0	7	17.1	+7.9	6	20.0	+5.0
# w/ BMI >=95%	2	50.0	10	24.4	+25.6	9	30.0	+20.0
# w/ BMI >=85%	3	75.0	17	41.5	+33.5	15	50.0	+25.0

Figure 2-66: Sample Report, Childhood Weight Control

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Childhood Weight Control: List of patients ages 2-5, with current BMI.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,MELISSA ANN AC	000001	COMMUNITY #1	F	4	11/12/13
		Age at BMI: 4;		08/20/17	16.03
PATIENT2,RANDY AC	000002	COMMUNITY #1	M	2	03/02/15
		Age at BMI: 2;		05/06/17	17.96 [OVERWEIGHT]
PATIENT3,PAUL BARRY AC	000003	COMMUNITY #1	M	2	04/13/15
		Age at BMI: 2;		08/05/17	19.87 [OBESE]
PATIENT4,TYLER AC	000004	COMMUNITY #1	M	4	04/27/13
		Age at BMI: 4;		02/19/17	15.67
PATIENT5,SAMUEL III AC	000005	COMMUNITY #1	M	5	05/22/12
		Age at BMI: 5;		11/24/17	19.07 [OBESE]
PATIENT21,JOSEPHINE AC	000021	COMMUNITY #2	F	4	10/10/13
		Age at BMI: 4;		05/30/17	15.71

Figure 2-67: Sample Patient List, Childhood Weight Control

2.8.3 Weight Assessment and Counseling for Nutrition and Physical Activity

Denominators

Active Clinical patients ages 3 and older. Broken down by gender and age groups (3 through 11, 12 through 17, 18 and older).

Numerators

Patients with comprehensive assessment, defined as having BMI documented, counseling for nutrition, and counseling for physical activity during the Report Period.

Patients with BMI documented during the Report Period.

Patients with counseling for nutrition during the Report Period.

Patients with counseling for physical activity during the Report Period.

Logic Description

Age is calculated at the end of the Report Period.

CRS uses any of the following codes to define the numerators.

Subject Defined	CPT Codes	ICD and Other Codes
BMI Documented		BMI: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. POV: ICD-9: V85*; ICD-10: Z68.20-Z68.54
Counseling for Nutrition	97802-97804, G0270, G0271, G0447, S9449, S9452, S9470	POV: ICD-9: V65.3; ICD-10: Z71.3 Patient education codes: ending “-N” (nutrition), “-MNT” (medical nutrition therapy), (or old code “-DT” (diet)) or containing V65.3, 97802-97804, G0270, G0271, G0447, S9449, S9452, or S9470.

Subject Defined	CPT Codes	ICD and Other Codes
Counseling for Physical Activity	G0447, S9451	POV: ICD-9: V65.41 Patient education codes: ending “-EX” (exercise) or containing V65.41, G0447, or S9451.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients ages 3 and older with assessments, if any.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Weight Assessment and Counseling for Nutrition and Physical Activity								
(Con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical								
Pts 3+	2,012		2,087			2,087		
# w/ Comprehensive								
Assessment	49	2.4	130	6.2	-3.8	166	8.0	-5.5
# w/ BMI								
Documented	1,428	71.0	1,844	88.4	-17.4	1,867	89.5	-18.5
# w/ Nutrition								
Counseling	118	5.9	265	12.7	-6.8	245	11.7	-5.9
# w/ Physical								
Activity								
Counseling	116	5.8	252	12.1	-6.3	232	11.1	-5.4
Male Active								
Clinical Pts 3+	911		972			987		
# w/ Comprehensive								
Assessment	16	1.8	44	4.5	-2.8	38	3.9	-2.1

# w/ BMI Documented	630	69.2	848	87.2	-18.1	864	87.5	-18.4
# w/ Nutrition Counseling	42	4.6	96	9.9	-5.3	66	6.7	-2.1
# w/ Physical Activity Counseling	36	4.0	95	9.8	-5.8	67	6.8	-2.8
Female Active Clinical Pts 3+	1,101		1,115			1,100		
# w/ Comprehensive Assessment	33	3.0	86	7.7	-4.7	128	11.6	-8.6
# w/ BMI Documented	798	72.5	996	89.3	-16.8	1,003	91.2	-18.7
# w/ Nutrition Counseling	76	6.9	169	15.2	-8.3	179	16.3	-9.4
# w/ Physical Activity Counseling	80	7.3	157	14.1	-6.8	165	15.0	-7.7

Figure 2-68: Sample Report, Weight Assessment and Counseling for Nutrition and Physical Activity

	Active Clinical Pts 3+		
	3 - 11	12 - 17	18+
CURRENT REPORT PERIOD			
Active Clinical Pts 3+	437	212	1,363
# w/ Comprehensive Assessment	2	1	46
% w/ Comprehensive Assessment	0.5	0.5	3.4
# w/ BMI Documented	187	42	1,199
% w/ BMI Documented	42.8	19.8	88.0
% w/ Nutrition Counseling	8	6	104
% w/ Nutrition Counseling	1.8	2.8	7.6
# w/ Physical Activity Counseling	18	8	90
% w/ Physical Activity Counseling	4.1	3.8	6.6
PREVIOUS REPORT PERIOD			
Active Clinical Pts 3+	456	212	1,419
# w/ Comprehensive Assessment	7	20	103
% w/ Comprehensive Assessment	1.5	9.4	7.3
# w/ BMI Documented	357	161	1,326
% w/ BMI Documented	78.3	75.9	93.4
% w/ Nutrition Counseling	40	22	203
% w/ Nutrition Counseling	8.8	10.4	14.3
# w/ Physical Activity Counseling	33	39	180

% w/ Physical Activity Counseling	7.2	18.4	12.7
CHANGE FROM PREVIOUS YR %			
# w/ Comprehensive Assessment	-1.1	-9.0	-3.9
# w/ BMI Documented	+41.3	+10.4	+80.7
# w/ Nutrition Counseling	+0.3	-6.6	+0.4
# w/ Physical Activity Counseling	+2.6	-5.7	-0.7

Figure 2-69: Sample Report, Age Breakout, Weight Assessment and Counseling for Nutrition and Physical Activity

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Weight Assessment and Counseling for Nutrition and Physical Activity: List of patients ages 3+ with assessments, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,PAMELA AC	000001	COMMUNITY #1	F	4	10/15/13
PATIENT2,GLENDA AC	000002	COMMUNITY #1 BMI: 16.03	F	4	12/02/13
PATIENT3,SHIRLEY AC	000003	COMMUNITY #1	F	5	02/03/12
PATIENT4,MARY ANNE AC	000004	COMMUNITY #1 COMP ASSESS; BMI: V85.53; NUTR: 03/03/17 CPT 97804; PHY: 03/03/17 DX V65.41	F	5	02/18/12
PATIENT5,JACKIE AC	000005	COMMUNITY #1 PHY: 08/08/17 OBS-EX	F	9	03/16/08
PATIENT6,ZINNIA AC	000006	COMMUNITY #1	F	15	07/21/02
PATIENT7,MARY RYAN AC	000007	COMMUNITY #1 BMI: 35.04; PHY: 03/03/17 DX V65.41	F	15	09/22/02

Figure 2-70: Sample Patient List, Weight Assessment and Counseling for Nutrition and Physical Activity

2.8.4 Nutrition and Exercise Education for At Risk Patients

Denominators

Active Clinical patients ages 6 and older considered overweight (including obese). Broken down by gender.

- a. *Active Clinical patients* ages 6 and older *considered obese*. Broken down by gender and age groups (6 through 11, 12 through 19, 20 through 39, 40 through 59, 60 years and older).

Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes at least 1 year prior to the end of the Report Period, *and* at least two visits in the past year, *and* two diabetes-related visits ever.

Numerators

Patients provided with medical nutrition therapy during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

Logic Description

Age of the patient is calculated at beginning of Report Period.

Diabetes: First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report period.

Overweight: Ages 19 and older, BMI greater than or equal to (\geq) 25. Overweight is defined as including both obese and overweight categories calculated by BMI.

Obese: Ages 19 and older, BMI greater than or equal to (\geq) 30. For ages 18 and under, the definition is based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years; not required to be recorded on same day.

CRS uses any of the following codes to define the numerators.

Subject Defined	CPT Codes	ICD and Other Codes
Medical nutrition therapy	97802-97804, G0270, G0271	Primary or secondary provider codes: 07, 29 Clinic codes: 67 (dietary) or 36 (WIC)

Subject Defined	CPT Codes	ICD and Other Codes
Nutrition education		POV: ICD-9: V65.3 dietary surveillance and counseling; ICD-10: Z71.3 Patient education codes: ending “-N” (nutrition), “-MNT” (medical nutrition therapy), (or old code “-DT” (diet)) or containing V65.3, 97802-97804, G0270, or G0271.
Exercise education		POV: ICD-9: V65.41 exercise counseling Patient education codes: ending “-EX” (exercise) or containing V65.41.
Related exercise and nutrition education	S9449, S9451, S9452, S9470	Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-” (obesity) or 278.00 or 278.01, S9449, S9451, S9452, S9470, or SNOMED codes 111036000, 162863004, 162863004, 162864005, 162864005, 170798000, 190965006, 190966007, 238131007, 238132000, 238133005, 238134004, 238136002, 248311001, 248312008, 270486005, 275947003, 276792008, 290439001, 292464007, 293481008, 294493008, 295509007, 296526005, 297500005, 298464002, 360566006, 363247006, 408512008, 413487000, 414438005, 414916001, 414917005, 414918000, 414919008, 414920002, 415530009, 444862003, 444862003, 44772007, 450451007, 48499001, 5036006, 53146006, 62999006, 703316004, 705131003, 80660001, 82793005.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

A list of at risk patients with education, if any.

Measure Source

HP 2010 19–17

Measure Past Performance and Long-Term Targets for Diabetic Education

Performance	Percent
HP 1997 data	42.0%

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 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Nutrition and Exercise Education for At Risk Patient

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Overweight Active Clinical Pts 6+	1,136		1,400			1,395		
# w/ Medical Nutrition Therapy	5	0.4	14	1.0	-0.6	29	2.1	-1.6
# w/ Specific Nutrition Educ	78	6.9	184	13.1	-6.3	213	15.3	-8.4
# w/ Exercise Educ	77	6.8	186	13.3	-6.5	184	13.2	-6.4
# w/ Other Exercise or Nutrition Educ	64	5.6	153	10.9	-5.3	133	9.5	-3.9
Male Overweight Active Clinical Pts 6+	499		631			630		
# w/ Medical Nutrition Therapy	3	0.6	8	1.3	-0.7	10	1.6	-1.0
# w/ Specific Nutrition Educ	22	4.4	65	10.3	-5.9	54	8.6	-4.2
# w/ Exercise Educ	24	4.8	68	10.8	-6.0	45	7.1	-2.3
# w/ Other Exercise or Nutrition Educ	21	4.2	59	9.4	-5.1	36	5.7	-1.5
Female Overweight Active Clinical Pts 6+	637		769			765		
# w/ Medical Nutrition Therapy	2	0.3	6	0.8	-0.5	19	2.5	-2.2
# w/ Specific Nutrition Educ	56	8.8	119	15.5	-6.7	159	20.8	-12.0
# w/ Exercise Educ	53	8.3	118	15.3	-7.0	139	18.2	-9.8
# w/ Other Exercise or Nutrition Educ	43	6.8	94	12.2	-5.5	97	12.7	-5.9

Figure 2-71: Sample Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patient (con't)					
	TOTAL OBESE ACTIVE CLINICAL POPULATION				
	Age Distribution				
	6-11	12-19	20-39	40-59	60+
CURRENT REPORT PERIOD					
	36	59	416	256	90
# w/ Medical Nutrition Therapy	0	0	1	2	1
% w/ Medical Nutrition Therapy	0.0	0.0	0.2	0.8	1.1
# w/ Specific Nutrition Educ Provided	2	3	17	28	15
% w/ Specific Nutrition Educ Provided	5.6	5.1	4.1	10.9	16.7
# w/ Exercise Educ	6	3	18	26	11
% w/ Exercise Educ	16.7	5.1	4.3	10.2	12.2
# w/ Other Exercise or Nutrition Educ	1	3	13	23	11
% w/ Other Exercise or Nutrition Educ	2.8	5.1	3.1	9.0	12.2
PREVIOUS YEAR PERIOD					
	93	115	430	305	93
# w/ Medical Nutrition Therapy	1	1	5	2	2
% w/ Medical Nutrition Therapy	1.1	0.9	1.2	0.7	2.2
# w/ Specific Nutrition Educ Provided	2	12	40	53	35
% w/ Specific Nutrition Educ Provided	2.2	10.4	9.3	17.4	37.6
# w/ Exercise Educ	4	16	49	59	17
% w/ Exercise Educ	4.3	13.9	11.4	19.3	18.3
# w/ Other Exercise or Nutrition Educ	2	11	34	56	20
% w/ Other Exercise or Nutrition Educ	2.2	9.6	7.9	18.4	21.5
CHANGE FROM PREV YR %					
# w/ Medical Nutrition Therapy	-1.1	-0.9	-0.9	+0.1	-1.0
# w/ Specific Nutrition Ed	+3.4	-5.4	-5.2	-6.4	-21.0
# w/ Exercise Educ	+12.4	-8.8	-7.1	-9.2	-6.1
# w/ Other Exercise or Nutrition Educ	+0.6	-4.5	-4.8	-9.4	-9.3

Figure 2-72: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Nutrition and Exercise Education for At Risk Patients: List of at risk patients, with education if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,SANDRA KAY AC-OW,AC-OB	000001	COMMUNITY #1 LIFE: 05/15/17 TO-LA	F	21	07/09/96
PATIENT2,CAITLYN AC-OW	000002	COMMUNITY #1 NUTR: 03/15/17 UTI-N SN	F	22	10/07/95
PATIENT3,BRITNEY AC-OW,AC-OB	000003	COMMUNITY #1 MNT: 03/04/17 Prv 29	F	22	11/12/95
PATIENT4,LORETTA AC-OW,AC-OB	000004	COMMUNITY #1 NUTR: 05/07/17 HTN-N SN; EXER ED: 05/07/17 HTN-EX	F	22	11/22/95
PATIENT5,HALEY AC-OW,AC-OB	000005	COMMUNITY #1	F	25	02/19/92
PATIENT6,BRITTANY AC-OW,AC-OB	000006	COMMUNITY #1 EXER ED: 01/15/17 278.00-EX; LIFE: 01/15/17 278.00-EX	F	25	06/02/92

Figure 2-73: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.5 Physical Activity Assessment

Denominators

Active Clinical patients ages 5 and older. Broken down by gender and age groups (5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, 75 and older).

Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period). Broken down by gender and age groups (5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, 75 and older).

User Population patients ages 5 and older. Broken down by gender.

Numerator 1 (User Population Patients assessed for physical activity during the Report Period). Broken down by gender.

Numerators

Patients assessed for physical activity during the Report Period.

Patients from Numerator 1 who have received exercise education following their physical activity assessment.

Patients from Numerator 1 who have set at least one exercise goal following their physical activity assessment.

Logic Description

Age of the patient is calculated at beginning of Report Period.

CRS uses any of the following codes to define the numerators.

Subject Defined	ICD and Other Codes
Physical Activity Assessment	Health Factors: Any health factor for category Activity Level documented during the Report Period.
Exercise education	POV: V65.41 exercise counseling Patient education codes: ending "-EX" (exercise) or containing V65.41.
Exercise goal	Patient Goal: Goal Type of "Physical Activity" and Goal Status of "Goal Set"

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with physical activity assessment and any exercise education or goals.

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Physical Activity Assessment								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 5+	1,861		1,921			1,914		
# w/ Physical Activity Assessment	4	0.2	14	0.7	-0.5	2	0.1	+0.1
# w/ Exercise Educ w/ % of Total Assessed	2	50.0	3	21.4	+28.6	0	0.0	+50.0
# w/ Exercise Goal w/ % of Total Assessed	1	25.0	0	0.0	+25.0	0	0.0	+25.0
Male Active								

Clinical Pts 5+	835		893			896		
# w/ Physical Activity Assessment	2	0.2	7	0.8	-0.5	1	0.1	+0.1
# w/ Exercise Educ w/ % of Total Assessed	1	50.0	1	14.3	+35.7	0	0.0	+50.0
# w/ Exercise Goal w/ % of Total Assessed	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Clinical Pts 5+	1,026		1,028			1,018		
# w/ Physical Activity Assessment	2	0.2	7	0.7	-0.5	1	0.1	+0.1
# w/ Exercise Educ w/ % of Total Assessed	1	50.0	2	28.6	+21.4	0	0.0	+50.0
# w/ Exercise Goal w/ % of Total Assessed	1	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure 2-74: Sample Report, Physical Activity Assessment

Physical Activity Assessment (con't)								
	TOTAL ACTIVE CLINICAL5 AND OLDER							
	Age Distribution							
	5-11	12-19	20-24	25-34	35-44	45-54	55-74	75+ yrs
CURRENT REPORT PERIOD								
Total # AC Pts 5+	327	282	186	318	208	222	282	36
# w/ Physical Activity Assessment	2	0	0	0	0	0	1	1
% w/ Physical Activity Assessment	0.6	0.0	0.0	0.0	0.0	0.0	0.4	2.8
# w/ Exercise Educ w/ % of Total Assessed	1	0	0	0	0	0	0	1
% w/ Exercise Educ w/ % of Total Assessed	50.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
# w/ Exercise Goal w/ % of Total Assessed	1	0	0	0	0	0	0	0
% w/ Exercise Goal w/ % of Total Assessed	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # AC Pts 5+	329	305	207	325	211	246	267	31
# w/ Physical Activity Assessment	0	2	1	3	2	1	5	0
% w/ Physical Activity Assessment	0.0	0.7	0.5	0.9	0.9	0.4	1.9	0.0
# w/ Exercise Educ w/								

% of Total Assessed	0	0	0	0	1	0	2	0
% w/ Exercise Educ w/								
% of Total Assessed	0.0	0.0	0.0	0.0	50.0	0.0	40.0	0.0
# w/ Exercise Goal w/								
% of Total Assessed	0	0	0	0	0	0	0	0
% w/ Exercise Goal w/								
% of Total Assessed	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
# w/ Physical Activity								
Assessment	+0.6	-0.7	-0.5	-0.9	-0.9	-0.4	-1.5	+2.8
# w/ Exercise Educ w/								
% of Total Assessed	+50.0	+0.0	+0.0	+0.0	-50.0	+0.0	-40.0	+100.0
# w/ Exercise Goal w/								
% of Total Assessed	+50.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 2-75: Sample Age Breakout Report, Physical Activity Assessment

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Physical Activity Assessment: List of patients with physical activity assessment and any exercise education.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB	
PATIENT1,MISTY DAWN UP,AC	000001	COMMUNITY #1	F	5	03/13/12	PHYS ACT: 08/08/17 VERY ACTIVE; EXER ED: 08/08/17 OBS-EX
PATIENT2,RITA ANN UP,AC TO-EX	000002	COMMUNITY #1	F	15	06/12/02	PHYS ACT: 03/06/17 SOME ACTIVITY; EXER ED: 03/06/17
PATIENT3,RHONDA SUE UP,AC	000003	COMMUNITY #1	F	22	06/07/95	PHYS ACT: 04/02/17 ACTIVE; EXER ED: 04/02/17 V65.41
PATIENT4,MARY UP,AC	000004	COMMUNITY #1	F	28	01/16/89	PHYS ACT: 11/12/17 SOME ACTIVITY;
PATIENT5,JOSEPH HENRY UP,AC	000005	COMMUNITY #1	M	12	10/10/05	PHYS ACT: 08/02/17 SOME ACTIVITY;
PATIENT6,BOB UP,AC	000006	COMMUNITY #1	M	17	11/19/00	PHYS ACT: 05/05/17 INACTIVE; EXER ED: 05/05/17 OBS-EX

Figure 2-76: Sample Patient List, Physical Activity Assessment

2.8.6 Comprehensive Health Screening

Denominators

Active Clinical patients ages 2 and older.

Active Clinical patients ages 12 through 75.

Active Clinical patients ages 18 and older.

Female Active Clinical patients ages 14 through 46.

Active Clinical patients ages 5 and older.

Active Clinical patients ages 2 through 74.

Active Clinical patients ages 20 and older.

Active Clinical patients ages 5 and older.

Numerators

ALL Comprehensive Health Screening: Patients with Comprehensive Health Screening for which they are eligible, defined as having alcohol, depression, and Intimate Partner Violence/Domestic Violence (IPV/DV) screening, BMI calculated, and tobacco use, blood pressure, and physical activity assessed.

Note: This does *not* include refusals.

Comprehensive Health Screening: Patients with Comprehensive Health Screening minus physical activity assessment for which they are eligible, defined as having alcohol, depression, and IPV/DV screening, BMI calculated, and tobacco use and blood pressure assessed.

Note: This does *not* include physical activity assessment and does *not* include refusals.

Alcohol Screening: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.

Note: This numerator does *not* include refusals or alcohol-related patient education.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period.

Note: This numerator does *not* include refusals.

IPV/DV Screening: Patients screened for IPV/DV at any time during the Report Period.

Note: This numerator does *not* include refusals.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Report Period.

BMI Available: Patients for whom a BMI could be calculated.

Note: This numerator does *not* include refusals.

BP Assessed: Patients with blood pressure value documented at least twice in prior two years.

Physical Activity Assessed: Patients assessed for physical activity during the Report Period.

Logic Description

Age of the patient is calculated at beginning of Report Period.

Alcohol screening definition: Any of the following during the Report Period: (a) Alcohol Screening Exam, any CAGE Health Factor, or Screening Diagnosis; (b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; (c) Alcohol-related procedure; or (d) Patient education.

