



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

Version 13.0 Patch 1
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Preface

The Government Performance and Results Act (GPRA) requires federal agencies to report annually on how the agency measured against the performance targets set in its annual plan. The Indian Health Service (IHS) GPRA measures include 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 FY 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area Office (GPRA2000).

This manual provides instructions on using the CRS. Version 13.0 adds fiscal year (FY) 2013 clinical performance measures to existing FY 2002 through FY 2012 measures.

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

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

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

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

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

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

1.0 Introduction

This manual provides user instructions for the Clinical Reporting System (CRS) version 13.0 (FY 2013 Clinical Performance Measures).

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

- Setting up the CRS application, including taxonomies and site parameters
- Using the report option to produce different reports: National Government Performance and Results Act (GPRA) and GPRA Modernization Act (GPRAMA), Selected Measures, GPRA/GPRAMA Performance, Other National Measures, Elder Care, Patient Education, and Laboratory and Medication Taxonomies
- Exporting and aggregating Area Office-level data for National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education reports

Refer to the Clinical Performance Measure Logic Manual for information on the logic used and sample output for each individual performance measure.

1.1 Key Changes in Version 13.0

1.1.1 Changes to National GPRA Reports

Renamed National GPRA & PART Report to National GPRA/GPRAMA Report.

1.1.2 Logic Changes to National GPRA/GPRAMA Report Measures

- GPRA Developmental Measures:
 - Added the following new GPRA Developmental measures: Access to Dental Service (pre-natal or nursing mother visit); Cancer Screening: Pap Smear Rates (Pap Smear + HPV visit)
 - Added new topic: Weight Assessment and Counseling for Nutrition and Physical Activity
 - Deleted the following GPRA Developmental measures: Diabetes: Blood Pressure Control; Diabetic Retinopathy; Dental Sealants; Topical Fluoride; Childhood Immunizations (4:3:1:3/4:3:1:4 combo and 3 or 4 HiB); Cancer Screening: Pap Smear Rates (Pap Smear in past 4 years); Colorectal Cancer Screening (Revised Logic #1-HEDIS); Tobacco Cessation (Developmental Logic); Comprehensive CVD-Related Assessment; Use of High-Risk Medications in the Elderly
 - Updated HIV Screening to look for positive results in either HIV-1 or HIV-2 tests and to look for CD4 count within 90 days of initial HIV diagnosis

- Updated codes in the following measures: Childhood Immunizations; Cancer Screening: Pap Smear Rates; Cancer Screening: Mammogram Rates; Comprehensive Cancer Screening
- Diabetes: Glycemic Control: (1) Added measure for A1c less than (<) 8. This measure is the new GPRAMA measure. (2) Deleted previous GPRA measure of A1c less than (<) 7. (3) Updated logic to look for the last A1c done on a visit if there is more than one test with results for a visit.
- Diabetes: Blood Pressure Control: (1) Added measure for blood pressure less than (<) 140/90. This is the new GPRA measure. (2) Deleted previous GPRA measure of blood pressure less than (<) 130/80. (3) Added service code and clinic code exclusions to blood pressures used in calculation to exclude those taken in the hospital or surgery visits.
- Diabetes: Nephropathy Assessment: (1) Deleted POV code 585.5 from ESRD definition. (2) Added CPT codes 3060F, 3061F, and 3062F to Quantitative Urinary Protein Assessment definition. (3) Added CPT code 3066F to ESRD definition.
- Diabetic Retinopathy: (1) Excluded patients with bilateral blindness from the denominator. (2) Added measures for JVN visits, Ophthalmology visits, and Optometry visits. (3) Removed Procedure code 95.02 from Other Eye Exam definition.
- Dental Sealants: (1) Added rate measure previously in GPRA Developmental report, with age range updated to 2-15 and age breakdowns. (2) Added age breakdown measure to existing count measure. (3) Added logic to only count 0007 code if it is not documented on the same visit as one of the ADA or CPT codes.
- Topical Fluoride: (1) Added rate measure previously in GPRA Developmental report, with age range updated to 1-15 and age breakdowns. (2) Added age breakdown measure to existing count measure. (3) Added ADA code 1208 and CPT code D1208 to Topical Fluoride definition.
- Childhood Immunizations: (1) Deleted 43133 and 431331 combination measures. (2) Updated GPRAMA combo measure to look for three or four HiB. The new combo is called 4313*314. (3) Updated HiB measure to look for three or four Hib. (4) Removed previous contraindications for OPV and added contraindication of "Immune Deficiency". (5) Removed "Immune Deficient" from MMR and Varicella contraindications, as it is not an option in the Immunization package. (6) Removed POV codes from contraindications for MMR and Varicella.

- Cancer Screening: Pap Smear Rates: (1) Added measure for ages 25-64 with Pap Smear in the past four years, previously in GPRA Developmental report. This is the new GPRA measure. (2) Deleted previous GPRA measure of patients aged 21-64 with Pap Smear in the past three years. (3) Deleted POV codes V72.3, 795.10-16, and 795.19 from Pap Smear definition. (4) Moved POV codes V67.01 and V76.47 from Pap Smear definition to hysterectomy definition. (5) Added Procedure code 68.9 and POV code 752.43 to hysterectomy definition.
- Cancer Screening: Mammogram Rates: Included logic to allow for two unilateral mastectomies on the same date if the codes include both a right side modifier (RT) and left side modifier (LT).
- Colorectal Cancer Screening: Removed measures with old logic that were previously in the GPRA report.
- Colorectal Cancer Screening (Revised Logic #1-HEDIS): (1) Added topic and measures previously in GPRA Developmental report. This contains the new GPRA measure. (2) Updated procedure code 45.8 to 45.8* in total colectomy definition.
- Tobacco Cessation: (1) Added topic and measures previously in GPRA Developmental report. This contains the new GPRA measure. (2) Removed measures with old logic that were previously in the GPRA report.
- Obesity Assessment: Removed topic from GPRA report.
- Childhood Weight Control: Removed topic from GPRA report.
- Controlling High Blood Pressure – Million Hearts: Added new topic.
- Comprehensive CVD-Related Assessment: (1) Deleted old measures and replaced them with measures previously in GPRA Developmental report. (2) Added logic to look at Patient Goal file for lifestyle education definition.
- Breastfeeding Rates: Changed “PART” label to “GPRA”.

1.1.3 Key Logic Changes to Non-GPRA Measures

For key logic changes to non-GPRA measures, please refer to the CRS 2013 (version 13.0) Selected Measures Report Performance Measure List and Definitions document located on the CRS Web site at

http://www.ihs.gov/crs/documents/crsv13/SelectedMeasuresV13_0.pdf.

1.1.4 Additional Key Enhancements and Revisions

- Added functionality to run the GPRA Dashboard report by primary provider, and to choose the GPRA year for which to run the report.
- Removed the National GPRA & PART Height and Weight Local Data File.
- Added functionality to run the GPRA Performance Report by primary provider.

2.0 Orientation

The following terms and abbreviations are used throughout this manual.

Active Clinical Behavioral Health Patients

The basic denominator definition used by CRS when the Urban Outreach & Referral-Only Site Parameter is set to Yes. The Active Clinical Behavioral Health (BH) definition was developed specifically for facilities that provide only behavioral health services to their patients and where the majority of their patients do not meet the Active Clinical denominator definition. For a detailed description of the denominator, see Section 3.2.3.4.

Active Clinical CHS Patients

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

Active Clinical Patients

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

Active Clinical Plus Behavioral Health Patients

The basic denominator definition used by CRS that includes behavioral health clinic codes in the additional set of clinics. The Active Clinical Plus Behavioral Health definition was developed specifically for behavioral health clinical performance measures because it was felt that many behavioral health visits were not being counted towards these measures as the patients did not quite qualify as Active Clinical. For a detailed description of the denominator, see Section 3.2.3.2.

AI/AN

American Indian/Alaska Native.

ASUFAC Code

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

Baseline Year

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

BGP

The technical name, or namespace, for the CRS component of the Resource and Patient Management System (RPMS) software suite. A namespace is a unique two- to four-alpha-character code assigned by the database administrator to an RPMS software application.

CPT Codes

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

CRS

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

Denominator

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

Developmental Measures

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

FY

Fiscal year. The fiscal year for the federal government is October 1 through September 30.

GPRA

Government Performance and Results Act. A federal law requiring federal agencies to annually document their goals and progress towards their goals. For a detailed description, see Section 3.1.1.

GPRA Measure

Budget measures that are performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2013, the IHS has 29 GPRA measures in three main categories: Treatment (14 measures), Prevention (13 measures), and Capital Programming/Infrastructure (2 measures). These measures address the most significant health problems facing the AI/AN population.

For a detailed description, see Section 3.1.1.

GPRA Measure

Performance measures that will be included in the annual Health and Human Services (HHS) performance report. Each measure has one denominator and one numerator. For FY 2013, the IHS has 6 GPRA measures: Proportion of adults 18 and older who are screened for depression; patients with diagnosed diabetes that achieve ideal glycemic control; patients 22 and older with coronary heart disease that are assessed for all five cardiovascular disease risk factors; patients aged 19-35 months that have received all childhood immunizations; 100% of hospitals and outpatient clinics operated by the Indian Health Service are accredited (excluding tribal and urban facilities); and implement recommendations from tribes annually to improve the tribal consultation process.

GPRA Report to Congress

IHS, as well as all other federal agencies, provides an annual report to Congress in conjunction with the next year's budget request to document how well and cost-effectively the agency meets its defined mission. The report has three parts: (1) reporting how many of the previous FY measures were met and explanations for those measures unmet; (2) providing final definitions of performance measures for the current FY; and (3) providing any proposed additions, deletions, and definition changes to measures for the following FY. Aggregated data from the CRS version 13.0 (FY13) will be used to report most clinical measures in the FY 2013 Performance Report.

GUI

Graphical user interface. The Windows-based version of the CRS application. Visual CRS is available in addition to the character-based (“roll and scroll”) user interface (CHUI).

Healthy People 2020 (HP 2020)

HP 2020 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services (HHS). HP 2020 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS). Developed by the National Committee for Quality Assurance, HEDIS is a tool used by more than 90% of American’s health plans to measure performance on important dimensions of care and service.

I/T/U

Indian, Tribal, and Urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian healthcare system are referred to, not just IHS direct sites.

ICD Codes

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

Logic

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

LOINC

Logical Observation Identifiers Names and Codes (LOINC®). A standard coding system originally initiated for laboratory values, the system is being extended to include nonlaboratory observations (electrocardiograms [EKGs], vital signs, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures; for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS at several pilot sites in 2002.

National GPRA/GPRAMA Report

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

Numerator

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

Patient List

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

Performance Measure

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

Performance Measure Topic

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

PIT

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

QI

Abbreviation for quality improvement.

Report Period

CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA/GPRAMA Report, users define the report period by selecting one of the predefined date ranges and entering the calendar year of the end of the reporting period. For example, selecting July 1 through June 30 and calendar year 2013 defines July 1, 2012 through June 30, 2013 as the report period. All CRS reports also display the previous and baseline periods for comparison.

Selected Measures Report (CRS)

This type of report displays results for all denominators and numerators related to one or more performance measure topics selected by the user. CRS documents the number of patients in the denominators and numerators, as well as the percentage of patients meeting the definition. The report compares performance for three time periods: current year (user defined), previous year, and baseline year (user defined). Selected Measures reports can also produce patient lists at user request.

Taxonomy

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

User Population

The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. CRS uses a slightly different definition, which is any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the report period. Most measures included on the National GPRA/GPRAMA Report use the Active Clinical Population definition. For a detailed description of the User Population denominator, see Sections 3.2.3.5 (User Population for National GPRA/GPRAMA Reporting) and 3.2.3.10 (User Population for Local Reports).

3.0 Clinical Reporting System

The CRS is an RPMS software application designed for local and Area Office monitoring of clinical performance measures in a timely manner.

Because definitions of clinical performance measures can change every year, CRS will be updated and released annually. The current version BGP 13.0 adds FY 2013 clinical performance measures to existing FY 2002 through FY 2012 measures.

3.1 Clinical Performance Assessment and GPRA

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

3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of AI/AN people by focusing on preventive and primary care services. The IHS, like all federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. Our clinical GPRA measures are and continue to be the mainstay in performance reporting for the IHS. The current administration is actively working towards the goal of building a transparent, high-performance government with health reform as one of its highest national priorities.

The GPRA requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a five-year Strategic Plan in place and to submit annual performance plans specifically describing what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured against the performance targets set in the plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the AI/AN population as identified by representatives of the local I/T/U programs, as well as management areas of the President's Management Agenda. For FY 2013, the IHS has 29 GPRA measures in three main categories: Treatment (14 measures), Prevention (13 measures), and Capital Programming/Infrastructure (2 measures).

Performance measures are further characterized by type, where:

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

All GPRA measures are determined annually by the GPRA Coordinating Committee, with input from specific subject matter experts in various subject areas.

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

For a complete list of FY 2013 GPRA measures, see FY11–FY13 GPRA Measures. Further information about GPRA performance reporting, including results for FY 2004 through FY 2012, can be found at the following Web site:

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

3.1.2 Clinical Performance Measures

Most of the 29 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure. Some, however, only have a numerator and are just a count, such as Sealants and Topical Fluoride.

The Treatment category includes measures covering diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment measure is Diabetic Retinopathy. The FY 2013 goal for this measure is to maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at a rate of 56.8%. The IHS FY 2012 national rate was 55.7%; the Healthy People 2020 goal is 58.7% (see Section 3.2.4).

The Prevention category includes measures covering public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention measure is Influenza. The FY 2013 goal for this measure is to maintain the rate of 62.3% for the influenza vaccination levels among noninstitutionalized adult patients aged 65 years and older. The IHS FY 2012 rate was 65.0%; the Healthy People 2020 goal is 90%.

3.1.2.1 Measure Example

GPRA Measure Cancer Screening: Pap Smear Rates: During FY 2013, establish a baseline for the proportion of female patients ages 25 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous four years.

The denominator is the total population that is being reviewed for a specific measure. For the Pap smear measure, the denominator is all female patients at least age 25 at the beginning of the report period and less than 65 at the end of the report period. The numerator is the number of patients in the denominator who meet specific criteria. For Pap smear, the numerator is the number of patients in the denominator who had a Pap smear, defined by certain codes and documented in RPMS any time in the four years prior to the end of the report period. For a detailed description of performance measure logic, see Section 3.2.4, “Performance Measure Logic Example.”

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetic Retinopathy, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators reviewed for any Diabetes measure are User Population and Active Adult Diabetic patients. For detailed logic definitions of the denominators, see the *CRS Clinical Performance Measure Logic Manual*, Section 2.0, “Performance Measure Logic.” In addition to the GPRA numerator, for patients with retinal evaluation, two related numerators are tracked: (1) patients with diabetic retinal exam, and (2) patients with other eye exam. Reviewing all the denominators and numerators for the Diabetic Retinopathy measure topic gives a site’s clinical staff a more comprehensive picture of the status of retinal evaluation among diabetic patients.

Because the number of formal GPRA measures for the IHS is limited by direction from the OMB, not all healthcare issues relevant to the AI/AN patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures may become formal GPRA measures in future years.

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

3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as HEDIS or Healthy People 2020, will help in this endeavor.

- **Healthy People 2020.** Healthy People 2020 (HP 2020) presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the HHS. Through 1412 objectives in 42 focus areas, Healthy People 2020 represents the ideas and expertise of individuals and organizations concerned about the nation’s health. Each objective, or measure, was developed with a target to be achieved by the year 2020.

Healthy People 2020 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. For additional information about Healthy People 2020, go to this Web site: <http://www.healthypeople.gov/>.

- **HEDIS.** A set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention per se, but it has evolved into a de facto tool for measuring the quality of prevention services provided by a healthcare organization.

The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims processing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving healthcare quality everywhere. For additional information about NCQA and HEDIS, go to this Web site:
<http://www.ncqa.org/tabid/59/Default.aspx>.

IHS uses both Healthy People 2020 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP 2020 target information on the report for as many of the measures included in CRS as are available.

3.2 CRS Overview

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

The CRS is a software tool that provides reports for local site and Area Office use specifically on clinical performance measures that are based on data from the IHS RPMS. For FY13, CRS includes 24 performance measure topics included in the National GPRA/GPRAMA Report and 51 developmental/other clinical measure topics included in the Selected Measures (Local) Report and other reports.

Each measure topic has one or more denominator and numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each performance measure is described in the *CRS Clinical Performance Measure Logic Manual*, Section 2.0, Performance Measure Logic.

3.2.1 How Does CRS Work?

Upon demand from local RPMS databases, CRS produces a printed or electronic report for any or all of over 300 GPRA and developmental clinical performance measures, representing 73 clinical topics based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and numerator (patients who meet the measure criteria), as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY12 to the same measure from CRS FY13. The three time periods allow truly comparable data.

The National GPRA/GPRAMA Report provides a summary of the local GPRA measure results compared to national performance and agency goals. The report contains a section of GPRA Developmental measures as well. Users can request patient lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

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

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current version 13.0 adds FY 2013 performance measures to the existing FY 2002 through FY 2012 clinical performance measures.

The CRS is intended to eliminate the need for manual chart audits to evaluate and report the IHS clinical GPRA and developmental measures based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be translated into programming code. This means an English text expression must be defined specifically in terms of which RPMS fields to look at and which values to look for to fit the definition.

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

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

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. For detailed information about taxonomies, see Section 4.4, Taxonomies.

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

3.2.2 CRS Security Keys

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

- **BGPZ PATIENT LISTS.** Enables a user to run lists of patients that contain patient identifiers and medical information
- **BGPZ SITE PARAMETERS.** Enables a user to edit the site parameters
- **BGPZ TAXONOMY EDIT.** Enables a user to edit the site-populated lab and medication taxonomies
- **BGPZAREA.** Provides user access to the Area Office menu, where Area Aggregate reports may be run

3.2.3 CRS Key Denominator Definitions

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

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

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

Because facilities who offer no direct care and whose patients receive only behavioral health services do not meet the requirements of the Active Clinical population, a new site parameter, Urban Outreach and Referral Only, was added for FY2011.

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

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local facility use (Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to further refine denominator definitions.

3.2.3.1 Active Clinical Population for National GPRA/GPRAMA Reporting

- Patient records 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 three years. 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 |

| Clinic Code | Clinic Description |
|-------------|--------------------|
| 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.
- 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 CHS catchment area specified in the community taxonomy that is specified by the user.

3.2.3.2 Active Clinical Plus Behavioral Health (BH) Population for National GPRA/GPRAMA Reporting

- Patient records 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 three years. 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 |

| Clinic Code | Clinic Description |
|-------------|-------------------------------|
| 14 | Mental Health |
| 16 | Obstetrics |
| 19 | Orthopedic |
| 23 | Surgical |
| 25 | Other |
| 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 CHS catchment area specified in the community taxonomy that is specified by the user.

3.2.3.3 Active Clinical CHS Population for National GPRA/GPRAMA Reporting

- Patient records 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 CHS visits in the three years prior to the end of the report period.
- 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 CHS catchment area specified in the community taxonomy that is specified by the user.

3.2.3.4 Active Clinical Behavioral Health Population for National GPRA/GPRAMA Reporting

- Patient records 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 behavioral health visits in the three years prior to the end of the report period.
- 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 Urban Outreach & Referral catchment area specified in the community taxonomy that is specified by the user.

3.2.3.5 User Population for National GPRA/GPRAMA Reporting

- Patient records 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 three years prior to the end of the time period, regardless of the clinic type.
- Patient must be alive on the last day of the report period.

- Patient must 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 CHS catchment area specified in the community taxonomy that is specified by the user.

3.2.3.6 Active Clinical Population for Local Reports

- Patient records 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 three years. 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 |

| Clinic Code | Clinic Description |
|--------------------|-------------------------------|
| 19 | Orthopedic |
| 23 | Surgical |
| 25 | Other |
| 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 |

- 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.

3.2.3.7 Active Clinical Plus Behavioral Health (BH) Population for Local Reports

- Patient records 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 three years. 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 |
| 26 | High Risk |
| 27 | General Preventive |
| 31 | Hypertension |

| Clinic Code | Clinic Description |
|-------------|-------------------------------|
| 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 |

- 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.

3.2.3.8 Active Clinical CHS Population for Local Reports

- Patient records 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 CHS visits in the three years prior to the end of the report period.
- 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.

3.2.3.9 Active Clinical Behavioral Health Population for Local Reports

- Patient records 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 behavioral health visits in the three years prior to the end of the report period.
- 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.

3.2.3.10 User Population for Local Reports

- Patient records 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 three years prior to the end of the time 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.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in Section 3.1.2 was Cancer Screening: Pap Smear Rates: During FY 2013, establish a baseline for the proportion of female patients ages 25 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous four years.

For CRS, the GPRA measure definition is:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 25 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the measure has determined based on current medical guidelines that “eligible” women are defined as ages 25 through 64.)

- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past four years.

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

1. Begin with the Active Clinical population definition (see Section 3.2.3.1).
 - a. Exclude any patient records with the name of “DEMO,PATIENT.”
 - b. Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
 - c. Exclude any patient records with a date of death in the Patient Registration file.
 - d. Exclude any patient records that do *not* have value 01 (AI/AN) in the Beneficiary field of the Patient Registration file.
 - e. Exclude any patient records whose Community of Residence is not included in the site’s defined GPRA Community Taxonomy for this report.
 - f. For the remaining patients, search Visit files for the three years prior to the selected report end date; exclude any patient records whose visits do not meet the “two medical clinics” definition; *or*, for facilities with the CHS-Only site parameter set to Yes, exclude any patient records that do not have two CHS visits in the past three years.
2. From these patients, identify the subset that are female and at least age 25 on the first day of the current report period and less than age 65 on the last day of the report period.
3. Exclude patients with documented hysterectomy by searching the V Procedure file for Procedure Codes 68.4–68.9 or V CPT for CPT Codes 51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200–58294, 58548, 58550–58554, 58570–58573, 58951, 58953–58954, 58956, 59135 or V POV 618.5, 752.43, V67.01, V76.47, V88.01, V88.03 or Women's Health procedure called Hysterectomy any time before the end of the report period.
4. For these patients (the denominator), check for a Pap smear in the past four years in the following order:
 - a. Check V Lab for a laboratory test called Pap Smear and for any site-populated Pap smear laboratory test documented in the BGP PAP SMEAR TAX taxonomy
 - b. Check V Lab for any LOINC code listed in the predefined BGP PAP LOINC CODES taxonomy (see the *CRS Technical Manual* for specific codes)
 - c. Check the Purpose of Visit file (V POV) for: a diagnosis of: 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*

- d. Check V Procedures for a procedure of 91.46
- e. Check V CPT for the following CPT Codes: 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, or Q0091
- f. Check the Women's Health Tracking package for documentation of a procedure called Pap smear 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.

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

3.2.5 CRS Report Time Periods

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

- **Current or Report Period.** A time period entered by the user. For a typical National GPRA/GPRAMA Report, the time period would be July 1 through June 30, which has been defined by the Office of Planning and Evaluation as the "performance year."
- **Previous Year Period.** Same time period as report period for the previous year.
- **Baseline Period.** Same time period as report period for any year specified by the user. For a typical National GPRA/GPRAMA Report, the baseline year is July 1, 1999 through June 30, 2000.

The data for the report period is compared to the data for the previous year and the baseline periods. The percentage of change between current and previous year and current and baseline periods is calculated.

The purpose of having three time periods for comparison is to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY12 to the same measure from CRS FY13. The three time periods allow truly comparable data.

3.3 FY13 Clinical Measures Included in CRS

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

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

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

For the performance measurement logic included in the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Selected Measures, Other National Measures, Elder Care, and Patient Education reports, see the specific Performance Measure Definitions and Logic documents on the CRS Web site, CRS 2013 page:

http://www.ihs.gov/crs/index.cfm?module=crs_software_fy13.

4.0 Getting Started: System Setup

Before a site can use the CRS for FY2013 to run reports, the site's system parameters and taxonomies must be set up.

System Setup Task Summary

| Step | Action | For details, see Section |
|------|---|--------------------------|
| 1 | Create the official community taxonomy for national GPRA reporting using Q-Man. | 4.1 |
| 2 | Set up the CRS system parameters for the site. | 4.2 |
| 3 | Run the taxonomy check for all reports. | 4.5 |
| 4 | Set up the lab and medication taxonomies used by CRS. | 4.6 |

4.1 Community Taxonomy

The community taxonomy is used to define the range of community names where your facility's patients reside, and is included in your reports. Most likely, your facility has one or more community taxonomies already set up for use with other RPMS applications.

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

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

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

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

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

To define the Community taxonomy, follow these steps:

1. At the Main Menu prompt, choose the **QMAN** menu option and press the Enter key to display the **Q-Man** menu.
2. At the “Enter Return to continue or ^ to Exit” prompt, press Enter.
3. At the “Your Choice” prompt, type **1** (Search PCC Database) and press Enter.
4. At the “What is the subject of your search?” prompt, type **LIVING PATIENTS** (all uppercase) and press Enter.
5. At the “Attribute of Living Patients” prompt, type **Community** and press Enter.
6. At the “Enter Community” and “Enter Another Community” prompts, type the name(s) of the community or communities of interest.
7. When finished, press Enter at a blank “Enter Another Community” prompt.
8. At the “Want to save this community group for future use?” prompt, type **Y** and press Enter.
9. At the “Group Name” prompt, type a name for the taxonomy and press the Enter key.
10. At the “Are you adding [*group name*] as a new Taxonomy (the #TH)?” prompt, verify your group name and type **Y** to save it or **N** to cancel the save and press Enter.
11. (Optional) At the “Taxonomy Brief Description” prompt, type a short description of the taxonomy and press Enter.
12. (Optional) At the “1>” prompt, type the information for the extended description for the taxonomy; otherwise press Enter.
13. At the “Attribute of Living Patients” prompt, type **^** (Shift-6) and press Enter.
14. At the “What is the subject of your search?” prompt, type **^** (Shift-6) and press Enter to return to the **Q-Man** main menu.
15. To exit the **Q-Man** main menu, type **0** (zero) at the prompt and press Enter.

```

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

Subject of search: PATIENTS
ALIVE TODAY

Attribute of LIVING PATIENTS: COMMUNITY <Enter>

Enter COMMUNITY: ANADARKO <Enter>          CADD0      OKLAHOMA      140      4008140
Enter ANOTHER COMMUNITY: CARNEGIE <Enter>  CADD0      OKLAHOMA      144      4008144
Enter ANOTHER COMMUNITY: WALTERS <Enter>  COTTON     OKLAHOMA      263      4017263
Enter ANOTHER COMMUNITY: <Enter>

The following have been selected =>

```

```

ANADARKO
CARNEGIE
WALTERS

Want to save this COMMUNITY group for future use? No// Y <Enter> (Yes)
Group name: SWOK GPRA REPORT COMMUNITIES <Enter>
Are you adding 'SWOK GPRA REPORT COMMUNITIES' as
a new TAXONOMY (the 890TH)? No// Y <Enter> (Yes)

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

Subject of search: PATIENTS
ALIVE TODAY
CURRENT COMMUNITY (ANADARKO/CARNEGIE...)

```

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

4.2 Site Parameters (SP)

CI13 > SET > SP

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

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

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

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

- **Definition of Home**, which is used by Public Health Nursing (PHN) measure to identify PHN visits in a home location, in addition to Clinic Code 11. Generally, but not always, a site's home location is called Home.

- **Contract Health Site Only**, which is for facilities that offer *only CHS* to its patients. If a facility offers *any* direct services to its patients, this site parameter should be set to No. Setting this parameter to Yes redefines the Active Clinical denominator to Active Clinical CHS, requiring a patient to have two CHS visits in the past three years versus meeting the criteria of the Active Clinical denominator definition for having two visits to defined medical clinics in the past three years.
- **Urban Outreach and Referral Site Only**, which is for facilities that offer *only behavioral health services* to its patients. If a facility offers *any* other services to its patients, this site parameter should be set to No. Setting this parameter to Yes redefines the Active Clinical denominator to Active Clinical Behavioral Health, requiring a patient to have two behavioral health visits in the past three years versus meeting the criteria of the Active Clinical denominator definition for having two visits to defined medical clinics in the past three years.
- **Directory for Area files**, which defines the directory in which Area Export files will be created.

Be sure to check with your site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

To edit the Site Parameters, follow these steps:

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                                Version 13.0

                                DEMO INDIAN HOSPITAL

CI13  CRS 2013 ...
CI12  CRS 2012 ...
CI11  CRS 2011 ...
CI10  CRS 2010 ...
CI09  CRS 2009 ...
CI08  CRS 2008 ...
CI07  CRS 2007 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI13 <Enter>
CRS 2013

```

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter.

```

*****
**      IHS/RPMS CRS 2013      **
**      Clinical Reporting System      **
*****
                                Version 13.0

```

```

                                DEMO INDIAN HOSPITAL

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

Select CRS 2013 Option: SET <Enter> System Setup

```

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

- At the “Select CRS 2013 Option” prompt, type **SET** and press Enter.

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

The **Setup** menu is displayed, as in the following example:

```

                                *****
                                **   IHS/RPMS CRS 2013   **
                                **       Setup Menu       **
                                *****
                                Version 13.0

                                DEMO INDIAN HOSPITAL

SP    Site Parameters
RA    Report Automation ...
TC    Taxonomy Check ...
TS    Taxonomy Setup ...

Select System Setup Option: SP <Enter> Site Parameters

```

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

- At the “Select System Setup Option” prompt, type **SP** and press Enter.
- At the “Select BGP Site Parameters Location” prompt, type the name of your site location.
- At the “Please enter your site’s Default Community Taxonomy” prompt, type the name of the community taxonomy your site is most likely to use for performance reporting.

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

- At the “Enter Your Site’s Home location” prompt, type the name of your home location, or press Enter to accept the default response.

Type **HOME** at this prompt to display a list of all home locations. Follow the prompts to select the appropriate location.

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

7. At the “Contract Health Site Only?” prompt, type **N** if your facility offers direct care to its patients.
If your facility provides *CHS only* to its patients, type **Y**.
8. At the “Is your site an Urban Program Outreach & Referral Clinic?” prompt, type **N** if your facility offers care other than behavioral health to its patients.
9. If your facility provides *behavioral health only* to its patients, type **Y**.
10. At the “Directory for Export Files” prompt, type the path of the directory in which you want your Area Export files created. Only edit this parameter if you would like Area Export files to be created in a directory other than they are currently.

Be sure to check with your site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

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

The steps for System Setup are displayed as follows:

```
Select System Setup Option: SP Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO INDIAN HOSPITAL <Enter>
OKLAHOMA      TAHLEQUAH      01      OK      2582
...OK? Yes// <Enter> (Yes)
Please enter your site's DEFAULT COMMUNITY taxonomy: DEMO GPRA
COMMUNITIES//
<Enter>
Please enter your site's HOME location: HOME// HOME <Enter>
1 HOME OKLAHOMA TAHLEQUAH 89 OK
2 HOME CALIFORNIA TRIBE/638 UIHS-TSURAI 89
3 HOME MONTANA URB ROCKY BOY'S 95
4 HOME CALIFORNIA URBAN AMERICAN IND FREE CLINIC
89
5 HOME CALIFORNIA URBAN SAN DIEGO A.I.H.C. 89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 <Enter> HOME OKLAHOMA TAHLEQUAH 89 OK

Only answer the next question with a Yes if this site provides
no direct services but only provides contract health services
```



```

to their patients.
CONTRACT HEALTH SITE ONLY?: NO//  N <Enter> NO
Only answer the next question with a Yes if this site only
provides behavioral health services to their patients.
Is your site an Urban Program Outreach & Referral Clinic?: NO
// N NO

If you want your files to be placed in a directory other than the
pub directory, please enter the directory name here.

DIRECTORY FOR EXPORT FILES: Q:\\ Q:\AreaReports\
Select BGP SITE PARAMETERS LOCATION:

```

Figure 4-5: Setting up site parameters (Steps 4–11, above)

4.3 Report Automation (RA)

```

C113 > SET > RA

```

Note: Users must have the BGPZAREA security key to display the Report Automation menu option and set up the GPRA report automation.

Setting up automated GPRA reports will allow an Area to produce Area GPRA reports of their facilities' data automatically each month. In order to do this, a member of the Area must access the Report Automation menu of CRS at each facility in order to set up the facility reports to run. The reports will automatically be run at 10pm on the first Friday of every month. If available, the facility files will be automatically transferred to a specified server at the Area. If all facility files are present, the Area aggregate report will automatically run at 12pm on the second Friday of every month.

The user has two choices for date ranges for the GPRA report: (1) The current GPRA year, and (2) 30 day trending data. When setting up the automated reports, the user should be sure to choose the same option for each facility in their Area, and the same option for the Area aggregate report.

- **GPRA Year Data**, the current GPRA year. This will extract the GPRA year to date National GPRA report. The time period will always be July 1 through June 30 of the current GPRA year.
- **Trending Data (30 Day)**, a time period used for trending of data. This time period will be calculated as follows: Subtract 60 days from the date the report is being run. It then determines the last day of that month and uses that day as the end date of the report period. The first day of the report period is calculated as 364 days prior to that date.

Examples: 1. Date report is run is 4/30/2013

Ending date is 03/31/2103

Beginning date is 4/02/2012

2. Date report is run is 06/01/2013

Ending date is 04/30/2013

Beginning date is 05/02/2012

4.3.1 Set up Automated GPRA Extract (ASP)

```
CI13 > SET > RA > ASP
```

To initially set up or edit the automated GPRA report for a facility, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Setup Menu.

Note: The RA Report Automation menu option is displayed only for users with security access to this function.

3. At the “Select System Setup Option” prompt, type **RA** and press Enter.

```

*****
**      IHS/RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0

                          DEMO INDIAN HOSPITAL

ASP      Set up Automated GPRA Extract
AMAN     Manually Run GPRA Extract
AAP      Set up Area Automated Parameters
APR      Manually Run Area Aggregate of GPRA Extracts
ASCH     Schedule Auto Area File Aggregation

Select Report Automation Option: ASP <Enter>

```

Figure 4-6: Accessing the Set up Automated GPRA Extract menu (Step 4)

4. At the “Select Report Automation Option” prompt, type **ASP** and press Enter.
5. At the “Select BGP Client Automated GPRA Extract Params Site” prompt, type the name of the site location.
6. At the “Type of Auto Extract” prompt, type **G** for GPRA year data or **T** for Trending data (30 days).

7. At the “Default Community Taxonomy” prompt, type the name of the community taxonomy your site uses for performance reporting.
8. At the “Remote Host IP Address” prompt, type the IP address of the Area Office computer to which the GPRA files will be sent. You can get this IP address from your Area Office IT personnel.
9. At the “Remote Host Directory” prompt, type the directory in which the GPRA export files will be placed when they reach the Area Office (Host) System. You can get this information from your Area Office IT personnel.
10. At the “Remote Host Username” prompt, type the username that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.
11. At the “Remote Host Password” prompt, type the password that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.
12. At the “Do you wish to continue to schedule this monthly?” prompt, type **Y** to schedule the automated report.

The steps for Set up Automated GPRA Extract are displayed as follows:

```

Select Report Automation Option: ASP  Set up Automated GPRA Extract

This option is used by Area Office personnel to set up an
automated GPRA extract for the site you select.  All
questions are mandatory and must be answered before the
first extract will be queued to run.
You must be logged into the site for which you want to schedule
this extract.

Select BGP CLIENT AUTOMATED GPRA EXTRACT PARAMS SITE: DEMO INDIAN HOSPITAL
<Enter> OKLAHOMA TAHLEQUAH 01 OK
2582
...OK? Yes// <Enter> (Yes)

TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT COMMUNITY TAXONOMY: DEMO COMMUNITY TAXONOMY// <Enter>
REMOTE HOST IP ADDRESS: 161.223.92.251// 161.223.92.251 <Enter>
REMOTE HOST DIRECTORY: areadir// areadir <Enter>
REMOTE HOST USERNAME: anonymous// anonymous <Enter>
REMOTE HOST PASSWORD: crstest// crstest <Enter>
Do you wish to continue to schedule this monthly? YES <Enter>

SETTING AUTOQUEUED OPTION 'BGP 13 AUTO GPRA EXTRACT' (JUL 06, 2012@22:00)
OPTION 'BGPGP2EX AUTO GPRA EXTRACT' SCHEDULED AS TASK #8442477

```

Figure 4-7: Setting up an automated GPRA extract (Steps 5–12, above)

13. To un-schedule the automated GPRA extract, repeat steps 1 – 5. The following screen is displayed:

```
It seems that the automated GPRA extract is already scheduled to run.
You can't schedule it to run twice, but you can edit the parameters
or delete the scheduled task so it won't run in the future.
```

```
Select one of the following:
```

```

E          Edit Auto Extract Parameters
D          Delete/Unschedule the Auto Extract Task
Q          Quit, I don't want to do either
```

```
Which would you like to do: E//
```

Figure 4-8: Screen for un-scheduling the automated GPRA extract (Step 13)

14. To un-schedule the automated GPRA extract, type **D** at the prompt and press Enter.

4.3.2 Manually Run GPRA Extract (AMAN)

```
CI13 > SET > RA > AMAN
```

It may be necessary to manually run the GPRA report for a facility, for example if the automated GPRA report fails to complete successfully. To manually run the GPRA report for a facility, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Set up Menu.

Note: The RA Report Automation menu option is displayed only for users with security access to this function.

3. At the “Select System Set up Option” prompt, type **RA** and press Enter.

```

*****
**      IHS/RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0

                          DEMO INDIAN HOSPITAL

ASP      Set up Automated GPRA Extract
AMAN     Manually Run GPRA Extract
AAP      Set up Area Automated Parameters
```

```

APR      Manually Run Area Aggregate of GPRA Extracts
ASCH     Schedule Auto Area File Aggregation

Select Report Automation Option: AMAN <Enter>

```

Figure 4-9: Accessing the Manually Run GPRA Extract menu (Step 4)

4. At the “Select Report Automation Option” prompt, type **AMAN** and press Enter.
5. At the “Select BGP Client Automated GPRA Extract Params Site” prompt, type the name of the site location.
6. At the “Default Community Taxonomy” prompt, type the name of the community taxonomy your site uses for performance reporting.
7. A summary of the report is displayed, as shown in Figure 4-10. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu.

```

                SUMMARY OF NATIONAL GPRA & PART REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:           Jul 01, 2012 to Jun 30, 2013
  Previous Year Period:    Jul 01, 2011 to Jun 30, 2012
  Baseline Period:        Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO COMMUNITY TAXONOMY

```

Figure 4-10: Summary of National GPRA & PART Report to be generated (Step 7)

After you select your report options, you will be given the opportunity to queue your report to run at a later time.

Notes: You should generally plan to queue your report to run during off hours, when the network is not as busy. At most sites, you can queue your report to print by typing a **Q** at the prompt and pressing Enter.

Check with your site manager if you need further information about how to specify these options.

4.3.3 Set up Area Automated Parameters (AAP)

```

CI13 > SET > RA > AAP

```

Once set up, the Area Aggregate report will run automatically only if the Area has received files from all facilities listed in the setup. To initially set up or edit the automated Area aggregate GPRA report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.

2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Setup Menu.

Note: The RA Report Automation menu option is displayed only for users with security access to this function.

3. At the “Select System Setup Option” prompt, type **RA** and press Enter.

```

*****
**      IHS/RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0

                          DEMO INDIAN HOSPITAL

ASP   Set up Automated GPRA Extract
AMAN  Manually Run GPRA Extract
AAP   Set up Area Automated Parameters
APR   Manually Run Area Aggregate of GPRA Extracts
ASCH  Schedule Auto Area File Aggregation

Select Report Automation Option: AAP <Enter>

```

Figure 4-11: Accessing the Setup Area Automated Parameters menu (Step 4)

4. At the “Select Report Automation Option” prompt, type **AAP** and press Enter.
5. At the “Select BGP Area Automated GPRA Params Name” prompt, enter a unique name for the parameters setup (e.g. Phoenix).
6. At the “Type of Auto Extract” prompt, type **G** for GPRA year data or **T** for Trending data (30 days).
7. At the “Default Directory” prompt, type the directory to which the facilities’ files have been sent.
8. At the “Subdirectory” prompt, type the directory where the Area files should be placed on the server.
9. At the “Alert/Mailman Sender” prompt, type the name of the person that should be listed as the sender of any alert messages (e.g. the Area GPRA Coordinator).
10. At the “Select Email Recipient” prompt, type the name of the person that should receive alerts or mailman message if the report fails.
11. At the “Select Facility” prompt, type the name of a facility in your Area. You will then need to confirm the ASUFAC for the facility and that it is currently active. You will then be prompted to enter another facility name. After entering all facilities in your Area that you would like included in your Area aggregate report, press enter.

12. When the “Select BGP Area Automated GPRA Params Name” prompt is displayed, press Enter to return to the Report Automation menu.

The steps for Set up Area Automated Parameters are displayed as follows:

```
Select BGP AREA AUTOMATED GPRA PARAMS NAME: TEHR <Enter>
NAME: TEHR// <Enter>
TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT DIRECTORY: Q:\areadir\\ areadir <Enter>
SUBDIRECTORY: Q:\arearpts\\ arearpts <Enter>
ALERT/MAILMAN SENDER: DEMO,USER// DEMO,USER <Enter>
Select EMAIL RECIPIENT: DEMO,USER2// DEMO,USER2 <Enter>
    ...OK? Yes// (Yes)

    EMAIL RECIPIENT: DEMO,USER2// <Enter>
Select EMAIL RECIPIENT: <Enter> DEMO INDIAN HOSPITAL <Enter>      OKLAHOMA
TAHLEQUAH      01      OK      2582
    ...OK? Yes// <Enter> (Yes)
    FACILITY: DEMO INDIAN HOSPITAL// <Enter>
    ASUFAC: 505901// <Enter>
    ACTIVE: ACTIVE// <Enter>
Select FACILITY: CHOCTAW NATION HOSPITAL <Enter>      OKLAHOMA TRIBE/638
TALIHINA      01
    Are you adding 'CHOCTAW NATION HOSPITAL' as a new FACILITY (the 2ND for
    this BGP AREA AUTOMATED GPRA PARAMS)? No// Y <Enter> (Yes)
    ASUFAC: 556001// <Enter>
    ACTIVE: A <Enter> ACTIVE
Select FACILITY: <Enter>

Select BGP AREA AUTOMATED GPRA PARAMS NAME: <Enter>
```

Figure 4-12: Setting up an Area automated report (Steps 5–12, above)

In order to schedule the Area aggregate report to run automatically, follow the steps in Section 4.3.5.

4.3.4 Manually Run Area Aggregate of GPRA Extracts (APR)

```
CI13 > SET > RA > APR
```

It may be necessary to manually run the Area aggregate GPRA report, for example if the automated report does not run due to missing facility files. To manually run the Area aggregate GPRA report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Setup Menu.

Note: The RA Report Automation menu option is displayed only for users with security access to this function.

- At the “Select System Setup Option” prompt, type **RA** and press Enter.

```

*****
**      IHS/ RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0

                          DEMO INDIAN HOSPITAL

ASP      Set up Automated GPRa Extract
AMAN     Manually Run GPRa Extract
AAP      Set up Area Automated Parameters
APR      Manually Run Area Aggregate of GPRa Extracts
ASCH     Schedule Auto Area File Aggregation

Select Report Automation Option: APR <Enter>

```

Figure 4-13: Accessing the Manually Run Area Aggregate of GPRa Extracts menu (Step 4)

- At the “Select Report Automation Option” prompt, type **APR** and press Enter.
- An information screen is displayed, as shown in Figure 4-14.

```

This option is used to aggregate all GPRa Extract files that have
been received from the facilities.

The process will run immediately.

Do you wish to continue? Y//

```

Figure 4-14: Information screen for manual Area aggregate report to be generated (Step 5)

- Press Enter to run the report immediately.

4.3.5 Schedule Auto Area File Aggregation (ASCH)

```
CI13 > SET > RA > ASCH
```

To schedule the Area aggregate GPRa report to run automatically on the second Friday of the month, follow these steps:

- At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
- At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Setup Menu.

Note: The RA Report Automation menu option is displayed only for users with security access to this function.

- At the “Select System Setup Option” prompt, type **RA** and press Enter.

```

*****
**      IHS/RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0

                          DEMO INDIAN HOSPITAL

ASP      Set up Automated GPRA Extract
AMAN     Manually Run GPRA Extract
AAP      Set up Area Automated Parameters
APR      Manually Run Area Aggregate of GPRA Extracts
ASCH     Schedule Auto Area File Aggregation

Select Report Automation Option: ASCH <Enter>

```

Figure 4-15: Accessing the Schedule Auto Area File Aggregation menu (Step 4)

- At the “Select Report Automation Option” prompt, type **ASCH** and press Enter.
- If the report has not been scheduled to run, an information screen is displayed, as shown in Figure 4-16.

```

This option is used to automatically schedule the Auto Area file
aggregation for the second Friday of the month.

This option will be scheduled for Jul 13, 2012 at 12:00pm.
(JUL 13, 2012@12:00)
Press Enter to Continue:

```

Figure 4-16: Information screen for scheduling the automated Area aggregate report (Step 5)

- Press Enter to schedule the automated report.
- To un-schedule the automated report, at the “Select Report Automation Option” prompt, type **ASCH** and press Enter.
- An information screen is displayed, as shown in Figure 4-17.

```

This option is used to automatically schedule the Auto Area
file aggregation for the second Friday of the month.

The option is already scheduled to run: TASK # 8443111 at Jul 13,
2012@12:00.
Do you wish to Un-Schedule the task? N//

```

Figure 4-17: Information screen for un-scheduling the automated Area aggregate report (Step 8)

- To un-schedule the automated report, at the “Do you wish to Un-Schedule the task?” prompt, type **Y** and press Enter.

4.4 Taxonomies

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

To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard code sets (e.g., health factors, patient education codes, etc.).

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

4.4.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC and determine if a patient meets certain criteria. Two types of taxonomies are distributed with the CRS:

- Software-defined (“hard-coded”)
- Site-populated

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

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

Site-populated taxonomies are used to mitigate the variations in terminology for data elements that vary from one facility to another, including medications and lab tests. This means that one site’s Pap smear data can be compared to another site’s data, even though the same term is not used for the Pap smear lab test. Or, one site’s beta blocker data can be compared to another site’s data, even though the same names are not used for beta blocker drugs.

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

4.4.2 Site-Populated Clinical Taxonomies Used by CRS

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

The CRS site-populated taxonomies include both lab tests and drugs. The tables in Sections 4.4.3 and 4.4.4 can be used as a checklist.

CRS also uses hard-coded, predefined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, American Dental Association (ADA), National Drug Code (NDC), and Veterans Administration (VA) Drug Class codes, as identified in the performance measure logic. *These taxonomies cannot be altered by the site.*

To view a list of all predefined taxonomies, select the View Taxonomy (VT) option in the Taxonomy Setup menu. The *Clinical Reporting System (BGP) Technical Manual* also includes a list of all predefined taxonomies.

Detailed instructions on how to check and set up these taxonomies are included in Sections 4.5, Taxonomy Check, and 4.6, Taxonomy Setup (TS).

Reports can be run for the lab tests and medications, including the site-populated taxonomies. For information on running these reports, see Section 5.18, "Lab Taxonomy Report (TXL)" and Section 5.19, "Medication Taxonomy Report (TXM)," respectively.

4.4.3 Site-Populated Lab Taxonomies

The following site-defined lab taxonomies are used by CRS. One new lab taxonomy was added and one (BGP CMS ABG TESTS) was deleted for this version.

Notes: To provide accurate counts, you must include *all* test names that were used by your facility at least since 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: “z,” “Z,” “xx,” “X,” or “*.” Search for these characters in your lab file and include these tests in your site-populated taxonomies because these tests may have been in use at the time.

In the following table, one asterisk (*) precedes the taxonomies that had changes to the topics using the taxonomy. Report additions are also preceded by one asterisk (*), and deletions are noted.

Table 4-1: Site-Populated Lab Taxonomies

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|-------------------------|--|---|---|--|
| BGP CBC TESTS | All Complete Blood Count (CBC) laboratory tests | CBC; CBC/AUTO DIFF; CBC W/DIFF; CBC+DIFF; CBC W/DIFF+ PLT; CBC & MORPHOLOGY (WITH DIFF); CBC & MORPHOLOGY (NO DIFF); CBC (PRENATAL PROFILE); HEMOGRAM; HEMO PANEL | Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring | Selected Measures Elder Care |
| BGP CD4 TAX | All CD4 laboratory tests used to evaluate immune system status (also known as: T4 count, T-helper cells) | CD4 | HIV Quality of Care HIV Screening | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures |
| BGP CHLAMYDIA TESTS TAX | All chlamydia trachomatis laboratory tests | CHLAMYDIA CULTURE; CHLAMYDIA IGG; CHLAMYDIA IGM; CHLAMYDIA SCREEN; CHLAMYDIA; DNA PROBE; CHL/GC COMBO | Chlamydia Testing Sexually Transmitted Infection (STI) Screening | Other National Measures Selected Measures |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|----------------------------|---|--|---|---|
| BGP CREATINE KINASE TAX | All creatine kinase laboratory tests (excluding CK isoenzymes) | CK; CPK; CREATINE KINASE; CREATINE PHOSPHOKINASE | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients | Other National Measures Selected Measures |
| BGP GPRA ESTIMATED GFR TAX | All estimated GFR laboratory tests | ESTIMATED GFR; EST GFR | Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Chronic Kidney Disease Assessment | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures Elder Care |
| BGP GPRA FOB TESTS | All fecal occult blood laboratory tests | OCCULT BLOOD; FECAL OCCULT BLOOD; FOBT | Colorectal Cancer Screening Comprehensive Cancer Screening | National GPRA/GPRAMA GPRA/GPRAMA Performance Selected Measures Elder Care GPRA Developmental |
| BGP GROUP A STREP TESTS | All Group A strep laboratory tests | THROAT CULTURE; RAPID STREP; STREP A AG | Appropriate Testing for Children with Pharyngitis | Selected Measures |
| BGP HEP C TEST TAX | All Hepatitis C Lab Tests | HEP C TESTS | Hepatitis C Screening | Other National Measures Selected Measures |
| BGP HIV TEST TAX | All HIV laboratory tests; should not include viral load or genotype tests | HIV TESTS HIV SCREEN | HIV Screening Sexually Transmitted Infection (STI) Screening | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|--------------------------|---|--|--|--|
| *BGP HIV-1 TEST TAX | All HIV-1 laboratory tests; should not include viral load or genotype tests | HIV-1 TESTS HIV-1 SCREEN | *HIV Screening | *National GPRA/GPRAMA *GPRA/GPRAMA Performance |
| *BGP HIV-2 TEST TAX | All HIV-2 laboratory tests; should not include viral load or genotype tests | HIV-2 TESTS HIV-2 SCREEN | *HIV Screening | *National GPRA/GPRAMA *GPRA/GPRAMA Performance |
| BGP HIV VIRAL LOAD TAX | All HIV viral load laboratory tests (as measured by PCR or comparable test) | HIV VIRAL LOAD | HIV Quality of Care | Other National Measures Selected Measures |
| *BGP HPV TEST TAX | All HPV laboratory tests | HPV TESTS HPV SCREEN | *Cancer Screening: Pap Smear Rates | *National GPRA/GPRAMA *GPRA/GPRAMA Performance |
| BGP LIVER FUNCTION TESTS | All liver function laboratory tests | LIVER FUNCTION; HEPATIC FUNCTION; LFT | Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring | Selected Measures Elder Care |
| BGP PAP SMEAR TAX | All Pap smear laboratory tests | PAP SMEAR; THIN PREP PAP | Cancer Screening: Pap Smear Comprehensive Cancer Screening | National GPRA/GPRAMA GPRA/GPRAMA Performance Selected Measures GPRA Developmental |
| BGP POTASSIUM TESTS | All potassium laboratory tests | POTASSIUM; K; Also include panels including potassium, such as: ELECTROLYTES (LYTES); BASIC METABOLIC PANEL (BMP); COMPREHENSIVE METABOLIC PANEL (CMP); RENAL FUNCTION PANEL | Rheumatoid Arthritis Medication Monitoring | Selected Measures |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|-------------------------|---|--|---|---|
| BGP QUANT URINE PROTEIN | All quantitative urine protein laboratory tests | ACR; A/C RATIO; ALBUMIN/CREATININE; ALBUMIN/CREATININE RATIO; MICROALBUMIN/CREATININE RATIO; MICROALBUMIN; MICROALBUMIN, RANDOM; MICROALBUMIN, TIMED; PROTEIN/CREATININE RATIO; 24 HR URINE PROTEIN; TIMED URINE PROTEIN; URINE PROTEIN/24 HRS; PROTEIN/CREATININE | Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Prediabetes/Metabolic Syndrome | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures Elder Care |
| BKM FTA-ABS TESTS TAX | All fluorescent treponemal antibody absorption laboratory tests to confirm syphilis | FTA-ABS; FTA-AB; TP-PA ANTIBODIES | Sexually Transmitted Infection (STI) Screening | Other National Measures Selected Measures |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|------------------------|--|--|---|--|
| BKM GONORRHEA TEST TAX | All gonorrhea (neisseria gonorrhoeae) laboratory tests | GONOCOCCUS; GC NUCLEIC ACID AMP; NEISSERIA GONORRHOEAE DNA PROBE; NEISSERIA GONORRHOEAE PROBE; NEISSERIA GONORRHOEAE DNA PCR; N. GONORRHOEAE DNA; N. GONORRHOEAE SDA, OTV; GC DNA PROBE; GONORRHEA, DNA PROBE; CHLAMYDIA & GONORRHEA PROBE; GC CULTURE; GC-PCA | Sexually Transmitted Infection (STI) Screening | Other National Measures Selected Measures |
| BKM RPR TESTS TAX | All syphilis (Rapid Plasma Reagin (RPR) laboratory tests | RPR; RPR QUANT; VDRL; RPR, RFLX; RPR-MONITOR; RPR DIAGNOSTIC | Sexually Transmitted Infection (STI) Screening | Other National Measures Selected Measures |
| DM AUDIT ALT TAX | All Alanine Transaminase (ALT) laboratory tests | ALT; SGPT; ALT (SGPT) | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring | Other National Measures Selected Measures Elder Care |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|--------------------------|--|--------------------------------|---|--|
| DM AUDIT AST TAX | All Aspartate Aminotransferase (AST) laboratory tests | AST; SGOT; AST (SGOT) | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring | Other National Measures Selected Measures Elder Care |
| DM AUDIT CHOLESTEROL TAX | All total cholesterol laboratory tests | CHOLESTEROL; TOTAL CHOLESTEROL | CVD and Cholesterol Screening | Other National Measures Selected Measures Elder Care |
| DM AUDIT CREATININE TAX | All creatinine laboratory tests—NOTE: do <i>not</i> include names of panels that creatinine test may be part of, e.g., basic metabolic panel | CREATININE | All Diabetes Measures for Active Adult Diabetic denominator Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring Chronic Kidney Disease Assessment | Selected Measures Elder Care |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|--------------------------------|---|--|---|--|
| DM AUDIT FASTING GLUCOSE TESTS | All fasting glucose laboratory tests | GLUCOSE (FASTING); F GLUCOSE; GLUCOSE, FASTING; FASTING GLUCOSE; FBS; FASTING BLOOD SUGAR; FASTING GTT; GTT, FASTING | Prediabetes/Metabolic Syndrome | Other National Measures Selected Measures |
| DM AUDIT GLUCOSE TESTS TAX | All glucose laboratory tests, including fasting and tolerance tests | GLUCOSE; RANDOM GLUCOSE; FASTING GLUCOSE; WHOLE BLOOD GLUCOSE; ACCUCHECK; HEMOCUE GLUCOSE; FINGERSTICK GLUCOSE; WHOLE BLOOD GLUCOSE; GTT 1HR/100GM; GTT 2HR/100GM; GTT 3HR/100GM; GTT 2HR; GTT 3HR; GLUCOSE TOLERANCE 1HR; GLUCOSE TOLERANCE 2HR; GLUCOSE TOLERANCE 3HR; GLUCOSE 1HR/100GM; GLUCOSE 1HR/50GM; GLUCOSE 2HR/100GM; GLUCOSE 2HR/75GM; GLUCOSE 3HR/100GM; GLUCOSE GTT FASTING | Rheumatoid Arthritis Medication Monitoring | Selected Measures |

| Taxonomy Name | Description | Examples of Members | Topics Used In | Reports Used In |
|------------------------------|---|--|---|---|
| DM AUDIT HDL TAX | All high-density lipoprotein (HDL) cholesterol laboratory tests– NOTE: Do <i>not</i> include lipid panels in this taxonomy | HDL | Prediabetes/Metabolic Syndrome | Other National Measures Selected Measures |
| DM AUDIT HGB A1C TAX | All HGB A1C laboratory tests | HGBA1C; A1C; HBA1C; HEMOGLOBIN A1C; GLYCOSYLATED HEMOGLOBIN; GLYCOHEMOGLOBIN A1C | Diabetes: Glycemic Control Diabetes Comprehensive care Diabetes: Poor Glycemic Control | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures Elder Care |
| DM AUDIT LDL CHOLESTEROL TAX | All LDL cholesterol laboratory tests– NOTE: Do <i>not</i> include lipid panels | LDL; LDL-C | Diabetes Comprehensive Care Diabetes: LDL Control CVD and Cholesterol Screening Comprehensive CVD-Related Assessment Cholesterol Management for Patients with Cardiovascular Conditions Prediabetes/Metabolic Syndrome | National GPRA/GPRAMA GPRA/GPRAMA Performance Other National Measures Selected Measures Elder Care |
| DM AUDIT TRIGLYCERIDE TAX | All triglyceride laboratory tests– NOTE: Do not include lipid panels | TRIGLYCERIDE | Prediabetes/Metabolic Syndrome | Other National Measures Selected Measures |
| DM AUDIT URINE PROTEIN TAX | All urine protein laboratory tests | URINE PROTEIN; URINE PROTEIN SCREEN | Rheumatoid Arthritis Medication Monitoring | Selected Measures |

4.4.4 Site-Populated Drug Taxonomies

All of the taxonomies in Table 4-1 that begin with “BGP” will be prepopulated by the CRS software, as indicated in the Drugs column. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site’s drug file and prepopulated, since there may be drugs that CRS could not locate that should be included in your site-populated taxonomy. You can add those drugs that should be included by editing your site-populated drug taxonomy.

Note: The actual members are too numerous to list and are included in spreadsheet *CRS 2013 Medication Taxonomies v13.0*. The National Drug Codes and/or VA Drug Classes used to prepopulate many of the taxonomies are included in this spreadsheet for each medication.

There are nine new medication taxonomies for CRS version 13.0. Sixteen taxonomies (BGP HEDIS AMPHETAMINE MEDS, BGP HEDIS ANALGESIC MEDS, BGP HEDIS ANTIANXIETY MEDS, BGP HEDIS ANTIEMETIC MEDS, BGP HEDIS ANTIHISTAMINE MEDS, BGP HEDIS ANTIPSYCHOTIC MEDS, BGP HEDIS BARBITURATE MEDS, BGP HEDIS BELLADONNA ALKA MEDS, BGP HEDIS CALCIUM CHANNEL MEDS, BGP HEDIS ORAL ESTROGEN MEDS, BGP HEDIS GASTRO ANTISPASM MED, BGP HEDIS BENZODIAZEPINE MEDS, BGP HEDIS NARCOTIC MEDS, BGP HEDIS ORAL HYPOGLYCEMIC RX, BGP HEDIS OTHER MEDS AVOID ELD, BGP HEDIS VASODILATOR MEDS) have been deleted.

In the following table, a single asterisk (*) precedes any taxonomy where drugs were added and/or removed. The drugs that were added are also preceded by a single asterisk (*) and the drugs that were deleted are noted.

Table 4-2: Site-Populated Drug Taxonomies

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|-----------------------------|---|--|--|--|
| BGP ANTI-PLATELET DRUGS | All antiplatelet medications used in CMS measures | Prepopulated by VA Drug Class BL700 Aspirin & Dipyridamole (Aggrenox), Cilostazol (Pletal), Clopidogrel (Plavix), Dipyridamole (Persantine), Heparin, Ticlopidine (Ticlid), (Warfarin is included in BL100) | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | Other National Measures Selected Measures |
| BGP ASTHMA INHALED STEROIDS | All asthma inhaled steroid medications used in CRS | Prepopulated by NDC Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent), Formoterol-Mometasone, Ciclesonide CFC Free, Indacaterol | Asthma and Inhaled Steroid Use | Selected Measures |
| BGP ASTHMA LABA MEDS | All asthma long-acting inhaled beta-2 agonist medications used in CRS | Prepopulated by NDC Aformoterol, Formoterol, Salmeterol | Medication Therapy for Persons with Asthma | Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--------------------------------|---|---|--|---|
| BGP CMS SMOKING CESSATION MEDS | All smoking cessation medications used in CRS measures | Prepopulated by NDC and with all drug names containing: "Nicotine Patch," "Nicotine Polacrilex," "Nicotine Inhaler," or "Nicotine Nasal Spray." | Tobacco Cessation | National GPRA/GPRAM A GPRA/GPRAM A Performance Other National Measures Selected Measures GPRA Developmental |
| BGP CMS WARFARIN MEDS | All Warfarin (blood thinner) medications used in CMS measures | Prepopulated with all drug names containing "Warfarin". Barr Warfarin Sodium, Coumadin, Dicumarol, Jantoven, Panwarfin, Warfarin | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|----------------------------|--|--|--|--|
| BGP HEDIS ACEI MEDS | All ACE inhibitor medications developed by HEDIS | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>Angiotensin Converting Enzyme Inhibitors: Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril</p> <p>Antihypertensive Combinations: Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril -verapamil</p> | <p>Appropriate Medication Therapy after a Heart Attack</p> <p>Persistence of Appropriate Medication Therapy after a Heart Attack</p> <p>Appropriate Medication Therapy in High Risk Patients</p> | Other National Measures Selected Measures |
| *BGP HEDIS ANTIBIOTIC MEDS | All antibiotics for children developed by HEDIS | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefditoren, Cefixime, Ceftributen, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Ciprofloxacin, *Clarithromycin, Clindamycin, Dicloxacillin, Doxycycline, *Doxycycline Hyclate, *Doxycycline Monohydrate, Erythromycin, *Erythromycin Ethylsuccinate, *Erythromycin Lactobionate, *Erythromycin Stearate, Erythromycin-Sulfisoxazole, *Moxifloxacin, Levofloxacin, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sulfisoxazole, Tetracycline, Trimethoprim, Sulfamethoxazol-Trimethoprim</p> <p>Drugs removed in CRS v13.0: Cephadrine, Gatifloxacin, Lomefloxacin, Loracarbef, Sparfloxacin</p> | <p>Appropriate Treatment for Children with Upper Respiratory Infection</p> <p>Appropriate Testing for Children with Pharyngitis</p> | Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|---|--|---|--------------------------------------|--|
| *BGP HEDIS ANTICHOLINERGIC MEDS | All anticholinergic medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. First-generation antihistamines (Includes combination drugs) (Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Doxylamine, Hydroxyzine, Promethazine, Triprolidine); Antiparkinson agents (Benztropine (oral), Trihexyphenidyl) | | Selected Measures Elder Care Other National Measures |
| *BGP HEDIS ANTI- INFECTIVE MEDS | All anti-infective medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Nitrofurantoin | | Selected Measures Elder Care Other National Measures |
| BGP HEDIS ANTI- DEPRESSANT MEDS | All antidepressant medications developed by HEDIS | Prepopulated by NDC; developed by HEDIS. Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.) | Antidepressant Medication Management | Selected Measures |
| *BGP HEDIS ANTITHROMBOTIC MEDS | All antithrombotic medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Ticlopidine, Dipyridamole, oral short-acting | | Selected Measures Elder Care Other National Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|---------------------------|---|--|--|---|
| *BGP HEDIS ARB MEDS | All angiotensin receptor blocker (ARB) medications developed by HEDIS | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>Angiotensin II Inhibitors: Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan</p> <p>Antihypertensive Combinations: Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Amlodipine-Telmisartan, *Amlodipine-Valsartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan)</p> <p>Drugs removed from CRS v13.0: Aliskiren-Amlodipine-hydrochlorothiazide</p> | <p>Appropriate Medication Therapy after a Heart Attack</p> <p>Persistence of Appropriate Medication Therapy after a Heart Attack</p> <p>Appropriate Medication Therapy in High Risk Patients</p> | <p>Other National Measures</p> <p>Selected Measures</p> |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--|--|---|---|-------------------|
| *BGP HEDIS ASTHMA INHALED MEDS | All inhaled asthma medications developed by HEDIS for the denominator in the CRS HEDIS-based asthma measures | <p>Prepopulated by NDC; developed by HEDIS</p> <p>Inhaled Steroid Combinations: Budesonide-formoterol, Fluticasone-salmeterol, *Formoterol-Mometasone</p> <p>Inhaled Corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone, Triamcinolone</p> <p>Long-acting, inhaled beta-2 agonists: Aformoterol, Formoterol, Salmeterol</p> <p>Mast cell stabilizers: Cromolyn</p> <p>Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol, Metaproterenol, Pirbuterol</p> <p>Drugs removed from CRS v13.0: Nedocromil</p> | Asthma Quality of Care Use of Appropriate Medications for People with Asthma | Selected Measures |
| BGP HEDIS ASTHMA LEUK MEDS | All asthma leukotriene modifier medications for the denominator in the CRS HEDIS-based asthma measures | <p>Prepopulated by NDC</p> <p>Montelukast, Zafirlukast, Zileuton</p> | Asthma Quality of Care Use of Appropriate Medications for People with Asthma | Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--|--|--|--|--|
| *BGP HEDIS ASTHMA MEDS | All asthma medications developed by HEDIS that are not inhalers, leukotriene modifiers or nedocromil for the denominator in the CRS HEDIS-based asthma measures. Inhalers and nedocromil are included in BGP HEDIS ASTHMA INHALED MEDS and leukotriene modifiers are included in BGP HEDIS ASTHMA LEUK MEDS. | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>Antiasthmatic combinations: Dyphylline-guaifenesin, Guaifenesin-theophylline,</p> <p>Antibody inhibitor: Omalizumab</p> <p>Methylxanthines: Aminophylline, Dyphylline, Theophylline</p> <p>Drugs removed from CRS v13.0: Potassium iodide-theophylline, Oxtriphylline</p> | Asthma Quality of Care Use of Appropriate Medications for People with Asthma | Selected Measures |
| *BGP HEDIS BETA BLOCKER MEDS | All beta-blocker medications for the CRS HEDIS-based Beta Blocker measures | <p>Prepopulated by NDC; developed by HEDIS</p> <p>Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol</p> <p>Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol</p> <p>Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol</p> <p>Drugs removed from CRS v13.0: Hydrochlorothiazide-timolol</p> | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High-Risk Patients Beta Blocker Treatment After a Heart Attack Persistence of Beta Blocker Treatment After a Heart Attack | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|---|---|---|-------------------------|--|
| *BGP HEDIS CARDIOVASCULAR MEDS | All cardiovascular medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Alpha blockers, central (Guanabenz, Guanfacine, Methyldopa, Reserpine); Cardiovascular, other (Disopyramide, Digoxin, Nifedipine, immediate release) | | Selected Measures Elder Care Other National Measures |
| *BGP HEDIS CENTRAL NERVOUS MEDS | All central nervous system medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Tertiary TCAs (Includes combination drugs) (Amitriptyline, Clomipramine, Doxepin, Imipramine, Trimipramine); Antipsychotics, first-generation (conventional) (Thioridazine, Mesoridazine); Barbiturates (Amobarbital, Butobarbital, Butalbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital); Central Nervous System, other (Chloral hydrate, Meprobamate); Nonbenzodiazepine hypnotics (Eszopiclone, Zolpidem, Zaleplon); Vasodilators (Ergoloid mesylates, Isoxsuprine) | | Selected Measures Elder Care Other National Measures |
| *BGP HEDIS ENDOCRINE MEDS | All endocrine medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Endocrine (Desiccated thyroid, Estrogens with or without progesterone (oral and topical patch products only), Megestrol); Sulfonylureas, long-duration (Chlorpropamide, Glyburide) | | Selected Measures Elder Care Other National Measures |
| *BGP HEDIS GASTROINTESTINAL MEDS | All gastrointestinal medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Trimethobenzamide | | Selected Measures Elder Care Other National Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--|---|---|-------------------------|--|
| *BGP HEDIS NONBENZO DIAZ MEDS | All nonbenzodiazepine hypnotic medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Eszopiclone, Zolpidem, Zaleplon | | Selected Measures Elder Care Other National Measures |
| BGP HEDIS OSTEOPOROSIS DRUGS | All osteoporosis medications used in CRS | Prepopulated by NDC; developed by HEDIS. Alendronate, Alendronate-Cholecalciferol, Calcium carbonate-risedronate, Calcitonin, Denosumab, Estrogen, Ibandronate, Injectable Estrogens, Raloxifene, Risedronate, Teriparatide, Zoledronic acid | Osteoporosis Management | Selected Measures Elder Care |
| *BGP HEDIS PAIN MEDS | All pain medications used in CRS HEDIS-based measures | Prepopulated by NDC; developed by HEDIS. Other (Meperidine, Pentazocine); Non-COX-selective NSAIDs (Indomethacin, Ketorolac) | | Selected Measures Elder Care Other National Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--------------------------------|--|--|---|--|
| *BGP HEDIS PRIMARY ASTHMA MEDS | All primary therapy asthma medications for the numerator for the CRS HEDIS-based asthma measures | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>Antiasthmatic Combinations: Dyphylline-Guaifenesin, *Formoterol-Mometasone, Guaifenesin-Theophylline</p> <p>Antibody inhibitor: Omalizumab</p> <p>Inhaled Steroid Combinations: Budesonide-Formoterol, Fluticasone-Salmeterol</p> <p>Inhaled Corticosteroids: Belclomethasone, Budesonide, *Ciclesonide CFC Free, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone</p> <p>Lekotriene Modifiers: Montelukast, Zafirlukast, Zileuton</p> <p>Mast Cell Stabilizers: Cromolyn</p> <p>Methylxanthines: Aminophylline, Dyphylline, Theophylline</p> <p>Drugs removed from CRS v13.0: Potassium Iodide-Theophylline, Nedocromil, Oxtriphylline</p> | Asthma Quality of Care Use of Appropriate Medications for People with Asthma | Selected Measures |
| BGP HEDIS SKL MUSCLE RELAX MED | All skeletal muscle relaxant medications used in CRS HEDIS-based measures | <p>Prepopulated by NDC; developed by HEDIS.</p> <p>(Includes combination drugs) Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine</p> | Use of High-Risk Medication in the Elderly | Selected Measures Elder Care *Other National Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|-------------------------|---|--|---|--|
| BGP PQA RASA MEDS | All RAS Antagonist medications developed by PQA | <p>Pre-populated by NDC; developed by PQA.</p> <p>Angiotensin Converting Enzyme Inhibitors: Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril.</p> <p>Antihypertensive Combinations: Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Enalapril-felodipine, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril –verapamil</p> <p>Angiotensin II Inhibitors: Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan</p> <p>Antihypertensive Combinations: Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Amlodipine-valsartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan, Telmisartan-amlodipine, Olmesartan-amlodipine-hydrochlorothiazide, Valsartan-hydrochlorothiazide</p> <p>Direct Renin Inhibitors: Aliskiren Direct Renin Inhibitor</p> | RAS Antagonist Use in Diabetic Patients Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|-----------------------------|--|---|--|--|
| BGP PQA ANTIRETROVIRAL MEDS | All antiretroviral medications used in CRS PQA-based measures | <p>Pre-populated by NDC; developed by PQA.</p> <p>Antiretrovirals: Enfuvirtide, Maraviroc, Atazanavir, Darunavir, Fosamprenavir, Zalcitabine, Indinavir, Nelfinavir, itonavir, Saquinavir, Tipranavir, Amprenavir, Raltegravir, Delavirdine, Efavirenz, Etravirine, Nevirapine, Abacavir, Didanosine, Emtricitabine, Lamivudine, Stavudine, Tenofovir, Zidovudine, Rilpivirine</p> <p>Antiretroviral Combinations: Lopinavir-Ritonavir, Lamivudine-zidovudine, Abacavir-Lamivudine-Zidovudine, Efavirenz-emtricitabine-tenofovir, Emtricitabine-tenofovir, Abacavir-lamivudine, Emtricitabine-rilpivirine-tenofovir</p> | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |
| BGP PQA BETA BLOCKER MEDS | All beta-blocker medications for the CRS PQA-based Beta-Blocker measures | <p>Pre-populated by NDC; developed by PQA</p> <p>Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol</p> <p>Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol</p> <p>Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol</p> | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|------------------------------|--|--|--|--|
| BGP PQA CCB MEDS | All calcium channel blocker medications used in CRS PQA-based measures | <p>Pre-populated by NDC; developed by PQA.</p> <p>Calcium Channel Blockers: Amlodipine-besylate, Diltiazem, Felodipine, Isradipine, Nicardipine, Nifedipine (long acting only), Verapamil, Nisoldipine</p> <p>Calcium Channel Blocker Combinations: Amlodipine besylate-benazepril, Amlodipine-valsartan, Amlodipine-valsartan-hydrochlorothiazide, Amlodipine-aliskiren, Aliskiren-amlodipine-hydrochlorothiazide, Enalapril maleate-felodipine, Telmisartan-amlodipine, Amlodipine-olmesartan, Trandolopril-verapamil, Amlodipine-atorvastatin, Olmesartan-amlodipine- hydrochlorothiazide</p> | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |
| BGP PQA BIGUANIDE MEDS | All biguanide medications used in CRS PQA-based measures | <p>Pre-populated by NDC; developed by PQA.</p> <p>Biguanides: Metformin</p> <p>Biguanide Combinations: Glipizide-metformin, Glyburide-metformin, Rosiglitazone-metformin, Pioglitazone-metformin, Repaglinide-metformin, Sitagliptin-metformin, Saxagliptin-metformin</p> | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|-------------------------|---|---|--|--|
| BGP PQA CONTROLLER MEDS | All controller therapy medications used in CRS PQA-based measures | <p>Pre-populated by NDC; developed by PQA.</p> <p>Controller therapy medications:</p> <p>Inhaled Corticosteroids: Beclomethasone, Budesonide, Flunisolide, Fluticasone, Fluticasone/salmeterol, Mometasone, Mometasone-formoterol, Triamcinolone, Ciclesonide, Budesonide-formoterol</p> <p>Long-Acting Beta-Agonists: Salmeterol, Formoterol, Fluticasone-salmeterol, Budesonide-formoterol, Mometasone-formoterol</p> <p>Leukotriene Inhibitors: Zafirlukast, Montelukast, Zileuton</p> <p>Xanthines: Long-acting theophylline</p> <p>Mast Cell Stabilizers: Nedocromil, Cromolyn</p> | Medication Therapy for Persons with Asthma | Other National Measures Selected Measures |
| BGP PQA SABA MEDS | All short-acting beta agonist (SABA) medications used in CRS PQA-based measures | <p>Pre-populated by NDC; developed by PQA.</p> <p>Short-acting inhaled beta-agonists: Albuterol, Metaprotereno, Pirbuterol, Levalbuterol</p> | Medication Therapy for Persons with Asthma | Other National Measures Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|--|--|---|---|--|
| BGP PQA STATIN MEDS | All statin (HMG CoA reductase inhibitors) medications developed by PQA | Pre-populated by NDC; developed by PQA. Statins (HMG CoA reductase inhibitors): Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Pitavastatin, Simvastatin, Rosuvastatin Statin Combinations: Niacin-lovastatin, Niacin-simvastatin, Pravastatin-aspirin, Ezetimibe-simvastatin, Amlodipine Besylate-Atorvastatin | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy after a Heart Attack Appropriate Medication Therapy in High Risk Patients Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |
| BGP PQA SULFONYL UREA MEDS | All sulfonylurea medications used in CRS PQA-based measures | Pre-populated by NDC; developed by PQA. Sulfonylureas: Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide Sulfonylurea Combinations: Glipizide-metformin, Glyburide-metformin, Rosiglitazone—glimepiride, Pioglitazone-glimepiride | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |
| BGP PQA THIAZOLIDI NEDIONE MEDS | All thiazolidinedione medications used in CRS PQA-based measures | Pre-populated by NDC; developed by PQA. Thiazolidinediones: Pioglitazone, Rosiglitazone Thiazolidinedione Combinations: Rosiglitazone-metformin, Pioglitazone-metformin, Rosiglitazone—glimepiride, Pioglitazone-glimepiride | Proportion of Days Covered by Medication Therapy | Other National Measures Selected Measures |
| BGP RA AZATHIO- PRINE MEDS | All azathioprine medications used in CRS. | Prepopulated by NDC Azathioprine | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA CYCLO- SPORINE MEDS | All cyclosporine medications used in CRS | Prepopulated by NDC Cyclosporine | Rheumatoid Arthritis Medication Monitoring | Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|------------------------------|--|---|--|---------------------------------|
| BGP RA GLUCOCORTICOID S MEDS | All glucocorticoids medications used in CRS | Prepopulated by VA Drug Class HS051. Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisolone, Triamcinolone | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA IM GOLD MEDS | All intramuscular gold medications used in CRS | Prepopulated by NDC Gold Sodium Thiomalate, IM (Intramuscular) | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA LEFLUNOMIDE MEDS | All leflunomide medications used in CRS | Prepopulated by NDC Leflunomide | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA METHOTREXATE MEDS | All methotrexate medications used in CRS | Prepopulated by NDC Methotrexate | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA MYCOPHENOLATE MEDS | All mycophenolate medications used in CRS | Prepopulated by NDC Mycophenolate | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA OA NSAID MEDS | All nonsteroidal antiinflammatory drugs (NSAID) osteoarthritis medications used in CRS | Prepopulated by NDC Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefenamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celcoxib | Rheumatoid Arthritis Medication Monitoring Osteoarthritis Medication Monitoring | Selected Measures Elder Care |
| BGP RA ORAL GOLD MEDS | All oral gold medications used in CRS | Not able to prepopulate by NDC Oral Gold | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA PENICILLAMINE MEDS | All penicillamine medications used in CRS | Prepopulated by NDC Penicillamine | Rheumatoid Arthritis Medication Monitoring | Selected Measures |
| BGP RA SULFASALAZINE MEDS | All sulfasalazine medications used in CRS | Prepopulated by NDC Sulfasalazine | Rheumatoid Arthritis Medication Monitoring | Selected Measures |

| Taxonomy Name | Description | Drugs | Measures Used In | Reports Used In |
|------------------------------|-------------------------|---|---|--|
| DM AUDIT ASPIRIN DRUGS | All aspirin medications | Any aspirin/acetylsalicylic acid (ASA) product used for antiplatelet therapy, aspirin & dipyridamone (aggrenox) | Appropriate Medication Therapy after a Heart Attack Persistence of Appropriate Medication Therapy After a Heart Attack Appropriate Medication Therapy in High Risk Patients Osteoarthritis Medication Monitoring Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | Other National Measures Selected Measures Elder Care |

4.5 Taxonomy Check (TC)

CI13 > SET > TC

Use the Taxonomy Check (TC) Setup Menu option to scan for missing taxonomies or those taxonomies with no entries. The first time you use CRS 2013 version 13.0, you should expect to see a list of those taxonomies that are new to the 2013 software, because they will have no members. Taxonomies that previously existed will retain the members previously associated to them and will not be overwritten with blank taxonomies.

Taxonomies can be checked for each of the following reports:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- Other National Measures Report
- Selected Measures Reports
- Elder Care Report

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

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

Note: When you have completed the taxonomy setup for your site, rerun the Taxonomy Check option to ensure that all taxonomies have entries.

To check the site taxonomies, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the Setup Menu.
3. At the “Select System Setup Option” prompt, type **TC** and press Enter to display the **Taxonomy Check** Menu, as in the following example:

