



# GPRA

# Overview and Updates

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# What is it?

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GPRA = Government Performance and Results Act

It is a Federal Law:

- That requires Federal agencies to show they are using funds effectively towards meeting their missions.
- Requires a 5-year Strategic Plan
- Submission of Annual Performance Plans and Reports with budget requests
- GPRA Modernization Act (GPRAMA)
  - Strengthened law requires federal agencies to use performance data to drive decision making



# What is it?

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- Annual Performance Plan describes what the agency intends to accomplish with the annual budget
- Targets are set by Office of Management and Budget (OMB) in consultation with IHS and HHS
- Critical part of annual budget request
  - Over 90 measures – 20 of which are clinical
  - 1 GPRAMA measure (IPV/DV Screening for FY2019)
- GPRA Year runs – October 1<sup>st</sup> to September 30<sup>th</sup>



# Why is GPRA important?

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It could:

- Potentially affect funding for Tribes
- Allow for better patient care
- Allow for site reports to be more reflective of what is actually going on in the clinic
- Improve patient health, which in turn could decrease the cost of caring for patients to allow for better quality of care





# How is GPRA Measured?

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# Choosing Performance Measures

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- All GPRA measures are determined annually by the GPRA coordinating committee, with input from specific subject matter experts in various subject areas.
- Emerging areas of clinical concern to IHS are proposed, discussed and refined over several months
- Office of Management and Budget must approve all changes





# GPRO Performance Measures

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## Diabetes Measures

- Prevalence, Glycemic Control, Blood Pressure Control, Statin Therapy, Nephropathy Assessment and Retinopathy Assessment

## Dental Measures

- Access, Sealants and Topical Fluorides

## Immunization Measures

- Influenza (Children and Adults), Adult Composite and Childhood

## Prevention Measures

- Pap Smear, Mammogram, Colorectal Cancer Screen, Tobacco, CVD Statin Therapy, Controlling High Blood Pressure, HIV Screening and Breastfeeding
- Childhood Weight control - Only reported every 3 years (next time is 2021)
- Alcohol Screen, Intimate/Domestic Partner Violence Screen, Depression Screen and Screening Brief Intervention and Referral to Treatment (SBIRT)





# Local System Report

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USED FOR QUALITY IMPROVEMENT PURPOSES AND NON-NATIONAL REPORTING







# Clinical Reporting System (CRS)

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- RPMS software application that produces reports on demand
- Provides automated monitoring of clinical performance in a timely manner
- Intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators
- Updated annually
- Logic for all facilities is Identical
- Benchmarks are provided





# How does CRS Work?

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- Each GPRA Indicator has one or more denominators and numerators defined
- Each GPRA Indicator is translated in to software logic with the assistance of clinical subject matter experts
- Logic is based whenever possible on standard national codes
  - e.g. SNOMED, ICD-10, CPT, LOINC and national IHS standard code sets (Health Factors, patient education codes)
- CRS does a “Scavenger” hunt – utilizing taxonomies from multiple RPMS packages to extract data from PCC looking for any code that relates to the measure
- Taxonomies contain groups of codes (e.g. diagnoses or procedures) or site-specific terms





# CRS Disclaimer

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- CRS Software is not a solution
- CRS Software is only a tool to assist you (and your facility) in identifying and aggregating comparable clinical information
- CRS Software can help you identify problems (documenting care provided, coding, data entry, business processes, etc.)





# How will you be involved?

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# Clinical Staff

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- Assess Patient
- Provide Care
- Document Care provided in EHR Structured Field





# PRC, Coding and Data Entry Staff

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- Enter Medical Data for outside services prior to closing out the purchase order
- Accurate and complete coding
- Accurate and complete data entry in PCC Data Entry Menu





# Performance Improvement Staff

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- Utilize:
- Health Summaries
- CRS patient lists
- CRS forecast reports
- iCare to monitor progress





# Process for Entering Clinical Items from Outside Reports

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- Clinical Provider review document and highlight clinical items of importance
- Enter data into EHR/PCC:
  - Provider create chart review and enter information
  - Coding/Data Entry staff enter information

## REMEMBER:

- Scanning it does not mean the data has been captured for GPRA







# Historical Data

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- Entered using PCC Roll-n-Scroll or EHR
- Any service that is not done on-site that was not paid for through PRC/CHS system where confirmation of service was received from outside provider using release of information (ROI) from patient





# CRS Updates

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# CRS 19.1

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- Estimated to be released in late August/Early September 2019
- Key Changes to GPRA/GPRAMA Measures

## Colorectal Cancer Screening:

- Measure logic from GPRA Dev will be moved to GPRA report (logic includes CT Colonography and FIT-DNA)
- Will likely increase CRC rates