Subject Defined	ICD and Other Codes
Alcohol Screening	Exam Code: 35 CPT code: 99408, 99409, G0396, G0397, H0049, H0050, 3016F Any CAGE Health Factor POV: ICD-9: V11.3 (history of alcoholism), V79.1 (screening for alcoholism) BHS Problem Code: 29.1 (Screening for Alcoholism) Measurement in PCC or BHS: AUDT, AUDC, or CRFT
Alcohol-related Diagnosis	POV, Current PCC or BHS Problem List: ICD-9: 303.*, 305.0*, 291.*, 357.5*; ICD-10: F10.1*, F10.20, F10.220-F10.29, F10.920-F10.982, F10.99, G62.1; SNOMED data set PXRMBGP ETOH RELATED DX (Problem List only) BHS POV: 10, 27, 29
Alcohol-related Procedure	Procedure: ICD-9: 94.46, 94.53, 94.61-94.63, 94.67-94.69

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Depression screening definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
Depression Screening	Exam: Exam Code 36 POV: ICD-9: V79.0 CPT: 1220F, 3725F, G0444 BHS Problem Code: 14.1 (Screening for Depression) Measurement in PCC or BHS: PHQ2 or PHQ9
Mood Disorders	At least two visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. POV: ICD-9: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, 311; ICD-10: F06.31-F06.34, F1*.*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.*, F31.0-F31.71, F31.73, F31.75, F31.77, F31.81-F31.9, F32.*-F39 BHS POV: 14, 15

IPV/DV screening definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
IPV/DV Screening	Exam: Code 34 BHS Exam: IPV/DV
IPV/DV Diagnosis	POV or current PCC or BHS Problem List: ICD-9: 995.80-995.83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410; SNOMED data set PXRMBGP IPV DV DX (Problem List only) BHS POV: 43.*, 44.*
IPV/DV Education	Patient education codes: Containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, V15.49, or SNOMED 3027571011, 3027627017, 371772001, 406138006, 412732008, 429746005, 431027007, 432527004
IPV/DV Counseling	POV: ICD-9: V61.11; ICD-10: Z69.11

Tobacco screening definition: CRS uses the following codes to define the numerator.

Subject Defined	CPT Codes	ICD and Other Codes
Screened for Tobacco Use	D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8455-G8457 (old codes), G8402 (old code), G8453 (old code), G9275, G9276, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed)	<p>POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 305.1, 305.1* (old codes), 649.00-649.04, V15.82; ICD-10: F17.2*, O99.33*, Z72.0, Z87.891; SNOMED data set PXRMBGP TOBACCO SCREENED (Problem List only)</p> <p>Patient Education codes: Containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455- G8457 (old codes), G8402 (old code), G8453 (old code), G9275, G9276, or SNOMED codes 160603005, 160604004, 160605003, 160606002, 160619003, 191887008, 191888003, 191889006, 228494002, 228504007, 228514003, 228515002, 228516001, 228517005, 228518000, 230059006, 230060001, 230062009, 230063004, 230064005, 230065006, 266920004, 428041000124106, 428061000124105, 428071000124103, 449868002, 59978006, 65568007, 77176002, 81703003, 82302008, 89765005</p> <p>Dental code: 1320</p> <p>Health Factor categories: Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), or TOBACCO (EXPOSURE)</p>

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the report period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Blood pressure definition: Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

CRS uses mean of last 3 Blood Pressures documented in the past 2 years. If 3 BPs are not available, use the mean of last 2 BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 or POV ICD-9: V81.1 documented during the Report Period.

Physical Activity Assessment definition: CRS uses the following codes to define the numerator.

Subject Defined	ICD and Other Codes
Physical Activity Assessment	Health Factors: Any health factor for category Activity Level documented during the Report Period.

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXRMM TOBACCO EVER SMOKED to tobacco-related diagnosis definition (for Problem List only).
2. Added SNOMED data set PXRMM BGP ETOH RELATED DX to alcohol-related diagnosis definition (for Problem List only).
3. Added SNOMED data set PXRMM BGP IPV DV DX to IPV/DV diagnosis definition (for Problem List only).

Patient List Description

List of patients with assessments received, if any.

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DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Comprehensive Health Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts 2+	2,012		2,087			2,087			
# w/ Comp Health Screening-No Refusals	79	3.9	154	7.4	-3.5	154	7.4	-3.5	
# w/ Comp Health Screening-No Refusals or Phys Activity	289	14.4	1,163	55.7	-41.4	1,212	58.1	-43.7	
Active Clinical Pts 12-75	1,503		1,567			1,576			
# w/ Alcohol Screening/Dx/Proc-No Refusals or Pt Ed	334	22.2	1,013	64.6	-42.4	1,076	68.3	-46.1	
Active Clinical Pts 18+	1,333		1,378			1,367			
# w/ Depression Screening or Mood Disorder Dx-No Refusals	257	19.3	848	61.5	-42.3	917	67.1	-47.8	
Female Active Clinical Pts 14-46	537		549			534			
# w/ IPV/DV Screening-No Refusals	100	18.6	339	61.7	-43.1	309	57.9	-39.2	
Active Clinical Pts 5+	1,861		1,921			1,914			
# w/ Tobacco Screening	358	19.2	1,182	61.5	-42.3	1,288	67.3	-48.1	
Active Clinical Pts 2-74	1,976		2,056			2,053			
# w/ BMI Calculated-No Refusals	1,400	70.9	1,819	88.5	-17.6	1,840	89.6	-18.8	
Active Clinical Pts 20+	1,252		1,287			1,265			
# w/ BPs Documented w/in 2 yrs	1,084	86.6	1,155	89.7	-3.2	1,141	90.2	-3.6	

Active Clinical Pts 5+	1,861	1,921	1,914
# w/ Physical Activity Assessment	4 0.2	14 0.7	-0.5 2 0.1 +0.1

Figure 2-77: Sample Report, Comprehensive Health Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Comprehensive Health Screening: List of patients with assessments received, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,SANDRA KAY AC	000001	COMMUNITY #1 ALL COMP HEALTH: ALC: 03/06/17	F	15	08/18/02
		POV V11.3; IPV: 03/06/17			
		Ex 34; TOB: 09/05/17 NEVER SMOKED; BMI: 17.49; PHYS ACT: 03/06/17			
		SOME ACTIVITY			
PATIENT2,CAITLYN AC	000002	COMMUNITY #1	F	16	03/19/01
PATIENT3,BRITNEY AC	000003	COMMUNITY #1	F	16	07/24/01
		TOB: 10/26/17 CESSATION-SMOKER			
PATIENT4,LORETTA AC	000004	COMMUNITY #1	F	17	05/12/00
		ALC: 10/14/17 HF CAGE 1/4			
PATIENT5,HALEY AC	000005	COMMUNITY #1	F	18	07/22/99
		BMI: 19.79; BP: 125/67			
PATIENT6,BRITTANY AC	000006	COMMUNITY #1	F	19	12/16/98
		ALC: 10/30/17 CPT G0397; TOB: 08/11/17 CURRENT SMOKER, STATUS UNKNOWN; BMI: 21.01			

Figure 2-78: Sample Patient List, Comprehensive Health Screening

2.8.7 Cardiovascular Disease and Blood Pressure Control

Denominators

Active Clinical patients ages 18 and older. Broken down by gender.

User Population patients ages 18 and older. Broken down by gender.

Active CHD patients, defined as Active Clinical patients diagnosed with coronary heart disease (CHD) prior to the Report Period, and at least two visits during the Report Period, and two CHD-related visits ever. Broken down by gender.

Numerators

Patients with blood pressure value documented during the Report Period.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

CRS uses the following codes to define the CHD denominator.

Subject Defined	ICD and Other Codes
Coronary Heart Disease	<p><i>Any of the following:</i></p> <p>1) POV: ICD-9: 410.0–413.*, 414.0–414.9, 429.2; ICD-10: I20.0-I22.8, I24.0-I25.83, I25.89, I25.9, Z95.5</p> <p>2) One or more CABG or PCI procedures</p>
CABG	<p>POV: ICD-9: V45.81; ICD-10: Z95.1</p> <p>CPT: 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536, 33572, 35500, 35600, S2205-S2209</p> <p>Procedure: ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z*</p>
PCI	<p>POV: ICD-9: V45.82; ICD-10: Z95.5, Z98.61</p> <p>CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607</p> <p>Procedure: ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734**</p>

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

Blood pressure definition: CRS uses mean of last 3 Blood Pressures documented during the Report Period. If 3 BPs are not available, uses mean of last 2 BPs, or one BP if there is only one documented. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 or POV ICD-9: V81.1 documented during the Report Period.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 18 and older or who have CHD with blood pressure value, if any.

Measure Source

HP 2020 HDS-5

Measure Past Performance and Long-Term Targets

Measure	Percent
HP 2020 goal for adults with high blood pressure (140/90)	26.9%

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Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Cardiovascular Disease and Blood Pressure Control									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical									
Pts 18+	1,333		1,378			1,367			
# w/ BPs									
Documented	858	64.4	1,163	84.4	-20.0	1,162	85.0	-20.6	
Male Active									
Clinical Pts 18+	588		634			633			
# w/ BPs									
Documented	335	57.0	508	80.1	-23.2	515	81.4	-24.4	
Female Active									
Clinical Pts 18+	745		744			734			
# w/ BPs									
Documented	523	70.2	655	88.0	-17.8	647	88.1	-17.9	
User Pop Pts 18+	1,574		1,601			1,569			

# w/ BPs Documented	880	55.9	1,227	76.6	-20.7	1,192	76.0	-20.1
Male User Pop Pts 18+	739		765			745		
# w/ BPs Documented	348	47.1	543	71.0	-23.9	529	71.0	-23.9
Female User Pop Pts 18+	835		836			824		
# w/ BPs Documented	532	63.7	684	81.8	-18.1	663	80.5	-16.7

Figure 2-79: Sample Report, CVD and Blood Pressure Control

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Cardiovascular Disease and Blood Pressure Control: List of Patients 18+ or who have CHD with blood pressure value, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,SANDRA KAY UP,AC	000001	COMMUNITY #1	F	21	03/12/96
PATIENT2,EVELYN UP	000002	COMMUNITY #1 /3080F	F	21	05/19/96
PATIENT3,MICHELLE UP,AC	000003	COMMUNITY #1 125/67	F	22	02/15/95
PATIENT4,CAITLYN UP,AC,IHD	000004	COMMUNITY #1 131/67	F	22	08/12/95
PATIENT5,BRITNEY JANE UP,AC	000005	COMMUNITY #1 102/56	F	22	10/01/95
PATIENT6,KATHRYN ANNE UP,AC	000006	COMMUNITY #1 161/90	F	22	10/16/95
PATIENT7,RHONDA UP,AC	000007	COMMUNITY #1 153/85	F	22	11/23/95

Figure 2-80: Sample Patient List, CVD and Blood Pressure Control

2.8.8 Controlling High Blood Pressure (Million Hearts)

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 59.7% for the proportion of patients with BP less than (<) 140/90.

Denominator

User Population patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy. Broken down by age groups 18 through 59 and 60 through 85 (Million Hearts (NQF 0018)).

Numerators

Patients with blood pressure less than (<) 140/90, i.e., the systolic value is less than (<) 140 AND the diastolic value is less than (<) 90 (Million Hearts (NQF 0018)).

Patients with blood pressure less than (<) 150/90 (i.e., the systolic value is less than (<) 150 AND the diastolic value is less than (<) 90).

Logic Description

Age of the patient is calculated at the end of the Report Period.

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

CRS uses the last blood pressure documented during the Report Period. If a patient has more than one blood pressure documented on the same day, CRS will first look for a blood pressure less than (<) 140/90 on that day, and if not found, will look for a blood pressure less than (<) 150/90.

CRS uses the following codes to define ESRD, hypertension, and pregnancy.

Subject Defined	CPT Codes	ICD and Other Codes
ESRD	36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308-G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339	Diagnosis (POV or Problem List entry where the status is not Deleted): ICD-9: 585.6, V42.0, V45.1, (old code), V45.11, V45.12, V56.*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXRME END STAGE RENAL DISEASE (Problem List only) Procedure: ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6*

Subject Defined	CPT Codes	ICD and Other Codes
Hypertension		POV or Problem List entry where the status is not Inactive or Deleted ever through the first 6 months of the Report Period, and at least one hypertension POV during Report Period: ICD-9: 401.*; ICD-10: I10; SNOMED data set PXR ESSENTIAL HYPERTENSION (Problem List only)
<p>Pregnancy - Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the Report Period, where the primary provider is not a CHR (Provider code 53) with any of the following codes. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.</p> <p>The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".</p>	<p>CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828</p>	<p>POV or Problem diagnosis: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.*, O60.0*, O61.*-O66.*, O68, O69.*, O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.*, O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.*, Z36</p> <p>Procedure: ICD-9: 72.*, 73.*, 74.*</p>
Miscarriage	59812, 59820, 59821, 59830	POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9

Subject Defined	CPT Codes	ICD and Other Codes
Abortion	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	POV: ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.* , Z33.2 Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z

Key Logic Changes from CRS Version 16.1

1. Added logic to ESRD definition to look at the Problem List.
2. Added SNOMED data set PXRME END STAGE RENAL DISEASE to ESRD definition (for Problem List only).
3. Added SNOMED data set PXRME ESSENTIAL HYPERTENSION to hypertension definition (for Problem List only).
4. Updated logic for patients with more than one blood pressure on a single day to first look for blood pressure less than (<) 140/90 and if not found, look for blood pressure less than (<) 150/90.

Patient List Description

List of patients with hypertension and BP value, if any.

Measure Source

Not Available

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	59.2%
IHS FY 2015 Performance	58.5%
IHS FY 2014 Performance	59.5%

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*** IHS 2017 Selected Measures with Community Specified Report ***		
DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Controlling High Blood Pressure - Million Hearts		
REPORT PERIOD	%	PREV YR PERIOD %
		CHG from BASE %
		PREV YR % PERIOD
		CHG from BASE %

User Pop Pts 18-85 w/ HTN Dx (GPRA)	302		403			380		
# w/ BP <140/90 (GPRA)	145	48.0	218	54.1	-6.1	211	55.5	-7.5
User Pop Pts 18-59 w/ HTN Dx	202		284			267		
# w/ BP <140/90	93	46.0	153	53.9	-7.8	138	51.7	-5.6
User Pop Pts 60-85 w/ HTN Dx	100		119			113		
# w/ BP <150/90	66	66.0	89	74.8	-8.8	81	71.7	-5.7

Figure 2-81: Sample Report, Controlling High Blood Pressure (Million Hearts)

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Controlling High Blood Pressure - Million Hearts: List of patients with
 hypertension and BP value, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,STELLA LYNN HTN PT	000001	COMMUNITY #1 156/82	F	46	06/15/70
PATIENT2,TARA HTN PT	000002	COMMUNITY #1 201/87	F	51	02/01/65
PATIENT3,BOBBIE HTN PT	000003	COMMUNITY #1 3074F/	F	52	03/28/64
PATIENT4,DARLENE HTN PT	000004	COMMUNITY #1 139/73	F	54	10/19/62
PATIENT5,NADINE HTN PT	000005	COMMUNITY #1 159/86	F	61	01/16/55

Figure 2-82: Sample Patient List, Controlling High Blood Pressure (Million Hearts)

2.8.9 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

GPRA Measure Description

During GPRA Year 2017, establish a baseline for the proportion of at-risk patients who receive statin therapy.

Denominators

User Population patients ages 40 through 75 with diabetes or age 21 and older with documented CVD or an LDL greater than or equal to (\geq) 190. Broken down by age groups 21 through 39, 40 through 75, 76 and older. (GPRAMA Denominator)

User Population patients ages 40 through 75 with diabetes.

User Population patients ages 40 through 75 with diabetes or age 21 and older with documented CVD or an LDL greater than or equal to (\geq) 190, including denominator exclusions.

Numerators

Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period. (GPRAMA Numerator)

Patients with any of the listed denominator exclusions.

- a. Patients with documented allergy, intolerance, or other adverse effect to statin medication.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Logic

Diabetes definition: First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file.

Cardiovascular Disease (CVD) diagnosis defined as any of the following:

Subject Defined	ICD and Other Codes
Coronary Heart Disease (CHD)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 410.0-413.*, 414.0-414.9, 429.2; ICD-10: I20.0-I22.8, I24.0-I25.83, I25.89, I25.9, Z95.5; SNOMED data set PXRMI SCHEMIC HEART DISEASE (Problem List only)
Acute Myocardial Infarction (AMI)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 410.0*-410.9*, 412; ICD-10: I21.*, I22.*, I23.*, I25.2; SNOMED data set PXRMI BGP AMI (Problem List only)
Ischemic Vascular Disease (IVD)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 440.4, 444.*, 445.*; ICD-10: I20.*, I24.*, I25.1*, I25.5-I25.812, I65.*, I66.*, I70.1, I70.201-I70.299, I70.92, I74.*, I75.*; SNOMED data set PXRMI BGP IVD (Problem List only)

Subject Defined	ICD and Other Codes
	only)
Ischemic Stroke or Transient Ischemic Attack (TIA)	Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted): ICD-9: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9; ICD-10: G45.0-G45.2, G45.8, G45.9, G46.0-G46.2, I63.*; SNOMED data set PXRMBGPISCHEMICSTROKE TIA (Problem List only)
CABG	POV: ICD-9: V45.81; ICD-10: Z95.1 CPT: 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536, 33572, 35500, 35600, S2205-S2209 Procedure: ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z*
PCI	POV: ICD-9: V45.82; ICD-10: Z95.5, Z98.61 CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607 Procedure: ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05 (old code), 36.06-36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734**
Other Revascularization	CPT: 37220, 37221, 37224-37231

CRS uses the following to define the tests:

Subject Defined	LOINC Codes	Taxonomy
LDL Done	Yes	DM AUDIT LDL CHOLESTEROL TAX
LDL greater than or equal to (\Rightarrow) 190		Tests in above taxonomy with LDL greater than or equal to (\Rightarrow) 190
LDL less than ($<$) 70		Tests in above taxonomy with LDL less than ($<$) 70

In the LOINC Codes column, specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with documented allergy, intolerance, or other adverse effect to statin medication.
2. Patients who have an active diagnosis of pregnancy or who are breastfeeding.
3. Patients with a diagnosis of cirrhosis of the liver during the Report Period or the year prior to the Report Period.
4. Patients who are receiving palliative care.
5. Patients with end-stage renal disease (ESRD).
6. Patients with diabetes whose most recent LDL result is less than (<) 70 and who have never had an LDL result greater than or equal to (>=) 190 and who are not taking statin therapy.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		See below for definition
Breastfeeding		See below for definition
Acute Alcoholic Hepatitis		POV or Problem List entry where the status is not Inactive or Deleted during the Report Period: ICD-9: 571.1; ICD-10: K70.10, K70.11; SNOMED data set PXRMBGP ACUTE ETOH HEPATITIS (Problem List only)
NMI Refusal		Refusal: NMI refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the Report Period
Myopathy/Myalgia, defined as any of the following during the Report Period: POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 359.0-359.9, 729.1, 710.5, 074.1; ICD-10: G71.14, G71.19, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80-M60.9, M79.1; SNOMED data set PXRMBGP MYOPATHY MYALGIA (Problem List only)
Any of the following occurring anytime ever: POV: ICD-9: 995.0-995.3 AND E942.9 Entry in ART (Patient Allergies File): "statin" or "statins" Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "Statin" or "Statins" Problem List entry where the status is not Deleted: SNOMED data set PXRMBGP ADR STATIN

Subject Defined	ICD and CPT Codes
Pregnancy	<p>Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the Report Period, where the primary provider is not a CHR (Provider code 53) with:</p> <p>POV or Problem List: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.* , V27.* , V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.* , O60.0*, O61.*-O66.* , O68, O69.* , O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.* , O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.* , Z36</p> <p>Procedure: ICD-9: 72.* , 73.* , 74.*</p> <p>CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828</p> <p>Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.</p> <p>The patient must not have a documented miscarriage or abortion (defined below) occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".</p>
Abortion	<p>CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267</p> <p>POV: ICD-9: 635*, 636*, 637*; ICD-10: O00.* through O03.89, O04.* , Z33.2</p> <p>Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z</p>

Miscarriage	CPT: 59812, 59820, 59821, 59830 POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9
Breastfeeding	POV: ICD-9: V24.1; ICD-10: Z39.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001 during the Report Period

Cirrhosis of the liver definition: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-9: 571.2, 571.5, 571.6; ICD-10: K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81; SNOMED data set PXR M BGP CIRRHOSIS (Problem List only).

Palliative care visit definition: POV ICD-9: V66.7; ICD-10: Z51.5.

ESRD diagnosis/treatment definition: Any of the following ever: (A) CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339; (B) Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXR M END STAGE RENAL DISEASE (Problem List only); (C) Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, or 55.6*.

Numerator Logic

Statin therapy user definition: CPT 4013F

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Niacin-lovastatin, Niacin-simvastatin, Ezetimibe-simvastatin, Amlodipine-Atorvastatin, Sitagliptin-simvastatin, Ezetimibe-atorvastatin.

Key Logic Changes from CRS Version 16.1

1. New topic for CRS v17.0.

Patient List Description

List of patients 40 through 75 with diabetes or 21 and older with CVD or LDL greater than or equal to (>=) 190 with statin therapy or exclusion, if any.