```

*****
**   IHS/RPMS CRS 2013   **
**   Taxonomy Check Menu **
*****
                        Version 13.0

                        DEMO INDIAN HOSPITAL

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

Select Taxonomy Check Option: NGTC <Enter>

```

Figure 4-18: Taxonomy Check Menu: selecting taxonomy to check (Step 4)

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

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

```

Checking for Taxonomies to support the National GPRA/GPRA Performance Reports.
Please enter the device for printing.

DEVICE: HOME//   VIRTUAL TERMINAL   Right Margin: 80//

Checking for Taxonomies to support the National GPRA/GPRA Performance Reports...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 4-19: Checking taxonomies (Step 5)

5. Press Enter to continue. At the “Device” and “Right Margin” prompts, press Enter to display the information to the screen.

The system checks to see if all taxonomies used in the report are present (Figure 4-19). The name of any taxonomy that is either missing or that has no members is displayed.

6. Review the list of taxonomies that need to be set up or populated. For instructions on setting up these taxonomies, see Section 4.6.

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

Note: All taxonomies should be reviewed for completeness, even though many of the taxonomies used by CRS have already been established and populated by other RPMS applications (e.g., Diabetes Management) or by CRS 2012 version 12.1.

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

4.6 Taxonomy Setup (TS)

CI13 > SET > TS

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

Use the Taxonomy Setup (TS) option on the Setup Menu to add to or edit members in the required taxonomies used in CRS, or to view the taxonomies. All taxonomies should be present after CRS 2013 is loaded, even taxonomies with no members yet.

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

Note: *All* taxonomies should be reviewed for completeness before running the first CRS report.

Add new test names, but do not delete the old test names.

The Taxonomy Setup Menu options are by report:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- Other National Measures Report

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

You should set up the taxonomies for each report that your facility will run. If there are reports your facility will not run, you do not need to set up taxonomies for that report.

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, Type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **SET** and press Enter to display the **Setup** menu.
3. At the “Select System Setup Option” prompt, type **TS** and press Enter to display the **Taxonomy Setup Menu**, as in the following example:

```

*****
**   IHS/RPMS CRS 2013   **
**   Taxonomy Setup Menu **
*****
                        Version 13.0

                        DEMO INDIAN HOSPITAL

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

Select Taxonomy Setup Option:
    
```

Figure 4-20: Taxonomy Setup Menu (Step 4)

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

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

For example, selecting the **CRTS** option displays the list of lab and drug taxonomies included for all CRS reports (Figure 4-21).

```

2013 CRS TAXONOMY UPDATE      Oct 08, 2012 15:50:41      Page: 1 of 5
TAXONOMIES TO SUPPORT 2013 ALL CRS REPORTS REPORTING

1)  BGP ANTI-PLATELET DRUGS      DRUGS      Anti-Platelet Drugs.
2)  BGP ASTHMA INHALED STEROIDS  DRUGS      Inhaled Corticosteroids Drugs
3)  BGP ASTHMA LABA MEDS         DRUGS
    
```


| | | | |
|---------------------------------|--------------------------------|-------|---------------------------------|
| 4) | BGP CBC TESTS | LAB | CBC Lab tests |
| 5) | BGP CD4 TAX | LAB | CD4 Tests for HIV Quality of Ca |
| 6) | BGP CHLAMYDIA TESTS TAX | LAB | Chlamydia Lab Tests. |
| 7) | BGP CMS ABG TESTS | LAB | ABG Lab tests |
| 8) | BGP CMS SMOKING CESSATION MEDS | DRUGS | |
| 9) | BGP CMS WARFARIN MEDS | DRUGS | Contains Warfarin Drugs. |
| 10) | BGP CREATINE KINASE TAX | LAB | |
| 11) | BGP GPRA ESTIMATED GFR TAX | LAB | Estimated GFR Lab Tests |
| 12) | BGP GPRA FOB TESTS | LAB | Fecal Occult Blood Lab Tests |
| 13) | BGP GROUP A STREP TESTS | LAB | Group A Strep Tests |
| 14) | BGP HEDIS ACEI MEDS | DRUGS | |
| 15) | BGP HEDIS ANTI-INFECTIVE MEDS | DRUGS | |
| 16) | BGP HEDIS ANTIBIOTICS MEDS | DRUGS | Antibiotic medications |
| + Enter ?? for more actions >>> | | | |
| S | Select Taxonomy to Edit | Q | Quit |
| D | Display a Taxonomy | | |
| Select Action:+// | | | |

Figure 4-21: Example list of site-populated taxonomies for all CRS reports (Step 4)

Selecting the NGTS option displays the list of lab and drug taxonomies included for the National GPRA/GPRAMA Report (Figure 4-22).

| | | | |
|---|--------------------------------|-----------------------|---------------------------------|
| 2013 CRS TAXONOMY UPDATE | | Oct 08, 2012 16:12:58 | Page: 1 of 1 |
| TAXONOMIES TO SUPPORT 2013 NATIONAL GPRA REPORT REPORTING | | | |
| 1) | BGP CD4 TAX | LAB | CD4 Tests for HIV Quality of Ca |
| 2) | BGP CHLAMYDIA TESTS TAX | LAB | Chlamydia Lab Tests. |
| 3) | BGP CMS SMOKING CESSATION MEDS | DRUGS | |
| 4) | BGP GPRA ESTIMATED GFR TAX | LAB | Estimated GFR Lab Tests |
| 5) | BGP GPRA FOB TESTS | LAB | Fecal Occult Blood Lab Tests |
| 6) | BGP HIV TEST TAX | LAB | HIV Screening Lab Tests |
| 7) | BGP HIV-1 TEST TAX | LAB | |
| 8) | BGP HIV-2 TEST TAX | LAB | |
| 9) | BGP HPV TESTS TAX | LAB | |
| 10) | BGP PAP SMEAR TAX | LAB | Pap Smear Lab Tests |
| 11) | BGP QUANT URINE PROTEIN | LAB | |
| 12) | BKM FTA-ABS TEST TAX | LAB | |
| 13) | BKM GONORRHEA TEST TAX | LAB | |
| 14) | BKM RPR TAX | LAB | |
| 15) | DM AUDIT HGB A1C TAX | LAB | Hemoglobin A1C Lab Tests |
| 16) | DM AUDIT LDL CHOLESTEROL TAX | LAB | LDL Cholesterol Lab Tests |
| Enter ?? for more actions >>> | | | |
| S | Select Taxonomy to Edit | Q | Quit |
| D | Display a Taxonomy | | |
| Select Action:+// | | | |

Figure 4-22: Example list of site-populated taxonomies for the National GPRA/GPRAMA Report (Step 4)

5. To view the members of a taxonomy in the selected CRS report, follow these steps:
 - a. At the “Select Action” prompt, type **D** and press Enter.
 - b. At the “Which Taxonomy” prompt, type the number of the taxonomy you want to view and press Enter.

For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-22), typing **6** displays the BGP QUANT URINE PROTEIN taxonomy and its associated members (Figure 4-23).

```
TAXONOMY VIEW                               Oct 08, 2012 16:15:08           Page: 1 of 1
Display of the BGP QUANT URINE PROTEIN taxonomy
* View Taxonomies

1) QUANT URINE PROTEIN
2) MICROALBUMIN

                Select the Appropriate Action   Q to Quit
Q      Quit
Select Action: +//
```

Figure 4-23: Example of displaying taxonomy members (Step 5)

- c. To return to the taxonomy list, type **Q** and press Enter at the “Select Action” prompt.
6. To edit the members of a taxonomy in the selected CRS report, follow these steps:
 - a. At the “Select Action” prompt, type **S** and press Enter.
 - b. At the “Which Taxonomy” prompt, type the number of the taxonomy you want to edit and press Enter.

For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-22), typing **6** displays the BGP QUANT URINE PROTEIN taxonomy and its associated members, which include two lab tests, QUANT URINE PROTEIN and MICROALBUMIN. The action bar is displayed below the taxonomy members, as in the following example:

```
CRS TAXONOMY UPDATE                          Oct 08, 2012 16:19           Page: 1 of 1
Updating the BGP QUANT URINE PROTEIN taxonomy

1) QUANT URINE PROTEIN
2) MICROALBUMIN

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

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

Figure 4-24: Example of adding items to a lab taxonomy (Step 7)

7. To add an item to the selected taxonomy, follow these steps:

- a. At the “Select Action” prompt, type **A** and press Enter.
- b. At the “Which LAB Test” prompt, type the first few characters of the test you want to add and press Enter to see a list of tests beginning with those characters.
- c. At the “CHOOSE 1 – <number>” prompt, press Enter to see more tests, or type the number of the test you want to add to the taxonomy and press Enter.
The test you added is now displayed as part of the taxonomy (Figure 4-25).
- d. To add more items to a taxonomy, repeat Steps 7 a through 7 c.

Notes: Your taxonomies must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

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

Your taxonomies must also include all lab tests that are sent out and performed by another lab/reference lab. The names of these lab tests are often prefixed with the reference lab name, such as “TRICORE A1c.”

```
CRS TAXONOMY UPDATE           Oct 08, 2012 16:57:29           Page: 1 of 1
1
Updating the BGP QUANT URINE PROTEIN taxonomy

1) QUANT URINE PROTEIN
2) MICROALBUMIN
3) MICROALBUMIN PANEL

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

Figure 4-25: Example of lab taxonomy with added test (Step 7)

8. To remove an item from the selected taxonomy, follow these steps:
 - a. At the “Select Action” prompt, type **R** and press Enter.
 - b. At the “Remove Which Item” prompt, type the number of the test you want to remove and press Enter.

- c. At the “Are you sure you want to remove the <NAME> lab test” prompt, type **Y** and press Enter to continue removing the test, or press Enter to accept the default **N** (No) and retain the test in the taxonomy.
The test you removed is no longer displayed as part of the taxonomy.
 - d. To remove more items from a taxonomy, repeat Steps 8 a through 8 c.
9. When you have finished adding and removing your site’s tests in the selected taxonomy, review the displayed list of taxonomy members.
If the list is complete and correct, type **Q** and press Enter at the “Select Action” prompt to save changes to the selected taxonomy and return to the list of taxonomies for the selected report.
 10. To edit more taxonomies in the selected report, repeat Steps 6 through 9.
 11. When you have finished editing taxonomies in the selected report, type **Q** and press Enter at the “Select Action” prompt to return to the Taxonomy Setup Menu.
 12. To edit taxonomies in other reports, repeat Steps 4 through 9.
 13. When you have finished editing taxonomies for all reports that your facility uses, type a caret (^) at the “Select Taxonomy Setup Option” prompt to return to the Setup Menu.
 14. At the “Select System Setup Option” prompt, type **TC** to select the Taxonomy Check option (see Section 4.5) to perform a final check of taxonomies needed for CRS in this report.

Notes: You must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.

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

4.7 Using Q-Man to Populate a Taxonomy

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

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

4.8 Update the Demo/Test Patient Search Template

```
CORE APPLICATIONS> PCCR > OTH > DPST
```

As of version 11.0, CRS will use the RPMS Demo/Test Patient Search Template to determine which demo patients to exclude from reports. This can be found in the PCC Management Reports, Other PCC Management Reports/Options menu and requires the APCLZ UPDATE DEMO TEMPLATE key to access.

If this RPMS Demo/Test Patient Search Template is empty, the following message will be displayed when running CRS reports:

```
Your RPMS DEMO PATIENT NAMES Search Template has no entries.  
If you have 'DEMO' patients whose names begin with something  
other than 'DEMO,PATIENT' they will not be excluded from this report  
unless you update this template.
```

```
Do you wish to continue to generate this report? Y//
```

Figure 4-26: Empty template message

5.0 Reports and Patient Lists

The CRS is a reporting tool that provides local facilities and Area Offices with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA/GPRAMA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one-year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few measures review data for more than one year, such as Cancer Screening: Pap Smear Rates, which looks for a Pap smear in past four years.

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

5.1 Report and Patient List Overview

Several output options are included in CRS 2013. In addition to the predefined National GPRA/GPRAMA Report, users have many choices for “customizing” reports for local facility use by selecting different populations and/or specific measure topics.

Report options include:

- National GPRA/GPRAMA Reports
 - National GPRA/GPRAMA Report (GP) (without patient lists)
 - National GPRA/GPRAMA Patient List (LST)
 - National GPRA/GPRAMA Clinical Performance Summaries (SUM)
 - National GPRA/GPRAMA Report by Designated Provider (DPRV)
 - National GPRA Dashboard (DSH)
 - Create Search Template for National Patient List (NST)
 - GPRA/GPRAMA Forecast Patient List (FOR)
 - GPRA/GPRAMA Forecast Denominator Definitions (FORD)
 - Comprehensive National GPRA Patient List (CMP)
- Reports for Local Use

- Selected Measures w/Community Specified (COM)
- Selected Measures w/Patient Panel Population (PP)
- Selected Measures with All Communities (ALL)
- Other National Reports
 - GPRA/GPRAMA Performance Report (GPU) (National GPRA/GPRAMA Report with user-defined report parameters)
 - Other National Measures Report (ONM) (without patient list)
 - Other National Measures Report Patient List (OST)
 - Elder Care Report (ELD)
 - Patient Education Reports:
 - Patient Education w/Community Specified (PCM)
 - Patient Education w/Patient Panel Population (P3)
- Taxonomy Reports
 - Lab Taxonomy Report (TXL)
 - Medication Taxonomy Report (TXM)
- Meaningful Use Performance Measure Reports
 - EP Performance Measures Report Stage 1 (EP)
 - Hospital Performance Measures Report Stage 1 (HOS)

Table 5-1, Table 5-2, and Table 5-3 shows the population options available with each report type. Note that the two taxonomy reports are not included in the tables because they report on site-populated taxonomies only and not patients. The GPRA/GPRAMA Forecast Denominator Definitions report is also not listed because it simply defines the denominators used in the GPRA/GPRAMA Forecast Patient List.

Table 5-1: Population Options with National GPRA/GPRAMA Reports

| Population Options | GP | LST | SUM | DPRV | DSH | HW | NST | FOR | CMP |
|---|-----------|------------|------------|-------------|------------|-----------|------------|------------|------------|
| GPRA Community Taxonomy | X | X | X | X | X | X | X | | X |
| Other Site-Populated Community Taxonomy | X[1] | X | X[1] | X[1] | X[1] | X[1] | X | | X |
| AI/AN Patients only | X | X | X | X | X | X | X | | X |
| Non-AI/AN Patients | | X | | | | | X | | X |
| Both AI/AN and Non-AI/AN Patients | | X | | | | | X | X | X |
| All RPMS patients (any community of residence) | | | | | | | | X | |
| Patient panel/Search Template (user specified list of patients) | | | | | | | X | X | |

Table 5-2: Population Options with Local Reports

| Population Options | COM | PP | ALL |
|---|------------|-----------|------------|
| GPRA Community Taxonomy | X | | |
| Other Site-Populated Community Taxonomy | X | | |
| AI/AN Patients only | X | | X |
| Non-AI/AN Patients | X | | X |
| Both AI/AN and Non-AI/AN Patients | X | | X |
| All RPMS patients (any community of residence) | | | X |
| Patient panel/Search Template (user specified list of patients) | | | |
| Patient List | X | | X |

Table 5-3: Population Options with Other National Reports

| Population Options | GPU | ONM | OST | ELD | PCM |
|---|------------|------------|------------|------------|------------|
| GPRC Community Taxonomy | X | X | X | X | X |
| Other Site-Populated Community Taxonomy | X | X | X | X | X |
| AI/AN Patients only | X | X | X | X | X |
| Non-AI/AN Patients | X | X | X | X | X |
| Both AI/AN and Non-AI/AN Patients | X | X | X | X | X |
| All RPMS patients (any community of residence) | | | | | |
| Patient panel/Search Template (user specified list of patients) | | | | | |
| Patient List | | | X | X | X |
| GPRC Community Taxonomy | X | X | X | X | X |

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

5.2 National GPRA/GPRAMA Report (GP)

CI13 > RPT > NTL > GP

5.2.1 Overview

Sites will run the National GPRA/GPRAMA Report when they are ready to submit their annual GPRA and GPRAMA data to their respective Area Offices for 2013 GPRA and GPRAMA reporting. This is also the report option used for quarterly GPRA and GPRAMA reporting.

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

The population for the National GPRA/GPRAMA Report should include only patients with a community of residence that is listed in the site’s official GPRA Community taxonomy. The Area Office GPRA Coordinators have defined the existing CHS catchment areasⁱ as the GPRA Communityⁱⁱ. The default community taxonomy is selected in the Site Parameters setup (see Section 4.2).

The National GPRA/GPRAMA Report is predefined to include only the AI/AN patient-type population, defined as Beneficiary 01 in the Patient Registration file.

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

The National GPRA/GPRAMA Report can be exported to the Area Office by the site for aggregation into an Area-Office-wide report. Patient lists for this report can be created by running the National GPRA/GPRAMA Patient List (menu option LST).

ⁱ A catchment area includes patients who are registered within a particular service unit *and* who reside in one of the communities assigned to the service unit.

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

5.2.2 Running the National GPRA/GPRAMA Report

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

To run the National GPRA/GPRAMA Report, follow these steps:

1. Navigate to the **CLINICAL REPORTING SYSTEM (CRS)** menu.

```

*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                                Version 13.0 Patch 1

                                DEMO INDIAN HOSPITAL

CI13  CRS 2013 ...
CI12  CRS 2012 ...
CI11  CRS 2011 ...
CI10  CRS 2010 ...
CI09  CRS 2009 ...
CI08  CRS 2008 ...
CI07  CRS 2007 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI13 <Enter>
CRS 2013

```

Figure 5-1: CRS main menu options (Step 2)

2. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013 Clinical Reporting System** menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Clinical Reporting System      **
*****
                                Version 13.0 Patch 1

                                DEMO INDIAN HOSPITAL

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

Select CRS 2013 Option: RPT <Enter> Reports

```

Figure 5-2: CRS 2013 Clinical Reporting System menu: selecting Reports option (Step 3)

3. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS 2013 Reports Menu**.

```

*****
**   IHS/RPMS CRS 2013   **
**   Reports Menu       **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

NTL   National GPRA/GPRAMA Reports ...
LOC   Reports for Local Use: IHS Clinical Measures ...
OTH   Other National Reports ...
TAX   Taxonomy Reports ...
MUP   Meaningful Use Performance Measure Reports ...

Select Reports Option: NTL <Enter> National GPRA/GPRAMA Reports ...

```

Figure 5-3: CRS 2013 Reports Menu: selecting National GPRA/GPRAMA Reports option (NTL) (Step 4)

- At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

```

*****
**   IHS/RPMS CRS 2013   **
**   National GPRA Reports   **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GP    National GPRA/GPRAMA Report
LST   National GPRA/GPRAMA Patient List
SUM   National GPRA/GPRAMA Clinical Perf Summaries
DPRV  National GPRA/GPRAMA Report by Designated Provider
DSH   National GPRA Dashboard
NST   Create Search Template for National Patient List
FOR   GPRA/GPRAMA Forecast Patient List
FORD  GPRA/GPRAMA Forecast Denominator Definitions
CMP   Comprehensive National GPRA/GPRAMA Patient List

Select National GPRA/GPRAMA Reports Option: GP <Enter> National
GPRA/GPRAMA Report

```

Figure 5-4: National GPRA Reports menu: selecting the National GPRA/GPRAMA Report option (GP) (Step 5)

- At the “Select National GPRA/GPRAMA Reports Option” prompt, type **GP** and press Enter to display the following information about the National GPRA/GPRAMA report:

```

IHS 2013 National GPRA/GPRAMA Report

This will produce a National GPRA/GPRAMA report.
You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period

```

```
July 1, 2012 through June 30, 2013 with a Baseline Year of July 1, 1999
through June 30, 2000. This report will include beneficiary population of
American Indian/Alaska Native only.
```

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

```
Press enter to continue: <Enter>
```

Figure 5-5: Running the National GPRA/GPRAMA Report: report description (Step 5)

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

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...
All taxonomies are present.
End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-6: Checking taxonomies message

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

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

Figure 5-7: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at each prompt until you return to the main menu.

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
Do you wish to export this data to Area? Y <Enter> YES
```

Figure 5-8: Running the National GPRA/GPRAMA Report: selecting the community taxonomy and exporting area data (Steps 8 and 9)

8. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default taxonomy if it is your official GPRA community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of your official GPRA community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a list of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

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

9. At the “Do you wish to export this data to Area?” prompt, type **Y** (Yes) and press Enter *only* if you are ready to send the final data to your Area Office.

If you are not ready to send the final data to your Area Office, type **N** (No) and press Enter.

10. A summary of the report is displayed, as shown in Figure 5-9. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu.

```

SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:      Jul 01, 2012 to Jun 30, 2013
  Previous Year Period: Jul 01, 2011 to Jun 30, 2012
  Baseline Period:    Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

```

Figure 5-9: Summary of National GPRA/GPRAMA Report to be generated (Step 11)

```

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

      Select one of the following:

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

Select an Output Option: P//

```

Figure 5-10: Running the National GPRA/GPRAMA report: choosing an output type (Step 12)

11. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter.

Detailed instructions for the Print Option and the Delimited Output option are found below within this step.

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. For detailed instructions, see Appendix C: “Working with Delimited Files”.
- **B** (Both) produces both a printed report and a delimited file.

Note: If you want to print to a file or you do not know your printer name, check with your site manager.

After you select your report options, you will be given the opportunity to queue your report to run at a later time.

Notes: You should generally plan to queue your report to run during off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt and pressing Enter.

Check with your site manager if you need further information about how to specify these options.

5.2.2.1 Print Option (P)

1. At the “Select an Output Option” prompt, type **P** and press Enter.
2. At the “DEVICE: HOME” prompt (which may vary at different sites), do one of the following:
 - a. To print the report on a printer, type the name of the printer at the “Home” prompt and press Enter.

If you don’t know your printer name, check with your site manager.

- b. To print the report to your screen, press Enter at the default “Home” prompt. Depending on the software you are using to access RPMS, you may need to turn on your logging or screen capture program *before* printing to the screen.

At most sites, to print a report to your screen without multiple “Enter Return to continue” prompts, type **0;P-OTHER80** at the “Home” prompt and press Enter, as in the following example:

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

Figure 5-11: The “Home” prompt

- c. To print the report to a file, type **Host** or **HFS** at the “Home” prompt, then specify the file location and name at the “HOST FILE NAME” prompt as in the following example:

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

Figure 5-12: Specify the file location

- d. At the “Won’t you queue this?” prompt, type **Y** to queue your report to run at another time or **N** to run the report now, and press Enter.

If you choose to queue the report, type the time you want it to run at the “Requested Start Time” prompt. Type the time in HH:MM:SS format using 24-hour time.

5.2.2.2 Delimited Output Option (D)

3. At the “Select an Output Option” prompt, type **D** and press Enter.

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

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

      Select one of the following:
      S          SCREEN - delimited output will display on screen for
capture
      F          FILE - delimited output will be written to a file in
pub

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

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

Won't you queue this ? Y// <Enter> YES
Requested Start Time: NOW// 20:00:00 <Enter> (OCT 08, 2012@20:00:00)
```

Figure 5-13: Selecting the Delimited Output option (Step 1)

4. At the “Select output type” prompt, do one of the following:
 - a. To display the delimited output on your screen, type **S** (SCREEN) and press Enter.
 - b. To print the delimited output to a text file, type **F** (FILE) and press Enter.

At the “Enter a filename for the delimited output” prompt, type the name of the file.

File names cannot exceed 40 characters and are given the extension “.txt” automatically. Most sites are set up to print the file to your network’s Public directory, so you may need to use file transfer protocol (FTP) to move the delimited file from the Public directory to your computer. Ask your site manager for additional information about retrieving files from your local network

If the report will take several hours to run, it is recommended that you print to a file.

- At the “Won’t you queue this?” prompt, type **Y** to queue your report to run at another time or **N** to run the report now, and press Enter.

If you choose to queue the report, type the time you want it to run at the “Requested Start Time” prompt. Type the time in HH:MM:SS format using 24-hour time.

5.2.3 National GPRA/GPRAMA Report Content

The contents of both the National GPRA/GPRAMA and GPRA/GPRAMA Performance reports are exactly the same and are defined in Table 5-4. Performance measures included in the current GPRA Performance Plan to Congress (e.g., GPRA measures) are preceded by one asterisk (*). Developmental GPRA measures are preceded by two asterisks (**). GPRAMA measures are preceded by three asterisks (***)

Table 5-4: Content of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|------------------------------------|---|--|
| Diabetes Prevalence | User Population, broken down by gender and age groups | 1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year |
| ***Diabetes (DM): Glycemic Control | ***Active Diabetic patients | 1) With Hemoglobin A1c, any value *2) With Poor control 3) With A1c greater than or equal to (>=) 7 and less than (<) 8 ***4) With Good control |
| *DM: Blood Pressure Control | *Active Diabetic patients | 1) With BP assessed *2) With Controlled BP |
| *DM: LDL Assessment | *Active Diabetic patients | *1) With LDL done 2) With LDL less than or equal to (<=) 100. |
| *DM: Nephropathy Assessment | *Active Diabetic patients | *With estimated GFR and a quantitative urinary protein or with ESRD |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|----------------------------|--|---|
| *DM: Retinopathy | *Active Diabetic patients | *1) With qualified retinal evaluation and no bilateral blindness (no refusals) A) Patients with JVN visit B) Patients with Ophthalmology visit C) Patients with Optometry visit |
| *Access to Dental Services | *1) User Population, broken down by age groups **2) Pregnant or breastfeeding female patients | *1) With documented dental exam (no refusals) **2) With all treatment completed **3) With prenatal or nursing mother dental visit |
| *Dental Sealants | *1) User Population patients ages 2 through 15, broken down by age group 2) No denominator. This measure is a total count only, not a percentage. | *1) With intact dental sealants 2) Total number of dental sealants provided (no refusals) |
| *Topical Fluoride | *1) User Population patients ages 1 through 15 2) No denominator. This measure is a total count only, not a percentage. | *1) With topical fluoride application 2) Total number of patients with at least one topical fluoride application (no refusals) |
| *Influenza | *Active Clinical patients 65 and older | *1) With influenza vaccination in past year or contraindication ever (no refusals) A) With contraindication or a documented NMI refusal |
| *Adult Immunizations | *Active Clinical patients 65 and older | *1) With pneumovax or contraindication ever (no refusals) A) With contraindication or a documented not medically indicated (NMI) refusal **2) With pneumovax or contraindication ever, and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past 5 years. |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|------------------------------------|--|---|
| ***Childhood IZ | 1) Active Clinical patients 19 to 35 months ***2) Active Immunization Package patients 19 to 35 months | ***1) With 4:3:1:3*:3:1:4 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3-4 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal), including NMI refusals, contraindications and evidence of disease 2) With 4 doses of Diphtheria, Tetanus, And Pertussis (DTaP) 3) With 3 doses of Polio 4) With 1 doses of Measles, Mumps. And Rubella (MMR) 5) With 3-4 doses of Haemophilus influenzae type b (HiB) 6) With 3 doses of Hepatitis B 7) With 1 dose of Varicella 8) With 4 doses of Pneumococcal **9) With 2 doses of Hep A **10) With 2-3 doses of Rotavirus **11) With 2 doses of Influenza **12) With 3 doses of Pneumococcal |
| *Cancer Screening: Pap Smear Rates | *1) Female Active Clinical patients ages 25 through 64 | *1) With documented Pap smear in past 4 years (no refusals) **2) With documented Pap smear in past 4 years, or if patient is age 30 to 64, either a Pap Smear in past 4 years or a Pap Smear and HPV DNA in past 6 years **A) Patients age 25-29 with a documented Pap Smear in past 4 years **B) Patients age 30-64 with a documented Pap Smear in past 4 years **C) Patients age 30-64 with a documented Pap Smear 4-6 years ago and HPV DNA in past 6 years |
| *Cancer Screening: Mammogram Rates | *1) Female Active Clinical patients ages 52 through 64 **2) Female Active Clinical patients ages 42 and older | *With documented mammogram in past 2 years (no refusals) |
| *Colorectal Cancer Screening | *1) Active Clinical patients 50 through 75 **2) Active Clinical patients 50 through 75, broken down by gender | *1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With Fecal Occult Blood test (FOBT) or Fecal Immunochemical Test (FIT) in past year |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|-------------------------------------|--|--|
| **Comprehensive Cancer Screening | **Active Clinical patients 25 through 75 **A) Active Clinical female patients ages 25 through 75 **B) Active Clinical male patients ages 50 through 75 | **1) With comprehensive cancer screening (no refusals) **A) Female with all screens **B) Male with CRC screen |
| Tobacco Use and Exposure Assessment | Active Clinical patients ages 5 and older | 1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS) |
| *Tobacco Cessation | *Active Clinical patients identified as current tobacco users prior to the report period, broken down by age and gender groups | 1) With tobacco cessation counseling or received a prescription for cessation medication (no refusals) 2) Quit tobacco use *3) With tobacco cessation counseling or received a prescription for a smoking cessation aid, or who quit their tobacco use (no refusals) |
| *Alcohol Screening | *1) Female Active Clinical patients ages 15 through 44 **2) Female Active Clinical Plus BH patients ages 15 through 44 **3) Active Clinical Plus BH patients ages 12 through 75, broken down by age groups | *1) With documented alcohol screening (no refusals) **2) With alcohol screening, alcohol-related diagnosis or procedure (no refusals or patient education) **3) With alcohol-related patient education **4) With positive alcohol screen |
| *IPV/DV Screening | *1) Female Active Clinical patients ages 15 through 40 **2) Female Active Clinical Plus BH patients ages 15 through 40 | *1) With documented IPV/DV screen (no refusals) **2) With documented IPV/DV screen, IPV/DV-related diagnosis, procedure, or counseling (no refusals or patient education) **3) With IPV/DV patient education |
| ***Depression Screening | ***1) Active Clinical patients ages 18+, broken down by gender **2) Active Clinical Plus BH patients ages 18 plus (+) **3) Active Clinical Plus BH patients ages 12 through 18 | ***1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis **2) With depression screening or diagnosed with mood disorder or suicide ideation (no refusals) |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|--|
| Childhood Weight Control | Active Clinical patients ages 2–5 with BMI | 1) With a BMI at or above the 95th percentile |
| **Weight Assessment and Counseling for Nutrition and Physical Activity | **Active Clinical patients ages 3-17, broken down by gender and age groups. | **1) With comprehensive assessment 2) With BMI documented 3) With nutrition counseling 4) With physical activity counseling |
| Controlling High Blood Pressure – Million Hearts | User Population ages 18-85 diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy | Patients with BP less than (<) 140/90 |
| ***Comprehensive CVD-Related Assessment | ***1) Active coronary heart disease (CHD) patients 22 and older A) Active coronary heart disease (CHD) patients 22 and older who are not Active Diabetic B) Active coronary heart disease (CHD) patients 22 and older who are Active Diabetic | 1) With BP documented in past 2 years 2) With LDL done during the Report Period 3) With tobacco screening 4) With BMI calculated (no refusals) 5) With lifestyle education ***6) With all above assessments 7) With depression screening or diagnosed with mood disorder or suicide ideation |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|--|
| *HIV Screening | *1) Pregnant female patients with no documented miscarriage, abortion, or HIV diagnosis **2) User Population patients ages 13 through 64 with no recorded diagnosis of HIV ever **3) User Population patients ages 13 through 64 with first recorded HIV diagnosis during the Report Period **4) No denominator. This measure is a total count only, not a percentage. | *1) With HIV test in past 20 months (no refusals) **2) With HIV screening during the Report Period (no refusals) **3) With HIV screening within the past 5 years **4) With HIV screening ever **5) With positive result **6) With negative result **7) With no result **8) With HIV screening refusal **9) With CD4 count **A) With CD4 less than (<)200 **B) With CD4 equal to or greater than (=>)200 and equal to or less than (=<)350 **C) With CD4 greater than (>)350 and equal to or less than (=<)500 **D) With CD4 greater than (>)500 **E) With no CD4 result **10) Total number of HIV screens for User Population patients with no prior HIV diagnosis |
| **Sexually Transmitted Infection (STI) Screening | **HIV/AIDS screenings needed for key STI incidents for Active Clinical patients | **With needed HIV/AIDS screenings performed |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---------------------|--|--|
| Breastfeeding Rates | 1) Active Clinical patients who are 30 to 394 days old *2) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of two months (45 to 89 days). 3) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of six months (165 to 209 days). 4) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of nine months (255 to 299 days). 5) 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). | 1) With infant feeding choice (IFC) screening at least once 2) With IFC screen at 2 months 3) With IFC screen at 6 months 4) With IFC screen at 9 months 5) With IFC screen at 1 year *6) With IFC screen at 2 months and exclusively/mostly breastfed 7) With IFC screen at 6 months and exclusively/mostly breastfed 8) With IFC screen at 9 months and exclusively/mostly breastfed 9) With IFC screen at 1 year and exclusively/mostly breastfed |
| **Visit Statistics | **1) Active Clinical patients **2) Active Clinical Patients ages 2 through 18 **3) Active Clinical patients ages 5 and older **4) Active Clinical Patients ages 12 through 18 **5) Active Clinical Patients ages 12 through 75 **6) Female Active Clinical Patients ages 15 through 40 **7) Female Active Clinical Patients ages 15 through 44 **8) Active Clinical patients ages 18 and older **9) Active Clinical patients ages 65 and older **10) Active Clinical patients identified as current tobacco users prior to the Report Period | **1) Patients who do not have a qualifying visit during the Report Period **2) Patients who qualify as Active Clinical patients with Urgent Care as their only core clinic |

5.3 National GPRA/GPRAMA Patient List (LST)

CI13 > RPT > NTL > LST

5.3.1 Overview

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

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

- List of diabetic patients with a documented A1c
- List of diabetic patients without a documented A1c
- List of diabetic patients with poor glycemic control (A1c greater than (>) 9.5)
- List of diabetic patients with A1c equal to or greater than (=>) 7 and less than (<) 8.
- List of diabetic patients with ideal glycemic control (A1c less than (<) 8)

The following patient list options are available:

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

5.3.2 Running the National GPRA/GPRAMA Patient List

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the CRS 2013 Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the CRS Reports menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the National GPRA Reports Menu.
4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **LST** and press Enter to display the following information about the National GPRA/GPRAMA Patient List:

IHS GPRA/GPRAMA Performance Report Patient List

CRS 2013, Version 13.0 Patch 1

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

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

Figure 5-14: Running the National GPRA/GPRAMA Patient List: patient list description (Step 4)

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

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...
All taxonomies are present.
End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-15: Checking taxonomies message

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

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

Figure 5-16: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the Main menu.

7. The Performance Measure Selection list of available topics is displayed, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2012 15:27:17          Page: 1 of
2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
2) Diabetes: Glycemic Control
3) Diabetes: Blood Pressure Control
4) Diabetes: LDL Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
```

```

7) Access to Dental Service
8) Dental Sealants
9) Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Colorectal Cancer Screening (Revised Logic #2-USPSTF)
+ Enter ?? for more actions
S Select Measure      D De Select Measure      Q Quit
Select Action: +//

```

Figure 5-17: Running the National GPRA/GPRAMA Patient Lists: Performance Measure Selection screen (Steps 7 and 8)

8. The action bar appears at the bottom of the screen. At the “Select Action” prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select measure topics:
 - Type **S** and press Enter.
 - At the “Which Measure Topic?” prompt, type the number(s) preceding the measure(s) you want and press Enter.
To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

After pressing Enter, each measure you selected is marked with an asterisk (*) before its number (Figure 5-18).

- To deselect measure topics:
 - At the “Select Action” prompt, type **D** and press Enter.
 - At the “Which item(s)” prompt, type the number(s) preceding the measure(s) you want to remove.
After pressing Enter, each measure you deselected is no longer marked with an asterisk (*) before its number.
- To save your selected topics, type **Q** (Quit) and press Enter.

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 15:31:38      Page: 1 of
2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

```

```

*1) Diabetes Prevalence
2) Diabetes: Glycemic Control
*3) Diabetes: Blood Pressure Control
4) Diabetes: LDL Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
7) Access to Dental Services
8) Dental Sealants
9) Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Colorectal Cancer Screening (Revised Logic #2-USPSTF)
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action:+//

```

Figure 5-18: Running the National GPRA/GPRAMA Patient Lists: selected performance measure topics (Step 8)

9. For each performance measure you selected, the patient lists available for that topic are displayed, as in the following example:

```

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

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

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

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

```

Figure 5-19: Running the National GPRA/GPRAMA Patient Lists: selecting patient lists for each topic (Step 10)

10. At the “Which item(s)” prompt, type the number of the item(s) on which you want to report.

```

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

Select one of the following:

    R      Random Patient List

```

```

      P      Patient List by Provider
      A      All Patients

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

```

Figure 5-20: Running the National GPRA/GPRAMA Patient Lists: selecting Patient List by Provider report type (Step 11)

11. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

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

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.

Notes: Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

12. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type **1**, **2**, **3**, or **4** and press Enter.
At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
- To define a custom report period, type **5** and press Enter.
At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

13. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

14. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a list of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

```
Select one of the following:

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

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

Figure 5-21: Running the National GPRA/GPRAMA Patient Lists: selecting beneficiary population (Step 15)

15. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
16. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

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

5.3.3 Patient List Content

Table 5-5 lists the following information for the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports:

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

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

Note: Not every performance measure topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, only a patient list containing patients meeting the measure is available. Developmental GPRA measures are denoted by a single asterisk (*).

Table 5-5: Content of the National GPRA/GPRAMA Patient List Report by Performance Measure Topic and Performance Measure

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|----------------------------------|---|--|
| Diabetes Prevalence | Diabetes DX Ever | List of patients ever diagnosed with diabetes. |
| Diabetes: Glycemic Control | Documented A1c | List of diabetic patients with a documented A1c. |
| Diabetes: Glycemic Control | No Documented A1c | List of diabetic patients <i>without</i> a documented A1c. |
| Diabetes: Glycemic Control | Poor Glycemic Control | List of diabetic patients with poor Glycemic control (A1c greater than (>) 9.5). |
| Diabetes: Glycemic Control | A1c equal to or greater than (=>)7 and less than (<)8 | List of diabetic patients with A1c equal to or greater than (=>) 7 and less than (<) 8. |
| Diabetes: Glycemic Control | Good Glycemic Control | List of diabetic patients with good Glycemic control (A1c less than (<) 8). |
| Diabetes: Blood Pressure Control | BP Assessed | List of diabetic patients who had their BP assessed. |
| Diabetes: Blood Pressure Control | BP Not Assessed | List of diabetic patients who <i>did not</i> have their BP assessed. |
| Diabetes: Blood Pressure Control | Controlled BP | List of diabetic patients with controlled BP, defined as less than (<) 140/90. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|----------------------------------|--|---|
| Diabetes: Blood Pressure Control | Uncontrolled BP | List of diabetic patients with uncontrolled BP, defined as greater than (>) 140/90. |
| Diabetes: LDL Assessment | LDL Assessed | List of diabetic patients with LDL completed, regardless of result. |
| Diabetes: LDL Assessment | LDL Not Assessed | List of diabetic patients <i>without</i> LDL completed. |
| Diabetes: Nephropathy Assessment | Nephropathy Assessed | List of diabetic patients with nephropathy assessment. |
| Diabetes: Nephropathy Assessment | Nephropathy Not Assessed | List of diabetic patients <i>without</i> nephropathy assessment. |
| Diabetic Retinopathy | Retinopathy Assessed | List of diabetic patients who received any retinal screening. |
| Diabetic Retinopathy | Retinopathy Not Assessed | List of diabetic patients who did not receive any retinal screening. |
| Diabetic Retinopathy | JVN Visit | List of diabetic patients with a JVN visit. |
| Diabetic Retinopathy | Ophthalmology Visit | List of diabetic patients with an Ophthalmology visit. |
| Diabetic Retinopathy | Optometry Visit | List of diabetic patients with an Optometry visit. |
| Access to Dental Services | Documented Dental Visit | List of patients with documented dental visit. |
| Access to Dental Services | No Documented Dental Visit | List of patients <i>without</i> documented dental visit. |
| *Access to Dental Services | *Treatment Completed | *List of User Pop patients with dental exam and all treatment completed. |
| *Access to Dental Services | *Treatment Not Completed | *List of User Pop patients with dental exam and not all treatment completed. |
| *Access to Dental Services | *With Prenatal or Nursing Mother Visit | *List of pregnant or breastfeeding female patients with treatment. |
| *Access to Dental Services | *No Prenatal or Nursing Mother Visit | *List of pregnant or breastfeeding female patients without treatment. |
| Dental Sealants | With Intact Dental Sealants | List of User Pop patients 2 through 15 with intact dental sealant. |
| Dental Sealants | No Intact Dental Sealants | List of User Pop patients 2 through 15 without intact dental sealant. |
| Dental Sealants | With Dental Sealants | List of patients who received dental sealants during Report period. |
| Topical Fluoride | With Topical Fluoride Application | List of User Pop patients 1 through 15 with topical fluoride application. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|----------------------------------|--|---|
| Topical Fluoride | No Topical Fluoride Application | List of User Pop patients 1 through 15 without topical fluoride application. |
| Topical Fluoride | With Topical Fluoride Application | List of patients who received at least one topical fluoride application during Report period. |
| Influenza | Documented Influenza Immunization | List of patients greater than or equal to (>=) 65 yrs with influenza vaccination, contraindication, or NMI refusal. |
| Influenza | No Documented Influenza Immunization | List of patients greater than or equal to (>=) 65 yrs <i>without</i> influenza vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | Documented Pneumovax Ever | List of patients equal to or greater than (=>) 65 yrs with pneumovax immunization or contraindication. |
| Adult Immunizations | No Documented Pneumovax Ever | List of patients equal to or greater than (=>) 65 yrs <i>without</i> pneumovax immunization or contraindication. |
| *Adult Immunizations | *With up-to date Pneumovax | *List of patients equal to or greater than (=>) 65 yrs with pneumovax immunization or contraindication. |
| *Adult Immunizations | *Without up-to-date Pneumovax | *List of patients equal to or greater than (=>) 65 yrs without pneumovax immunization or contraindication. |
| Childhood Immunizations | Active Clinical Patients With 4:3:1:3*:3:1:4 | List of Active Clinical patients 19 to 35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal). NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|---------------------------|---|---|
| Childhood Immunizations | Active Clinical Patients Without 4:3:1:3*:3:1:4 | <p>List of Active Clinical patients 19 to 35 months who <i>have not</i> received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.</p> <p>NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.</p> |
| Childhood Immunizations | Active Immunization Package Patients with 4:3:1:3*:3:1:4 | <p>List of Active Immunization Package patients 19 through 35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal).</p> <p>NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.</p> |
| Childhood Immunizations | Active Immunization Package Patients without 4:3:1:3*:3:1:4 | <p>List of patients Active Immunization Package patients 19 through 35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.</p> <p>NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.</p> |
| Childhood Immunizations | Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator | <p>List of patients 19 through 35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.</p> |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|----------------------------------|---|--|
| *Childhood Immunizations | *Active Immunization Package Patients with 2 doses of Hep A | *List of Active Immunization Package patients 19 through 35 months who received 2 doses of the Hep A vaccine. *NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| *Childhood Immunizations | *Active Immunization Package Patients without 2 doses of Hep A | *List of Active Immunization Package patients 19 through 35 months who have not received 2 doses of the Hep A vaccine. *NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| *Childhood Immunizations | *Active Immunization Package Patients with 2 or 3 doses of Rotavirus | *List of Active Immunization Package patients 19 through 35 months who received 2 or 3 doses of the rotavirus vaccine. *NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| *Childhood Immunizations | *Active Immunization Package Patients without 2 or 3 doses of Rotavirus | *List of Active Immunization Package patients 19 through 35 months who have not received 2 or 3 doses of the rotavirus vaccine. NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| *Childhood Immunizations | *Active Immunization Package Patients with 2 doses of Influenza | *List of Active Immunization Package patients 19 through 35 months who received 2 doses of the influenza vaccine. *NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| *Childhood Immunizations | *Active Immunization Package Patients without 2 doses of Influenza | *List of Active Immunization Package patients 19 through 35 months who have not received 2 doses of the influenza vaccine. *NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|--|--|---|
| Cancer Screening: Pap Smear Rates | Documented Pap Smear | List of female patients with a Pap smear documented in the past 4 years. |
| Cancer Screening: Pap Smear Rates | No Documented Pap Smear | List of female patients without a Pap smear documented in the past 4 years. |
| *Cancer Screening: Pap Smear Rates | Documented Pap Smear or Pap Smear and HPV | List of female patients with a Pap smear documented in the past 4 years or Pap+HPV in past 6 years. |
| *Cancer Screening: Pap Smear Rates | No Documented Pap Smear or Pap Smear and HPV | List of female patients without a Pap smear documented in the past 4 years or Pap+HPV in past 6 years. |
| Cancer Screening: Mammogram Rates | Documented Mammogram | List of female patients with a Mammogram documented in the past two. |
| Cancer Screening: Mammogram Rates | No Documented Mammogram | List of female patients <i>without</i> a Mammogram documented in the past two years. |
| *Cancer Screening: Mammogram Rates | *Documented Mammogram | *List of female patients 42 and older with a Mammogram documented in the past 2 years. |
| Cancer Screening: Mammogram Rates | No Documented Mammogram | List of female patients 42 and older without a Mammogram documented in the past 2 years. |
| Colorectal Cancer Screening | CRC Screening (HEDIS) | List of patients 50 through 75 with CRC screening (HEDIS definition). |
| Colorectal Cancer Screening | No CRC Screening (HEDIS) | List of patients 50 through 75 without CRC screening (HEDIS definition). |
| *Colorectal Cancer Screening (Revised Logic #2-USPSTF) | *CRC Screening (USPSTF) | *List of patients 50 through 75 with CRC screening (USPSTF definition). |
| *Colorectal Cancer Screening (Revised Logic #2-USPSTF) | *No CRC Screening (USPSTF) | *List of patients 50 through 75 without CRC screening (USPSTF definition). |
| *Comprehensive Cancer Screening | *With Comprehensive Cancer Screening | *List of patients 25 through 75 with comprehensive cancer screening. |
| *Comprehensive Cancer Screening | *Without Comprehensive Cancer Screening | *List of patients 25 through 75 without comprehensive cancer screening. |
| Tobacco Use and Exposure Assessment | Documented Tobacco Screening | List of patients with documented tobacco screening. |
| Tobacco Use and Exposure Assessment | No Documented Tobacco Screening | List of patients <i>without</i> documented tobacco screening. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|-------------------------------------|---|---|
| Tobacco Use and Exposure Assessment | Documented Tobacco Screening and Assessed as Tobacco User | List of patients identified as current tobacco users, both smokers and smokeless users. |
| Tobacco Cessation | Tobacco Users w/cessation intervention | List of tobacco users with documented tobacco cessation intervention. |
| Tobacco Cessation | Tobacco Users w/o documented cessation intervention | List of tobacco users <i>without</i> documented tobacco cessation intervention. |
| Tobacco Cessation | Tobacco Users who quit tobacco use | List of tobacco users who quit tobacco use. |
| Tobacco Cessation | Tobacco Users who did not quit tobacco use | List of tobacco users who did not quit tobacco use. |
| Tobacco Cessation | Tobacco Users w/cessation intervention or quit tobacco use | List of tobacco users with documented tobacco cessation intervention or who quit tobacco use. |
| Tobacco Cessation | Tobacco Users without cessation intervention and did not quit tobacco use | List of tobacco users <i>without</i> documented tobacco cessation intervention and did not quit tobacco use. |
| Alcohol Screening (FAS Prevention) | Documented Alcohol Screening | List of female Active Clinical patients 15 through 44 with documented screening. |
| Alcohol Screening (FAS Prevention) | No Documented Alcohol Screening | List of female Active Clinical patients 15 through 44 <i>without</i> documented screening. |
| *Alcohol Screening | *Documented Alcohol Screening (FAS Prevention) | *List of female Active Clinical Plus Behavioral Health patients 15 through 44 with documented screening. |
| *Alcohol Screening | *Without Documented Alcohol Screening (FAS Prevention) | *List of female Active Clinical Plus Behavioral Health patients 15 through 44 without documented screening. |
| *Alcohol Screening | *With Positive Alcohol Screen (FAS Prevention) | *List of female Active Clinical Plus Behavioral Health patients 15 through 44 with a positive alcohol screen. |
| *Alcohol Screening | *With Negative Alcohol Screen (FAS Prevention) | *List of female Active Clinical Plus Behavioral Health patients 15 through 44 with a negative alcohol screen. |
| *Alcohol Screening | *Documented Alcohol Screening | *List of Active Clinical Plus Behavioral Health patients 12 through 75 with documented alcohol screening. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|---|---|--|
| *Alcohol Screening | *Without Documented Alcohol Screening | *List of Active Clinical Plus Behavioral Health patients 12–75 without documented alcohol screening. |
| *Alcohol Screening | *With Positive Alcohol Screen | *List of Active Clinical Plus Behavioral Health patients 12 through 75 with a positive alcohol screen. |
| *Alcohol Screening | *With Negative Alcohol Screen | *List of Active Clinical Plus Behavioral Health patients 12 through 75 with a negative alcohol screen. |
| Intimate Partner (Domestic) Violence Screening | Documented IPV/DV Screening | List of female patients 15 through 40 with documented IPV/DV screening. |
| Intimate Partner (Domestic) Violence Screening | No Documented IPV/DV Screening | List of female patients 15 through 40 <i>without</i> documented IPV/DV screening. |
| *Intimate Partner (Domestic) Violence Screening | *Documented IPV/DV Screening | *List of female Active Clinical Plus Behavioral Health patients 15 through 40 with documented IPV/DV screening. |
| *Intimate Partner (Domestic) Violence Screening | *No Documented IPV/DV Screening | *List of female Active Clinical Plus Behavioral Health patients 15 through 40 without documented IPV/DV screening. |
| Depression Screening | Documented Depression Screening (equal to or greater than (=>)18 AC) | List of Active Clinical patients equal to or greater than (=>) 18 screened for depression /diagnosed with mood disorder. |
| Depression Screening | No Documented Depression Screening (equal to or greater than (=>)18 AC) | List of Active Clinical patients equal to or greater than (=>) 18 not screened for depression/diagnosed with mood disorder. |
| *Depression Screening | *With Documented Depression Screen (equal to or greater than (=>)18) | *List of Active Clinical Plus Behavioral Health patients equal to or greater than (=>) 18 screened for depression/diagnosed with mood disorder or suicide ideation. |
| *Depression Screening | *Without Documented Depression Screen (equal to or greater than (=>)18) | *List of Active Clinical Plus Behavioral Health patients equal to or greater than (equal to or greater than (=>)) 18 not screened for depression/diagnosed with mood disorder or suicide ideation. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|---|--|--|
| *Depression Screening | *With Documented Depression Screen 12 through 18) | *List of Active Clinical Plus Behavioral Health patients 12 through 18 screened for depression/diagnosed with mood disorder or suicide ideation. |
| *Depression Screening | *Without Documented Depression Screen 12 through 18) | *List of Active Clinical Plus Behavioral Health patients 12 through 18 not screened for depression/diagnosed with mood disorder or suicide ideation. |
| Childhood Weight Control | With BMI greater than or equal to (\geq) 95 th Percentile | List of patients ages 2-5 with BMI at or above the 95th percentile. |
| *Weight Assessment and Counseling for Nutrition and Physical Activity | *With Comprehensive Assessment | *List of Active Clinical patients 3-17 with comprehensive assessment. |
| *Weight Assessment and Counseling for Nutrition and Physical Activity | *Without Comprehensive Assessment | *List of Active Clinical patients 3-17 without comprehensive assessment. |
| Controlling High Blood Pressure – Million Hearts | With BP less than ($<$) 149/90 | List of hypertensive patients with BP less than ($<$) 140/90. |
| Controlling High Blood Pressure – Million Hearts | With BP greater than or equal to (\geq) 140/90 | List of hypertensive patients with BP greater than or equal to (\geq) 140/90. |
| Comprehensive CVD-Related Assessment | BP Assessed | List of Active CHD patients 22 plus (+) with blood pressure documented in the past two years. |
| Comprehensive CVD-Related Assessment | BP Not Assessed | List of Active CHD patients 22 plus (+) without blood pressure documented in the past two years. |
| Comprehensive CVD-Related Assessment | LDL Assessed | List of Active CHD patients 22 plus (+) with LDL completed during the Report Period. |
| Comprehensive CVD-Related Assessment | LDL Not Assessed | List of Active CHD patients 22 plus (+) without LDL completed during the Report Period. |
| Comprehensive CVD-Related Assessment | Documented Tobacco Screening | List of Active CHD patients 22 plus (+) with tobacco screening during the Report Period. |
| Comprehensive CVD-Related Assessment | No Documented Tobacco Screening | List of Active CHD patients 22 plus (+) without tobacco screening during the Report Period. |
| Comprehensive CVD-Related Assessment | With BMI Calculated | List of Active CHD patients 22 plus (+) with BMI calculated. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|--------------------------------------|--|---|
| Comprehensive CVD-Related Assessment | Without BMI Calculated | List of Active CHD patients 22 plus (+) without BMI calculated. |
| Comprehensive CVD-Related Assessment | With Lifestyle Education | List of Active CHD patients 22 plus (+) with lifestyle education during the Report Period. |
| Comprehensive CVD-Related Assessment | Without Lifestyle Education | List of Active CHD patients 22 plus (+) without lifestyle education during the Report Period. |
| Comprehensive CVD-Related Assessment | Active CHD Pts 22 plus (+) With Comprehensive CVD Assessment | List of Active CHD patients 22 plus (+) with a comprehensive CVD assessment. |
| Comprehensive CVD-Related Assessment | Active CHD Pts 22 plus (+) Without Comprehensive CVD Assessments | List of Active CHD patients 22 plus (+) without a comprehensive CVD assessment. |
| Comprehensive CVD-Related Assessment | Documented Depression Screening | List of Active CHD patients 22 plus (+) with depression screening during the Report Period. |
| Comprehensive CVD-Related Assessment | No Documented Depression Screening | List of Active CHD patients 22 plus (+) without depression screening during the Report Period. |
| HIV Screening | Documented HIV Test for Pregnant Patients | List of pregnant patients with documented HIV test in past 20 months. |
| HIV Screening | No Documented HIV Test for Pregnant Patients | List of pregnant patients without documented HIV test in past 20 months. |
| *HIV Screening | *With HIV Screening During Report Period (13 through 64) | *List of User Population patients 13 through 64 with documented HIV test during the Report Period. |
| *HIV Screening | *Without HIV Screening During Report Period (13 through 64) | *List of User Population patients 13 through 64 without documented HIV test during the Report Period. |
| *HIV Screening | *Positive Result | *List of User Population patients 13 through 64 with documented HIV test and positive result. |
| *HIV Screening | *Negative Result | *List of User Population patients 13 through 64 with documented HIV test and negative result. |
| *HIV Screening | *No Result | *List of User Population patients 13 through 64 with documented HIV test and no result. |
| *HIV Screening | *With HIV Screening in Past 5 Years | *List of User Population patients 13 through 64 with documented HIV test in past 5 years. |
| *HIV Screening | *Without HIV Screening in Past 5 Years | *List of User Population patients 13 through 64 without documented HIV test in past 5 years. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.) |
|---|---|---|
| *HIV Screening | *With HIV Screening Ever | *List of User Population patients 13 through 64 with documented HIV test ever. |
| *HIV Screening | *Without HIV Screening Ever | *List of User Population patients 13 through 64 without documented HIV test ever. |
| *HIV Screening | *With HIV Test for User Population | *List of User Population patients with documented HIV test. |
| *HIV Screening | *Newly HIV Positive Patients with CD4 Count | *List of HIV+ User Population patients 13 through 64 with CD4 count. |
| *HIV Screening | *Newly HIV Positive Patients without CD4 Count | *List of HIV+ User Population patients 13 through 64 without CD4 count. |
| *Sexually Transmitted Infection (STI) Screening | *Diagnosed with an STI with HIV screen | *List of Active Clinical patients diagnosed with an STI who were screened for HIV. |
| *Sexually Transmitted Infection (STI) Screening | *Diagnosed with an STI without HIV screen | *List of Active Clinical patients diagnosed with an STI who were not screened for HIV. |
| Breastfeeding Rates | Patients 45 to 394 Days with Infant Feeding Choice Screening | List of Active Clinical patients 45 to 394 days who were screened for Infant Feeding Choice at least once. |
| Breastfeeding Rates | Patients 45 to 394 Days without Infant Feeding Choice Screening | List of Active Clinical patients 45 to 394 days who were <i>not</i> screened for Infant Feeding Choice at least once. |
| Breastfeeding Rates | At 2 Months of Age, Were Exclusively or Mostly Breastfed | List of Active Clinical patients screened at the age of two months (45 to 89 days) and were either exclusively or mostly breastfed. |
| Breastfeeding Rates | At 2 Months of Age, Were Not Exclusively or Mostly Breastfed | List of Active Clinical patients screened at the age of two months (45 to 89 days) old and were <i>not</i> exclusively or mostly breastfed. |
| *Visit Statistics | *No visit during Report Period | *List of Active Clinical patients with no qualifying visit during the Report Period. |
| *Visit Statistics | *Urgent Care as core clinic | *List of Active Clinical patients with Urgent Care as their only core clinic. |

5.4 National GPRA/GPRAMA Clinical Performance Summaries Report (SUM)

CI13 > RPT > NTL > SUM

5.4.1 Overview

The Clinical Performance Summary is split into three sections: (1) Selected Non-GPRA Measures, (2) GPRA Developmental Measures, and (3) Official GPRA Measures.

