

# CPCA

California Primary  
Care Association

## Clinic Info

OSHPD

Clinic Name:

Clinic Address:

Clinic Parent Name:

Consortium:

Contact:

Contact Phone:

Check here if the clinical data reported is summarized for multiple clinic sites.

This report includes data for the following clinic sites:


Check here for clinics that do not appear in above list.

**The reporting period is 7/01/09 - 6/30/10. Please provide a response for all questions. If a question does not apply or if you have no data to report for a question, please select the Not Applicable (N/A) response. Based on your responses, some questions will have responses automatically populated. There are five (non-exclusive) user options at the end of the survey:**

**Notes:** Type in any notes that are necessary to explain your data entries.

**Submit:** Your responses will be submitted to CPCA. You will not be able to submit if any questions are left blank: therefore, please choose the N/A option when necessary.

**Save:** Your responses will be saved so that you can complete the survey and submit your data at a later point in time.

**Discard:** Your responses from the current session will be discarded. If you had previously saved or submitted, those responses are not affected.

**Print:** Your responses will be printed in HTML format.

## Technology Data

Report Due Date

Previously  
Reported

6/30/10

(if other, then please list)

Systems Progress

Q1 Name of Practice Management System (PMS) (in use during the measurement year)

Q2 Name of Electronic Health Record System (EHR) (in use during the measurement year)

Q3 Name of Chronic Disease Registry System (in use during the measurement year)

Electronic Lab Data  Previously Reported 6/30/10  
2/28/10

Q4 Name of Lab Vendor: Choose the name of the vendor that provides the majority of your lab results.

Q5 Is clinic receiving lab results through an electronic interface that automates results being matched to data in your registry, PMS or EHR (this includes using Care360)   
*Receiving lab results by fax or PDF is not considered electronic. Select "No" if this clinic site receives lab results by fax or PDF.*

Clinical Information System(s) Use (e.g. Disease Registry or EMR)  Previously Reported 6/30/10  
2/28/10

*Note for the following 3 questions: If you answered "none" to Q3 then please answer "no" to Q6, Q7 & Q8.*

Q6 We use point of care prompts (electronic or "visit planner" hard copy documents) to ensure that patients get recommended services.

*Point of Care Prompts means that a clinic site has a system to let providers or other clinic staff know during a patient encounter that evidence-based recommended services are due or past due. Methods used to prompt include "task lists" or "templates" in electronic systems or "visit planner" hard copy documents that are provided prior to patient encounter.*

Q7 We use population-based reports to recall patients who need recommended services and/or to take the "pulse" of a specific group of patients.

*Population-based reports are listings of patients who need services. Examples include: patients who have not been seen in a specific interval, patients with diabetes who have not had an HbA1c test within a given timeframe, women over 40 who have not had a mammogram in the past two years. These reports are often used to recall patients for chronic care or well-care visits. Population-based reports can also be used to take the "pulse" of how a particular group of patients are doing. For example, a clinic can know the percentage of patients with diabetes that has HbA1c levels < 7.0 or LDL levels < 100. These reports can show clinic staff in which areas patients are doing well and in which areas they could show more improvement.*

Q8 We produce provider, team, or pod reports to give feedback on performance.

*provider, team or pod reports created from electronic registry data are often used to give feedback to let the provider and clinic staff know how their patients are*

performing on specific measures compared to patients of other providers or care teams.

Process Measures	Previously Reported 2/28/10	6/30/10
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Q9 Total number of adults in the PMS and/or EMR

Age: Patients aged 18-75 as of the end of the measurement year  
AND

Utilization: Two or more medical care encounters in the measurement year

*Note for Q10 & Q11: these measures share the same definition. The totals may be equal if all patients with diabetes are being tracked in the registry, i.e. if using I2i Tracks.*

Q10 Total number of adults with diabetes in the PMS and/or EMR

Age: Patients aged 18-75 as of the end of the measurement year  
AND

Utilization: Two or more medical care encounters in the measurement year AND

Diagnosis: Diagnosis of diabetes was ever made at the clinic.

To confirm the diagnosis of diabetes, one of the following codes must be found in the medical record: ICD-9-CM Codes 250, 357.2, 362.0, 366.41, 648.0, OR Diabetic patients may be identified from pharmacy data (those who were dispensed insulin or oral hypoglycemics/antihyperglycemics.

Exclusions: Patients with diagnosis of polycystic ovaries (ICD-9-CM Code 256.4) that do not have 2 face-to-face encounters (in any setting) with the diagnosis of diabetes in the measurement year or the year prior. Also exclude any patients with gestational diabetes (ICD-9-CM Code 648.8) or steroid-induced diabetes (ICD-9-CM Code 962.0, 251.8) during the measurement year.