Measure Source

HHS Statin Therapy eMeasure

Measure Past Performance and Long-Term Targets:

Performance	Percent
N/A	N/A

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*** IHS 2017 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
UP Pts 40-75 w/DM or 21+ w/CVD or LDL>=190 (GPRAMA)	404		395			391			
# w/ Statin Rx (GPRAMA)	97	24.0	103	26.1	-2.1	135	34.5	-10.5	
UP Pts 21-39 w/ CVD or LDL>=190	13		12			6			
# w/ Statin Rx	3	23.1	2	16.7	+6.4	4	66.7	-43.6	
UP Pts 40-75 w/ CVD or LDL>=190	116		126			129			
# w/ Statin Rx	41	35.3	43	34.1	+1.2	52	40.3	-5.0	
UP Pts 76+ w/ CVD or LDL>=190	21		18			20			
# w/ Statin Rx	5	23.8	3	16.7	+7.1	3	15.0	+8.8	
UP Pts 40-75 w/ DM	338		329			321			
# w/ Statin Rx	82	24.3	92	28.0	-3.7	114	35.5	-11.3	
UP Pts 40-75 w/DM									

or 21+ w/CVD or LDL>=190, incl exclusions	498	476	443
# w/ Exclusions	94 18.9	81 17.0	+1.9 52 11.7 +7.1
A. # w/ Allergy/ADR w/ % of Total Exclusions	22 23.4	39 48.1	-24.7 22 42.3 -18.9

Figure 2-83: Sample Report, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: List of patients 40-75 with diabetes or 21+ with CVD or LDL >=190 with statin therapy or exclusion, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DEBORAH UP,AD (CHD)	000001	COMMUNITY #1 Statin: 02/27/17	F	35	11/11/81
PATIENT2,TARA UP (DM)	000002	COMMUNITY #1	F	51	02/10/65
PATIENT3,BOBBIE UP,AD (DM,CHD)	000003	COMMUNITY #1 Exclusion: 02/02/13	F	52	05/06/64
PATIENT4,WINONA UP,AD (DM)	000004	COMMUNITY #1 Statin: 01/08/17	F	53	07/21/63
PATIENT5,NADINE UP,AD (DM)	000005	COMMUNITY #1	F	61	08/12/55
PATIENT6,RUTH UP (CHD)	000006	COMMUNITY #1 Exclusion: 02/15/17	F	64	06/30/52

Figure 2-84: Sample Patient List, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

2.8.10 Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients aged 35 and older discharged for an AMI during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within 7 days of discharge. Broken down by gender.

Numerators

Patients with active prescription for or who have a contraindication/previous adverse reaction to *beta-blockers*.

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/previous adverse reaction to *ASA (aspirin) or other anti-platelet agent*.

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/ previous adverse reaction to *ACEIs/ARBs*.

Note: This numerator does *not* include refusals.

Patients with active prescription for or who have a contraindication/ previous adverse reaction to *statins*.

Note: This numerator does *not* include refusals.

Also included for the numerators above are sub-numerators:

- a. Patients with active prescription for the specified medication
- b. Patients with contraindication/previous adverse reaction to the specified medication

Patients with active prescriptions for *all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin), and/or who have a contraindication/previous adverse reaction.

Note: This numerator does *not* include refusals.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV ICD-9: 410.0*-410.9*, 412; ICD-10: I21.*, I22.*, I23.*, I25.2 with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report Period, CRS will include only the first discharge.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within 7 days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the two conditions below:

1. An active prescription (not discontinued as of [discharge date plus (+) 7 days] and does not have a comment of RETURNED TO STOCK) that was prescribed prior to admission, during the inpatient stay, or within 7 days after discharge. "Active" prescription defined as: Days Prescribed greater than (>) ((Discharge Date plus (+) 7 days) - Order Date); *or*
2. Have a contraindication/previous adverse reaction to the indicated medication.

Contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication/ADR/allergy will be counted in sub-numerator B.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP PQA BETA BLOCKER MEDS. (Medications are: Noncardioselective Beta Blockers: Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol.)

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of ICD-9: 493*; ICD-10: J45.* on different visit dates
Hypotension		POV or Problem List entry where the status is not Deleted: 1 diagnosis of ICD-9: 458*; ICD-10: I95.*; SNOMED data set PXR M BGP HYPOTENSION (Problem List only)
Heart Block greater than (>)1 Degree		POV or Problem List entry where the status is not Deleted: 1 diagnosis of ICD-9: 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7; ICD-10: I44.1, I44.2, I45.2, I45.3, I45.6; SNOMED data set PXR M BGP OVER 1 DEG HEART BLK (Problem List only)
Sinus Bradycardia		POV or Problem List entry where the status is not Deleted: 1 diagnosis of ICD-9: 427.81; ICD-10: I49.5, R00.1; SNOMED data set PXR M BGP SINUS BRADYCARDIA (Problem List only)

COPD		POV: 2 diagnoses on different visit dates of ICD-9: 491.2*, 496, 506.4; ICD-10: J44.*, J68.4, J68.8, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 (old code), G9190 (Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)) at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

Adverse Drug Reaction/Allergy to Beta-Blockers

ICD and Other Codes
POV: ICD-9: 995.0-995.3 AND E942.0
Entry in ART (Patient Allergies File): "beta block*"
Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "beta block*", "bblock*" or "b block*"
Problem List entry where the status is not Deleted: SNOMED data set PXRMBGPADR BETA BLOCKER

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV or Problem List entry where the status is not Deleted: ICD-9: 459.0; ICD-10: R58; SNOMED data set PXRMBGP HEMORRHAGE (Problem List only)
NMI Refusal	G8008 (old code) at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

Adverse Drug Reaction/Allergy to ASA/Other Anti-Platelets

ICD and Other Codes
POV: ICD-9: 995.0-995.3 AND E935.3; ICD-10: T39.015* or T39.095*
Entry in ART (Patient Allergies File): "aspirin"
Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "ASA" or "aspirin"
Problem List entry where the status is not Deleted: SNOMED data set PXRMBGP ADR ASA

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Pregnancy	See below for definition
Breastfeeding	POV: ICD-9: V24.1; ICD-10: Z39.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001 during the Report Period
Moderate or Severe Aortic Stenosis	POV or Problem List entry where the status is not Deleted: ICD-9: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22; SNOMED data set PXR M BGP MOD SEV AORTIC STEN (Problem List only)
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

Adverse Drug Reaction/ Allergy to ACE Inhibitors

ICD and Other Codes
POV: ICD-9: 995.0-995.3 AND E942.6; ICD-10: T46.4X5*
Entry in ART (Patient Allergies File): "ace inhibitor" or "ACEI"
Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "ace i*" or "ACEI"
Problem List entry where the status is not Deleted: SNOMED data set PXR M BGP ADR ACEI

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Amlodipine-Telmisartan, Amlodipine-valsartan, Azilsartan-chlorthalidone, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan).

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Pregnancy	See below for definition
Breastfeeding	POV: ICD-9: V24.1; ICD-10: Z39.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001 during the Report Period
Moderate or Severe Aortic Stenosis	POV or Problem List entry where the status is not Deleted: ICD-9: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22; SNOMED data set PXR M BGP MOD SEV AORTIC STEN (Problem List only)
NMI Refusal	Refusal: NMI refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

Adverse Drug Reaction/Allergy to ARBs

ICD and Other Codes
POV: ICD-9: 995.0-995.3 AND E942.6
Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "Angiotensin Receptor Blocker" or "ARB"
Problem List entry where the status is not Deleted: SNOMED data set PXR M BGP ADR ARB

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP PQA STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Niacin-lovastatin, Niacin-simvastatin, Ezetimibe-simvastatin, Amlodipine-Atorvastatin, Sitagliptin-simvastatin, Ezetimibe-atorvastatin.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Pregnancy	See below for definition
Breastfeeding	POV: ICD-9: V24.1; ICD-10: Z39.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001 during the Report Period
Acute Alcoholic Hepatitis	POV or Problem List entry where the status is not Deleted during the Report Period: ICD-9: 571.1; ICD-10: K70.10, K70.11; SNOMED data set PXRMBGP ACUTE ETOH HEPATITIS (Problem List only)
NMI Refusal	Refusal: NMI refusal for any statin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

Adverse Drug Reaction/Allergy to Statins

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST greater than (>) 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period

ICD and Other Codes
Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels greater than (>) 10x ULN or CK greater than (>) 10,000 IU/L during the Report Period
POV or Problem List entry where the status is not Deleted: Myopathy/Myalgia, defined as any of the following during the Report Period: ICD-9: 359.0-359.9, 729.1, 710.5, 074.1; ICD-10: G71.14, G71.19, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80-M60.9, M79.1; SNOMED data set PXRMBGP MYOPATHY MYALGIA (Problem List only)
POV: ICD-9: 995.0-995.3 AND E942.9
Entry in ART (Patient Allergies File): "statin" or "statins"
Entry in Problem List (where status is not Deleted) or in Provider Narrative for any POV ICD-9: 995.0-995.3, V14.8; ICD-10: Z88.8: "Statin" or "Statins"
Problem List entry where the status is not Deleted: SNOMED data set PXRMBGP ADR STATIN

Subject Defined	ICD and CPT Codes
<p>Pregnancy - Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the Report Period, where the primary provider is not a CHR (Provider code 53) with any of the following codes. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".</p>	<p>POV or Problem List: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.* , V27.* , V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.* , O60.0*, O61.*-O66.* , O68, O69.* , O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.* , O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.* , Z36.</p> <p>Procedure: ICD-9: 72.* , 73.* , 74.*</p> <p>CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828</p>
<p>Abortion</p>	<p>CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267</p> <p>POV: ICD-9: 635*, 636*, 637*; ICD-10: O00.* through O03.89, O04.* , Z33.2</p> <p>Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z</p>
<p>Miscarriage</p>	<p>CPT: 59812, 59820, 59821, 59830</p> <p>POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9</p>

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 16.1

1. Added logic to Hypotension definition to look at the Problem List.
2. Added SNOMED data set PXRMBGP HYPOTENSION to hypotension definition (for Problem List only).
3. Added logic to Heart block >1 degree definition to look at the Problem List.
4. Added SNOMED data set PXRMBGP OVER 1 DEG HEART BLK to heart block > 1 degree definition (for Problem List only).
5. Added logic to Sinus bradycardia definition to look at the Problem List.
6. Added SNOMED data set PXRMBGP SINUS BRADYCARDIA to sinus bradycardia definition (for Problem List only).
7. Added logic to Hemorrhage definition to look at the Problem List.
8. Added SNOMED data set PXRMBGP HEMORRHAGE to hemorrhage definition (for Problem List only).
9. Added logic to Moderate or severe aortic stenosis definition to look at the Problem List.
10. Added SNOMED data set PXRMBGP MOD SEV AORTIC STEN to moderate or severe aortic stenosis definition (for Problem List only).
11. Added logic to Acute Alcoholic Hepatitis definition to look at the Problem List.
12. Added SNOMED data set PXRMBGP ACUTE ETOH HEPATITIS to acute alcoholic hepatitis definition (for Problem List only).
13. Added logic to Myopathy/Myalgia definition to look at the Problem List.
14. Added SNOMED data set PXRMBGP MYOPATHY MYALGIA to myopathy/myalgia definition (for Problem List only).
15. Updated adverse drug reaction/documentated beta blocker allergy logic to clarify that Problem List entry status is not Deleted.

16. Added SNOMED data set PXRMBGPADR BETA BLOCKER to beta blocker adverse reaction definition (for Problem List only).
17. Updated adverse drug reaction/documented ASA/other anti-platelet allergy logic to clarify that Problem List entry status is not Deleted.
18. Added SNOMED data set PXRMBGPADR ASA to ASA/aspirin adverse reaction definition (for Problem List only).
19. Updated adverse drug reaction/documented ACEI allergy logic to clarify that Problem List entry status is not Deleted.
20. Added SNOMED data set PXRMBGPADR ACEI to ACEI adverse reaction definition (for Problem List only).
21. Updated adverse drug reaction/documented ARB allergy logic to clarify that Problem List entry status is not Deleted.
22. Added SNOMED data set PXRMBGPADR ARB to ARB adverse reaction definition (for Problem List only).
23. Updated adverse drug reaction/documented statin allergy logic to clarify that Problem List entry status is not Deleted.
24. Added SNOMED data set PXRMBGPADR STATIN to statin adverse reaction definition (for Problem List only).

Patient List Description

List of patients with AMI, with appropriate medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-Term Targets

None

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*** IHS 2017 Selected Measures with Community Specified Report ***		
DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Appropriate Medication Therapy after a Heart Attack		

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %
Active Clinical Pts 35+ Hospitalized for AMI	15		0			0		
# w/ Beta-Blocker Rx/Contra/ADR-No Refusals	7	46.7	0	0.0	+46.7	0	0.0	+46.7
A. # w/ Beta-Blocker Rx w/ % of Total	4	57.1	0	0.0	+57.1	0	0.0	+57.1
B. # w/ Contra/ADR w/ % of Total	3	42.9	0	0.0	+42.9	0	0.0	+42.9
# w/ ASA Rx/Contra/ADR-No Refusals	3	20.0	0	0.0	+20.0	0	0.0	+20.0
A. # w/ ASA Rx w/ % of Total	1	33.3	0	0.0	+33.3	0	0.0	+33.3
B. # w/ Contra/ADR w/ % of Total	2	66.7	0	0.0	+66.7	0	0.0	+66.7
# w/ ACEI/ARB Rx/Contra/ADR-No Refusals	12	80.0	0	0.0	+80.0	0	0.0	+80.0
A. # w/ ACEI/ARB Rx w/ % of Total	7	58.3	0	0.0	+58.3	0	0.0	+58.3
B. # w/ Contra/ADR w/ % of Total	5	41.7	0	0.0	+41.7	0	0.0	+41.7
# w/ Statin Rx/Contra/ADR-No Refusals	10	66.7	0	0.0	+66.7	0	0.0	+66.7
A. # w/ Statin Rx w/ % of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0
B. # w/ Contra/ADR w/ % of Total	8	80.0	0	0.0	+80.0	0	0.0	+80.0
# w/ Rx/Contra/ADR of All Meds-No Refusals	3	20.0	0	0.0	+20.0	0	0.0	+20.0

Figure 2-85: Sample Report, Appropriate Medication Therapy after a Heart Attack

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Appropriate Medication Therapy after a Heart Attack: List of patients with AMI, with appropriate medication therapy, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB
DENOMINATOR		NUMERATOR			

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PATIENT1,CECELIA      000001 COMMUNITY #1   F  37   08/18/80
AC                    BETA: 06/30/17 Contra 2/3 heart block POV 426.3
PATIENT2,KATHLEEN    000002 COMMUNITY #1   F  38   12/15/79
AC                    ACEI/ARB: Contra pregnant; STATIN: Contra pregnant
PATIENT3,KIMBERLY A  000003 COMMUNITY #1   F  49   02/27/68
AC                    ASA: 11/16/17 CLOPIDOGREL BISULFATE 75MG TAB;
ACEI/ARB: 01/14/17 Contra BF-HC; STATIN: 01/14/17 Contra BF-HC
PATIENT4,TIMOTHY JOHN 000004 COMMUNITY #1   M  57   04/30/60
AC                    ACEI/ARB: 06/01/17 Contra NMI CAPTOPRIL 25MG TABS
PATIENT5,FELIPE      000005 COMMUNITY #1   M  57   09/12/60
AC
PATIENT6,JAMES DALTON 000006 COMMUNITY #1   M  77   06/14/40
AC                    ALL MEDS: BETA: 07/23/17 Contra CPT G8011; ASA:
07/23/17 Contra CPT G8008; ACEI/ARB: 07/27/15 Contra POV 396.0; STATIN: 06/05/17
SIMVASTATIN 40MG TAB

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Figure 2-86: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

2.8.11 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation

Denominator

User Population patients ages 18 and older who have a documented diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation any time prior to the end of the Report Period.

Numerators

Patients who received a prescription for anticoagulant during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes to define ischemic stroke or transient ischemic attack with atrial fibrillation.

Subject Defined	ICD and Other Codes
Ischemic Stroke or TIA with Atrial Fibrillation	POV: ICD-9: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9; ICD-10: G45.0-G45.2, G45.8, G45.9, G46.0-G46.2, I63.* AND ICD-9: 427.31; ICD-10: I48.0-I48.2, I48.91 (atrial fibrillation)

Anticoagulant Therapy: Patient must receive a prescription for Warfarin, aspirin, or other anti-platelet during the Report Period to be counted as receiving anticoagulant therapy. For all prescriptions, medications must not have a comment of RETURNED TO STOCK.

Warfarin Medication: Any medication in site-populated BGP CMS WARFARIN MEDS taxonomy.

Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy.

Other Anti-Platelet/Anticoagulant Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy, any medication with VA Drug Class BL700.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Baseline Period: Jan 01, 2010 to Dec 31, 2010							

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation							
	REPORT	%	PREV YR	%	CHG from	BASE	%
	PERIOD		PERIOD		PREV YR %	PERIOD	BASE %
User Pop Pts 18+ w/ Stroke/TIA and Atrial Fib	5		1			1	

# w/ Anticoagulant Rx	5 100.0	1 100.0	+0.0	1 100.0	+0.0
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Figure 2-87: Sample Report, Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge: List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.

PATIENT NAME DENOMINATOR	HRN NUMERATOR	COMMUNITY	SEX	AGE	DOB
PATIENT1, SHERRY UP	000001	COMMUNITY #1	F	38	05/14/79
					DX: 10/23/10 THERAPY: 01/17/17 ASA
PATIENT2, CODY JACK UP	000002	COMMUNITY #1	M	31	04/28/86
					DX: 05/01/14 THERAPY: 01/30/17 ASA
PATIENT3, TIMOTHY ALLEN UP	000003	COMMUNITY #1	M	33	04/13/84
					DX: 02/02/17 THERAPY: 06/10/17 WARF
PATIENT4, TRACE UP	000004	COMMUNITY #1	M	37	05/16/80
					DX: 03/01/16 THERAPY: 04/17/17 ASA

Figure 2-88: Sample Patient List: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

2.8.12 Heart Failure and Evaluation of LVS Function

Denominator

Active Clinical patients ages 18 and older discharged with heart failure during the Report Period.

Numerators

Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Logic Description

Age of the patient is calculated as of the hospital admission date.

Denominator exclusions are defined as any of the following:

1. Patients receiving comfort measures only (i.e., patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).

2. Patients with a Discharge Type of Transferred or Irregular or containing "Death."
3. Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

CRS uses the following codes to define the denominator and numerators.

Denominator Exclusions

Subject Defined	CPT Codes	ICD and Other Codes
Comfort Measures		POV: ICD-9: V66.7 (Encounter for palliative care); ICD-10: Z51.5 documented during hospital stay
LVAD/Heart Transplant		Procedure: ICD-9: 33.6, 37.41, 37.51–37.54, 37.61–37.66, 37.68; ICD-10: 02HA**Z, 02PA*RZ, 02RK0JZ, 02RL0JZ, 02UA4JZ, 02WA0JZ, 02WA0QZ, 02WA0RZ, 02WA3QZ, 02WA3RZ, 02WA4QZ, 02WA4RZ, 02YA0Z*, 5A02*10, 5A02*16, 5A02*1D documented during hospital stay

Denominator Definition

Subject Defined	CPT Codes	ICD and Other Codes
Heart Failure		POV (Primary Diagnosis only): ICD-9: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, 997.1; ICD-10: I11.0, I13.0, I13.2, I50.* <i>and</i> with Service Category H (hospitalization). NOTE: If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.

Numerator Definition (Evaluation of LVS Function): Any of the codes listed below

Subject Defined	CPT Codes	ICD and Other Codes
Ejection Fraction (ordered or documented anytime one year prior to discharge date)	78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314–93318, 93350, 93543, 93555	Measurement: "CEF" Procedure: ICD-9: 88.53, 88.54; ICD-10: B205*ZZ, B206*ZZ, B215*ZZ, B216*ZZ

Subject Defined	CPT Codes	ICD and Other Codes
RCIS Order for Cardiovascular Disorders Referral (ordered during the hospital stay but no later than the hospital discharge date)		ICD Diagnostic Category: "Cardiovascular Disorders" AND one of the following: CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging"
Other Procedures (documented anytime one year prior to discharge date)		Echocardiogram: Procedure ICD-9: 88.72, 37.28, 00.24; ICD-10: B245YZZ, B245ZZ4, B245ZZZ, B246YZZ, B246ZZ4, B246ZZZ, B24BYZZ, B24BZZ4, B24BZZZ Nuclear Medicine Test: Procedure ICD-9: 92.2*; Cardiac Catheterization with a Left Ventriculogram: Procedure ICD-9: 37.22, 37.23, 88.53, 88.54; ICD-10: 4A02*N7, 4A02*N8, B205*ZZ, B206*ZZ, B215*ZZ, B216*ZZ

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of Active Clinical heart failure patients 18 and older who received evaluation of LVS function, if any.

Measure Source

CMS HF-2

Measure Past Performance and Long-Term Targets

None

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Heart Failure and Evaluation of LVS Function		
REPORT PERIOD	%	PREV YR PERIOD
CHG from PREV YR	%	BASE PERIOD
CHG from BASE	%	BASE %
Active Clinical 18+ w/ Heart		

Failure Dx	2	0	0					
Patients w/ Eval of LVS Function	1	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure 2-89: Sample Report, Heart Failure and Evaluation of LVS Function

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UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

Heart Failure and Evaluation of LVS Function: List of Active Clinical heart
failure patients 18+ who received evaluation of LVS function, if any.

PATIENT NAME          HRN      COMMUNITY      SEX AGE  DOB
DENOMINATOR          NUMERATOR
-----
PATIENT1,JOAN        000164 COMMUNITY #1  F  36   08/12/81
AC                    Admission: 06/01/17 LVS: NOT DOCUMENTED
PATIENT2,SARAH      000127 COMMUNITY #1  F  35   10/09/82
AC                    Admission: 06/01/17 LVS: 06/03/17 Proc 88.72
PATIENT3,JOHN       000151 COMMUNITY #1  M  36   12/16/81
AC                    Admission: 05/01/17 LVS: 05/01/17 Meas CEF 40
PATIENT4,ROGER      000125 COMMUNITY #1  M  47   08/01/70
AC                    Admission: 06/01/17 LVS: NOT DOCUMENTED
PATIENT5,DANIEL     000129 COMMUNITY #1  M  57   07/12/60
AC                    Admission: 06/01/17 LVS: 06/01/17 CPT 78468

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Figure 2-90: Sample Patient List: Heart Failure and Evaluation of LVS Function

2.9 STD-Related Measure Topics

2.9.1 HIV Screening

GPRA Measure Description

During GPRA Year 2017, achieve the target rate of 41.9% for the proportion of patients who have ever been screened for HIV.