Note: You will not be able to export this data to the Area Office. Use the GP menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Clinical Performance Summaries Report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **SUM** and press Enter to display the following information about the National GPRA/GPRAMA Clinical Performance Summaries Report.

```

IHS 2013 National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the
National GPRA/GPRAMA Report for the 2013 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator you
need to run the GP menu option.

You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
July 1, 2012 through June 30, 2013 with a Baseline Year of July 1, 1999
through June 30, 2000. This report will include beneficiary population of
American Indian/Alaska Native only.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>

```

Figure 5-22: Running the National GPRA/GPRAMA Clinical Performance Summaries Report: report description (Step 4)

5. Press Enter to continue.
6. The system checks to see if all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...
All taxonomies are present.
End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-23: Running the National GPRA/GPRAMA Clinical Performance Summaries Report: checking taxonomies (Step 6)

7. The date ranges for this report are hard-coded. The system displays the dates, as in the following example:

```
The date ranges for this report are:
Report Period:      Jul 01, 2012 to Jun 30, 2013
Previous Year Period: Jul 01, 2011 to Jun 30, 2012
Baseline Period:   Jul 01, 1999 to Jun 30, 2000
```

Figure 5-24: Running the National GPRA/GPRAMA Clinical Performance Summaries Report: displaying date ranges (Step 7)

8. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.
9. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

The National GPRA/GPRAMA Clinical Performance Summaries Report includes all of the clinical performance summaries contained in the GP National GPRA/GPRAMA Report.

Note: The BG13 file will *not* be created when a user runs this report.

5.5 National GPRA/GPRAMA Report by Designated Provider (DPRV)

CI13 > RPT > NTL > DPRV

5.5.1 Overview

This report will produce a National GPRA/GPRAMA Report for a selected designated primary care provider. This report will only include patients assigned to the selected provider but the patients must still meet the definitions of the denominators used in the report.

Note: You will not be able to export this data to the Area Office; use the GP menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Report by Designated Provider, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the “Select National GPRA Reports Option” prompt, type **DPRV** and press Enter to display the following information about the National GPRA/GPRAMA Report by Designated Provider.

IHS 2013 National GPRA/GPRAMA Report by Designated Provider

This will produce a National GPRA/GPRAMA Report for a selected designated primary care provider. Your facility must be using the designated primary care provider functionality that assigns a panel of patients to a primary care provider; otherwise, you will not be able to run this report. The report will include only the patients assigned to the selected provider but the patients must still meet the definitions of the denominators used in the report.

```

This report will be run for the Report Period of July 1, 2012 through
June 30, 2013 with a Baseline Year of July 1, 1999 through June 30,
2000.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>

```

Figure 5-25: Running the National GPRA/GPRAMA Report by Designated Provider: report description (Step 4)

5. Press Enter to continue.
6. The system checks to see if all taxonomies required for this report are present and have members associated to them.

```

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

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

Which Designated Provider: PROVIDER, DEMO <Enter>

```

Figure 5-26: Running the National GPRA/GPRAMA Clinical Performance Summaries Report: checking taxonomies (Step 6)

7. At the “End of taxonomy check” prompt, press Enter to continue.
8. At the “Which Designated Provider” prompt, do one of the following:
 - Type the name of the designated primary care provider you want to report on and press Enter.
 - Type the first few letters of a provider’s name and press Enter to see a selection of available providers beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the provider you want to report on and press Enter.

The hard-coded date ranges for this report are displayed, as in the following example:

```

The date ranges for this report are:
Report Period:          Jul 01, 2012 to Jun 30, 2013
Previous Year Period:   Jul 01, 2011 to Jun 30, 2012
Baseline Period:       Jul 01, 1999 to Jun 30, 2000

```

Figure 5-27: Running the National GPRA/GPRAMA Clinical Performance Summaries Report: displaying date ranges (Step 8)

9. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.
10. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

The National GPRA/GPRAMA Report by Designated Provider includes the same content as the National GPRA/GPRAMA Report content except that the rates are based on the designated primary care provider only.

Note: The BG13 file will *not* be created when a user runs this report.

5.6 National GPRA Dashboard

CI13 > RPT > NTL > DSH

5.6.1 Overview

To run the National GPRA Dashboard Report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **DSH** and press Enter to display the following information about the National GPRA Dashboard Report.

```

IHS 2013 National GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets. The report can be run
for your entire facility or a single primary provider. You will be asked to
provide the community taxonomy to determine which patients will be included
and the GPRA year for which you would like to run the report. This report
will be run for the Report Period July 1 through June 30 of the year
provided with a Baseline Year of July 1, 1999 through June 30, 2000. This
report will include beneficiary population of American Indian/Alaska Native
only.
```

Figure 5-28: Running the National GPRA Dashboard Report: report description (Step 4)

5. The system checks to see if all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

```

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

All taxonomies are present.

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

Figure 5-29: Running the National GPRA Dashboard Report: checking taxonomies (Step 5)

```

Select one of the following:

      F      Entire Facility
      P      One Designated Provider

Run report for: F//
```

Figure 5-30: Running the National GPRA Dashboard Report: selecting entire facility or one provider (Step 6)

6. At the prompt, do one of the following:
 - To run the report for the entire facility, press Enter.
 - To run the report for one designated provider, type **P** and press Enter, and then follow this step:
 - At the “Which Designated Provider” prompt, enter the name of the provider and press Enter.
7. At the “Run report for GPRA year 2013 or 2014” prompt, enter the GPRA year for which you would like to run the report.
8. The date ranges for this report are hard-coded, based on the GPRA year selected in Step 7. The system displays the dates, as in the following example:

| | |
|--------------------------------------|------------------------------|
| The date ranges for this report are: | |
| Report Period: | Jul 01, 2012 to Jun 30, 2013 |
| Previous Year Period: | Jul 01, 2011 to Jun 30, 2012 |

Figure 5-31: Running the National GPRA Dashboard Report: displaying date ranges (Step 8)

9. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.
10. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

The National GPRA Dashboard Report includes all of the National GPRA measures and their status as compared to the current targets.

| |
|--|
| <p>Note: The BG13 file will <i>not</i> be created when a user runs this report.</p> |
|--|

5.7 Search Template for National Patient List (NST)

| |
|------------------------|
| CI13 > RPT > NTL > NST |
|------------------------|

5.7.1 Overview

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

The following patient list options are available:

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

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

5.7.2 Creating a Search Template for a National Patient List

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS 2013 Reports** Menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **NST** and press Enter to display the following information about the search template:

```

IHS GPRA/GPRAMA Performance Patient Search Template Creation
CRS 2013, Version 13.0 Patch 1
```

```

This will produce a search template of patients who either met or did not
meet a National GPRA/GPRAMA Report performance measure. You will be asked
to select one performance measure topic and then to choose which
performance
measure numerators you would like to create a search template for.
For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 4 years.
```

```

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

```

Press enter to continue: <Enter>
```


Figure 5-32: Creating a Search Template for a National Patient List: report description (Step 4)

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

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...
All taxonomies are present.
End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-33: Creating a Search Template for a National Patient List: checking taxonomies (Step 6)

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

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

Figure 5-34: Creating a Search Template for a National Patient List: checking taxonomies (Step 6)

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

7. The Performance Measure Selection list of available topics is displayed, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2012 09:33:40      Page: 1 of 2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
2) Diabetes: Glycemic Control
3) Diabetes: Blood Pressure Control
4) Diabetes: LDL Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
7) Access to Dental Services
8) Dental Sealants
9) Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Colorectal Cancer Screening (Revised Logic #2-USPSTF)
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action:+//
```

Figure 5-35: Creating a Search Template for a National Patient List: Performance Measure Selection screen (Steps 7 and 8)

8. The action bar is displayed at the bottom of the screen. At the “Select Action” prompt, do one of the following:
 - To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select a specific performance measure topic:
 - a. Type **S** and press Enter.
 - b. At the “Select Only One Measure” prompt, type the number corresponding to the performance measure topic you want and press Enter.

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

The measure you selected is marked with an asterisk (*) before its number, as in the following example:

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 09:35:41      Page: 1 of
2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
2) Diabetes: Glycemic Control
*3) Diabetes: Blood Pressure Control
4) Diabetes: LDL Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
7) Access to Dental Services
8) Dental Sealants
9) Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Colorectal Cancer Screening (Revised Logic #2-USPSTF)
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action: +//
  
```

Figure 5-36: Creating a Search Template for a National Patient List: selected performance measure topic (Step 8)

9. To save your selected topic, type **Q** and press Enter.

The patient lists available for the performance measure topic you selected are displayed, as in the following example:

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

    1) BP Assessed
    2) BP Not Assessed
    3) Controlled BP
    4) Uncontrolled BP
Which item(s): (1-10): 3 <Enter>
```

Figure 5-37: Creating a Search Template for a National Patient List: selecting patient lists (Step 10)

10. At the “Which item(s)” prompt; type the number(s) of the item(s) on which you want to report.

11. At the “Patient Search Template” prompt, do one of the following:

- Type the name of the search template to which you want to save the patient list and press Enter.
- Type the first few letters of a search template name and press Enter to see a list of templates beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the name of the template you want to use and press Enter.

If a search template with the name you type does not currently exist, you are asked to confirm that you want to add it as a new search template. Type **Y** to add the new template, or type **N** to return to the “Patient Search Template” prompt to type another template name.

If a search template with the name you typed already exists, you are asked if you want to overwrite an existing search template (Figure 5-38). Type **Y** to overwrite the exiting template, or type **N** to return to the “Patient Search Template” prompt to type another template name.

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

Figure 5-38: Creating a Search Template for a National Patient List: specifying patient search template name (Steps 11 and 12)

12. Repeat Step 11 to provide a search template name for each selected patient list.

```
Select List Type.
```

```

Select one of the following:

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

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

```

Figure 5-39: Creating a Search Template for a National Patient List: selecting the list report type (Step 13)

13. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

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

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.

Note: Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

```

Select one of the following:

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

Enter the date range for your report:

```

Figure 5-40 Creating a Search Template for a National Patient List: selecting report date range (Step 14)

14. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

15. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

16. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy and press Enter.

```
Select one of the following:

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

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

Figure 5-41: Creating a Search Template for a National Patient List: selecting beneficiary population (Step 17)

17. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

18. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

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

5.7.3 Search Template Content

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

5.8 GPRA/GPRAMA Forecast Patient List (FOR)

CI13 > RPT > NTL > FOR

5.8.1 Overview

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

The list may be run using several different options:

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

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

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

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

5.8.2 Running the GPRA/GPRAMA Forecast Patient List

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS 2013 Reports** Menu.
3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **FOR** and press Enter to display the following information about the GPRA/GPRAMA Forecast Patient List:

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

Figure 5-42: Running the GPRA/GPRAMA Forecast Patient List: patient list description (Step 4)

5. At the prompt, press Enter.

```
Select one of the following:

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

Create List/Sort by: C//  C <Enter>
```

Figure 5-43: Running the GPRA/GPRAMA Forecast Patient List: selecting report criteria (Step 6)

6. At the “Create List/Sort by” prompt, type the letter corresponding to the report selection criterion want to use and press Enter, where:
 - **C** (By clinic name) creates a list for all clinics or for one or more selected clinics at a facility sorted by a specified appointment date range (default).
 - **P** (Selected patient) creates a list for one selected patient’s appointments.
 - **D** (One facility’s or division’s appointments) creates a list for all of a facility's or division’s appointments.

- **A** (Any selected set of patients) creates a list for any selected set of patients, regardless of whether they had a scheduled appointment status. This option should be used for walk-in patients.

Detailed instructions for each of the report selection criteria are found below.

5.8.2.1 C (By Clinic Name)

7. At the “Create List/Sort by” prompt, type **C** and press Enter, as shown in the following example:

```

Create List/Sort by: C// C By CLINIC NAME for a specified appointment date
range
Run report for GPRA year 2013 or 2014: 2013 (2013) <Enter>
    Select one of the following:
        A      ANY Clinic
        S      One or more selected Clinics
Include patients with Appointments to: A// S <Enter> One or more selected
Clinics
Select CLINIC: 01 GENERAL <Enter>
Select CLINIC: <Enter>
    Select one of the following:
        R      Forecast Report for the Patients
        S      Search Template of the Patients
Do you wish to create: R// R Forecast Report for the Patients
Enter Beginning Appointment Date: 11/1/12 <Enter> (NOV 01, 2012)
Enter Ending Appointment Date: 11/2/12 <Enter> (NOV 02, 2012)
    Select one of the following:
        A      ALL Patients with Appointments in the date range
        O      ONLY Patients added on since a specified date
Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date: 10/29/12 (OCT 29, 2012)
  
```

Figure 5-44: Running the GPRA/GPRAMA Forecast Patient List: patient list by clinic (Steps 1 through 6)

8. At the “Run report for GPRA year 2013 or 2014” prompt, enter the GPRA year for which you would like the report run.
9. At the “Include patients with Appointments to” prompt, do one of the following:
 - To include patients with appointments to all clinics, type **A** and press Enter.

- To include patients with appointments to one or more selected clinics, type **S** and press Enter, and then follow these steps:
 - At the “Select CLINIC” prompt, do one of the following:
 - Type the name of a clinic and press Enter for each clinic you want to include.
 - Type the first few letters of a clinic name and press Enter to see a selection of clinics beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the clinic and press Enter.
 - When you have selected all the clinics you want to include, press Enter without typing a clinic name.
10. At the “Do you wish to create” prompt, do one of the following:
- To run a Forecast Report for the patients, type **R** and press Enter.
 - To create a Search Template of the patients in the report, type **S** and press Enter.
11. At the “Enter Beginning Appointment Date” prompt, type the beginning date of the period you want to create the list for and press Enter.
12. At the “Enter Ending Appointment Date” prompt, type the ending date of the period you want to create the list for and press Enter.

Note: You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

13. At the “Run the forecast report for:” prompt, do one of the following:
- To include all patients with appointments in the date range entered, type **A** and press Enter.
 - To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:
 - At the “Patients 'Added On' on or after what date” prompt, type the date on or after which patients were added to the appointment schedule.
14. Instructions for the “Device” prompt are found in Step 7 below.

5.8.2.2 P (Selected Patient)

1. At the “Create List/Sort by” prompt, type **P** and press Enter.

Create List/Sort by: C// P Selected Patient w/Appointments

```

Run report for GPRA year 2013 or 2014:  2013  (2013) <Enter>

Select PATIENT NAME:  PATIENT <Enter>
  1  PATIENT,CRJF          M 05-14-1980          WW 900259
  2  PATIENT,CRS          F 01-01-1985 XXX-XX-4444 WW 23456
  3  PATIENT,CRSA        F 06-01-1970          WW 900000
  4  PATIENT,CRSAA       F 02-01-1956          WW 900027
  5  PATIENT,CRSAB       M 03-01-1957          WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5:  1 <Enter>
  PATIENT,CRJF          M 05-14-1980          WW 900259

      Select one of the following:

          R          Forecast Report for the Patients
          S          Search Template of the Patients

Do you wish to create: R// R Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/12 <Enter>  (NOV 01, 2012)
Enter Ending Appointment Date: 11/2/12 <Enter>  (NOV 02, 2012)

```

Figure 5-45: Running the GPRA/GPRAMA Forecast Patient List: patient list by patient (Steps 1 through 5)

2. At the “Run report for GPRA year 2013 or 2014” prompt, enter the GPRA year for which you would like the report run.
3. At the “Select PATIENT NAME” prompt, do one of the following:
 - Type the name of a patient and press Enter.
 - Type the first few letters of a patient name and press Enter to see a selection of patients beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the patient and press Enter.
4. At the “Do you wish to create” prompt, do one of the following:
 - To run a Forecast Report for the patients, type **R** and press Enter.
 - To create a Search Template of the patients in the report, type **S** and press Enter.
5. At the “Enter Beginning Appointment Date” prompt, type the beginning date of the period you want to create the list for and press Enter.
6. At the “Enter Ending Appointment Date” prompt, type the ending date of the period you want to create the list for and press Enter.
7. Instructions for the “Device” prompt are found in Step 7 below.

5.8.2.3 D (One Facility’s or Division’s Appointments)

1. At the “Create List/Sort by” prompt, type **D** and press Enter.

```

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

Run report for GPRA year 2013 or 2014:  2013  (2013) <Enter>

    Select one of the following:

        A          ANY Clinic
        S          One or more selected Clinics

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

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

    Select one of the following:

        R          Forecast Report for the Patients
        S          Search Template of the Patients

Do you wish to create: R// R Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/12 <Enter> (NOV 01, 2012)
Enter Ending Appointment Date: 11/2/12 <Enter> (NOV 02, 2012)

    Select one of the following:

        A          ALL Patients with Appointments in the date range
        O          ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date: 10/29/12 (OCT 29, 2012)

```

Figure 5-46: Running the GPRA/GPRAMA Forecast Patient List by facility or division (Steps 1 through 7)

2. At the “Run report for GPRA year 2013 or 2014” prompt, enter the GPRA year for which you would like the report run.
3. At the “Select MEDICAL CENTER DIVISION NAME” prompt, do one of the following:
 - Type the name of a facility or division and press Enter.
 - Type the first few letters of a facility or division name and press Enter to see a selection beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the facility or division and press Enter.
4. At the “Include patients with Appointments to” prompt, do one of the following:
 - To include patients with appointments to all clinics, type **A** and press Enter.

- To include patients with appointments to one or more selected clinics, follow these steps:
 - Type **S** and press Enter.
 - At the “Select CLINIC” prompt, do one of the following:
 - Type the name of a clinic and press Enter for each clinic that you want to include.
 - Type the first few letters of a clinic name and press Enter to see a selection of clinics beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the clinic and press Enter.
 - When you have selected all the clinics that you want to include, press Enter without typing a clinic name.
5. At the “Do you wish to create” prompt, do one of the following:
 - To run a Forecast Report for the patients, type **R** and press Enter.
 - To create a Search Template of the patients in the report, type **S** and press Enter.
 6. At the “Enter Beginning Appointment Date” prompt, type the beginning date of the period you want to create the list for and press Enter.
 7. At the “Enter Ending Appointment Date” prompt, type the ending date of the period you want to create the list for and press Enter.

Note: You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

8. At the “Run the forecast report for:” prompt, do one of the following:
 - To include all patients with appointments in the date range entered, type **A** and press Enter.
 - To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:
 - At the “Patients 'Added On' on or after what date” prompt, type the date on or after which patients were added to the appointment schedule.
9. Instructions for the “Device” prompt are found in Step 7 below.

5.8.2.4 A (Any Selected Set of Patients)

1. At the “Create List/Sort by” prompt, type **A** and press Enter.

```

Create List/Sort by: C// A <Enter> Any selected set of patients regardless
of appt status

Run report for GPRA year 2013 or 2014: 2013 (2013) <Enter>

Select patient(s): PATIENT <Enter>
 1 PATIENT,CRJF M 05-14-1980 WW 900259
 2 PATIENT,CRS F 01-01-1985 XXX-XX-4444 WW 23456
 3 PATIENT,CRSA F 06-01-1970 WW 900000
 4 PATIENT,CRSAA F 02-01-1956 WW 900027
 5 PATIENT,CRSAB M 03-01-1957 WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
PATIENT,CRJF M 05-14-1980 WW 900259
Select patient(s): <Enter>

Select one of the following:

R Forecast Report for the Patients
S Search Template of the Patients

Do you wish to create: R// R Forecast Report for the Patients

```

Figure 5-47: Running the GPRA/GPRAMA Forecast Patient List by patient name (Steps 1 and 3)

2. At the “Run report for GPRA year 2013 or 2014” prompt, enter the GPRA year for which you would like the report run.
3. At the “Select patient(s)” prompt, do one of the following:
 - To select individual patients, do one of the following:
 - Type the name of each patient and press Enter for each patient.
 - Type the first few letters of a patient name and press Enter to see a selection of patients beginning with those letters. Then type the number of a patient and press Enter.

When you have selected all the patients you want to include, press Enter without typing a patient name or number.
 - To run the list for patients included in a search template, do one of the following:
 - Type a left bracket ([]) followed by the name of the search template and press Enter.
 - Type a left bracket ([]) followed by one or more letters in the search template name and press Enter to see a list of search templates beginning with those letters. Then type the number of a search template and press Enter.

In Figure 5-48, all search templates containing “D” in the name are displayed and the third template named DEMO_VISITS_MALE_21-55 was selected. It contains 32 patients; therefore, the patient list will be run only for those 32 patients included in the search template.

4. At the “Do you wish to create” prompt, do one of the following:
 - To run a Forecast Report for the patients, type **R** and press Enter.
 - To create a Search Template of the patients in the report, type **S** and press Enter.
5. Instructions for the “Device” prompt are found in Step 7 below.

```

Create List/Sort by: C// Any selected set of patients regardless of appt
status
Select patient(s): [D
  1  DEMO_2003VISITS_MALE_21-55
                        (Jun 01, 2013)      User #6213 File #9000001
  2  DEMO_MALE_VISITS_21-55
                        (Jun 09, 2013)      User #6213 File #9000001
  3  DEMO_VISITS_MALE_21-55
                        (May 22, 2013)      User #6213 File #9000001
INQ

  4  DM_Alc_Test060110   (Jun 01, 2013)      User #6213 File #9000001
CHOOSE 1-4: 3 DEMO_VISITS_MALE_21-55
                        (May 22, 2013)      User #6213 File #9000001
INQ

32 entries added.
Select patient(s):

```

Figure 5-48: Running the GPRA/GPRAMA Forecast Patient List by search template (Step 2)

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

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

- To print to the screen, press Enter to accept the default prompt, “Home” (which may vary at different sites)

To print a report to the screen without multiple “Enter Return to continue” prompts, type **0;P-OTHER80** at the “Home” prompt, as shown below.

Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```

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

```

Figure 5-49: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the “Home” prompt, then specify the file location and name at the “Host File Name” prompt, as in the following example:

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

Figure 5-50: Specifying the file location

5.9 GPRA/GPRAMA Forecast Denominator Definitions (FORD)

```
CI13 > RPT > NTL > FORD
```

5.9.1 Overview

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

5.9.2 Running the GPRA/GPRAMA Forecast Denominator Definitions

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

- At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
- At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS 2013 Reports** Menu.
- At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
- At the “Select National GPRA/GPRAMA Reports Option” prompt, type **FORD** and press Enter.
- At the “Device” prompt, type a printer name or a file name.

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

- To print to the screen, press Enter to accept the default prompt, “Home” (which may vary at different sites)

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

Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

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

Figure 5-51: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the “Home” prompt, then specify the file location and name at the “Host File Name” prompt, as in the following example:

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

Figure 5-52: Specifying the file location

5.10 Comprehensive National GPRA/GPRAMA Patient List (CMP)

```
CI13 > RPT > NTL > CMP
```

5.10.1 Overview

This option produces a patient list that displays all of the patients included in the National GPRA/GPRAMA Report and all of the performance measures reported to Congress and OMB that each patient did not meet. This report option also displays the name and discipline of the provider the patient last saw and the date of the visit with the provider. For a list of the performance measures included in this report, see Section 5.10.3, “Patient List Content.”

The following Patient List options are available:

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

5.10.2 Running the Comprehensive National GPRA/GPRAMA Patient List

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

- At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
- At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS 2013 Reports** Menu.

3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **CMP** and press Enter to display the following information about the Comprehensive National GPRA/GPRAMA Patient List:

```

Comprehensive National GPRA/GPRAMA Patient List
CRS 2013, Version 13.0 Patch 1
This report will enable users to run a patient list that shows all of the
National GPRA/GPRAMA Report performance measures in which
a patient was included but did not meet. Performance measures
not relevant to a patient will not be listed. For example, if a male
patient who is 30 years old, he would not be listed as having not met
the Child Immunizations or Pap Smear measures.

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

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

Press ENTER to Continue: <Enter>

```

Figure 5-53: Running the Comprehensive National GPRA/GPRAMA Patient List: report information display (Step 4)

5. At the prompt, press Enter.

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

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

```

Checking for Taxonomies to support the National GPRA/GPRAMA Report...
All taxonomies are present.
End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 5-54: Running the Comprehensive National GPRA/GPRAMA Patient List: checking taxonomies (Step 7)

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

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

Figure 5-55: Running the Comprehensive National GPRA/GPRAMA Patient List: checking taxonomies (Step 7)

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

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

Select one of the following:

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

Choose report type for the Lists: R// A <Enter> All Patients
```

Figure 5-56: Running the Comprehensive National GPRA/GPRAMA Patient List: selecting list for all patients (Step 8)

- At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:
 - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
 - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
 - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.

Notes: Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

- The system displays the date range options for the patient list, as in the following example:

```

Select one of the following:

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

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

```

Figure 5-57: Running the Comprehensive National GPRA/GPRAMA Patient List: selecting report date range (Step 10)

10. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the four-digit calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

11. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

12. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.

Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) to see the entire list. Type the number of a taxonomy and press Enter.

```

Select one of the following:

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

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

```

Figure 5-58: Running the Comprehensive National GPRA/GPRAMA Patient List: selecting beneficiary population (Step 13)

13. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
 - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
14. A summary of the Comprehensive National GPRA/GPRAMA Patient List Report is displayed.
15. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

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

5.10.3 Patient List Content

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

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

Table 5-6: Content of the Comprehensive National GPRA/GPRAMA Patient List Report by Performance Measure Topic

| Performance Measure Topic | Performance Measure | Abbreviation for Patient List, "Measures Not Met" Column |
|--|--|---|
| Diabetes (DM): Glycemic Control | Good Glycemic Control | DM Good Control |
| DM: Blood Pressure Control | Controlled BP | DM Control BP |
| DM: LDL Assessment | LDL Assessed | DM LDL Doc |
| DM: Nephropathy Assessment | Nephropathy Assessed | DM Nephropathy |
| DM: Retinopathy | Retinopathy Assessed | DM Retinopathy |
| Access to Dental Services | Documented Dental Visit | Dental Visit |
| Dental Sealants | Intact Dental Sealants | Intact Sealants |
| Topical Fluoride | Documented Topical Fluoride | Doc Top Fluoride |
| Influenza | Documented Influenza Immunization | AC 65 plus (+) Influenza IZ |
| Adult Immunizations | Documented Pneumovax Ever | AC 65 plus (+) Pneumovax IZ |
| Childhood Immunizations | Active Immunization Package Patients With All Documented Childhood Immunizations IMM Pkg w/4:3:1:3*:3:1:4 | IMM Pkg Child IZ |
| Cancer Screening: Pap Smear Rates | Documented Pap Smear | AC Pap Smear |
| Cancer Screening: Mammogram Rates | Documented Mammogram | AC Mammogram |
| Colorectal Cancer Screening | Documented CRC Screening | AC CRC Scrn |
| Tobacco Cessation | Documented Tobacco Cessation Intervention | AC Tobacco Cess |
| Alcohol Screening (FAS Prevention) | Documented Alcohol Screening | AC Alcohol Scrn |
| Intimate Partner (Domestic) Violence Screening | Documented IPV/DV Screening | AC IPV/DV Scrn |
| Depression Screening | Documented Depression Screening | AC Depr Scrn |
| Childhood Weight Control | BMI < 95th Percentile | Child Weight Control |
| Comprehensive CVD-Related Assessment | Comprehensive CVD-Related Assessment | Active CHD Comp CVD |
| Prenatal HIV Testing | Documented HIV Test | AC Prenatal HIV Test |
| Breastfeeding Rates | Documented Infant Feeding Choice Screening | AC Feed Choice Scrn |

5.11 Selected Measures Reports for Local Facility Use (LOC)

CI13 > RPT > LOC

5.11.1 Overview

The following reports are intended for local use by a facility for specific public health and/or performance improvement initiatives. Each report allows the user to select one or more performance measure topics and different populations. All Selected Measures reports include the option to run patient lists.

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

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

This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both. For comparison to national reporting, only the AI/AN population can be selected.

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

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

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

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

5.11.2 Running the Selected Measures Reports with Patient Lists

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```

*****
**                IHS/ RPMS CRS 2013                **
**  Reports for Local Use: IHS Clinical Measures  **
*****
                Version 13.0 Patch 1

                DEMO INDIAN HOSPITAL

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

Select Reports for Local Use: IHS Clinical Measures Option:

```

Figure 5-59: CRS Reports for Local Use: IHS Clinical Measures menu options

The following reports are the CRS reports for local use:

- **COM**—Selected Measures w/Community Specified reports only on patients residing in a community of residence that is included in the Community Taxonomy selected by the user.
- **PP**—Selected Measures w/Patient Panel Population reports only on patients included in a patient panel selected by the user. For detailed instructions see Appendix D: , “Creating a Patient Panel with Q-Man.”
- **ALL**—Selected Measures w/All Communities reports on all patients in the site’s RPMS database, regardless of community of residence.

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

5.11.2.1 Running the Selected Measures Community Specified Report (COM)

```
CI13 > RPT > LOC > COM
```

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
*****
**                IHS/RPMS CRS 2013                **
**  Reports for Local Use: IHS Clinical Measures  **
*****
                        Version 13.0 Patch 1

                        DEMO INDIAN HOSPITAL

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

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

Figure 5-60: CRS Reports for Local Use menu: selecting the Selected Measures with Community Specified option (COM) (Step 4)

4. At the “Select Reports for Local Use: IHS Clinical Measures Option” prompt, type **COM** and press Enter to display information about the report option and a list of the available report types.

```
IHS 2013 CRS - Clinical Performance Measure Report (Selected Measures)

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

Select one of the following:

DM          Diabetes-Related Measures
CVD         Cardiovascular Disease Prevention for At-Risk Patients
WH          Women's Health-Related Measures
IPC         Improving Patient Care Measures
PQA         Pharmacy Quality Alliance Measures
AST         Asthma-Related Measures
```



```

      SEL      Selected Performance Measures (User Defined)

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

```

Figure 5-61: Running the Selected Measures with Community Specified: report: report information display (Step 4)

You can select from five predefined reports that contain topics specific to diabetes (DM), cardiovascular disease (CVD), women's health (WH), Improving Patient Care (IPC), or Pharmacy Quality Alliance (PQA) or you may choose your own topics (SEL) for the report.

5. At the "Which set of Performance measures should be included in this report" prompt, do one of the following:
 - To run one of the predefined reports, type **DM, CVD, WH, IPC, PQA or AST** and press Enter, then go to Step 5 for the taxonomy check.
 - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 3.
6. The Performance Measure Selection screens are displayed, as in the following examples:

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:01:09      Page: 1 of 5
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
2) Diabetes Comprehensive Care
3) Diabetes: Glycemic Control
4) Diabetes: Blood Pressure Control
5) Diabetes: LDL Assessment
6) Diabetes: Nephropathy Assessment
7) Diabetic Retinopathy
8) RAS Antagonist Use in Diabetic Patients
9) Diabetes: Access to Dental Services
10) Access to Dental Service
11) Dental Sealants
12) Topical Fluoride
13) Influenza
14) Adult Immunizations
15) Childhood Immunizations
16) Adolescent Immunizations
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action: +//

```

Figure 5-62: Running the Selected Measures Reports: Performance Measure Selection screen, Page 1 of 5 (Step 6)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:03:23      Page: 2 of 5
IHS Clinical Performance Measures

```

```

* indicates the performance measure has been selected
+
17) Appropriate Treatment for Children with Upper Respiratory Infection
18) Appropriate Testing for Children with Pharyngitis
19) Cancer Screening: Pap Smear Rates
20) Cancer Screening: Mammogram Rates
21) Colorectal Cancer Screening
22) Comprehensive Cancer Screening
23) Tobacco Use and Exposure Assessment
24) Tobacco Cessation
25) Alcohol Screening (FAS Prevention)
26) Alcohol Screening and Brief Intervention (ASBI) in the ER
27) Intimate Partner (Domestic) Violence Screening
28) Depression Screening
29) Antidepressant Medication Management
30) Obesity Assessment
31) Childhood Weight Control
32) Weight Assessment and Counseling for Nutrition and Physical Activity
+
    Enter ?? for more actions
S   Select Measure      D   De Select Measure      Q   Quit
Select Action:+//

```

Figure 5-63: Running the Selected Measures Reports: Performance Measure Selection screen, Page 2 of 5 (Step 6)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:04:32      Page:   3 of   5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
33) Nutrition and Exercise Education for At Risk Patients
34) Physical Activity Assessment
35) Comprehensive Health Screening
36) Cardiovascular Disease and Cholesterol Screening
37) Cardiovascular Disease and Blood Pressure Control
38) Controlling High Blood Pressure
39) Controlling High Blood Pressure - Million Hearts
40) Comprehensive CVD-Related Assessment
41) Appropriate Medication Therapy after a Heart Attack
42) Persistence of Appropriate Medication Therapy after a Heart Attack
43) Appropriate Medication Therapy in High Risk Patients
44) Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for
Atri
45) Cholesterol Management for Patients with Cardiovascular Conditions
46) Heart Failure and Evaluation of LVS Function
47) HIV Screening
48) HIV Quality of Care
+
    Enter ?? for more actions
S   Select Measure      D   De Select Measure      Q   Quit
Select Action:+//

```

Figure 5-64: Running the Selected Measures Reports: Performance Measure Selection screen, Page 3 of 5 (Step 6)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:05:33      Page:   4 of   5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
49) Hepatitis C Screening
50) Chlamydia Testing

```

```

51) Sexually Transmitted Infection (STI) Screening
52) Osteoporosis Management
53) Osteoporosis Screening in Women
54) Rheumatoid Arthritis Medication Monitoring
55) Osteoarthritis Medication Monitoring
56) Asthma
57) Asthma Assessments
58) Asthma Quality of Care
59) Medication Therapy for Persons with Asthma
60) Chronic Kidney Disease Assessment
61) Prediabetes/Metabolic Syndrome
62) Proportion of Days Covered by Medication Therapy
63) Medications Education
64) Medication Therapy Management Services
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action:+//

```

Figure 5-65: Running the Selected Measures Reports: Performance Measure Selection screen, Page 4 of 5 (Step 6)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:05:33      Page:   5 of   5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
65) Self Management (Confidence)
66) Public Health Nursing
67) Breastfeeding Rates
68) Use of High-Risk Medications in the Elderly
69) Functional Status Assessment in Elders
70) Fall Risk Assessment in Elders
71) Palliative Care
72) Annual Wellness Visit
73) Goal Setting
      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action:+//

```

Figure 5-66: Running the Selected Measures Reports: Performance Measure Selection screen, Page 5 of 5 (Step 6)

7. The action bar is displayed at the bottom of the screen. At the “Select Action” prompt, do one of the following:
 - a. To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - b. To select performance measure topics:
 - Type **S** and press Enter.
 - At the “Which item(s)” prompt, type the number(s) preceding the measure(s) you want.

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

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-67).

c. To save your selected topics, type **Q** (Quit) and press Enter.

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 11:08:01      Page: 1 of 4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
*2) Diabetes Comprehensive Care
3) Diabetes: Glycemic Control
4) Diabetes: Blood Pressure Control
5) Diabetes: LDL Assessment
*6) Diabetes: Nephropathy Assessment
7) Diabetic Retinopathy
8) RAS Antagonist Use in Diabetic Patients
9) Diabetes: Access to Dental Services
10) Access to Dental Service
11) Dental Sealants
12) Topical Fluoride
13) Influenza
14) Adult Immunizations
*15) Childhood Immunizations
16) Adolescent Immunizations
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action: +// Q <Enter> Quit

```

Figure 5-67: Running the Selected Measures Reports: showing selected performance measure topics (Step 7)

8. The system checks the taxonomies required to run the report. At the prompt, press Enter to continue.

```

Select one of the following:

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

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

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <Enter> 2013

```

Figure 5-68: Running the Selected Measures Reports: selecting report date range (Step 9)

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

- a. To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- b. To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

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

If you pick a report period end date that is later than the date you are running the report, a warning message is displayed. At the “Do you want to change your Current Report Dates?” prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer “No.”
- To change your report date range, type **Y** and press Enter.

10. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period are displayed, as in the following example,

| | |
|--------------------------------------|------------------------------|
| The date ranges for this report are: | |
| Report Period: | Jul 01, 2012 to Jun 30, 2013 |
| Previous Year Period: | Jul 01, 2011 to Jun 30, 2012 |
| Baseline Period: | Jul 01, 1999 to Jun 30, 2000 |

Figure 5-69: Running the Selected Measure Reports: display of selected report date ranges (Step 10)

11. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (??) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

12. Your HOME location (as defined in Section 4.2) is displayed.

13. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

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

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed (Figure 5-70).

Continue with Step 14 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, “No.” Go to Step 13 to select the beneficiary (patient) population for the report.

```

Do you want patient lists for any the measures? N// Y <Enter> Yes
MEASURE LIST SELECTION          Oct 08, 2012 12:16:49          Page: 1 of
1
IHS 2013 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

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

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

```

Figure 5-70: Running the Selected Measures Report: choosing patient lists (Step 14)

14. To select patient lists, follow these steps:

- At the “Select Action” prompt, type **S** and press Enter.
- At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include.

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

- To save your selected lists, type **Q** (Quit) and press Enter.

```

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

          Select one of the following:

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

```

```
Choose report type for the Lists: R// A <Enter> All Patients
```

Figure 5-71: Running the Selected Measures Report: selecting patient list type (Step 15)

15. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

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

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider name” prompt and press Enter.

```
Select one of the following:
```

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

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

Figure 5-72: Running the Selected Measures Report: selecting beneficiary population (Step 16)

16. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

A summary of the Selected Measures report is displayed, as in the following example:

```
SUMMARY OF 2013 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:          Jul 01, 2012 to Jun 30, 2013
Previous Year Period:   Jul 01, 2011 to Jun 30, 2012
Baseline Period:       Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 505989

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

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

Figure 5-73: Summary Screen for Selected Measures Report (Step 16)

```

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

    Select one of the following:

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

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

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

    Select one of the following:

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

Select output type: S// F <Enter> FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
STST3-6 <Enter>

When the report is finished your delimited output will be found in the
Q:\ directory. The filename will be STST3-6.txt

DEVICE: HOME//

```

Figure 5-74: Running the Selected Measures Report: selecting output options (Step 17)

17. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

Notes: This is the last point at which you can exit before starting the report process. *If you have included patient lists, the report may take 6–10 hours to run.* Always test your first report at night or on the weekend.

To exit, type a caret (^) at the “Device” prompt.

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

CI13 > RPT > LOC > PP

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```

*****
**                IHS/RPMS CRS 2013                **
**  Reports for Local Use: IHS Clinical Measures  **
*****
                Version 13.0 Patch 1

                DEMO INDIAN HOSPITAL

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

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

```

Figure 5-75: CRS Reports for Local Use menu: selecting the Selected Measures with Patient Panel Population option (PP) (Step 4)

4. At the “Select Reports for Local Use: IHS Clinical Measures Option” prompt, type **PP** and press Enter to display information about the Selected Measures report (Figure 5-76). Press Enter to continue.

The system checks the taxonomies required for this report, as in the following example:

```

2013 Clinical Performance Measure Report (Selected Measures)
Report on all Patients in a User Defined Search Template

```

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

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

Checking for Taxonomies to support the Selected Measures Report

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

Figure 5-76: Running the Selected Measures Patient Panel Report: display of report information and taxonomy check (Step 4)

5. At the “End of taxonomy check” prompt, press Enter.
6. At the “Enter Search Template name” prompt, do one of the following:
 - Type the name of the search template (i.e., the patient panel) you want to use and press Enter
For instructions on creating search templates, see Appendix D: Creating a Patient Panel with Q-Man.
 - Type the first few letters of the search template name and press Enter to see a selection of search templates beginning with those letters, or type two question marks (??) to see the entire list. Then type the number of a search template and press Enter.

Note: This field is *case-sensitive*. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; search templates with names in lower case letters will not be displayed.

7. At the “Which set of Measures should be included in this report” prompt, do one of the following:
 - To run a one of the predefined reports, type **DM, CVD, WH, IPC, PQA or AST** and press Enter, then follow these steps:
 - a. Select a date range and baseline year (see Steps 10 and 11 in this section).
 - b. Select patient lists to include if desired (see Step 8 in this section), and a report type for the lists (see Step 9 in this section).
 - c. Select an output type (see Step 12 in this section).

For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.
8. The Performance Measure Selection screen is displayed with the action bar at the bottom of the screen. At the “Select Action” prompt, do one of the following:
- To view multiple pages of available topics:
 - a. Type a plus sign (+) and press Enter to view the next page.
 - b. Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select performance measure topics:
 - a. Type **S** and press Enter.
 - b. At the “Which item(s)” prompt, type the number(s) preceding the performance measure(s) you want.

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

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its corresponding number.

- To save your selected measures, type **Q** (Quit) and press Enter.
9. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

| |
|--|
| <p>Note: You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.</p> |
|--|

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are displayed.
Continue with Step 10 to select the lists.
 - To run the report without including patient lists, press Enter to accept the default, “No.” Go to Step 12 to select the date range for the report.
10. To select patient lists, follow these steps:
- a. At the “Select Action” prompt, type **S** and press Enter.

- b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include.
- After pressing Enter, each selected measure is marked with an asterisk (*) before its number.
- c. To save your selected lists, type **Q** (Quit) and press Enter.
11. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:
- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
 - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
 - **A** (All Patients) produces a list of all patients.
- If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.
12. At the “Enter the date range for your report” prompt, do one of the following:
- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.
- At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
- To define a custom report period, type **5** and press Enter.
- At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
- All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.
- If you pick a report period end date that is later than the date you are running the report, a warning message is displayed. At the “Do you want to change your Current Report Dates?” prompt, do one of the following:
- To continue with the report, press Enter to accept the default answer “No.”
 - To change your report date range, type **Y** and press Enter.
13. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

A summary of the Selected Measures report is displayed, as in the following example:

```

SUMMARY OF 2013 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:           Jan 01, 2013 to Dec 31, 2013
Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

The following search template of patients will be included in
this report: DEMO_MALE_VISITS_21-55
The HOME location is: HOME 505989

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

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

```

Figure 5-77: Running the Selected Measures Patient Panel Report: summary of report to be run (Step 13)

14. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

Notes: This is the last point from which you can exit before starting the report process. *The report may take 6 to 10 hours to run.* Always test your first report at night or on the weekend.

To exit, type a caret (^) at the “Device” prompt.

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

```
CI13 > RPT > LOC > ALL
```

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.

2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports Menu**.
3. At the “Select Reports Option” prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu.

```

*****
**                               IHS/RPMS CRS 2013                               **
**   Reports for Local Use: IHS Clinical Measures   **
*****
                               Version 13.0 Patch 1

                               DEMO INDIAN HOSPITAL

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

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

```

Figure 5-78: CRS Reports for Local Use menu: selecting the Selected Measures w/All Communities (ALL) (Step 4)

4. At the “Select Reports for Local Use: IHS Clinical Measures Option” prompt, type **ALL** and press Enter to display information about the Selected Measures report, followed by the prompt to select a set of measures to include in the report, as in the following example:

```

                               IHS 2013 Clinical Performance Measure Report (Selected Measures)
                               Report on all Patients regardless of Community of Residence

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

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

Select one of the following:

DM           Diabetes-Related Measures
CVD          Cardiovascular Disease Prevention for At-Risk Patients
WH           Women's Health-Related Measures
IPC          Improving Patient Care Measures
PQA          Pharmacy Quality Alliance Measures
AST          Asthma-Related Measures
SEL          Selected Measures (User Defined)

Which set of Measures should be included in this report:

```

Figure 5-79: Running the Selected Measures All Communities Report: display of report information and prompt to select measures (Steps 4 and 5)

5. At the “Which set of measures should be included in this report” prompt, do one of the following:

- To run one of the predefined reports, type **DM, CVD, WH, IPC, PQA or AST** and press Enter. Press Enter after the taxonomy check then follow these steps:
 - Select a date range and baseline year (see Steps 9 and 10 in this section).
 - Select patient lists to include if desired, and select a report type for the lists (see Steps 5, 6, and 7 in this section).
 - Select a beneficiary population (see Step 11 in this section).
 - Select an output type (see Step 12 in this section).

For a list of the topics contained in the predefined topic reports, see Section 5.11.3, “Reports Content.”

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 3.
6. The Performance Measure Selection screen is displayed with the action bar at the bottom of the screen. At the “Select Action” prompt, do one of the following:

- To view multiple pages of available topics:
 - Type a plus sign (+) to view the next page.
 - Type a minus sign/hyphen (-) to return to the previous page.
- To select performance measure topics:
 - Type **S** and press Enter.
 - At the “Which item(s)” prompt, type the number(s) preceding the performance measure(s) you want.
To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

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

- To save your selected performance measures, type **Q** (Quit) and press Enter.
7. At the “Do you want patient lists for any of the measures?” prompt, type **Y** or **N** and press Enter.

| |
|--|
| <p>Note: You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.</p> |
|--|

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed.
Continue with Step 6 to select the lists.
 - To run the report without including patient lists, press Enter to accept the default, “No.” Go to Step 8 to continue the report selection process.
8. To select patient lists, follow these steps:
- a. At the “Select Action” prompt, type **S** and press Enter.
 - b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include.
After pressing Enter, each selected measure is marked with an asterisk (*) before its number.
 - c. To save your selected lists, type **Q** (Quit) and press Enter.
9. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want, where:
- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
 - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
 - **A** (All Patients) produces a list of all patients.
- If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.
10. The taxonomies required to run the report are checked. Press Enter to continue.
11. At the “Enter the date range for your report” prompt, do one of the following:
- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.
At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
 - To define a custom report period, type **5** and press Enter.
At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

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

If you pick a report period end date that is later than the date you are running the report, a warning message is displayed. At the “Do you want to change your Current Report Dates?” prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer “No.”
- To change your report date range, type **Y** and press Enter.

12. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period, as well as your HOME location (as defined in Site Parameters; see Section 4.2) are displayed.

13. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

14. A summary of the Selected Measures report is displayed, as in the following example:

```

SUMMARY OF 2013 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:           Jan 01, 2013 to Dec 31, 2013
Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

ALL Communities included.
The HOME location is: HOME 505989

These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Diabetes: LDL Assessment ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Diabetes: LDL Assessment ;

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

```

Figure 5-80: Running the Selected Measures All Communities Report: summary of report to be run (Step 14)

15. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

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

To exit, type a caret (^) at the “Device” prompt.

5.11.3 Reports Content

Table 5-7: Selected Measures Report: Diabetes-Related

| Performance Measure | Denominator | Numerator(s) (Documented in Past Year, unless Defined Otherwise) |
|---------------------------------|--------------------------|--|
| Diabetes Prevalence | All denominators | All numerators |
| Diabetes Comprehensive Care | Active Diabetic Patients | 1) Patients with A1c, regardless of result 2) Patients with BP documented in past two years 3) Patients with controlled BP 4) Patients with LDL, regardless of result 5) Patients with nephropathy assessment, defined as an estimated GFR <i>and</i> a quantitative urinary protein assessment, or with ESRD Dx. 6) Patients receiving any retinal screening (no refusals) 7) Patients with diabetic foot exam 8) Patients with A1c <i>and</i> Blood Pressure <i>and</i> LDL <i>and</i> Nephropathy Assessment <i>and</i> Retinal exam <i>and</i> Diabetic Foot Exam |
| Diabetes (DM): Glycemic Control | All denominators | All numerators |
| DM: Blood Pressure Control | All denominators | All numerators |
| DM: LDL Assessment | All denominators | All numerators |

| Performance Measure | Denominator | Numerator(s) (Documented in Past Year, unless Defined Otherwise) |
|---|---|--|
| DM: Nephropathy Assessment | All denominators | Patients with nephropathy assessment, defined as an estimated GFR <i>and</i> a quantitative urinary protein assessment, or with ESRD Dx. |
| DM: Retinopathy | All denominators | All numerators |
| RAS Antagonist Use in Diabetic Patients | All denominators | All numerators |
| Diabetic Access to Dental Services | Active Diabetic patients | All numerators |
| Influenza | Active Diabetic patients | All numerators |
| Adult Immunizations | Active Diabetic patients | All numerators |
| Depression Screening | Active Diabetic patients, broken down by gender | All numerators |
| Nutrition and Exercise Education for At Risk Patients | Active Diabetic patients, broken down by gender | All numerators |
| Comprehensive CVD-Related Assessment | Active Diabetic CHD patients ages 22 and older | All numerators |
| Prediabetes/Metabolic Syndrome | Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes | All numerators |

Table 5-8: Selected Measures Report: CVD Prevention for At-Risk Patients

| Performance Measure | Denominator | Numerator(s) (Documented in Past Year, unless Defined Otherwise) |
|--|--|--|
| Tobacco Use and Exposure Assessment | Active Clinical patients ages 45 and older, broken down by gender | 1) Patients who have been screened for tobacco use 2) Patients identified as current tobacco users A) Patients identified as current smokers |
| Depression Screening | Active IHD patients, broken down by gender | All numerators |
| Obesity Assessment | Active Clinical patients ages 20 through 74, broken down by gender | For those with a BMI calculated, patients considered obese using BMI and standard tables |
| Cardiovascular Disease and Cholesterol Screening | All denominators | All numerators |

| Performance Measure | Denominator | Numerator(s) (Documented in Past Year, unless Defined Otherwise) |
|---|--|---|
| Cardiovascular Disease and Blood Pressure Control | All denominators | All numerators |
| Controlling High Blood Pressure | Active Clinical patients ages 18 through 85 diagnosed with hypertension, broken down by age and gender. | All numerators |
| Controlling High Blood Pressure – Million Hearts | Active Clinical patients ages 18 through 85 diagnosed with hypertension and no current diagnosis of pregnancy. | All numerators |
| Comprehensive CVD-Related Assessment | All denominators | All numerators |
| Appropriate Medication Therapy after a Heart Attack | All denominators | All numerators |
| Persistence of Appropriate Medication Therapy after a Heart Attack | All denominators | All numerators |
| Appropriate Medication Therapy in High Risk Patients | All denominators | All numerators |
| Cholesterol Management for Patients with Cardiovascular Conditions | All denominators | All numerators |
| Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge | All denominators | All numerators |
| Heart Failure and Evaluation of LVS Function | All denominators | All numerators |

Table 5-9: Selected Measures Report: Women's Health Related

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|-----------------------------------|--------------------|---|
| Cancer Screening: Pap Smear Rates | All denominators | All numerators |
| Cancer Screening: Mammogram Rates | All denominators | All numerators |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|---|
| Colorectal Cancer Screening | Female Active Clinical patients ages 51–80 without a documented history of colorectal cancer | All numerators |
| Comprehensive Cancer Screening | Female Active Clinical patients ages 25-75. | Female patients with all necessary cancer screening |
| Tobacco Use and Exposure Assessment | 1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant female User Population patients 3) Female User Population patients ages 5 and older | All numerators |
| Alcohol Screening (FAS Prevention) | All denominators | All numerators |
| Intimate Partner/Domestic Violence Screening | All denominators | All numerators |
| Depression Screening | 1) Female Active Clinical equal to or greater than (=>)18 2) Female Active Clinical equal to or greater than (=>)65 3) Female User Population equal to or greater than (=>)18 4) Female User Population equal to or greater than (=>)65 5) Female Active Diabetic 6) Female Active IHD | All numerators |
| Obesity Assessment | 1) Female Active Clinical patients ages 2 through 74, broken down by age groups 2) Female User Population patients ages 2 through 74, broken down by age groups | All numerators |
| Weight Assessment and Counseling for Nutrition and Physical Activity | Female Active Clinical patients ages 3 and older, broken down by age groups | All numerators |
| Cardiovascular Disease and Cholesterol Screening | Female Active Clinical patients ages 23 plus (+) | All numerators |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|--|
| Controlling High Blood Pressure | 1) Female Active Clinical patients ages 18 through 85 diagnosed with hypertension, broken down by age groups. | All Numerators |
| Prenatal HIV Testing | All denominators | All numerators |
| Chlamydia Testing | All denominators, broken out by age groups. | All numerators |
| Sexually Transmitted Infection (STI) Screening | Screenings needed for incidents of key STIs for female Active Clinical patients that occurred during the defined period (for numerator #3 and 3A only) | 1) No denominator. Count of female Active Clinical patients diagnosed with one or more key STIs during the defined period 2) No denominator. Count of key separate STI incidents for female Active Clinical patients during the defined period 3) Total number of screenings performed or refused from one month prior to the date of relevant STI incident through two months after A) Number of documented refusals |
| Osteoporosis Management | All denominators | All numerators |
| Osteoporosis Screening in Women | All denominators | All numerators |

Table 5-10: Selected Measures Report: Improving Patient Care

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|-----------------------------|--------------------|--|
| Diabetes Comprehensive Care | All denominators | 1) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND Diabetic Foot Exam 2) Patients with HbA1c, regardless of result 3) Patients with nephropathy assessment, defined as an estimated GFR <i>and</i> a quantitative urinary protein assessment, or with ESRD Dx 4) Patients receiving any retinal screening 5) Patients with diabetic foot exam |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|---|
| Diabetes: Glycemic Control | Active Diabetic patients | Patients with A1c less than (<) 8 |
| Diabetes: Blood Pressure Control | Active Diabetic patients | Patients with controlled BP, defined as less than (<) 140/90 |
| Diabetes: LDL Assessment | Active Diabetic patients | 1) Patients with LDL done, regardless of result 2) Patients with LDL results less than or equal to (<=) 100 |
| Diabetes: Nephropathy Assessment | Active Diabetic patients | All numerators |
| Diabetes: Access to Dental Services | All denominators | All numerators |
| Topical Fluoride | All denominators | 1) Patients with topical fluoride application 2) Total number of patients with at least one topical fluoride application |
| Childhood Immunizations | Active Immunization patients | Patients who have received the 4313*314 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal) |
| Appropriate Testing for Children with Pharyngitis | All denominators | All numerators |
| Cancer Screening: Pap Smear Rates | Female Active Clinical patients ages 25 through 64 without documented history of Hysterectomy. | Patients with a Pap Smear documented in the past 4 years. |
| Cancer Screening: Mammogram Rates | Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies. | Patients with a Mammogram documented in the past 2 years. |
| Colorectal Cancer Screening | All Active Clinical patients ages 50 through 75 without a documented history of colorectal cancer or total colectomy. | Patients who have had ANY CRC screening. |
| Comprehensive Cancer Screening | All denominators | All numerators |
| Tobacco Use and Exposure Assessment | Active Clinical patients ages 5 and older | Patients identified as current tobacco users |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--------------------------------------|---|--|
| Tobacco Cessation | Active Clinical patients identified as current tobacco users or tobacco users in cessation | Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid |
| Antidepressant Medication Management | Active Clinical plus Behavioral Health patients ages 18 and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year | All numerators |
| Physical Activity Assessment | Active Clinical patients ages 5 and older. | Patients assessed for physical activity during the Report Period. |
| Comprehensive Health Screening | All denominators | All numerators |
| Comprehensive CVD-Related Assessment | Active CHD patients | 1) Patients with blood pressure assessed 2) Patients with LDL done, regardless of result 3) Patients with tobacco use assessed 4) Patients with BMI calculated 5) Patients who received lifestyle counseling |
| HIV Screening | Pregnant Active Clinical patients with no HIV ever | Patients who were screened for HIV |
| Breastfeeding Rates | 1) Active Clinical patients who are 30-394 days old 2) Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of six months | 1) Patients screened for infant feeding choice at the age of two months 2) Patients screened for infant feeding choice at the age of six months 3) Patients who, at the age of six months, were either exclusively or mostly breastfed |
| Goal Setting | All denominators | All numerators |

Table 5-11: Selected Measures Report: Pharmacy Quality Alliance

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--------------------|---|
| RAS Antagonist Use in Diabetic Patients | All denominators | All numerators |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|---|
| Medication Therapy for Persons with Asthma | Active Clinical patients 5 through 50 with persistent asthma without a documented history of emphysema or chronic obstructive pulmonary disease (COPD) | 1) Patients with Suboptimal Control 2) Patients with Absence of Controller Therapy |
| Proportion of Days Covered by Medication Therapy | All denominators | All numerators |
| Medication Therapy Management Services | All denominators | All numerators |
| Use of High-Risk Medications in the Elderly | Active Clinical patients ages 65 and older, broken down by age | All numerators |

Table 5-12: Selected Measures Report: Asthma-Related

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--------------------|---|
| Asthma | All denominators | All numerators |
| Asthma Assessments | All denominators | All numerators |
| Asthma Quality of Care | All denominators | All numerators |
| Medication Therapy for Persons with Asthma | All denominators | All numerators |

5.11.4 Selected Measures Reports Patient Lists

Patient lists for individual performance measures are available with any Selected Measures report (COM, PP, or ALL menu options) and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The following Patient List options are available:

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

After selecting the measures to report, users select those measures for which they want to run patient lists.