# CRS 19.1



## GPR Developmental Measures:

- Added the following new GPR Developmental measures:
  - Substance Use Disorder (SUD) in Women of Childbearing Age – new topic
  - Hepatitis C Screening – User Population patients ages 18 and older with Hep C Screen Ever
- Removed measures:
  - Childhood Immunizations – 3 Pneumo and 4313\*313 combo measures
  - Colorectal Cancer Screening (moved to GPR report)
  - Chlamydia Testing – Refusal measures for age breakdowns

Detailed updates can be found at : <https://www.ihs.gov/crs/sofeware/fy19/>





# CRS 19.1 Patch 1 and V20.0

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- CRS v19.1 patch 1 will contain updates to IPC measures report
  - Due out last 2019, early 2020
- CRS v20.0, due out February/March 2020





# National System Report

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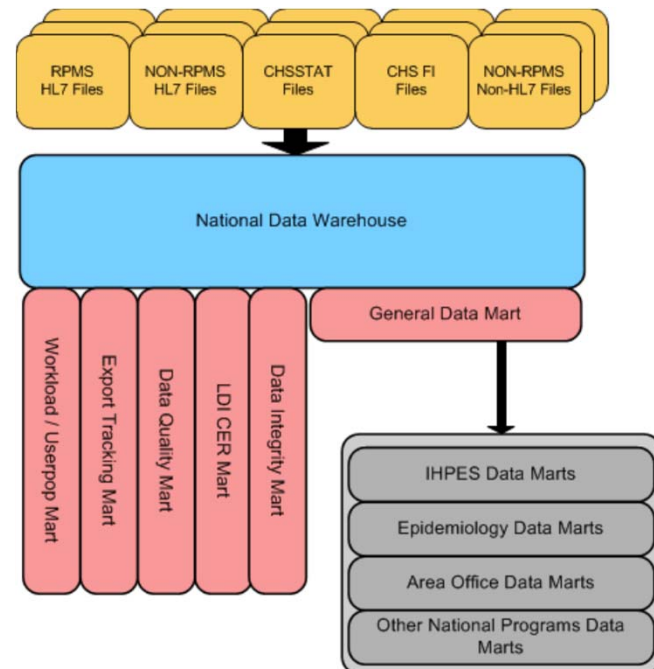
NATIONAL DATA WAREHOUSE INTEGRATED DATA COLLECTION  
SYSTEM (IDCS) DATA MART





# National Data Warehouse (NDW)

- IHS National Data Repository
  - This is where exported data goes
- Gathers, stores, reports and has historical data accessible
- Contains individual Data Marts





# Integrated Data Collection System (IDCS) Data Mart

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- Centralized performance data mart
- Run secure, on-demand web-based reports for clinical GPRA/GPRAMA measures at the Service Unit, Area and National levels
- Reduce burden for local sites to submit GPRA reports
- Allows non-RPMS sites to participate in GPRA reporting







# Integrated Data Collection System (IDCS) Data Mart

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- Results based on data exported to the NDW
- Utilizes official user population for each GPRA denominator with additional items that pertain to each measure
- GPRA Year = Fiscal Year (October 1<sup>st</sup> to September 30<sup>th</sup>)





# Data Exports

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## RPMS locations

- Setup to export data monthly on the 8<sup>th</sup> and/or the 22<sup>nd</sup> of each month

## Non-RPMS sites

- Data will be based on most current export

Reports are only as updated as the last time you exported





# Export Deadlines

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Will follow Timeline for Workload and User Population Estimates

- Deadline for data to be exported for FY2019 is October 23, 2019

IDCS DM will use NDW “Freeze Date” to calculate the data

- Data received after the freeze date will not be included in the GPRAMA/GPRA reports for the current year





# Things they are still working out

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## Shared PRCDA/CHSDAs

- Working on facility level reports/dashboards

## Urban User Population

- Urban programs don't have a CHSDA, so how will their user population be calculated?





# What changes locally?

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- Nothing!
- CRS software will continue to be updated
- Local processes stay the same
  - Regular team meetings
  - Run patient lists
  - Utilize forecast reports or iCare
  - Treat patients for the services they need
  - Clean up coding queue and run error reports
- Numbers produced locally will be different than the numbers produced at the IDCS DM





# Nashville Area Dashboard

## As of July 24, 2019



### DENTAL

Measure	Administrative Area	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
<a href="#">Dental: General Access</a>	NASHVILLE	27.20%	41.16%	27.20%	29.39%	MET
<a href="#">Sealants</a>	NASHVILLE	16.00%	22.68%	16.00%	15.82%	NOT MET
<a href="#">Topical Fluoride</a>	NASHVILLE	30.00%	52.46%	30.00%	39.46%	MET