Denominators

Pregnant Active Clinical female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

User Population patients ages 13 through 64 with no recorded HIV diagnosis prior to the Report Period. (GPRA Denominator).

Numerators

Patients who were screened for HIV during the past 20 months.

Note: This numerator does *not* include refusals.

Patients who were screened for HIV during the Report Period. (GPRA Developmental Numerator)

Note: This numerator does *not* include refusals.

Patients who were screened for HIV at any time before the end of the Report Period. (GPRA Numerator)

Note: This numerator does *not* include refusals.

Count only: Number of HIV screens provided to User Population patients during the report period, where the patient was not diagnosed with HIV any time prior to the screen. (GPRA Developmental Numerator)

Note: This numerator does not include refusals.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Pregnancy definition: Any of the following: 1) The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period, or 2) At least two visits during the past 20 months from the end of the Report Period, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (Clinic Code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes". The time period is extended to include patients who were pregnant during the Report Period but whose initial diagnosis (and HIV test) were documented prior to Report Period.

HIV Screening definition: For the number of HIV screens provided to User Population patients numerator (count only), a maximum of one HIV screen per patient per day will be counted.

Notes: The time frame for screening for the pregnant patients denominator is anytime during the past 20 months and for User Population patients 13–64 is anytime during the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period or the Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period)	CPT: 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828	POV: ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0-V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09; ICD-10: O09.00-O10.02, O10.111-O10.12, O10.211-O10.22, O10.311-O10.32, O10.411-O10.42, O10.911-O10.92, O11.1-O15.1, O15.9-O24.02, O24.111-O24.12, O24.311-O24.32, O24.41*, O24.811-O24.82, O24.911-O24.92, O25.10-O25.2, O26.00-O26.62, O26.711-O26.72, O26.811-O26.93, O29.011-O30.93, O31.*-O48.*, O60.0*, O61.*-O66.*, O68, O69.*, O71.00-O71.1, O71.89, O71.9, O74.0-O75.81, O75.89, O75.9, O76-O77.*, O88.011-O88.02, O88.111-O88.12, O88.211-O88.22, O88.311-O88.32, O88.811-O88.82, O90.3, O91.011-O91.019, O91.111-O91.119, O91.211-O91.219, O92.011-O92.019, O92.20, O92.29, O98.011-O98.02, O98.111-O98.12, O98.211-O98.22, O98.311-O98.32, O98.411-O98.42, O98.511-O98.52, O98.611-O98.62, O98.711-O98.72, O98.811-O98.82, O98.911-O98.92, O99.011-O99.02, O99.111-O99.12, O99.210-O99.214, O99.280-O99.284, O99.310-O99.314, O99.320-O99.324, O99.330-O99.334, O99.340-O99.344, O99.350-O99.354, O99.411-O99.42, O99.511-O99.52, O99.611-O99.62, O99.711-O99.72, O99.810, O99.814, O99.820, O99.824, O99.830, O99.834, O99.840-O99.844, O99.89, O9A.111-O9A.12, O9A.211-O9A.22, O9A.311-O9A.32, O9A.411-O9A.42, O9A.511-O9A.52, Z03.7*, Z32.01, Z33.1, Z34.*, Z36 Procedure: ICD-9: 72.*, 73.*, 74.*		
Miscarriage (after second pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	POV: ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9		

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Abortion (after second pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260–S2267	POV: ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2 Procedure: ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z		
HIV Diagnosis (documented any time prior to the end of the Report Period)		POV or Problem List entry where the status is not Deleted: ICD-9: 042, 042.0–044.9 (old codes), 079.53, V08, 795.71; ICD-10: B20, B97.35, R75, Z21, O98.711–O98.73; SNOMED data set PXRMI HIV (Problem List only)		
HIV Screening	86689, 86701–86703, 87390, 87391, 87534–87539		Yes	BGP HIV TEST TAX

Key Logic Changes from CRS Version 16.1

1. Changed logic for HIV to include inactive problems on the Problem List.
2. Added SNOMED data set PXRMI HIV to HIV diagnosis definition (for Problem List only).

Patient List Description

List of pregnant patients (any age) or User Population patients 13-64 with documented HIV test, if any.

Measure Source

HP 2020 HIV-14.3

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance (HIV screen ever)	41.9%

Performance	Percent
IHS FY 2015 Performance (Prenatal HIV screen)	86.6%
IHS FY 2014 Performance (Prenatal HIV screen)	88.0%
IHS FY 2013 Performance (Prenatal HIV screen)	87.7%
IHS FY 2012 Performance (Prenatal HIV screen)	85.8%
IHS FY 2011 Performance (Prenatal HIV screen)	80.0%

Performance	Percent
IHS FY 2010 Performance (Prenatal HIV screen)	78.0%
IHS FY 2009 Performance (Prenatal HIV screen)	76.0%
IHS FY 2008 Performance (Prenatal HIV screen)	75.0%
IHS FY 2007 Performance (Prenatal HIV screen)	74.0%
IHS FY 2006 Performance (Prenatal HIV screen)	65.0%
IHS FY 2005 Performance (Prenatal HIV screen)	54.0%
HP 2020 Goal (Prenatal HIV screen)	74.1%

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Baseline Period: Jan 01, 2010 to Dec 31, 2010									

HIV Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Pregnant Active									
Clinical Pts w/ No									
HIV Ever	40		62			65			
# w/ HIV									
Screening-No									
Refusals	22	55.0	47	75.8	-20.8	42	64.6	-9.6	
User Pop Pts 13-64									
w/ No HIV (GPRA									
Dev.)	1,617		1,667			1,680			
# w/ HIV									
Screening-No									
Refusals (GPRA									
Dev.)	41	2.5	107	6.4	-3.9	90	5.4	-2.8	
# w/ HIV Screening									
Ever-No Refusals									
(GPRA)	431	26.7	419	25.1	+1.5	339	20.2	+6.5	
# HIV Screens for									
User Pop Pts w/ No									
Prior HIV-No									
Refusals (GPRA									
Dev.)	44		121		-77	104		-60	

Figure 2-91: Sample Report, HIV Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

HIV Screening: List of pregnant patients or User Population patients with documented HIV test or refusal, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, HELEN MARY UP	000001	COMMUNITY #1 03/31/17 Lab; Screen Count: 1	F	12	09/08/05
PATIENT2, CECELIA UP	000002	COMMUNITY #1	F	19	10/10/98
PATIENT15, BRENDA G UP	000015	COMMUNITY #2 03/14/17 CPT 87534; 02/14/17 CPT 86689; Screen Count: 2	F	30	12/03/87
PATIENT16, ALYSHA UP, AC PREG	000016	COMMUNITY #2 08/25/17 Lab; Screen Count: 1	F	33	06/09/84

Figure 2-92: Sample Patient List, HIV Screening

2.9.2 HIV Quality of Care

Denominator

User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/PRC) with HIV diagnosis during the Report Period, including one HIV diagnosis in last 6 months.

Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving any test.

Patients who received at least one prescription for an Antiretroviral medication.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		POV: ICD-9: 042, 042.0-044.9 (old codes), 079.53, V08, 795.71; ICD-10: B20, B97.35, R75, Z21, O98.711-O98.73		
CD4	86359, 86360 86361, G9214		Yes	BGP CD4 TAX
HIV Viral Load	87536, 87539, G9242, G9243		Yes	BGP HIV VIRAL LOAD TAX
Antiretroviral medication				BGP PQA ANTIRETROVIRAL MEDS - Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

1. Added LOINC code 43275-7 to BGP CD4 LOINC CODES taxonomy.

Patient List Description

List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

Measure Source

HP 2010 developmental measure 13–13a Viral Load Testing

Measure Past Performance and Long-Term Targets

Performance	Percent
<i>IHS 2020 goal for viral load testing</i>	<i>Nearly 100%</i>
<i>IHS 2020 baseline for CD4 testing</i>	<i>Nearly 100%</i>

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Baseline Period: Jan 01, 2010 to Dec 31, 2010								

HIV Quality of Care								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	%	PERIOD	BASE %
User Pop Pts 13+								

w/ HIV Dx	5	1	1					
# w/ CD4 Only	1	20.0	0	0.0	+20.0	0	0.0	+20.0
# w/ Viral Load Only	2	40.0	0	0.0	+40.0	0	0.0	+40.0
# w/ Both CD4 and Viral Load	2	40.0	0	0.0	+40.0	0	0.0	+40.0
# w/ Any Tests	5	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/ ART Rx	1	20.0	1	100.0	-80.0	1	100.0	-80.0

Figure 2-93: Sample Report HIV Quality of Care

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

HIV Quality of Care: List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, MARY UP	000001	COMMUNITY #1 CD4: 02/01/17 86359	F	19	08/02/98
PATIENT2, TANYA UP	000002	COMMUNITY #1	F	37	01/10/80
PATIENT15, JOHN UP	000015	COMMUNITY #2 Viral Load: 05/01/17 87539	M	18	09/22/99
PATIENT16, HAROLD UP	000016	COMMUNITY #2 CD4: 03/01/17 86360; Viral Load: 03/01/17 87536	M	20	10/16/97

Figure 2-94: Sample Patient List, HIV Quality of Care

2.9.3 Hepatitis C Screening

Denominator

User Population patients born between 1945 and 1965 with no recorded Hep C diagnosis.

User Population patients with documented positive Ab result or Hep C diagnosis ever.

User Population patients born between 1945-1965 with documented positive Ab result or Hep C diagnosis ever.

User Population patients with positive Hepatitis C confirmation result ever.

User Population patients born between 1945-1965 with positive Hepatitis C confirmation result ever.

Numerators

Patients screened for Hepatitis C ever (Ab test).

- a. Patients with a positive result.
- b. Patients with a negative result.

Patients with documented positive Ab result ever.

Patients with documented Hep C diagnosis ever.

Patients who were given a Hepatitis C confirmation test.

- a. Patients with a positive result.
- b. Patients with a negative result.

Patients who ever had a negative confirmation test twelve weeks or greater after a positive confirmation test (cured).

- a. Patients who had a negative confirmation test twelve weeks or greater after their most recent positive confirmation test (currently cured).

Logic Description

CRS uses the following codes and taxonomies to define the denominator and numerators.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hepatitis C diagnosis (documented any time prior to the end of the Report Period)		POV or Problem List entry where the status is not Inactive or Deleted: ICD-9: 070.41, 070.44, 070.51, 070.54, 070.70-070.71, V02.62; ICD-10: B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52; SNOMED data set PXR M HEPATITIS C (Problem List only)		
Hepatitis C Screening (Ab Test)	86803		Yes	BGP HEP C TEST TAX

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
<p>Hepatitis C Confirmation Test (documented any time prior to the end of the Report Period)</p> <p>If patient has more than one confirmatory test, CRS will first look for a test with a positive result, and if none is found, then will look for a test with a negative result. If there is no test with a result, CRS will use the first test documented.</p>	86804, 87520, 87521, 87522, G9203, G9207, G9209		Yes	BGP HEP C CONF TEST TAX

For patients ever cured numerator, there must be twelve or more weeks between a positive and negative confirmation test result.

Positive Ab test result defined as a result starting with ">" or containing "Pos", "React", or "Detec".

Negative Ab test result defined as a result starting with "<", or containing "Neg", "Non", "Not", or "None".

Positive confirmation test result defined as any number greater than zero, a result starting with ">" or "<", or containing "Pos", "React", or "Detec".

Negative confirmation test result defined as a result containing "Neg", "Non", "Not", or "None".

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXR HEPATITIS C to Hep C diagnosis definition (for Problem List only).
2. Updated logic for positive and negative Ab and confirmation test result definitions.

- Removed LOINC codes 10676-5, 11011-4, 11259-9, 16937-5, 20416-4, 20571-6, 29609-5, 32286-7, 34703-9, 34704-7, 38180-6, 41996-0, 42003-4, 42617-1, 47252-2, 48574-8, 48575-5, 48576-3, 48796-7, 49372-6, 49376-7, 49380-9, 49605-9, 49758-6, 49846-9, 50023-1, 5010-4, 5011-2, 5012-0, 51655-9, and 6422-0 from BGP HEP C TEST LOINC CODES taxonomy.

Patient List Description

List of patients with documented Hepatitis C screening or confirmatory test ever, if any.

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Hepatitis C Screening									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
UP Pts born									
1945-1965 w/ No Hep C	445		471			482			
# w/ Hep C Screening	66	14.8	63	13.4	+1.5	48	10.0	+4.9	
A. # w/ Positive Result w/ % of Total Screened	45	68.2	41	65.1	+3.1	26	54.2	+14.0	
B. # w/ Negative Result w/ % of Total Screened	14	21.2	16	25.4	-4.2	17	35.4	-14.2	
User Pop Pts w/ Hep C	255		233			128			
# w/ Positive Ab result	233	91.4	211	90.6	+0.8	98	76.6	+14.8	
# w/ Hep C Dx	35	13.7	36	15.5	-1.7	39	30.5	-16.7	
# w/ Confirmation Test	27	10.6	23	9.9	+0.7	16	12.5	-1.9	
A. # w/ Positive Result w/ % of Total Screened	12	44.4	9	39.1	+5.3	8	50.0	-5.6	
B. # w/ Negative Result w/ % of Total Screened	12	44.4	12	52.2	-7.7	7	43.8	+0.7	
UP Pts born									
1945-1965 w/ Hep C	66		63			50			

# w/ Positive Ab result	49	74.2	46	73.0	+1.2	30	60.0	+14.2
# w/ Hep C Dx	20	30.3	21	33.3	-3.0	23	46.0	-15.7
# w/ Confirmation Test	15	22.7	12	19.0	+3.7	9	18.0	+4.7
A. # w/ Positive Result w/ % of Total Screened	5	33.3	4	33.3	+0.0	5	55.6	-22.2
B. # w/ Negative Result w/ % of Total Screened	7	46.7	6	50.0	-3.3	3	33.3	+13.3
User Pop Pts w/ positive Hep C confirmation	12		9			8		
# Ever Cured	2	16.7	1	11.1	+5.6	0	0.0	+16.7
A. # Currently Cured	1	8.3	1	11.1	-2.8	0	0.0	+8.3
UP Pts born 1945-1965 w/ positive Hep C confirmation	5		4			5		
# Ever Cured	1	20.0	0	0.0	+20.0	0	0.0	+20.0
A. # Currently Cured	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-95: Sample Report Hepatitis C Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Hepatitis C Screening: List of patients with documented Hepatitis C screening ever, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,MARY UP	000001	COMMUNITY #1	F	50	05/15/67
Ab Test Pos: 10/08/11 Lab Test (Loinc 5198); Conf: 06/15/15 Lab Result=NEG					
PATIENT2,TANYA UP,HEP	000002	COMMUNITY #1	F	52	08/07/65
Hep C Dx: 12/12/13 POV V02.62					
PATIENT15,JOHN UP	000015	COMMUNITY #2	M	65	02/03/52
Screen: 02/08/17 result=NEG					
PATIENT16,HAROLD UP	000016	COMMUNITY #2	M	66	01/15/51
Hep C Dx: 11/22/16 POV 070.54; Ab Test Pos: 10/12/16 Lab Test (Loinc 5198); Conf: 11/10/16 Lab Result=POS; Currently Cured					

Figure 2-96: Sample Patient List, Hepatitis C Screening

2.9.4 Chlamydia Testing

Denominators

Female Active Clinical patients ages 16 through 25. Broken down by age groups (16 through 20, 21 through 25).

Female User Population patients ages 16 through 25. Broken down by age groups (16 through 20, 21 through 25).

Numerators

Patients tested for Chlamydia during the Report Period.

Patients with documented refusal during the Report Period.

Logic Description

Age is calculated at beginning of the Report Period. The following codes are used to determine a test for Chlamydia.

Subject Defined	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810, 3511F, G9228	POV: ICD-9: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX
Refusals	86631, 86632, 87110, 87270, 87320, 87490-92, 87810, 3511F, G9228			V Lab Chlamydia Test

Key Logic Changes from CRS Version 16.1

1. Added refusal measures and corresponding logic.
2. Added LOINC codes 80363-5 and 80364-3 to BGP CHLAMYDIA LOINC CODES taxonomy.

Patient List Description

List of patients with documented Chlamydia screening or refusal, if any.

Measure Source

HP 2020 STD-4, annual screening for genital Chlamydia–females enrolled in commercial MCOs (aged 25 years and under); STD-3, annual screening for genital Chlamydia–females enrolled in Medicaid MCOs (aged 25 years and under).

Measure Past Performance and Long-Term Targets

Performance	Percent
HP 2020 goal for Females 16 through 20 with Medicaid (STD-3.1)	57.9%
HP 2020 goal for Females 21 through 24 with Medicaid (STD-3.2)	65.3%
HP 2020 goal for Females 16 through 20 with Commercial Health Insurance (STD-4.1)	44.1%
HP 2020 goal for Females 21 through 24 with Commercial Health Insurance (STD-4.2)	47.9%

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Chlamydia Testing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical Pts 16-25	211		217			213			
# w/ Chlamydia Screen	29	13.7	59	27.2	-13.4	50	23.5	-9.7	
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
A. Female Active Clinical Pts 16-20	101		113			120			
# w/ Chlamydia Screen	11	10.9	25	22.1	-11.2	18	15.0	-4.1	
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. Female Active Clinical Pts 21-25	110		104			93			
# w/ Chlamydia Screen	18	16.4	34	32.7	-16.3	32	34.4	-18.0	
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female User Pop Pts 16-25	240		245			241			
# w/ Chlamydia Screen	29	12.1	60	24.5	-12.4	50	20.7	-8.7	
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
A. Female User Pop Pts 16-20	117		129			140			

# w/ Chlamydia Screen	11	9.4	25	19.4	-10.0	18	12.9	-3.5
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. Female User Pop								
Pts 21-25	123		116			101		
# w/ Chlamydia Screen	18	14.6	35	30.2	-15.5	32	31.7	-17.0
# w/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-97: Sample Report Chlamydia Testing

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Chlamydia Testing: List of patients with documented Chlamydia screening or refusal, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,MELISSA ANNE UP,AC	000001	COMMUNITY #1	F	16	08/12/01
PATIENT2,LISA MARIE UP,AC	000002	COMMUNITY #1 04/04/17 Lab test	F	16	10/18/01
PATIENT3,CRYSTAL LEE UP,AC	000003	COMMUNITY #1 07/25/17 Lab test	F	17	01/16/00
PATIENT4,DANIELLE UP,AC	000004	COMMUNITY #1 06/01/17 CPT 87490	F	18	03/22/99
PATIENT5,KELLYE UP,AC	000005	COMMUNITY #1 03/15/17 Refused CPT 86631	F	19	09/12/98

Figure 2-98: Sample Patient List, Chlamydia Testing

2.9.5 Sexually Transmitted Infection Screening

Denominators

HIV/AIDS screenings needed for key STI incidents for *Active Clinical patients* that occurred during the defined period. Broken down by gender.

Numerators

Count only: Number of *Active Clinical patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

Count only: Number of separate *key STI incidents for Active Clinical patients* during the defined period.

Number of needed HIV/AIDS screenings performed from one month prior to the date of first STI diagnosis of each incident through 2 months after.

Note: This numerator does *not* include refusals.

Patients with documented HIV screening refusal during the Report Period.

Logic Description

Key STIs are Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Key STI diagnoses are defined with the following codes.

STI	ICD and Other Codes
Chlamydia	POV: ICD-9: 079.88, 079.98, 099.41, 099.50-099.59; ICD-10: A56.*, A74.81-A74.9
Gonorrhea	POV: ICD-9: 098.0-098.89; ICD-10: A54.*, O98.2*
HIV/AIDS	POV: ICD-9: 042, 042.0-044.9, 079.53, 795.71, V08; ICD-10: B20, B97.35, R75, Z21, O98.711-O98.73
Syphilis	POV: ICD-9: 090.0-093.9, 094.1-097.9; ICD-10: A51.*-A53.*

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year, except for HIV. An occurrence of HIV is only counted if it is the initial HIV diagnosis for the patient ever. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI (other than HIV) is counted if another diagnosis with the same STI occurs 2 months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI:

Visit	Total Incidents
08/01/16: Patient screened for Chlamydia	0
08/08/16: Patient diagnosed with Chlamydia	1
10/15/16: Patient diagnosed with Chlamydia	2

Visit	Total Incidents
10/25/16: Follow-up for Chlamydia	2
11/15/16: Patient diagnosed with Chlamydia	2
03/01/17: Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed HIV screening tests denominator, the count will be derived from the number of separate non-HIV STI incidents. HIV screening tests are recommended for the following key STIs: Chlamydia, Gonorrhea, Syphilis.

“Needed” screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e., contraindicated).

1. Only one screening for HIV is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening is needed for HIV/AIDS.
2. A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:

To be counted in the numerator, each needed screening in the denominator must have a corresponding laboratory test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through 2 months after the STI incident.

Key STI screenings are defined with the following codes.