5.11.5 Patient Lists Content

Table 5-13: Content of the Selected Measures Patient List Report by Performance Measure Topic

| Performance Measure Topic | Patient List |
|---|--|
| Diabetes Prevalence | List of diabetic patients with most recent diagnosis. |
| Diabetes Comprehensive Care | List of diabetic patients with documented tests, if any. |
| Diabetes: Glycemic Control | List of diabetic patients with most recent A1c value, if any. |
| Diabetes: Blood Pressure Control | List of diabetic patients with BP value, if any. |
| Diabetes: Lipids Assessment | List of diabetic patients with documented LDL cholesterol test, if any. |
| Diabetes: Nephropathy Assessment | List of diabetic patients with nephropathy assessment, if any. |
| Diabetic Retinopathy | List of diabetic patients with qualified retinal evaluation, if any. |
| RAS Antagonist Use in Diabetic Patients | List of diabetic patients with hypertension, with RAS Antagonist medication, contraindication, or ADR, if any. |
| Diabetes: Access to Dental Services | List of diabetic patients and documented dental visit, if any. |
| Access to Dental Services | List of patients with documented dental visit and date. |
| Dental Sealants | List of patients with intact dental sealants. |
| Topical Fluoride | List of patients who received at least one topical fluoride application during Report period. |
| Influenza | List of patients with Influenza code, if any. |
| Adult Immunizations | List of patients equal to or greater than (=>) 18 yrs or DM DX with IZ, evidence of disease or contraindication, if any. |
| Childhood Immunizations | 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. Note: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months. |
| Adolescent Immunizations | 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 Hep B, no IZ will be listed for Hep B. |
| Appropriate Treatment for Children with Upper Respiratory Infection | List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any. |
| Appropriate Testing for Children with Pharyngitis | List of patients 2 to 18 years with pharyngitis and a Group A Strep test, if any. |

| Performance Measure Topic | Patient List |
|--|--|
| Cancer Screening: Pap Smear Rates | List of women 25 through 64 with documented Pap smear, if any. |
| Cancer Screening: Mammogram Rates | List of women 42 plus (+) with mammogram/refusal, if any. |
| Colorectal Cancer Screening | List of patients 50 through 75 with CRC screening or refusal, if any. |
| Comprehensive Cancer Screening | List of patients 25 through 75 with comprehensive cancer screening, if any. |
| Tobacco Use and Exposure Assessment | List of patients 5 and older with documented tobacco screening, if any. |
| Tobacco Cessation | List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use. |
| Alcohol Screening (FAS Prevention) | List of female patients with documented alcohol screening, if any. |
| Alcohol Screening and Brief Intervention (ASBI) in the ER | List of visits for patients seen in the ER for an injury, with screening for hazardous alcohol use, results of screen and BNI, if any. |
| Intimate Partner (Domestic) Violence Screening | List of female patients 13 and older with documented IPV/DV screening, if any. |
| Depression Screening | List of patients with documented depression screening/diagnosed with mood disorder, if any. |
| Antidepressant Medication Management | List of patients with new depression DX and acute phase treatment (APT) and continuation phase treatment (CONPT), if any. |
| Obesity Assessment | List of patients with current BMI, if any. |
| Childhood Weight Control | List of patients ages 2 through 5, with current BMI. |
| Weight Assessment and Counseling for Nutrition and Physical Activity | List of patients ages 3 plus (+) with assessments, if any. |
| Nutrition and Exercise Education for at Risk Patients | List of at risk patients, with education if any. |
| Physical Activity Assessment | List of patients with physical activity assessment and any exercise education. |
| Comprehensive Health Screening | List of patients with assessments received, if any. |
| Cardiovascular Disease Prevention: Cholesterol Screening | List of patients screened with cholesterol or LDL value, if any. |
| Cardiovascular Disease Prevention: Blood Pressure Control | List of Patients equal to or greater than (=>) 20 or with CHD with BP value, if any. |
| Controlling High Blood Pressure | List of patients with hypertension and BP value, if any. |
| Controlling High Blood Pressure – Million Hearts | List of patients with hypertension and BP value, if any. |

| Performance Measure Topic | Patient List |
|---|--|
| Comprehensive CVD-Related Assessment | List of patients with assessments received, if any. |
| Appropriate Medication Therapy after a Heart Attack | List of patients with AMI, with appropriate medication therapy, if any. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | List of patients with AMI, with persistent medication therapy, if any. |
| Appropriate Medication Therapy in High Risk Patients | List of CHD patients 22 plus (+) with 180-day medication therapy during the Report Period, if any. |
| 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. |
| Cholesterol Management for Patients with Cardiovascular Conditions | List of patients with AMI, CABG, PCI, or IVD w/LDL value, if any. |
| Heart Failure and Evaluation of LVS Function | List of Active Clinical heart failure patients 18 plus (+) who received evaluation of LVS function, if any. |
| HIV Screening | List of pregnant patients or User Population patients with documented HIV test or refusal, if any. |
| HIV Quality of Care | List of patients 13 and older diagnosed with HIV, with CD4 test, if any. |
| Hepatitis C Screening | List of patients with documented Hepatitis C screening ever, if any. |
| Chlamydia Testing | List of patients with documented Chlamydia screening, if any. |
| Sexually Transmitted Infection (STI) Screening | List of patients diagnosed with one or more STIs during the defined time period with related screenings. |
| Osteoporosis Management | List of female patients with new fracture who have had osteoporosis treatment or testing, if any. |
| Osteoporosis Screening in Women | List of female patients ages 65 and older with osteoporosis screening after age 65, if any. |
| Rheumatoid Arthritis Medication Monitoring | List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:" The chronic medications and all lab tests the patient <i>did</i> have are displayed. |
| Osteoarthritis Medication Monitoring | List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:" All lab tests the patient <i>did</i> have are displayed. |

| Performance Measure Topic | Patient List |
|--|--|
| Asthma | List of patients diagnosed with asthma and any asthma-related hospitalizations/ER/Urgent Care visits. |
| Asthma Assessments | List of asthmatic patients with assessments, if any. |
| Asthma Quality of Care | List of asthmatic patients with preferred asthma therapy medications, if any. |
| Medication Therapy for Persons with Asthma | List of patients with asthma with asthma medications, if any. |
| Chronic Kidney Disease Assessment | List of patients with Creatinine test, with GFR and value, if any. |
| Prediabetes/Metabolic Syndrome | List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. |
| 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. |
| Medications Education | List of patients receiving medications with medication education, if any. |
| Medication Therapy Management Services | List of patients greater than or equal to (\geq) 18 receiving medications with medication therapy management, if any. |
| Self Management (Confidence) | List of patients who are confident in managing their health problems. |
| Public Health Nursing | List of patients with PHN visits documented. Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting. |
| Breastfeeding Rates | List of patients 30 to 394 days old, with infant feeding choice value, if any. |
| Use of High-Risk Medications in the Elderly | List of patients 65 and older with at least one prescription for a high-risk medication. |
| Functional Status Assessment in Elders | List of patients equal to or greater than (\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 |

| Performance Measure Topic | Patient List |
|--------------------------------|--|
| Fall Risk Assessment in Elders | List of patients 65 years or older with fall risk assessment, if any. |
| Palliative Care | List of patients with a palliative care visit. |
| Annual Wellness Visit | List of patients with an annual wellness visit in the past 15 months. |
| Goal Setting | List of User Population patients with goal setting information during the Report Period. |

5.12 GPRA/GPRAMA Performance Report (GPU)

CI13 > RPT > OTH > GPU

5.12.1 Overview

The GPRA/GPRAMA Performance Report (GPU) includes the same performance measures included in the National GPRA/GPRAMA Report (see Section 5.2.3). However, unlike the National GPRA/GPRAMA Report, users select *all* report parameters (i.e., report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from predefined quarters, such as September 30 or December 31, or users may enter any end date, such as November 14.

The GPRA/GPRAMA Performance Report can be exported to the Area Office by the site for aggregation into an area-wide report.

Patient lists for this report are run in the same way as the National GPRA/GPRAMA Report, as described in Section 5.3.2.

5.12.2 Running the GPRA/GPRAMA Performance Report

To run the GPRA/GPRAMA Performance Report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
*****
**      IHS/ RPMS CRS 2013      **
**      Other National Reports  **
*****
Version 13.0 Patch 1
```

```

                                DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option: GPU <Enter> GPRA/GPRAMA Performance
Report

```

Figure 5-81: Other National Reports Menu: selecting the GPRA/GPRAMA Performance report (GPU) (Step 4)

4. At the “Select Other National Reports Option” prompt, type **GPU** and press Enter to display information about the GPRA/GPRAMA Performance Report, as shown below. Press Enter to continue.

```

                                IHS GPRA/GPRAMA Performance Report for a User Selected Date Range

This will produce a National GPRA/GPRAMA report for a year period you
specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

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

Press enter to continue: <Enter>
Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 5-82: Running the GPRA/GPRAMA Performance Report: report description display and taxonomy check (Step 5)

5. The site-populated taxonomies needed to run the report are checked. Press Enter to continue.

```

Do you want to run the report on a Patient Panel? N// YES

Please enter the search template name. The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO PANEL
                               (Jun 19, 2013)           User #5785 File #9000001  INQ

```

Figure 5-83: Running the GPRA/GPRAMA Performance Report: selecting report date range (Step 6)

6. At the “Do you want to run the report on a Patient Panel?” prompt, do one of the following:
 - To run the report using a patient panel, type **Y** and press Enter, and then follow this step:
 - At the “Enter SEARCH TEMPLATE name” prompt, enter the name of the patient panel and press Enter.
 - To run the report on all applicable patients, type **N** and press Enter.

```

Select one of the following:

      F      Entire Facility
      P      One Designated Provider

Run report for: F//

```

Figure 5-84: Running the GPRA/GPRAMA Performance Report: selecting entire facility or one provider (Step 7)

7. At the prompt, do one of the following:
 - To run the report for the entire facility, press Enter.
 - To run the report for one designated provider, type **P** and press Enter, and then follow this step:
 - At the “Which Designated Provider” prompt, enter the name of the provider and press Enter.

```

Select one of the following:

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

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

```

Figure 5-85: Running the GPRA/GPRAMA Performance Report: selecting report date range (Step 8)

8. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

9. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 (2013)

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
Baseline Period:       Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-86: Running the GPRA/GPRAMA Performance Report: selecting dates and community taxonomy (Steps 8 and 9)

10. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (??) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

```
Select one of the following:

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

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

Figure 5-87: Running the GPRA/GPRAMA Performance Report: selecting beneficiary population (Step 10)

11. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (??) to see the entire list. Type the number of the taxonomy you want to include and press Enter.
12. Your HOME location, as defined in the Site Parameters (Section 4.2), is displayed.
13. At the “Do you wish to export this data to Area?” prompt, type **Y** or **N**. You should only choose this option when you are ready to send final data to your Area Office.

A summary of the GPRA/GPRAMA Performance Report is displayed, as in the following example:

```

SUMMARY OF IHS GPRA/GPRAMA PERFORMANCE REPORT TO BE GENERATED
CRS 2013, Version 13.0 Patch 1

The date ranges for this report are:
Report Period:      Jan 01, 2013 to Dec 31, 2013
Previous Year Period:  Jan 01, 2012 to Dec 31, 2012
Baseline Period:    Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: HOME 505989

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

Select one of the following:

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

Select an Output Option: P//
```

Figure 5-88: Summary Screen for GPRA/GPRAMA Performance Report (Step 12)

14. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.12.3 Report Content

The topics included in the GPRA/GPRAMA Performance Report are the same as those included on the National GPRA/GPRAMA Report (for details, see Section 5.2.3). The GPRA/GPRAMA Performance Report Patient List contains the same content as the National GPRA/GPRAMA Patient List (for details, see Section 5.3.3).

5.13 Other National Measures Report (ONM)

CI13 > RPT > OTH > ONM

5.13.1 Overview

The Other National Measures (ONM) Report primarily reports non-GPRA measures for which national data is needed and includes some GPRA measures to provide context to the non-GPRA measures. Patient lists for the ONM Report may be run using the OST menu option.

The ONM Report provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide ONM Report.

5.13.2 Running the Other National Measures Report

The Other National Measures Report provides users with two options for running the report: (1) using the same hard-coded report parameters (Report Period, Previous Year Period, and Baseline Year) as the National GPRA/GPRAMA Report, or (2) using custom, user-defined report parameters. These options are shown below.

```
IHS 2013 Other National Measures Report

Please select the type of report would you like to run:

H Hard-coded Report: Report with all parameters set to the
  same as the National GPRA/GPRAMA Report (report period of
  July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
```

```

- June 30, 2000, and AI/AN patients only)

U  User-defined Report: You select the report and baseline
   periods and beneficiary population

Select a Report Option: H//

```

Figure 5-89: Running the Other National Measures Report: report options

The hard-coded report is run for all performance measures. The report period is set to the current GPRA report period; the previous year period is set to one year prior to the report period; and the baseline year is set to July 1, 1999 through June 30, 2000. The patient population is set to AI/AN only.

The user-defined report can be run for all performance measures or only for selected measures, and the date ranges and patient population are set by the user.

- To run the report using the hard-coded report parameters, go to Section 5.13.2.1.
- To run the report using user-defined parameters, go to Section 5.13.2.2.

5.13.2.1 Other National Measures Report (ONM), Hard-Coded Report Option

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```

*****
**      IHS/RPMS CRS 2013      **
**      Other National Reports  **
*****
          Version 13.0 Patch 1

          DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option: ONM <Enter> Other National Measures
Report

```

Figure 5-90: Other National Reports menu: selecting the Other National Measures Report (ONM) (Step 4)

- At the “Select Other National Reports Option” prompt, type **ONM** and press Enter.

```

IHS 2013 Other National Measures Report

Please select the type of report would you like to run:

      H  Hard-coded Report: Report with all parameters set to the
          same as the National GPRA/GPRAMA Report (report period of
          July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
          - June 30, 2000, and AI/AN patients only)
      U  User-defined Report: You select the report and baseline
          periods and beneficiary population

Select a Report Option: H// <Enter> Hard-coded Report

```

Figure 5-91: Running the Other National Measures Report: selecting Hard-coded Report (Step 5)

- At the “Select a Report Option” prompt, press Enter to accept the default option, “H,” and display the following information about the report:

```

IHS 2013 Other National Measures Report

This will produce an Other National Measures report. You will be asked to
provide the community taxonomy to determine which patients will be
included. This report will be run for the Report Period July 1, 2012
through June 30, 2013 with a Baseline Year of July 1, 1999 through June 30,
2000. This report will include beneficiary population of American
Indian/Alaska Native only.

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

Press Enter to Continue: <Enter>

```

Figure 5-92: Running the Other National Measures Report: information displayed for the Hard-coded Report option (Steps 5 and 6)

- Press Enter to continue.

```

Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 5-93: Running the Other National Measures Report, Hard-coded Report option: checking taxonomies (Step 7)

- The system checks to see if all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

8. The hard-coded date ranges for this report, the HOME location, and the beneficiary population included in the report are displayed, as in the following example:

```
The date ranges for this report are:
  Report Period:      Jul 01, 2012 to Jun 30, 2013
  Previous Year Period: Jul 01, 2011 to Jun 30, 2012
  Baseline Period:   Jul 01, 1999 to Jun 30, 2000

Your HOME location is defined as: HOME asufac: 505989

Beneficiary Population is set to American Indian/Alaskan Native Only.

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES// <Enter>
```

Figure 5-94: Running the Other National Measures Reports, Hard-coded Report option: displaying report parameters (Step 9)

9. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
- Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies that begin with those letters, or type two question marks (??) and press Enter to see the entire list. Type the number of the taxonomy you want to use and press Enter.
10. At the “Do you wish to export this data to Area?” prompt, type **Y** or **N** and press Enter.
11. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.
- Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.13.2.2 Other National Measures Report (ONM), User-Defined Report Option

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.

2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports Menu**.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```

*****
**      IHS/RPMS CRS 2013      **
**      Other National Reports  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option: ONM <Enter> Other National Measures
Report

```

Figure 5-95: Other National Reports menu: selecting the Other National Measures Report (ONM) (Step 4)

4. At the “Select Other National Reports Option” prompt, type **ONM** and press Enter.

```

Please select the type of report would you like to run:

H  Hard-coded Report: Report with all parameters set to the
   same as the National GPRA/GPRAMA Report (report period of
   July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
   - June 30, 2000, and AI/AN patients only)
U  User-defined Report: You select the report and baseline
   periods and beneficiary population

Select a Report Option: H// U <Enter> User-defined Report

```

Figure 5-96: Running the Other National Measures Report: selecting User-defined Report option (Step 5)

5. At the “Select a Report Option” prompt, type **U** and press Enter to display the following information about the report:

```

IHS 2013 Other National Measures Report

This will produce the Other National Measures (ONM) Report for all
ONM performance measures for a year period you specify. You will be
asked to provide: 1) the reporting period, 2) the baseline period to
compare data to, 3) the community taxonomy to determine which patients will
be included, and the 4) beneficiary population.

You will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for

```

```

the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Press Enter to Continue: <Enter>

```

Figure 5-97: Running the Other National Measures Report: displaying information for the User-defined Report option (Steps 5 and 6)

6. Press Enter to continue.

```

Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 5-98: Running the Other National Measures Report, User-Defined Report option: checking taxonomies (Step 7)

7. The system checks to see if all taxonomies required for this report are present and have members associated with them. At the prompt, press Enter to continue.

```

Select one of the following:

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

Enter the date range for your report:

```

Figure 5-99: Running the Other National Measures Report, User-Defined Report option: selecting report date range (Step 8)

8. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

9. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

10. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:
 - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
 - Type the name of a community taxonomy and press Enter.
 - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (??) to see the entire list. Type the number of the taxonomy you want to include and press Enter.
11. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
 - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
12. The HOME location is displayed. At the “Do you wish to export this data to Area?” prompt, type **Y** or **N** and press Enter.

If you type **Y** to export the ONM data to the Area Office, a file will automatically be created for use by the Area Office to create the Area Aggregate Other National Measures Report.
13. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.13.3 Report Content

The following measures are included in the Other National Measures Report. Measures also included in the National GPRA/GPRAMA Report/GPRA/GPRAMA Performance Report are shown in bold font in the following table.

Table 5-14: Content of the Other National Measures Report by Performance Measure Topic

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|---|
| Diabetes Comprehensive Care | Active Diabetic Patients | 1) With A1c documented 2) With BP documented 3) With controlled BP (less than (<)140/90) 4) With LDL done 5) With nephropathy assessment, defined as an estimated GFR <i>and</i> a quantitative urinary protein assessment, or with ESRD Dx 6) With retinal evaluation 7) With diabetic foot exam 8) With comprehensive diabetes care (documented A1c and Blood Pressure and LDL and Nephropathy Assessment <i>and</i> Retinal exam <i>and</i> diabetic foot exam) |
| RAS Antagonist Use in Diabetic Patients | Active Diabetic Patients with Hypertension | 1) Patients receiving RAS Antagonist medication 2) Patients with contraindication/previous adverse reaction to RAS Antagonist therapy |
| Topical Fluoride | No denominator. This measure is a total count only, not a percentage. | Total number of topical fluoride applications (no refusals) |
| Influenza | 1) Active Clinical patients 2) Active Clinical patients ages 18 through 49 and considered high risk for influenza. 3) Active Diabetic patients | 1) With influenza vaccination, contraindication, or NMI refusal A) With contraindication/ NMI refusal |
| Adult Immunizations | 1) Active Clinical patients ages 18 through 64 and considered high risk for pneumococcal. 2) Active Diabetic patients 3) Active Clinical patients ages 18 and older, broken down by age groups | 1) With up to date pneumovax or contraindication ever or NMI refusal A) With contraindication/ NMI refusal 2) With 1 dose of Tdap ever 3) With 1 dose of Tdap/Td in the past 10 years |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Adolescent Immunizations | 1) Active Clinical patients ages 13 through 17, broken down by gender. | 1) With 1:3:2:1 combo 2) With 1:1:3 combo 3) With 1:1 combo 4) With 1 dose of Tdap 5) With 1 dose of meningococcal 6) With 3 doses of HPV |
| Alcohol Screening and Brief Intervention (ASBI) in the ER | 1) Active Clinical Plus BH patients age 15 through 34 seen in the ER for injury 2) Active Clinical Plus BH patients age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period 3) User Population patients age 15 through 34 seen in the ER for injury 4) User Population patients age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period | 1) Screened in the ER for hazardous alcohol use A) With a positive screen 2) With a brief negotiated interview (BNI) at or within 7 days of the ER visit A) Provided a BNI at the ER visit B) Provided a BNI not at the ER visit but within 7 days of the ER visit |
| Intimate Partner (Domestic) Violence Screening | Female Active Clinical patients ages 15 through 40 | 1) With IPV/DV screening (no refusals) A) With IPV/DV exam B) With IPV/DV-related diagnosis C) With IPV/DV education |
| Depression Screening | Active Diabetic patients, broken down by gender. | 1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis 2) With depression-related education or refusal of education in past year. |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Antidepressant Medication Management | 1) As of the 120th day of the Report period, Active Clinical Plus BH patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year. | 1) 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). 2) 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). |
| Physical Activity Assessment | 1) Active Clinical patients ages 5 and older. 2) Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period). 3) User Population patients ages 5 and older. 4) Numerator 1 (User Population Patients assessed for physical activity during the Report Period). | Patients assessed for physical activity during the Report Period. A. Patients from Numerator 1 who have received exercise education following their physical activity assessment. |
| Cardiovascular Disease and Cholesterol Screening | Active Clinical patients ages 23+ | 1) With documented total cholesterol screening in past 5 years |
| Cardiovascular Disease and Blood Pressure Control | 1) Active Clinical patients ages 20+ 2) Active Clinical Pts w/ischemic disease DX | All numerators |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical patients 35 and older discharged for an AMI | 1) With beta-blocker Rx//contraindication (no refusals) 2) With ASA Rx/contraindication (no refusals) 3) With ACEI/ARB Rx/contraindication (no refusals) 4) With statin Rx/contraindication (no refusals) 5) With all above meds |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|---|
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical patients 35 and older diagnosed with an AMI | 1) With 135-day beta-blocker Rx/contraindication (no refusals) 2) With 135-day ASA Rx/contraindication (no refusals) 3) With 135-day ACEI/ARB Rx/contraindication (no refusals) 4) With 135-day statin Rx/contraindication (no refusals) 5) With all above meds |
| Appropriate Medication Therapy in High Risk Patients | Active IHD patients ages 22 and older | 1) With 180-day beta-blocker Rx/contraindication (no refusals) 2) With 180-day ASA Rx/contraindication (no refusals) 3) With 180-day ACEI/ARB Rx/contraindication (no refusals) 4) With 180-day statin Rx/contraindication (no refusals) 5) With all above meds |
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical patients ages 18 to 75 diagnosed with AMI, CABG, PTCA, or IVD | All numerators |
| Heart Failure and Evaluation of LVS Function | Active Clinical ages 18 or older discharged with heart failure during the Report Period | 1) With LVS function evaluated before arrival, during hospitalization, or is planned for after discharge |
| HIV Quality of Care | All User Population patients ages 13 and older with at least 2 direct care visits (i.e. not Contract/CHS) with HIV diagnosis during the Report Period, including 1 HIV diagnosis in last 6 months. | All numerators |
| Hepatitis C Screening | All denominators | All numerators |
| Chlamydia Testing | 1) Female Active Clinical patients ages 16 through 25. 2) Female User Population patients ages 16 through 25. | Patients tested for Chlamydia during the Report Period. |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|---|
| Sexually Transmitted Infection (STI) Screening | No denominator for numerators #1 and 2. These measures are total counts only; not percentages. 1) Key STI incidents for Active Clinical patients, broken down by gender 2) HIV/AIDS screenings needed for key STI incidents, broken down by gender | 1) Total count of Active Clinical patients who were diagnosed with one or more key STIs 2) Total count of separate key STI incidents for Active Clinical patients 3) Complete screenings performed 4) Needed HIV/AIDS screenings performed |
| Asthma | Active Clinical patients. | Patients who have had two asthma-related visits or with persistent asthma |
| Medication Therapy for Persons with Asthma | Active Clinical patients ages 5 through 50 with persistent asthma or who have had two asthma-related visits during the Report Period | 1) Suboptimal Control: Patients who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period during the Report Period. 2) Absence of Controller Therapy: Patients who were dispensed more than 3 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. |
| Prediabetes/Metabolic Syndrome | Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes | All numerators |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|---|
| Proportion of Days Covered by Medication Therapy | 1) Active Clinical patients ages 18 and older who had two or more prescriptions for beta-blockers during the Report Period. 2) Active Clinical patients ages 18 and older who had two or more prescriptions for ACEI/ARBs during the Report Period. 3) Active Clinical patients ages 18 and older who had two or more prescriptions for calcium channel blockers (CCB) during the Report Period. 4) Active Clinical patients ages 18 and older who had two or more prescriptions for biguanides during the Report Period. 5) Active Clinical patients ages 18 and older who had two or more prescriptions for sulfonylureas during the Report Period. 6) Active Clinical patients ages 18 and older who had two or more prescriptions for thiazolidinediones during the Report Period. 7) Active Clinical patients ages 18 and older who had two or more prescriptions for statins during the Report Period. 8) Active Clinical patients ages 18 and older who had two or more prescriptions for antiretroviral agents during the Report Period. | 1) Patients with proportion of days covered (PDC) greater than or equal to (\geq) 80% during the Report Period. 2) Patients with a gap in medication therapy greater than or equal to (\geq) 30 days. 3) Patients with proportion of days covered (PDC) greater than or equal to (\geq) 90% during the Report Period. |
| Medication Therapy Management Services | All denominators | All numerators |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Public Health Nursing | No denominator. These measures are total counts only; not percentages. | 1) Number of visits by PHNs in any setting A) Ages 0 to 28 days B) Ages 29 days to 12 months C) Ages 1 through 64 years D) Ages 65plus (+) E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 0 to 28 days B) Ages 29 days to 12 months C) Ages 1 through 64 years D) Ages 65 plus (+) E) PHN driver/interpreter |
| Use of High-Risk Medications in the Elderly | Active Clinical patients ages 65 and older, broken down by gender | 1) With at least one high-risk medication for the elderly 2) With at least two different high-risk medications for the elderly |

5.14 Other National Measures Report Patient List (OST)

CI13 > RPT > OTH > OST

5.14.1 Overview

The Other National Measures Report Patient List (OST) option prints one or more patient lists including patients who *do* or *do not* meet a measure, or both, for one or more performance measure topics included in the Other National Measures Report.

5.14.2 Running the Other National Measures Report Patient List

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

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```

*****
**          IHS/ RPMS CRS 2013          **
    
```



```

**      Other National Reports      **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option: OST <Enter> Other National Measures
Report Patient List

```

Figure 5-100: Other National Reports Menu: selecting the Other National Measures Report Patient List (OST) (Step 4)

- At the “Select Other National Reports Option” prompt, type **OST** and press Enter to display information about the patient list, as in the following example. Press Enter to continue.

```

IHS Other National Measures Performance Report Patient List
CRS 2013, Version 13.0 Patch 1

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

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue: <Enter>
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

```

Figure 5-101: Running the Other National Measures Report Patient List: report information and taxonomy check (Steps 4 and 5)

- At the “End of taxonomy check” prompt, press Enter to display the **Performance Measure Selection** screen, as shown in the following example:

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:24:49      Page: 1 of 2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Comprehensive Care
2) RAS Antagonist Use in Diabetic Patients
3) Topical Fluoride
4) Influenza

```

```

5) Adult Immunizations
6) Adolescent Immunizations
7) Alcohol Screening and Brief Intervention (ASBI) in the ER
8) Intimate Partner (Domestic) Violence Screening
9) Depression Screening
10) Antidepressant Medication Management
11) Physical Activity Assessment
12) Cardiovascular Disease and Cholesterol Screening
13) Cardiovascular Disease and Blood Pressure Control
14) Appropriate Medication Therapy after a Heart Attack
15) Persistence of Appropriate Medication Therapy after a Heart Attack
16) Appropriate Medication Therapy in High Risk Patients
+      Enter ?? for more actions
S      Select Measure          D      De Select Measure      Q      Quit
Select Action:+//

```

Figure 5-102: Running the Other National Measures Report Patient List: selecting performance measure topics, Page 1 of 2 (Step 6)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:24:49      Page:  2 of  2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

17) Cholesterol Management for Patients with Cardiovascular Conditions
18) Heart Failure and Evaluation of LVS Function
19) HIV Quality of Care
20) Hepatitis C Screening
21) Chlamydia Testing
22) Sexually Transmitted Infection (STI) Screening
23) Asthma
24) Medication Therapy for Persons with Asthma
25) Prediabetes/Metabolic Syndrome
26) Proportion of Days Covered by Medication Therapy
27) Medication Therapy Management Services
28) Public Health Nursing
29) Use of High-Risk Medications in the Elderly
+      Enter ?? for more actions
S      Select Measure          D      De Select Measure      Q      Quit
Select Action:+//

```

Figure 5-103: Running the Other National Measures Report Patient List: selecting performance measure topics, Page 2 of 2 (Step 6)

6. The action bar appears at the bottom of the screen. At the “Select Action” prompt, do one of the following to view available topics:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a hyphen (-) and press Enter to return to the previous page.
7. To select performance measures to include in the report, follow these steps:
 - a. At the “Select Action” prompt, type **S** and press Enter.
 - b. At the “Which item(s)” prompt, type the number(s) of the measure(s) you want to include and press Enter.

To select multiple measures, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of ranges and numbers (e.g., 1 through 2, 4, 6, 10).

After pressing Enter, each selected measure is marked with an asterisk (*) to the left of its number (Figure 5-104).

For a list of the available performance measure topics, see the first column in Table 5-15.

- c. To save your selected performance measures, type **Q** at the “Select Action” prompt and press Enter.

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 10:26:16      Page: 1 of 2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Comprehensive Care
2) RAS Antagonist Use in Diabetic Patients
3) Topical Fluoride
4) Influenza
5) Adult Immunizations
6) Adolescent Immunizations
7) Alcohol Screening and Brief Intervention (ASBI) in the ER
8) Intimate Partner (Domestic) Violence Screening
*9) Depression Screening
10) Antidepressant Medication Management
11) Physical Activity Assessment
12) Cardiovascular Disease and Cholesterol Screening
13) Cardiovascular Disease and Blood Pressure Control
14) Appropriate Medication Therapy after a Heart Attack
15) Persistence of Appropriate Medication Therapy after a Heart Attack
16) Appropriate Medication Therapy in High Risk Patients
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure      Q      Quit
Select Action: +// Q <Enter> Quit

```

Figure 5-104: Running the Other National Measures Report Patient List: showing selected topics (Step 7)

```

Please select one or more of these report choices within the
Depression Screening performance measure topic.

      1) Active Diabetic Patients with Depression Screening
      2) Active Diabetic Patients without Depression Screening
Which item(s): (1-2): 1

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

      Select one of the following:

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

```

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

Figure 5-105: Running the Other National Measures Report Patient List: selecting patient lists for each topic and selecting list type (Steps 8 and 9)

8. Patient lists available for the first performance measure you selected are displayed (Figure 5-105). At the “Which item(s)” prompt, type the number of the list you would like to print and press Enter.

If you selected more than one performance measure, the patient lists available for the next measure is displayed. For a list of available patient lists, see the second and third columns in Table 5-15.

9. At the “Choose report type for the Lists” prompt, type the letter corresponding to the type of patient list you want and press Enter, where:
- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
 - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
 - **A** (All Patients) produces a list of all patients.

If you select **P** (Patient List by Provider), type the name of a designated provider and press Enter.

Notes: Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

```
Select one of the following:
```

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

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

Figure 5-106: Running the Other National Measures Report Patient List: selecting report date range (Step 10)

10. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

11. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period as in the following example:

```

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 (2013)

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
Baseline Period:       Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//

```

Figure 5-107: Running the Other National Measures Report Patient List: displaying report date ranges and selecting community taxonomy (Steps 11 and 12)

12. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

13. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
14. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.14.3 Patient List Content

The content of the patient list report is determined by the performance measure topic and performance measure you select. The following table shows the performance measure topics, their associated met/not met measures, and content of the patient lists.

Note: Not every measure will have a Met and Not Met patient list option. For example, for topical fluoride (number of applications), users may only print a patient list containing patients meeting the measure, because this measure is a count, not a percentage.

In addition to the patient lists being printed, the Other National Measures Report for the selected performance measure topic(s) will also be printed.

Table 5-15: Content of the Other National Measures Patient List Report by Performance Measure Topic and Performance Measure

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|----------------------------------|----------------------------|---|
| Diabetes Comprehensive Care | A1c documented | List of diabetic patients who did have their A1c assessed. |
| Diabetes Comprehensive Care | No A1c documented | List of diabetic patients who did <i>not</i> have their A1c assessed. |
| Diabetes Comprehensive Care | BP documented | List of diabetic patients who did have their BP assessed. |
| Diabetes Comprehensive Care | No BP documented | List of diabetic patients who did <i>not</i> have their BP assessed. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|---|--|---|
| Diabetes Comprehensive Care | Controlled BP | List of diabetic patients with controlled BP, defined as less than (<) 140/90. |
| Diabetes Comprehensive Care | Uncontrolled BP | List of diabetic patients with uncontrolled BP, defined as greater than (>) 140/90. |
| Diabetes Comprehensive Care | LDL documented | List of diabetic patients with LDL completed. |
| Diabetes Comprehensive Care | LDL not assessed | List of diabetic patients <i>without</i> LDL completed. |
| Diabetes Comprehensive Care | Nephropathy assessed | List of diabetic patients with nephropathy assessment. |
| Diabetes Comprehensive Care | No nephropathy assessment | List of diabetic patients <i>without</i> nephropathy assessment. |
| Diabetes Comprehensive Care | Retinal evaluation | List of diabetic patients with retinal evaluation. |
| Diabetes Comprehensive Care | No retinal evaluation | List of diabetic patients <i>without</i> retinal evaluation. |
| Diabetes Comprehensive Care | Documented Diabetic Foot Exam | List of diabetic patients with a diabetic foot exam. |
| Diabetes Comprehensive Care | No Documented Diabetic Foot Exam | List of diabetic patients <i>without</i> a diabetic foot exam. |
| Diabetes Comprehensive Care | With Comprehensive Diabetes Care | List of diabetic patients with comprehensive diabetes care. |
| Diabetes Comprehensive Care | Without Comprehensive Diabetes Care | List of diabetic patients <i>without</i> comprehensive diabetes care. |
| RAS Antagonist Use in Diabetic Patients | With RAS Antagonist medication | List of diabetic patients with hypertension and with RAS Antagonist medication. |
| RAS Antagonist Use in Diabetic Patients | With no RAS Antagonist medication or with RAS Antagonist contraindication or ADR | List of diabetic patients with hypertension and with no RAS Antagonist medication or with RAS Antagonist contraindication or ADR. |
| Topical Fluoride | With Topical Fluoride Application | List of patients who received at least one topical fluoride application during Report period. |
| Influenza | Active Clinical Patients with Influenza Immunization | List of patients with influenza vaccination, contraindication, or NMI refusal. |
| Influenza | Active Clinical Patients without Influenza Immunization | List of patients without influenza vaccination, contraindication, or NMI refusal. |
| Influenza | Diabetic Patients with Influenza Immunization | List of diabetic patients with influenza vaccination, contraindication, or NMI refusal. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|----------------------------------|---|---|
| Influenza | Diabetic Patients without Influenza Immunization | List of diabetic patients <i>without</i> influenza vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | High Risk Patients with Pneumovax | List of patients 18 through 64 considered high risk for pneumococcal with pneumovax vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | High Risk Patients without Pneumovax | List of patients 18 through 64 considered high risk for pneumococcal without pneumovax vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | Diabetic Patients with up-to-date Pneumovax | List of diabetic patients with pneumovax vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | Diabetic Patients without up-to-date Pneumovax | List of diabetic patients <i>without</i> pneumovax vaccination, contraindication, or NMI refusal. |
| Adult Immunizations | Active Clinical 18 and older with Tdap | List of patients 18 plus (+) with Tdap vaccination, contraindication, evidence of disease or NMI refusal. |
| Adult Immunizations | Active Clinical 18 and older without Tdap | List of patients 18 plus (+) without Tdap vaccination, contraindication, evidence of disease or NMI refusal. |
| Adult Immunizations | Active Clinical 18 and older with Tdap/Td in past 10 years | List of patients 18 plus (+) with Tdap or Td vaccination or NMI refusal in the past 10 years, or contraindication or evidence of disease ever. |
| Adult Immunizations | Active Clinical 18 and older without Tdap/Td in past 10 years | List of patients 18 plus (+) without Tdap or Td vaccination or NMI refusal in the past 10 years, or contraindication or evidence of disease ever. |
| Adolescent Immunizations | Active Clinical 13 through 17 with 1:3:2:1 | List of Active Clinical patients 13 through 17 with 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). |
| Adolescent Immunizations | Active Clinical 13 through 17 without 1:3:2:1 | List of Active Clinical patients 13 through 17 <i>without</i> 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|---|--|---|
| Adolescent Immunizations | Active Clinical 13 through 17 with 1:1:3 | List of Active Clinical patients 13 through 17 with 1:1:3 combination (i.e. 1 Tdap/Td, 1 Meningococcal, 3 HPV). |
| Adolescent Immunizations | Active Clinical 13 through 17 without 1:1:3 | List of Active Clinical patients 13 through 17 without 1:1:3 combination (i.e. 1 Tdap/Td, 1 Meningococcal, 3 HPV). 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. |
| Adolescent Immunizations | Active Clinical 13 through 17 with 1:1 | List of Active Clinical patients 13 through 17 with 1:1 combination (i.e. 1 Tdap/Td, 1 Meningococcal). |
| Adolescent Immunizations | Active Clinical 13 through 17 without 1:1 | List of Active Clinical patients 13 through 17 without 1:1 combination (i.e. 1 Tdap/Td, 1 Meningococcal). |
| Adolescent Immunizations | Active Clinical 13 through 17 with 1 Tdap | List of Active Clinical patients 13 through 17 with 1 Tdap ever. |
| Adolescent Immunizations | Active Clinical 13 through 17 without 1 Tdap | List of Active Clinical patients 13 through 17 <i>without</i> 1 Tdap ever. |
| Adolescent Immunizations | Active Clinical 13 through 17 with 1 Meningococcal | List of Active Clinical patients 13 through 17 with 1 Meningococcal ever. |
| Adolescent Immunizations | Active Clinical 13 through 17 without 1 Meningococcal | List of Active Clinical patients 13 through 17 <i>without</i> 1 Meningococcal ever. |
| Adolescent Immunizations | Female Active Clinical 13 through 17 with 3 HPV | List of female Active Clinical patients 13 through 17 with 3 doses of HPV ever. |
| Adolescent Immunizations | Active Clinical 13 through 17 without 3 HPV | List of Active Clinical patients 13 through 17 <i>without</i> 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed. |
| Alcohol Screening and Brief Intervention (ASBI) in the ER | Active Clinical Plus BH Patients 15 through 34 with ER Injury Screened for Alcohol Use | Active Clinical Plus BH patients 15 through 34 seen in the ER for injury who were screened for hazardous alcohol use. |
| Alcohol Screening and Brief Intervention (ASBI) in the ER | Active Clinical Plus BH Patients 15 through 34 with ER Injury Not Screened for Alcohol Use | Active Clinical Plus BH patients 15 through 34 seen in the ER for injury who were <i>not</i> screened for hazardous alcohol use. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|---|---|---|
| Alcohol Screening and Brief Intervention (ASBI) in the ER | Active Clinical Plus BH Patients 15 through 34 with ER Injury and Positive Alcohol Screen with BNI | Active Clinical Plus BH patients 15 through 34 seen in the ER for injury with positive alcohol screen who received a BNI. |
| Alcohol Screening and Brief Intervention (ASBI) in the ER | Active Clinical Plus BH Patients 15 through 34 with ER Injury and Positive Alcohol Screen without BNI | Active Clinical Plus BH patients 15 through 34 seen in the ER for injury with positive alcohol screen who did <i>not</i> receive a BNI. |
| Intimate Partner (Domestic) Violence Screening | Documented IPV/DV Screening | List of female patients 15 through 40 with documented IPV/DV screening. |
| Intimate Partner (Domestic) Violence Screening | No Documented IPV/DV Screening | List of female patients 15 through 40 <i>without</i> documented IPV/DV screening. |
| Depression Screening | Active Diabetic Patients with Depression Screening | List of Active Diabetic patients screened for depression/diagnosed with mood disorder. |
| Depression Screening | Active Diabetic Patients with Depression Screening | List of Active Diabetic patients <i>not</i> screened for depression/diagnosed with mood disorder. |
| Antidepressant Medication Management | Active Clinical Plus BH 18 plus (+) with new depression diagnosis and no APT | List of Active Clinical Plus BH patients with new depression DX and no acute phase treatment (APT). |
| Antidepressant Medication Management | Active Clinical Plus BH 18 plus (+) with new depression diagnosis and no CONPT | List of Active Clinical Plus BH patients with new depression DX and no continuation phase treatment (CONPT). |
| Physical Activity Assessment | Active Clinical 5 plus (+) with physical activity assessment | List of Active Clinical patients 5 and older who had a physical activity assessment. |
| Physical Activity Assessment | Active Clinical 5 plus (+) without physical activity assessment | List of Active Clinical patients 5 and older who did not have a physical activity assessment. |
| Physical Activity Assessment | Active Clinical 5 plus (+) with physical activity assessment and exercise education | List of Active Clinical patients 5 and older who had a physical activity assessment and received exercise education. |
| Physical Activity Assessment | Active Clinical 5 plus (+) with physical activity assessment and without exercise education | List of Active Clinical patients 5 and older who had a physical activity assessment and did not receive exercise education. |
| Cardiovascular Disease and Cholesterol Screening | Active Clinical 23 plus (+) with Total Cholesterol Screening | List of Active Clinical patients 23 plus (+) screened for total cholesterol in past 5 years. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|---|---|--|
| Cardiovascular Disease and Cholesterol Screening | Active Clinical 23 plus (+) without Total Cholesterol Screening | List of Active Clinical patients 23 plus (+) <i>not</i> screened for total cholesterol in past 5 years. |
| Cardiovascular Disease and Blood Pressure Control | Active Clinical 20 plus (+) or with CHD with BP Assessed | List of Active Clinical patients equal to or greater than (=>) 20 or who have CHD who had their BP assessed twice in past two years. |
| Cardiovascular Disease and Blood Pressure Control | Active Clinical 20 plus (+) or with CHD w/o BP Assessment | List of Active Clinical patients equal to or greater than (=>) 20 or who have CHD who have not had their BP assessed twice in past two years. |
| Cardiovascular Disease and Blood Pressure Control | Active Clinical 20 plus (+) or with IHD w/Normal BP (less than (<)120/80) | List of Active Clinical patients equal to or greater than (=>) 20 or who have CHD who have normal BP (less than (<) 120/80). |
| Cardiovascular Disease and Blood Pressure Control | Active Clinical 20 plus (+) or with IHD w/Uncontrolled BP (greater than or equal to (>=)120/80) | List of Active Clinical patients equal to or greater than (=>) 20 or who have CHD who have uncontrolled BP (equal to or greater than (=>) 120/80). |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with Beta-Blocker Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI with beta-blocker therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without Beta-Blocker Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI <i>without</i> beta-blocker therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with ASA Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI with ASA therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without ASA Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI <i>without</i> ASA therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with ACEI/ARB Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI with ACEI/ARB therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without ACEI/ARB Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI <i>without</i> ACEI/ARB therapy. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|--|--|
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with Statin Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI with statin therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without Statin Therapy | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI <i>without</i> statin therapy. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with All Meds | List of Active Clinical patients equal to or great than (=>) 35 discharged for AMI with all appropriate medications. |
| Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without All Meds | List of Active Clinical patients equal to or greater than (=>) 35 discharged for AMI <i>without</i> all appropriate medications. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with 135-day Beta-Blocker Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx with 135-day beta-blocker therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without 135-day Beta-Blocker Therapy | List of Active Clinical patients equal to or greater than (=>)>35 with AMI Dx <i>without</i> 135-day beta-blocker therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (++) with 135-day ASA Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx with 135-day ASA therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without 135-day ASA Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx <i>without</i> ASA therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with 135-day ACEI/ARB Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx with 135-day ACEI/ARB therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without 135-day ACEI/ARB Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx <i>without</i> 135-day ACEI/ARB therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with 135-day Statin Therapy | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx with 135-day statin therapy. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|---|---|
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without 135-day Statin Therapy | List of Active Clinical equal to or greater than (=>) 35 with AMI Dx <i>without</i> 135-day statin therapy. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) with 135-day Treatment of All Meds | List of Active Clinical patients equal to or greater than equal to or greater than (=>) 35 with AMI Dx with 135-day therapy for all appropriate meds. |
| Persistence of Appropriate Medication Therapy after a Heart Attack | Active Clinical 35 plus (+) without 135-day Treatment of All Meds | List of Active Clinical patients equal to or greater than (=>) 35 with AMI Dx <i>without</i> 135-day therapy for all appropriate meds. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) with 180-day Beta-Blocker Therapy | List of Active CHD patients 22 plus (+) with 180-day beta-blocker therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) without 180-day Beta-Blocker Therapy | List of Active CHD patients 22 plus (+) <i>without</i> 180-day beta-blocker therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) with 180-day ASA Therapy | List of Active CHD patients 22 plus (+) with 180-day ASA therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) without 180-day ASA Therapy | List of Active CHD patients 22 plus (+) <i>without</i> 180-day ASA therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) with 180-day ACEI/ARB Therapy | List of Active CHD patients 22 plus (+) with 180-day ACEI/ARB therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) without 180-day ACEI/ARB Therapy | List of Active CHD patients 22 plus (+) <i>without</i> 180-day ACEI/ARB therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) with 180-day Statin Therapy | List of Active CHD patients 22 plus (+) with 180-day statin therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) without 180-day Statin Therapy | List of Active CHD patients 22 plus (+) <i>without</i> 180-day statin therapy. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) with 180-day Treatment of All Meds | List of Active CHD patients 22 plus (+) with 180-day therapy for all appropriate meds. |
| Appropriate Medication Therapy in High Risk Patients | Active CHD 22 plus (+) without 180-day Treatment of All Meds | List of Active CHD patients 22 plus (+) <i>without</i> 180-day therapy for all appropriate meds. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|---|---|
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical 18 through 75 with CVD with LDL Assessed | List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL completed, regardless of result. |
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical 18 through 75 with CVD without LDL Assessed | List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD <i>without</i> LDL completed. |
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical 18 through 75 with CVD with LDL less than or equal to (\leq)100 | List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL less than or equal to (\leq) 100. |
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical 18 through 75 with CVD with LDL 101 through h130 | List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL 101-130. |
| Cholesterol Management for Patients with Cardiovascular Conditions | Active Clinical 18 through 75 with CVD with LDL greater than ($>$)130 | List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL greater than ($>$) 130. |
| Heart Failure and Evaluation of LVS Function | Active Clinical 18 plus (+) with Evaluation of LVS Function | List of Active Clinical heart failure patients 18 plus (+) who received evaluation of LVS function. |
| Heart Failure and Evaluation of LVS Function | Active Clinical 18 plus (+) without Evaluation of LVS Function | List of Active Clinical heart failure patients 18 plus (+) who did not receive evaluation of LVS function. |
| HIV Quality of Care | Patients 13 plus (+) with HIV Dx with CD4 test only | List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 test only. |
| HIV Quality of Care | Patients 13 plus (+) without HIV Dx with CD4 test | List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 test only. |
| HIV Quality of Care | Patients 13 plus (+) with HIV Dx with HIV viral load only | List of patients 13 plus (+) with HIV diagnosis during the Report Period who received HIV viral load only. |
| HIV Quality of Care | Patients 13 plus (+) with HIV Dx without HIV viral load | List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive HIV viral load only. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|--|--|
| HIV Quality of Care | Patients 13 plus (+) with HIV Dx with CD4 and HIV viral load | List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 and HIV viral load. |
| HIV Quality of Care | Patients 13 plus (+) with HIV Dx without CD4 and HIV viral load | List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load. |
| HIV Quality of Care | Patients 13 plus (+)+ with HIV Dx with CD4 and/or HIV viral load | List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 and/or HIV viral load. |
| HIV Quality of Care | Patients 13 plus (+)+ with HIV Dx without CD4 or HIV viral load | List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load. |
| Hepatitis C Screening | Patients with no Hepatitis C Diagnosis with Hepatitis C Screening | List of patients born between 1945-1965 with no prior Hep C diagnosis who were ever screened for Hep C. |
| Hepatitis C Screening | Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening | List of patients born between 1945-1965 with no prior Hep C diagnosis or screening who were ever screened for Hep C. |
| Chlamydia Testing | Active Clinical 16 through 25 with Chlamydia screening | List of Active Clinical patients with documented Chlamydia screening. |
| Chlamydia Testing | Active Clinical 16 through 25 without Chlamydia screening | List of Active Clinical patients without documented Chlamydia screening. |
| Sexually Transmitted Infection (STI) Screening | Active Clinical with STI who were Screened for Other Key STIs | List of Active Clinical patients diagnosed with an STI who were screened for other key STIs. |
| Sexually Transmitted Infection (STI) Screening | Active Clinical with STI who were not Screened for Other Key STIs | List of Active Clinical patients diagnosed with an STI who were <i>not</i> screened for other key STIs. |
| Sexually Transmitted Infection (STI) Screening | Active Clinical with STI who were Screened for HIV/AIDS | List of Active Clinical patients diagnosed with an STI who were screened for HIV. |
| Sexually Transmitted Infection (STI) Screening | Active Clinical with STI who were not Screened for HIV/AIDS | List of Active Clinical patients diagnosed with an STI who were not screened for HIV. |
| Sexually Transmitted Infection (STI) Screening | User Population with STI who were Screened for Other Key STIs | List of User Population patients diagnosed with an STI who were screened for other key STIs. |
| Sexually Transmitted Infection (STI) Screening | User Population with STI who were not Screened for Other Key STIs | List of User Population patients diagnosed with an STI who were not screened for other key STIs. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|---|--|
| Sexually Transmitted Infection (STI) Screening | User Population with STI who were Screened for HIV/AIDS | List of User Population patients diagnosed with an STI who were screened for HIV. |
| Sexually Transmitted Infection (STI) Screening | User Population with STI who were not Screened for HIV/AIDS | List of User Population patients diagnosed with an STI who were not screened for HIV. |
| Asthma | Active Clinical with Asthma | List of Active Clinical patients diagnosed with asthma. |
| Medication Therapy for Persons with Asthma | Active Clinical 5 through 50 with Asthma with Suboptimal Control | List of Active Clinical patients ages 5 through 50 with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. |
| Medication Therapy for Persons with Asthma | Active Clinical 5 through 50 with Asthma without Suboptimal Control | List of Active Clinical patients ages 5 through 50 with asthma who were not dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period. |
| Medication Therapy for Persons with Asthma | Active Clinical 5 through 50 with Asthma with no Controller Therapy | List of Active Clinical patients ages 5 through 50 with asthma who did not receive controller therapy. |
| Prediabetes/Metabolic Syndrome | Active Clinical 18 plus (+) with All Assessments | List of Active Clinical patients equal to or greater than (\geq) 18 with Prediabetes/Metabolic Syndrome with all assessments. |
| Prediabetes/Metabolic Syndrome | Active Clinical 18 plus (+) without All Assessments | List of Active Clinical patients equal to or greater than (\geq) 18 with Prediabetes/Metabolic Syndrome without all assessments. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Beta-blockers greater than or equal to (\geq)80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for beta-blockers is greater than or equal to (\geq) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Beta-blockers less than ($<$)80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for beta-blockers is $<$ 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with Beta-blocker Gap greater than or equal to (\geq)30 Days | List of Active Clinical patients greater than or equal to (\geq) 18 who had a gap greater than or equal to (\geq) 30 days in their beta-blocker medication therapy. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|--|--|
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for RAS Antagonists greater than (>)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for RAS Antagonists is greater than or equal to (>=) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for RAS Antagonists less than (<)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for RAS Antagonists is less than (<) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with RAS Antagonist Gap greater than or equal to (>=)30 Days | List of Active Clinical patients greater than or equal to (>=) 18 who had a gap greater than or equal to (>=) 30 days in their RAS Antagonist medication therapy. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for CCBs greater than or equal to (>=)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for calcium channel blockers is greater than or equal to (>=) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for CCBs less than (<)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for calcium channel blockers is <80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with CCB Gap greater than or equal to (>=)30 Days | List of Active Clinical patients greater than or equal to (>=) 18 who had a gap greater than or equal to (>=) 30 days in their calcium channel blocker medication therapy. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Biguanides greater than or equal to (>=)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for biguanides is greater than or equal to (>=) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Biguanides less than (<)80% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for biguanides is less than (<) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with Biguanide Gap greater than or equal to (>=)30 Days | List of Active Clinical patients greater than or equal to (>=) 18 who had a gap greater than or equal to (>=) 30 days in their biguanide medication therapy. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|---|--|
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Sulfonylureas greater than or equal to (\geq)80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for sulfonylureas is greater than or equal to (\geq) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Sulfonylureas less than ($<$)80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for sulfonylureas is less than ($<$) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with Sulfonylurea Gap greater than or equal to (\geq)30 Days | List of Active Clinical patients greater than or equal to (\geq) 18 who had a gap greater than or equal to (\geq) 30 days in their sulfonylurea medication therapy. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Thiazolidinediones greater than or equal to (\geq) 80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for thiazolidinediones is greater than or equal to (\geq) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Thiazolidinediones less than ($<$) 80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for thiazolidinediones is less than ($<$) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with Thiazolidinedione Gap greater than or equal to (\geq)30 Days | List of Active Clinical patients greater than or equal to (\geq) 18 who had a gap greater than or equal to (\geq) 30 days in their thiazolidinedione medication therapy. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Statins greater than or equal to (\geq) 80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for statins is greater than or equal to (\geq) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Statins less than ($<$)80% | List of Active Clinical patients greater than or equal to (\geq) 18 whose proportion of days covered for statins is less than ($<$) 80%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with Statin Gap greater than or equal to (\geq) 30 Days | List of Active Clinical patients greater than or equal to (\geq) 18 who had a gap greater than or equal to (\geq) 30 days in their statin medication therapy. |

| Performance Measure Topic | Performance Measure | Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.) |
|--|---|---|
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Antiretroviral Agents greater than or equal to (>=)90% | List of Active Clinical patients greater than or equal to (>=) 18 whose proportion of days covered for antiretroviral agents is greater than or equal to (>=)90%. |
| Proportion of Days Covered by Medication Therapy | Active Clinical 18 plus (+) with PDC for Antiretroviral Agents less than (<)90% | List of Active Clinical patients greater than or equal to (>=)18 whose proportion of days covered for antiretroviral agents is less than (<)90%. |
| Medication Therapy Management Services | Active Clinical 18 plus (+) with MTM | List of Active Clinical patients greater than or equal to (>=) 18 receiving medications with medication therapy management. |
| Medication Therapy Management Services | Active Clinical 18 plus (+) without MTM | List of Active Clinical patients greater than or equal to (>=) 18 receiving medications without medication therapy management. |
| Public Health Nursing | Documented PHN Visit(s) in Any Setting, including Home | List of patients with a PHN visit(s) in any setting, including Home. |
| Public Health Nursing | Documented PHN Visit(s) in Home Setting | List of patients with a PHN visit(s) in Home setting. |
| Use of High-Risk Medications in the Elderly | With At Least One High-Risk Medication | List of Active Clinical patients 65 and older with at least one high-risk medication. |
| Use of High-Risk Medications in the Elderly | Without At Least One High-Risk Medication | List of Active Clinical patients 65 and older without at least one high-risk medication. |

5.15 Elder Care Report (ELD)

CI13 > RPT > OTH > ELD

5.15.1 Overview

The Elder Care Report contains quality of care measures for patients 55 and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. The measure “rate of functional status assessment” is unique to this report. Performance measures are also reported by age ranges 55 through 64, 65 through 74, 75 through 84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care Report provides an option for selecting different patient-type populations: (AI/AN, non-AI/AN, or both; and the report can be exported to the Area Office by the site for aggregation into an Area-Office-wide Elder Care Report.

Patient Lists may be run for this report.

5.15.2 Running the Elder Care Report with Patient Lists

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```

*****
**      IHS/RPMS CRS 2013      **
**      Other National Reports  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option:

```

Figure 5-108: Other National Reports Menu: selecting Elder Care Report (ELD) (Step 4)

4. At the “Select Other National Reports Option” prompt, type **ELD** and press Enter to display information about the Elder Care report, as in the following example:

```

2013 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all
ELDER performance measures for a year period you specify. You will
be asked to provide: 1) the reporting period, 2) the baseline period
to compare data to, 3) the community taxonomy to determine which
patients will be included, and 4) the patient population (i.e. AI/AN only,
non AI/AN, or both) to determine which patients will be included.

If you choose to run the report for all Elder Care measures, you
will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for
the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

```

```

There are 28 measures in the Elder Care Performance Measure Report.
Press enter to continue:

      Select one of the following:

          S          Selected set of Measures
          A          All Measures

Run the report on: S// S <Enter> Selected set of Measures

```

Figure 5-109: Running the Elder Care Report: report description display and measure selection (Steps 4 through 6)

5. Press Enter to continue.
6. At the “Run the report on” prompt, do one of the following:
 - To include only *selected measures* in the Elder Care report, type **S** and press Enter to display the **Performance Measure Selection** screen. Continue with Step 7 to select performance measures.
 - To include *all measures* in the Elder Care report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 07:29:52          Page: 1 of 2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1) Diabetes Prevalence
2) Diabetes Glycemic Control
3) Diabetes: Blood Pressure Control
4) Diabetes: LDL Assessment
5) Diabetes: Nephropathy Assessment
6) Diabetic Retinopathy
7) Diabetes: Access to Dental Services
8) Access to Dental Services
9) Adult Immunizations: Influenza
10) Adult Immunizations: Pneumovax
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression Screening
16) Obesity Assessment

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

```

Figure 5-110: Running the Elder Care Report: selecting performance measure topics (Step 7)

7. The action bar appears at the bottom of the screen. At the “Select Action” prompt, do one of the following:
 - To view multiple pages,

- Type a plus sign (+) and press Enter to view the next page.
- Type a hyphen (-) and press Enter to return to the previous page.
- To select specific measure topics, follow these steps:
 - Type **S** and press Enter.
 - At the “Which item(s)” prompt, type the number(s) preceding the measure topic(s) you want.

To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

- To save your selected topics, type **Q** (Quit) and press Enter.

For a list of the available performance measure topics, see the first table column in Section 5.14.3.

8. The system checks to see if all taxonomies required for the Elder Care report are present. At the prompt, press Enter to continue.

Select one of the following:

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

Enter the date range for your report:

Figure 5-111: Running the Elder Care Report: selecting report date range (Step 9)

9. At the “Enter the date range for your report” prompt, do one of the following:
 - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
 - To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
10. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

11. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

The screen displays your Home location, as defined in the Site Parameters.

12. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **Elder Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

Continue with Step 13 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, “No.”

Go to Step 15 to continue the report selection process.

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

```

ELDER MEASURE LIST SELECTION  Oct 08, 2012 10:53:52          Page:  1 of
1
IHS FY 12 ELDER Performance Measure Lists of Patients
* indicates the list has been selected
*1) Mammogram: List of female patients =>55 with mammogram/refusal, if
any.
2) Colorectal Cancer: List of pts =>55 w/CRC screening,refusal&date, if
any

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

Figure 5-112: Running the Elder Care Report: choosing patient lists (Step 13)

13. To select patient lists, follow these steps:

- a. At the “Select Action” prompt, type **S** and press Enter.

- b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include and press Enter.

To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

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

- c. To save your selected lists, Type **Q** (Quit) and press Enter.

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

Select one of the following:

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

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

Figure 5-113: Running the Elder Care Report: selecting patient list type (Step 14)

14. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

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

If you select P (Patient List by Provider), type the name of a Designated Provider at the “Enter Designated Provider Name” prompt and press Enter.

```
Select one of the following:

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

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

Figure 5-114: Running the Elder Care Report: selecting beneficiary population (Step 15)

15. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include in the report and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
16. If you are running the Elder Care report for *all* measures, you can choose whether to send this data to your Area Office.
- If you are ready to send the final data to your Area Office, type **Y** and press Enter at the “Do you wish to export this data to Area” prompt.
 - If you are not ready to send final data to your Area Office, type **N** and press Enter.

Note: You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Elder Care Report is displayed, as in the following example:

```

SUMMARY OF FY 12 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
Report Period:           Jan 01, 2013 to Dec 31, 2013
Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

    Select one of the following:

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

Select an Output Option: P//

```

Figure 5-115: Summary Screen for Elder Care Report (Steps 16 and 17)

17. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.15.3 Report Content

Table 5-16: Content of the Elder Care Report

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|------------------------------------|--|---|
| Diabetes Prevalence | User population 55 plus (+), broken down by gender and age groups | 1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year |
| Diabetes (DM): Glycemic Control | Active diabetic patients 55 plus (+), broken down by age groups | 1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (greater than (>)9.5) 3) With Very Poor control (greater than or equal to (>=)12) 4) With Poor control (greater than (>)9.5 and less than (<)12) 5) With Fair control (equal to or greater than (=>)8 and equal to or greater than (=>)9.5) 6) With A1c equal to or greater than (=>)7 and less than (<)8 7) With Good control (less than (<)8) 8) With GPRA-defined Ideal control (less than (<)7) 9) With Hemoglobin A1c without result |
| DM: Blood Pressure Control | Active diabetic patients 55 plus (+), broken down by age groups | 1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP |
| DM: LDL Assessment | Active diabetic patients 55 plus (+), broken down by age groups | 1) With LDL, any value 2) With LDL less than (<)130 3) With LDL less than or equal to (<=) 100 4) With LDL 101 through 129 |
| DM: Nephropathy Assessment | Active diabetic patients 55 plus (+), broken down by age groups | With estimated GFR AND a quantitative urinary protein or with ESRD |
| DM: Retinopathy | Active diabetic patients 55 plus (+) with no history of bilateral blindness, broken down by age groups | 1) With any retinal screening (no refusals) A) With diabetic retinal exam B) With other eye exam 2) With refusal of diabetic retinal exam |
| Diabetic Access to Dental Services | Active diabetic patients 55 plus (+), broken down by age groups | With documented dental exam (no refusals) |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|-----------------------------------|--|---|
| Access to Dental Services | User population 55 plus (+), broken down by age groups | With documented dental exam (no refusals) |
| Adult IZ: Influenza | Active clinical patients 55 plus (+), broken down by age groups | 1) With influenza vaccination in past year or contraindication ever A) With contraindication or NMI refusal |
| Adult IZ: Pneumovax | Active clinical patients 55 plus (+), broken down by age groups | 1) With pneumovax or contraindication ever A) With contraindication or NMI refusal |
| Cancer Screening: Mammogram Rates | Female active clinical patients 55 plus (+), broken down by age groups | 1) With documented mammogram in past 2 years (no refusals) 2) With refusal in past year |
| Colorectal Cancer Screening | Active clinical patients 55 plus (+), broken down by gender and age groups | 1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With refusal in past year 3) With FOBT/FIT in past year 4) With flex sig in past 5 years or colonoscopy in past 10 years |
| Tobacco Use Assessment | Active clinical patients 55 plus (+), broken down by gender and age groups | 1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS) |
| IPV/DV Screening | Female active clinical patients 55 plus (+), broken down by age groups | 1) With documented IPV/DV screen (no refusals) A) With IPV/DV exam B) With IPV/DV diagnosis C) With IPV/DV education or counseling |
| Depression Screening | Active clinical patients 55 plus (+), broken down by gender and age groups | 1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis 2) With depression-related patient education |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|--|
| Obesity Assessment (BMI) | Active clinical patients 55 plus (+), broken down by age and gender groups | 1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal |
| Cardiovascular Disease and Blood Pressure Control | Active clinical patients 55 plus (+), broken down by age and gender groups | 1) With BP documented in past 2 years 2) With Normal BP 3) With Pre-hypertension I BP 4) With Pre-hypertension II BP 5) With Stage 1 BP 6) With Stage 2 BP 7) With Systolic HTN |
| Cardiovascular Disease and Cholesterol Screening | Active clinical patients 55 plus (+), broken down by age and gender groups | 1) With blood cholesterol screening in past 5 years 2) With cholesterol greater than or equal to (\geq)240 3) With LDL in past 5 years, regardless of result 4) With LDL less than or equal to (\leq)100 5) With LDL 101-130 6) With LDL 131-160 7) With LDL greater than ($>$)160 |
| Osteoporosis Management | Female active clinical patients 55 plus (+) with fracture, broken down by age groups | Treated or tested for osteoporosis |
| Osteoporosis Screening in Women | Female active clinical patients ages 65 plus (+) without a documented history of osteoporosis, broken down by age groups. | Screened for osteoporosis after the age of 65 |
| Osteoarthritis Medication Monitoring | Active clinical patients ages 55 plus (+) diagnosed with osteoarthritis, broken down by age groups | Patients who received appropriate monitoring of medication during the Report Period. |
| Functional Status | Active clinical patients 55 plus (+), broken down by age and gender groups | With functional status screening |
| Asthma | 1) Active clinical patients 55 plus (+), broken down by age groups 2) From numerator 1 | 1) With two asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|---|
| Public Health Nursing | No denominator; counts only | 1) Number of visits by PHNs in any setting, patients ages 55+ <ul style="list-style-type: none"> A) Ages 55 through 64 B) Ages 65 through 74 C) Ages 75 through 84 D) Ages 85 plus (+) E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting <ul style="list-style-type: none"> A) Ages 55 through 64 B) Ages 65 through 74 C) Ages 75 through 84 D) Ages 85 plus (+) E) PHN driver/interpreter |
| Fall Risk Assessment in Elders | Active clinical patients 65 plus (+), broken down by age and gender groups | 1) Screened for fall risk or with fall-related diagnosis <ul style="list-style-type: none"> A) Screened for fall risk B) History of fall C) Fall-related diagnosis, D) Abnormality of gait/balance 2) Refusal of fall risk screen |
| Use of High-Risk Medications in the Elderly | Active clinical patients 65 plus (+), broken down by gender and age groups | 1) With at least one high-risk medication 2) With at least two high-risk medications Included in both numerators above are the following subnumerators: <ul style="list-style-type: none"> A) Anticholinergic meds B) Antithrombotic meds C) Anti-infective meds D) Cardiovascular meds E) Central nervous system meds F) Endocrine meds G) Gastrointestinal meds H) Pain meds I) Skeletal muscle relaxant meds |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|-----------------------|--|---|
| Palliative Care | No denominator. This measure is a total count only, not a percentage. | 1) The total number of active clinical patients 55 and older with at least one palliative care visit during the Report Period. Broken down by gender and age groups. 2) The total number of palliative care visits for active clinical patients 55 and older during the report period. Broken down by gender and age groups. |
| Annual Wellness Visit | Active Clinical patients 65 plus (+), broken down by gender and age groups | With at least one Annual Wellness exam in the past 15 months |

5.15.4 Elder Care Patient List

Patient Lists are available for individual measures included in the Elder Care Report and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The following Patient List options are available:

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

Select which measures you want to run Patient Lists for after you have selected the measures for the report.

Table 5-17: Elder Care Patient List by Performance Measure Topic

| Performance Measure Topic | Patient List |
|----------------------------------|---|
| Diabetes Prevalence | Diabetic patients equal to or greater than (=>)55 with most recent diagnosis |
| Diabetes: Glycemic Control | Diabetic patients equal to or greater than (=>) 55 with most recent A1c value, if any. |
| Diabetes: Blood Pressure Control | Diabetic patients equal to or greater than (=>) 55 with BP value, if any. |
| Diabetes: LDL Assessment | Diabetic patients equal to or greater than (=>) 55 with LDL cholesterol test, if any. |
| Diabetes: Nephropathy Assessment | List of patients equal to or greater than (=>) 55 with nephropathy assessment, if any. |
| Diabetic Retinopathy | List of diabetic patients equal to or greater than (=>) 55 with qualified retinal evaluation, if any. |

| Performance Measure Topic | Patient List |
|---|--|
| Diabetes: Access to Dental Services | List of diabetic patients equal to or greater than (=>) 55 and documented dental visit, if any. |
| Access to Dental | List of patients equal to or greater than (=>) 55 with documented dental visit and date. |
| Adult Immunizations: Influenza | List of patients equal to or greater than (=>) 55 with influenza immunization/contraindication and date, if any. |
| Adult Immunizations: Pneumovax | List of patients equal to or greater than (=>) 55 with pneumovax immunization/contraindication and date, if any. |
| Cancer Screening: Mammogram Rates | List of female patients equal to or greater than (=>) 55 with mammogram, if any. |
| Colorectal Cancer Screening | List of patients equal to or greater than (=>) 55 with CRC screening, if any. |
| Tobacco Use and Exposure Assessment | List of patients equal to or greater than (=>) 55 with documented tobacco screening, if any. |
| Intimate Partner Violence/Domestic Violence | List of female patients equal to or greater than (=>) 55 with documented IPV/DV screening, if any. |
| Depression Screening | List of patients equal to or greater than (=>) 55 with documented depression screening/diagnosed with mood disorder, if any. |
| Obesity Assessment | List of patients 55 through 74 with current BMI, if any. |
| Cardiovascular Disease and Blood Pressure Control | List of patients equal to or greater than (=>) 55 with mean BP, if any. |
| Cardiovascular Disease and Cholesterol Screening | List of patients equal to or greater than (=>) 55 with cholesterol or LDL value if any. |
| Osteoporosis Management | List of female patients equal to or greater than (=>) 55 with new fracture who had osteoporosis treatment or testing, if any. |
| Osteoporosis Screening in Women | List of female patients equal to or greater than (=>) 65 with osteoporosis screening, if any. |
| Osteoarthritis Med Monitoring | List of OA patients 55 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:". All laboratory tests the patient <i>did</i> have are displayed. |
| Functional Status | List of patients equal to or greater than (=>) 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 |

| Performance Measure Topic | Patient List |
|---|--|
| | COOK–Cooking SHOP–Shopping HSWK–Housework/Chores MEDS–Medications TRNS–Transportation |
| Asthma | List of patients equal to or greater than (=>) 55 diagnosed with asthma and any asthma-related hospitalizations. |
| PHN | List of patients equal to or greater than (=>) 55 with PHN visits documented Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting. |
| Fall Risk Assessment | List of patients 65 years or older with fall risk assessment, if any. |
| Use of High-Risk Medications in the Elderly | List of patients 65 and older with at least one prescription for a high-risk medication. |
| Palliative Care | List of patients equal to or greater than (=>) 55 with at least one palliative care visit during the Report Period. |
| Annual Wellness Visit | List of patients equal to or greater than (=>) 65 with at least one annual wellness exam in the past 15 months, if any. |

5.16 Patient Education with Community Specified Report (PCM)

CI13 > RPT > OTH > PED > PCM

5.16.1 Overview

The Patient Education with Community Specified Report contains performance measures specific to user population patients who have received patient education. Sites are not required to run the Patient Education report.

Patient Lists may be run for this report.

5.16.2 Running the PCM Patient Education with Community Specified Report.

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** main menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Other National Reports  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
PED      Patient Education Reports ...

Select Other National Reports Option: PED <Enter> Patient Education
Reports

```

Figure 5-116: Other National Reports menu: selecting the Patient Education Report (PED) (Step 4)

4. At the “Select Other National Reports Option” prompt, type **PED** and press Enter to display the Patient Education Reports Menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Patient Education Reports Menu  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

PCM      Patient Education w/Community Specified
P3       Patient Education w/Patient Panel Population

Select Patient Education Reports Option: PCM <Enter> Patient Education
w/Community Specified

```

Figure 5-117: Patient Education Reports Menu: selecting the Patient Education with Community Specified Report (PCM) (Step 5)

5. At the “Select Patient Education Reports Option” prompt, type **PCM** and press Enter to display information about the report, as in the following example:

```

Patient Education w/Community Specified Report

This will produce a report for all patients in the User Population for
Patient Education performance measures you specify for a given period.
You will be asked to: 1) select the measures, and provide 2) the
reporting period, 3) the baseline period to compare data to, 4) the
community taxonomy to determine which patients will be included, and
5) the patient population (i.e. AI/AN only, non AI/AN, or both) to
determine which patients will be included.

