



ATTACHMENT 3:
2016 Patient-Level Reporting
REQUIRED Data Elements + Data Dictionary

METRIC	NAME	DEFINITION	WIDTH	TYPE	VALUE/FORMAT
Controlling High Blood Pressure Adults aged 18 through 85 with a DX of hypertension	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	Date_BP	Date of the most recent blood pressure measure	8	Numeric	MMDDYYYY
	SBP	Systolic blood pressure measure (mmHg)	3	Numeric	xxx
	DBP	Diastolic blood pressure measure (mmHg)	3	Numeric	xxx
Tobacco use screening and cessation intervention Adults aged 18 and older	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	TUS	Current tobacco user	1	String	Y (Yes) N (No)
	TUCI	If tobacco user, cessation intervention	1	String	Y (Yes) N (No)
	Date_TCI	Date of cessation intervention	8	Numeric	MMDDYYYY
Diabetes Hemoglobin A1c poor control Adults aged 18 through 75 with diabetes	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	Date_A1c	Date A1c measured	8	Numeric	MMDDYYYY
	A1c	A1c level (%)	4	Numeric	xx.x

METRIC	NAME	DEFINITION	WIDTH	TYPE	VALUE/FORMAT
Rate of fully-immunized 3 year old children	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	Date last DTAP was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	4DTAP	All 4 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	Date last polio was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	3Polio	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	Date MMR was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	1MMR	1 dose administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	Date last Hib was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	3Hib	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	Date last HepB was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	3HepB	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	Date Var was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	1Var	1 dose administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)

METRIC	NAME	DEFINITION	WIDTH	TYPE	VALUE/FORMAT
	Date last PCV was administered	Date immunization was administered	8	Numeric	MMDDYYYY
	4PCV	All 4 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
Screening for Clinical Depression and Follow-Up Plan Patients aged 12 years and older	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	PSN	Positive screening	1	String	Y (Yes) N (No)
	Date_PSN	Date of positive screening	8	Numeric	MMDDYYYY
	FUP	Follow-up plan documented	1	String	Y (Yes) N (No)