STI	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV/AIDS	86689, 86701–86703, 87390–87391, 87534–87539		Yes	BGP HIV TEST TAX
HIV Refusals	86689, 86701–86703, 87390–87391, 87534–87539			V Lab HIV Test

Key Logic Changes from CRS Version 16.1

1. Added refusal measures and corresponding logic.

Patient List Description

List of patients diagnosed with one or more STIs during the defined time period with related screenings or refusal.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Sexually Transmitted Infection (STI) Screening (con't)					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of AC Pts w/ Key STI Dx	18	24	-6	28	-10
Total # of Male AC Pts w/ Key STI Dx	7	8	-1	12	-5
Total # of Female AC Pts w/ Key STI Dx	11	16	-5	16	-5
Total # Key STI Incidents for Active Clinical Pts	19	27	-8	31	-12
HIV/AIDS Screens Needed for Key STIs-AC Pts (GPRA Dev.)	9	26		31	
# Needed HIV/AIDS Screens Performed-No Refusals (GPRA Dev.)	4	44.4	9	34.6	+9.8
# w/ HIV Screening Refusal	0	0.0	0	0.0	+0.0

HIV/AIDS Screens Needed for Key STIs-Male AC Pts	2		8			12		
# Needed HIV/AIDS Screens Performed-No Refusals	1	50.0	3	37.5	+12.5	1	8.3	+41.7
# w/ HIV Screening Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
HIV/AIDS Screens Needed for Key STIs-Female AC Pts	7		18			19		
# Needed HIV/AIDS Screens Performed-No Refusals	3	42.9	6	33.3	+9.5	9	47.4	-4.5
# w/ HIV Screening Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-99: Sample Report Sexually Transmitted Infection (STI) Screening

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Sexually Transmitted Infection (STI) Screening: List of patients diagnosed with one or more STIs during the defined time period with related screenings or refusal.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,DIANE	000001	COMMUNITY #1	F	15	02/12/02
UP;AC Visit 1) 02/12/17 POV: HIV 042. 1) N/A					
PATIENT2,LEIGHANN	000002	COMMUNITY #1	F	18	06/18/99
UP;AC Visit 1) 11/02/17 POV: GC 098.89 1) HIV-Y 12/02/17 CPT [87390]					
PATIENT3,WHITNEY	000003	COMMUNITY #1	F	25	12/15/92
UP;AC Visit 1) 06/17/17 POV: CHL 078.89 1) HIV-N					
PATIENT4,NANCY	000004	COMMUNITY #1	F	29	08/28/88
UP;AC Visit 1) 03/01/17 POV: CHL 079.88 1) HIV-Contraind Prior DX 04/11/09 POV: HIV [079.53]					
PATIENT5,JOHN	000005	COMMUNITY #1	M	40	10/22/77
UP;AC Visit 1) 06/15/17 POV: GC 098.89; 2) 07/15/17 POV: HIV 042. 1) HIV-N; 2) N/A					
PATIENT6,NORMAN	000006	COMMUNITY #1	M	42	07/29/75
UP;AC Visit 1) 10/11/17 POV: CHL 079.98, 10/11/17 POV: GC 098.891) HIV-N					

Figure 2-100: Sample Patient List, Sexually Transmitted Infection (STI) Screening

2.10 Other Clinical Measures Topics

2.10.1 Asthma

Denominators

All *Active Clinical patients*. Broken down by age groups (under 14, 15 to 34, 35 to 64, and 65 and older).

Patients who have had two asthma-related visits during the Report Period or with persistent asthma. Broken down by age groups (under 14, 15 to 34, 35 to 64, and 65 and older).

Numerators

Patients who have had two asthma-related visits during the Report Period or with persistent asthma.

Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period.

Patients from Numerator 1 who have visited the ER or Urgent Care for asthma during the Report Period.

Patients from Numerator 1 who have a Severity of 1.

Patients from Numerator 1 who have a Severity of 2.

Patients from Numerator 1 who have a Severity of 3.

Patients from Numerator 1 who have a Severity of 4.

Patients from Numerator 1 who have no documented Severity.

Logic Description

Age is calculated at beginning of Report Period.

Asthma visits definition: Diagnosis (POV) ICD-9: 493.*; ICD-10: J45.*.

Persistent asthma definition: Any of the following:

- Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.*; SNOMED data set PXRMASTHMA with Severity of 2, 3 or 4 at *any time before the end of the Report Period*
- Problem List entry where the status is not Inactive or Deleted for SNOMED data set PXRMASTHMA PERSISTENT at ANY time before the end of the Report Period, *or*

- Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented *any* time before the end of the Report Period.

Severity definition: Severity of 1, 2, 3 or 4 in an active entry in the PCC Problem List for ICD-9: 493.*; ICD-10: J45.*; SNOMED data set PXRMAsthma or in V Asthma.

Hospitalizations definition: Service Category H with primary POV ICD-9: 493.*; ICD-10: J45.*.

ER and Urgent Care definition: Clinic codes 30 or 80 with primary POV ICD-9: 493.*; ICD-10: J45.*.

Key Logic Changes from CRS Version 16.1

1. Added SNOMED data set PXRMAsthma to asthma diagnosis definition.
2. Added SNOMED data set PXRMAsthmaPersistent to persistent asthma definition.

Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source

HP 2020 RD-2

Measure Past Performance and Long-Term Targets

Measure	Target
HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP 2020 goal for hospitalizations for asthma:	
Under 5	18.1 per 10,000
5-64	8.6 per 10,000
65 and older	20.3 per 10,000

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Asthma (con't)	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts	2,100		2,223			2,207		
# w/ Asthma	63	3.0	149	6.7	-3.7	127	5.8	-2.8
A. Active Clinical Pts <15	16	25.4	43	28.9	-3.5	40	31.5	-6.1
B. Active Clinical Pts 15-34	14	22.2	43	28.9	-6.6	34	26.8	-4.5
C. Active Clinical Pts 35-64	30	47.6	53	35.6	+12.0	42	33.1	+14.5
D. Active Clinical Pts 65+	3	4.8	10	6.7	-1.9	11	8.7	-3.9
Active Clinical Pts w/ Asthma	63		149			127		
# w/ Asthma Hospitalization	4	6.3	1	0.7	+5.7	0	0.0	+6.3
A. Active Clinical Pts <15	1	25.0	1	100.0	-75.0	0	0.0	+25.0
B. Active Clinical Pts 15-34	2	50.0	0	0.0	+50.0	0	0.0	+50.0
C. Active Clinical Pts 35-64	0	0.0	0	0.0	+0.0	0	0.0	+0.0
D. Active Clinical Pts 65+	1	25.0	0	0.0	+25.0	0	0.0	+25.0
# w/ ER/UC visit	4	6.3	4	2.7	+3.7	1	0.8	+5.6
A. Active Clinical Pts <15	1	25.0	1	25.0	+0.0	0	0.0	+25.0
B. Active Clinical Pts 15-34	1	25.0	0	0.0	+25.0	0	0.0	+25.0
C. Active Clinical Pts 35-64	2	50.0	3	75.0	-25.0	1	100.0	-50.0
D. Active Clinical Pts 65+	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ Severity 1	2	3.2	2	1.3	+1.8	1	0.8	+2.4
# w/ Severity 2	3	4.8	1	0.7	+4.1	1	0.8	+4.0
# w/ Severity 3	1	1.6	1	0.7	+0.9	1	0.8	+0.8
# w/ Severity 4	2	3.2	2	1.3	+1.8	0	0.0	+3.2
# w/ No Severity	55	87.3	143	96.0	-8.7	124	97.6	-10.3

Figure 2-101: Sample Report, Asthma

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Asthma: List of patients diagnosed with asthma and any asthma-related hospitalizations/ER/Urgent Care visits.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB
DENOMINATOR		NUMERATOR			

PATIENT1,GENEVA	000001	COMMUNITY #1	F	47	05/19/70
AC					Severity 4 on visit 02/02/17; ER/UC: 11/02/17;
Severity: 4					
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	06/07/48
AC					Severity 2 on PL; Severity: 2
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	08/11/47
AC					2 Dx PCC: 03/01/17, 03/03/17; ER/UC: 10/01/17;
Severity: 1					
PATIENT4,WILLIAM R	000004	COMMUNITY #1	M	7	06/05/10
AC					2 Dx PCC: 05/05/17, 06/06/17; Hospital: 05/05/17;
ER/UC: 06/06/17					
PATIENT5,ZACHARY	000005	COMMUNITY #1	M	11	02/06/06
AC					2 Dx PCC: 03/20/17, 08/08/17
PATIENT42,JOSEPHINE	000042	COMMUNITY #2	F	4	06/11/13
AC					2 Dx PCC: 07/01/17, 09/19/17; Severity: 2

Figure 2-102: Sample Patient List, Asthma

2.10.2 Asthma Assessments

Denominators

Active Clinical patients ages 5 and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Numerator

Patients with asthma management plan during the Report Period.

Patients with severity documented at any time before the end of the Report Period.

Patients with control documented during the Report Period.

Patients who were assessed for number of symptom free days during the Report Period.

Patients with number of symptom free days score of 0 through 5.

Patients with number of symptom free days score of 6 through 12.

Patients with number of symptom free days score of 13 through 14.

Patients who were assessed for number of school/work days missed during the Report Period.

Patients with number of school/work days missed score of 0 through 2.

Patients with number of school/work days missed score of 3 through 7.

Patients with number of school/work days missed score of 8 through 14.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV or Problem List entry where the status is not Deleted: ICD-9: 492.*, 506.4, 518.1, 518.2; ICD-10: J43.*, J68.4, J68.8, J98.2, J98.3; SNOMED data set PXRMBGP EMPHYSEMA (Problem List only).

COPD definition: Any visit at any time on or before the end of the Report Period with POV or Problem List entry where the status is not Deleted: ICD-9: 491.20, 491.21, 491.22, 493.2*, 496, 506.4; ICD-10: J44.*, J68.4, J68.8; SNOMED data set PXRMBGP COPD (Problem List only).

Persistent asthma definition:

1. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
 - a. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis ICD-9: 493*; ICD-10: J45.* (asthma)
 - b. At least one acute inpatient discharge with primary diagnosis ICD-9: 493.*; ICD-10: J45.*. Acute inpatient discharge defined as Service Category of H
 - c. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of ICD-9: 493.*; ICD-10: J45.* *and* at least two asthma medication dispensing events (see definition below)
 - d. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV ICD-9: 493.*; ICD-10: J45.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.)
2. Meeting any of the following criteria below:
 - a. Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.*; SNOMED data set PXRMASTHMA with Severity of 2, 3 or 4 at any time before the end of the Report Period
 - b. Problem List entry where the status is not Inactive or Deleted for SNOMED data set PXRMASTHMA PERSISTENT at ANY time before the end of the Report Period, or
 - c. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

Dispensing event definition: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol, Formoterol-Mometasone), Inhaled Corticosteroids (Belclomethasone, Budesonide, Ciclesonide CFC Free, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Mast Cell Stabilizers (Cromolyn), Methylxanthines (Aminophylline, Dyphylline, Theophylline), Short-Acting, Inhaled Beta-2 Agonists (Albuterol, Levalbuterol, Pirbuterol). Medications must not have a comment of RETURNED TO STOCK.

Asthma management plan definition: Patient Education code ASM-SMP.

Severity documented definition:

Meeting any of the following criteria below:

1. Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.* with Severity of 2, 3 or 4 at ANY time before the end of the Report Period or
2. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.

Control documented definition: POV ICD-9: 493.*; ICD-10: J45.* with Asthma Control recorded in the V Asthma file.

Number of symptom free days definition: The most recent V Measurement documented during the Report Period.

Number of school/work days missed definition: The most recent V Measurement documented during the Report Period.

Key Logic Changes from CRS Version 16.1

1. Added logic to Emphysema definition to look at the Problem List.
2. Added SNOMED data set PXRMBGP EMPHYSEMA to emphysema diagnosis definition.
3. Added logic to COPD definition to look at the Problem List.
4. Added SNOMED data set PXRMBGP COPD to COPD diagnosis definition.
5. Added SNOMED data set PXRMASTHMA to asthma diagnosis definition.
6. Added SNOMED data set PXRMASTHMA PERSISTENT to persistent asthma definition.

Patient List Description

List of asthmatic patients with assessments, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

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*** IHS 2017 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Asthma Assessments									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Clinical									
Pts 5+ w/ Persistent Asthma	23		51			40			
# w/ Management Plan	2	8.7	0	0.0	+8.7	0	0.0	+8.7	
# w/ Severity Documented	5	21.7	3	5.9	+15.9	2	5.0	+16.7	
# w/ Control									

Documented	1	4.3	1	2.0	+2.4	0	0.0	+4.3
# w/ Symptom Free Days Assessed	4	17.4	0	0.0	+17.4	0	0.0	+17.4
# w/ Symptom Free Days 0-5	2	8.7	0	0.0	+8.7	0	0.0	+8.7
# w/ Symptom Free Days 6-12	1	4.3	0	0.0	+4.3	0	0.0	+4.3
# w/ Symptom Free Days 13-14	1	4.3	0	0.0	+4.3	0	0.0	+4.3
# w/ School/Work Days Missed Assessed	3	13.0	0	0.0	+13.0	0	0.0	+13.0
# w/ School/Work Days Missed 0-2	1	4.3	0	0.0	+4.3	0	0.0	+4.3
# w/ School/Work Days Missed 3-7	1	4.3	0	0.0	+4.3	0	0.0	+4.3
# w/ School/Work Days Missed 8-14	1	4.3	0	0.0	+4.3	0	0.0	+4.3

Figure 2-103: Sample Report, Asthma Assessments

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*** IHS 2017 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2017 to Dec 31, 2017

Previous Year Period: Jan 01, 2016 to Dec 31, 2016

Baseline Period: Jan 01, 2010 to Dec 31, 2010

Asthma Assessments (con't)

	Active Clinical Pts 5+ w/Persistent Asthma			
	5-14	15-34	35-64	65+
CURRENT REPORT PERIOD				
Active Clinical Pts 5+ w/ Persistent Asthma	2	5	16	0
# w/ Management Plan	0	0	2	0
% w/ Management Plan	0.0	0.0	12.5	0.0
# w/ Severity Documented	1	2	2	0
% w/ Severity Documented	50.0	40.0	12.5	0.0
% w/ Control Documented	0	0	1	0
% w/ Control Documented	0.0	0.0	6.3	0.0
# w/ Symptom Free Days Assessed	0	1	3	0
% w/ Symptom Free Days Assessed	0.0	20.0	18.8	0.0
# w/ Symptom Free Days 0-5	0	0	2	0
% w/ Symptom Free Days 0-5	0.0	0.0	12.5	0.0
# w/ Symptom Free Days 6-12	0	0	1	0
% w/ Symptom Free Days 6-12	0.0	0.0	6.3	0.0
# w/ Symptom Free Days 13-14	0	1	0	0
% w/ Symptom Free Days 13-14	0.0	20.0	0.0	0.0
# w/ School/Work Days				

Missed	0	1	2	0
% w/ School/Work Days Missed	0.0	20.0	12.5	0.0
# w/ School/Work Days Missed 0-2	0	0	1	0
% w/ School/Work Days Missed 0-2	0.0	0.0	6.3	0.0
# w/ School/Work Days Missed 3-7	0	0	1	0
% w/ School/Work Days Missed 3-7	0.0	0.0	6.3	0.0
# w/ School/Work Days Missed 8-14	0	1	0	0
% w/ School/Work Days Missed 8-14	0.0	20.0	0.0	0.0

Figure 2-104: Sample Age Breakdown Report, Asthma Assessments

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Asthma Assessments: List of asthmatic patients with assessments, if any.

PATIENT NAME DENOMINATOR	HRN NUMERATOR	COMMUNITY	SEX	AGE	DOB
PATIENT1,GENEVA	000001	COMMUNITY #1	F	47	06/15/70
UP,AC Severity 4 in V Asthma 02/02/17 Severity: 4; Symptom Free Days: 03/01/17 [12]; Days Missed: 03/01/17 [0]					
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	02/25/48
UP,AC Severity >1 on PL for 493.00 Severity: 2					
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	06/22/47
UP,AC Severity >1 on PL for 493.00 Mgmt Plan: 06/01/17; Severity: 3					
PATIENT4,WILLIAM R	000004	COMMUNITY #1	M	7	04/11/10
UP,AC 4 meds					
PATIENT5,ZACHARY	000005	COMMUNITY #1	M	11	06/18/06
AC Severity 4 in V Asthma 04/04/17 Severity: 4; Control: 05/06/17					
PATIENT42,JOSEPHINE	000042	COMMUNITY #2	F	4	07/24/13
AC DX ON HOSP/OR ER ON 05/05/17 DX ON HOSP/OR ER ON 06/03/17 Control: 10/03/17; Symptom Free Days: 07/01/17 [3]; Days Missed: 07/01/17 [3]					

Figure 2-105: Sample Patient List, Asthma Assessments

2.10.3 Medication Therapy for Persons with Asthma

Denominators

Active Clinical patients ages 5-50 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD).

Active Clinical patients ages 5 and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Active Clinical patients ages 5 and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD) who had two or more prescriptions for a LABA during the Report Period. Broken down by age groups (5 through 14, 15 through 34, 35 through 64, and greater than (>) 65).

Numerators

Suboptimal Control: Patients who were dispensed more than three canisters of a short-acting beta2 agonist inhaler during the same 90-day period during the Report Period.

Absence of Controller Therapy: Patients who were dispensed more than three canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

Patients who were prescribed two or more controller therapy medications during the Report Period.

Patients who were prescribed two or more inhaled corticosteroid medications during the Report Period.

Patients who were not prescribed two or more inhaled corticosteroid medications during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV or Problem List entry where the status is not Deleted: ICD-9: 492.*, 506.4, 518.1, 518.2; ICD-10: J43.*, J68.4, J68.8, J98.2, J98.3; SNOMED data set PXRMBGP EMPHYSEMA (Problem List only).

COPD definition: Any visit at any time on or before the end of the Report Period with POV or Problem List entry where the status is not Deleted: ICD-9: 491.20, 491.21, 491.22, 493.2*, 496, 506.4; ICD-10: J44.*, J68.4, J68.8; SNOMED data set PXRMBGP COPD (Problem List only).

Persistent asthma definition:

1. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
 - a. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis ICD-9: 493.*; ICD-10: J45.* (asthma)
 - b. At least one acute inpatient discharge with Primary Diagnosis ICD-9: 493.*; ICD-10: J45.*. Acute inpatient discharge defined as Service Category of H
 - c. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of ICD-9: 493.*; ICD-10: J45.* *and* at least two asthma medication dispensing events (see definition below)
 - d. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV ICD-9: 493.*; ICD-10: J45.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.)
2. Meeting any of the following criteria below:
 - a. Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.*; SNOMED data set PXRMASTHMA with Severity of 2, 3 or 4 at any time before the end of the Report Period
 - b. Problem List entry where the status is not Inactive or Deleted for SNOMED data set PXRMASTHMA PERSISTENT at ANY time before the end of the Report Period, or
 - c. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

Dispensing event definition: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol, Formoterol-Mometasone), Inhaled Corticosteroids (Beclomethasone, Budesonide, Ciclesonide CFC Free, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Mast Cell Stabilizers (Cromolyn), Methylxanthines (Aminophylline, Dyphylline, Theophylline), Short-Acting, Inhaled Beta-2 Agonists (Albuterol, Levalbuterol, Pirbuterol). Medications must not have a comment of RETURNED TO STOCK.

To be included in the Suboptimal Control and Absence of Controller Therapy numerators, patient must have one or more non-discontinued prescriptions for short acting Beta2 Agonist inhalers totaling at least four canisters in one 90-day period. Short acting Beta2 Agonist inhaler medications defined with medication taxonomy BGP PQA SABA MEDS. (Medications are: Albuterol, Levalbuterol, Pirbuterol). Medications must not have a comment of RETURNED TO STOCK.

Controller Therapy definition:

At least one non-discontinued prescription of controller therapy medications during the same 90 day period.

Controller therapy medications defined with medication taxonomy BGP PQA CONTROLLER MEDS. (Medications are: Beclomethasone, Budesonide, Budesonide-Formoterol, Ciclesonide, Flunisolide, Fluticasone, Fluticasone-Salmeterol, Formoterol, Mometasone, Mometasone-Formoterol, Montelukast, Salmeterol, Theophylline, Zafirlukast, Zileuton). Medications must not have a comment of RETURNED TO STOCK.

Inhaled corticosteroid medications defined with medication taxonomy BGP PQA ASTHMA INHALED STEROIDS. (Medications are: Beclomethasone, Budesonide, Ciclesonide, Fluticasone, Flunisolide, Fluticasone-salmeterol, Mometasone, Triamcinolone, Budesonide-formoterol, Mometasone-formoterol.) Medications must not have a comment of RETURNED TO STOCK.

Long-Acting Beta-2 Agonist (LABA) medications defined with medication taxonomy BGP ASTHMA LABA MEDS. (Medications are: Formoterol, Salmeterol, Fluticasone-salmeterol, Budesonide-formoterol, Mometasone-formoterol) Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

1. Added logic to Emphysema definition to look at the Problem List.
2. Added SNOMED data set PXRMBGP EMPHYSEMA to emphysema diagnosis definition.
3. Added logic to COPD definition to look at the Problem List.
4. Added SNOMED data set PXRMBGP COPD to COPD diagnosis definition.
5. Added SNOMED data set PXRMASTHMA to asthma diagnosis definition.
6. Added SNOMED data set PXRMASTHMA PERSISTENT to persistent asthma definition.