You will be given the opportunity to export this data to the Area

```

```

Office. If you answer yes, this option will produce a report in export
format for the Area Office to use in Area aggregated data. Depending on
site specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.
PRESS ENTER:

      Select one of the following:

          S          Selected set of Measures
          A          All Measures

Run the report on: S//

```

Figure 5-118: Running the Patient Education with Community Specified Report (PCM): report description display and selecting measures to include (Steps 5 and 6)

6. At the “Run the report on” prompt, do one of the following:

- To include only *selected measures* in the PCM report, type **S** and press Enter to display the Patient Ed Measure Selection screen. Continue with Step 7 to select performance measures.
- To include *all measures* in the PCM report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```

PATIENT ED MEASURE SELECTION Oct 08, 2012 07:51:14      Page: 1 of
1
IHS Patient Education Measures
* indicates the performance measure has been selected

1) Rate of User Population Patients Receiving Patient Education
2) Rate of Time by Provider Discipline
3) Rate for Top 25 Patient Education Topics
4) Rate for Top 25 Education Subtopics
5) Rate for Top 15 Provider Disciplines Who Educated
6) Rate of Patient Understanding of Education
7) Goal Setting

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

```

Figure 5-119: Running Patient Education with Community Specified Report (PCM): selecting performance measure topics (Step 7)

7. The action bar appears at the bottom of the screen. At the “Select Action” prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a hyphen (-) and press Enter to return to the previous page.
- To select specific measure topics, follow these steps:
 - At the “Select Action” prompt, type **S** and press Enter.

- At the “Which item(s)” prompt, type the number(s) preceding the topic(s) you want.

To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 2, 4, 6, 10).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number, as in the following example:

- To save your selected topics, type **Q** (Quit) and press Enter.

```
Select one of the following:

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

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

Figure 5-120: Running the Patient Education with Community Specified Report (PCM): selecting report date range (Step 8)

- At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

- At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges selected for the report are displayed, including Report Period, Previous Year Period, and Baseline Period, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <Enter> (2013)

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
```

```

Baseline Period:           Jan 01, 2000 to Dec 31, 2000

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//

```

Figure 5-121: Running the Patient Education with Community Specified Report (PCM): selecting report date ranges and community taxonomy (Step 10)

10. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

- Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

11. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Patient Ed List Selection screen. Only the patient lists for the topics you have selected for your report are listed.

Continue with Step 12 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, “No.”

Go to Step 14 to continue the report selection process.

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

```

PATIENT ED LIST SELECTION      Oct 08, 2012 07:56:45      Page: 1 of
1
IHS FY 12 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1) List of User Pop Pts who received Pt Ed during Report Period
2) List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3) List of User Pop Pts who received pt ed during report period, w/count
of ea
4) List of User Pop Pts who received pt ed during the Report Period
w/topic, i

```

```

5) List of User Pop Pts who received pt ed during report period, w/prov
disc
6) List of User Pop Pts w/ pt ed w/ level of understanding, if any
7) List of User Pop Pts w/ Goal Setting information

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

```

Figure 5-122: Running the Patient Education with Community Specified Report (PCM): selecting patient lists (Step 12)

12. To select patient lists, follow these steps:

- a. At the “Select Action” prompt, type **S** and press Enter.
- b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include and press Enter.

To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 8, 9), or a combination of ranges and numbers (e.g., 1 through 4, 5, 7, 10).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number (Figure 5-122).

- c. To save your selected lists, type **Q** (Quit) and press Enter.

```

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

      Select one of the following:

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

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

```

Figure 5-123: Running the Patient Education with Community Specified Report (PCM): selecting report type (Step 13)

13. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

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

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.

Notes: Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

Select one of the following:

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

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

Figure 5-124: Running the Patient Education with Community Specified Report (PCM): selecting beneficiary population (Step 14)

14. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

15. If you are running the PCM report for all measures, you can choose whether to send this data to your Area Office.

- If you are ready to send the final data to your Area Office, type **Y** and press Enter at the “Do you wish to export this data to Area” prompt.
- If you are not ready to send final data to your Area Office, type **N** and press Enter.

Note: You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Patient Education Report is displayed, as in the following example:

SUMMARY OF FY 12 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Jan 01, 2013 to Dec 31, 2013

```

Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
Baseline Period:       Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

    Select one of the following:

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

Select an Output Option: P//
    
```

Figure 5-125: Running the Patient Education with Community Specified Report: summary screen and selecting output (Steps 15 and 16)

16. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.16.3 Report Content

Table 5-18: Contents of the PCM Patient Education with Community Specified Report

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|--|-----------------------------|---|
| Rate of User Population Patients Receiving Patient Education | 1) User population patients | 1) Number of patients receiving patient education during the report period |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|---|
| Rate of Time by Provider Discipline | 1) The total time spent providing education to user population patients during the report period | 1) Total time spent, in minutes, providing education by provider discipline Also included are the following statistics: 2) For all providers, the total number of patient education codes with provider and minutes recorded. 3) Average time spent, in minutes, providing education to each patient 4) Minimum time spent, in minutes, providing education to a patient 5) Maximum time spent, in minutes, providing education to a patient |
| Rate for Top 25 Patient Education Topics | The total number of patient education codes documented for user population patients for all providers during the report period | 1 through 25): The 25 most common topics of the patient education documented during the report period. |
| Rate for Top 25 Patient Education Subtopics | The total number of patient education codes documented for user population patients for all providers during the report period | 1 through 25): The 25 most common subtopics of the patient education documented during the report period. |
| Rate for Top 15 Provider Disciplines Who Educated | The total number of patient education codes documented for user population patients for all providers during the report period | 1 through 15): The 15 most common provider discipline codes that provided education during the report period. |
| Rate of Patient Understanding of Education | The total number of patient education codes documented for user population patients for all providers during the report period | 1) Number of patient education codes with good understanding. 2) Number of patient education codes with fair understanding. 3) Number of patient education codes with poor understanding. 4) Number of patient education codes where patient refused the education. 5) Number of patient education codes where understanding of education was left blank. |

| Performance Measure | Denominator | Numerator(s) (documented in past year, unless defined otherwise) |
|----------------------------|---|---|
| Goal Setting | 1) User population patients 2) User population patients who received patient education during the report period. | 1) Number of patients who set at least one goal during the report period. 2) Number of patients who did not set at least one goal during the report period. 3) Number of patients who met at least one goal during the report period. 4) Number of patients who maintained at least one goal during the report period. 5) Number of patients who did not meet at least one goal during the report period. |

5.16.4 PCM Patient Education with Community Specified Report Patient Lists

Patient Lists are available for individual measures included in the Patient Education report and display patients who meet the numerator(s), denominator(s), or both, depending on the measure.

The Patient List options include

- A random list (10% of the total list)
- A list by designated primary care provide
- The entire patient list of patients

Select which measures you want to run patient lists for after you have selected the measures for the report.

Table 5-19: Patient Education with Community Specified Report Patient Lists

| Performance Measure Topic | Patient List |
|--|---|
| Rate of User Population Patients Receiving Patient Education | List of user population patients who received patient education during the Report Period. |
| Rate of Time by Provider Discipline | List of user population patients who received patient education during the Report Period with the summed time in minutes spent by provider. |
| Rate for Top 25 Patient Education Topics | List of user population patients who received patient education during the Report Period with the count of each topic for which education was received. |
| Rate for Top 25 Patient | List of user population patients who received patient education |

| Performance Measure Topic | Patient List |
|---|---|
| Education Subtopics | during the Report Period with the count of each subtopic received. |
| Rate for Top 15 Provider Disciplines Who Educated | List of user population patients who received patient education during the Report Period with the count of provider discipline codes that provided the education. |
| Rate of Patient Understanding of Education | List of user population patients who received patient education during the Report Period with the count for each level of understanding. |
| Goal Setting | List of User Population patients with goal setting information during the Report Period. |

5.17 Patient Education with Patient Panel Population Report (P3)

CI13 > RPT > OTH > PED > P3

5.17.1 Overview

The content of this report is the same as the Patient Education with Community Specified Report.

Patient lists may be run for this report.

5.17.2 Running the Patient Education with Patient Panel Population Report (P3)

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Other National Reports  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

GPU      GPRA/GPRAMA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
    
```

```

ELD   Elder Care Report
PED   Patient Education Reports ...

Select Other National Reports Option: PED <Enter> Patient Education Reports

```

Figure 5-126: Other National Reports menu: selecting the Patient Education Report (PED) (Step 4)

- At the “Select Other National Reports Option” prompt, type **PED** and press Enter to display the **Patient Education Reports** Menu, as in the following example:

```

*****
**           IHS/RPMS CRS 2013           **
** Patient Education Reports Menu **
*****
                Version 13.0 Patch 1

                DEMO INDIAN HOSPITAL

PCM   Patient Education w/Community Specified
P3    Patient Education w/Patient Panel Population

Select Patient Education Reports Option: P3 <Enter> Patient Education
w/Patient Panel Population

```

Figure 5-127: Patient Education Reports Menu: selecting the Patient Education with Patient Panel Population Report (P3) (Step 5)

- At the “Select Patient Education Reports Option” prompt, type **P3** and press Enter to display the following information about the report. Press Enter to continue.

```

                2013 Patient Education Report
                Report on all Patients in a User Defined Search Template

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

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

Please enter the search template name. The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO_2003VISITS_MALE_21-55 <Enter>

```

Figure 5-128: Running the Patient Education with Patient Panel Population Report (P3): report description display and selecting search template (Steps 5 and 6)

- At the “Enter SEARCH TEMPLATE name” prompt, do one of the following:

- Type the name of a search template and press Enter.

- Type the first few letters or numbers of a search template name and press Enter to see a selection of search templates beginning with those characters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the search template you want to include and press Enter.
7. At the “Run the report on” prompt, do one of the following:
- To include only *selected measures* in the report, type **S** and press Enter to display the Patient Ed Measure Selection screen.
Continue with Step 8 to select performance measures.
 - To include *all measures* in the report, type **A** and press Enter.
Go to Step 9 to continue selecting report options.

```

PATIENT ED MEASURE SELECTION  Oct 08, 2012 07:51:14          Page:   1 of
1
IHS Patient Education Measures
* indicates the performance measure has been selected

1) Rate of User Population Patients Receiving Patient Education
2) Rate of Time by Provider Discipline
3) Rate for Top 25 Patient Education Topics
4) Rate for Top 25 Education Subtopics
5) Rate for Top 15 Provider Disciplines Who Educated
6) Rate of Patient Understanding of Education
*7) Goal Setting

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

```

Figure 5-129: Running Patient Education with Patient Panel Population Report (P3): selecting performance measure topics (Step 8)

8. At the “Select Action” prompt, do one of the following:
- To view multiple pages,
 - Type a plus sign (+) and press Enter to view the next page of the list of measures.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select specific measure topics, follow these steps:
 - Type **S** and press Enter.
 - At the “Which item(s)” prompt, type the number(s) preceding the topic(s) you want.
To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

- To save your selected topics, type **Q** (Quit) and press Enter.

```
Select one of the following:

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

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

Figure 5-130: Running the Patient Education with Patient Panel Population Report (P3): selecting report date range (Step 9)

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

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

10. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges selected for the report are displayed, including the Report Period, the Previous Year Period, and the Baseline Period.

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <Enter> (2013)

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
Baseline Period:       Jan 01, 2000 to Dec 31, 2000

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

Figure 5-131: Running the Patient Education with Patient Panel Population Report (P3): selecting report dates and patient list option (Steps 10 and 11)

11. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Patient Ed List Selection screen (Figure 5-132). Only patient lists available for the topics selected for your report are listed.

Continue with Step 12 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, “No.”

Go to Step 14 to select an output option.

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

```

PATIENT ED LIST SELECTION      Oct 08, 2012 07:56:45      Page:  1 of
1
IHS FY 12 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1) List of User Pop Pts who received Pt Ed during Report Period
2) List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3) List of User Pop Pts who received pt ed during report period, w/count
of eac
4) List of User Pop Pts who received pt ed during the Report Period
w/topic, if
5) List of User Pop Pts who received pt ed during report period, w/prov
disc
6) List of User Pop Pts w/ pt ed w/ level of understanding, if any
7) List of User Pop Pts w/ Goal Setting information

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

```

Figure 5-132: Running the Patient Education with Patient Panel Population Report (P3): selecting patient lists (Step 14)

12. To select patient lists, follow these steps:

- At the “Select Action” prompt, type **S** and press Enter.
- At the “Which item(s)” prompt type the number(s) preceding the list(s) you want to include.

To select multiple lists, type a range (e.g., 1 through 6), a series of numbers (e.g., 1, 3, 8), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7).

After pressing Enter, each list you selected is marked with an asterisk (*) before its number (Figure 5-132).

- c. To save your selected topics, type **Q** (Quit) and press Enter.
13. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:
- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
 - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
 - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the “Enter Designated Provider Name” prompt and press Enter.

Notes: Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.

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

A summary of the report is displayed, as in the following example:

```

SUMMARY OF FY 12 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:           Jan 01, 2013 to Dec 31, 2013
  Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
  Baseline Period:        Jan 01, 2000 to Dec 31, 2000

The Patient Panel Population: DEMO_2003VISITS_MALE_21-55

```

Figure 5-133: Summary of the Patient Education with Patient Panel Population Report (P3) (Step 13)

14. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.18 Lab Taxonomy Report (TXL)

CI13 > RPT > TAX > TXL

5.18.1 Overview

Unlike all of the reports described previously, the Lab Taxonomy Reports contain information on site-populated lab taxonomies and do not report on any patients. Each report lists the lab taxonomies included in the National GPRR Report, Other National Measures Report, Selected Measures reports, and Elder Care Report, respectively. Within each taxonomy, all the laboratory tests assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.18.2 Running the Lab Taxonomy Reports

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **TAX** and press Enter to display the **Taxonomy Reports** Menu.

```

*****
**   IHS/RPMS CRS 2013   **
** Taxonomy Reports Menu **
*****
          Version 13.0 Patch 1

          DEMO INDIAN HOSPITAL

TXL   Lab Taxonomy Report ...
TXM   Medication Taxonomy Report ...

Select Taxonomy Reports Option: TXL <Enter> Lab Taxonomy Report

```

Figure 5-134: Taxonomy Reports Menu: selecting the Lab Taxonomy Report option (TXL) (Step 4)

4. At the “Select Taxonomy Reports Option” prompt, type **TXL** and press Enter to display the **Lab Taxonomy Reports** Menu.

```

*****
**   IHS/RPMS CRS 2013   **
** Lab Taxonomy Reports Menu **
*****

```



```

Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

LGP   Lab Taxonomies-National GPRA/GPRA Perf Report
LONM  Lab Taxonomies-Other National Measures Report
LSEL  Lab Taxonomies-Selected Measures Reports
LELD  Lab Taxonomies-Elder Care Report

Select Lab Taxonomy Report Option:

```

Figure 5-135: Lab Taxonomy Report Menu: selecting a lab taxonomy report (Step 5)

5. At the “Select Lab Taxonomy Report Option” prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.
6. A message stating that you may only run a printed version of the report is displayed. Press Enter to continue, or type **N** and press Enter to exit the report.

```

Lab Taxonomy Report
CRS 2013, Version 13.0 Patch 1

Site populated Lab Taxonomy Report for the:
OTHER NATIONAL MEASURES Report

This will produce a report of all site-populated lab taxonomies for CRS
2013 in the specified report. Each lab taxonomy is listed with the lab
tests that have been assigned by your facility for inclusion in the
taxonomy.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//

```

Figure 5-136: Running the Lab Taxonomy Report: displaying report information and selecting the device (Steps 6 and 7)

7. At the “Device” prompt, type a printer name or a file name.
 - To print to the screen, press Enter to accept the default prompt “Home” (which may vary at different sites).
To print a report to your screen without receiving multiple “Enter Return to continue” prompts, type **0;P-OTHER80** at the “Home” prompt.
Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.
 - To print to a file, or if you do not know your printer name, check with your site manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the “HOST FILE NAME” prompt.

5.18.3 Report Content

Table 5-20: Content of Laboratory Taxonomy Report

| Report(s) Taxonomies Included In | Site-Populated Laboratory Taxonomy Name |
|--|---|
| NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS | BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HIV TEST TAX BGP HIV-1 TEST TAX BGP HIV-2 TEST TAX BGP HPV TAX BGP PAP SMEAR TAX BGP QUANT URINE PROTEIN DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX |
| OTHER NATIONAL MEASURES REPORT | BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP GPRA ESTIMATED GFR TAX BGP HIV TEST TAX BGP QUANT URINE PROTEIN BKM FTA-ABS TESTS TAX BKM GONORRHEA TEST TAX BKM RPR TESTS TAX DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL DM AUDIT FASTING GLUCOSE TESTS DM AUDIT HDL TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX DM AUDIT TRIGLYCERIDE TAX |

| Report(s) Taxonomies Included In | Site-Populated Laboratory Taxonomy Name |
|-----------------------------------|--|
| SELECTED MEASURES (LOCAL) REPORTS | BGP CBC TESTS BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP GROUP A STREP TESTS BGP HIV TEST TAX BGP HIV VIRAL LOAD TAX BGP LIVER FUNCTION TESTS BGP PAP SMEAR TAX BGP POTASSIUM TESTS BGP QUANT URINE PROTEIN BKM FTA-ABS TESTS TAX BKM GONORRHEA TEST TAX BKM RPR TESTS TAX DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL TAX DM AUDIT CREATININE TAX DM AUDIT FASTING GLUCOSE TESTS DM AUDIT GLUCOSE TESTS TAX DM AUDIT HDL TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX DM AUDIT TRIGLYCERIDE TAX DM AUDIT URINE PROTEIN TAX |
| ELDER CARE REPORT | BGP CBC TESTS BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP LIVER FUNCTION TESTS BGP QUANT URINE PROTEIN DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL TAX DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX |

5.19 Medication Taxonomy Report (TXM)

CI13 > RPT > TAX > TXM

5.19.1 Overview

As with the Lab Taxonomy Report, these reports contain information on site-populated medication taxonomies and do not report on any patients. They list all of the medication taxonomies included in the National GPRA Report, Other National Measures Report, Selected Measures reports, and Elder Care Report, respectively. Within each taxonomy, all medications assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.19.2 Running the Medication Taxonomy Report

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **TAX** and press Enter to display the **Taxonomy Reports** Menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Taxonomy Reports Menu  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

TXL      Lab Taxonomy Report ...
TXM      Medication Taxonomy Report ...

Select Taxonomy Reports Option:

```

Figure 5-137: Taxonomy Reports Menu: selecting Medication Taxonomy Report option(TXM) (Step 4)

4. At the “Select Taxonomy Reports Option” prompt, type **TXM** and press Enter to display the **Medication Taxonomy Reports** Menu.

```

*****
**      IHS/RPMS CRS 2013      **
**      Medication Taxonomy Reports Menu  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

MGP      Med Taxonomies-National GPRA/GPRA Perf Report
MONM     Med Taxonomies-Other National Measures Report
MSEL     Med Taxonomies-Selected Measures Reports
MELD     Med Taxonomies-Elder Care Report

```

```
Select Medication Taxonomy Report Option:
```

Figure 5-138: Medication Taxonomy Reports Menu: selecting a medication taxonomy report (Step 5)

5. At the “Select Medication Taxonomy Report Option” prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.
6. A message stating that you may only run a printed version of the report is displayed. Press Enter to continue, or type **N** and press Enter to exit the report.

```

Medication Taxonomy Report
CRS 2013, Version 13.0 Patch 1

Site populated Medication Taxonomy Report for the:
OTHER NATIONAL MEASURES Report

This will produce a report of all site-populated medication taxonomies
for CRS 2013 in the specified report. Each medication taxonomy is listed
with the medications that have been assigned by your facility for
inclusion in the taxonomy and/or pre-populated by CRS.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//

```

Figure 5-139: Running the Medication Taxonomy Report: report information display and selecting an output device (Steps 6 and 7)

7. At the “Device” prompt, type a printer or file name.
 - To print to the screen, press Enter to accept the default prompt “Home” (which may vary at different sites).
To print a report to your screen without receiving multiple “Enter Return to continue” prompts, type **0;P-OTHER80** at the “Home” prompt.
Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to screen.
 - To print to a file, or if you do not know your printer name, check with your Site Manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the “HOST FILE NAME” prompt.

5.19.3 Report Content

Table 5-21: Content of the Medication Taxonomy Report

| Report(s) Taxonomies Included In | Site-Populated Medication Taxonomy Name |
|--|---|
| NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS | BGP CMS SMOKING CESSATION MEDS |
| OTHER NATIONAL MEASURES REPORT | BGP ANTI-PLATELET DRUGS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS BETA BLOCKER MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA RASA MEDS BGP PQA ANTIRETROVIRAL MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA CONTROLLER MEDS BGP PQA SABA MEDS BGP PQA STATIN MEDS DM AUDIT ASPIRIN DRUGS |

| Report(s) Taxonomies Included In | Site-Populated Medication Taxonomy Name |
|-----------------------------------|--|
| SELECTED MEASURES (LOCAL) REPORTS | BGP ANTI-PLATELET DRUGS BGP ASTHMA INHALED STEROIDS BGP ASTHMA LABA MEDS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS ASTHMA INHALED MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS ASTHMA MEDS BGP HEDIS BETA BLOCKER MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS OSTEOPOROSIS DRUG BGP HEDIS PAIN MEDS BGP HEDIS PRIMARY ASTHMA MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA RASA MEDS BGP PQA ANTIRETROVIRAL MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA CONTROLLER MEDS BGP PQA SABA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP RA AZATHIOPRINE MEDS BGP RA CYCLOSPORINE MEDS BGP RA GLUCOCORTICOIDS MEDS BGP RA IM GOLD MEDS BGP RA LEFLUNOMIDE MEDS BGP RA METHOTREXATE MEDS BGP RA MYCOPHENOLATE MEDS BGP RA OA NSAID MEDS BGP RA ORAL GOLD MEDS BGP RA PENICILLAMINE MEDS BGP RA SULFASALAZINE MEDS DM AUDIT ASPIRIN DRUGS |

| Report(s) Taxonomies Included In | Site-Populated Medication Taxonomy Name |
|----------------------------------|--|
| ELDER CARE REPORT | BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS OSTEOPOROSIS DRUGS. BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP RA OA NSAID MEDS DM AUDIT ASPIRIN DRUGS |

5.20 Meaningful Use Eligible Professional Performance Measures Report Stage 1 (EP)

CI13 > RPT > MUP > EP

5.20.1 Overview

The Stage 1 Meaningful Use (MU) Eligible Professional (EP) Report for clinical quality measures summarizes national data that is required to demonstrate that the Electronic Health Record (EHR) is being used accurately and appropriately by eligible clinical professionals. The Report can be run to include all, or a user-defined selection from the Core, Alternate Core, and Alternate clinical quality measures. Patient lists for this MU Report may be run within the RPT menu option.

The MU Report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide MU Report.

5.20.2 Running the Meaningful Use EP Performance Measures Report

To run the EP Performance Measures Report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

- At the “Select Reports Option” prompt, type **MUP** and press Enter to display the **Meaningful Use Performance Measure Reports** menu, as in the following example:

```

*****
**          IHS/RPMS CRS 2013          **
**  Meaningful Use Reports Menu  **
*****
                Version 13.0 Patch 1

                DEMO INDIAN HOSPITAL

EP      EP Performance Measures Report Stage 1
HOS     Hospital Performance Measures Report Stage 1

Select Meaningful Use Performance Measure Reports Option:

```

Figure 5-140: Meaningful Use Performance Measure Reports Menu: selecting the EP Performance Measures Report (EP) (Step 4)

- At the “Select Other National Reports Option” prompt, type **EP** and press Enter to display information about the EP Performance Measures Report and choose a reporting period length, as shown below. At the “Enter the reporting period length for your report” prompt, type the number corresponding to the reporting period length you want (**1** or **2**) and press Enter.

```

                IHS Meaningful Use Clinical Performance Measure Report
                Report on all Patients regardless of Community of Residence

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

                Select one of the following:

                1          90-Days
                2          One Year

Enter the reporting period length for your report: 2 One Year

```

Figure 5-141: Running the EP Performance Measures Report: report description display and selecting the reporting period length (Step 4)

- At the “Enter the reporting period start date” prompt, type the start date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
- At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```

Enter the reporting period start date.
Enter Date: 05/01/2012 (MAY 01, 2012)

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

The date ranges for this report are:
Report Period:           May 01, 2012 to Apr 30, 2013
Previous Year Period:    May 01, 2011 to Apr 30, 2012
Baseline Period:        May 01, 2000 to Apr 30, 2001

Which Eligible Provider: JONES,JOHN J

```

Figure 5-142: Running the EP Performance Measures Report: selecting dates and eligible provider (Steps 6 and 7)

7. At the “Which Eligible Provider” prompt, do one of the following:

- Type the name of the designated primary care provider you want to report on and press Enter.
- Type the first few letters of a provider’s name and press Enter to see a selection of available providers beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the provider you want to report on and press Enter.

You can select from three predefined reports that contain topics specific to Core measures (CM), Alternate Core measures (ACM), or Menu Set measures (MSM), or you may choose your own measures (SEL) for the report.

8. At the “Which set of Measures should be included in this report” prompt, do one of the following:

- To run one of the predefined reports, type **CM**, **ACM** or **MSM** and press Enter, then go to Step 11 for the patient lists.
- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 9.

9. The **Performance Measure Selection** screen is displayed, as in the following example:

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:14:24           Page: 1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1) (C) Adult Weight Screening and Follow-Up
2) (C) Hypertension Blood Pressure Measurement
3) (C) Preventive Care and Screening: Tobacco Use Assessment
4) (C) Preventive Care and Screening: Tobacco Cessation Intervention
5) (A) Influenza Immunization for Patients => 50 Years Old
6) (A) Weight Assessment and Counseling for Children and Adolescents

```

```

8) (M) Diabetes: HbA1c Poor Control
9) (M) Diabetes: HbA1c Control < 8%
10) (M) Diabetes: Urine Screening
11) (M) Diabetes: Blood Pressure Management
12) (M) Diabetes: Eye Exam
13) (M) Diabetes: Foot Exam
14) (M) Diabetes: LDL Management and Control
15) (M) Diabetic Retinopathy: Macular Edema and Severity of Retinopathy
16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care
+   Enter ?? for more actions
S   Select Measure      D   De Select Measure      Q   Quit
Select Action:+//

```

Figure 5-143: Running the EP Performance Measures Report: Performance Measure Selection screen 1 (Step 9)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:14:24      Page: 1 of 1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

17) (M) Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
18) (M) Controlling High Blood Pressure
19) (M) Heart Failure: ACE Inhibitor or ARB Therapy for LVSD
20) (M) Heart Failure: Beta-Blocker Therapy for LVSD
21) (M) Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
22) (M) Coronary Artery Disease (CAD): Beta-Blocker Therapy
23) (M) Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL
Cholest
24) (M) Coronary Artery Disease (CAD): Oral Antiplatelet Therapy
25) (M) Ischemic Vascular Disease (IVD): Antiplatelet Therapy or Aspirin
26) (M) Ischemic Vascular Disease (IVD): Blood Pressure Management
27) (M) Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Ctrl
28) (M) Breast Cancer Screening
29) (M) Cervical Cancer Screening
30) (M) Colorectal Cancer Screening
31) (M) Oncology Breast Cancer: Hormonal Therapy
32) (M) Oncology Colon Cancer Stage III: Chemotherapy
+   Enter ?? for more actions
S   Select Measure      D   De Select Measure      Q   Quit
Select Action:+//

```

Figure 5-144: Running the EP Performance Measures Report: Performance Measure Selection screen 2 (Step 9)

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:14:24      Page: 1 of 1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

33) (M) Prostate Cancer Low Risk: Avoidance of Bone Scan Overuse
34) (M) Asthma: Assessment
35) (M) Asthma: Use of Appropriate Medications
36) (M) Asthma: Pharmacologic Therapy
37) (M) Smoking and Tobacco Use Cessation, Medical Assistance
38) (M) Pneumonia Vaccination Status for Older Adults
39) (M) Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
40) (M) Prenatal Care: Anti-D Immune Globulin
41) (M) Appropriate Testing for Children with Pharyngitis

```

```
42) (M) Chlamydia Screening for Women
43) (M) Alcohol and Other Drug Dependence Treatment
44) (M) Antidepressant Medication Management
45) (M) Low Back Pain: Use of Imaging Studies

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

Figure 5-145: Running the EP Performance Measures Report: Performance Measure Selection screen 3 (Step 9)

10. The action bar is displayed at the bottom of the screen. At the “Select Action” prompt, do one of the following:

a. To select performance measure topics:

- Type **S** and press Enter.
- At the “Which item(s)” prompt, type the number(s) preceding the measure(s) you want.

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

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-67).

b. To save your selected topics, type **Q** (Quit) and press Enter.

```

PERFORMANCE MEASURE SELECTION Oct 08, 2012 16:14:24      Page:  1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1)  (C) Adult Weight Screening and Follow-Up
*2) (C) Hypertension Blood Pressure Measurement
3)  (C) Preventive Care and Screening: Tobacco Use Assessment
4)  (C) Preventive Care and Screening: Tobacco Cessation Intervention
5)  (A) Influenza Immunization for Patients => 50 Years Old
*6) (A) Weight Assessment and Counseling for Children and Adolescents
7)  (A) Childhood Immunization Status
8)  (M) Diabetes: HbA1c Poor Control
9)  (M) Diabetes: HbA1c Control < 8%
10) (M) Diabetes: Urine Screening
11) (M) Diabetes: Blood Pressure Management
12) (M) Diabetes: Eye Exam
13) (M) Diabetes: Foot Exam
14) (M) Diabetes: LDL Management and Control
15) (M) Diabetic Retinopathy: Macular Edema and Severity of Retinopathy
16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care

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

```

Figure 5-146: Running the EP Performance Measures Report: showing selected performance measure topics (Step 10)

11. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

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

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the measures you have selected for your report are listed (Figure 5-70).

Continue with Step 12 to select the lists.

- To run the report without patient lists, press Enter to accept the default, “No.” Go to Step 14 to select the beneficiary (patient) population for the report.

```

Do you want patient lists for any the measures? N// Y <Enter> Yes
MEASURE LIST SELECTION      Oct 08, 2012 16:23:40      Page:  1 of
1
IHS Meaningful Use Performance Measure Lists of Patients
* indicates the list has been selected

1)  Hypertension Blood Pressure Management
2)  Weight Assessment and Counseling for Children and Adolescents

      Enter ?? for more actions
S      Select List          D      De Select List

```

```

A    All Lists                               Q    Quit
Select Action: +// Q <Enter> Quit

```

Figure 5-147: Running the EP Performance Measures Report: choosing patient lists (Step 12)

12. To select patient lists, follow these steps:

- a. At the “Select Action” prompt, type **S** and press Enter.
- b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include.

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

- c. To save your selected lists, type **Q** (Quit) and press Enter.

```

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

        Select one of the following:

            D          Pts. Not in numerator
            N          Pts in numerator
            A          All Patients

Choose report type for the Lists:  All Patients

```

Figure 5-148: Running the EP Performance Measures Report: selecting patient list type (Step 13)

13. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

- **D** (Pts. Not in numerator) produces a list containing all patients that are included in the denominator but that are not included in the numerator.
- **N** (Pts in numerator) produces a list containing all patients that are included in the numerator.
- **A** (All Patients) produces a list of all patients.

14. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

```

Select one of the following:

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

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

```

Figure 5-149: Running the EP Performance Measures Report: selecting beneficiary population (Step 14)

15. A summary of the **EP Performance Measures Report** is displayed, as in the following example:

```

SUMMARY OF MEANINGFUL USE PERFORMANCE MEASURE REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:      May 01, 2012 to Apr 30, 2013
  Baseline Period:   May 01, 2000 to Apr 30, 2001

ALL Patients will be included.

These measures will be calculated:
  Hypertension Blood Pressure Measurement
  Weight Assessment and Counseling for Children and Adolescents

Lists will be produced for these measures:
  Weight Assessment and Counseling for Children and Adolescents

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

      Select one of the following:

      P      Print Report on Printer or Screen
      D      Create Delimited output file (for use in Excel)
      X      Create an XML output file

Select an Output Option: P//

```

Figure 5-150: Summary Screen for EP Performance Measures Report (Step 15)

16. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **X** (XML) produces an XML output file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.20.3 Report Content

The following measures are included in the Eligible Provider (EP) Performance Measures Report.

Table 5-22: Content of the Eligible Provider Performance Measures Report by Performance Measure
Topic: Core Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|--|
| Adult Weight Screening and Follow-Up (NQF 0421) | 1) Patients 65 plus (+) with 1 or more outpatient encounters with the EP during the reporting period. 2) Patients 18 through 64 with 1 or more outpatient encounters with the EP during the reporting period. | 1) (only paired with denominator 1): Patients with BMI calculated on or within 6 months of the encounter date: --BMI between equal to or greater than (\Rightarrow) 22 and less than ($<$) 30: Normal BMI; no follow-up needed OR --BMI less than ($<$) 22 OR equal to or greater than (\Rightarrow) 30 AND Patient has Care Goal: Follow-up BMI management OR Communication provider to provider: Dietary consultation order 2) (only paired with denominator 2): Patients with BMI calculated on or within 6 months of the encounter date: --BMI between equal to or greater than (\Rightarrow) 18.5 and less than ($<$) 25; Normal BMI; no follow-up needed OR --BMI less than ($<$) 18.5 OR equal to or greater than (\Rightarrow) 25 AND Patient has Care Goal: Follow-up BMI management OR Communication provider to provider: Dietary consultation order |
| Hypertension: Blood Pressure Management (NQF 0013) | Patients aged 18 plus (+) with a diagnosis/problem of hypertension on or before the beginning of the reporting period and with 2 or more outpatient or nursing facility encounters with the EP during the | Patients with both the systolic and diastolic blood pressure measurements (BP) recorded during both encounters with the EP during the reporting period. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|---|
| | reporting period. | |
| Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment (NQF 0028a) | Patients 18 plus (+) with at least: --2 encounters of office visit, health and behavior assessment, occupational therapy or psychiatric and psychologic with the EP during the reporting period OR --1 encounter of preventive medicine, or individual or group counseling with the EP during the reporting period | Patients who have been screened for tobacco use on or within the past 24 months of the latest denominator encounter date. |
| Preventive Care and Screening Measure Pair: b. Tobacco Cessation Intervention (NQF 0028b) | Patients 18 plus (+) with at least: --2 encounters of office visit, health and behavior assessment, occupational therapy or psychiatric and psychologic with the EP during the reporting period. OR --1 encounter of preventive medicine, or individual or group counseling with the EP during the reporting period. AND the patients have been documented as tobacco users on or within the past 24 months of the latest denominator encounter date. | Patients who received tobacco use cessation counseling or received a prescription for a smoking cessation aid on or within the past 24 months of the latest denominator encounter date. |

Table 5-23: Content of the Eligible Provider Performance Measures Report by Performance Measure Topic: Alternate Core Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|---|
| Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to (>=) 50 Years Old (NQF 0041) | Patients 50 plus (+) with at least 2 outpatient encounters or 1 preventive medicine encounter/nursing facility. | Patients who received the influenza vaccine during the flu season. |
| Weight Assessment and Counseling for Children and Adolescents (NQF 0024) | 1) Patients 2 through 16 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period. 2) Patients 2 through 10 with at least 1 encounter with the EP during the reporting period and | 1) Patient has BMI percentile documented during the reporting period. 2) Patient has had Nutrition Counseling during the reporting period. 3) Patient has had Physical Activity Counseling during the |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|---|
| | <p>who were not pregnant during the reporting period.</p> <p>3) Patients 11 through 16 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period.</p> | <p>reporting period.</p> |
| <p>Childhood Immunization Status (NQF 0038)</p> | <p>Patients who have reached 2 years and who have at least 1 encounter with the EP, both during the reporting period.</p> | <p>1) MU searches for each dose of a vaccine administered between the date of birth and the day before the second birthday of the patient. When multiple doses of a vaccine are required, MU checks to ensure there is at least 10 days between the administration of each dose to count the patient in the numerator. Patients with at least 4 doses of DTaP:</p> <ol style="list-style-type: none"> 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; <p>or</p> <ol style="list-style-type: none"> 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis administered before their 2nd birthday. <p>2) Patients with at least 3 IPV vaccine administered before their 2nd birthday.</p> <p>3) Patients with the following vaccinations administered before their 2nd birthday</p> <p>--At least 1 MMR vaccination.</p> <p>OR</p> <p>--At least 1 M/R and 1 Mumps Rubella vaccine OR evidence of disease.</p> <p>OR</p> <p>--At least 1 R/M and 1 Measles vaccine OR evidence of disease.</p> <p>OR</p> <p>--At least 1 each of Measles, Mumps and Rubella vaccines OR</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---------------------------------------|----------------|--|
| | | evidence of disease. |
| Childhood Immunization Status (cont.) | | 4) Patients with at least 2 HiB vaccines administered before their 2 nd birthday. 5) Patients with at least 3 Hepatitis B vaccines administered before their 2 nd birthday or evidence of disease. 6) Patients with at least 1 VZV vaccine administered before their 2 nd birthday or evidence of disease. 7) Patients with at least 4 pneumococcal vaccines administered before their 2 nd birthday. 8) Patients with at least 2 Hepatitis A vaccines administered before their 2 nd birthday or evidence of disease. 9) Patients with at least 2 rotavirus vaccines administered before their 2 nd birthday. 10) Patients with at least 2 influenza vaccines administered before their 2 nd birthday. 11) All patients in numerators 1-6 (4 DTaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, and 1 VZV) or evidence of disease when applicable. 12) All patients in numerators 1-7 (4 DTaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, 1 VZV, and 4 Pneumococcal) or evidence of disease when applicable. |

Table 5-24: Content of the Eligible Provider Performance Measures Report by Performance Measure Topic: Menu Set Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Asthma Assessment (NQF 0001) | Patients who reach 5 through 40 years of age during the reporting period with a diagnosis of asthma who had at least 2 office or outpatient consultation encounters with the EP during the reporting period. | Patients who were assessed for or had active asthma daytime and nighttime symptoms before or simultaneously to the latest encounter with the EP occurring during the reporting period. |
| Appropriate Testing for Children with Pharyngitis (NQF 0002) | Patients 2 through 18 years of age with at least 1 ED or outpatient encounter with the EP during the reporting period who were diagnosed with pharyngitis during this encounter and who were prescribed an antibiotic by the EP during or within 3 days after the encounter. | Patients who had a group A streptococcus (strep) laboratory test performed less than or equal to (<=) 3 days before or less than or equal to (<=) 3 days after the pharyngitis antibiotics were prescribed or dispensed. These antibiotics are aminopenicillins; beta-lactamase inhibitors; first, second, and third generation cephalosporins; folate antagonists; lincomycin derivatives; macrolides; miscellaneous antibiotics; natural penicillins; penicillinase-resistant penicillins; quinolones; sulfonamides and tetracycline. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement (NQF 0004) | <p>Denominator 1: Patients 13 through 17 years old who have at least 1 of the following with the EP from 1 year before to 45 days before the reporting period end date which will be defined as the FIRST diagnosis of alcohol or drug dependence for use in Numerator 1:</p> <p>1. A FIRST diagnosis of alcohol or drug dependence during an emergency department (ED) encounter, an acute or non-acute inpatient encounter, an outpatient behavioral health (BH) or an outpatient BH req point of service (POS) encounter with a POS modifier.</p> <p>2. A FIRST acute or non-acute inpatient encounter with an alcohol, drug rehab and detoxification intervention.</p> | <p>Numerator 1: Patients who meet at least 1 of the following conditions which will be defined as the FIRST TREATMENT for use in Numerator 2:</p> <p>1. A FIRST acute or non-acute inpatient encounter with an alcohol, drug rehab and detoxification intervention with the EP from 1 year before to 45 days before the reporting period end date. Please note: this is the same as denominator condition 2 above.</p> <p>2. An acute or non-acute inpatient encounter, an outpatient BH encounter or an outpatient BH req encounter with a POS modifier less than or equal to (<=) 14 days and a diagnosis of alcohol or drug dependence after the FIRST diagnosis of alcohol or drug dependence as defined in the</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|----------------------------|---|---|
| | <p>3. A FIRST detoxification intervention.</p> <p>Additionally, patients must not have had a diagnosis of alcohol or drug dependence less than or equal to (<=) 60 days BEFORE the FIRST episode described in conditions 1, 2 and 3 above.</p> <p>Denominator 2: Patients 18 plus (+) who meet the conditions listed in denominator 1.</p> <p>Denominator 3: Patients 13 plus (+) who meet the conditions listed in denominator 1.</p> | <p>denominator.</p> <p>Numerator 2: Patients who had at least 2 counts of any of the following less than or equal to (<=) 30 days after the FIRST TREATMENT as defined in numerator 1:</p> <ol style="list-style-type: none"> 1. Acute or non-acute inpatient encounters with a diagnosis of alcohol or drug dependence 2. Outpatient BH encounters 3. Outpatient BH req POS encounters with a POS modifier and a diagnosis of alcohol or drug dependence |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Prenatal Care: Screening for HIV (NQF 0012) | Patients who had live birth delivery with at least 1 prenatal encounter during the reporting period. | Patients whose estimated date of conception was less than or equal to 10 months from live birth delivery who received HIV screening within 30 days of first or second prenatal encounter during the reporting period. |
| Prenatal Care: Anti-D Immune Globulin (NQF 0014) | D (Rh) negative, unsensitized patients who gave birth during the measurement period and had at least 1 prenatal encounter with the EP. | Patients whose estimated date of conception was less than or equal to (\leq)10 months before birth who were given anti-d immune globulin at or between 26-32 weeks gestation. |
| Controlling High Blood Pressure (NQF 0018) | Patients 18-85 years of age who during the reporting period had an active diagnosis of hypertension and at least 1 outpatient encounter with the EP and none of the following: --Active diagnosis of pregnancy --Active diagnosis of End Stage Renal Disease (ESRD) --Procedures indicative of ESRD | Patients whose lowest systolic BP reading was less than (<) 140 mmHg and lowest diastolic BP reading was less than (<) 90 mmHg during their most recent outpatient encounter with the EP during the reporting period. |
| Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies (NQF 0027) | Patients 18 plus (+) with 1 or more outpatient encounters with the EP within 2 years of the reporting period end date. | Numerator 1: Patients who were tobacco users within 1 year of the reporting period end date. Numerator 2: Patients who were tobacco users who received tobacco use cessation counseling within 1 year of the reporting period end date. |
| Chlamydia Screening for Women (NQF 0033) | Denominator 1: Patients 15-24 who had at least 1 outpatient encounter with the EP on or before the reporting period end date AND at least one of the following: --During the reporting period: 1. Procedure indicative of sexually active women 2. Laboratory test (either performed or with a result) for pregnancy 3. Pregnancy encounter OR --On or before the reporting period | Patients with a laboratory test performed for chlamydia screening during the reporting period. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|-----------------------------------|---|--|
| | <p>end date:</p> <ol style="list-style-type: none"> 4. Lab tests indicative of a sexually active woman 5. Diagnosis of a sexually active woman 6. Prescription for contraceptives 7. Use of an IUD device 8. Allergy to an IUD device 9. Contraceptive use education <p>Denominator 2: Patients 15-19 years old who had at least 1 outpatient encounter with the EP during the reporting period AND at least one of the conditions numbered 1 through 9 listed in denominator 1.</p> <p>Denominator 3: Patients 20-24 years old who had at least 1 outpatient encounter with the EP during the reporting period AND at least one of the conditions numbered 1 through 9 listed in denominator 1.</p> | |
| <p>Meds for Asthma (NQF 0036)</p> | <p>Denominator 1: Patients 5 through 11 years old who meet at least 1 of the following conditions:</p> <ol style="list-style-type: none"> 1. At least 1 emergency department (ED) or acute inpatient encounter with the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe. 2. At least 4 outpatient encounters with the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe AND 2 counts of asthma medication prescribed during this timeframe. These asthma medications are defined as antiasthmatic combinations, antibody inhibitors, inhaled corticosteroids, inhaled steroid combinations, leukotriene inhibitors, long- and short-acting inhaled beta 2 agonists, | <p>Patients who were prescribed at least 1 count of asthma medication during the reporting period. These asthma medications are defined as antiasthmatic medication combinations, antibody inhibitor, inhaled corticosteroids, inhaled steroid combinations, leukotriene inhibitors, mast cell stabilizers, and methylxanthines.</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|---|
| | <p>mast cell stabilizers and methylxanthines.</p> <p>3. At least 4 counts of asthma medication prescribed by the EP during the reporting period or within 1 year before the beginning of the reporting period. These asthma medications are defined as antiasthmatic combinations, antibody inhibitors, inhaled corticosteroids, inhaled steroid combinations, long- and short-acting inhaled beta 2 agonists, mast cell stabilizers and methylxanthines.</p> | |
| Meds for Asthma (NQF 0036) (con't) | <p>4. At least 4 counts of leukotriene inhibitor medication prescribed by the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe.</p> <p>Denominator 2: Patients 12 through 50 years old who meet at least one of the conditions numbered 1 through 4 listed in denominator 1.</p> <p>Denominator 3: Patients 5 through 50 years old who meet at least one of the conditions numbered 1 through 4 listed in denominator 1.</p> | |
| Pneumonia Vaccination Status for Older Adults (NQF 0043) | Patients who reach 65 years of age or older during the reporting period with at least 1 outpatient encounter with the EP within 1 year of the reporting period end date. | Patients who received a pneumococcal vaccine on or before the reporting period end date. |
| Asthma Pharmacologic Therapy (NQF 0047) | Patients 5 through 40 with an active diagnosis of mild, moderate, or severe persistent asthma on or before the reporting period end date and who had at least 2 office and outpatient consultation encounters with the EP during the reporting period. | Patients who were prescribed an inhaled corticosteroid or alternative asthma medication including short- and long-acting-inhaled beta2 agonists, leukotriene modifiers, and theophylline classes during the reporting period. |
| Low Back Pain: Imaging Studies (NQF 0052) | Patients 18 through 49 who had an active diagnosis of low back pain | Patients who did not have any spinal imaging done within 28 days after |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| | <p>occurring during an emergency department, outpatient, orthopedic, or chiropractic encounter with the EP during the reporting period and who DID NOT HAVE any of the following:</p> <ul style="list-style-type: none"> --Previous diagnosis of low back pain within 180 days BEFORE the FIRST diagnosis of low back pain during the reporting period --Diagnosis of cancer, trauma, IV drug abuse, or neurologic impairment within 2 years of the reporting period end date | <p>the first diagnosis of low back pain during the reporting period.</p> |
| <p>Diabetes Measures: Eye Exam (NQF 0055)</p> | <p>Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date:</p> <ul style="list-style-type: none"> --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: <ul style="list-style-type: none"> --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | <p>Patients who had an eye exam during the reporting period OR had both an eye exam and no active diagnosis of diabetic retinopathy during the year prior to the reporting period.</p> |
| <p>Diabetes: Foot Exam (NQF 0056)</p> | <p>Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date:</p> <ul style="list-style-type: none"> --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least one of the following with the EP during the reporting period: <ul style="list-style-type: none"> --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | <p>Patients who had a foot exam during the reporting period.</p> |
| <p>Diabetes: Hemoglobin A1c Poor Control (NQF 0059)</p> | <p>Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period</p> | <p>Patients who had an HbA1c test during the reporting period with the most recent result value being greater than (>) 9.0%.</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| | end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | |
| Diabetes: Blood Pressure Management (NQF 0061) | Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | Patients whose lowest blood pressure reading during their most recent encounter with the EP during the reporting period was systolic less than (<) 140 mmHg and diastolic less than (<) 90 mmHg. |
| Diabetes: Urine Screening (NQF 0062) | Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least one of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | Patients who had a nephropathy screening test or evidence of nephropathy during the reporting period, or patients who were treated with ACE inhibitors/ARBs. |
| Diabetes: LDL Management and Control (NQF 0064) | Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active | Numerator 1: Patients who had an LDL-C test during the reporting period. Numerator 2: |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| | <p>medications indicative of diabetes prescribed by the EP</p> <p>--An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period:</p> <ul style="list-style-type: none"> --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | <p>Patients who had LDL-C test during the reporting period with the most recent result value less than (<) 100mg/dL.</p> |
| Diabetes: Hemoglobin A1c Control (NQF 0575) | <p>Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date:</p> <ul style="list-style-type: none"> --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: <ul style="list-style-type: none"> --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates | <p>Patients who had an HbA1c test during the reporting period with the most recent result value being less than (<) 8.0%.</p> |
| Coronary Artery Disease (CAD): Oral Antiplatelet Therapy (NQF 0067) | <p>Patients 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters or 1 inpatient encounter with the EP during the reporting period AND a diagnosis of CAD (includes myocardial infarction (MI)) or a cardiac surgery procedure on or before any of the encounter dates.</p> | <p>Patients who were prescribed oral antiplatelet therapy during the reporting period.</p> |
| Coronary Artery Disease (CAD): Beta-Blocker Therapy (NQF 0070) | <p>Patients who reach 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters or 1 inpatient encounter with the EP during the reporting period AND who had the following on or before any of these encounters:</p> <ul style="list-style-type: none"> --an active diagnosis of CAD or a cardiac surgery procedure, and —a prior diagnosis of MI. | <p>Patients who were prescribed beta-blocker therapy during the reporting period.</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|---|
| Coronary Artery Disease (CAD): Drug Therapy for LDL-Cholesterol (NQF 0074) | Patients 18 plus (+) with at least 2 outpatient or 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of CAD (includes myocardial infarction (MI)) or a cardiac surgery procedure on or before any of the encounter dates. | Patients who were prescribed lipid-lowering therapy during the reporting period. |
| Ischemic Vascular Disease: BP Management (NQF 0073) | Patients 18 plus (+) with either of the following: --At least 1 acute inpatient encounter with the EP 14-24 months prior to the reporting period end date and any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14-24 months prior to the reporting period end date --Diagnosis of Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14-24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP within 2 years of the reporting period end date with a diagnosis of ischemic vascular disease (IVD) during this encounter. | Patients whose lowest systolic BP reading was less than (<) 140 mmHg and lowest diastolic BP reading was less than (<) 90 mmHg during their most recent acute inpatient or outpatient encounter with the EP before the end of the reporting period. |
| Ischemic Vascular Disease: Lipid Panel and LDL Control (NQF 0075) | Patients 18 plus (+) with either of the following: --At least 1 acute inpatient encounter with the EP 14-24 months prior to the reporting period end date with any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14-24 months prior to the reporting period end date --Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14-24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP within 2 years of the reporting period end date with a diagnosis of | Numerator 1: Patients who had either an LDL test OR had all of the following during the reporting period: --High density lipoprotein (HDL) test --Total cholesterol test --Triglycerides test Numerator 2: Patients who had an LDL test with the most recent result value less than (<) 100mg/dL OR had both of the following during the reporting period: --Triglycerides test with the most recent value less than (<) 400 mg/dL --(Most recent total cholesterol test value minus most recent HDL test value minus most recent triglycerides |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|---|
| | ischemic vascular disease (IVD) during this encounter. | test value) divided by 5 less than (<) 100mg/dL |
| Ischemic Vascular Disease: Use of Aspirin/Antithrombotic(N QF 0068) | Patients who reach 18 years of age and older during the reporting period with either of the following: --At least 1 acute inpatient encounter with the EP 14 through 24 months prior to the reporting period end date and any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14 through 24 months prior to the reporting period end date --Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14 through 24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP with a diagnosis of ischemic vascular disease (IVD) within 2 years of the reporting period end date. | Patients who were prescribed oral antiplatelet therapy or had documented use of aspirin or an alternative antithrombotic therapy during the reporting period. |
| Heart Failure: ACEI or ARB for LVSD (NQF 0081) | Patients 18 plus (+) with at least 1 inpatient discharge encounter OR at least 2 outpatient encounters OR 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure during or before any of these encounters AND a LVEF of less than (<) 40% before the latest of these encounters. | Patients who were prescribed ACE inhibitors or ARB medications by the EP during the reporting period. |
| Heart Failure: Beta-Blocker Therapy for LVSD (NQF 0083) | Patients 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure during or before any of these encounters, AND a LVEF assessment study result of less than (<) 40% OR an ejection fraction result of less than (<) 40% before the latest of these encounters. | Patients who were prescribed beta-blocker medication by the EP during the reporting period. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|---|
| Heart Failure: Warfarin Therapy Patients with A-Fib (NQF 0084) | Patients 18 plus (+) with at least 2 outpatient or nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure on or before the encounters AND a diagnosis of atrial fibrillation before or during the reporting period. | Patients who were prescribed warfarin therapy during the reporting period. |
| Primary Open Angle Glaucoma: Optic Nerve Eval (NQF 0086) | Patients 18 plus (+) with at least 2 of any of the following: domiciliary, nursing facility, office & outpatient consulting, or ophthalmological service encounters with the EP during the reporting period and a diagnosis of POAG on or before any of these encounters. | Patients who had at least 1 optic nerve head evaluation procedure during a domiciliary, nursing facility, office & outpatient consulting, or ophthalmological service encounter with the EP during the reporting period. |
| Diabetic Retinopathy: Macular Edema and Severity of Retinopathy (NQF 0088) | Patients 18 plus (+) with 2 or more office & outpatient consult, ophthalmological services, nursing facility, or domiciliary encounters with the EP during the reporting period AND a diagnosis of diabetic retinopathy during or before any of these encounters. | Patients who had a macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during 1 or more encounters with the EP during the reporting period. |
| Diabetic Retinopathy: Communication with Diabetes Care Physician (NQF 0089) | Patients 18 plus (+) with 2 or more office & outpatient consultation, ophthalmological services, nursing facility, or domiciliary encounters with the EP during the reporting period AND a diagnosis of diabetic retinopathy during or before the latest of these encounters AND a dilated macular or fundus exam performed during at least of 1 of these encounters. | Patients who had documented communication to the provider who manages the ongoing care of the diabetic patient regarding the findings of the macular or fundus exam at least once on or after the macular or fundus exam during the reporting period. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| <p>Antidepressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment (NQF 0105)</p> | <p>Patients 18 plus (+) as of 245 days on or before the reporting period end date with an active/dispensed/ordered antidepressant medication less than or equal to (<=) 30 days before or less than or equal to (<=) 14 days after the FIRST diagnosis of major depression.</p> <p>AND WITH one of the following:</p> <p>--a FIRST primary diagnosis of major depression during at least 1 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: emergency department (ED), outpatient behavioral health (BH), or outpatient BH req point of service (POS) with a POS modifier.</p> <p>--a FIRST secondary diagnosis of major depression during at least 2 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: ED, outpatient BH, or outpatient BH req POS with a POS modifier.</p> <p>--a FIRST secondary diagnosis of major depression during at least 1 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: acute inpatient or non-acute inpatient.</p> <p>AND WITHOUT an active diagnosis of major depression or depression less than or equal to (<=) 120 days on or before the FIRST active diagnosis of major depression identified above.</p> | <p>Numerator 1: Patients who had at least 1 active or expired prescription of antidepressant medication for a duration of equal to or greater than (=>) 84 days after the FIRST diagnosis of major depression as identified in the denominator.</p> <p>Numerator 2: Patients who had at least 1 active or expired prescription of antidepressant medication for a duration of equal to or greater than (=>) 180 days after the FIRST diagnosis of major depression as identified in the denominator.</p> |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|--|--|
| Colon Cancer: Chemo for Stage III (NQF 0385) | Patients 18 plus (+) with at least 2 office visit encounters with the EP during the reporting period AND a diagnosis of colon cancer or an inactive colon cancer history during or before any of these encounters AND a colon cancer stage III procedure result during or before any of these encounters. | Patients who have been prescribed or been administered adjuvant chemotherapy for colon cancer during or before any of the office visit encounters with the EP during the measurement reporting period. |
| Breast Cancer: Hormonal Therapy for Stage IC-IIIIC ER/PR (NQF 0387) | Female patients 18 plus (+) with at least 2 office visit encounters with the EP during the reporting period AND a diagnosis of Stage IC–IIIIC, ER or PR positive breast cancer during or before any of these encounters. | Female patients who were prescribed tamoxifen or aromatase inhibitor AI therapy during the reporting measurement period. |
| Prostate Cancer Low Risk: Avoidance of Bone Scan Overuse (NQF 0389) | Patients with at least 1 office visit encounter with the EP during the reporting period with an active diagnosis of prostate cancer before or during the reporting period AND who had a prostate cancer treatment during the reporting period AND who had all of the following before or simultaneously to the prostate cancer treatment: --Procedure results of AJCC cancer stage low risk recurrence --Prostate specific antigen test result of less than or equal to (\leq)10 mg/dL --Gleason score result less than or equal to (\leq)6 | Patients who did not have a diagnostic bone scan study performed on or after the date of the prostate cancer diagnosis. |
| Asthma Assessment (NQF 0001) | Patients who reach 5 through 40 years of age during the reporting period with a diagnosis of asthma who had at least 2 office or outpatient consultation encounters with the EP during the reporting period. | Patients who were assessed for or had active asthma daytime and nighttime symptoms before or simultaneously to the latest encounter with the EP occurring during the reporting period. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|---|
| Appropriate Testing for Children with Pharyngitis (NQF 0002) | Patients 2 through 18 years of age with at least 1 ED or outpatient encounter with the EP during the reporting period who were diagnosed with pharyngitis during this encounter and who were prescribed an antibiotic by the EP during or within 3 days after the encounter. | Patients who had a group A streptococcus (strep) laboratory test performed less than or equal to (<=) 3 days before or less than or equal to (<=) 3 days after the pharyngitis antibiotics were prescribed or dispensed. These antibiotics are aminopenicillins; beta-lactamase inhibitors; first, second, and third generation cephalosporins; folate antagonists; lincomycin derivatives; macrolides; miscellaneous antibiotics; natural penicillins; penicillinase-resistant penicillins; quinolones; sulfonamides and tetracycline. |

5.21 Meaningful Use Hospital Performance Measures Report Stage 1 (HOS)

CI13 > RPT > MUP > HOS

5.21.1 Overview

The Stage 1 Meaningful Use (MU) Eligible Hospital (EH) and Critical Access Hospital (CAH) Report for clinical quality measures summarizes national data that is required to demonstrate that the Electronic Health Record (EHR) is being used accurately and appropriately by eligible hospitals. The Report can be run to include all, or a user-defined selection of the 15 Hospital clinical quality measures. Patient lists for this MU Report may be run within the RPT menu option.

The MU Report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide MU Report.