### DIABETES

Measure	Administrative Area	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
<a href="#">Controlled BP</a>	NASHVILLE	52.30%	52.65%	52.30%	58.80%	MET
<a href="#">Nephropathy Assessed</a>	NASHVILLE	34.00%	36.36%	34.00%	35.32%	MET
<a href="#">Poor Glycemic Control</a>	NASHVILLE	N/A	N/A	BASELINE	18.97%	BASELINE
<a href="#">Retinopathy Exam</a>	NASHVILLE	49.70%	50.02%	49.70%	36.56%	NOT MET
<a href="#">Statin Therapy</a>	NASHVILLE	37.50%	52.45%	37.50%	59.22%	MET

### IMMUNIZATIONS

Measure	Administrative Area	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
<a href="#">Adult IZ - All Age-appropriate IZ</a>	NASHVILLE	BASELINE	49.94%	54.90%	48.87%	NOT MET
<a href="#">Childhood IZ</a>	NASHVILLE	45.60%	48.81%	45.60%	48.67%	MET
<a href="#">Influenza Vaccination 18+</a>	NASHVILLE	18.80%	23.62%	18.80%	22.02%	MET
<a href="#">Influenza Vaccination 6mo - 17 yrs</a>	NASHVILLE	20.60%	26.12%	20.60%	23.48%	MET





# Nashville Area Dashboard As of July 24, 2019



## PREVENTION

Measure	Administrative Area	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
<a href="#">(Cervical) Pap Screening</a>	NASHVILLE	35.90%	42.97%	35.90%	39.87%	MET
<a href="#">Childhood Weight Control</a>	NASHVILLE	22.60%	24.97%	22.60%	23.13%	NOT MET
<a href="#">Colorectal Cancer Screening</a>	NASHVILLE	32.60%	36.37%	32.60%	34.45%	MET
<a href="#">Controlling High Blood Pressure (MH)</a>	NASHVILLE	42.30%	49.27%	42.30%	40.86%	NOT MET
<a href="#">CVD Statin Therapy</a>	NASHVILLE	26.60%	39.64%	26.60%	37.27%	MET
<a href="#">Depression Screening or Mood Disorder 12 - 17 years old</a>	NASHVILLE	27.60%	46.46%	27.60%	40.00%	MET
<a href="#">Depression Screening or Mood Disorder 18 years and older</a>	NASHVILLE	42.20%	53.00%	42.20%	46.43%	MET
<a href="#">Exclusive/Mostly Breastfeeding at Age of 2 Months</a>	NASHVILLE	39.00%	28.27%	39.00%	27.72%	NOT MET
<a href="#">HIV Screening Ever</a>	NASHVILLE	17.30%	28.88%	17.30%	32.38%	MET
<a href="#">IPV/DV Screening</a>	NASHVILLE	41.60%	47.24%	41.60%	41.13%	NOT MET
<a href="#">Mammography Screening</a>	NASHVILLE	42.00%	40.06%	BASELINE	36.77%	BASELINE
<a href="#">SBIRT</a>	NASHVILLE	8.90%	26.39%	8.90%	33.54%	MET
<a href="#">Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco</a>	NASHVILLE	27.50%	28.98%	27.50%	29.61%	MET
<a href="#">Universal Alcohol Screening</a>	NASHVILLE	37.00%	48.35%	37.00%	44.82%	MET





# Coming in FY2020...

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- No major changes to GPRA/GPRAMA measures
  - Any changes made will be additions or refinements to the logic that will help us meet the measures
  - Adult IMM may change to be less complicated
  - Statin Therapy measures will better sync to the eCQM measure
- IDCS Reports will change visually – TBD
- Facility level reports will be available - TBD







# CRS & IDCS Reports

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- Will continue to run CRS RPMS reports monthly
- Will pull IDCS Reports and share monthly
- Once Dashboards are available for service units/facilities those will be shared





What can you do to  
meet all the GPRA  
measures?

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# Strategies for Improvement:

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## Make GPRA a priority

- Align organization goals/mission

## Check your data regularly

- Make sure outside information is getting into the system
- Identify opportunities for improvement
- Utilize patient lists to target those needing services

## Use a team approach

- Huddles, weekly/monthly meetings
- Coordinate care between providers
- Defined roles and responsibilities





# Strategies for Improvement:

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## Identify patients who need services

- Use Health Summaries, iCare or the CRS Patient List/Forecast report
- Before patients come in for service, check to see what GPRA measures they have not met

## Max pack visits, when appropriate

- Patient and provider decide on performing a number of services in one visit
- Example: If patients come in for a Pneumococcal vaccine, take that opportunity to ask them if they smoke, drink or are experiencing an abusive environment.





# QUESTIONS?

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