Patient List Description

List of patients with asthma with suboptimal control and controller therapy, if any.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-term Targets

None

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2017 to Dec 31, 2017								
Previous Year Period: Jan 01, 2016 to Dec 31, 2016								
Baseline Period: Jan 01, 2010 to Dec 31, 2010								

Medication Therapy for Persons with Asthma								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical								
Pts 5-50 w/ Asthma	16		40			29		
# w/ Suboptimal								
Control	3	18.8	1	2.5	+16.3	0	0.0	+18.8
# w/ Absence of								

Controller Therapy	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Active Clinical Pts 5+ w/ Persistent Asthma	23		51			40		
# w/ 2+ Controller Rx	11	47.8	13	25.5	+22.3	10	25.0	+22.8
# w/ 2+ Inhaled Steroid Rx	2	8.7	5	9.8	-1.1	1	2.5	+6.2
Active Clinical Pts 5+ w/ persistent asthma and LABA Rx	5		6			7		
# w/o 2+ Inhaled Steroid Rx	5	100.0	6	100.0	+0.0	7	100.0	+0.0

Figure 2-106: Sample Report, Medication Therapy for Persons with Asthma

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DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2017 to Dec 31, 2017					
Previous Year Period: Jan 01, 2016 to Dec 31, 2016					
Baseline Period: Jan 01, 2010 to Dec 31, 2010					

Medication Therapy for Persons with Asthma (con't)					
	Active Clinical Pts 5+ w/ Persistent Asthma				
	5-14	15-34	35-64	65+	
CURRENT REPORT PERIOD					
Active Clinical Pts 5+ w/ Persistent Asthma	2	5	16	0	
# w/ 2+ Controller Rx	0	1	10	0	
% w/ 2+ Controller Rx	0.0	20.0	62.5	0.0	
# w/ 2+ Inhaled Steroid Rx	0	0	2	0	
% w/ 2+ Inhaled Steroid Rx	0.0	0.0	12.5	0.0	
PREVIOUS REPORT PERIOD					
Active Clinical Pts 5+ w/ Persistent Asthma	6	16	28	1	
# w/ 2+ Controller Rx	1	4	8	0	
% w/ 2+ Controller Rx	16.7	25.0	28.6	0.0	
# w/ 2+ Inhaled Steroid Rx	1	1	3	0	
% w/ 2+ Inhaled Steroid Rx	16.7	6.3	10.7	0.0	
CHANGE FROM PREVIOUS YR %					
# w/ 2+ Controller Rx	-16.7	-5.0	+33.9	+0.0	
# w/ 2+ Inhaled Steroid Rx	-16.7	-25.0	-16.1	+0.0	

BASELINE REPORT PERIOD				
Active Clinical Pts 5+ w/ Persistent Asthma	3	17	16	3
# w/ 2+ Controller Rx	0	3	6	1
% w/ 2+ Controller Rx	0.0	17.6	37.5	33.3
# w/ 2+ Inhaled Steroid Rx	0	0	1	0
% w/ 2+ Inhaled Steroid Rx	0.0	0.0	6.3	0.0
CHANGE FROM BASELINE YR %				
# w/ 2+ Controller Rx	+0.0	+2.4	+25.0	-33.3
# w/ 2+ Inhaled Steroid Rx	+0.0	-17.6	-25.0	-33.3

Figure 2-107: Sample Age Breakdown Report, Medication Therapy for Persons with Asthma

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Medication Therapy for Persons with Asthma: List of patients with asthma with asthma medications, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,GWEN	000001	COMMUNITY #1	F	5	10/10/12
AC,Severity 4 in V Asthma 02/02/17					
PATIENT2,ALICE	000002	COMMUNITY #1	F	6	06/17/11
AC,Severity >1 on PL for 493.00 SABA: 06/15/17 ALBUTEROL 90MCG/INHALATION MDI(4)					
PATIENT3,GENEVA	000003	COMMUNITY #1	F	47	05/05/70
AC,Severity 2 in V Asthma 03/03/17 2+ CONT: 06/01/17 FLUTICASONE PROPIONATE 110MCG INHALER, 10/15/17 FLUTICASONE PROPIONATE 110MCG INHALER; 2+ STEROID: 06/01/17 FLUTICASONE PROPIONATE 110MCG INHALER, 10/15/17 FLUTICASONE PROPIONATE 110MCG INHALER					
PATIENT22,MELANIE	000022	COMMUNITY #1	F	47	10/02/70
AC,Severity >1 on PL for 493.00					
PATIENT27,RANDALL	000027	COMMUNITY #1	M	6	04/17/11
AC,Severity >1 on PL for 493.00 LABA2+ CONT: 03/03/17 MOMETASONE/FORMOTEROL 100/5MCG INH, 05/01/17 MOMETASONE/FORMOTEROL 100/5MCG INH; 2+ STEROID: 03/03/17 MOMETASONE/FORMOTEROL 100/5MCG INH, 05/01/17 MOMETASONE/FORMOTEROL 100/5MCG INH					

Figure 2-108: Sample Patient List, Medication Therapy for Persons with Asthma

2.10.4 Proportion of Days Covered by Medication Therapy

Denominators

Active Clinical patients ages 18 and older who had two or more prescriptions for *beta-blockers* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *RAS Antagonists* and no documented history of ESRD or one or more prescriptions for *ARB/Neprilysin inhibitor combination medications* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *calcium channel blockers (CCB)* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *biguanides* and no documented history of ESRD during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *sulfonylureas* and no documented history of ESRD during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *thiazolidinediones* and no documented history of ESRD during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *DiPeptidyl Peptidase (DPP)-IV Inhibitors* and no documented history of ESRD during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *Diabetes All Class medications* and no documented history of ESRD during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *statins* during the Report Period

Active Clinical patients ages 18 and older who had two or more prescriptions for *non-warfarin oral anticoagulants* during the Report Period.

Active Clinical patients ages 18 and older who had two or more prescriptions for *antiretroviral agents* during the Report Period.

Numerators

Patients with proportion of days covered (PDC) greater than or equal to (\geq)80% during the Report Period.

Patients with a gap in medication therapy greater than or equal to (\geq)30 days.

Patients with proportion of days covered (PDC) greater than or equal to (\geq)90% during the Report Period.

Logic Description

Age is calculated at the beginning of the report period.

To be included in the denominator, patients must have at least two prescriptions for that particular type of medication on two unique dates of service at any time during the Report Period. Medications must not have a comment of RETURNED TO STOCK.

For the Non-warfarin anticoagulants measures, the two unique dates of service must be at least 180 days apart and the patient must have received greater than 60 days' supply of the medication during the Report Period. Patients who received one or more prescriptions for warfarin, low molecular weight heparin (LMWH), heparin or an SC Factor Xa inhibitor (defined by medication taxonomy BGP PQA WARFARIN) will be excluded from the denominator.

The Index Prescription Start Date is the date when the medication was first dispensed within the Report Period. For all measures except Non-warfarin anticoagulants, this date must be greater than 90 days from the end of the Report Period to be counted in the denominator.

The medications in the measures are defined with medication taxonomies:

- BGP PQA BETA BLOCKER MEDS: Beta-blocker medications (Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Nebivolol HCL, Penbutolol sulfate, Pindolol, Propranolol HCL, Timolol maleate); Beta-blocker combination products (Atenolol-chlorthalidone, Bisoprolol-HCTZ, Nadolol-bendroflumethiazide, Metoprolol-HCTZ, Propranolol-HCTZ)
- BGP PQA RASA MEDS: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril); Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-HCTZ, Captopril-HCTZ, Enalapril-HCTZ, Fosinopril-HCTZ, Lisinopril-HCTZ, Moexipril-HCTZ, Quinapril-HCTZ, Trandolapril-verapamil); Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan); Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-valsartan, Amlodipine-valsartan-HCTZ, Amlodipine-olmesartan, Azilsartan-Chlorthalidone, Candesartan-HCTZ, Eprosartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Olmesartan-amlodipine-HCTZ, Olmesartan-HCTZ, Telmisartan-amlodipine, Telmisartan-HCTZ, Valsartan-HCTZ); Direct Renin Inhibitors (Aliskiren); Direct Renin Inhibitor Combination Products (Aliskiren-amlodipine, Aliskiren-amlodipine-HCTZ, Aliskiren-HCTZ, Aliskiren-valsartan)

- BGP PQA CCB MEDS: Calcium-Channel Blocker medications (Amlodipine besylate, Diltiazem HCL, Felodipine, Isradipine, Nicardipine HCL, Nifedipine (long acting only), Verapamil HCL, Nisoldipine); CCB Combination Products (Amlodipine besylate-benazepril HCL, Amlodipine-valsartan, Amlodipine-valsartan-HCTZ, Akiskiren-amlodipine, Aliskiren-amlodipine-HCTZ, Telmisartan-amlodipine, Amlodipine-olmesartan, Trandolapril-verapamil HCL, Amlodipine-atorvastatin, Olmesartan-amlodipine-HCTZ)
- BGP PQA BIGUANIDE MEDS: Biguanides (Metformin); Combination Products (Glipizide-metformin, Glyburide-metformin, Rosiglitazone-metformin, Pioglitazone-metformin, Repaglinide-metformin, Sitagliptin-metformin IR-SR, Saxagliptin-metformin SR, Linagliptin-metformin, Alogliptin-metformin, Dapagliflozin-Metformin, Canagliflozin-Metformin)
- BGP PQA SULFONYLUREA MEDS: Sulfonylureas (Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide); Combination Products (Glipizide-metformin, Glyburide-metformin, Rosiglitazone-glimepiride, Pioglitazone-glimepiride)
- BGP PQA THIAZOLIDINEDIONE MEDS: Thiazolidinediones (Pioglitazone, Rosiglitazone); Combination Products (Rosiglitazone-metformin, Pioglitazone-metformin, Rosiglitazone-glimepiride, Pioglitazone-glimepiride, Alogliptin-pioglitazone)
- BGP PQA DPP IV MEDS: DPP-IV Inhibitors (Sitagliptin, Linagliptin, Saxagliptin, Alogliptin); Combination Products (Sitagliptin-metformin IR-SR, Saxagliptin-metformin SR, Sitagliptin-simvastatin, Linagliptin-metformin, Alogliptin-metformin, Alogliptin-pioglitazone, Linagliptin-empagliflozin)
- BGP PQA DIABETES ALL CLASS: Biguanide medications (see list above); Sulfonylurea medications (see list above); Thiazolidinedione medications (see list above); DPP-IV Inhibitor medications (see list above); Incretin Mimetic Agents (Albiglutide, Exenatide, Liraglutide, Dulaglutide); Meglitinides (Nateglinide, Repaglinide, Repaglinide-metformin); Sodium glucose co-transporter2 (SGLT2) inhibitors (Canagliflozin, Dapagliflozin, Empagliflozin, Dapagliflozin-Metformin, Linagliptin-empagliflozin, Canagliflozin-Metformin)
- BGP PQA STATIN MEDS: Statins (Lovastatin, Rosuvastatin, Fluvastatin, Atorvastatin, Pravastatin, Pitavastatin); Combination Products (Niacin-lovastatin, Atorvastatin-amlodipine, Niacin-simvastatin, Sitagliptin-simvastatin, Ezetimibe-simvastatin, Ezetimibe-atorvastatin)
- BGP PQA NON-WARFARIN ANTICOAG: (Apixaban, Dabigatran, Rivaroxaban, Edoxaban)
- BGP PQA WARFARIN: (Warfarin, Dalteparin, Fondaparinux, Enoxaparin, Heparin, Tinzaparin)

- BGP PQA ANTIRETROVIRAL MEDS: Single Agents (Enfuvirtide, Maraviroc, Atazanavir, Darunavir, Fosamprenavir, Indinavir, Nelfinavir, Ritonavir, Saquinavir, Tipranavir, Dolutegravir, Raltegravir, Delavirdine, Efavirenz, Etravirine, Nevirapine, Abacavir, Didanosine, Emtricitabine, Lamivudine, Stavudine, Tenofovir, Zidovudine, Rilpivirine, Elvitegravir); Combination Agents (Lopinavir-Ritonavir, Lamivudine-zidovudine, Darunavir-Cobicistat, Atazanavir-Cobicistat, Abacavir-Lamivudine-Zidovudine, Efavirenz-emtricitabine-Tenofovir, Emtricitabine-tenofovir, Abacavir-lamivudine, Emtricitabine-rilpivirine-Tenofovir, Elvitegravir-cobicistat-emtricitabine-tenofovir, Abacavir-dolutegravir-lamivudine)
- BGP PQA ARB NEPRILYSIN INHIB: ARB/Neprilysin Inhibitor Combinations (Sacubitril/Valsartan)

ESRD diagnosis/treatment definition: Any of the following ever: (A) CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, or S9339; (B) Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; ICD-10: N18.6, Z48.22, Z49.*, Z91.15, Z94.0, Z99.2; SNOMED data set PXRME END STAGE RENAL DISEASE (Problem List only); (C) Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, or 55.6*.

For each PDC numerator:

Proportion of days covered = # of days the patient was covered by at least one drug in the class / # of days in the patient's measurement period.

Measurement Period definition:

The patient's measurement period is defined as the number of days between the Index Prescription Start Date and the end of the Report Period. When calculating the number of days the patient was covered by at least one drug in the class, if prescriptions for the same drug overlap, the prescription start date for the second prescription will be adjusted to be the day after the previous fill has ended.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4.

Example of Proportion of Days Covered:

- Report Period: January 1 through December 31, 2017
- 1st Rx is Index Rx Start Date: 3/1/17, Days' Supply=90
- Rx covers patient through 5/29/17
- 2nd Rx: 5/26/17, Days' Supply=90
- Rx covers patient through 8/27/17
- 3rd Rx: 9/11/17, Days' Supply=180
- Gap = (9/11/17 - 8/27/17) = 15 days
- Rx covers patient through 3/8/18
- Patient's measurement period: 3/1/17 through 12/31/17 = 306 Days
- Days patient was covered: 3/1/17 through 8/27/17 + 9/11/17 through 12/31/17 = 292 Days
- PDC = $292 / 306 = 95\%$

For each Gap numerator:

CRS will calculate whether a gap in medication therapy of 30 or more days has occurred between each consecutive medication dispensing event during the Report Period. A gap is calculated as the days not covered by the days' supply between consecutive medication fills.

Example of Medication Gap greater than or equal to (\geq) 30 Days:

- Report Period: January 1 through December 31, 2017
- 1st Rx: 4/1/17, Days' Supply=30
- Rx covers patient through 4/30/17
- 2nd Rx: 7/1/17, Days' Supply=90
- Gap #1 = (7/1/17 - 4/30/17) = 61 days
- Rx covers patient through 9/28/17
- 3rd Rx: 10/1/17, Days' Supply=90
- Gap #2 = (10/1/17 - 9/28/17) = 2 days
- Rx covers patient through 12/29/17
- Gap #1 greater than or equal to (\geq) 30 days, therefore patient will be included in the numerator for that medication.

Key Logic Changes from CRS Version 16.1

1. Added logic to RASA denominator to exclude patients with one or more prescriptions for ARB/Neprilysin inhibitor combination medications during the Report Period.
2. Added logic to ESRD definition to look at the Problem List.
3. Added SNOMED data set PXRME END STAGE RENAL DISEASE to ESRD definition (for Problem List only).

Patient List Description

List of patients 18 and older prescribed medication therapy medication with proportion of days covered and gap days.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-Term Targets

None

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Proportion of Days Covered by Medication Therapy									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Clinical									
Pts w/ Beta-Blockers	74		87				86		
# w/ PDC >=80%	1	1.4	40	46.0	-44.6	24	27.9	-26.6	
# w/ Gap >=30 days	74	100.0	46	52.9	+47.1	56	65.1	+34.9	
Active Clinical									
Pts w/ RAS Antagonists	218		326				327		
# w/ PDC >=80%	1	0.5	101	31.0	-30.5	87	26.6	-26.1	
# w/ Gap >=30 days	218	100.0	206	63.2	+36.8	221	67.6	+32.4	
Active Clinical									
Pts w/ CCBs	34		49				48		

# w/ PDC >=80%	1	2.9	15	30.6	-27.7	12	25.0	-22.1
# w/ Gap >=30 days	34	100.0	31	63.3	+36.7	35	72.9	+27.1
Active Clinical Pts w/ Biguanides	137		237			249		
# w/ PDC >=80%	1	0.7	59	24.9	-24.2	44	17.7	-16.9
# w/ Gap >=30 days	137	100.0	168	70.9	+29.1	194	77.9	+22.1
Active Clinical Pts w/ Sulfonylureas	106		160			175		
# w/ PDC >=80%	1	0.9	55	34.4	-33.4	37	21.1	-20.2
# w/ Gap >=30 days	106	100.0	96	60.0	+40.0	133	76.0	+24.0
Active Clinical Pts w/ Thiazolidinediones	3		0			127		
# w/ PDC >=80%	0	0.0	0	0.0	+0.0	35	27.6	-27.6
# w/ Gap >=30 days	3	100.0	0	0.0	+100.0	81	63.8	+36.2
Active Clinical Pts w/ DPP-IV Inhibitors	3		90			0		
# w/ PDC >=80%	0	0.0	2	2.2	-2.2	0	0.0	+0.0
# w/ Gap >=30 days	3	100.0	88	97.8	+2.2	0	0.0	+100.0
Active Clinical Pts w/ Diabetes All Class	191		273			290		
# w/ PDC >=80%	4	2.1	149	54.6	-52.5	132	45.5	-43.4
# w/ Gap >=30 days	188	98.4	122	44.7	+53.7	155	53.4	+45.0
Active Clinical Pts w/ Statins	106		156			181		
# w/ PDC >=80%	2	1.9	56	35.9	-34.0	48	26.5	-24.6
# w/ Gap >=30 days	105	99.1	93	59.6	+39.4	123	68.0	+31.1
Active Clinical Pts w/ Non-Warfarin Oral Anticoagulants	1		0			0		
# w/ PDC >=80%	1	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/ Gap >=30 days	1	100.0	0	0.0	+100.0	0	0.0	+100.0
Active Clinical Pts w/ Antiretroviral Agents	3		1			1		
# w/ PDC >=90%	2	66.7	1	100.0	-33.3	1	100.0	-33.3

Figure 2-109: Sample Report, Proportion of Days Covered by Medication Therapy

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Proportion of Days Covered by Medication Therapy: List of patients 18 and older prescribed medication therapy medication with proportion of days covered and gap days.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
Patient75,PAULA KAY AC	000075	COMMUNITY #1 CCB: IXRD: 03/24/17 [282] Days=228 >80 GAP=52	F	34	11/12/83
Patient76,CRSCT AC	000076	COMMUNITY #1 CCB: IXRD: 06/01/17 [213] Days=180 >80 GAP=31	F	36	01/16/81
Patient77,CRSAC AC	000077	COMMUNITY #1 RASA: IXRD: 06/05/17 [209] Days=60 <80 GAP=118	F	44	03/03/73
Patient78,DEBORA ELLEN AC	000078	COMMUNITY #1 BB: IXRD: 07/23/17 [161] Days=126 <80; RASA: IXRD: 01/29/17 [336] Days=267 <80 GAP=31; BIG: IXRD: 01/29/17 [336] Days=272 >80	F	45	05/05/72
Patient79,STELLA LYNN AC	000079	COMMUNITY #1 BB: IXRD: 01/21/17 [344] Days=299 >80 GAP=38; CCB: IXRD: 01/21/17 [344] Days=299 >80 GAP=38	F	46	06/22/71
Patient80,TARA MARIE AC	000080	COMMUNITY #1 BB: IXRD: 08/25/17 [128] Days=56 <80 GAP=70; RASA: IXRD: 01/16/17 [350] Days=314 >80; CCB: IXRD: 01/16/17 [350] Days=218 <80 GAP=103	F	51	11/08/66
Patient81,CRSNK AC	000081	COMMUNITY #1 SULF: IXRD: 09/01/17 [121] Days=120 >80	F	51	11/23/66

Figure 2-110: Sample Patient List, Proportion of Days Covered by Medication Therapy

2.10.5 Primary Medication Non-adherence

Denominator

Number of e-prescriptions for newly initiated drug therapy for chronic medications for *Active Clinical patients* ages 18 and older.

Numerator

Number of medications returned to stock within 30 days.

Logic Description

Age is calculated at beginning of the Report Period.

To be included in the denominator, the e-prescription must be for a chronic medication during the Report Period.

Denominator Exclusions

1. Any prescription where there is a prescription dispensing record in the preceding 180 days for the same drug.
2. Any duplicate medications, defined as any medication that has been e-prescribed twice in a 30-day period with no prescription fill in between the e-prescriptions.
3. Any prescription sent to an outside pharmacy, as it is not possible to know if the medication was returned to stock.

Chronic medications are defined with medication taxonomies:

- BGP PQA ASTHMA INHALED STEROIDS: (Beclomethasone, Budesonide, Ciclesonide, Fluticasone, Flunisolide, Fluticasone-salmeterol, Mometasone, Budesonide-formoterol, Mometasone-formoterol)
- BGP PQA COPD: (Tiotropium, Indacaterol, Olodaterol, Umeclidinium, Ipratropium-albuterol, Roflumilast, Fluticasone-vilanterol, Ipratropium, Aclidinium, Umeclidinium-vilanterol, Tiotropium-olodaterol)
- BGP PQA DIABETES ALL CLASS: Biguanides (Metformin); Biguanide Combination Products (Glipizide-metformin, Glyburide-metformin, Rosiglitazone-metformin, Pioglitazone-metformin, Repaglinide-metformin, Sitagliptin-metformin IR-SR, Saxagliptin-metformin SR, Linagliptin-metformin, Alogliptin-metformin, Dapagliflozin-Metformin, Canagliflozin-Metformin); Sulfonylureas (Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide); Sulfonylurea Combination Products (Glipizide-metformin, Glyburide-metformin, Rosiglitazone-glimepiride, Pioglitazone-glimepiride); Thiazolidinediones (Pioglitazone, Rosiglitazone); Thiazolidinedione Combination Products (Rosiglitazone-metformin, Pioglitazone-metformin, Rosiglitazone-glimepiride, Pioglitazone-glimepiride, Alogliptin-pioglitazone); DPP-IV Inhibitors (Sitagliptin, Linagliptin, Saxagliptin, Alogliptin); DPP-IV Inhibitor Combination Products (Sitagliptin-metformin IR-SR, Saxagliptin-metformin SR, Sitagliptin-simvastatin, Linagliptin-metformin, Alogliptin-metformin, Alogliptin-pioglitazone, Linagliptin-empagliflozin); Incretin Mimetic Agents (Albiglutide, Exenatide, Liraglutide, Dulaglutide); Meglitinides (Nateglinide, Repaglinide, Repaglinide-metformin); Sodium glucose co-transporter2 (SGLT2) inhibitors (Canagliflozin, Dapagliflozin, Empagliflozin, Dapagliflozin-Metformin, Linagliptin-empagliflozin, Canagliflozin-Metformin)

- BGP PQA RASA MEDS: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril); Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-HCTZ, Captopril-HCTZ, Enalapril-HCTZ, Fosinopril-HCTZ, Lisinopril-HCTZ, Moexipril-HCTZ, Quinapril-HCTZ, Trandolapril-verapamil); Angiotensin II Inhibitors (Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan); Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-valsartan, Amlodipine-valsartan-HCTZ, Amlodipine-olmesartan, Azilsartan-Chlorthalidone, Candesartan-HCTZ, Eprosartan-HCTZ, Irbesartan-HCTZ, Losartan-HCTZ, Olmesartan-amlodipine-HCTZ, Olmesartan-HCTZ, Telmisartan-amlodipine, Telmisartan-HCTZ, Valsartan-HCTZ); Direct Renin Inhibitors (Aliskiren); Direct Renin Inhibitor Combination Products (Aliskiren-amlodipine, Aliskiren-amlodipine-HCTZ, Aliskiren-HCTZ, Aliskiren-valsartan)
- BGP PQA STATIN MEDS: Statins (Lovastatin, Rosuvastatin, Fluvastatin, Atorvastatin, Pravastatin, Pitavastatin); Combination Products (Niacin-lovastatin, Atorvastatin-amlodipine, Niacin-simvastatin, Sitagliptin-simvastatin, Ezetimibe-simvastatin, Ezetimibe-atorvastatin)

To be included in the numerator, the e-prescription medication must have a comment of RETURNED TO STOCK within 30 days of the prescription date (i.e., visit date).