5.21.2 Running the Meaningful Use Hospital Performance Measures Report

To run the Hospital Performance Measures Report, follow these steps:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI13** and press Enter to display the **CRS 2013** Main Menu.
2. At the “Select CRS 2013 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **MUP** and press Enter to display the **Meaningful Use Performance Measure Reports** menu, as in the following example:

```

*****
**          IHS/RPMS CRS 2013          **
**  Meaningful Use Reports Menu  **
*****
                Version 13.0 Patch 1

                DEMO INDIAN HOSPITAL

EP      EP Performance Measures Report Stage 1
HOS     Hospital Performance Measures Report Stage 1

Select Meaningful Use Performance Measure Reports Option:

```

Figure 5-151: Meaningful Use Performance Measure Reports Menu: selecting the Hospital Performance Measures Report (HOS) (Step 4)

4. At the “Select Meaningful Use Performance Measure Reports Option” prompt, type **HOS** and press Enter to display information about the Hospital Performance Measures Report and choose a reporting period length, as shown below. At the “Enter the reporting period length for your report” prompt, type the number corresponding to the reporting period length you want (**1** or **2**) and press Enter.

```

                IHS Meaningful Use Clinical Performance Measure Report
                Report on all Patients regardless of Community of Residence

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

                Select one of the following:

                1          90-Days
                2          One Year

Enter the reporting period length for your report: 2 One Year

```

Figure 5-152: Running the Hospital Performance Measures Report: report description display and selecting the reporting period length (Step 4)

5. At the “Enter the reporting period start date” prompt, type the start date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
6. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```

Enter the reporting period start date.
Enter Date: 05/01/2012 (MAY 01, 2012)

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

The date ranges for this report are:
Report Period:          May 01, 2012 to Apr 30, 2013
Previous Year Period:   May 01, 2011 to Apr 30, 2012
Baseline Period:       May 01, 2000 to Apr 30, 2001

Select one of the following:

HOS      All Hospital Measures
SEL      Selected Measures (User Defined)

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

Figure 5-153: Running the Hospital Performance Measures Report: selecting dates and report type (Steps 6 and 7)

You can select from one predefined report that contains all hospital clinical quality measures, or you may choose your own clinical quality measures (SEL) for the report.

7. At the “Which set of Measures should be included in this report” prompt, do one of the following:
 - To run the predefined report with all measures, type **HOS** and press Enter, then go to Step 10 for the patient lists.
 - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 8.
8. The Performance Measure Selection screen is displayed, as in the following example:

```

HOSPITAL MEASURE SELECTION      Oct 08, 2012 16:53:24      Page:      1 of
1
  
```

```

IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1) ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2) ED-2: Median Time/ED Admit Decision to ED Departure/Admitted Patients
3) STK-2: Discharged on Antithrombolytic Therapy
4) STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
5) STK-4: Thrombolytic Therapy
6) STK-5: Antithrombolytic Therapy by End of Hospital Day 2
7) STK-6: Discharged on Statin Medication
8) STK-8: Stroke Education
9) STK-10: Assessed for Rehabilitation
10) VTE-1: VTE Prophylaxis
11) VTE-2: Intensive Care Unit (ICU) VTE Prophylaxis
12) VTE-3: VTE with Anticoagulation Overlap Therapy
13) VTE-4: VTE UFH with Dosages/Platelet Count Monitoring by Protocol
14) VTE-5: VTE Discharge Instructions
15) VTE-6: Incidence of Potentially-Preventable VTE

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

```

Figure 5-154: Running the Hospital Performance Measures Report: Performance Measure Selection screen (Step 8)

9. The action bar is displayed at the bottom of the screen. At the “Select Action” prompt, do one of the following:

a. To select performance measure topics:

- Type **S** and press Enter.
- At the “Which item(s)” prompt, type the number(s) preceding the measure(s) you want.

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

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-155).

b. To save your selected topics, type **Q** (Quit) and press Enter.

```

HOSPITAL MEASURE SELECTION      Oct 08, 2012 16:53:24      Page:      1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

*1) ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2) ED-2: Median Time/ED Admit Decision to ED Departure/Admitted Patients
*3) STK-2: Discharged on Antithrombolytic Therapy
4) STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
5) STK-4: Thrombolytic Therapy
6) STK-5: Antithrombolytic Therapy by End of Hospital Day 2
7) STK-6: Discharged on Statin Medication

```

```

8) STK-8: Stroke Education
9) STK-10: Assessed for Rehabilitation
10) VTE-1: VTE Prophylaxis
11) VTE-2: Intensive Care Unit (ICU) VTE Prophylaxis
*12) VTE-3: VTE with Anticoagulation Overlap Therapy
13) VTE-4: VTE UFH with Dosages/Platelet Count Monitoring by Protocol
14) VTE-5: VTE Discharge Instructions
15) VTE-6: Incidence of Potentially-Preventable VTE

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

```

Figure 5-155: Running the Hospital Performance Measures Report: showing selected performance measure topics (Step 9)

10. At the “Do you want patient lists for any of the measures?” prompt, do one of the following:

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

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the measures you have selected are listed (Figure 5-156).

Continue with Step 11 to select the lists.

- To run the report without patient lists, press Enter to accept the default, “No.” Go to Step 13 to select the beneficiary (patient) population for the report.

```

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

MEASURE LIST SELECTION      Oct 08, 2012 16:59:26      Page:      1 of
1
IHS Meaningful Use Performance Measure Lists of Patients
* indicates the list has been selected

1) ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2) STK-2: Discharged on Antithrombolytic Therapy
3) VTE-3: VTE with Anticoagulation Overlap Therapy

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

```

Figure 5-156: Running the Hospital Performance Measures Report: choosing patient lists (Step 11)

11. To select patient lists, follow these steps:

- At the “Select Action” prompt, type **S** and press Enter.

- b. At the “Which item(s)” prompt, type the number(s) preceding the list(s) you want to include.

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

- c. To save your selected lists, type **Q** (Quit) and press Enter.

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

        Select one of the following:

                D      Pts. Not in numerator
                N      Pts in numerator
                A      All Patients

Choose report type for the Lists:  All Patients
```

Figure 5-157: Running the Hospital Performance Measures Report: selecting patient list type (Step 12)

12. At the “Choose report type for the Lists” prompt, type the letter corresponding to the report type you want and press Enter, where:

- **D** (Pts. Not in numerator) produces a list containing all patients that are included in the denominator but that are not included in the numerator.
- **N** (Pts in numerator) produces a list containing all patients that are included in the numerator.
- **A** (All Patients) produces a list of all patients.

13. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient population.

```
Select one of the following:

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

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

Figure 5-158: Running the Hospital Performance Measures Report: selecting beneficiary population (Step 13)

14. A summary of the Hospital Performance Measures Report is displayed, as in the following example:

```
SUMMARY OF MEANINGFUL USE PERFORMANCE MEASURE REPORT TO BE GENERATED

The date ranges for this report are:
  Report Period:           May 01, 2012 to Apr 30, 2013
  Baseline Period:        May 01, 2000 to Apr 30, 2001

ALL Patients will be included.

These measures will be calculated:
  ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
  STK-2: Discharged on Antithrombolytic Therapy
  VTE-3: VTE with Anticoagulation Overlap Therapy

Lists will be produced for these measures:
  ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
  STK-2: Discharged on Antithrombolytic Therapy
  VTE-3: VTE with Anticoagulation Overlap Therapy

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

  Select one of the following:

      P          Print Report on Printer or Screen
      D          Create Delimited output file (for use in Excel)
      X          Create an XML output file

Select an Output Option: P//
```

Figure 5-159: Summary Screen for Hospital Performance Measures Report (Step 14)

15. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **X** (XML) produces an XML output file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

5.21.3 Report Content

The following measures are included in the Hospital Performance Measures Report.

Table 5-25: Content of the Hospital Performance Measures Report by Performance Measure
Topic: Emergency Department Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|-----------------|--|
| Median Time/ED Arrival to ED Departure/Admitted Patients (ED-1) (NQF 0495) | Not Applicable. | <p>A. All ED Patients except Patients with Mental Disorder or Placed into Observation Status:</p> <ol style="list-style-type: none"> 1. MU searches for all hospitalization visits, defined with Service Category of "H" and finds matching ED patient records, defined with a clinic code of 30, in the Emergency Department (ER VISIT) file in which the elapsed time between ED Arrival Time (ER_VISIT.ADMISSION TIMESTAMP) and Inpatient Admission Time (VISIT.VISIT/ADMIT DATE&TIME) is less than 24 hours 2. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is excluded from the numerator. 3. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. 4. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|----------------|--|
| Median Time/ED Arrival to ED Departure/Admitted Patients (cont.) | | <p>B. ED Patients Placed into Observation Status:</p> <ol style="list-style-type: none"> 1. MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered. 2. MU identifies the set of patients who are placed into observation status. Patients in observation status can be identified by checking the PATIENT MOVEMENT.WARD or WARD.SPECIALTY files for an observation specialty. 3. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. 4. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value. <p>C. ED Patients with a Mental Disorder:</p> <ol style="list-style-type: none"> 1. MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours. 2. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|-----------------------|---|
| Median Time/ED Arrival to ED Departure/Admitted Patients (cont.) | | <p>3. MU identifies the set of patients who have a primary diagnosis code identifying them as having a mental disorder. ICD-9 codes for mental disorders are identified with taxonomy "Mental Disorders".</p> <p>4. MU performs the calculation Inpatient Admission Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time.</p> <p>5. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value</p> |
| Median Time/ED Admit Decision to ED Departure/Admitted Patients (ED-2) (NQF 0497) | Not Applicable | <p>Median elapsed time from emergency department admission decision time to time of departure from the emergency room for patients admitted to the facility from the emergency department. Numerators are stratified as follows:</p> <p>A) All ED patients except patients with mental disorders or placed into observation status</p> <p>B) ED patients placed into observation status</p> <p>C) ED patients with a mental disorder</p> |

Table 5-26: Content of the Hospital Performance Measures Report by Performance Measure
Topic: Stroke Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|--|--|
| Discharged on AntiThrombolytic Therapy (STK-2) (NQF 0435) | Number of inpatient discharges for ischemic stroke patients | Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge. |
| Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-3) (NQF 0436) | Number of inpatient discharges for ischemic stroke patients with documented atrial fibrillation/flutter. | Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge. |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|--|
| Thrombolytic Therapy (STK-4) (NQF 0437) | Number of inpatient discharges for acute ischemic stroke patients whose time of arrival is within 2 hours (less than or equal to (<=) 120 minutes) of time last known well. | Number of inpatient discharges for acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to (<=) 180 minutes) of time last known well. |
| Thrombolytic Therapy by End of Hospital Day 2 (STK-5) (NQF 0438) | Number of inpatient discharges for ischemic stroke patients. | Number of inpatient discharges for ischemic stroke patients who had antithrombotic therapy administered by end of hospital day 2. |
| Discharged on Statin Medication (STK-6) (NQF 0439) | Number of inpatient discharges for ischemic stroke patients with an LDL cholesterol greater than or equal to (>=) 100, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival. | Number of inpatient discharges for patients prescribed statin medication at hospital discharge. |
| Stroke Education (STK-8) (NQF 0440) | Number of inpatient discharges for ischemic stroke or hemorrhagic stroke patients discharged home. | Number of inpatient discharges for ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: --Activation of emergency medical system --Need for follow-up after discharge --Medications prescribed at discharge --Risk factors for stroke --Warning signs for stroke |
| Assessed for Rehabilitation (STK-10) (NQF 0441) | Number of inpatient discharges for ischemic or hemorrhagic stroke patients. | Number of inpatient discharges for ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services. |

Table 5-27: Content of the Hospital Performance Measures Report by Performance Measure Topic: VTE Measures

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|--|---|--|
| VTE Prophylaxis (VTE-1) (NQF 0371) | Number of inpatient discharges for all patients | Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given --the day of or the day after hospital admission --the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission. |
| Intensive Care Unit (ICU) VTE Prophylaxis (VTE-2) (NQF 0372) | Number of inpatient discharges for ICU patients with ICU Length of Stay (LOS) greater than or equal to 1 day. | Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: --the day of or the day after ICU admission (or transfer) --the day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer) |
| VTE with Anticoagulation Overlap Therapy (VTE-3) (NQF 0373) | Number of inpatient discharges for patients with confirmed VTE who received warfarin. | Number of inpatient discharges for patients who received overlap therapy. |
| VTE UFH with Dosages/Platelet Count Monitoring by Protocol (VTE-4) (NQF 0374) | Number of inpatient discharges for patients with confirmed VTE receiving IV UFH therapy. | Number of inpatient discharges for patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol. |
| VTE Discharge Instructions (VTE-5) (NQF 0375) | Number of inpatient discharges for patients with confirmed VTE discharged on warfarin therapy. | Number of inpatient discharges for patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: --compliance issues --dietary advice --follow-up monitoring --potential for adverse drug reactions and interactions |

| Performance Measure | Denominator(s) | Numerator(s) (documented in past year, unless defined otherwise) |
|---|---|--|
| Incidence of Potentially-Preventable VTE (VTE-6) (NQF 0376) | Number of inpatient discharges for patients who developed confirmed VTE during hospitalization. | Number of inpatient discharges for patients who received no VTE prophylaxis prior to the VTE diagnostic test order date. |

5.22 Report Formats

5.22.1 Report Cover Page Format

The cover page for each report uses the following basic format (see corresponding number callouts in Figure 5-160):

1. **Report Type:** The top line of the cover page describes the report type; for example, "IHS 2013 Selected Measures with Community Specified Report."
2. **Report Time Periods:** Describes the dates included in the current report time period, as well as the previous and baseline periods. All report periods encompass one year.
3. **Measures:** Describes the measures included in the report.
4. **Population:** Describes the patient-type population specified by the user for this Report: AI/AN, non-AI/AN, or both.
5. **Run Time:** Displays how long this report took to run, in hours, minutes, and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of performance measures you are running.
6. **Denominator Definitions:** Describes the definition of the key denominators for the specific report. Definitions are provided on each cover page, so that any user who runs the report will understand the logic.

Note: The definition of the Active Clinical denominator varies for each of the reports.

7. **Output File information:** If you have designated that a delimited file or an Area Office export file be created, the file name appears here.

8. **Community Taxonomy Name:** Displays the name of the specific Community Taxonomy you specify, and provides the list of all communities and facilities included in the Community taxonomy selected for this report (for discussion about how Community taxonomies are used, see Section 4.1).

Cover Page 1

① *** IHS 2011 Selected Measures with Community Specified Report ***
 CRS 2011, Version 11.1
 Date Report Run: May 28, 2011
 Site where Run: DEMO INDIAN HOSPITAL
 Report Generated by: Last, First
 Report Period: Jan 01, 2011 to Dec 31, 2011
 Previous Year Period: Jan 01, 2010 to Dec 31, 2010
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

②

Measures: Selected Measures (User Defined) ③
 Population: AI/AN Only (Classification 01) ④

RUN TIME (H.M.S): 0.40.19 ⑤

This report includes clinical performance measures reported for the Government Performance and Results Act (GPRA); measures reported for the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART); measures that have the potential to become GPRA measures in the future (i.e. GPRA Developmental measures), and non-GPRA measures.

In the denominator and numerator sections of the report for each topic:

- GPRA Developmental measures are a combination of a denominator prefixed with "GPRA Denominator" or "GPRA Developmental Denominator" and a numerator prefixed with "GPRA Developmental Numerator."
- GPRA measures are a combination of a denominator prefixed with "GPRA Denominator" and a numerator prefixed with "GPRA Numerator."
- PART measures are a combination of a denominator prefixed with "PART Denominator" and a numerator prefixed with "PART Numerator."

An example of a GPRA Developmental measure is shown below.

GPRA Denominator: Active Clinical patients ages 18 and older.
 GPRA Developmental Denominator: Active Clinical patients ages 12-18.
 GPRA Developmental Numerator: Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the Report Period. NOTE: This numerator does NOT include refusals.

In the tabular sections of the report for each topic:

- GPRA Developmental measures are a combination of a denominator with a suffix of "(GPRA)" or "(GPRA Dev)" and a numerator with a suffix of "(GPRA Dev)".
- GPRA measures are a combination of a denominator and numerator both with a suffix of "(GPRA)".
- PART measures are a combination of a denominator and numerator both with a suffix of "(PART)".

An example of a GPRA Developmental measure in the tabular section is shown below.

Cover Page 2

*** IHS 2011 Selected Measures with Community Specified Report ***
 CRS 2011, Version 11.1
 Date Report Run: May 28, 2011
 Site where Run: DEMO INDIAN HOSPITAL
 Report Generated by: Last, First
 Report Period: Jan 01, 2011 to Dec 31, 2011
 Previous Year Period: Jan 01, 2010 to Dec 31, 2010
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

| | REPORT PERIOD | % | PREV YR PERIOD | % | CHG from PREV YR | BASE PERIOD | % | CHG from BASE % |
|---|---------------|---|----------------|---|------------------|-------------|-----|-----------------|
| # Active Clinical Pts => 18 (GPRA) | 7 | | 10 | | | 654 | | |
| # w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.) | 0 | 0 | 0 | 0 | 0 | 16 | 2.4 | -2.4 |
| # Active Clinical Pts 12-18 (GPRA Dev) | 6 | | 9 | | | 418 | | |
| # w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.) | 0 | 0 | 0 | 0 | 0 | 15 | 3.6 | -3.6 |

Denominator Definitions used in this Report **6**

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

```

                Date Report Run: May 28, 2011
                Site where Run: DEMO INDIAN HOSPITAL
                Report Generated by: Last, First
                Report Period: Jan 01, 2011 to Dec 31, 2011
                Previous Year Period: Jan 01, 2010 to Dec 31, 2010
                Baseline Period: Jan 01, 2000 to Dec 31, 2000

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

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

Community Taxonomy Name: DEMO GPRA COMMUNITIES
The following communities are included in this report 8
BRAGGS                BROKEN ARROW                CHESSIAH
KANSAS                MARBLE CITY                SAND SPRINGS
```

Figure 5-160: Sample of Report Cover Pages 1–3

5.22.2 Report Format

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

- Count of the number of patients in the denominator
- Count of the number of patients within that denominator who meet the numerator definition
- Percentage of the total patients in the denominator who meet the numerator; that is, $[\text{Numerator Count}] / [\text{Denominator Count}] * 100$
- Change from the current report period from either of the past time periods, calculated as an absolute value

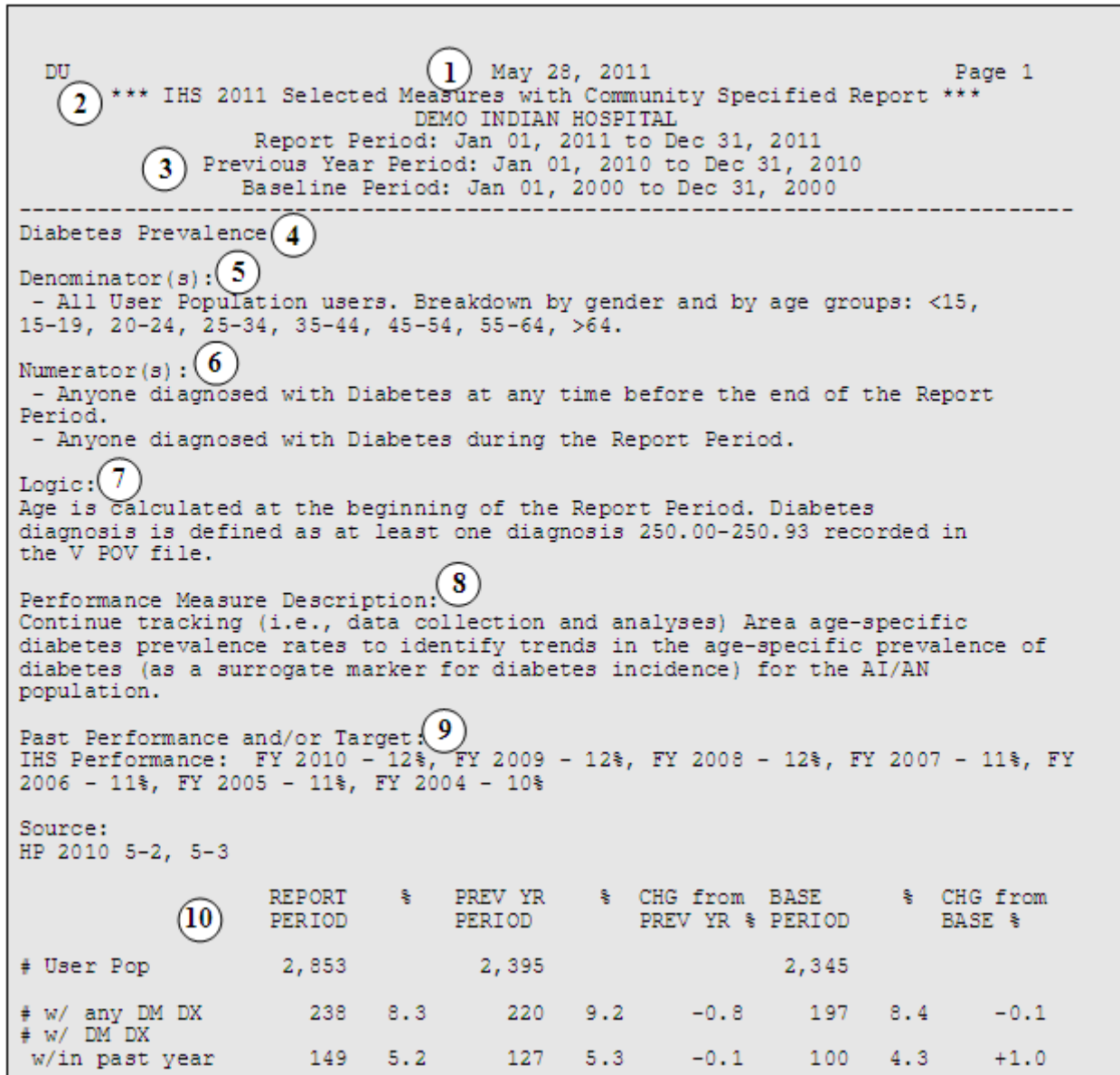


Figure 5-161 is an example of a report page from a Selected Measures Report that shows the key elements below:

1. **Report Date:** Displays the date that the report was run.
2. **Report Type:** The top line of the cover page describes the report type.
3. **Report Time Periods:** Describes the current report time period, as well as the previous and baseline periods.
4. **Performance Measure Topic Title:** Displays the name of the performance measure topic.

5. **Denominator Definition(s):** Detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.
6. **Numerator Definition(s):** Detailed definition of each numerator for the measure topic.
7. **Performance Measure Logic:** Displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.
8. **Performance Measure Description:** The general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY13 GPRA measure definitions.
9. **Performance Measure Target:** Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2013 or the HP 2020 target (see Section 3.1.3, “Comparing Ourselves to National Guidelines”).
10. **Current Report Period Change from Past Years:** Calculates the change in the percent (%) from either the previous year or the baseline year to the current report period. CRS 2013 uses the absolute difference between the first percentage and the second percentage; for example, [Report Period %] minus [Base Period %] = Change

The direction of the change is indicated by a “+” (plus) or “-” (minus). The “+” indicates that the Current Report percent is larger than the past period.

| | | | | | | | | |
|---|---|--------|----------------|-----|--------------------|-------------|-----|-----------------|
| DU | (1) May 28, 2011 | Page 1 | | | | | | |
| (2) *** IHS 2011 Selected Measures with Community Specified Report *** | DEMO INDIAN HOSPITAL | | | | | | | |
| | Report Period: Jan 01, 2011 to Dec 31, 2011 | | | | | | | |
| (3) Previous Year Period: Jan 01, 2010 to Dec 31, 2010 | Baseline Period: Jan 01, 2000 to Dec 31, 2000 | | | | | | | |
| ----- | | | | | | | | |
| Diabetes Prevalence | (4) | | | | | | | |
| Denominator(s): | (5) | | | | | | | |
| - All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64. | | | | | | | | |
| Numerator(s): | (6) | | | | | | | |
| - Anyone diagnosed with Diabetes at any time before the end of the Report Period. | | | | | | | | |
| - Anyone diagnosed with Diabetes during the Report Period. | | | | | | | | |
| Logic: | (7) | | | | | | | |
| Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file. | | | | | | | | |
| Performance Measure Description: | (8) | | | | | | | |
| 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: | (9) | | | | | | | |
| IHS Performance: 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 | | | | | | | | |
| (10) | REPORT PERIOD | % | PREV YR PERIOD | % | CHG from PREV YR % | BASE PERIOD | % | CHG from BASE % |
| # User Pop | 2,853 | | 2,395 | | | 2,345 | | |
| # w/ any DM DX | 238 | 8.3 | 220 | 9.2 | -0.8 | 197 | 8.4 | -0.1 |
| # w/ DM DX w/in past year | 149 | 5.2 | 127 | 5.3 | -0.1 | 100 | 4.3 | +1.0 |

Figure 5-161: Sample of report format

5.22.3 Clinical Performance Summaries

Clinical Performance Summaries for (1) selected non-GPRA measures and (2) official GPRA measures are included at the end of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports. The Clinical Performance Summary for GPRA developmental measures is included at the end of the section for GPRA developmental measures.

A Clinical Performance Summary for selected measures is included at the end of the Other National Measures (ONM) Report.

The summaries display the site’s current, previous, and baseline performance results together with the national performance for the previous year and the 2013 target, either HP 2020 or IHS 2020. Sites can quickly see which measures they most need to improve. Also included in the GPRA/GPRAMA summary is a “GPRA Target” column so users know what performance IHS has to achieve nationally in order to meet the GPRA measures.

5.22.3.1 National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries

| | | | | |
|--|--------------|----------|----------|--------|
| MP | Oct 08, 2012 | | | Page 1 |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | |
| DEMO INDIAN HOSPITAL | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | |
| ----- | | | | |
| GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY | | | | |
| | Site | Site | Site | |
| | Current | Previous | Baseline | |
| ----- | | | | |
| GPRA DEVELOPMENTAL MEASURES | | | | |
| ----- | | | | |
| DENTAL | | | | |
| Treatment Completed | 43.0% | 30.4% | 31.7% | |
| Pregnant Visit | 2.8% | 0.0% | 0.0% | |
| IMMUNIZATIONS | | | | |
| Adult | | | | |
| Pneumovax 65+ | 38.5% | 54.9% | 44.6% | |
| Childhood 19-35mos | | | | |
| Active IMM 2 Doses Hep A | 20.0% | 0.0% | 0.0% | |
| Active IMM 2-3 Doses Rotavirus | 18.0% | 0.0% | 0.0% | |
| Active IMM 2 Doses Influenza | 38.0% | 0.0% | 0.0% | |
| Active IMM 3 Doses Pneumococcal | 32.0% | 0.0% | 0.0% | |
| CANCER | | | | |
| Pap Smear/HPV 25-64 | 41.0% | 46.6% | 47.4% | |
| Pap Smear 25-29 | 11.6% | 12.8% | 15.4% | |
| Pap Smear 30-64 | 28.7% | 33.9% | 32.0% | |
| Pap Smear+HPV 30-64 | 0.7% | 0.0% | 0.0% | |
| Mammogram 42+ | 20.7% | 32.1% | 33.1% | |
| Colo Cancer 50-75 | | | | |
| (#2-USPSTF) | 17.7% | 20.0% | 12.0% | |
| Male 50-75 | 15.5% | 18.4% | 12.3% | |
| Female 50-75 | 19.8% | 21.5% | 11.8% | |
| Comp Cancer Screen 25-75yrs | | | | |
| Female 25-75yrs | 32.8% | 37.8% | 37.3% | |
| Male 50-75yrs | 14.6% | 18.6% | 12.5% | |

| | | | | |
|-------------------|------|------|------|--|
| BEHAVIORAL HEALTH | | | | |
| Alcohol Screening | | | | |
| Female AC+BH | | | | |
| 15-44yrs | 9.1% | 0.6% | 0.6% | |

Figure 5-162: Sample GPRA Developmental Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

| | | | | |
|--|--------------|----------|----------|--------|
| MP | Oct 08, 2012 | | | Page 2 |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | |
| DEMO INDIAN HOSPITAL | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | |
| ----- | | | | |
| GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY | | | | |
| | Site | Site | Site | |
| | Current | Previous | Baseline | |
| ----- | | | | |
| W/ Alcohol-Related Ed | 2.1% | 0.0% | 0.0% | |
| W/Positive Alcohol Screen | 52.5% | 0.0% | 0.0% | |
| AC+BH 12-75yrs | 7.4% | 1.3% | 0.5% | |
| W/ Alcohol-Related Ed | 1.0% | 0.1% | 0.1% | |
| W/Positive Alcohol Screen | 44.7% | 0.0% | 0.0% | |
| IPV/DV Screen | | | | |
| AC+BH 15-40yrs | 1.9% | 0.0% | 0.0% | |
| W/IPV/DV-Related Ed | 0.9% | 0.3% | 0.0% | |
| Depression Scrn | | | | |
| AC+BH 18yrs and older | 7.4% | 5.2% | 2.8% | |
| AC+BH 12-18yrs | 4.7% | 0.0% | 0.8% | |
| CARDIOVASCULAR DISEASE | | | | |
| Weight Assess/Counsel 3-17 | | | | |
| Comprehensive Assessment | 2.3% | 1.3% | 0.1% | |
| BMI Documented | 51.0% | 77.3% | 0.0% | |
| Nutrition Counseling | 3.4% | 1.4% | 0.1% | |
| Physical Activity Counsel | 20.4% | 13.6% | 15.0% | |
| OTHER CLINICAL | | | | |
| HIV Scrn No Prev Diag | | | | |
| 13-64yrs | 2.3% | 1.3% | 0.1% | |
| # w/ Positive Result | 20.4% | 4.5% | 0.0% | |
| # w/ Negative Result | 51.0% | 77.3% | 0.0% | |
| # w/ No Result | 20.4% | 13.6% | 100.0% | |
| # w/ HIV Screen Refusal* | 0.3% | 0.0% | 0.0% | |
| # w/ HIV Screen Past 5 yrs | 3.3% | 1.4% | 0.1% | |
| # w/ HIV Screen Ever | 3.4% | 1.4% | 0.1% | |
| # HIV Screens | 58 | 22 | 1 | |
| # HIV+ w/CD4 count | 31.3% | 0.0% | 0.0% | |
| # HIV+ w/CD4 <200 | 6.3% | 0.0% | 0.0% | |
| # HIV+ w/CD4 =>200 and =<350 | 6.3% | 0.0% | 0.0% | |
| # HIV+ w/CD4 >350 and =<500 | 6.3% | 0.0% | 0.0% | |
| # HIV+ w/CD4 >500 | 6.3% | 0.0% | 0.0% | |
| # HIV+ w/no CD4 result | 6.3% | 0.0% | 0.0% | |
| STI Pts w/HIV Screen | 27.3% | 0.0% | 0.0% | |
| Visit Statistics | | | | |
| AC w/no visit in Rpt Period | 9.3% | 17.7% | 24.3% | |
| AC w/Urgent Care core | | | | |

| | | | |
|--|-------|-------|-------|
| clinic | 16.2% | 25.9% | 31.5% |
| * Not GPRA Developmental measure but included to show percentage of refusals with respect to GPRA Developmental measure. | | | |

Figure 5-163: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 2

| | | | | | |
|---|--------------|----------|----------|---------|--------|
| MP | Oct 08, 2012 | | | | Page 1 |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | |
| DEMO INDIAN HOSPITAL | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Site | Site | Site | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| DIABETES | | | | | |
| Diabetes DX Ever* | 9.0% | 9.6% | 8.4% | 13.4% | N/A |
| Documented Alc* | 63.9% | 70.7% | 59.8% | 84.9% | 71.1% |
| Poor Glycemic Control | | | | | |
| >9.5 | 12.9% | 6.1% | 12.6% | 19.8% | N/A |
| Alc =>7 and <8 | 10.2% | 15.2% | 8.0% | N/A | N/A |
| BP Assessed | 80.3% | 77.8% | 82.8% | 88.5% | N/A |
| DENTAL | | | | | |
| # Sealants | 56 | 61 | 81 | 295,734 | N/A |
| # Sealants 2-15 | 52 | 40 | 80 | N/A | N/A |
| Topical Fluoride-#Pts | 47 | 26 | 15 | 169,083 | N/A |
| Topical Fluoride-# | | | | | |
| Pts 1-15 | 25 | 5 | 2 | N/A | N/A |
| IMMUNIZATIONS | | | | | |
| Active Clinical 4313*314 | 6.6% | 0.0% | 0.0% | N/A | N/A |
| CANCER | | | | | |
| Tobacco Assessment 5+ | 45.8% | 40.5% | 35.9% | 62.0% | N/A |
| Tobacco Use Prevalence | 49.5% | 39.0% | 39.6% | 31.6% | 12.3% |
| Tobacco Quit | 2.4% | 0.6% | 0.4% | 6.1% | N/A |
| Tobacco Cessation Counsel | 24.0% | 23.4% | 30.0% | 36.4% | N/A |
| CARDIOVASCULAR DISEASE | | | | | |
| Controlling High BP | 31.3% | 43.9% | 42.0% | N/A | N/A |
| Comp CVD Assess 22+ | | | | | |
| CHD: BP Assessed | 74.0% | 95.0% | 100.0% | N/A | N/A |
| Not Diabetic | 62.5% | 94.7% | 100.0% | N/A | N/A |
| Active Diabetic | 87.9% | 95.2% | 100.0% | N/A | N/A |
| CHD: LDL Assessed | 67.1% | 62.5% | 45.2% | N/A | N/A |
| Not Diabetic | 55.0% | 68.4% | 61.5% | N/A | N/A |
| Active Diabetic | 81.8% | 57.1% | 33.3% | N/A | N/A |
| CHD:Tobacco Assessed | 78.1% | 80.0% | 74.2% | N/A | N/A |
| Not Diabetic | 67.5% | 68.4% | 76.9% | N/A | N/A |
| Active Diabetic | 90.9% | 90.5% | 72.2% | N/A | N/A |
| CHD:BMI Assessed | 79.5% | 95.0% | 100.0% | N/A | N/A |
| Not Diabetic | 72.5% | 94.7% | 100.0% | N/A | N/A |
| Active Diabetic | 87.9% | 95.2% | 100.0% | N/A | N/A |

*Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures.

Figure 5-164: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

| | | | | | | |
|---|--------------|----------|----------|-------|--------|--|
| MP | Oct 08, 2012 | | | | Page 2 | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| DEMO INDIAN HOSPITAL | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Site | Site | Site | Nat'l | 2020 | |
| | Current | Previous | Baseline | 2012 | Target | |
| ----- | | | | | | |
| CHD:Lifestyle Counsel | 54.8% | 52.5% | 64.5% | N/A | N/A | |
| Not Diabetic | 52.5% | 36.8% | 38.5% | N/A | N/A | |
| Active Diabetic | 57.6% | 66.7% | 83.3% | N/A | N/A | |
| CHD:Depression Screen | 30.1% | 7.5% | 3.2% | N/A | N/A | |
| Not Diabetic | 35.0% | 5.3% | 7.7% | N/A | N/A | |
| Active Diabetic | 24.2% | 9.5% | 0.0% | N/A | N/A | |
| *Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures. | | | | | | |

Figure 5-165: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 2

| | | | | | | | |
|--|--------------|----------|----------|----------|--------|--------|--|
| MP | Oct 08, 2012 | | | | Page 1 | | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | | |
| DEMO INDIAN HOSPITAL | | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | | |
| ----- | | | | | | | |
| OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | | |
| | Site | Site | Site | GPRA | Nat'l | 2020 | |
| | Current | Previous | Baseline | Target | 2012 | Target | |
| ----- | | | | | | | |
| DIABETES | | | | | | | |
| Good Glycemic Control <8** | 34.0% | 46.5% | 33.3% | Baseline | N/A | N/A | |
| Controlled BP <140/90** | 41.5% | 38.4% | 39.1% | Baseline | 65.7% | 57.0% | |
| LDL Assessed | 53.1% | 46.5% | 26.4% | 68.0% | 71.0% | N/A | |
| Nephropathy Assessed* | 51.7% | 14.1% | 6.9% | 64.2% | 66.7% | N/A | |
| Retinopathy Assessed | 37.6% | 39.2% | 50.6% | 56.8% | 55.7% | 58.7% | |
| JVN Visit | 0.7% | 0.0% | 0.0% | N/A | N/A | N/A | |
| Ophthalmology visit | 15.6% | 6.2% | 25.3% | N/A | N/A | N/A | |
| Optometry visit | 23.4% | 37.1% | 35.6% | N/A | N/A | N/A | |
| DENTAL | | | | | | | |
| Dental Access General | 8.4% | 7.8% | 8.7% | 26.9% | 28.8% | 49.0% | |
| Intact Sealants** | 3.1% | 1.7% | 2.1% | Baseline | N/A | N/A | |
| Age 3-5 | 1.3% | 0.7% | 0.0% | N/A | N/A | N/A | |
| Age 6-9 | 4.4% | 2.9% | 3.6% | N/A | N/A | N/A | |
| Age 10-12 | 1.7% | 1.7% | 2.4% | N/A | N/A | N/A | |

| | | | | | | |
|--------------------------------------|-------|-------|-------|----------|-------|-------|
| Age 13-15 | 4.0% | 2.3% | 2.7% | N/A | N/A | N/A |
| Topical Fluoride** | 3.5% | 0.7% | 0.3% | Baseline | N/A | N/A |
| IMMUNIZATIONS | | | | | | |
| Influenza 65+ | 27.9% | 35.2% | 23.1% | 62.3% | 65.0% | 90.0% |
| Pneumovax Ever 65+ | 41.0% | 63.4% | 56.9% | 84.7% | 88.5% | 90.0% |
| Active IMM 4313*314** | 8.0% | 0.0% | 0.0% | Baseline | 75.1% | 80.0% |
| CANCER | | | | | | |
| Pap Smear Rates 25-64** | 40.3% | 46.6% | 47.4% | Baseline | 63.4% | 93.0% |
| Mammogram Rates 52-64 | 31.3% | 36.1% | 46.8% | 49.7% | 51.9% | 81.1% |
| Colorectal Cancer 50-75** | 15.5% | 19.9% | 12.1% | Baseline | 33.3% | 70.5% |
| Tobacco Cessation Counsel or Quit | 26.3% | 23.7% | 30.4% | Baseline | 39.7% | N/A |
| BEHAVIORAL HEALTH | | | | | | |
| FAS Prevention 15-44 | 10.6% | 0.6% | 0.3% | 61.7% | 63.8% | N/A |
| IPV/DV Screen 15-40 | 2.6% | 0.3% | 0.0% | 58.3% | 61.5% | N/A |

Figure 5-166: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 1

| | | | | | | |
|---|--------------|----------|----------|----------|-------|--------|
| MP | Oct 08, 2012 | | | Page 2 | | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| DEMO INDIAN HOSPITAL | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Site | Site | Site | GPRA | Nat'l | 2020 |
| | Current | Previous | Baseline | Target | 2012 | Target |
| ----- | | | | | | |
| Depression Screen 18+ | 6.9% | 5.2% | 2.5% | 58.6% | 61.9% | N/A |
| CARDIOVASCULAR DISEASE | | | | | | |
| Children 2-5 w/BMI =>95% | 24.0% | 23.4% | 30.0% | 24.0% | N/A | N/A |
| CHD: Comp CVD Assessment** | 26.0% | 37.5% | 19.4% | 32.3% | 37.5% | N/A |
| Not Diabetic | 22.5% | 31.6% | 15.4% | N/A | N/A | N/A |
| Active Diabetic | 30.3% | 42.9% | 22.2% | N/A | N/A | N/A |
| OTHER CLINICAL | | | | | | |
| Prenatal HIV Testing | 32.0% | 15.4% | 0.0% | 82.3% | 85.8% | 74.1% |
| Breastfeed Rates @ 2 Mos | 80.0% | 0.0% | 100.0% | Baseline | 30.3% | 44.3% |
| * Measure definition changed in 2007. | | | | | | |
| ** Measure definition changed in 2013. | | | | | | |
| + Site Previous and Site Baseline values are not applicable for this measure. | | | | | | |

Figure 5-167: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 2

5.22.3.2 Other National Measures Report Clinical Performance Summary

| MP | | | | | |
|---|---------|----------|----------|---------|--------|
| Oct 08, 2012 | | | | | |
| Page 1 | | | | | |
| IHS 2013 Other National Measures Report *** | | | | | |
| DEMO INDIAN HOSPITAL | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Site | Site | Site | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| DIABETES | | | | | |
| Comprehensive Care | 8.8% | 2.0% | 0.0% | 24.6% | N/A |
| DM: HTN w/ RASA Rx | 69.6% | 84.2% | 88.9% | N/A | N/A |
| DM: HTN w/contra/ADR to RASA | 17.7% | 3.5% | 3.7% | N/A | N/A |
| DENTAL | | | | | |
| Top Fluoride-# Apps | 52 | 26 | 15 | 213,990 | N/A |
| IMMUNIZATIONS | | | | | |
| AC: Influenza | 12.3% | 9.7% | 4.4% | N/A | N/A |
| AC: Influenza 18-64 | | | | | |
| High-risk | 14.9% | 22.3% | 10.1% | N/A | N/A |
| DM: Influenza | 35.4% | 44.4% | 26.4% | 61.7% | N/A |
| AC: Pneumovax 18-64 | | | | | |
| High Risk | 23.7% | 28.1% | 37.1% | N/A | N/A |
| DM: Up-to-Date | | | | | |
| Pneumovax | 38.1% | 49.5% | 52.9% | 80.1% | N/A |
| AC 18+: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A |
| AC 18-64: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A |
| AC 65+: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A |
| AC 18+: Tdap/Td past | | | | | |
| 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A |
| AC 18-64: Tdap/Td past | | | | | |
| 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A |
| AC 65+: Tdap/Td past | | | | | |
| 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A |
| Adolescent (13-17 Years) | | | | | |
| AC: 1:3:2:1 | 1.9% | 0.0% | 0.0% | 81.6% | N/A |
| AC: 1:1:3 | 3.7% | 0.0% | 0.0% | N/A | N/A |
| AC Male: 1:1:3 | 5.8% | 0.0% | 0.0% | N/A | N/A |
| AC Female: 1:1:3 | 1.8% | 0.0% | 0.0% | N/A | N/A |
| AC: 1:1 | 3.7% | 1.2% | 0.0% | N/A | N/A |
| AC: 1 Tdap | 8.8% | 0.0% | 0.0% | 95.3% | 80% |
| AC: 1 Meningococcal | 6.5% | 1.2% | 0.0% | 83.2% | 80% |
| AC: 3 HPV | 10.2% | 0.0% | 0.0% | N/A | N/A |
| AC Male: 3 HPV | 9.6% | 0.0% | 0.0% | N/A | N/A |
| AC Female: 3 HPV | 10.7% | 0.0% | 0.0% | 54.3% | 80% |

Figure 5-168: Sample Performance Summary page from ONM Report, Page 1

| MP | | | | | |
|--|--|--|--|--|--|
| Oct 08, 2012 | | | | | |
| Page 2 | | | | | |
| IHS 2013 Other National Measures Report *** | | | | | |
| DEMO INDIAN HOSPITAL | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |

| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
|---|---------|----------|----------|-------|--------|
| ----- | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Site | Site | Site | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| BEHAVIORAL HEALTH | | | | | |
| AC ER Injury w/Alchl Scrn | 58.8% | 0.0% | 0.0% | 10.8% | N/A |
| AC ER Injury w/BNI | 33.3% | 0.0% | 0.0% | 0.2% | N/A |
| AC IPV/DV Screen 15-40 | 2.6% | 0.3% | 0.0% | N/A | N/A |
| AC IPV/DV 15-40 w/Exam | 1.4% | 0.0% | 0.0% | N/A | N/A |
| AC IPV/DV 15-40 w/Related DX | 0.7% | 0.0% | 0.0% | N/A | N/A |
| AC IPV/DV 15-40 w/Education | 1.2% | 0.3% | 0.0% | N/A | N/A |
| DM: Depression Screen | 14.3% | 12.1% | 5.7% | N/A | N/A |
| Antidepressant Med Mgmt | | | | | |
| AC+BH w/APT | 55.0% | 66.7% | 0.0% | N/A | N/A |
| AC+BH w/CONPT | 20.0% | 50.0% | 0.0% | N/A | N/A |
| CARDIOVASCULAR DISEASE | | | | | |
| AC w/Phys Activity Screen | 1.3% | 0.0% | 0.0% | N/A | N/A |
| AC w/Exercise Education | 21.1% | 0.0% | 0.0% | N/A | N/A |
| Cholesterol Screen 23+ | 23.6% | 31.2% | 35.2% | 61.6% | 82.1% |
| BP Assessed 20+ | 53.9% | 69.4% | 71.2% | 84.4% | N/A |
| Normal BP | 19.8% | 24.2% | 25.4% | 29.4% | N/A |
| Pre-HTN I BP | 16.2% | 19.7% | 17.7% | 22.2% | N/A |
| Pre-HTN II BP | 22.9% | 19.9% | 21.2% | 28.6% | N/A |
| Stage 1 HTN BP | 26.8% | 27.2% | 26.5% | 17.0% | N/A |
| Stage 2 HTN BP | 5.8% | 7.8% | 9.2% | 2.6% | N/A |
| BP Assessed in CHD Pts | 74.3% | 95.0% | 100.0% | 97.9% | N/A |
| Normal BP | 12.7% | 15.8% | 9.7% | 21.6% | N/A |
| Pre-HTN I BP | 5.5% | 18.4% | 19.4% | 24.0% | N/A |
| Pre-HTN II BP | 36.4% | 21.1% | 35.5% | 27.3% | N/A |
| Stage 1 HTN BP | 23.6% | 34.2% | 16.1% | 22.5% | N/A |
| Stage 2 HTN BP | 3.6% | 7.9% | 19.4% | 4.6% | N/A |
| Med Therapy Post AMI | | | | | |
| Beta-Blocker Treatment | 38.0% | 0.0% | 0.0% | 83.3% | N/A |
| ASA Treatment | 12.7% | 0.0% | 0.0% | 83.3% | N/A |
| ACEI/ARB Treatment | 28.2% | 0.0% | 0.0% | 66.7% | N/A |
| Statin Treatment | 25.4% | 0.0% | 0.0% | 50.0% | N/A |
| With all Above Meds | 5.6% | 0.0% | 0.0% | 33.3% | N/A |
| Persistence of Med Therapy Post AMI | | | | | |
| Beta-Blocker Treatment | 33.8% | 50.0% | 75.0% | 70.4% | N/A |
| ASA Treatment | 6.8% | 0.0% | 50.0% | 49.6% | N/A |
| ACEI/ARB Treatment | 23.0% | 25.0% | 25.0% | 47.1% | N/A |
| Statin Treatment | 8.1% | 50.0% | 50.0% | 51.2% | N/A |
| With All Above Meds | 2.7% | 0.0% | 25.0% | 21.8% | N/A |

Figure 5-169: Sample Performance Summary page from ONM Report, Page 2

| | | |
|--|--------------|--------|
| MP | Oct 08, 2012 | Page 3 |
| IHS 2013 Other National Measures Report *** | | |
| DEMO INDIAN HOSPITAL | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | |

| ----- SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY ----- | | | | | |
|---|---------|----------|----------|--------|--------|
| | Site | Site | Site | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| Med Therapy in High Risk Patients | | | | | |
| Beta-Blocker Treatment | 45.2% | 57.5% | 51.6% | 69.6% | N/A |
| ASA Treatment | 32.9% | 52.5% | 77.4% | 57.3% | N/A |
| ACEI/ARB Treatment | 41.1% | 40.0% | 58.1% | 58.6% | N/A |
| Statin Treatment | 42.5% | 55.0% | 48.4% | 55.1% | N/A |
| With All Above Meds | 21.9% | 20.0% | 22.6% | 25.1% | N/A |
| | | | | | |
| CVD w/LDL Assessment | 79.2% | 71.4% | 50.0% | 76.6% | N/A |
| LDL <=100 | 36.8% | 60.0% | 33.3% | 69.7% | N/A |
| LDL 101-130 | 13.2% | 10.0% | 22.2% | 16.4% | N/A |
| LDL >130 | 13.2% | 20.0% | 44.4% | 9.9% | N/A |
| HF and LVS Function | 31.8% | 0.0% | 0.0% | 19.9% | N/A |
| | | | | | |
| OTHER CLINICAL | | | | | |
| HIV Pts w/CD4 only | 28.6% | 0.0% | 0.0% | N/A | 100% |
| HIV Pts w/viral load only | 0.0% | 0.0% | 0.0% | N/A | 100% |
| HIV Pts w/CD4 & viral load | 14.3% | 50.0% | 100.0% | N/A | N/A |
| HIV Pts w/any test | 42.9% | 50.0% | 100.0% | N/A | N/A |
| Hep C Screening | 4.9% | 4.4% | 3.0% | N/A | N/A |
| Male | 5.0% | 4.6% | 2.8% | N/A | N/A |
| Female | 4.8% | 4.2% | 3.1% | N/A | N/A |
| AC 16-25 w/Chlamydia Test | 29.3% | 33.3% | 33.6% | N/A | N/A |
| # STI Patients | 45 | 15 | 10 | 9,177 | N/A |
| # STI Incidents | 49 | 15 | 10 | 10,338 | N/A |
| STI Pts w/Complete STI Screens | 14.6% | 0.0% | 0.0% | N/A | N/A |
| STI Pts w/HIV Screen | 27.3% | 0.0% | 0.0% | N/A | N/A |
| | | | | | |
| AC w/ Asthma | 3.5% | 3.4% | 2.3% | N/A | N/A |
| | | | | | |
| AC 5-50 Asthma w/ Suboptimal Control | 5.3% | 0.0% | 0.0% | N/A | N/A |
| AC 5-50 Asthma w/no Contoller Therapy | 100.0% | 0.0% | 0.0% | N/A | N/A |
| | | | | | |
| PreDM/Met Synd All Screen | 1.7% | 0.0% | 0.0% | 13.2% | N/A |

Figure 5-170: Sample Performance Summary page from ONM Report, Page 3

| | | | | | |
|---|--------------|----------|----------|--------|--------|
| MP | Oct 08, 2012 | | | Page 4 | |
| IHS 2013 Other National Measures Report *** | | | | | |
| DEMO INDIAN HOSPITAL | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Site | Site | Site | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| AC w/beta-blocker PDC>=80% | 58.5% | 54.5% | 59.5% | N/A | N/A |

| | | | | | |
|---------------------------------------|-------|-------|--------|---------|-----|
| AC w/beta-blocker gap>=30d | 50.9% | 52.3% | 40.5% | N/A | N/A |
| AC w/RASA PDC>=80% | 61.9% | 68.8% | 52.7% | N/A | N/A |
| AC w/RASA gap >=30d | 46.4% | 40.0% | 56.8% | N/A | N/A |
| AC w/CCB PDC >=80% | 60.7% | 62.5% | 67.3% | N/A | N/A |
| AC w/CCB gap>=30d | 53.6% | 41.7% | 40.0% | N/A | N/A |
| AC w/biguanide PDC >=80% | 40.0% | 69.2% | 27.3% | N/A | N/A |
| # w/biguanide gap >=30d | 63.3% | 38.5% | 72.7% | N/A | N/A |
| AC w/sulfonylurea PDC >=80% | 37.5% | 16.7% | 57.1% | N/A | N/A |
| AC w/sulfonylurea gap >=30d | 75.0% | 83.3% | 42.9% | N/A | N/A |
| AC w/thiazolidinedione PDC >=80% | 65.0% | 66.7% | 50.0% | N/A | N/A |
| AC w/ thiazoliidinedione gap >=30d | 40.0% | 46.7% | 25.0% | N/A | N/A |
| AC w/statin PDC >=80% | 71.7% | 67.3% | 67.6% | N/A | N/A |
| AC w/ statin gap >=30d | 40.0% | 38.8% | 43.2% | N/A | N/A |
| AC w/ antiretroviral PDC >=90% | 50.0% | 0.0% | 100.0% | N/A | N/A |
| AC =>18 w/MTM | 0.8% | 0.0% | 0.0% | N/A | N/A |
| # PHN Visits-Any Setting | 19 | 16 | 19 | 323,723 | N/A |
| Use of High-Risk Meds 65+ | | | | | |
| One High-Risk Med | 39.3% | 21.1% | 38.5% | N/A | N/A |
| Male One High-Risk Med | 60.7% | 18.2% | 40.7% | N/A | N/A |
| Female One High-Risk Med | 21.2% | 23.7% | 36.8% | N/A | N/A |
| Two or More High-Risk Med | 13.9% | 7.0% | 13.8% | N/A | N/A |
| Male Two High-Risk Med | 16.1% | 9.1% | 11.1% | N/A | N/A |
| Female Two High-Risk Med | 12.1% | 5.3% | 15.8% | N/A | N/A |

Figure 5-171: Sample Performance Summary page from ONM Report, Page 4

5.22.4 Patient List Formats

You may run Patient Lists for the following reports:

- National GPRA/GPRAMA and GPRA/GPRAMA Performance reports (LST menu option)
- Selected Measures report (COM, PP, or ALL menu options)
- Other National Measures (OST menu option)
- Elder Care (ELD menu option)
- Patient Education (PED menu options PCM and P3)

You may also run the Comprehensive National GPRA/GPRAMA Patient List (CMP) and the GPRA/GPRAMA Forecast Patient List (FOR).

The lists display patients who meet the numerator(s), denominator(s), or both, depending on the type of report run and the performance measure. Patient List options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA/GPRAMA and GPRA/GPRAMA Performance and the Other National Measures reports, Patient Lists can be created for one or more performance measure topics at a time. The Patient Lists for these reports allow users to include only patients meeting the measure, only patients not meeting the measure, or both for most performance measures.

The GPRA/GPRAMA Forecast Patient List identifies all GPRA/GPRAMA measures a patient is due for during the current GPRA year as of the report run date and provides information for the provider on how the measures can be met. This list is linked to the Scheduling menu and may be run for the following options:

1. A selected patient with a scheduled appointment
2. All patients with scheduled appointments to a selected clinic(s) or all clinics at a facility
3. All patients with scheduled appointments to an entire facility or division
4. A selected patient or patients even if they do not a scheduled appointment

The Comprehensive National GPRA/GPRAMA Patient List shows all patients included in the National GPRA/GPRAMA Report who did not meet at least one GPRA/GPRAMA measure, and identifies which GPRA/GPRAMA measure(s) the patients did not meet. The list also identifies the name of the provider that the patient last had a visit with and the date of the visit.

For the Selected Measures (COM, PP, ALL), Elder Care, and Patient Education reports, you select the performance measure topic(s) for which you want to run Patient Lists but you do not have the option of choosing to include only patients meeting or not meeting the performance measure.

For instructions on producing each of these patient lists, see the following sections.

- For the National GPRA/GPRAMA and GPRA/GPRAMA Performance Patient List, see Section 5.3.2.
- For the GPRA/GPRAMA Forecast Patient List, see Section 5.8.2.
- For the Comprehensive National GPRA/GPRAMA Patient List, see Section 5.10.2.
- For Selected Measures Reports (COM, PP, ALL) Patient Lists, see Section 5.11.2.
- For the Other National Measures Report Patient List, see Section 5.14.2.
- For the Elder Care Report, Section 5.15.2.

- For the Patient Education Reports, see Sections 5.16.2 and 5.17.2 (PCM and P3, respectively).

Patient Lists are organized by

- Community
- Gender
- Age
- Last name

Key elements of the Patient List format, shown in Figure 5-172 and Figure 5-173, are the following:

1. **Report Type:** Indicates “Patient List” as the report type.
2. **Patient List Type:** Displays whether the Patient List is a “Random Patient List,” “Patient List by Provider,” or “All Patients,” depending on which option you selected.
3. **List Description:** Describes which patients will be included on the list.
4. **List columns:** All Patient Lists contain the following columns of information:
 - **Patient Name** displayed as Last, First
 - **Health Record Number** (HRN) of the patient
 - **Community name**
 - **Sex** (M or F) of the patient;
 - **Age** of the patient (*as of the first day of the report period*)

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

5. **Denominator** column: For most patient lists, displays the denominator of which the patient is a member (e.g., “AC” for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.
6. **Numerator Value** column: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In the example on the next page (Figure 5-172), the value column identifies the date a Pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only.

Note: This column is not included in the Comprehensive National GPRA/GPRAMA Patient List report. Instead, it has the Measure Not Met (#7) and Lst Prvdr (#8) columns. In addition, the performance measures are not listed separately; each patient is listed only once with all the measures s/he did not meet and indicated in the Measure Not Met column.

7. **Measure Not Met** column: Displayed only for the Comprehensive National GPRA/GPRAMA Patient List. Displays all of the applicable National GPRA/GPRAMA Report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.
8. **Lst Prvdr** column: Displayed only for the Comprehensive National GPRA/GPRAMA Patient List. Displays the name, abbreviated discipline of the provider the patient saw at his/her last visit, and the date of the patient's last visit.
9. **Last Medical Visit** column: Displays the date of the patient's last medical visit. Medical visit is defined as one of the core or secondary clinics listed in the Active Clinical denominator.
10. **Last Visit** column: Displays the date of the patient's last visit, defined as a visit with a Service Code of A, H, O, R, or S.

Note: These last two columns are only included in the National GPRA/GPRAMA Patient List report.

```

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
MP      ① *** IHS 2011 Clinical Performance Measure Patient List ***      Page 1
          May 28, 2011
          DEMO INDIAN HOSPITAL
          Report Period: Jan 01, 2011 to Dec 31, 2011
          ② Entire Patient List
-----
Cancer Screening: Pap Smear Rates

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

Numerator(s):
GPRA Numerator: Patients with a Pap Smear documented in the past 3 years.
NOTE: This numerator does NOT include refusals.
Patients with documented Pap smear refusal in past year.

Logic:
Age of the patient is calculated at the beginning of the Report Period.
Patients must be at least 21 years of age at the beginning of the Report
Period and less than 65 years of age as of the end of the Report Period.
Hysterectomy defined as any of the following ever: 1) V Procedure:
68.4-68.8; 2) CPT 51925, 56308 (old code), 57540, 57545, 57550, 57555,
57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951,
58953-58954, 58956, 59135; 3) V POV 618.5, V88.01, V88.03; or 4) Women's
Health procedure called Hysterectomy.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up
Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap
Cervical Smear to Confirm Findings of Recent Normal Smear Following
Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical
Smear as Part of General Gynecological Exam, Pelvic Exam (annual)
(periodic) (old code, to be counted for visits prior to 10/1/04 only),
V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*,
795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167,
88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001,
Q0091; 5) Women's Health: procedure called Pap Smear and where the result
does NOT have "ERROR/DISREGARD"; 6) LOINC taxonomy; 7) site-populated
taxonomy BGP PAP SMEAR TAX.

Refusal: Refusal in past year of Lab Test Pap Smear or CPT code
88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148,
P3000, P3001, or Q0091.

Performance Measure Description:
During FY 2011, achieve the tentative target rate of 55.7% for the proportion of
female patients ages 21 through 64 without a documented history of hysterectomy
who have had a Pap screen within the previous three years.

Past Performance and/or Target:
IHS Performance - FY 2010 - 59%, FY 2009 - 59%, FY 2008 - 59%, FY 2007 - 59%, FY
2006 - 59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; HP 2020 Goal: 93%

```

Figure 5-172: Sample Patient List, Selected Measures Report, Page 1


```

*** IHS 2011 Clinical Performance Measure Patient List ***
                    DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2011 to Dec 31, 2011
                    Entire Patient List
-----
-
Source:
HP 2020 C-15
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart
Disease
(3) Cancer Screening: Pap Smear Rates: List of women 21-64 with documented Pap
(4) smear or refusal, if any.
(5) (6)
(4) PATIENT NAME                HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-----
-
PATIENT,CRSAA                106885 BRAGGS          F  21  UP,AC          05/05/10 POV
795.0
PATIENT,CRSBB                116282 BRAGGS          F  21  UP
PATIENT,CRSJL                900265 BRAGGS          F  21  UP,AC
PATIENT,CRSOA                900384 BRAGGS          F  21  UP
PATIENT,CRSCC                109555 BROKEN ARROW F  22  UP,AC          10/31/09 Lab
PATIENT,CRSDD                107131 BROKEN ARROW F  22  UP,AC          07/25/10 Lab
PATIENT,CRSEE                122087 CHECOTAH     F  22  UP,AC          09/10/10 Lab
PATIENT,CRSFF                128663 CHECOTAH     F  22  UP,AC
PATIENT,CRSGG                171055 CHECOTAH     F  22  UP,AC          06/26/11 Lab
PATIENT,CRSHH                172754 KANSAS        F  22  UP,AC          10/31/09 Lab
PATIENT,CRSOZ                900409 KANSAS        F  22  UP,AC
PATIENT,CRSPJ                900419 KANSAS        F  22  UP,AC
PATIENT,CRSQP                900446 KANSAS        F  22  UP
PATIENT,CRSJJ                100809 KANSAS        F  23  UP
PATIENT,CRSKK                171053 MARBLE CITY    F  23  UP,AC          09/06/10 Lab
PATIENT,CRSJV                900275 MARBLE CITY    F  24  UP,AC
PATIENT,CRSPR                900427 SAND SPRINGS F  24  UP,AC
PATIENT,CRSLL                110076 SAND SPRINGS F  25  UP,AC          01/24/11 Lab
PATIENT,CRSMM                116602 SAND SPRINGS F  25  UP,AC          07/22/10 Lab

Total # of Patients on list: 19
    
```

Figure 5-173: Sample Patient List, Selected Measures Report, Page 2

```

*** IHS 2011 GPRA Performance & PART Patient List ***
      CRS 2011, Version 11.1
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2011 to Dec 31, 2011
      All Patients
  
```

Source:

HP 2020 C-15
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
 Diabetic
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart
 Disease

3 Cancer Screening: Pap Smear Rates: List of women 21-64 with documented Pap
 Smear, if any. 9 10

4

| PATIENT NAME | HRN | COMMUNITY | SEX | AGE | LAST MEDICAL | LAST VISIT |
|------------------------|-------------|--------------|-------|-----|--------------|------------|
| DENOMINATOR 5 | NUMERATOR 6 | | VISIT | | | |
| PATIENT,CRSAA UP,AC | 106885 | BRAGGS | F | 21 | 03/06/10 | 03/06/10 |
| | 05/05/09 | POV 795.0 | | | | |
| PATIENT,CRSBB UP | 116282 | BRAGGS | F | 21 | 01/10/11 | 01/15/11 |
| PATIENT,CRSOA UP | 900384 | BRAGGS | F | 21 | 09/10/10 | 11/15/10 |
| PATIENT,CRSCC UP,AC | 109555 | BROKEN ARROW | F | 22 | 10/31/09 | 10/31/09 |
| | 10/31/09 | Lab | | | | |
| PATIENT,CRSDD UP,AC | 107131 | BROKEN ARROW | F | 22 | 12/12/10 | 12/12/10 |
| | 07/25/10 | Lab | | | | |
| PATIENT,CRSFF UP,AC | 128663 | CHECOTAH | F | 22 | 05/05/09 | 05/05/09 |
| PATIENT,CRSGG UP,AC | 171055 | CHECOTAH | F | 22 | 01/26/11 | 01/26/11 |
| | 01/26/11 | Lab | | | | |
| PATIENT,CRSHH UP,AC | 172754 | KANSAS | F | 22 | 08/22/10 | 11/18/10 |
| | 10/31/09 | Lab | | | | |
| PATIENT,CRSOZ UP,AC | 900409 | KANSAS | F | 22 | 05/04/09 | 06/10/10 |

Total # of Patients on list: 19

Figure 5-174: Sample Patient List, National GPRA/GPRAMA Report

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
 MP May 10, 2011 Page 2
 *** IHS 2011 Comprehensive National GPRA & PART Patient List ***
 *** List of Patients Not Meeting a National GPRA or PART measure ***
 CRS 2011, Version 11.1
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2011 to Dec 31, 2011
 All Patients

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

| 4 | P | N | A | M | E | N | A | T | N | A | M | E | T | L | S |
|-------------------------------------|--------|--------|---|---|-----------|---|---|---|---|---|---|---|---|---------------|---|
| P | R | V | D | R | N | A | M | E | N | A | M | E | T | L | S |
| PATIENT,CRSAA | 202575 | BRAGGS | F | 0 | UP | | | | | | | | | Dental | |
| Visit/DEMO,DOCTOR,MD,12/12/03 | | | | | | | | | | | | | | | |
| PATIENT,CRSAB | 205080 | BRAGGS | F | 0 | UP | | | | | | | | | Dental | |
| Visit/LITTLE,DOCTOR,MD,12/31/03 | | | | | | | | | | | | | | | |
| PATIENT,CRSAC | 207050 | BRAGGS | F | 0 | UP | | | | | | | | | Dental Visit/ | |
| LITTLE,DOCTOR,MD,03/03/03 | | | | | | | | | | | | | | | |
| PATIENT,CRSAD | 209048 | BRAGGS | F | 0 | UP | | | | | | | | | Dental Visit/ | |
| WHO,DOCTOR,DO,08/21/03 | | | | | | | | | | | | | | | |
| PATIENT,CRSAE | 209956 | BRAGGS | F | 0 | UP | | | | | | | | | Dental Visit/ | |
| DEMO,DOCTOR,MD,10/10/03 | | | | | | | | | | | | | | | |
| PATIENT,CRSAF | 199359 | BRAGGS | F | 1 | UP,AC,IMM | | | | | | | | | Dental Visit, | |
| Imm | | | | | | | | | | | | | | | |
| Pkg Child IZ/WHO,DOCTOR,DO,11/30/03 | | | | | | | | | | | | | | | |

Figure 5-175: Sample Comprehensive National GPRA/GPRAMA Patient List

CONFIDENTIAL PATIENT INFORMATION-COVERED BY THE PRIVACY ACTPage 1
 GPRA/GPRAMA Forecast Patient List
 GPRA Measures Not Met or Due During Jul 01, 2012-Jun 30, 2013
 CRS 2013, Version 13.0 Patch 1
 Patients with an Appointment in 06 DIABETIC on Apr 28, 2013
 Date Report Run: Apr 27, 2013
 Site where Run: DEMO INDIAN HOSPITAL
 Report Generated by: LAST, FIRST

| Appt Time | Patient Name | HRN | Sex | DOB | Community |
|--------------------------------|---------------|--------|-----|----------|--|
| 10:00am | PATIENT,CRSBG | 115640 | F | 09/29/74 | KANSAS |
| Dental Visit (All Patients) | | | | | |
| | | | | | Last Dental Exam: 09/15/11 Overdue as of: 09/15/12 GPRA counts visits with ADA 0000 or 0190, CPT codes D0000 or D0190, PCC Exam 30, POV V72.2 or any CHS visit with any ADA code during 7/1/12-6/30/13 |
| AC Pap Smear | | | | | Last Pap: 08/19/08 Overdue as of: 08/18/12 GPRA counts Pap past 4 years from 6/30/13. |
| AC Tobacco Cess | | | | | Last Intervention: Never Overdue as of: 07/01/12 GPRA counts tobacco patient education, visit to Tobacco Cessation Clinic, ADA code 1320, CPT |

| | |
|-----------------|--|
| | D1320, 99406, 99407, G0375, G0376, 4000F, G8402 or G8453, or Rx for tobacco cessation aid during 7/1/12-6/30/13 |
| AC Alcohol Scrn | Last Alcohol Screen: 03/20/12 Alcohol Screening Overdue as of: 03/20/13 GPRA counts PCC Exam 35, CPT 99408, 99409, G0396, or G0397, V Measurement in PCC or BH of AUDT, AUDC, or CRFT, any alcohol health factor, alcohol screening diagnosis, alcohol diagnosis or procedure, or alcohol or chemical dependency patient education during 7/1/12-6/30/13 |
| AC IPV/DV Scrn | Last DV Screen: Never Overdue as of: 07/01/12 GPRA counts PCC Exam 34, BHS IPV/DV Exam, IPV/DV Dx, or IPV/DV patient education during 7/1/12-6/30/13 |

Figure 5-176: Sample GPRA/GPRAMA Forecast Patient List, Selected Patient with Appointment Option

6.0 Area-Office-Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA/GPRAMA, National GPRA/GPRAMA Report Performance Summaries, GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports. These summary, or aggregate, reports are generated from individual site export report files that were sent to the Area Office when a site chose to export its data.