Q11 Total number of adults with diabetes from Chronic Disease Registry

Age: Patients aged 18-75 as of the end of the measurement year  
AND

Utilization: Two or more medical care encounters in the measurement year AND

Diagnosis: Diagnosis of diabetes was ever made at the clinic.

To confirm the diagnosis of diabetes, one of the following codes must be found in the medical record: ICD-9-CM Codes 250, 357.2, 362.0, 366.41, 648.0, OR Diabetic patients may be identified from pharmacy data (those who were dispensed insulin or oral

hypoglycemics/antihyperglycemics.  
Exclusions: Patients with diagnosis of polycystic ovaries (ICD-9-CM Code 256.4) that do not have 2 face-to-face encounters (in any setting) with the diagnosis of diabetes in the measurement year or the year prior. Also exclude any patients with gestational diabetes (ICD-9-CM Code 648.8) or steroid-induced diabetes (ICD-9-CM Code 962.0, 251.8) during the measurement year.

## Clinical Measures

Measure #1	Percent of Patients with Diabetes with Annual HbA1c Test	Previously Reported	6/30/10
		2/28/10	

Q12 Denominator: Total number of adults with diabetes from Clinical Information System (e.g. Disease Registry or EMR)

Age: Patients aged 18-75 as of the end of the measurement year

AND  
Utilization: Two or more medical care encounters in the measurement year AND

Diagnosis: Diagnosis of diabetes was ever made at the clinic. To confirm the diagnosis of diabetes, one of the following codes must be found in the medical record: ICD-9-CM Codes 250, 357.2, 362.0, 366.41, 648.0, OR Diabetic patients may be identified from pharmacy data (those who were dispensed insulin or oral hypoglycemics/antihyperglycemics.

Exclusions: Patients with diagnosis of polycystic ovaries (ICD-9-CM Code 256.4) that do not have 2 face-to-face encounters (in any setting) with the diagnosis of diabetes in the measurement year or the year prior. Also exclude any patients with gestational diabetes (ICD-9-CM Code 648.8) or steroid-induced diabetes (ICD-9-CM Code 962.0, 251.8) during the measurement year.

*This value may equal the value in Q11. If no clinical information system is used, describe in the Notes box at the end of the survey how the value was obtained.*

Q13 Numerator:  =  =  %

Laboratory: test performed by commercial lab or in-house with a service date in the measurement year: (7/01/09 - 6/30/10)

OR  
 Encounter data: CPT code 83036 on 1 or more services dates in the measurement year

PLEASE PRESS CALCULATE BUTTON BEFORE PROCEEDING

Measure #2:	Glycemic Control in Patients with Diabetes	Previously Reported	6/30/10
		2/28/10	

Numerator:

Laboratory: most recent test in the measurement year (7/01/09 -

6/30/10

Denominator: See denominator definition from Q12.

Q14	<7%	0	÷	NaN	=		%
Q15	=7% and =9%	0	÷	NaN	=		%
Q16	>9%	0	÷	NaN	=		%
Q17	Data not measured or reported	0	÷	NaN	=		%

PLEASE PRESS CALCULATE BUTTON BEFORE PROCEEDING

Calculate

Measure #3 Percent of Patients with Diabetes with LDL-Cholesterol Screening	Previously Reported	6/30/10
	2/28/10	

Q18 Numerator:

Laboratory: test performed by commercial lab or in-house with a service date in the measurement year or prior year  
OR

Encounter data: CPT code 80061, 83715, 83716, or 83721 on 1 or more services dates in the measurement\_year (7/01/09 - 6/30/10)  
Denominator: See denominator definition from Q12.

PLEASE PRESS CALCULATE BUTTON BEFORE PROCEEDING

Measure #4 LDL-Cholesterol Control in Patients with Diabetes	Previously Reported	6/30/10
	2/28/10	

Numerator:

Most recent LDL test value in measurement\_year (7/01/09 - 6/30/10)

Denominator: See denominator definition from Q12.

Q19	<100	0	÷	NaN	=		%
Q20	=100 and =130	0	÷	NaN	=		%
Q21	>130	0	÷	NaN	=		%
Q22	Data not measured or reported	0	÷	NaN	=		%

PLEASE PRESS CALCULATE BUTTON BEFORE PROCEEDING

Calculate

Notes:

Finished

Submit

Save

Discard

Print