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 18 and older with an e-prescription for chronic medications, with returned to stock, if any.

Measure Source

PQA (Pharmacy Quality Alliance)

Measure Past Performance and Long-Term Targets

None

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DEMO INDIAN HOSPITAL		
Report Period: Jan 01, 2017 to Dec 31, 2017		
Previous Year Period: Jan 01, 2016 to Dec 31, 2016		
Baseline Period: Jan 01, 2010 to Dec 31, 2010		

Primary Medication Non-adherence (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# e-Prescriptions for AC 18+	198		514			600			
# Med Returned to Stock	8	4.0	35	6.8	-2.8	25	4.2	-0.1	

Figure 2-111: Sample Report, Primary Medication Non-adherence

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Primary Medication Non-adherence: List of patients 18 and older with an e-prescription for chronic medications, with returned to stock, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,ANDREA MARY AC 1) 03/25/17 IPRATROPRIMUM BR / ALBUTEROL SO4 INH-RTS	000001	COMMUNITY #1	F	33	08/02/84
PATIENT2,VIRGINIA A AC 1) 03/25/17 ROSIGLITAZONE 4MG TAB	000002	COMMUNITY #1	F	34	06/29/83
PATIENT3,MICHAELA AC 1) 03/25/17 CAPTOPRIL 50MG TABS	000003	COMMUNITY #1	F	37	04/15/80
PATIENT4,DIANE LOUISE AC 1) 04/09/17 IPRATROPRIMUM BR / ALBUTEROL SO4 INH; 2) 04/09/17 CAPTOPRIL 50MG TABS1) 04/09/17 IPRATROPRIMUM BR / ALBUTEROL SO4 INH-RTS	000006	COMMUNITY #1	F	41	01/09/76
PATIENT5,ALYSHA AC 1) 08/14/17 ROSIGLITAZONE 4MG TAB	000008	COMMUNITY #1	F	55	09/28/62
PATIENT6,SHELLY AC 1) 06/25/17 CAPTOPRIL 50MG TABS	000009	COMMUNITY #1	F	62	04/19/55

Figure 2-112: Sample Patient List, Primary Medication Non-adherence

2.10.6 Medications Education

Denominators

Active Clinical patients with medications dispensed at their facility during the Report Period.

All User Population patients with medications dispensed at their facility during the Report Period.

Numerator

Patients who were provided patient education about their medications in any location.

Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

Note: If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerator:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication) <i>or</i> DMC-IN (Diabetes Medicine–Insulin) FP-DPO (Family Planning–Depot Medroxyprogesterone Injections) FP-OC (Family Planning–Oral Contraceptives) FP-TD (Family Planning–Transdermal (Patch)) *-NEB (*Nebulizer) *-MDI (*Metered Dose Inhalers)
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Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients receiving medications with medication education, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

Measure	Target
<i>IHS 2020 Goal</i>	75.0%

*** IHS 2017 Selected Measures with Community Specified Report ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2017 to Dec 31, 2017
 Previous Year Period: Jan 01, 2016 to Dec 31, 2016
 Baseline Period: Jan 01, 2010 to Dec 31, 2010

Medications Education (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts Receiving Medications	139		209			195		
# Receiving Medication Educ	85	61.2	174	83.3	-22.1	154	79.0	-17.8
User Pop Pts Receiving Medications	151		241			216		
# Receiving Medication Educ	91	60.3	183	75.9	-15.7	163	75.5	-15.2

Figure 2-113: Sample Report, Medications Education

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Medications Education: List of patients receiving medications with med education or refusal, if any

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,ANDREA MARY UP,AC	000001	COMMUNITY #1	F	0	05/15/17
PATIENT2,VIRGINIA A UP	000002	COMMUNITY #1 08/06/17 HTN-M	F	0	05/23/17
PATIENT3,MICHAELA UP	000003	COMMUNITY #1 03/10/17 M-I	F	0	10/22/17
PATIENT4,MISTY UP,AC	000004	COMMUNITY #1 05/16/17 M-DI	F	5	04/18/12
PATIENT5,RITA ANN UP,AC	000005	COMMUNITY #1 07/05/17 M-I	F	15	06/14/02
PATIENT6,DIANE LOUISE UP	000006	COMMUNITY #1 08/21/17 M-I	F	15	06/23/02
PATIENT7,ALICIA UP,AC	000007	COMMUNITY #1	F	15	08/15/02
PATIENT8,ALYSHA UP,AC	000008	COMMUNITY #1	F	16	05/07/01
PATIENT9,SHELLY UP,AC	000009	COMMUNITY #1 03/12/17 PP-M	F	18	09/17/99

Figure 2-114: Sample Patient List, Medications Education

2.10.7 Medication Therapy Management Services

Denominators

Active Clinical patients greater than or equal to (\geq)18 with medications dispensed at their facility during the Report Period.

Numerator

Patients who received medication therapy management (MTM) during the Report Period.

Logic Description

Age is calculated at the beginning of the report period.

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility.

Medication Therapy Management (MTM) definition: 1) CPT 99605 through 99607 or 2) Clinic codes: D1, D2, D5.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients greater than or equal to (\geq) 18 receiving medications with medication therapy management, if any.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Medications Therapy Management Services (con't)		

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 18+ Receiving Medications	121		158			144		
# w/ MTM	2	1.7	5	3.2	-1.5	3	2.1	-0.4

Figure 2-115: Sample Report, Medications Therapy Management Services

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Medications Education: List of patients 18+ receiving medications with med education or refusal, if any (con't)

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT5, RITA ANN AC	000005	COMMUNITY #1 06/01/17 CPT 99607	F	18	09/07/99
PATIENT6, DIANE LOUISE AC	000006	COMMUNITY #1 07/28/17 CPT 99606	F	20	05/28/97
PATIENT7, ALICIA AC	000007	COMMUNITY #1	F	21	04/01/96
PATIENT8, ALYSHA AC	000008	COMMUNITY #1 04/01/17 C1 D1	F	25	03/28/92
PATIENT9, SHELLY AC	000009	COMMUNITY #1 07/01/17 C1 D2	F	52	10/19/65

Figure 2-116: Sample Patient List, Medications Therapy Management Services

2.10.8 Public Health Nursing

Denominator

User Population patients.

Numerators

For User Population only, the number of patients in the denominator served by Public Health Nurses (PHNs) in any setting, including Home.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.

For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME Setting.

Count only: *Number of visits to User Population patients* by PHNs in any setting, including Home

- Number of visits to patients ages 0 to 28 days (Neonate) in any setting.
- Number of visits to patients ages 29 days to 12 months (infants) in any setting.
- Number of visits to patients ages 1 through 64 years in any setting
- Number of visits to patients ages 65 and older (Elders) in any setting
- Number of PHN driver/interpreter (Provider Code 91) visits

Count only: *Number of visits to User Population patients* by PHNs in Home setting

- Number of Home visits to patients age 0 to 28 days (Neonate)
- Number of Home visits to patients age 29 days to 12 months (Infants)
- Number of Home visits to patients ages 1 through 64 years
- Number of Home visits to patients aged 65 and over (Elders).
- Number of PHN driver/interpreter (Provider Code 91) visits in a HOME setting.

Logic Description

PHN visit is defined as any visit with primary or Secondary Provider Code 13 or 91. Home visit defined as: (1) Clinic 11 and a primary or Secondary Provider Code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or Secondary Provider Code 13 or 91.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

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.

Measure Source

None

Measure Past Performance and Long-Term Targets

Performance	All PHN visits	PHN Home Visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263

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Public Health Nursing (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts	2,466		2,561			2,516		
# Served by PHNs in Any Setting	379	15.4	982	38.3	-23.0	994	39.5	-24.1
# Served by PHN Drivers/Interpreters in Any Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Served by PHNs in a Home Setting	162	6.6	458	17.9	-11.3	515	20.5	-13.9
# Served by PHN Drivers/Interpreters in a Home Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Total # PHN Visits - Any Setting	857		3,947		-3,090	2,613		-1,756
A. Ages 0-28 days	0		0		+0	0		+0
B. Ages 29 days-12 months	21		62		-41	21		+0
C. Ages 1-64 years	694		3,340		-2,646	2,254		-1,560
D. Ages 65+	142		545		-403	338		-196
E. Driver/Interpreter Visits - Any Setting	0		0		+0	0		+0
Total # PHN Visits - Home Setting	346		1,353		-1,007	1,181		-835
A. Ages 0-28 days	0		0		+0	0		+0
B. Ages 29 days-12 months	1		19		-18	14		-13
C. Ages 1-64 years	254		1,030		-776	936		-682
D. Ages 65+	91		304		-213	231		-140
E. Driver/Interpreter Visits - Home								

Setting	0	0	+0	0	+0
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Figure 2-117: Sample Report, Public Health Nursing

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Public Health Nursing: List of patients with PHN visits documented

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, HELENE MARIE UP	000001	COMMUNITY #1 2 all PHN; 0 home; 0 driver all; 0 driver home	F	29	08/07/88
PATIENT2, KATHLEEN UP	000002	COMMUNITY #1 3 all PHN; 3 home; 0 driver all; 0 driver home	F	38	10/12/79
PATIENT40, ERIKA SUE UP	000040	COMMUNITY #2 1 all PHN; 0 home; 0 driver all; 0 driver home	F	37	04/05/80
PATIENT41, DANIEL RAY UP	000041	COMMUNITY #2 1 all PHN; 0 home; 0 driver all; 0 driver home	M	0	01/06/17

Figure 2-118: Sample Patient List, Public Health Nursing

2.10.9 Breastfeeding Rates

GPRC Measure Description

During GPRC Year 2017, achieve the target rate of 36.4% for the proportion of 2-month olds who are mostly or exclusively breastfeeding.

Denominators

Active Clinical patients who are 30 to 394 days old

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *2 months* (45 to 89 days) (GPRC Denominator)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *6 months* (165 to 209 days)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *9 months* (255 to 299 days)

Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *1 year* (350 to 394 days)

User Population patients who are 30 to 394 days old who were screened for infant feeding choice at the age of *2 months* (45 to 89 days)

Numerators

Patients who were screened for infant feeding choice *at least once*

Patients who were screened for infant feeding choice at the age of *2 months* (45 to 89 days)

Patients who were screened for infant feeding choice at the age of *6 months* (165 to 209 days)

Patients who were screened for infant feeding choice at the age of *9 months* (255 to 299 days)

Patients who were screened for infant feeding choice at the age of *1 year* (350 to 394 days)

Patients who, at the age of *2 months* (45 to 89 days), were either exclusively or mostly breastfed (GPR Numerator)

Patients who, at the age of *6 months* (165 to 209 days), were either exclusively or mostly breastfed

Patients who, at the age of *9 months* (255–299 days), were either exclusively or mostly breastfed

Patients who, at the age of *1 year* (350 to 394 days), were either exclusively or mostly breastfed

Logic Description

Age of the patient is calculated at the beginning of the Report Period. Therefore, this measure may include patients up to 25 months old if they were within the eligible age range on the first day of the report period, and will not include any patients that were born after the first day of the report period. Patients born after the first day of the report period will be included in the following report period.

Infant feeding choice definition: The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as half breastfed and half formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at 6 months and was exclusively breastfeeding but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 30 to 394 days old, with infant feeding choice value, if any.

Note: “DO” represents “Days Old.”

Measure Source

HP 2020, MICH-21.4 Exclusive breastfeeding-through 3 months, MICH-21.5 Exclusive breastfeeding-through 6 months.

Measure Past Performance and Long-Term Targets

Performance	Percent
IHS FY 2016 Performance	35.2%
IHS FY 2015 Performance	35.7%
IHS FY 2014 Performance	35.1%
IHS FY 2013 Performance	29.0%
IHS FY 2012 Performance	30.3%
IHS FY 2011 Performance	26.7%
IHS FY 2010 Performance	33%
IHS FY 2008 Performance	28%
<i>HP 2020 goal for breastfeeding through 3 months of age</i>	<i>44.3%</i>
<i>HP 2020 goal for breastfeeding through 6 months of age</i>	<i>23.7%</i>

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Breastfeeding Rates		
REPORT	%	PREV YR
PERIOD	CHG from	%
PERIOD	BASE	CHG from
PERIOD	PREV YR %	BASE %

Active Clinical								
Pts 30-394 days	38		54			48		
# w/ Infant Feeding Choice Screening	17	44.7	14	25.9	+18.8	0	0.0	+44.7
# w/ Screening @ 2 mos	2	5.3	0	0.0	+5.3	0	0.0	+5.3
# w/ Screening @ 6 mos	5	13.2	2	3.7	+9.5	0	0.0	+13.2
# w/ Screening @ 9 mos	3	7.9	3	5.6	+2.3	0	0.0	+7.9
# w/ Screening @ 1 yr	2	5.3	1	1.9	+3.4	0	0.0	+5.3
AC Pts 30-394 days Screened @ 2 mos (GPRA)	2		0			0		
# @ 2 mos Exclusively/Mostly Breastfed (GPRA)	2	100.0	0	0.0	+100.0	0	0.0	+100.0
AC Pts 30-394 days Screened @ 6 mos	5		2			0		
# @ 6 mos Exclusively/Mostly Breastfed	1	20.0	1	50.0	-30.0	0	0.0	+20.0
AC Pts 30-394 days Screened @ 9 mos	3		3			0		
# @ 9 mos Exclusively/Mostly Breastfed	0	0.0	2	66.7	-66.7	0	0.0	+0.0
AC Pts 30-394 days Screened @ 1 yr	2		1			0		
# @ 1 year Exclusively/Mostly Breastfed	1	50.0	0	0.0	+50.0	0	0.0	+50.0
UP Pts 30-394 days Screened @ 2 mos	3		0			0		
# @ 2 mos Exclusively/Mostly Breastfed	3	100.0	0	0.0	+100.0	0	0.0	+100.0

Figure 2-119: Sample Report, Breastfeeding Rates

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Breastfeeding Rates: List of patients 30-394 days old, with infant feeding choice value, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,AMANDA DEBRA AC	000001	COMMUNITY #1	F	0	01/07/17
Scrn: 33 DO, 02/09/17 MOSTLY BREASTFEEDING					
PATIENT2,LEROY JAMES AC	000002	COMMUNITY #1	M	1	12/03/16
Scrn: 2 MOS: 48 DO, 01/20/17 EXCLUSIVE BREASTFEEDING; 6 MOS: 178 DO, 05/30/17 EXCLUSIVE BREASTFEEDING; 9 MOS: 276 DO, 09/05/17 EXCLUSIVE BREASTFEEDING; 1 YR: 382 DO, 12/20/17 MOSTLY BREASTFEEDING					
PATIENT3,TERRY SCOTT AC	000003	COMMUNITY #1	M	0	11/15/17
PATIENT4,ROBERT AC	000004	COMMUNITY #1	M	0	02/05/17
Scrn: 6 MOS: 187 DO, 08/11/17 EXCLUSIVE BREASTFEEDING					
PATIENT11,STEVEN CODY AC	000011	COMMUNITY #2	M	0	09/04/17
Scrn: 2 MOS: 60 DO, 11/03/17 MOSTLY BREASTFEEDING					

Figure 2-120: Sample Patient List, Breastfeeding Rates

2.10.10 Use of High-Risk Medications in the Elderly

Denominators

Active Clinical patients ages 65 and older with no hospice indicator during the Report Period. Broken down by gender and age groups (65 through 74, 75 through 84, greater than (>) 85).

User Population patients ages 65 and older with no hospice indicator during the Report Period. Broken down by gender.

Numerators

Patients who received at least one high-risk medication for the elderly during the Report Period.

Patients who received at least two different high-risk medications for the elderly during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Note: The logic below is a deviation from the logic written by PQA, as PQA requires at least two prescriptions fills for the same high-risk medication during the Report Period, while the logic below only requires one prescription fill.

For nitrofurantoin, a patient must have received a cumulative days supply for any nitrofurantoin product greater than 90 days during the Report Period.

For nonbenzodiazepine hypnotics, a patient must have received a cumulative days supply for any nonbenzodiazepine hypnotic products greater than 90 days during the Report Period.

Subject Defined	CPT Codes	SNOMED Codes
Hospice	99377, 99378, G9473 through G9479	170935008, 183919006, 183920000, 183921001, 284546000, 305336008, 305911006, 385763009, 385765002, 444933003, 445449000, 444933003, 428361000124107, 428371000124100

Medication definitions: High-risk medications for the elderly defined with medication taxonomies:

- BGP HEDIS ANTICHOLINERGIC MEDS: First-generation antihistamines (Includes combination drugs) (Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Doxylamine, Hydroxyzine, Promethazine, Triprolidine); Antiparkinson agents (BENZTROPINE (oral), Trihexyphenidyl)
- BGP HEDIS ANTITHROMBOTIC MEDS: (Ticlopidine, Dipyridamole, oral short-acting)
- BGP HEDIS ANTI-INFECTIVE MEDS: (Nitrofurantoin)
- BGP HEDIS CARDIOVASCULAR MEDS: Alpha blockers, central (Guanfacine, Methyldopa, Reserpine); Cardiovascular, other (Disopyramide, Digoxin, Nifedipine, immediate release)
- BGP HEDIS CENTRAL NERVOUS MEDS: Tertiary TCAs (Includes combination drugs) (Amitriptyline, Clomipramine, Doxepin, Imipramine, Trimipramine); Antipsychotics, first-generation (conventional) (Thioridazine Barbiturates (Amobarbital, Butobarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital); Central Nervous System, other (Chloral hydrate, Meprobamate); Nonbenzodiazepine hypnotics (Eszopiclone, Zolpidem, Zaleplon); Vasodilators (Ergoloid mesylates, Isoxsuprine)
- BGP HEDIS ENDOCRINE MEDS: Endocrine (Desiccated thyroid, Estrogens with or without progesterone (oral and topical patch products only), Megestrol); Sulfonylureas, long-duration (Chlorpropamide, Glyburide)
- BGP HEDIS GASTROINTESTINAL MEDS: (Trimethobenzamide)

- BGP HEDIS PAIN MEDS: Other (Meperidine, Pentazocine); Non-COX-selective NSAIDs (Indomethacin, Ketorolac)
- BGP HEDIS SKL MUSCLE RELAX MED (Includes combination drugs) (Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)

Note: For each medication, the days' supply must be greater than (>) 0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4. Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

1. Added denominator exclusion and logic to exclude patients with a hospice indicator anytime during the Report Period.

Patient List Description

List of patients 65 and older with at least one high-risk medication.

Measure Source

HEDIS

Measure Past Performance and Long-Term Targets

None

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Use of High-Risk Medications in the Elderly						
	REPORT	%	PREV YR	%	CHG from BASE	%
	PERIOD		PERIOD		PREV YR % PERIOD	CHG from BASE %
Active Clinical						
Pts 65+ w/ no hospice	128		120		108	

# w/ Exposure to 1+ High-Risk Med	21	16.4	33	27.5	-11.1	50	46.3	-29.9
# w/ Exposure to Multiple High-Risk Meds	7	5.5	13	10.8	-5.4	13	12.0	-6.6
Male Active Clinical 65+ w/ no hospice	43		44			38		
# w/ Exposure to 1+ High-Risk Med	3	7.0	7	15.9	-8.9	16	42.1	-35.1
# w/ Exposure to Multiple High-Risk Meds	1	2.3	4	9.1	-6.8	3	7.9	-5.6
Female Active Clinical 65+ w/ no hospice	85		76			70		
# w/ Exposure to 1+ High-Risk Med	18	21.2	26	34.2	-13.0	34	48.6	-27.4
# w/ Exposure to Multiple High-Risk Meds	6	7.1	9	11.8	-4.8	10	14.3	-7.2
User Pop Pts 65+ w/ no hospice	147		139			128		
# w/ Exposure to 1+ High-Risk Med	21	14.3	33	23.7	-9.5	50	39.1	-24.8
# w/ Exposure to Multiple High-Risk Meds	7	4.8	13	9.4	-4.6	13	10.2	-5.4

Figure 2-121: Sample Report, Use of High-Risk Medications in the Elderly

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Baseline Period: Jan 01, 2010 to Dec 31, 2010				

Use of High-Risk Medications in the Elderly (con't)				
ACTIVE CLINICAL PATIENTS 65+				
Age Distribution				
	65-74	75-84	85+	
CURRENT REPORT PERIOD				
AC Patients 65+	91	30	6	
# w/ Exposure to 1+ High-Risk Med	17	1	3	
% w/ Exposure to 1+ 1 High-Risk Med	18.7	3.3	50.0	

# w/ Exposure to Multiple High-Risk Meds	7	0	0
% w/ Exposure to Multiple High-Risk Meds	7.7	0.0	0.0
PREVIOUS YEAR PERIOD			
AC Patients 65+	87	24	7
# w/ Exposure to 1+ High-Risk Med	20	9	4
% w/ Exposure to 1+ High-Risk Med	23.0	37.5	57.1
# w/ Exposure to Multiple High-Risk Meds	8	4	1
% w/ Exposure to Multiple High-Risk Meds	9.2	16.7	14.3
CHANGE FROM PREV YR %			
# w/ Exposure to 1+ High-Risk Med	-4.3	-34.2	-7.1
# w/ Exposure to Multiple High-Risk Meds	-1.5	-16.7	-14.3

Figure 2-122: Sample Report, Use of High-Risk Medications in the Elderly

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Use of High Risk Medications in the Elderly: List of patients 65 and older with at least one high-risk medication.