Note: It is strongly recommended that each Area Office establish a quarterly review process for the National GPRA/GPRAMA Performance reporting data, which includes all GPRA/GPRAMA measures and some additional key clinical performance measures.

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

Note: Access to the Area Options (AO) is restricted to those users with the BGPZAREA security key.

To access the Area Options, follow these steps

```

*****
**      IHS/RPMS CRS 2013      **
**  Clinical Reporting System  **
*****
                          Version 13.0 Patch 1

                          DEMO INDIAN HOSPITAL

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

Select CRS 2013 Option: AO <Enter> Area Options

```

Figure 6-1: Clinical Reporting System menu: selecting the Area Options option (Step 1)

- At the “Select CRS 2013 Option” prompt, type **AO** and press Enter to display the Area Office Options menu, as in the following example:

```

*****
**      IHS/RPMS CRS 2013      **
**  Area Office Options      **
*****
                          Version 13.0 Patch 1

                          DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site

```

| | |
|-----------------------------|--|
| AGP | AREA National GPRA/GPRAMA Report |
| ASUM | AREA National GPRA/GPRAMA Report Perf Summaries |
| GPUA | AREA GPRA/GPRAMA Performance Report |
| ADSH | National GPRA Dashboard |
| AONM | AREA Other National Measures Report |
| AELD | AREA Elder Care Report |
| APCM | AREA Patient Education Rpt w/Community Specified |
| LSTF | List files in a directory |
| Select Area Options Option: | |

Figure 6-2: Area Office Options menu options

The following options are available on the Area Office Options menu:

- UPL – Upload Report Files from Site, which uploads the facilities’ exported data files located on the Area Office drive into the Area Office’s CRS.
- AGP–AREA National GPRA/GPRAMA Report
- ASUM–AREA National GPRA/GPRAMA Report Perf Summaries
- GPUA–AREA GPRA/GPRAMA Performance Report
- ADSH–National GPRA Dashboard
- AONM–AREA Other National Measures Report
- AELD–AREA Elder Care Report
- APCM–AREA Patient Education Report with Community Specified
- LSTF–List files in a directory, which enables you to view a list of the facility data files at the designated location on your Area Office server.

To produce an Area Office report, the Area Office must first upload the FileMan data files from all facilities into the Area Office’s Clinical Reporting system. Facilities can create export data files when running the following reports:

- National GPRA/GPRAMA: Provides data for the Area Aggregate (1) National GPRA/GPRAMA Report and (2) National GPRA/GPRAMA Report Performance Summaries
- GPRA/GPRAMA Performance
- Other National Measures
- Elder Care
- Patient Education Report with Community Specified

The facility must send these export data files to a designated location on the Area Office server manually or automatically.

Note: The National GPRA/GPRAMA Report Performance Summaries are uploaded from the National GPRA/GPRAMA Report facility files. There are no separate files to upload.

For the National GPRA/GPRAMA Report, Area Offices must inform sites which community taxonomy should be used for official GPRA/GPRAMA reporting *before* the site exports its National GPRA/GPRAMA report data. The designated IHS report coordinator for the annual National GPRA/GPRAMA Report should convey this information to the Area Office GPRA coordinators.

- For the GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports, Area Offices must provide sites with the following information before the site runs their export reports:
 - Date range (e.g., January 1 through December 31; July 1 through June 30)
 - Calendar year for the report end date
 - Baseline year
 - Population (e.g., AI/AN only [Beneficiary 01])

To aggregate data export files from a specific site, all export files must have matching date range, ending calendar year, baseline year, and population data.

For all Area Aggregate reports:

- After the report is run, sites must provide the name of the Area Office export file(s), which begin(s) with “BG13,” to their Area Office contact.
- Sites may be requested to use File Transfer Protocol (FTP) to transmit the export file to the Area Office server if the files are not transmitted automatically.

6.1 Upload Report Files from Site (UPL)

CI13 > AO > UPL

This option is used by Area Offices to upload data files into CRS that have been sent manually via FTP or transmitted automatically by service units.

Note: Each Area Office should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data filenames at the time the facility reports are run.

Once these files have been received and uploaded into CRS, they can be used in an area aggregate report. The Area Office must execute this option each time a service unit sends a data file.

Before you begin, you need the following information:

- Path of the directory that holds the data files exported from the sites.
For the directory location of these files, see your Area Office information systems personnel.
- File name of each data file you want to upload to the Area Office CRS.

To upload site export data files into CRS, follow these steps:

```

                                DEMO INDIAN HOSPITAL

UPL      Upload Report Files from Site
AGP      AREA National GPRA/GPRAMA Report
ASUM     AREA National GPRA/GPRAMA Report Perf Summaries
GPUA     AREA GPRA/GPRAMA Performance Report
ADSH     National GPRA Dashboard
AONM     AREA Other National Measures Report
AELD     AREA Elder Care Report
APCM     AREA Patient Education Rpt w/Community Specified
LSTF     List files in a directory

Select Area Options Option: UPL <Enter> Upload Report Files from Site

```

Figure 6-3: Area Office Options menu: selecting the Upload Report Files from Site option (UPL) (Step 1)

1. At the “Select Area Options Option” prompt, Type **UPL** and press Enter.

```

This option is used to upload a SU's 2013 CRS data.
You must specify the directory in which the CRS 2013 data file resides
and then enter the filename of the data.

Enter directory path: pathname <Enter>

Enter filename w /ext: BG13505901.300 <Enter>
Directory=Q:\ File=BG13505901.300

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>

Enter filename w /ext: ^
Enter directory path: ^

Directory not entered!! Bye.

```

Figure 6-4: Running the Upload Report Files from Site option (Steps 2–6)

2. At the “Enter directory path” prompt, type the directory path and press Enter.

The directory path is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested performance reports; for example:

- Windows: Q:\usr\spool\uucppublic
 - UNIX: /usr/spool/uucppublic
3. At the "Enter Filename w /ext" prompt; type the name of the file you want to upload and press Enter; for example, BG13505901.300.

Note: Files for the current version of the CRS begin with **BG13**.

When the facility runs the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, or Patient Education with Community Specified report, the facility's CRS assigns a file name to the data file. Each file name begins with "BG13". The National GPRA/GPRAMA and GPRA/GPRAMA Performance files use only a numerical file name extension, such as "BG13505901.300". However, the other reports also include letters in the extension, such as "BG13505901.ONM6". The file name extensions used to identify the reports are shown below.

- .ONM—Other National Measures Reports
- .EL—Elder Care Reports
- .PED—Patient Education with Community Specified Reports

The system displays the following progress messages:

- All done reading file
- Processing
- Data uploaded

If you do not see these messages, the file was not uploaded.

If you typed the file name incorrectly or CRS cannot locate the file, the following message is displayed:

```
CANNOT OPEN (OR ACCESS) FILE '['[directory name]'/[filename]'
```

Figure 6-5: Cannot open file message

4. At the "Enter Return to continue or '^' to exit" prompt, press Enter.
5. At the "Enter Filename w /ext" prompt, do one of the following:
 - To upload another file from the same directory, type the name of the file to be uploaded and press Enter.
 - To exit or change directories, type a caret (^) and press Enter.

6. At the “Enter directory path” prompt, do one of the following:
 - To upload a file from a different directory, type a directory path and press Enter.
 - To return to the Area Office Options menu, type a caret (^) and press Enter.

6.2 Run AREA Aggregate Reports

There are 8 menu options for running Area Office reports used by the Area Office to produce aggregated performance reports. The Area Office reports summarize the performance of all facilities/service units to produce Area-Office-wide statistics.

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

- Report type (i.e. National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, Patient Education with Community Specified)
- Date ranges (e.g., July 1 through June 30)
- Calendar year end dates (e.g., 2013)
- Baseline year (e.g., 2000)
- Population type (e.g., AI/AN only)

This information is predefined in the National GPRA/GPRAMA Report. However, you will need to specify these elements for the GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports.

6.2.1 Area National GPRA/GPRAMA Report (AGP)

CI13 > AO > AGP

Use the Area National GPRA/GPRAMA Report (AGP) option to produce an Area Aggregate National GPRA/GPRAMA Report. This report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan and aggregates all data files received to date from the service units.

The Area Aggregate National GPRA/GPRAMA report outputs the following five files: CRSGPRANT1 and CRSGPRANT2 (for National GPRA measures) and CRSGPRADEVNT1, CRSGPRADEVNT2 and CRSGPRADEVNT3 (for GPRA Developmental measures). All of these files must be sent to the National GPRA Support Team for National GPRA/GPRAMA reporting.

The National GPRA Support Team uses these files to create IHS national rates for all GPRA/GPRAMA performance measures reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Working with Delimited Files.

To run the Area National GPRA/GPRAMA report, follow these steps:

```

*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: AGP <Enter> AREA National GPRA/GPRAMA Report

```

Figure 6-6: Area Office Options menu: selecting the Run Area Nation GPRA/GPRAMA Report (AGP) (Step 1)

1. At the “Select Area Options Option” prompt, type **AGP** and press Enter.

The predefined date ranges are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```

[AREA OFFICE] Area Aggregate National GPRA/GPRAMA Report

The date ranges for this report are:
Report Period:           Jul 01, 2012 to Jun 30, 2013
Previous Year Period:    Jul 01, 2011 to Jun 30, 2012
Baseline Period:        Jul 01, 1999 to Jun 30, 2000

Select one of the following:

      A      AREA Aggregate
      F      One Facility

Run Report for: A// <Enter> AREA Aggregate

```

Figure 6-7: Running the Area Aggregate National GPRA/GPRAMA report: selecting facility option (Step 2)

2. At the “Run Report for” prompt, do one of the following:
 - To combine data for all sites, press Enter to accept the default “A” (Area Aggregate).

- To run a report similar to the facility's National GPRA/GPRAMA report, type **F** (One Facility) and press Enter.

You will now be able to select which sites to use in the area aggregate/facility report.

Press Enter to Continue: <Enter>

Figure 6-8: Running the Area Aggregate National GPRA/GPRAMA Report (Step 3)

- Press Enter at the prompt to display the Area Aggregate Site Selection screen.

All facilities that have uploaded their data files for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

- At the "Select Action" prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in the report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the number(s) of the facility or facilities you want to select and press Enter.

To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

- To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding numbers.

```

AREA AGGREGATE SITE SELECTION Oct 08, 2012 12:59          Page: 1 of 1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#  SU      FACILITY      BEG DATE  END DATE  BASE BEG  BASE END  DATE
RUN
*1) DEMO SU A  FACILITY A    07/01/12  06/30/13  07/01/99  06/30/00
11/08/12
*2) DEMO SU B  FACILITY B    07/01/12  06/30/13  07/01/99  06/30/00
11/08/12
  
```

```

*3) DEMO SU C   FACILITY C   07/01/12  06/30/13  07/01/99  06/30/00
11/08/12
*4) DEMO SU D   FACILITY D   07/01/12  06/30/13  07/01/99  06/30/00
11/08/12

          Enter ?? for more actions
A   Area Aggregate   All Facilities   R   Remove (unselect) Facility
S   Select Facility                               Q   Quit
Select Action: +// Q <Enter> Quit

```

Figure 6-9: Running the Area Aggregate National GPRA/GPRAMA report: saving selected facilities (Step 5)

- To save your selected facilities, type **Q** (Quit) at the “Select Action” prompt and press Enter.

In this example, four facilities have been selected. The names of four delimited text files and the network directory to which they will be saved are displayed.

```

A total of 4 facilities have been selected.

A file will be created called
CRSGPRANT1505901201306300000000020130619105325_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT2505901201306300000000020130619105325_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

```

Figure 6-10: Running the Area Aggregate National GPRA/GPRAMA report: example of output file names and locations

The system then prompts you to choose an output type.

```

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

          Select one of the following:

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

Select an Output Option: P//

```

Figure 6-11: Running the Area Aggregate National GPRA/GPRAMA report: selecting report output (Step 6)

- At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.2.1.1 Report Content

The Area Aggregate National GPRA/GPRAMA Clinical Performance Report contains the following sections:

- Cover page
- GPRA Developmental measure topics included in the report
- GPRA Developmental Measures Clinical Performance Summary
- GPRA Developmental Measures Clinical Performance Detail
- Official GPRA/GPRAMA and Non-GPRA measure topics included in the report
- Selected Non-GPRA Measures Clinical Performance Summary
- Official GPRA/GPRAMA Measures Clinical Performance Summary
- Selected Non-GPRA Measures Clinical Performance Detail
- Official GPRA/GPRAMA Measures Clinical Performance Detail

Examples of the cover page, clinical performance summaries, and clinical performance detail sections of the report follow.

6.2.1.2 Cover Page

Both the printed and delimited reports include a cover page displaying a list of all facilities and the communities of each facility that are included in the report data. The report data is aggregated for each measure.

```

Cover Page

*** IHS 2013 National GPRA/GPRAMA Clinical Performance Report ***
      CRS 2013, Version 13.0 Patch 1
      AREA AGGREGATE
      Date Report Run: Oct 08, 2012
      Site where Run: [AREA]
      Report Generated by: USER, DEMO
      Report Period: Jul 01, 2012 to Jun 30, 2013
      Previous Year Period: Jul 01, 2011 to Jun 30, 2012
      Baseline Period: Jul 01, 1999 to Jun 30, 2000
-----
Report includes data from the following facilities:
1. FACILITY A
2. FACILITY B

```

| | | |
|--|--------------|--------------|
| 3. FACILITY C | | |
| 4. FACILITY D | | |
| The following communities are included in this report: | | |
| 1. FACILITY A | | |
| Community Taxonomy Name: Facility A's GPRA Communities | | |
| COMMUNITY 1 | COMMUNITY 2 | COMMUNITY 3 |
| COMMUNITY 4 | COMMUNITY 5 | COMMUNITY 6 |
| COMMUNITY 7 | COMMUNITY 8 | COMMUNITY 9 |
| 2. FACILITY B | | |
| Community Taxonomy Name: Facility B's GPRA Communities | | |
| COMMUNITY 1 | COMMUNITY 2 | COMMUNITY 3 |
| COMMUNITY 4 | COMMUNITY 5 | COMMUNITY 6 |
| COMMUNITY 7 | COMMUNITY 8 | COMMUNITY 9 |
| COMMUNITY 10 | COMMUNITY 11 | COMMUNITY 12 |
| COMMUNITY 13 | COMMUNITY 14 | COMMUNITY 15 |
| 3. FACILITY C | | |
| Community Taxonomy Name: Facility C's GPRA Communities | | |
| COMMUNITY 1 | COMMUNITY 2 | COMMUNITY 3 |
| COMMUNITY 4 | COMMUNITY 5 | COMMUNITY 6 |
| COMMUNITY 7 | COMMUNITY 8 | COMMUNITY 9 |
| COMMUNITY 10 | COMMUNITY 11 | COMMUNITY 12 |
| COMMUNITY 13 | COMMUNITY 14 | COMMUNITY 15 |
| COMMUNITY 16 | COMMUNITY 17 | COMMUNITY 18 |
| COMMUNITY 19 | COMMUNITY 20 | |
| 4. FACILITY D | | |
| Community Taxonomy Name: Facility D's GPRA Communities | | |
| COMMUNITY 1 | COMMUNITY 2 | COMMUNITY 3 |
| COMMUNITY 4 | COMMUNITY 5 | COMMUNITY 6 |
| COMMUNITY 7 | COMMUNITY 8 | COMMUNITY 9 |
| COMMUNITY 10 | COMMUNITY 11 | COMMUNITY 12 |
| COMMUNITY 13 | COMMUNITY 14 | COMMUNITY 15 |
| COMMUNITY 16 | | |

Figure 6-12: Example of the cover page for an Area Aggregate National GPRA/GPRAMA Report

At the end of the report are the Selected Non-GPRA Measures Clinical Performance Summary; GPRA Developmental Measures Clinical Performance Summary; Official GPRA/GPRAMA Measures Clinical Performance Summary; Selected Non-GPRA Measures Clinical Performance Detail; GPRA Developmental Measures Clinical Performance Detail; and the Official GPRA/GPRAMA Measures Clinical Performance Detail sections, as described in the following sections.

6.2.1.3 GPRA Developmental Measures Clinical Performance Summary

The GPRA Developmental Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods.

| | | |
|--|--------------|--------|
| MP | Oct 08, 2012 | Page 1 |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | |
| AREA AGGREGATE | | |

| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | |
|--|---------|----------|----------|
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | |
| ----- | | | |
| GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY | | | |
| | Area | Area | Area |
| | Current | Previous | Baseline |
| ----- | | | |
| GPRA DEVELOPMENTAL MEASURES | | | |
| ----- | | | |
| DENTAL | | | |
| Treatment Completed | 43.0% | 30.4% | 31.7% |
| Pregnant Visit | 2.8% | 0.0% | 0.0% |
| IMMUNIZATIONS | | | |
| Adult | | | |
| Pneumovax 65+ | 38.5% | 54.9% | 44.6% |
| Childhood 19-35mos | | | |
| Active IMM 2 Doses Hep A | 20.0% | 0.0% | 0.0% |
| Active IMM 2-3 Doses | | | |
| Rotavirus | 18.0% | 0.0% | 0.0% |
| Active IMM 2 Doses | | | |
| Influenza | 38.0% | 0.0% | 0.0% |
| Active IMM 3 Doses | | | |
| Pneumococcal | 32.0% | 0.0% | 0.0% |
| CANCER | | | |
| Pap Smear/HPV 25-64 | 41.0% | 46.6% | 47.4% |
| Pap Smear 25-29 | 11.6% | 12.8% | 15.4% |
| Pap Smear 30-64 | 28.7% | 33.9% | 32.0% |
| Pap Smear+HPV 30-64 | 0.7% | 0.0% | 0.0% |
| Mammogram 42+ | 20.7% | 32.1% | 33.1% |
| Colo Cancer 50-75 | | | |
| (#2-USPSTF) | 17.7% | 20.0% | 12.0% |
| Male 50-75 | 15.5% | 18.4% | 12.3% |
| Female 50-75 | 19.8% | 21.5% | 11.8% |
| Comp Cancer Screen 25-75yrs | | | |
| Female 25-75yrs | 32.8% | 37.8% | 37.3% |
| Male 50-75yrs | 14.6% | 18.6% | 12.5% |
| BEHAVIORAL HEALTH | | | |
| Alcohol Screening | | | |
| Female AC+BH | | | |
| 15-44yrs | 9.1% | 0.6% | 0.6% |

Figure 6-13: Example of the GPRA Developmental Measures Clinical Performance Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

| | | |
|--|--------------|--------|
| MP | Oct 08, 2012 | Page 2 |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | |
| AREA AGGREGATE | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | |
| ----- | | |
| GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY | | |

| | Area Current | Area Previous | Area Baseline |
|--|-----------------|------------------|------------------|
| W/ Alcohol-Related Ed | 2.1% | 0.0% | 0.0% |
| W/Positive Alcohol Screen | 52.5% | 0.0% | 0.0% |
| AC+BH 12-75yrs | 7.4% | 1.3% | 0.5% |
| W/ Alcohol-Related Ed | 1.0% | 0.1% | 0.1% |
| W/Positive Alcohol Screen | 44.7% | 0.0% | 0.0% |
| IPV/DV Screen | | | |
| AC+BH 15-40yrs | 1.9% | 0.0% | 0.0% |
| W/IPV/DV-Related Ed | 0.9% | 0.3% | 0.0% |
| Depression Scrn | | | |
| AC+BH 18yrs and older | 7.4% | 5.2% | 2.8% |
| AC+BH 12-18yrs | 4.7% | 0.0% | 0.8% |
| CARDIOVASCULAR DISEASE | | | |
| Weight Assess/Counsel 3-17 | | | |
| Comprehensive Assessment | 2.3% | 1.3% | 0.1% |
| BMI Documented | 51.0% | 77.3% | 0.0% |
| Nutrition Counseling | 3.4% | 1.4% | 0.1% |
| Physical Activity Counsel | 20.4% | 13.6% | 15.0% |
| OTHER CLINICAL | | | |
| HIV Scrn No Prev Diag | | | |
| 13-64yrs | 2.3% | 1.3% | 0.1% |
| # w/ Positive Result | 20.4% | 4.5% | 0.0% |
| # w/ Negative Result | 51.0% | 77.3% | 0.0% |
| # w/ No Result | 20.4% | 13.6% | 100.0% |
| # w/ HIV Screen Refusal* | 0.3% | 0.0% | 0.0% |
| # w/ HIV Screen Past 5 yrs | 3.3% | 1.4% | 0.1% |
| # w/ HIV Screen Ever | 3.4% | 1.4% | 0.1% |
| # HIV Screens | 116 | 44 | 2 |
| # HIV+ w/CD4 count | 31.3% | 0.0% | 0.0% |
| # HIV+ w/CD4 <200 | 6.3% | 0.0% | 0.0% |
| # HIV+ w/CD4 =>200 and =<350 | 6.3% | 0.0% | 0.0% |
| # HIV+ w/CD4 >350 and =<500 | 6.3% | 0.0% | 0.0% |
| # HIV+ w/CD4 >500 | 6.3% | 0.0% | 0.0% |
| # HIV+ w/no CD4 result | 6.3% | 0.0% | 0.0% |
| STI Pts w/HIV Screen | 27.3% | 0.0% | 0.0% |
| Visit Statistics | | | |
| AC w/no visit in Rpt Period | 9.3% | 17.7% | 24.3% |
| AC w/Urgent Care core clinic | 16.2% | 25.9% | 31.5% |
| * Not GPRA Developmental measure but included to show percentage of refusals with respect to GPRA Developmental measure. | | | |

Figure 6-14: Example of the GPRA Developmental Measures Clinical Performance Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

6.2.1.4 Selected Non-GPRA Measures Clinical Performance Summary

The Selected Non-GPRA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the National 2012 performance and 2013 target for each non-GPRA measure in the report.

| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
|---|---------|----------|----------|---------|--------|
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Area | Area | Area | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| DIABETES | | | | | |
| Diabetes DX Ever* | 9.0% | 9.6% | 8.4% | 13.4% | N/A |
| Documented Alc* | 63.9% | 70.7% | 59.8% | 84.9% | 71.1% |
| Poor Glycemic Control | | | | | |
| >9.5 | 12.9% | 6.1% | 12.6% | 19.8% | N/A |
| Alc =>7 and <8 | 10.2% | 15.2% | 8.0% | N/A | N/A |
| BP Assessed | 80.3% | 77.8% | 82.8% | 88.5% | N/A |
| DENTAL | | | | | |
| # Sealants | 112 | 122 | 162 | 295,734 | N/A |
| # Sealants 2-15 | 104 | 80 | 160 | N/A | N/A |
| Topical Fluoride-#Pts | 94 | 52 | 30 | 169,083 | N/A |
| Topical Fluoride-# | | | | | |
| Pts 1-15 | 50 | 10 | 4 | N/A | N/A |
| IMMUNIZATIONS | | | | | |
| Active Clinical 4313*314 | 6.6% | 0.0% | 0.0% | N/A | N/A |
| CANCER | | | | | |
| Tobacco Assessment 5+ | 45.8% | 40.5% | 35.9% | 62.0% | N/A |
| Tobacco Use Prevalence | 49.5% | 39.0% | 39.6% | 31.6% | 12.3% |
| Tobacco Quit | 2.4% | 0.6% | 0.4% | 6.1% | N/A |
| Tobacco Cessation Counsel | 24.0% | 23.4% | 30.0% | 36.4% | N/A |
| CARDIOVASCULAR DISEASE | | | | | |
| Controlling High BP | 31.3% | 43.9% | 42.0% | N/A | N/A |
| Comp CVD Assess 22+ | | | | | |
| CHD: BP Assessed | 74.0% | 95.0% | 100.0% | N/A | N/A |
| Not Diabetic | 62.5% | 94.7% | 100.0% | N/A | N/A |
| Active Diabetic | 87.9% | 95.2% | 100.0% | N/A | N/A |
| CHD: LDL Assessed | 67.1% | 62.5% | 45.2% | N/A | N/A |
| Not Diabetic | 55.0% | 68.4% | 61.5% | N/A | N/A |
| Active Diabetic | 81.8% | 57.1% | 33.3% | N/A | N/A |
| CHD:Tobacco Assessed | 78.1% | 80.0% | 74.2% | N/A | N/A |
| Not Diabetic | 67.5% | 68.4% | 76.9% | N/A | N/A |
| Active Diabetic | 90.9% | 90.5% | 72.2% | N/A | N/A |
| CHD:BMI Assessed | 79.5% | 95.0% | 100.0% | N/A | N/A |
| Not Diabetic | 72.5% | 94.7% | 100.0% | N/A | N/A |
| Active Diabetic | 87.9% | 95.2% | 100.0% | N/A | N/A |

Figure 6-15: Example of the Selected Non-GPRA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
|---|---------|----------|----------|-------|--------|
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Area | Area | Area | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |

| | | | | | |
|-----------------------|-------|-------|-------|-----|-----|
| CHD:Lifestyle Counsel | 54.8% | 52.5% | 64.5% | N/A | N/A |
| Not Diabetic | 52.5% | 36.8% | 38.5% | N/A | N/A |
| Active Diabetic | 57.6% | 66.7% | 83.3% | N/A | N/A |
| CHD:Depression Screen | 30.1% | 7.5% | 3.2% | N/A | N/A |
| Not Diabetic | 35.0% | 5.3% | 7.7% | N/A | N/A |
| Active Diabetic | 24.2% | 9.5% | 0.0% | N/A | N/A |

*Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures.

Figure 6-16: Example of the Selected Non-GPRA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

6.2.1.5 Official GPRA/GPRAMA Measures Clinical Performance Summary

The Official GPRA/GPRAMA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the GPRA Target, National 2012 performance, and 2013 target for each GPRA measure in the report.

| | | | | | | |
|--|--------------|----------|----------|----------|--------|--------|
| MP | Oct 08, 2012 | | | | Page 1 | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Site | Site | Site | GPRA | Nat'l | 2020 |
| | Current | Previous | Baseline | Target | 2012 | Target |
| ----- | | | | | | |
| DIABETES | | | | | | |
| Good Glycemic Control <8** | 34.0% | 46.5% | 33.3% | Baseline | N/A | N/A |
| Controlled BP <140/90** | 41.5% | 38.4% | 39.1% | Baseline | 65.7% | 57.0% |
| LDL Assessed | 53.1% | 46.5% | 26.4% | 68.0% | 71.0% | N/A |
| Nephropathy Assessed* | 51.7% | 14.1% | 6.9% | 64.2% | 66.7% | N/A |
| Retinopathy Assessed | 37.6% | 39.2% | 50.6% | 56.8% | 55.7% | 58.7% |
| JVN Visit | 0.7% | 0.0% | 0.0% | N/A | N/A | N/A |
| Ophthalmology visit | 15.6% | 6.2% | 25.3% | N/A | N/A | N/A |
| Optometry visit | 23.4% | 37.1% | 35.6% | N/A | N/A | N/A |
| DENTAL | | | | | | |
| Dental Access General | 8.4% | 7.8% | 8.7% | 26.9% | 28.8% | 49.0% |
| Intact Sealants** | 3.1% | 1.7% | 2.1% | Baseline | N/A | N/A |
| Age 3-5 | 1.3% | 0.7% | 0.0% | N/A | N/A | N/A |
| Age 6-9 | 4.4% | 2.9% | 3.6% | N/A | N/A | N/A |
| Age 10-12 | 1.7% | 1.7% | 2.4% | N/A | N/A | N/A |
| Age 13-15 | 4.0% | 2.3% | 2.7% | N/A | N/A | N/A |
| Topical Fluoride** | 3.5% | 0.7% | 0.3% | Baseline | N/A | N/A |
| IMMUNIZATIONS | | | | | | |
| Influenza 65+ | 27.9% | 35.2% | 23.1% | 62.3% | 65.0% | 90.0% |
| Pneumovax Ever 65+ | 41.0% | 63.4% | 56.9% | 84.7% | 88.5% | 90.0% |

| | | | | | | |
|--------------------------------------|-------|-------|-------|----------|-------|-------|
| Active IMM 4313*314** | 8.0% | 0.0% | 0.0% | Baseline | 75.1% | 80.0% |
| CANCER | | | | | | |
| Pap Smear Rates 25-64** | 40.3% | 46.6% | 47.4% | Baseline | 63.4% | 93.0% |
| Mammogram Rates 52-64 | 31.3% | 36.1% | 46.8% | 49.7% | 51.9% | 81.1% |
| Colorectal Cancer 50-75** | 15.5% | 19.9% | 12.1% | Baseline | 33.3% | 70.5% |
| Tobacco Cessation Counsel or Quit | 26.3% | 23.7% | 30.4% | Baseline | 39.7% | N/A |
| BEHAVIORAL HEALTH | | | | | | |
| FAS Prevention 15-44 | 10.6% | 0.6% | 0.3% | 61.7% | 63.8% | N/A |
| IPV/DV Screen 15-40 | 2.6% | 0.3% | 0.0% | 58.3% | 61.5% | N/A |

Figure 6-17: Example of the Official GPRA/GPRAMA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

| | | | | | | |
|--|--------------|----------|----------|----------|-------|--------|
| MP | Oct 08, 2012 | | | Page 2 | | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Site | Site | Site | GPRA | Nat'l | 2020 |
| | Current | Previous | Baseline | Target | 2012 | Target |
| ----- | | | | | | |
| Depression Screen 18+ | 6.9% | 5.2% | 2.5% | 58.6% | 61.9% | N/A |
| CARDIOVASCULAR DISEASE | | | | | | |
| Children 2-5 w/BMI =>95% | 24.0% | 23.4% | 30.0% | 24.0% | N/A | N/A |
| CHD: Comp CVD Assessment** | 26.0% | 37.5% | 19.4% | 32.3% | 37.5% | N/A |
| Not Diabetic | 22.5% | 31.6% | 15.4% | N/A | N/A | N/A |
| Active Diabetic | 30.3% | 42.9% | 22.2% | N/A | N/A | N/A |
| OTHER CLINICAL | | | | | | |
| Prenatal HIV Testing | 32.0% | 15.4% | 0.0% | 82.3% | 85.8% | 74.1% |
| Breastfeed Rates @ 2 Mos | 80.0% | 0.0% | 100.0% | Baseline | 30.3% | 44.3% |
| * Measure definition changed in 2007. | | | | | | |
| ** Measure definition changed in 2013. | | | | | | |

Figure 6-18: Example of the Official GPRA/GPRAMA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

6.2.1.6 GPRA Developmental Measures Clinical Performance Detail

The GPRA Developmental Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

| | | | | | | |
|--|--------------|--|--|--------|--|--|
| MP | Oct 08, 2012 | | | Page 1 | | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |

| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | |
|---|---------|-------|-------|---------|
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | |
| ----- | | | | |
| GPRA DEVELOPMENTAL MEASURES CLINICAL PERFORMANCE DETAIL | | | | |
| | Site | Site | Site | Area |
| | Current | Prev | Base | Current |
| ----- | | | | |
| GPRA DEVELOPMENTAL MEASURES | | | | |
| ----- | | | | |
| DENTAL | | | | |
| Treatment Completed | | | | 43.0% |
| 505901DEMO INDIAN | 43.0% | 30.4% | 31.7% | |
| 505901DEMO INDIAN | 43.0% | 30.4% | 31.7% | |
| Pregnant Visit | | | | 2.8% |
| 505901DEMO INDIAN | 2.8% | 0.0% | 0.0% | |
| 505901DEMO INDIAN | 2.8% | 0.0% | 0.0% | |
| IMMUNIZATIONS | | | | |
| Adult | | | | |
| Pneumovax 65+ | | | | 38.5% |
| 505901DEMO INDIAN | 38.5% | 54.9% | 44.6% | |
| 505901DEMO INDIAN | 38.5% | 54.9% | 44.6% | |
| Childhood 19-35mos | | | | |
| Active IMM 2 Doses Hep A | | | | 20.0% |
| 505901DEMO INDIAN | 20.0% | 0.0% | 0.0% | |
| 505901DEMO INDIAN | 20.0% | 0.0% | 0.0% | |
| Active IMM 2-3 Doses Rotavirus | | | | 18.0% |
| 505901DEMO INDIAN | 18.0% | 0.0% | 0.0% | |
| 505901DEMO INDIAN | 18.0% | 0.0% | 0.0% | |
| Active IMM 2 Doses Influenza | | | | 38.0% |
| 505901DEMO INDIAN | 38.0% | 0.0% | 0.0% | |
| 505901DEMO INDIAN | 38.0% | 0.0% | 0.0% | |
| Active IMM 3 Doses Pneumococcal | | | | 32.0% |
| 505901DEMO INDIAN | 32.0% | 0.0% | 0.0% | |
| 505901DEMO INDIAN | 32.0% | 0.0% | 0.0% | |
| IMMUNIZATIONS | | | | |
| Adult | | | | |
| Pneumovax 65+ | | | | XX.X% |
| 999999 FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 FACILITY D | XX.X% | X.X% | XX.X% | |
| Childhood 19-35mos | | | | |
| Active IMM 4:3:1:3/4:3:1:4 | | | | XX.X% |
| 999999 FACILITY A | XX.X% | X.X% | XX.X% | |

| | | | | |
|--------|------------|-------|------|-------|
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% |

Figure 6-19: Example of the GPRA Developmental Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.1.7 Selected Non-GPRA Measures Clinical Performance Detail

The Non-GPRA Measures Clinical Performance Detail section shows the non-GPRA performance measure rates by each facility within the area.

| | | | | | |
|--|--------------|-------|-------|---------|---------|
| MP 1 | Oct 08, 2012 | | | | Page |
| *** IHS 2013 National GPRA/GPRAMA Report *** AREA AGGREGATE Report Period: Jul 01, 2012 to Jun 30, 2013 Previous Year Period: Jul 01, 2011 to Jun 30, 2012 Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE DETAIL | | | | | |
| | Site | Site | Site | Area | Nat'l |
| | Current | Prev | Base | Current | 2012 |
| ----- | | | | | |
| DIABETES | | | | | |
| Diabetes DX Ever* | | | | 9.0% | 13.4% |
| 505901DEMO INDIAN | 9.0% | 9.6% | 8.4% | | |
| 505901DEMO INDIAN | 9.0% | 9.6% | 8.4% | | |
| Documented Alc* | | | | 63.9% | 84.9% |
| 505901DEMO INDIAN | 63.9% | 70.7% | 59.8% | | |
| 505901DEMO INDIAN | 63.9% | 70.7% | 59.8% | | |
| Poor Glycemic Control >9.5 | | | | 12.9% | 19.8% |
| 505901DEMO INDIAN | 12.9% | 6.1% | 12.6% | | |
| 505901DEMO INDIAN | 12.9% | 6.1% | 12.6% | | |
| Alc =>7 and <8 | | | | 10.2% | N/A |
| 505901DEMO INDIAN | 10.2% | 15.2% | 8.0% | | |
| 505901DEMO INDIAN | 10.2% | 15.2% | 8.0% | | |
| BP Assessed | | | | 80.3% | 88.5% |
| 505901DEMO INDIAN | 80.3% | 77.8% | 82.8% | | |
| 505901DEMO INDIAN | 80.3% | 77.8% | 82.8% | | |
| DENTAL | | | | | |
| # Sealants | | | | 112 | 295,734 |
| 505901DEMO INDIAN | 56 | 61 | 81 | | |
| 505901DEMO INDIAN | 56 | 61 | 81 | | |
| # Sealants 2-15 | | | | 104 | N/A |
| 505901DEMO INDIAN | 52 | 40 | 80 | | |
| 505901DEMO INDIAN | 52 | 40 | 80 | | |

| | | | | | |
|-----------------------|----|----|----|----|---------|
| Topical Fluoride-#Pts | | | | 94 | 169,083 |
| 505901DEMO INDIAN | 47 | 26 | 15 | | |
| 505901DEMO INDIAN | 47 | 26 | 15 | | |
| Topical Fluoride-# | | | | | |
| Pts 1-15 | | | 50 | | N/A |
| 505901DEMO INDIAN | 25 | 5 | 2 | | |
| 505901DEMO INDIAN | 25 | 5 | 2 | | |

Figure 6-20: Example of the Non-GPRA Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.1.8 Official GPRA/GPRAMA Measures Clinical Performance Detail

The Official GPRA/GPRAMA Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

| | | | | | | |
|--|--------------|-------|-------|---------|----------|--------|
| MP | Oct 08, 2012 | | | | | Page |
| 1 | | | | | | |
| *** IHS 2013 National GPRA/GPRAMA Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE DETAIL | | | | | | |
| | Site | Site | Site | Area | GPRA13 | 2020 |
| | Current | Prev | Base | Current | Target | Target |
| ----- | | | | | | |
| DIABETES | | | | | | |
| Good Glycemic Control <8** | | | | 34.0% | Baseline | N/A |
| N/A | | | | | | |
| 505901DEMO INDIAN | 34.0% | 46.5% | 33.3% | | | |
| 505901DEMO INDIAN | 34.0% | 46.5% | 33.3% | | | |
| Controlled BP <140/90** | | | | 41.5% | Baseline | 65.7% |
| 57.0% | | | | | | |
| 505901DEMO INDIAN | 41.5% | 38.4% | 39.1% | | | |
| 505901DEMO INDIAN | 41.5% | 38.4% | 39.1% | | | |
| LDL Assessed | | | | 53.1% | 68.0% | 71.0% |
| N/A | | | | | | |
| 505901DEMO INDIAN | 53.1% | 46.5% | 26.4% | | | |
| 505901DEMO INDIAN | 53.1% | 46.5% | 26.4% | | | |
| Nephropathy Assessed* | | | | 51.7% | 64.2% | 66.7% |
| N/A | | | | | | |
| 505901DEMO INDIAN | 51.7% | 14.1% | 6.9% | | | |
| 505901DEMO INDIAN | 51.7% | 14.1% | 6.9% | | | |
| Retinopathy Assessed | | | | 37.6% | 56.8% | 55.7% |
| 58.7% | | | | | | |
| 505901DEMO INDIAN | 37.6% | 39.2% | 50.6% | | | |
| 505901DEMO INDIAN | 37.6% | 39.2% | 50.6% | | | |
| JVN Visit | | | | 0.7% | N/A | N/A |
| N/A | | | | | | |

| | | | | | |
|-----------------------|-------|-------|-------|-------|-------------|
| 505901DEMO INDIAN | 0.7% | 0.0% | 0.0% | | |
| 505901DEMO INDIAN | 0.7% | 0.0% | 0.0% | | |
| Ophthalmology visit | | | | 15.6% | N/A N/A |
| N/A | | | | | |
| 505901DEMO INDIAN | 15.6% | 6.2% | 25.3% | | |
| 505901DEMO INDIAN | 15.6% | 6.2% | 25.3% | | |
| Optometry visit | | | | 23.4% | N/A N/A |
| N/A | | | | | |
| 505901DEMO INDIAN | 23.4% | 37.1% | 35.6% | | |
| 505901DEMO INDIAN | 23.4% | 37.1% | 35.6% | | |
| DENTAL | | | | | |
| Dental Access General | | | | 8.4% | 26.9% 28.8% |
| 49.0% | | | | | |
| 505901DEMO INDIAN | 8.4% | 7.8% | 8.7% | | |
| 505901DEMO INDIAN | 8.4% | 7.8% | 8.7% | | |

Figure 6-21: Example of the Official GPRA/GPRAMA Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.2 AREA National GPRA/GPRAMA Report Performance Summaries (ASUM)

CI13 > AO > ASUM

To run the Area National GPRA/GPRAMA Report Performance Summaries, follow these steps:

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e. files with names beginning with “CRSGPRANT”) will not be created.

```

*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPUA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: ASUM <Enter>
    
```


Figure 6-22: Area Office Options menu: selecting the Area National GPRA/GPRAMA Report Performance Summaries (ASUM) (Step 1)

1. At the “Select Area Options Option” prompt, type **ASUM** and press Enter to display the following information about the report:

```
IHS 2013 Area National GPRA/GPRAMA Report Clinical Performance
Summaries

This will produce ONLY the clinical performance summaries for the Area
National GPRA/GPRAMA Report for the 2013 GPRA year. If you want the
detailed
information included in the report, including performance measure
definitions and number of patients in each denominator and numerator
you need to run the AGP menu option.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-23: Information displayed about the Area National GPRA/GPRAMA Report Performance Summaries (Step 1)

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current), the Previous Year Period, and the Baseline Period, as in the following example:

```
The date ranges for this report are:
Report Period:          Jul 01, 2012 to Jun 30, 2013
Previous Year Period:   Jul 01, 2011 to Jun 30, 2012
Baseline Period:       Jul 01, 1999 to Jun 30, 2000

Select one of the following:

      A          AREA Aggregate
      F          One Facility

Run Report for: A// <Enter> AREA Aggregate
```

Figure 6-24: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: date range display (Steps 2 and 3)

3. At the “Run Report for” prompt, do one of the following:
 - To run a report combining the data for all sites, press Enter to accept the default “A” (Area Aggregate).
 - To run a report similar to the facility’s National GPRA/GPRAMA Report Performance Summaries, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue :<Enter>
```

Figure 6-25: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries (Step 4)

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

All facilities that have uploaded their data files for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

5. At the “Select Action” prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in the report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.
 To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

- To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding number.

```

AREA AGGREGATE SITE SELECTION Oct 08, 2012 12:59          Page: 1 of 1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#   SU      FACILITY      BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN
*1) DEMO SU A  FACILITY A    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*2) DEMO SU B  FACILITY B    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*3) DEMO SU C  FACILITY C    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*4) DEMO SU D  FACILITY D    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12

Enter ?? for more actions
A   Area Aggregate All Facilities      R   Remove (unselect) Facility
S   Select Facility                    Q   Quit
Select Action:+// Q <Enter> Quit
    
```

Figure 6-26: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: selecting facilities (Steps 5 and 6)

6. To save your selected topics, type **Q** (Quit) at the “Select Action” prompt and press Enter.

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

Select one of the following:

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

Select an Output Option: P//
```

Figure 6-27: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: selecting the output type (Step 7)

7. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.2.3 Area GPRA/GPRAMA Performance Report (GPUA)

```
CI13 > AO > GPUA
```

Use the Area GPRA/GPRAMA Performance Report (GPUA) option to produce an Area-wide GPRA/GPRAMA Performance report. This report aggregates all data files received to date from facilities, and reports the total Area-Office-wide numbers.

The measures included in this report are exactly the same as those in the National GPRA/GPRAMA Report. However, the GPRA/GPRAMA Performance Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

Note: To run the Area Aggregate GPRA/GPRAMA Performance Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area GPRA/GPRAMA Performance report, follow these steps:

```

*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPUA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: GPUA <Enter> Run AREA GPRA Performance Report

```

Figure 6-28: Area Office Options menu: selecting the Run Area GPRA/GPRAMA Performance Report (GPUA) (Step 1)

1. At the “Select Area Options Option” prompt, type **GPUA** and press Enter.

```

[AREA] Aggregate GPRA/GPRAMA Performance Report with user defined date
range

Select one of the following:

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

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

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <Enter> (2013)

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

```

```

The date ranges for this report are:
Report Period:           Jan 01, 2013 to Dec 31, 2013
Previous Year Period:    Jan 01, 2012 to Dec 31, 2012
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

```

Figure 6-29: Running the Area GPRA/GPRAMA Performance Report: selecting a date range (Steps 2 and 3)

2. At the “Enter the date range for your report” prompt, do one of the following:
 - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.
At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
 - To define a custom report period, type **5** and press Enter.
At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
3. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The selected date ranges are displayed, as in the following example:

```

Select one of the following:

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

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

```

Figure 6-30: Running the Area GPRA/GPRAMA Performance Report: selecting the beneficiary population type (Step 4)

4. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
 - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.

```

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

Select one of the following:

      P      Print Report on Printer or Screen
      D      Create Delimited output file (for use in Excel)

```

```

      B          Both a Printed Report and Delimited File
Select an Output Option: P//

```

Figure 6-31: Running the Area GPRA/GPRAMA Performance Report: selecting the output type (Step 5)

5. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.2.4 Area National GPRA Dashboard Report (ADSH)

```
CI13 > AO > ADSH
```

Use the Area GPRA Dashboard (ADSH) option to produce an Area-Office-wide GPRA Dashboard Report. This report aggregates all data files received to date from facilities and produces a dashboard for the Area, as well as dashboards for each facility in that Area.

To run the Area GPRA Dashboard, follow these steps:

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e. files with names beginning with “CRSGPRANT”) will not be created.

```

*****
**   IHS/ RPMS CRS 2013   **
**   Area Office Options  **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

```

```
Select Area Options Option: ADSH <Enter>
```

Figure 6-32: Area Office Options menu: selecting the Area GPRA Dashboard (ADSH) (Step 1)

1. At the “Select Area Options Option” prompt, type **ADSH** and press Enter to display the following information about the report:

```
IHS 2013 Area GPRA Dashboard
```

```
This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets for both your Area and
each facility in the Area.
```

```
The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.
```

```
PRESS ENTER: <Enter>
```

Figure 6-33: Information displayed about the Area GPRA Dashboard (Step 1)

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
```

```
Report Period:          Jul 01, 2012 to Jun 30, 2013
```

```
Previous Year Period:   Jul 01, 2011 to Jun 30, 2012
```

```
Select one of the following:
```

```
  A          AREA and All Facilities' Dashboards
```

```
  F          One Facility
```

```
Run Report for: A// <Enter> AREA Aggregate
```

Figure 6-34: Running the Area GPRA Dashboard: date range display (Steps 2 and 3)

3. At the “Run Report for” prompt, do one of the following:
 - To run a report combining the data for all sites, press Enter to accept the default “A” (Area and All Facilities’ Dashboards).
 - To run a report similar to the facility’s GPRA Dashboard, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.
```

```
Press Enter to Continue :<Enter>
```

Figure 6-35: Running the Area GPRA Dashboard (Step 4)

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

All facilities that have uploaded their data files for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

5. At the “Select Action” prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in the report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.

To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

- To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding number.

```

AREA AGGREGATE SITE SELECTION Oct 08, 2012 12:59          Page: 1 of 1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#   SU      FACILITY      BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN
*1) DEMO SU A  FACILITY A    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*2) DEMO SU B  FACILITY B    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*3) DEMO SU C  FACILITY C    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*4) DEMO SU D  FACILITY D    07/01/12  06/30/13  07/01/99  06/30/00  11/08/12

          Enter ?? for more actions
A   Area Aggregate  All Facilities      R   Remove (unselect) Facility
S   Select Facility                               Q   Quit
Select Action:+// Q <Enter> Quit
  
```

Figure 6-36: Running the Area GPRA Dashboard: selecting facilities (Steps 5 and 6)

6. To save your selected topics, type **Q** (Quit) at the “Select Action” prompt and press Enter.

Please choose an output type. For an explanation of the delimited


```

file please see the user manual.

      Select one of the following:

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

Select an Output Option: P//

```

Figure 6-37: Running the Area GPRA Dashboard: selecting the output type (Step 7)

7. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.2.5 Area Other National Measures Report (AONM)

```

C113 > AO > AONM

```

Use the Area Other National Measures (AONM) option to produce an Area-Office-wide Other National Measures Report. This report aggregates all data files received to date from facilities and reports the total Area-Office-wide numbers.

The Area Other National Measures Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate Report.

Note: To run the Area Aggregate Other National Measures Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

The Area Aggregate Other National Measures Report outputs four delimited files: CRSONMNT1, CRSONMNT2, CRSONMNT3, and CRSONMNT4. All of these files must be sent to the National GPRA Support Team.

The National GPRA Support Team uses these files to create IHS national rates for all performance measures reported nationally but *not* reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Working with Delimited Files.

The Area Other National Measures Report provides users with two options for running the report: (1) using the same hard-coded report parameters (Report Period, Previous Year Period, and Baseline Year) as the National GPRA/GPRAMA Report, or (2) using custom, user-defined report parameters. These options are shown below.

```

[Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

    H  Hard-coded Report: Report with all parameters set to the
       same as the National GPRA Report (report period of
       July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
       - June 30, 2000, and AI/AN patients only)

    U  User-defined Report: You select the report and baseline
       periods and beneficiary population

Select a Report Option: H// U <ENTER>

```

Figure 6-38: Running the Area Other National Measures Report (AONM): hard-coded vs. user-defined reports

The hard-coded report period is set to the current GPRA report period; the previous year period is set to one year prior to the report period; and the baseline year is set to July 1, 1999–June 30, 2000. The patient population is set to AI/AN only.

The date ranges and patient population for the user-defined report are set by the user.

- To run the report using the hard-coded report parameters, go to Section 6.2.5.1.
- To run the report using user-defined parameters, go to Section 6.2.5.2.

6.2.5.1 Area Other National Measures Report, Hard-Coded Report Option

```

*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: AONM <Enter>

```

Figure 6-39: Area Office Options menu: selecting the Area Other National Measures Report option (AONM) (Step 1)

1. At the “Select Area Options Option” prompt, type **AONM** and press Enter.

```

[Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

H   Hard-coded Report: Report with all parameters set to the
    same as the National GPRA Report (report period of
    July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
    - June 30, 2000, and AI/AN patients only)

U   User-defined Report: You select the report and baseline
    periods and beneficiary population

Select a Report Option: H// <ENTER>

```

Figure 6-40: Running the Area Other National Measures Report: selecting the Hard-coded Report option (Step 2)

2. At the “Select a Report Option” prompt, press Enter to accept the default option, “H,” and display the report date ranges.
3. At the “Run Report for” prompt, do one of the following:
 - To combine data for all sites, press Enter to accept the default “A” (Area Aggregate).
 - To run a report similar to a facility’s Other National Measures report, type **F** (One Facility) and press Enter.

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen (Figure 6-41).

All facilities that have uploaded their data files for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

```

AREA AGGREGATE SITE SELECTION Oct 08, 2012 12:59          Page: 1 of 1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#      SU          FACILITY          BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN
*1) DEMO SU A    FACILITY A      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*2) DEMO SU B    FACILITY B      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*3) DEMO SU C    FACILITY C      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*4) DEMO SU D    FACILITY D      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12

          Enter ?? for more actions
A   Area Aggregate  All Facilities      R   Remove (unselect) Facility
S   Select Facility                               Q   Quit
Select Action: +// Q <Enter> Quit

```

Figure 6-41: Running the Area Other National Measures Report: selecting facilities (Steps 4, 5, and 6)

5. At the “Select Action” prompt, do one of the following:

- To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in your report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.
 - To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

 - To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk before their corresponding numbers.

6. To save your selected facilities, type **Q** (Quit) at the “Select Action” prompt and press Enter.

The names of the three files and their location are displayed, as in the following example:

```
A file will be created called CRSONMNT1505901201306300000000020130622093828_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called CRSONMNT2505901201306300000000020130622093828_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.
```

Figure 6-42: Running the Area Other National Measures Report: example of output file names and locations (Step 6)

7. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (see Figure 6-12 for an example). The report data is aggregated for each measure.

The following sections appear at the end of the report:

- Selected Other National Measures Clinical Performance Summary (see Section 6.2.5.3)
- Selected Other National Measures Clinical Performance Detail (see Section 6.2.5.4)

6.2.5.2 Area Other National Measures Report, User-Defined Report Option

```
*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
```

```

AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: AONM <Enter>

```

Figure 6-43: Area Office Options menu: selecting the Area Other National Measures Report option (AONM) (Step 1)

1. At the “Select Area Options Option” prompt, type **AONM** and press Enter.

```

[Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

  H  Hard-coded Report: Report with all parameters set to the
      same as the National GPRA Report (report period of
      July 1, 2012 - June 30, 2013, baseline period of July 1, 1999
      - June 30, 2000, and AI/AN patients only)

  U  User-defined Report: You select the report and baseline
      periods and beneficiary population

Select a Report Option: H// U <ENTER>

```

Figure 6-44: Running the Area Other National Measures Report: selecting the User-defined Report option (Step 2)

2. At the “Select a Report Option” prompt, type **U** and press Enter to display the following information about the report:

```

This will produce an Other National Measures Report for a year period
you specify. You will be asked to provide: 1) the reporting period,
2) the baseline period to compare data to, and 3) the beneficiary/
classification of the patients.

Select one of the following:

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

Enter the date range for your report:

```

Figure 6-45: Running the Area Other National Measures Report: selecting a date range (Step 3)

3. At the “Enter the date range for your report” prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.

- To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.

- At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

The date ranges you have selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```

Select one of the following:

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

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

```

Figure 6-46: Running the Area Other National Measures Report: selecting the beneficiary population (Step 5)

- At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- 1** (Indian/Alaskan Native) reports only on AI/AN patients.
- 2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- 3** (All) reports on your entire patient population.

```

The date ranges for this report are:
Report Period:      Jul 01, 2012 to Jun 30, 2013
Previous Year Period:  Jul 01, 2011 to Jun 30, 2012
Baseline Period:    Jul 01, 1999 to Jun 30, 2000

Beneficiary Population is set to American Indian/Alaskan Native Only.

Select one of the following:

      A      AREA Aggregate
      F      One Facility

Run Report for: A//

```

Figure 6-47: Running the Area Other National Measures Report: selecting report facilities (Step 6)

6. At the “Run Report for” prompt, do one of the following:
 - To combine data for all sites, press Enter to accept the default “**A**” (Area Aggregate).
 - To run a report similar to a facility’s Other National Measures report, type **F** (One Facility) and press Enter.
7. Press Enter at the prompt to display the Area Aggregate Site Selection screen (Figure 6-41).

All facilities that have uploaded their data files for the selected time period are displayed. Any CHS-only facility is marked with a plus sign (+) after its name.

```

AREA AGGREGATE SITE SELECTION Oct 08, 2012 12:59          Page:  1 of  1
Area Aggregate Site Selection
* indicates the site has been selected
+ after the facility name denotes a CHS Only Site
#      SU          FACILITY          BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN
*1) DEMO SU A    FACILITY A      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*2) DEMO SU B    FACILITY B      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*3) DEMO SU C    FACILITY C      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12
*4) DEMO SU D    FACILITY D      07/01/12  06/30/13  07/01/99  06/30/00  11/08/12

          Enter ?? for more actions
A   Area Aggregate All Facilities      R   Remove (unselect) Facility
S   Select Facility                    Q   Quit
Select Action:+// Q <Enter> Quit
  
```

Figure 6-48: Running the Area Other National Measures Report: selecting facilities (Steps 4, 5, and 6)

8. At the “Select Action” prompt, do one of the following:
 - To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select facilities to include in your report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.
To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).
- After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

- To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter. All selected facilities are marked with an asterisk before their corresponding numbers.

9. To save your selected facilities, type **Q** (Quit) at the “Select Action” prompt and press Enter.

The names of the three files and their location are displayed, as in the following example:

```
A file will be created called
CRSONMNT1505901201306300000000020130622093828_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSONMNT2505901201306300000000020130622093828_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.
```

Figure 6-49: Running the Area Other National Measures Report: example of output file names and locations (Step 6)

10. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (see Figure 6-12 for an example). The report data is aggregated for each measure.

The following sections appear at the end of the report:

- Selected Other National Measures Clinical Performance Summary (see Section 6.2.5.3)
- Selected Other National Measures Clinical Performance Detail (see Section 6.2.5.4)

6.2.5.3 Selected Other National Measures Clinical Performance Summary

The Performance Summary lists the Area Office aggregate performance measure rates for current, previous, and baseline periods, as well as the National 2012 performance and 2013 target for each of the selected measures included in the Summary. For example:

| MP | | Oct 08, 2012 | | | | Page 1 |
|---|---------|--------------|----------|---------|--------|--------|
| IHS 2013 Other National Measures Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Area | Area | Area | Nat'l | 2020 | |
| | Current | Previous | Baseline | 2012 | Target | |
| ----- | | | | | | |
| DIABETES | | | | | | |
| Comprehensive Care | 8.8% | 2.0% | 0.0% | 24.6% | N/A | |
| DM: HTN w/ RASA Rx | 69.6% | 84.2% | 88.9% | N/A | N/A | |
| DM: HTN w/contra/ADR to RASA | 17.7% | 3.5% | 3.7% | N/A | N/A | |
| DENTAL | | | | | | |
| Top Fluoride-# Apps | 52 | 26 | 15 | 213,990 | N/A | |
| IMMUNIZATIONS | | | | | | |
| AC: Influenza | 12.3% | 9.7% | 4.4% | N/A | N/A | |
| AC: Influenza 18-64 High-risk | 14.9% | 22.3% | 10.1% | N/A | N/A | |
| DM: Influenza | 35.4% | 44.4% | 26.4% | 61.7% | N/A | |
| AC: Pneumovax 18-64 High Risk | 23.7% | 28.1% | 37.1% | N/A | N/A | |
| DM: Up-to-Date Pneumovax | 38.1% | 49.5% | 52.9% | 80.1% | N/A | |
| AC 18+: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A | |
| AC 18-64: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A | |
| AC 65+: Tdap ever | 20.6% | 10.0% | 9.6% | N/A | N/A | |
| AC 18+: Tdap/Td past 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A | |
| AC 18-64: Tdap/Td past 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A | |
| AC 65+: Tdap/Td past 10 yrs | 14.4% | 15.5% | 18.9% | N/A | N/A | |
| Adolescent (13-17 Years) | | | | | | |
| AC: 1:3:2:1 | 1.9% | 0.0% | 0.0% | 81.6% | N/A | |
| AC: 1:1:3 | 3.7% | 0.0% | 0.0% | N/A | N/A | |
| AC Male: 1:1:3 | 5.8% | 0.0% | 0.0% | N/A | N/A | |
| AC Female: 1:1:3 | 1.8% | 0.0% | 0.0% | N/A | N/A | |
| AC: 1:1 | 3.7% | 1.2% | 0.0% | N/A | N/A | |
| AC: 1 Tdap | 8.8% | 0.0% | 0.0% | 95.3% | 80% | |
| AC: 1 Meningococcal | 6.5% | 1.2% | 0.0% | 83.2% | 80% | |
| AC: 3 HPV | 10.2% | 0.0% | 0.0% | N/A | N/A | |
| AC Male: 3 HPV | 9.6% | 0.0% | 0.0% | N/A | N/A | |
| AC Female: 3 HPV | 10.7% | 0.0% | 0.0% | 54.3% | 80% | |

Figure 6-50: Example of the Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 1

| MP | | Oct 08, 2012 | | | Page 2 | |
|---|---------|--------------|----------|-------|--------|--|
| IHS 2013 Other National Measures Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Area | Area | Area | Nat'l | 2020 | |
| | Current | Previous | Baseline | 2012 | Target | |
| ----- | | | | | | |
| BEHAVIORAL HEALTH | | | | | | |
| AC ER Injury w/Alchl Scrn | 58.8% | 0.0% | 0.0% | 10.8% | N/A | |
| AC ER Injury w/BNI | 33.3% | 0.0% | 0.0% | 0.2% | N/A | |
| AC IPV/DV Screen 15-40 | 2.6% | 0.3% | 0.0% | N/A | N/A | |
| AC IPV/DV 15-40 | | | | | | |
| w/Exam | 1.4% | 0.0% | 0.0% | N/A | N/A | |
| AC IPV/DV 15-40 | | | | | | |
| w/Related DX | 0.7% | 0.0% | 0.0% | N/A | N/A | |
| AC IPV/DV 15-40 | | | | | | |
| w/Education | 1.2% | 0.3% | 0.0% | N/A | N/A | |
| DM: Depression Screen | 14.3% | 12.1% | 5.7% | N/A | N/A | |
| Antidepressant Med Mgmt | | | | | | |
| AC+BH w/APT | 55.0% | 66.7% | 0.0% | N/A | N/A | |
| AC+BH w/CONPT | 20.0% | 50.0% | 0.0% | N/A | N/A | |
| CARDIOVASCULAR DISEASE | | | | | | |
| AC w/Phys Activity | | | | | | |
| Screen | 1.3% | 0.0% | 0.0% | N/A | N/A | |
| AC w/Exercise | | | | | | |
| Education | 21.1% | 0.0% | 0.0% | N/A | N/A | |
| Cholesterol Screen 23+ | 23.6% | 31.2% | 35.2% | 61.6% | 82.1% | |
| BP Assessed 20+ | 53.9% | 69.4% | 71.2% | 84.4% | N/A | |
| Normal BP | 19.8% | 24.2% | 25.4% | 29.4% | N/A | |
| Pre-HTN I BP | 16.2% | 19.7% | 17.7% | 22.2% | N/A | |
| Pre-HTN II BP | 22.9% | 19.9% | 21.2% | 28.6% | N/A | |
| Stage 1 HTN BP | 26.8% | 27.2% | 26.5% | 17.0% | N/A | |
| Stage 2 HTN BP | 5.8% | 7.8% | 9.2% | 2.6% | N/A | |
| BP Assessed in CHD Pts | 74.3% | 95.0% | 100.0% | 97.9% | N/A | |
| Normal BP | 12.7% | 15.8% | 9.7% | 21.6% | N/A | |
| Pre-HTN I BP | 5.5% | 18.4% | 19.4% | 24.0% | N/A | |
| Pre-HTN II BP | 36.4% | 21.1% | 35.5% | 27.3% | N/A | |
| Stage 1 HTN BP | 23.6% | 34.2% | 16.1% | 22.5% | N/A | |
| Stage 2 HTN BP | 3.6% | 7.9% | 19.4% | 4.6% | N/A | |
| Med Therapy Post AMI | | | | | | |
| Beta-Blocker Treatment | 38.0% | 0.0% | 0.0% | 83.3% | N/A | |
| ASA Treatment | 12.7% | 0.0% | 0.0% | 83.3% | N/A | |
| ACEI/ARB Treatment | 28.2% | 0.0% | 0.0% | 66.7% | N/A | |
| Statin Treatment | 25.4% | 0.0% | 0.0% | 50.0% | N/A | |
| With all Above Meds | 5.6% | 0.0% | 0.0% | 33.3% | N/A | |
| Persistence of Med Therapy Post AMI | | | | | | |
| Beta-Blocker Treatment | 33.8% | 50.0% | 75.0% | 70.4% | N/A | |
| ASA Treatment | 6.8% | 0.0% | 50.0% | 49.6% | N/A | |
| ACEI/ARB Treatment | 23.0% | 25.0% | 25.0% | 47.1% | N/A | |
| Statin Treatment | 8.1% | 50.0% | 50.0% | 51.2% | N/A | |
| With All Above Meds | 2.7% | 0.0% | 25.0% | 21.8% | N/A | |

Figure 6-51: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 2

| MP | | Oct 08, 2012 | | | Page 3 | |
|---|---------|--------------|----------|--------|--------|--|
| IHS 2013 Other National Measures Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | | |
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | | |
| ----- | | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | | |
| | Area | Area | Area | Nat'l | 2020 | |
| | Current | Previous | Baseline | 2012 | Target | |
| ----- | | | | | | |
| Med Therapy in High Risk Patients | | | | | | |
| Beta-Blocker Treatment | 45.2% | 57.5% | 51.6% | 69.6% | N/A | |
| ASA Treatment | 32.9% | 52.5% | 77.4% | 57.3% | N/A | |
| ACEI/ARB Treatment | 41.1% | 40.0% | 58.1% | 58.6% | N/A | |
| Statin Treatment | 42.5% | 55.0% | 48.4% | 55.1% | N/A | |
| With All Above Meds | 21.9% | 20.0% | 22.6% | 25.1% | N/A | |
| CVD w/LDL Assessment | | | | | | |
| LDL <=100 | 79.2% | 71.4% | 50.0% | 76.6% | N/A | |
| LDL 101-130 | 36.8% | 60.0% | 33.3% | 69.7% | N/A | |
| LDL >130 | 13.2% | 10.0% | 22.2% | 16.4% | N/A | |
| LDL >130 | 13.2% | 20.0% | 44.4% | 9.9% | N/A | |
| HF and LVS Function | 31.8% | 0.0% | 0.0% | 19.9% | N/A | |
| OTHER CLINICAL | | | | | | |
| HIV Pts w/CD4 only | 28.6% | 0.0% | 0.0% | N/A | 100% | |
| HIV Pts w/viral load only | 0.0% | 0.0% | 0.0% | N/A | 100% | |
| HIV Pts w/CD4 & viral load | 14.3% | 50.0% | 100.0% | N/A | N/A | |
| HIV Pts w/any test | 42.9% | 50.0% | 100.0% | N/A | N/A | |
| Hep C Screening | 4.9% | 4.4% | 3.0% | N/A | N/A | |
| Male | 5.0% | 4.6% | 2.8% | N/A | N/A | |
| Female | 4.8% | 4.2% | 3.1% | N/A | N/A | |
| AC 16-25 w/Chlamydia Test | 29.3% | 33.3% | 33.6% | N/A | N/A | |
| # STI Patients | 45 | 15 | 10 | 9,177 | N/A | |
| # STI Incidents | 49 | 15 | 10 | 10,338 | N/A | |
| STI Pts w/Complete STI Screens | 14.6% | 0.0% | 0.0% | N/A | N/A | |
| STI Pts w/HIV Screen | 27.3% | 0.0% | 0.0% | N/A | N/A | |
| AC w/ Asthma | 3.5% | 3.4% | 2.3% | N/A | N/A | |
| AC 5-50 Asthma w/ Suboptimal Control | 5.3% | 0.0% | 0.0% | N/A | N/A | |
| AC 5-50 Asthma w/no Controller Therapy | 100.0% | 0.0% | 0.0% | N/A | N/A | |
| PreDM/Met Synd All Screen | 1.7% | 0.0% | 0.0% | 13.2% | N/A | |

Figure 6-52: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 3

| MP | | Oct 08, 2012 | | | Page 4 | |
|---|--|--------------|--|--|--------|--|
| IHS 2013 Other National Measures Report *** | | | | | | |
| AREA AGGREGATE | | | | | | |

| Report Period: Jul 01, 2012 to Jun 30, 2013 | | | | | |
|---|---------|----------|----------|---------|--------|
| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY | | | | | |
| | Area | Area | Area | Nat'l | 2020 |
| | Current | Previous | Baseline | 2012 | Target |
| ----- | | | | | |
| AC w/beta-blocker | | | | | |
| PDC>=80% | 58.5% | 54.5% | 59.5% | N/A | N/A |
| AC w/beta-blocker | | | | | |
| gap>=30d | 50.9% | 52.3% | 40.5% | N/A | N/A |
| AC w/RASA PDC>=80% | 61.9% | 68.8% | 52.7% | N/A | N/A |
| AC w/RASA | | | | | |
| gap >=30d | 46.4% | 40.0% | 56.8% | N/A | N/A |
| AC w/CCB | | | | | |
| PDC >=80% | 60.7% | 62.5% | 67.3% | N/A | N/A |
| AC w/CCB gap>=30d | 53.6% | 41.7% | 40.0% | N/A | N/A |
| AC w/biguanide | | | | | |
| PDC >=80% | 40.0% | 69.2% | 27.3% | N/A | N/A |
| # w/biguanide | | | | | |
| gap >=30d | 63.3% | 38.5% | 72.7% | N/A | N/A |
| AC w/sulfonylurea | | | | | |
| PDC >=80% | 37.5% | 16.7% | 57.1% | N/A | N/A |
| AC w/sulfonylurea | | | | | |
| gap >=30d | 75.0% | 83.3% | 42.9% | N/A | N/A |
| AC w/thiazolidinedione | | | | | |
| PDC >=80% | 65.0% | 66.7% | 50.0% | N/A | N/A |
| AC w/ thiazoliidinedione | | | | | |
| gap >=30d | 40.0% | 46.7% | 25.0% | N/A | N/A |
| AC w/statin PDC >=80% | 71.7% | 67.3% | 67.6% | N/A | N/A |
| AC w/ statin gap >=30d | 40.0% | 38.8% | 43.2% | N/A | N/A |
| AC w/ antiretroviral | | | | | |
| PDC >=90% | 50.0% | 0.0% | 100.0% | N/A | N/A |
| AC =>18 w/MTM | 0.8% | 0.0% | 0.0% | N/A | N/A |
| # PHN Visits-Any Setting | 19 | 16 | 19 | 323,723 | N/A |
| Use of High-Risk Meds 65+ | | | | | |
| One High-Risk Med | 39.3% | 21.1% | 38.5% | N/A | N/A |
| Male One High-Risk Med | 60.7% | 18.2% | 40.7% | N/A | N/A |
| Female One High-Risk Med | 21.2% | 23.7% | 36.8% | N/A | N/A |
| Two or More High-Risk Med | 13.9% | 7.0% | 13.8% | N/A | N/A |
| Male Two High-Risk Med | 16.1% | 9.1% | 11.1% | N/A | N/A |
| Female Two High-Risk Med | 12.1% | 5.3% | 15.8% | N/A | N/A |

Figure 6-53: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 4

6.2.5.4 Selected Other National Measures Clinical Performance Detail

The Selected Other National Measures Clinical Performance Detail section shows the selected performance measure rates by each facility within the area. For example:

| | | |
|---|--------------|--------|
| MP | Oct 08, 2012 | Page 1 |
| *** IHS 2013 Other National Measures Report *** | | |
| AREA AGGREGATE | | |
| Report Period: Jul 01, 2012 to Jun 30, 2013 | | |

| Previous Year Period: Jul 01, 2011 to Jun 30, 2012 | | | | | |
|--|------------|-------|------|---------|-------|
| Baseline Period: Jul 01, 1999 to Jun 30, 2000 | | | | | |
| ----- | | | | | |
| SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE DETAIL | | | | | |
| | Site | Site | Site | Area | Nat'l |
| | Current | Prev | Base | Current | 2012 |
| DIABETES | | | | | |
| Comprehensive Care | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| DM: HTN w/ RASA Rx | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| DM: HTN w/contra/ADR to RASA | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| DENTAL | | | | | |
| Top Fluoride-# Apps | | | | XXXX | XXXX |
| 999999 | FACILITY A | XXXX | XXXX | XXXX | |
| 999999 | FACILITY B | XXXX | XXXX | XXXX | |
| 999999 | FACILITY C | XXXX | XXXX | XXXX | |
| 999999 | FACILITY D | XXXX | XXXX | XXXX | |
| IMMUNIZATIONS | | | | | |
| AC: Influenza | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| AC: Influenza 18-64 High-risk | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| DM: Influenza | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |
| AC: Pneumovax 18-64 High Risk | | | | X.X% | X.X% |
| 999999 | FACILITY A | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY B | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY C | XX.X% | X.X% | XX.X% | |
| 999999 | FACILITY D | XX.X% | X.X% | XX.X% | |

Figure 6-54: Example of Area ONM Report, Selected Other National Measures Clinical Performance Detail

6.2.6 Area Elder Care Report (AELD)

CI13 > AO > AELD

Use the Area Elder Care Report (AELD) option to produce an Area-Office-wide Elder Care Report. This report may be aggregated only from report files for which *all* Elder Care measures were included. This report aggregates all data files received to date from facilities, and reports the total Area-Office-wide numbers.

The Area Elder Care report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

This report can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

Note: To run the Area Aggregate Elder Care Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area Elder Care report, follow these steps:

```

*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: AELD <Enter> Run AREA Elder Care Report

```

Figure 6-55: Area Office Options menu: selecting the Area Elder Care Report (AELD) (Step 1)

1. At the “Select Area Options Option” prompt type **AELD** and press Enter.

```

2013 Area Aggregate Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER
measures for a year period you specify. You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 27 topics in the Elder Care Measure Report.

Select one of the following:

1          January 1 - December 31
2          April 1 - March 31
3          July 1 - June 30
4          October 1 - September 30
5          User defined date range

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

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <Enter> (2013)

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
Baseline Period:        Jan 01, 2000 to Dec 31, 2000

```

Figure 6-56: Running the Area Elder Care Report: selecting date ranges (Steps 2 and 3)

2. At the “Enter the date range for your report” prompt, do one of the following:
 - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
 - To define a custom report period, type **5** and press Enter.

At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
3. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

```

Select one of the following:

1          Indian/Alaskan Native (Classification 01)

```


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

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

Figure 6-57: Running the Area Elder Care Report: selecting beneficiary population (Step 4)

4. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
 - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.
6. At the “Select Action” prompt, do one of the following:
 - To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select facilities to include in your report:
 - To select all facilities, type **A** and press Enter.
 - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.
 - To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).
 After pressing Enter, each selected facility is marked with an asterisk (*) before its number.
 - To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.
 All selected facilities are marked with an asterisk (*) before their corresponding numbers.
7. To save your selected facilities, type **Q** (Quit) at the “Select Action” prompt and press Enter.
8. The system displays the name of an export file and its location, as in the following example:

9. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.2.7 AREA Patient Education Report with Community Specified (APCM)

CI13 > AO > APCM

Use the Area Patient Education Report with Community Specified (APCM) option to produce an Area-wide Patient Education with Community Specified Report. This report may only be aggregated from report files for which *all* patient education measures were included. This report aggregates all data files received to date from facilities, and reports the total Area-wide numbers.

The Area Patient Education with Community Specified Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only,
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

Note: To run the Area Aggregate Patient Education with Community Specified Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area Patient Education with Community Specified Report, follow these steps:

```
*****
**   IHS/RPMS CRS 2013   **
**   Area Office Options **
*****
```

```

Version 13.0 Patch 1

DEMO INDIAN HOSPITAL

UPL   Upload Report Files from Site
AGP   AREA National GPRA/GPRAMA Report
ASUM  AREA National GPRA/GPRAMA Report Perf Summaries
GPIA  AREA GPRA/GPRAMA Performance Report
ADSH  National GPRA Dashboard
AONM  AREA Other National Measures Report
AELD  AREA Elder Care Report
APCM  AREA Patient Education Rpt w/Community Specified
LSTF  List files in a directory

Select Area Options Option: APCM <Enter> Run AREA Patient Education Report

```

Figure 6-58: Area Office Options menu: selecting the Area Patient Education with Community Specified Report (APCM) (Step 1)

1. At the “Select Area Options Option” prompt, type **APCM** and press Enter.

```

IHS 2013 Area Aggregate Patient Education Report

This will produce an area aggregate report for all Patient Education
measures for a year period you specify. You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 7 topics in the Patient Education Measures Report.

Select one of the following:

1          January 1 - December 31
2          April 1 - March 31
3          July 1 - June 30
4          October 1 - September 30
5          User defined date range

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

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2013
Enter Year: 2013 <ENTER>

You have selected Current Report period Jan 01, 2013 through Dec 31, 2013.
The end date of this report is in the future; your data will not be
complete.

Do you want to change your Current Report Dates? N//N <ENTER>

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

The date ranges for this report are:
Report Period:          Jan 01, 2013 to Dec 31, 2013
Previous Year Period:   Jan 01, 2012 to Dec 31, 2012
Baseline Period:       Jan 01, 2000 to Dec 31, 2000

```

Figure 6-59: Running the Area Patient Education Report with Community Specified report: selecting date ranges (Step 2)

2. At the “Enter the date range for your report” prompt, do one of the following:
 - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.
At the “Enter Year” prompt, type the calendar year of the report end date (for example, 2013) and press Enter.
 - To define a custom report period, type **5** and press Enter.
At the “Enter End Date for the Report” prompt, type the end date in MM/DD/CCYY format (for example, 06/30/2013) and press Enter.
3. At the “Enter Year” prompt, type the four-digit baseline year and press Enter

```
Select one of the following:
    1      Indian/Alaskan Native (Classification 01)
    2      Not Indian Alaskan/Native (Not Classification 01)
    3      All (both Indian/Alaskan Natives and Non 01)

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

Figure 6-60: Running the Area Patient Education Report with Community Specified report: selecting beneficiary population (Step 4)

4. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
 - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
 - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
 - **3** (All) reports on your entire patient population.
5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.
6. At the “Select Action” prompt, do one of the following:
 - To view multiple pages:
 - Type a plus sign (+) and press Enter to view the next page.
 - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
 - To select facilities to include in your report:
 - To select all facilities, type **A** and press Enter.

- To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the number(s) of the facility or facilities you want to select and press Enter.
- To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).
After pressing Enter, each selected facility is marked with an asterisk (*) before its number.
- To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding numbers.

7. To save your selected facilities, type **Q** (Quit) at the “Select Action” prompt and press Enter.
8. The system displays the name of an export file and its location, as in the following example:
9. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:
 - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
 - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
 - **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 12, Section 5.2.2.

6.3 List Files in a Directory (LSTF)

```
CI13 > AO > LSTF
```

The List Files in a Directory (LSTF) option enables Area Office technical staff to view a list of FileMan files transmitted by facilities to the Area Office for aggregation. This list does not indicate whether the file has been uploaded into CRS.

Only FileMan data files created by CRS 2013 (BGP v13.0) are listed. File names begin with “BG13,” followed by the six-digit ASUFAC code for the facility that created and transmitted the file.

Files with the following extensions are listed:

- .EL—Elder Care Reports

- .ONM—Other National Measures Reports
- .PED—Patient Education Reports

GPRA Performance Reports are treated the same as National GPRA Reports and will be displayed with them if they have a report period of July 1, 2012 through June 30, 2013, a baseline year of 2000, and a population of AI/AN. These reports only have numbers in the file name extension.

To view the list of files transmitted for aggregation, follow these steps:

1. At the “Select Area Office Options Option” prompt, type **LSTF** and press Enter.
2. At the “Enter directory path” prompt, type the appropriate directory name and press Enter.

The directory name is the Area Office network directory to which the facility’s data files were sent via FTP when the facility ran the requested national performance report.

3. A list of files is displayed. For example, the first seven files shown in Figure 6-61 are all National GPRA/GPRAMA and GPRA/GPRAMA Performance Report files.

```

This option is used to list all CRS 2013 files that are in a directory.
These files begin with BG13. You must specify the directory in which the
CRS 2013 data files reside.
Enter directory path (i.e. /usr/spool/uucppublic/): q:\

The following CRS 2013 files reside in the q:\ directory.

BG13355901.50
BG13355901.52
BG13355901.54
BG13355901.57
BG13355901.59
BG13355901.60
BG13355901.63
BG13355901.EL85
BG13355901.EL86
BG13355901.EL87
BG13355901.ONM56
BG13355901.ONM58
BG13355901.ONM64
BG13355901.PED36
BG13355901.PED37

Enter RETURN to continue or '^' to exit:

```

Figure 6-61: Running the List Files in a Directory option (LSTF): displaying CRS data files

4. At the “Enter RETURN to continue or ‘^’ to exit” prompt, press Enter to return to the Area Office Options menu.

Appendix A: RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site: <http://security.ihs.gov/>.

The ROB listed in the following sections are specific to RPMS.

A.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

A.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

A.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

A.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

A.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

A.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

A.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

A.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

A.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

A.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

A.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

A.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

A.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

A.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

A.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

A.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Appendix B: FY11–FY13 GPRA Measures

The tables displayed in the following pages provide definitions, Headquarters leads or “owners,” data sources for performance measure reporting, and performance targets for each GPRA performance measure.

B.1 FY 2011, 2012, 2013 GPRA MEASURES (revised 9/13/12)

B.1.1 Treatment Measures

Table B-1: Diabetes Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|---|---|------------------------------------|--|
| 1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c greater than (>) 9.5). [outcome] | Achieve target rate of 19.4% (Audit target 20%) Result: 19.1% (Audit 19%) Met | Achieve target rate of 18.6% (Audit target 19%) Result: 19.8% (Audit TBD) Not Met | Discontinued | Ann Bullock OCPS/DDTP 828-497-7455 |
| 2. Diabetes: Good Glycemic Control: Proportion of patients with diagnosed diabetes with good glycemic control (A1c less than (<) 8.0). [outcome] GRPAMA measure beginning in FY 2013. Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes with Ideal Glycemic Control (A1c less than (<) 7.0). | Achieve target rate of 30.2% (Audit target 36%) Result: 31.9% (Audit 37%) Met | Achieve target rate of 32.7% (Audit target 37%) Result: 33.2% (Audit TBD) Met | Set Baseline (Audit target TBD) | Ann Bullock OCPS/DDTP 828-497-7455 |

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|--|--|--|--|
| <p>3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 140/90). [outcome]</p> <p>Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 130/80).</p> | <p>Achieve target rate of 35.9% (Audit target 39%) Result: 37.8% (Audit 39%) Met</p> | <p>Achieve target rate of 38.7% (Audit target 39%) Result: 38.9% (Audit TBD) Met</p> | <p>Set Baseline (Audit target TBD)</p> | <p>Ann Bullock OCPS/DDTP 828-497-7455</p> |
| <p>4. Diabetes: LDL Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]</p> | <p>Achieve target rate of 63.3% (Audit target 76%) Result: 68.7% (Audit 77%) Met</p> | <p>Achieve target rate of 70.3% (Audit target 77%) Result: 71.0% (Audit TBD) Met</p> | <p>Achieve target rate of 68.0% (Audit target TBD)</p> | <p>Ann Bullock OCPS/DDTP 828-497-7455</p> |
| <p>5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]</p> | <p>Achieve target rate of 51.9% (Audit target TBD) Result: 56.5% (Audit 37%) Met</p> | <p>Achieve target rate of 57.8% (Audit target 37%) Result: 66.7% (Audit TBD) Met</p> | <p>Achieve target rate of 64.2% (Audit target TBD)</p> | <p>Ann Bullock OCPS/DDTP 828-497-7455</p> |
| <p>6. Diabetes: Retinopathy: Proportion of patients with diagnosed diabetes who received an annual retinal examination. [outcome]</p> | <p>Achieve target rate of 50.1% Result: 53.5% (Audit 56%) Met</p> | <p>Achieve target rate of 54.8% (Audit target 56%) Result: 55.7% (Audit TBD) Met</p> | <p>Achieve target rate of 56.8% (Audit target TBD)</p> | <p>Mark Horton, PIMC 602-263-1200 ext 2217</p> |

Table B-2: Cancer Screening Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|--|--|-------------------------------------|---|
| <p>7. Cancer Screening: Pap Screening Rates: Proportion of women age 25-64 who have had a Pap screen within the previous four years. [outcome]</p> <p>Prior to FY 2013, this measure tracked the proportion of women age 21-64 who have had a Pap screen within the previous three years.</p> | <p>Achieve target rate of 55.7%</p> <p>Result: 58.1% Met</p> | <p>Achieve target rate of 59.5%</p> <p>Result: 57.1% Not Met</p> | <p>Set Baseline</p> | <p>Carolyn Aoyama, DNS/OCPS, 301-443-1492</p> |
| <p>8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]</p> | <p>Achieve target rate of 46.9%</p> <p>Result: 49.8% Met</p> | <p>Achieve target rate of 51.7%</p> <p>Result: 51.9% Met</p> | <p>Achieve target rate of 49.7%</p> | <p>Carolyn Aoyama, DNS/OCPS, 301-443-1492</p> |
| <p>9. Cancer Screening: Colorectal Cancer Screening Rates: Proportion of patients age 50-75 who have had appropriate colorectal cancer screening. [outcome]</p> <p>Prior to FY 2013, this measure tracked the proportion of patients age 50-80 who have had appropriate colorectal cancer screening.</p> | <p>Achieve target rate of 36.7%</p> <p>Result: 41.7% Met</p> | <p>Achieve target rate of 43.2%</p> <p>Result: 46.1% Met</p> | <p>Set Baseline</p> | <p>Don Haverkamp, NCCDPHP 505-248-4422</p> |

Table B-3: Oral Health Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|---|---|------------------------------|--|
| <p>12. Topical Fluorides: Percentage of patients ages 1-15 who received one or more topical fluoride applications. [outcome]</p> <p>Prior to FY 2013, this measure tracked the number of AI/AN patients receiving one or more topical fluoride.</p> | <p>Achieve target count of 135,604 patients receiving topical fluoride Result: 161,461 patients Met</p> | <p>Achieve target count of 161,461 patients receiving topical fluoride Result: 169,083 patients Met</p> | Set Baseline | Patrick Blahut, OCPS/DOH, 301-443-1106 |
| <p>13. Dental Access: Percent of patients who receive dental services. [outcome]</p> | <p>Achieve target rate of 23.0% Result: 26.9% Met</p> | <p>Achieve target rate of 26.9% Result: 28.8% Met</p> | Achieve target rate of 26.9% | Patrick Blahut, OCPS/DOH, 301-443-1106 |
| <p>14. Dental Sealants: Percentage of patients ages 2-15 with at least one or more intact dental sealant.[outcome]</p> <p>Prior to FY 2013, this measure tracked the number of sealants placed per year in AI/AN patients.</p> | <p>Achieve target count of 257,261 Result: 276,893 Met</p> | <p>Achieve target count of 276,893 Result: 295,734 Met</p> | Set Baseline | Patrick Blahut, OCPS/DOH, 301-443-1106 |

Table B-4: Quality of Care Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|--|--|-----------------------------------|-----------------------------------|
| <p>10. YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [outcome]</p> | <p>Achieve a 100% accreditation rate Result: 91% Not Met</p> | <p>Achieve a 100% accreditation rate Result: TBD</p> | Achieve a 100% accreditation rate | Skye Bass, OCPS/DBH, 301-443-2051 |

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|--|---|----------------------------------|---|
| 20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [outcome] GPRAMA measure beginning in FY 2013 | Maintain 100% accreditation rate Result: 100% Met | Maintain 100% accreditation rate Result: TBD | Maintain 100% accreditation rate | Balerna Burgess, ORAP/BOE, 301-443-1016 |
| 42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome] | Achieve target of 78% Result: 61.2% Not Met | Achieve target of 78% Result: TBD | Achieve target of 78% | Raymond Lala, OPHS, 301-443-2361 |

B.1.2 Prevention Measures

Table B- 5: Public Health Nursing Measure

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|--|--|---------------------------|-------------------------------------|
| 23. Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups. [outcome] | Achieve target of 418,759 Result: 447,642 Met | Achieve target of 424,203 Result: TBD | Achieve target of 405,962 | Tina Tah OCPS/OD 301-443-0038 |

Table B-6: Immunization Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|--|--|-------------------------------------|--|
| <p>24. Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients aged 19-35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses). [outcome]</p> <p>GPRAMA measure beginning in FY 2013.</p> <p>Prior to FY 2013, this measure tracked the combined immunization rates (4:3:1:3:3:1:4) for AI/AN patients aged 19-35 months.</p> | <p>Achieve target rate of 74.6%</p> <p>Result: 75.9% Met</p> | <p>Achieve target rate of 77.8%</p> <p>Result: 76.8% Met</p> | <p>Set Baseline</p> | <p>Amy Groom, OPHS/Epi, 505-248-4226</p> |
| <p>25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]</p> | <p>Achieve target rate of 58.5%</p> <p>Result: 62.0% Met</p> | <p>Achieve target rate of 63.4%</p> <p>Result: 65.0% Met</p> | <p>Achieve target rate of 62.3%</p> | <p>Amy Groom, OPHS/Epi, 505-248-4226</p> |
| <p>26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]</p> | <p>Achieve target rate of 79.3%</p> <p>Result: 85.5% Met</p> | <p>Achieve target rate of 87.5%</p> <p>Result: 88.5% Met</p> | <p>Achieve target rate of 84.7%</p> | <p>Amy Groom, OPHS/Epi, 505-248-4226</p> |

Table B-7: Injury Prevention Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|-------------------------|---|--|-------------------------------------|
| 28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN population (three-year rates centered on mid-year). [outcome] | N/A (Long-term measure) | Achieve target rate of 93.8 per 100,000 population Result: TBD | Achieve target rate of 93.8 per 100,000 population | Nancy Bill, OEHE/DEHS, 301-443-0105 |

Table B-8: Suicide Prevention Measure

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|---|---|--|---|
| 29. Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals [outcome] | Increase the number of suicidal behavior report forms completed and submitted to 1,784 Result: 1,930 Met | Increase the number of suicidal behavior report forms completed and submitted to 1,807 Result: TBD | Increase the number of suicidal behavior report forms completed and submitted to 1,807 | Cheryl Peterson, OCPS/DBH, 301-443-1870 |

Table B-9: Prevention Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|---|---|------------------------------|--|
| 11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome] | Achieve target rate of 51.7% Result: 57.8% Met | Achieve target rate of 58.7% Result: 63.8% Met | Achieve target rate of 61.7% | Mose Herne, OCPS/DBH, 301-443-0104 |
| 16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome] | Achieve target rate of 52.8% Result: 55.3% Met | Achieve target rate of 55.3% Result: 61.5% Met | Achieve target rate of 58.3% | Denise Grenier, ITSC, Tucson, 520-670-4865 |

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|--|---|-------------------------------------|--|
| <p>18. Depression Screening: Proportion of adults ages 18 and over who are screened for depression. [outcome]</p> <p>GPRAMA measure beginning in FY 2013</p> | <p>Achieve target rate of 51.9%</p> <p>Result: 56.5% Met</p> | <p>Achieve target rate of 56.5%</p> <p>Result: 61.9% Met</p> | <p>Achieve target rate of 58.6%</p> | <p>Cheryl Peterson, OCPS/DBH, 301-443-1870</p> |
| <p>30. CVD Prevention: Comprehensive Assessment: Proportion of active CHD patients who have a comprehensive assessment for all CVD-related risk factors. [outcome]</p> <p>GPRAMA measure beginning in FY 2013</p> <p>Prior to FY 2013, this measure tracked the proportion of active IHD patients who have a comprehensive assessment for all CVD-related risk factors.</p> | <p>Achieve target rate of 33.0%</p> <p>Result: 39.8% Met</p> | <p>Achieve target rate of 40.6%</p> <p>Result: 45.4% Met</p> | <p>Achieve target rate of 32.3%</p> | <p>Mark Veazie, IHS/PHX, 928-214-3920</p> |
| <p>31. Childhood Weight Control: Proportion of children ages 2-5 years with a BMI at the 95th percentile or higher. [outcome]</p> | <p>Long Term measure no target for FY 2011.</p> <p>Result: 24.1%</p> | <p>Long-term measure, no target for FY 2012.</p> <p>Result: 24.0%</p> | <p>Discontinued</p> | <p>Lorraine Valdez OCPS/DDTP, 505-248-4182</p> |
| <p>32. Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome]</p> | <p>Achieve target rate of 23.7%</p> <p>Result: 29.4% Met</p> | <p>Achieve target rate of 30.0%</p> <p>Result: 35.2% Met</p> | <p>Set Baseline</p> | <p>Dayle Knutson, ABR/WNB 605-462-6155</p> |

Table B-10: HIV/AIDS Measure

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|---|---|------------------------------|--|
| 33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome] | Achieve target rate of 73.6% Result: 80.0% Met | Achieve target rate of 81.8% Result: 85.8% Met | Achieve target rate of 82.3% | Lisa Neel, OCPS, 301-443-4644 ext. 4305 |

Table B-11: Breastfeeding Measure

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|--|---|---|----------------|--------------------------------|
| 39. Breastfeeding Rates: Percentage of patients at federal and tribal facilities who, at the age of 2 months, were either exclusively or mostly breastfed. [outcome] Prior to FY 2013, this measure tracked breastfeeding rates at Federal facilities only. | Achieve target rate of 28.6% Result: 26.7% Not Met | Achieve target rate of 27.4% Result: 28.8% Met | Set Baseline | Tina Tah, OCPS 301-443-0038 |

B.1.3 Capital Programming/Infrastructure Measures

Table B-12: Capital Programming/Infrastructure Measures

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|---|--|---|--|
| 35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome] | Provide sanitation facilities to 18,600 homes Result: 21,984 Met | Provide sanitation facilities to 15,500 homes Result: TBD | Provide sanitation facilities to 15,500 homes | Ronald Ferguson, OEHE/DSFC, 301-443-1046 |

| Performance Measure | FY 2011 Target | FY 2012 Target | FY 2013 Target | Measure Lead |
|---|----------------------------|--------------------------|-----------------------|--|
| 36. Health Care Facility Construction: Number of health care facilities construction projects completed. [efficiency] | 1 project Result: 1 Met | 1 project Result: TBD | 2 projects | Raymond Cooke OEHE/DFPC 301-443-7315 |

Appendix C: Working with Delimited Files

For more reporting flexibility, such as rearranging report data in a different format or performing other types of calculations on report numbers, select the “Create delimited output file” report output option.

Note: This option is particularly useful for manipulating pages of patient lists, enabling users to sort the lists by any column they want.

For detailed instructions on running a specific report, see Section 5.0, Reports and Patient Lists.

C.1 Producing a Delimited File

After you have set the parameters of the report you want to create, CRS displays a summary of those parameters. The following figure uses the National GPRA/GPRAMA report as an example.

```

SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:

Reporting Period:      Jul 01, 2012 to Jun 30, 2013
Previous Year Period:  Jul 01, 2011 to Jun 30, 2012
Baseline Period:      Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

Select one of the following:

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

Select an Output Option: P// D <Enter> Create Delimited output file

```

Figure C-1: Creating a delimited output file version of a report (Step 1)

1. After the Summary of the report you are creating is displayed, type **D** at the “Select an Output Option” prompt and press Enter.

When you select D to create a delimited file, you are prompted to print the delimited output to the screen, where you can capture the output or print the output to a file.

```

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

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

Select one of the following:

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

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

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

Won't you queue this ? Y// <Enter> YES
Requested Start Time: NOW//20:00:00 <Enter> (Oct 08, 2012@20:00:00)

```

Figure C-2: Example of specifying the file name queueing the delimited report run (Steps 2 through 4)

2. At the “Select output type” prompt, complete the following steps:
 - a. Press Enter to accept the default, S, which prints the file to the screen where you can capture the output.
 - b. Type F and press Enter to print the output to a file.
 - c. At the “Enter a filename for the delimited output” prompt, type the name of the delimited file you want to create and press Enter.

Note: The filename cannot exceed 40 characters and the .txt extension is appended to the name automatically. Most sites are set up to print the file to your network’s Pub directory.

To access the file, you may need to use FTP to transfer the delimited file from Pub to your computer. Ask your site manager for additional information about retrieving files from your local network.

3. At the “Won’t you queue this?” prompt, press Enter to queue the report.
4. Specify a start time, either now or a later time, and press Enter.

C.2 Opening Text Files in Microsoft Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.
2. Select **File**, then **Open** from the menu bar.
3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your site manager.

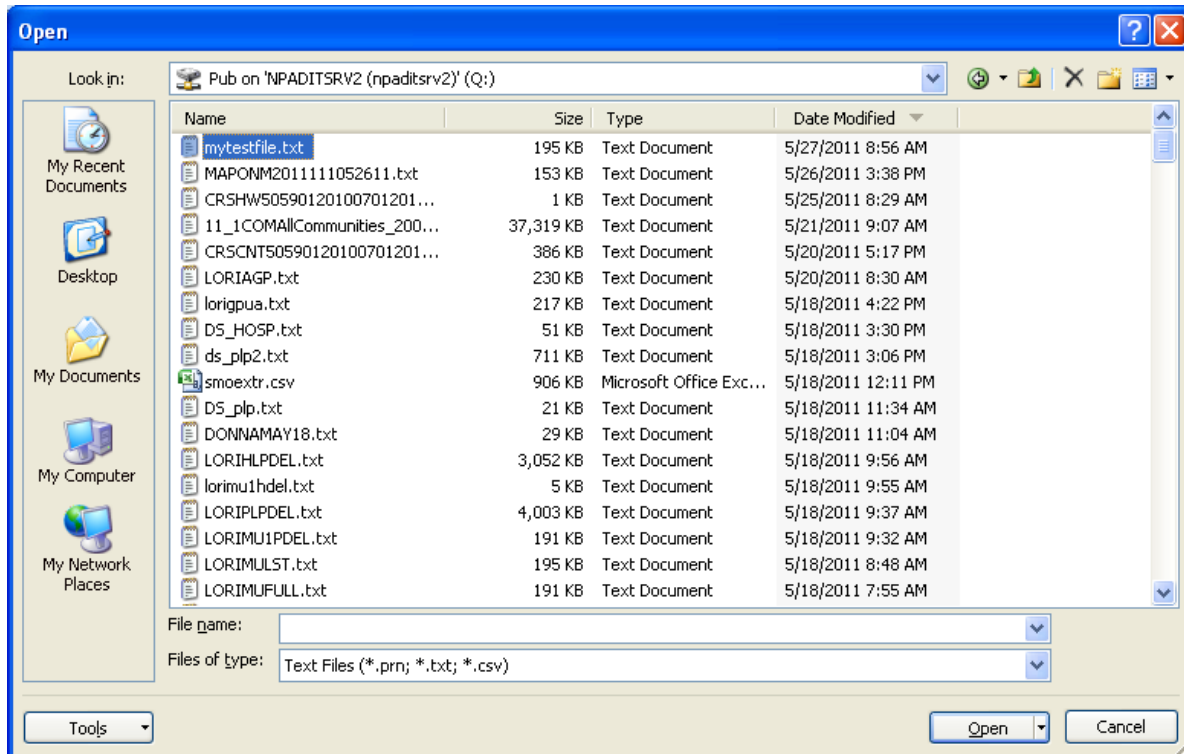


Figure C-3: Importing the delimited file into Excel (Step 4)

In the **Open** dialog box, do the following:

- Ensure that the files of type are either Text Files or All Files.
- Select the name of the text file you want to open.
- Click **Open**.

The **Text Import Wizard** should appear automatically.

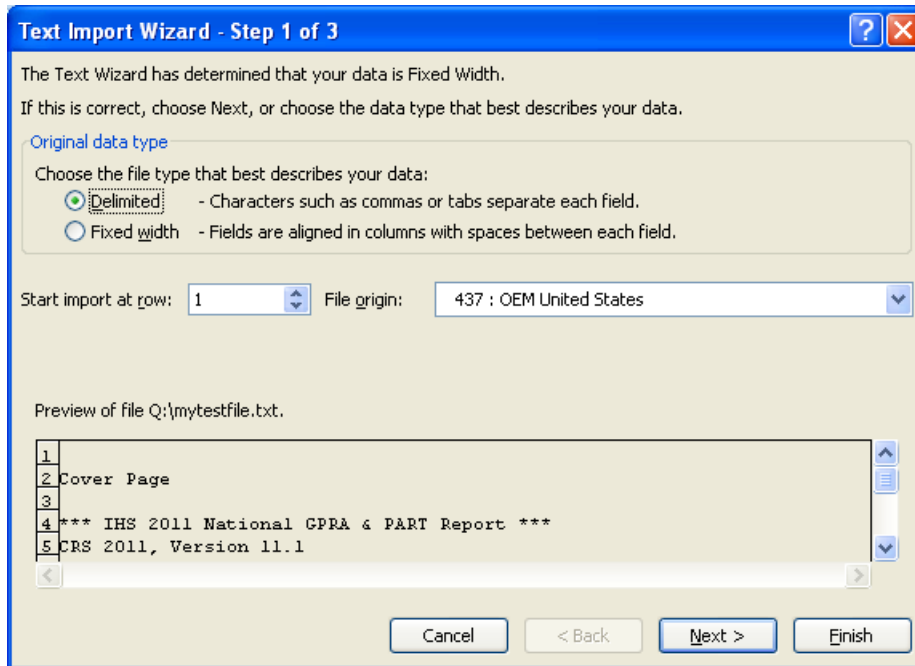


Figure C-4: Importing the delimited file into Excel (Step 5)

In the **Text Import Wizard–Step 1 of 3** dialog box, check to make sure that the Original Data Type is Delimited.

Click **Next** to proceed.

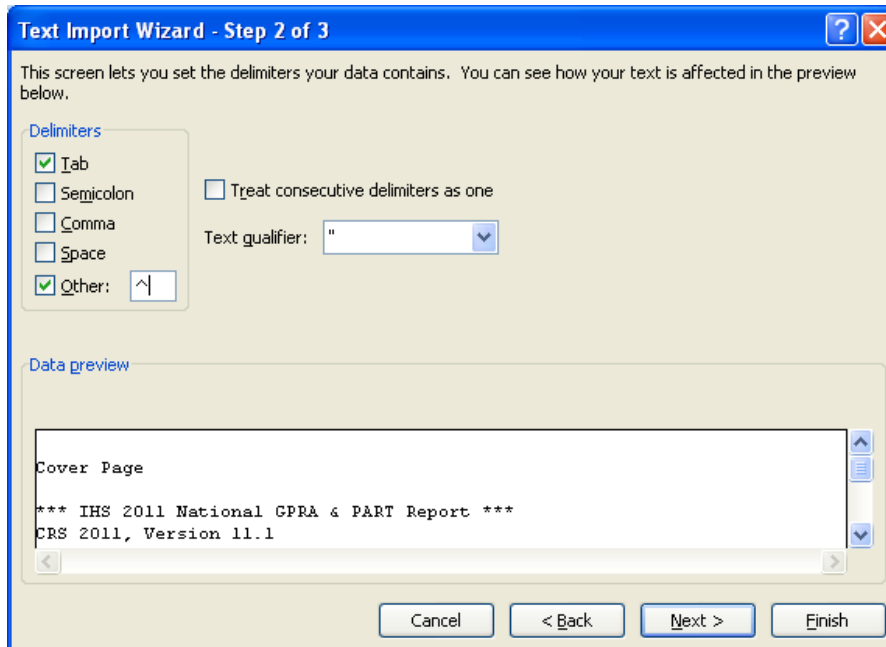


Figure C-5: Importing the delimited file into Excel (Step 6)

4. In the **Text Import Wizard–Step 2 of 3** dialog box, do the following:

- For Delimiters, select **Other** and type a caret (^) in the box.
This tells Excel that the file you are importing separates (delimits) the fields with a “^” character.
- Other than Tab, if any other delimiter is selected, deselect it.
Click **Next** to continue.

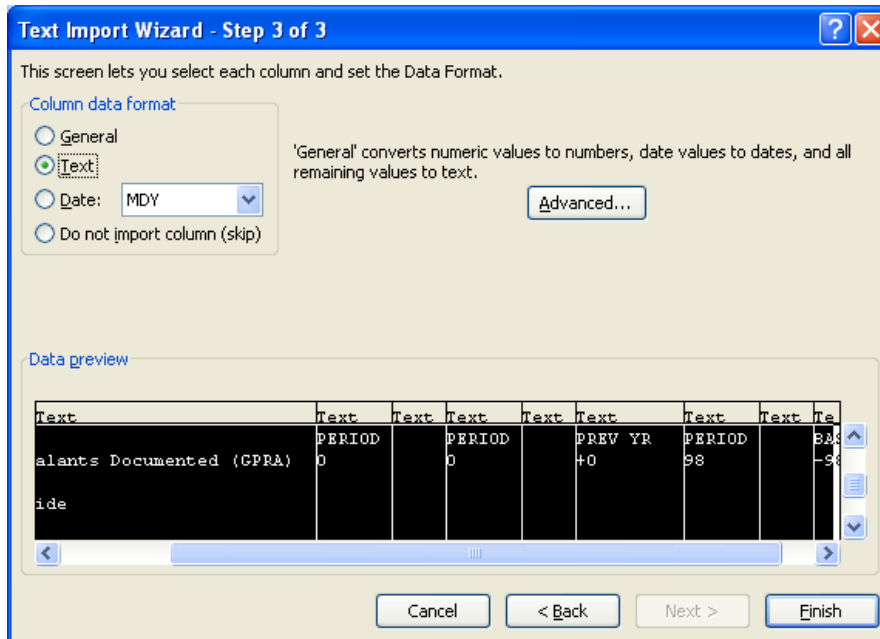


Figure C-6: Importing the delimited file into Excel (Step 7)

5. On the **Text Import Wizard–Step 3 of 3** dialog box,
 - Highlight all the columns by scrolling down until you see multiple columns in the Data Preview display, holding the Shift key down, and clicking on the last column. All columns should now be highlighted.
 - Change the Column data format to Text.
If you leave the format set to General, Excel will reformat some of the cells; for example, change age ranges to dates and could treat text beginning with a dash (-) as a formula (i.e.–GPRA Developmental)
- Click **Finish**.

The data in the selected file appears in the Excel worksheet. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

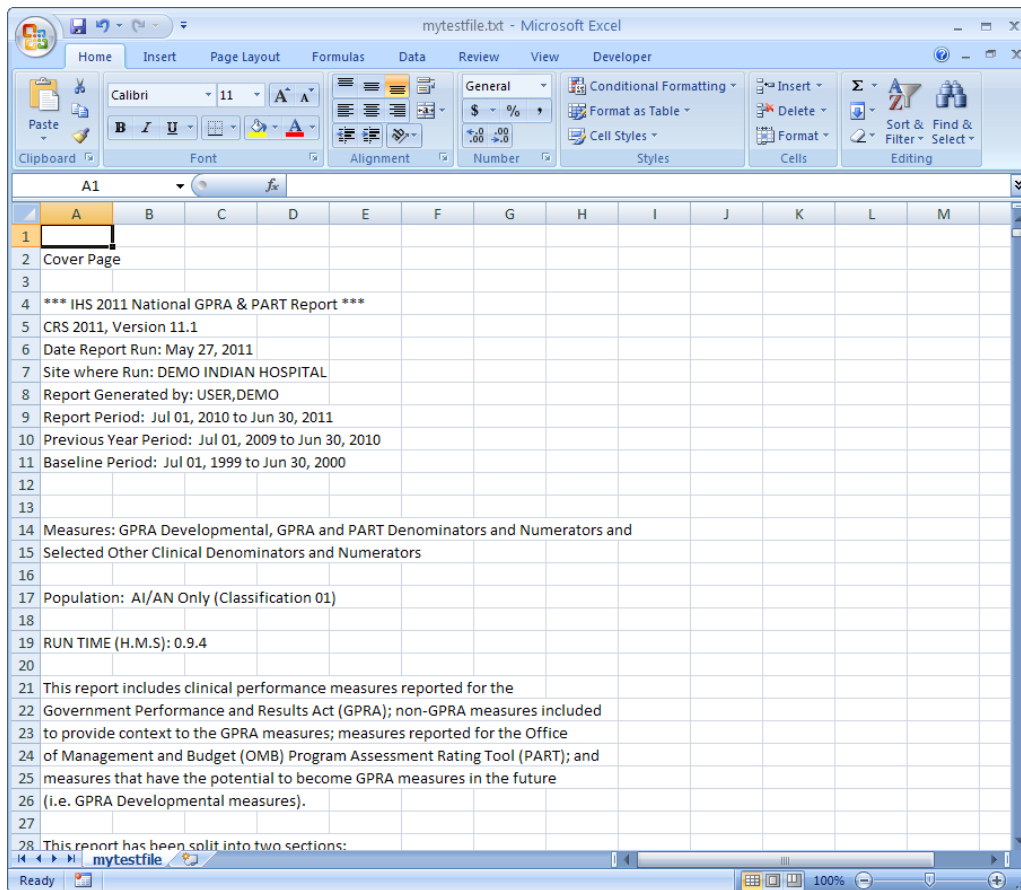


Figure C-7: Example of a delimited file imported into Excel

C.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g., Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. Follow the steps in Section C.2 to open your delimited report in Excel.
2. In Excel, scroll down to the patient list you want to sort.
3. Format the spreadsheet to see the data more clearly. For example, change the width of some columns.

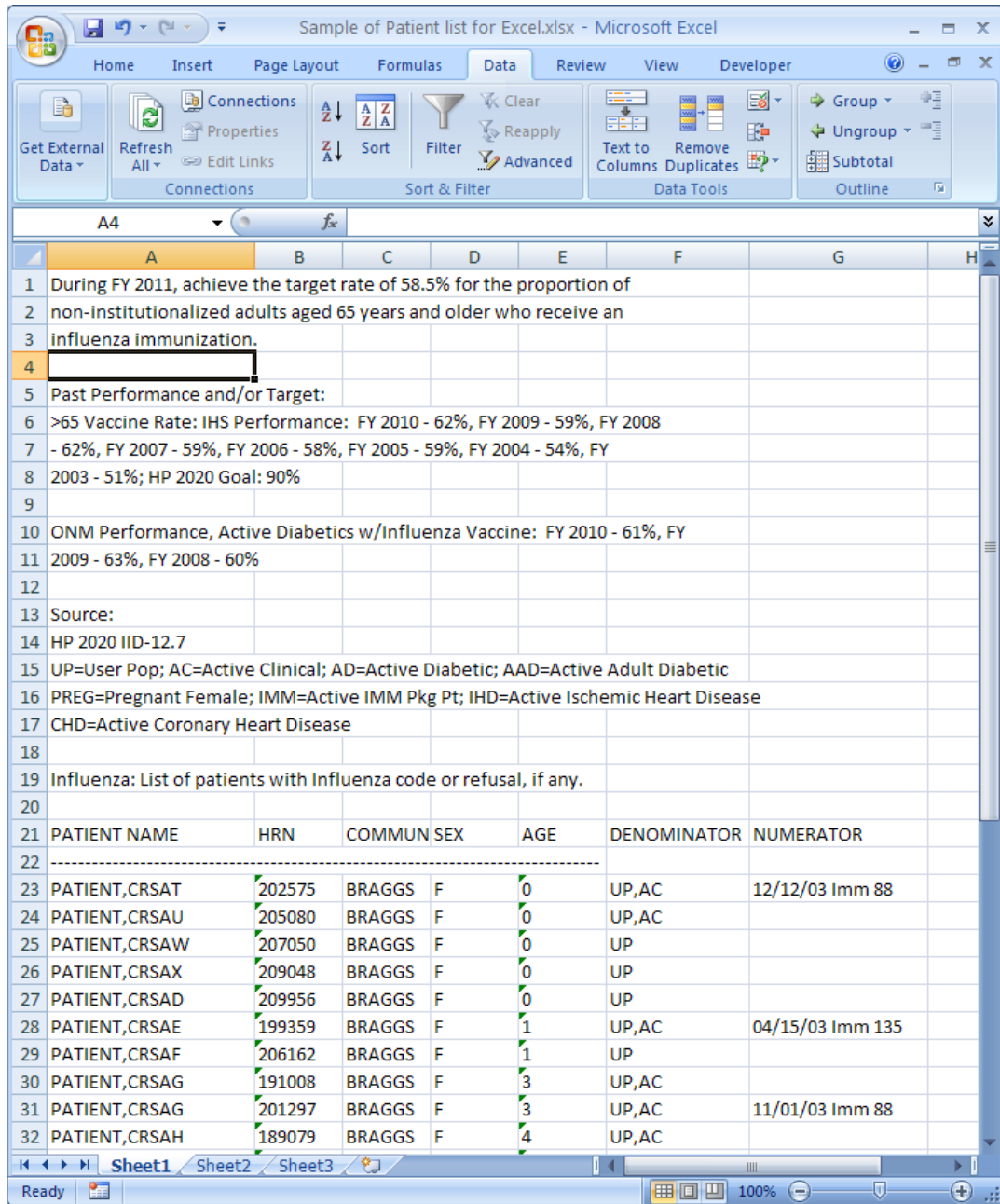


Figure C-8: Example of a formatted patient list in Excel

- Highlight all of the rows containing patient names and information, as shown in Figure C-9.

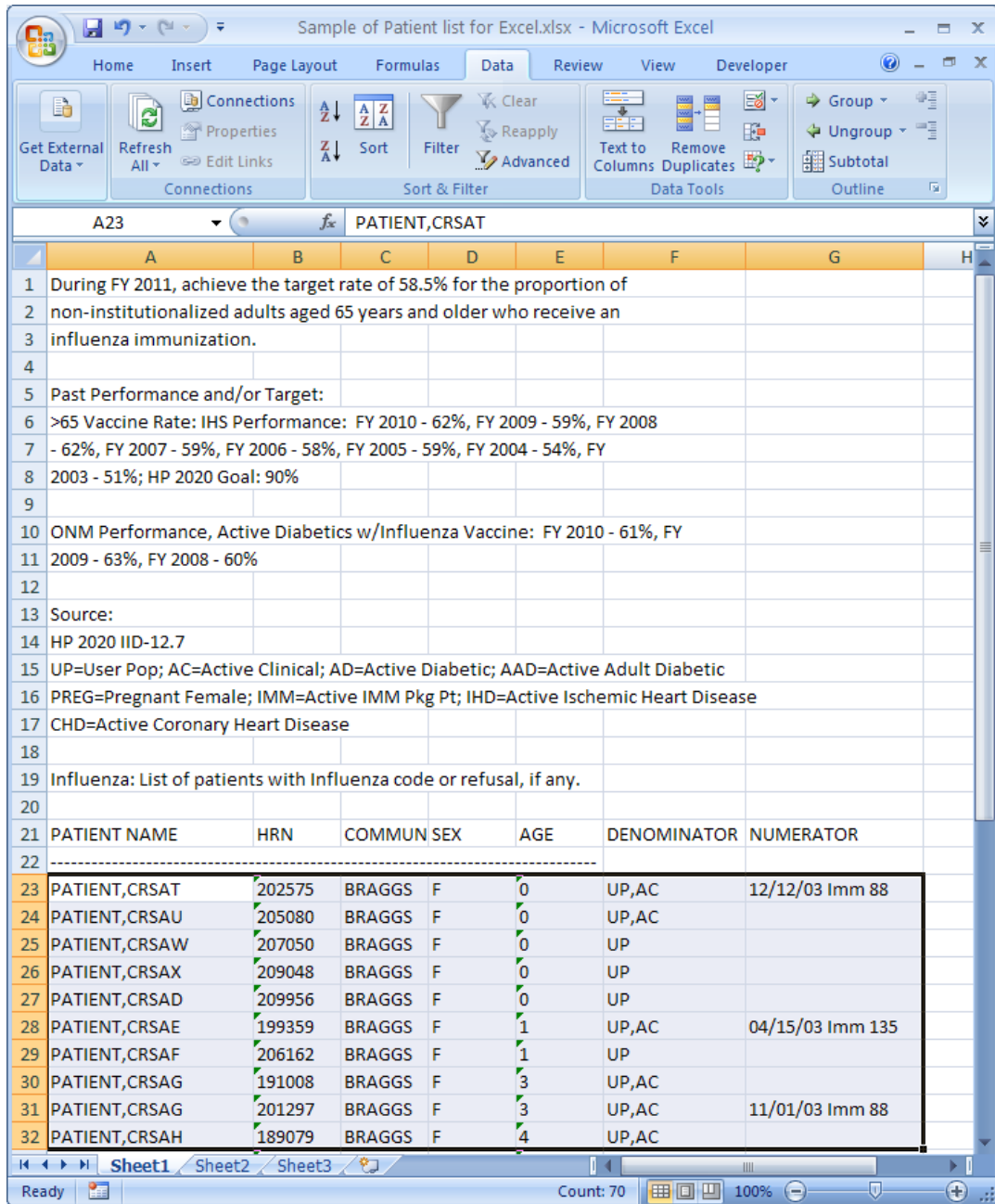


Figure C-9: Example of highlighted rows

- On the **Data** menu, click the **Sort** option to display the **Sort** dialog box, as shown in Figure C-10.

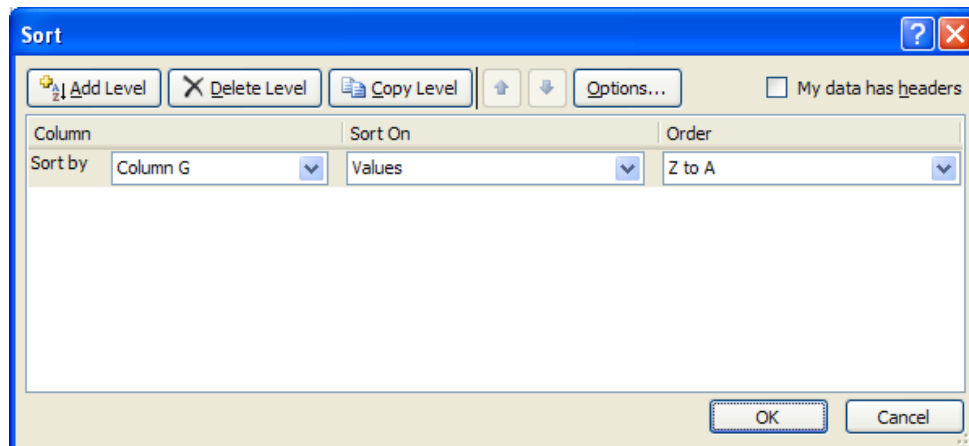


Figure C-10: **Sort** dialog box

6. In the **Sort** dialog box, do the following:

- Select the columns that you want to sort by and choose whether to sort in ascending or descending order.
- Add Level to **sort** using additional rows.
- Do not check **My data has headers**.

Click **OK**.

The screenshot shows an Excel spreadsheet with the following content:

1 During FY 2011, achieve the target rate of 58.5% for the proportion of
 2 non-institutionalized adults aged 65 years and older who receive an
 3 influenza immunization.
 4
 5 Past Performance and/or Target:
 6 >65 Vaccine Rate: IHS Performance: FY 2010 - 62%, FY 2009 - 59%, FY 2008
 7 - 62%, FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY
 8 2003 - 51%; HP 2020 Goal: 90%
 9
 10 ONM Performance, Active Diabetics w/Influenza Vaccine: FY 2010 - 61%, FY
 11 2009 - 63%, FY 2008 - 60%
 12
 13 Source:
 14 HP 2020 IID-12.7
 15 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
 16 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
 17 CHD=Active Coronary Heart Disease
 18
 19 Influenza: List of patients with Influenza code or refusal, if any.
 20
 21 PATIENT NAME HRN COMMUN SEX AGE DENOMINATOR NUMERATOR
 22
 23 PATIENT,CRSAT 202575 BRAGGS F 0 UP,AC 12/12/03 Imm 88
 24 PATIENT,CRSAG 201297 BRAGGS F 3 UP,AC 11/01/03 Imm 88
 25 PATIENT,CRSAE 199359 BRAGGS F 1 UP,AC 04/15/03 Imm 135
 26 PATIENT,CRSAU 205080 BRAGGS F 0 UP,AC
 27 PATIENT,CRSAW 207050 BRAGGS F 0 UP
 28 PATIENT,CRSAX 209048 BRAGGS F 0 UP
 29 PATIENT,CRSAD 209956 BRAGGS F 0 UP
 30 PATIENT,CRSAF 206162 BRAGGS F 1 UP
 31 PATIENT,CRSAG 191008 BRAGGS F 3 UP,AC
 32 PATIENT,CRSAH 189079 BRAGGS F 4 UP,AC

Figure C-11: Example of a sorted patient list in Excel

In this example, the sort is based on the data in the last column (G) in ascending order. The resulting list will display patients with an immunization, followed by patients with no immunization.

Appendix D: Creating a Patient Panel with Q-Man

Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 5.11.2.2 for a detailed description).

Note: Patient panels must be created as FileMan search templates.

The following example demonstrates how to use Q-Man to create a list, or panel, of patients. In this example, the list created is for all female patients seen in the past year by a specified provider (PROVIDER1,TEST), who was designated as the primary provider for a visit.

```

***** Q-MAN OPTIONS *****

Select one of the following:

    1      SEARCH PCC Database (dialogue interface)
    2      FAST Facts (natural language interface)
    3      RUN Search Logic
    4      VIEW/DELETE Taxonomies and Search Templates
    5      FILEMAN Print
    9      HELP
    0      EXIT

Your choice: SEARCH// <Enter> PCC Database (dialogue interface)

***** SEARCH CRITERIA *****

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

Subject of search: PATIENTS
ALIVE TODAY

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
    M      MALE
    F      FEMALE
Value: F <Enter> FEMALE
Computing Search Efficiency
Rating.....

Subject of search: PATIENTS
ALIVE TODAY
SEX: FEMALE

Attribute of LIVING PATIENTS: VISIT <Enter>

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 <Enter> (DEC 11, 2012)
Exact ending date: T <Enter> (DEC 11, 2013)

Next condition of "VISIT": PROVIDER <Enter>

```

```

***** PROVIDER-RELATED CRITERIA *****

You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty,
etc)to be used as selection criteria.

Select one of the following:

1          NAME(S) of providers
2          ATTRIBUTE(S) of providers

Your choice: NAME(S)// <Enter> of providers

Enter PROVIDER: PROVIDER1,TEST <Enter>
Enter ANOTHER PROVIDER: <Enter>

The following have been selected =>
PROVIDER1,TEST
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

Select one of the following:

1          PRIMARY provider only
2          SECONDARY providers only
3          ALL providers
Your choice: ALL// 1 <Enter> PRIMARY provider only

Subject of subquery: VISIT
BETWEEN BETWEEN DEC 11,2012 and DEC 11,2013@23:59:59
PRIMARY PROVIDERS (PROVIDER1)

Next condition of "VISIT": <Enter>

Computing Search Efficiency Rating....

Subject of search: PATIENTS
ALIVE TODAY
SEX: FEMALE
Subject of subquery: VISIT
BETWEEN BETWEEN DEC 11,2012 and DEC 11,2013@23:59:59
PRIMARY PROVIDERS (PROVIDER)

Attribute of LIVING PATIENTS: <Enter>
***** Q-MAN OUTPUT OPTIONS *****

Select one of the following:

1          DISPLAY results on the screen
2          PRINT results on paper
3          COUNT 'hits'
4          STORE results of a search in a FM search template
5          SAVE search logic for future use
6          R-MAN special report generator
9          HELP
0          EXIT

Your choice: DISPLAY// 4 <Enter> STORE results of a search in a FM
search template

Fileman users please note =>

```

```

This template will be attached to IHS' PATIENT file (#9000001)

Enter the name of the SEARCH TEMPLATE: LAB SEEN BY FPROVIDER1 IN PAST YR
<Enter>
  Are you adding 'LAB SEEN BY FPROVIDER1 IN PAST YR' as
  a new SORT TEMPLATE? No// Y <Enter> (Yes)
DESCRIPTION:
  No existing text
  Edit? NO// <Enter>

Want to run this task in background? No// <Enter> (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS          SANTA SEX      VISIT
(Alive)          NUMBER
-----
LASTNAME,AMY LY  123456 FEMALE  +
ROBIN,BLUE       234567 FEMALE  +
DUCK,DONALD     345678 FEMALE  +
MOUSE,MINNIE    456789 FEMALE  +
UPDOWN,FIRST    654321 FEMALE  +

Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS

```

Figure D-1: Creating a list of all female patients

Appendix E: AI/AN Clinical Information on Measures

For AI/AN Clinical Information on Measures, please see the CRS Performance Improvement Toolbox Web site:

http://www.ihs.gov/CRS/index.cfm?module=crs_performance_improvement_toolbox

Glossary

Active Clinical CHS Patients

Used when the CHS-Only site parameter is set to Y. Setting this site parameter to Y changes the definition of the Active Clinical population (see below) to an Active Clinical CHS population because facilities whose patients only receive CHS do not meet the requirements of the Active Clinical population. For a detailed description of the denominator, see Section 3.2.3.2.

Active Clinical Patients

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

ADA

Abbreviation for the American Dental Association, a professional organization for dentists. The ADA maintains a hard copy dental claim form and the associated claim submission specifications, and also maintains the Current Dental Terminology (CDT) medical code set. The ADA and the Dental Content Committee (DeCC), which it hosts, have formal consultative roles under HIPAA.

AI/AN

American Indian and Alaska Natives.

ASUFAC number

Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of two digits for Area, two digits for Service Unit, and two digits for Facility.

Banner

A line of text with a user's name and domain.

Baseline Year

CRS calculates and reports on results for and comparisons between three time periods for each measure: the current year (defined by the user); the previous year; and the baseline year. Baseline is defined by the user at the time s/he runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same baseline year; otherwise the area's aggregate report will not calculate properly.

Caret (^)

A circumflex or up-hat, which is used as a delimiter in a global. The caret is denoted as “^” and is typed by pressing Shift+6 on the keyboard.

CHSDA

Abbreviation for CHS Delivery Area.

CPT Codes

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

CRS

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

Denominator

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

Developmental Measures

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

Device

A device that either displays or prints information.

Enter Key

Used interchangeably with the Return key. Press Enter to show the end of an entry, such as a number or a word. Press Enter each time you respond to a computer prompt. If you want to return to the previous screen, simply press Enter without entering a response. This will take you back to the previous menu screen. Enter on some keyboards is shown as the Return Key. Whenever you see [ENT] or Enter, press the Enter or Return Key.

Entry Point

Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.

File

A set of related records or entries treated as a single unit.

FileMan

The database management system for RPMS.

FY

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

Global

In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

GPRA

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

GPRA Measure

Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2013, the IHS has 29 GPRA measures in three main categories: Treatment (14 measures), Prevention (13 measures), and Capital Programming/Infrastructure (2 measures). These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress

IHS, as well as all other federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: (1) reporting on how many of the previous fiscal year measures were met and explanations for those measures not met; (2) providing final definitions for performance measures for the current fiscal year; and (3) providing any proposed additions, deletions, and definition changes to measures for the following fiscal year.

Health Record Number (HRN)

Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' makes a unique identifier within all of IHS.

Healthy People 2020 (HP 2020)

HP 2020 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2020 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS

Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans. HEDIS has evolved into focusing on healthcare prevention standards.

ICD Codes

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

INDEX (%INDEX)

A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init

Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

I/T/U

Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian healthcare system are being referred to.

Kernel

The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.

Local Report (CRS)

CRS produces reports for each measure (GPRA and developmental) that document the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: current year (user defined), previous year, and baseline year (user defined). Local reports can also produce patient lists at user request.

Logic

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

LOINC

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

Mandatory

Required. A mandatory field is a field that must be completed before the system will allow you to continue.

Menu

A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word “Select” and followed by the word “option,” as in Select Menu Management option: (the menu’s select prompt).

Mnemonic

A short cut designated to access a particular party, name, or facility.

Namespace

A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application. For example, the namespace assigned to the CRS is BGP.

NDC

Abbreviation for National Drug Code, a medical code set maintained by the Food and Drug Administration, which contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.

National GPRA Report

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

Numerator

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

Option

An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, noninteractively, by TaskMan.

Patient List

CRS will produce a list of patients related to a specific measure. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ≥ 65 yrs without influenza vaccination, contraindication, or NMI refusal.

Performance Measure

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

Performance Measure Topic

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

PIT (Performance Improvement Team)

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

QI

Abbreviation for quality improvement.

Quarter Ending (for CRS reports)

Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are predefined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).

Queuing

Requesting that a job be processed at a later time, rather than within the current session.

Receipt dates

The date that the party received the information

Receiving Party

The person or organization that is receiving the information.

Report Period

CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA/GPRAMA Report, users define the report period by selecting one of the predefined date ranges and entering the calendar year of the end of the reporting period. For example, selecting July 1 – June 30 and calendar year 2013 defines July 1, 2012 – June 30, 2013 as the report period. All CRS reports also display the Previous Year Period and Baseline Period for comparison.

Routine

A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.

Sequential

Arranged in a particular order

Site Specific

Particular to a specific site

STAT

Immediately

Tagged

Marked with a specific identifier

Taxonomy

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

UCI

User Class Identification: a computing area.

User Population

The CRS uses two main denominators for its reports: User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. For CRS, User Population is defined as any AI/AN patient who is alive on the last day of the report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the report period. See Section 3.2.3 for detailed description of the two denominators.

Utility

A callable routine line tag or function. A universal routine usable by anyone.

VA Drug Class

A five-character, alphanumeric code that specifies a broad classification and a specific type of product used by the Veterans Health Administration. The first two characters are letters and form the mnemonic for the major classification (e.g., AM for antimicrobials). Characters 3 through 5 are numbers and form the basis for sub classification. The VA Drug Classification system classifies drug products, not generic ingredients.

Variable

A character or group of characters that refers to a value. MUMPS recognizes three types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

Acronym List

| | |
|---------------|---|
| ADA | American Dental Association |
| AI/AN | American Indian and Alaska Native |
| ASUFAC | Are, Service Unit, and Facility location |
| BGP | Technical or namespace for SPRS |
| CPT | Current Procedural Terminology |
| CRS | Clinical Reporting System |
| FY | Fiscal Year |
| GPRA | Government Performance and Results Act |
| GUI | Graphical user interface |
| HEDIS | Healthcare Effectiveness Data and Information Set |
| IHS | Indian Health Service |
| I/T/U | Indian, Tribal, and Urban facilities |
| ICD | International Classification of Disease |
| LOINC | Logical Observation Identifiers Names and Codes |
| MOA | Memorandum of Agreement |
| OMB | Office of Management and Budget |
| PART | Program Assessment Rating Tool |
| PIT | Performance Improvement Team |
| QI | Quality improvement |
| RPMS | Resource and Patient Management System |

ADA

American Dental Association

Contact Information

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

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

Fax: (505) 248-4363

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

Email: support@ihs.gov