PATIENT NAME DENOMINATOR	HRN NUMERATOR	COMMUNITY	SEX	AGE	DOB
PATIENT1,JONELLE	000001	COMMUNITY #1	F	69	06/08/48
UP,AC 2 drugs: 08/04/17 ESTERIFIED ESTROGENS 0.625MG TAB (ORAL ESTROGEN); 08/04/17 PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)					
PATIENT2,PAULINE	000002	COMMUNITY #1	F	70	04/12/47
UP,AC 1 drug:11/02/17 PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)					
PATIENT3,NADINE	000003	COMMUNITY #1	F	82	02/16/35
UP,AC 2 drugs: 09/25/17 DIAZEPAM 5MG TAB (BENZODIAZEPINE); 09/25/17 PROPOXYPHENE-N 100MG/APAP 650MG TAB (NARCOTIC)					
PATIENT4,JESSE NATHAN	000004	COMMUNITY #1	M	77	10/16/40
UP,AC 1 drug:08/27/17 CYCLOBENZAPRINE HCL 10MG TAB (SKL MUSCLE)					

Figure 2-123: Sample Patient List, Use of High-Risk Medications in the Elderly

2.10.11 Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly

Denominators

Active Clinical patients ages 65 and older.

User Population patients ages 65 and older.

Numerators

Patients who received at least two prescription fills for any benzodiazepine sedative hypnotic medications for more than 90 days.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

The patient must have received a cumulative days supply for any benzodiazepine sedative hypnotic products greater than 90 days during the Report Period.

Medication definitions: Benzodiazepine sedative hypnotic medications defined with medication taxonomy BGP PQA BENZODIAZ MEDS (Estazolam, Flurazepam, Quazepam, Temazepam, Triazolam).

Note: For each medication, the days' supply must be greater than (>) 0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2017, Discontinued Date=11/19/2017, Recalculated # Days Prescribed=4. Medications must not have a comment of RETURNED TO STOCK.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 65 and older with two or more prescriptions for benzodiazepine sedative hypnotic medications.

Measure Source

PQA

Measure Past Performance and Long-Term Targets

None

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Use of High-Risk Medications in the Elderly								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 65+	127		118			109		
# w/ 2+ Benzodiazepine Sedative Hypnotic Meds	1	0.8	0	0.0	+0.8	0	0.0	+0.8
User Pop Pts 65+	147		139			129		
# w/ 2+ Benzodiazepine Sedative Hypnotic Meds	1	0.7	0	0.0	+0.7	0	0.0	+0.7

Figure 2-124: Sample Report, Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly: List of patients 65 and older with two or more prescriptions for benzodiazepine sedative hypnotic medications.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, JONELLE UP, AC	000001	COMMUNITY #1	F	69	02/19/48
PATIENT2, PAULINE UP, AC	000002	COMMUNITY #1 02/02/17 TEMAZEPAM	F	70	03/14/47 15MG CAP (60); 06/02/17 TEMAZEPAM
PATIENT3, NADINE UP, AC	000003	COMMUNITY #1	F	82	03/02/35
PATIENT4, JESSE NATHAN	000004	COMMUNITY #1	M	77	04/13/40

UP, AC

Figure 2-125: Sample Patient List, Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly

2.10.12 Functional Status Assessment in Elders

Denominator

Active Clinical patients ages 55 and older. Broken down by gender.

Numerator

Patients screened for functional status at any time during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Functional status screening definition: Any non-null values in V Elder Care for (1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* (2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients greater than or equal to (\geq) 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

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Functional Status Assessment in Elders									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Clinical									
Pts 55+	318		298			286			
# w/ Functional									
Status Screening	3	0.9	1	0.3	+0.6	5	1.7	-0.8	
Male Active									
Clinical 55+	127		120			111			
# w/ Functional									
Status Screening	1	0.8	0	0.0	+0.8	1	0.9	-0.1	
Female Active									
Clinical 55+	191		178			175			
# w/ Functional									
Status Screening	2	1.0	1	0.6	+0.5	4	2.3	-1.2	

Figure 2-126: Sample Report, Functional Status Assessment in Elders

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;									
HR=High Risk Patient									
Functional Status Assessment in Elders: List of patients 55+ with functional									
status codes, if any.									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DOB				
DENOMINATOR	NUMERATOR								

PATIENT1, GLENDA JOYCE	000001	COMMUNITY #1	F	57	11/12/60				

AC	PATIENT2,NADINE	000002	COMMUNITY #1	F	61	09/22/56
AC	PATIENT3,CHARLOTTE MAE	000003	COMMUNITY #1	F	64	10/18/53
AC						YES: 02/24/17 BATH, CONT, COOK, DRES, FEED, FIN, HSWK, MEDS, SHOP, TLT, TRNS, XFER
AC	PATIENT4,KATHERINE ANN	000004	COMMUNITY #1	F	66	10/29/51
AC						YES: 07/11/17 BATH, FIN
AC	PATIENT5,ANNA MARIE	000005	COMMUNITY #1	F	66	12/01/51
AC	PATIENT6,DIANA	000006	COMMUNITY #1	F	67	08/14/50
AC	PATIENT7,PEGGY ANN	000007	COMMUNITY #1	F	70	05/12/47
AC						NO: 05/20/17 FIN

Figure 2-127: Sample Patient List, Functional Status Assessment in Elders

2.10.13 Fall Risk Assessment in Elders

Denominators

Active Clinical patients ages 65 and older. Broken down by gender.

User Population patients ages 65 and older. Broken down by gender.

Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year.

Note: This numerator does *not* include refusals.

- Patients who have been screened for fall risk in the past year
- Patients with a documented history of falling in the past year
- Patients with a fall-related injury diagnosis in the past year
- Patients with abnormality of gait/balance or mobility diagnosis in the past year

Patients with a documented refusal of fall risk screening exam in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

Subject Defined	ICD and Other Codes	Exam Code	E Codes (Injury)
Fall Risk Exam	CPT: 1100F, 1101F, 3288F	Exam: 37 (Fall Risk)	
History of Falling	POV: ICD-9: V15.88 (Personal History of Fall); ICD-10: Z91.81		
Fall-related Injury			POV (Cause Codes #1-3): ICD-9: E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*; ICD-10: (All codes ending in A or D only) W01.*, W06.*-W08.*, W10.*, W18.*, W19.*
Abnormality of Gait/Balance or Mobility	POV: ICD-9: 781.2, 781.3, 719.7, 719.70 (old code), 719.75–719.77 (old codes), 438.84, 333.99, 443.9; ICD-10: G25.7*, G25.89, G25.9, G26, I69.*93, I73.9, R26.*, R27.*		
Refusal		Exam: 37 (Fall Risk)	

Key Logic Changes from CRS Version 16.1

None.

Patient List Description

List of patients 65 years or older with fall risk assessment, if any.

Measure Source

HP 2010 15–28 Reduce hip fractures among older adults.

Measure Past Performance and Long-Term Targets

None

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Fall Risk Assessment in Elders (con't)		
Active Clinical		
Pts 65+	127	118 109

# w/ Fall Risk Screen/Dx-No Refusals	15	11.8	36	30.5	-18.7	33	30.3	-18.5
A. # w/ Fall Risk Screen w/ % of Total Screened	8	53.3	21	58.3	-5.0	19	57.6	-4.2
B. # w/ History of Fall w/ % of Total Screened	2	13.3	3	8.3	+5.0	4	12.1	+1.2
C. # w/ Fall Injury w/ % of Total Screened	4	26.7	12	33.3	-6.7	11	33.3	-6.7
D. # w/ Abnormal Gait w/ % of Total Screened	3	20.0	6	16.7	+3.3	5	15.2	+4.8
# w/ Refusal	1	0.8	0	0.0	+0.8	0	0.0	+0.8
Male Active Clinical Pts 65+	42		43			39		
# w/ Fall Risk Screen/Dx-No Refusals	3	7.1	9	20.9	-13.8	9	23.1	-15.9
A. # w/ Fall Risk Screen w/ % of Total Screened	1	33.3	8	88.9	-55.6	6	66.7	-33.3
B. # w/ History of Fall w/ % of Total Screened	1	33.3	0	0.0	+33.3	1	11.1	+22.2
C. # w/ Fall Injury w/ % of Total Screened	1	33.3	1	11.1	+22.2	2	22.2	+11.1
D. # w/ Abnormal Gait w/ % of Total Screened	1	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/ Refusal	1	2.4	0	0.0	+2.4	0	0.0	+2.4

Figure 2-128: Sample Report, Fall Risk Assessment in Elders

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Fall Risk Assessment in Elders: List of patients 65 years and older with fall risk assessment, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1, SHERRY UP, AC	000001	COMMUNITY #1	F	68	06/12/49
PATIENT2, LORETTA LYNN UP, AC	000002	COMMUNITY #1 Refused 03/03/17 Ex 37	F	78	04/11/39
PATIENT17, NICOLE UP, AC	000017	COMMUNITY #2 Abnormal Gait: 11/24/17 POV 443.9	F	71	09/12/46
PATIENT18, VERONICA UP	000018	COMMUNITY #2 Screen: 03/03/17 CPT 1100F	F	72	10/15/45
PATIENT19, STEPHANIE	000019	COMMUNITY #2	F	76	08/17/41

UP,AC

Fall Injury: 11/10/17 E-CODE E883.9

Figure 2-129: Sample Patient List, Fall Risk Assessment in Elders

2.10.14 Palliative Care

Denominators

No denominator; count only.

Numerators

Count only: Number of *Active Clinical patients* with at least one palliative care visit during the Report Period. Broken down by age groups (less than (<) 18, 18 through 54, greater than (>) 55).

Count only: Number of palliative care visits for *Active Clinical patients* during the Report Period. Broken down by age groups (less than (<) 18, 18 through 54, greater than (>) 55).

Logic Description

Age is calculated at the beginning of the Report Period.

Palliative care visit definition: POV ICD-9: V66.7; ICD-10: Z51.5.

Patient List Description

List of patients with a palliative care visit.

Key Logic Changes from CRS Version 16.1

None.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Palliative Care					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/ 1+ Palliative Care Visit	10	0	+10	0	+10
A. Total # of Patients <18 w/ 1+ Palliative Care Visit	3	0	+3	0	+3
B. Total # of Patients 18-54 w/ 1+ Palliative Care Visit	2	0	+2	0	+2
C. Total # of Patients 55+ w/ 1+ Palliative Care Visit	5	0	+5	0	+5
Total # of Palliative Care Visits	10	0	+10	0	+10
A. Total # of Palliative Care Visits-Pts <18	3	0	+3	0	+3
B. Total # of Palliative Care Visits-Pts 18-54	2	0	+2	0	+2
C. Total # of Palliative Care Visits-Pts 55+	5	0	+5	0	+5

Figure 2-130: Sample Report, Palliative Care

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Palliative Care: List of patients with a palliative care visit, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
PATIENT1,JOHN AC	000012	Community #1 1 visit: 05/01/17	M	57	12/12/60
PATIENT2,ROBERT AC	000013	Community #1 2 visits: 01/25/17, 05/10/17	M	59	06/19/58
PATIENT3,JAMES AC	000014	Community #2 0 visits:	M	67	01/12/50
PATIENT4,TONYA AC	000015	Community #3 1 visit: 06/01/16	F	78	03/28/39

PATIENT5,RITA ANN AC	000016 Community #3 F 96 08/17/21 2 visits: 06/01/17; 06/07/17
PATIENT6,Clifford AC	000017 Community #3 M 24 11/14/93 3 visits: 01/25/17, 05/10/17, 08/01/17

Figure 2-131: Sample Patient List, Palliative Care

2.10.15 Annual Wellness Visit

Denominators

Active Clinical patients ages 65 and older. Broken down by gender.

Numerators

Patients with at least one Annual Wellness Exam in the past 15 months.

Logic Description

Age is calculated at the beginning of the Report Period.

Annual Wellness Exam: CPT G0438, G0439, G0402.

Patient List Description

List of patients with an annual wellness visit in the past 15 months.

Key Logic Changes from CRS Version 16.1

None.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Annual Wellness Visit		
REPORT	PREV YR	CHG from BASE CHG from

	PERIOD	PERIOD	PREV YR	PERIOD	BASE
Active Clinical Pts 65+	127	118		109	
# w/ Annual Wellness Exam	3 2.4	0 0.0	+2.4	0 0.0	+2.4
Male Active Clinical Pts 65+	42	43		39	
# w/ Annual Wellness Exam	1 2.4	0 0.0	+2.4	0 0.0	+2.4
Female Active Clinical Pts 65+	85	75		70	
# w/ Annual Wellness Exam	2 2.4	0 0.0	+2.4	0 0.0	+2.4

Figure 2-132: Sample Report, Annual Wellness Visit

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Annual Wellness Visit: List of patients with an annual wellness visit in the past 15 months, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
Patient1,DENISE AC	000001	Community #1 12/31/16 G0402	F	65	05/12/52
Patient2,MELISSA GAYLE AC	000002	Community #1	F	66	07/14/51
Patient3,JESSICA DAWN AC	000003	Community #1 02/22/17 G0438	F	67	11/12/50
Patient4,RUTH ALICE AC	000004	Community #1	F	69	01/19/48
Patient5,BRYSON DEWAY AC	000005	Community #1	F	72	05/02/45
Patient6,BRITNEY ANN AC	000006	Community #1 05/31/17 G0439	F	73	07/14/44
Patient7,MARK AC	000007	Community #1	M	67	11/19/50
Patient8,HOWIE AC	000008	Community #1 10/01/17 G0402	M	72	12/08/45

Figure 2-133: Sample Patient List, Annual Wellness Visit

2.10.16 Optometry

Denominators

Active Clinical patients ages 18 and older with a diagnosis of primary open-angle glaucoma during the Report Period. (GPRA Developmental Denominator (NQF 0086))

Numerators

Patients with an optic nerve head evaluation during the Report Period. (GPRA Developmental Denominator (NQF 0086))

Logic Description

Age is calculated at the beginning of the Report Period.

Primary open-angle glaucoma: Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 365.10-365.12, 365.15; ICD-10: H40.10* - H40.12*, H40.15*; SNOMED data set PXR OPEN ANGLE GLAUCOMA (Problem List only).

Optic nerve head evaluation: CPT 2027F.

Patient List Description

List of patients ≥ 18 with primary open-angle glaucoma and optic nerve head evaluation, if any.

Key Logic Changes from CRS Version 16.1

1. Added logic to primary open-angle glaucoma definition to look at the Problem List.
2. Added SNOMED data set PXR OPEN ANGLE GLAUCOMA to primary open-angle glaucoma definition (for Problem List only).

Measure Source

NQF 0086

Measure Past Performance and Long-Term Targets

None

DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2017 to Dec 31, 2017									
Previous Year Period: Jan 01, 2016 to Dec 31, 2016									
Baseline Period: Jan 01, 2010 to Dec 31, 2010									

Optometry									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
AC Pts 18+ w/ Primary Open-Angle Glaucoma	5		13			8			
# w/ Optic Nerve Head Eval	1	20.0	0	0.0	+20.0	0	0.0	+20.0	

Figure 2-134: Sample Report, Optometry

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Optometry: List of patients 18+ with primary open-angle glaucoma and optic nerve head evaluation, if any.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB

Patient1,DENISE AC	000001	Community #1	F	20	06/06/97
Patient2,MELISSA GAYLE AC	000002	Community #1	F	76	08/15/41
Patient3,JESSICA DAWN AC	000003	Community #1	F	47	07/14/70
Patient4,RUTH ALICE AC	000004	Community #1	M	35	05/08/82
Patient5,BRYSON DEWAY AC	000005	Community #1 04/04/17 2027F	M	38	09/09/79

Figure 2-135: Sample Patient List, Optometry

2.10.17 Goal Setting

Denominators

User Population patients.

Number of goal topics set during the Report Period.

Number of goal topics met during the Report Period.

Numerators

Number of patients who set at least one goal during the Report Period.

Number of goals set for ALCOHOL OR OTHER DRUGS.

Number of goals set for DIABETES CURRICULUM.

Number of goals set for MEDICATIONS.

Number of goals set for MONITORING.

Number of goals set for NUTRITION.

Number of goals set for OTHER.

Number of goals set for PHYSICAL ACTIVITY.

Number of goals set for STRESS AND COPING.

Number of goals set for TOBACCO.

Number of goals set for WELLNESS AND SAFETY.

Number of patients who met at least one goal during the Report Period.

Number of goals met for ALCOHOL OR OTHER DRUGS.

Number of goals met for DIABETES CURRICULUM.

Number of goals met for MEDICATIONS.

Number of goals met for MONITORING.

Number of goals met for NUTRITION.

Number of goals met for OTHER.

Number of goals met for PHYSICAL ACTIVITY.

Number of goals met for STRESS AND COPING.

Number of goals met for TOBACCO.

Number of goals met for WELLNESS AND SAFETY.

Logic Description

Patient education codes must be the standard national patient education codes, which are included in the Patient and Family Education Protocols and Codes (PEPC) manual published each year. If codes are found that are not in the table, they will not be reported on (i.e., locally-developed codes).

Numerator Logic:

For Goal Set, the Goal Setting value must be "Goal Set" and the Goal Start Date must be during the Report Period..

For Goal Met, the Goal Status value must be "Goal Met" and the Date/Time Last Modified must be during the Report Period. The patient is not required to have set a goal during the Report Period.

Patient List Description

List of User Population patients with goal setting information during the Report Period.

Key Logic Changes from CRS Version 16.1

None.

Measure Source

None

Measure Past Performance and Long-Term Targets

None

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Goal Setting								
	REPORT		PREV YR	CHG from	BASE		CHG from	
	PERIOD		PERIOD	PREV YR	PERIOD		BASE	
User Pop Pts	2,466		2,561		2,516			
# w/ Goal Set	5	0.2	0	0.0	+0.2	0	0.0	+0.2

# Goal Topics Set	9		0		0			
# ALCOHOL OR OTHER								
DRUGS Set	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# DIABETES								
CURRICULUM Set	1	11.1	0	0.0	+11.1	0	0.0	+11.1
# MEDICATIONS Set	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# MONITORING Set	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# NUTRITION Set	2	22.2	0	0.0	+22.2	0	0.0	+22.2
# OTHER Set	1	11.1	0	0.0	+11.1	0	0.0	+11.1
# PHYSICAL								
ACTIVITY Set	4	44.4	0	0.0	+44.4	0	0.0	+44.4
# STRESS AND								
COPING Set	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# TOBACCO Set	1	11.1	0	0.0	+11.1	0	0.0	+11.1
# WELLNESS AND								
SAFETY Set	0	0.0	0	0.0	+0.0	0	0.0	+0.0
User Pop Pts	2,466		2,561			2,516		
# w/ Goal Met	1	0.0	0	0.0	+0.0	0	0.0	+0.0
# Goal Topics Met	3		0			0		
# ALCOHOL OR OTHER								
DRUGS Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# DIABETES								
CURRICULUM Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# MEDICATIONS Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# MONITORING Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# NUTRITION Met	1	33.3	0	0.0	+33.3	0	0.0	+33.3
# OTHER Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# PHYSICAL								
ACTIVITY Met	1	33.3	0	0.0	+33.3	0	0.0	+33.3
# STRESS AND								
COPING Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# TOBACCO Met	1	33.3	0	0.0	+33.3	0	0.0	+33.3
# WELLNESS AND								
SAFETY Met	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-136: Sample Report, Goal Setting

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
 HR=High Risk Patient

Goal Setting: List of User Population patients who received patient education during the Report Period with goal setting information.

PATIENT NAME DENOMINATOR	HRN	COMMUNITY NUMERATOR	SEX	AGE	DOB
Patient1,Paula UP	000001	Community #1	F	34	11/14/83
					GS: 11/17/17 - PHYSICAL ACTIVITY
Patient2,PENNY UP	000002	Community #1	F	43	08/01/74
Patient3,RITA UP	000003	Community #1	F	64	07/02/53
					GS: 04/15/17 - NUTRITION, GM: 06/15/17 - NUTRITION
Patient4,HARRY UP	000004	Community #1	M	50	05/01/67
					GM: 10/30/17 - DIABETES CURRICULUM
Patient5,ROSS UP	000005	Community #1	M	55	06/05/62
Patient6,FELIPE UP	000006	Community #1	M	57	06/01/60
					GS: 09/10/17 - TOBACCO
Patient7,MARK UP	000007	Community #1	M	67	05/08/50
Patient8,CATHERINE UP	000008	Community #2	F	72	04/08/45
					GM: 07/30/17 - OTHER

Figure 2-137: Sample Patient List, Goal Setting

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov