

# Government Performance and Results Act (GPRA)

**and the**

## Resource and Patient Management System (RPMS)



**Tribal Leaders' Annual  
Consultation Conference**

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**Pala, California**

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# Outline – GPRA & RPMS

- GPRA
  - Overview and 2006 results
- Data In and Data Out
  - Data and GPRA performance measures
- GPRA and RPMS
  - The connection
- RPMS/GPRA Data Impacts
  - Community and Clinic
  - Performance budget and \$\$\$
- A Measure Story
- The Budget Process and Performance Measures
  - Tying it all together



# Outline – GPRA & RPMS

- GPRA
  - Overview and 2006 results

# Overview

## The Essence of GPRA

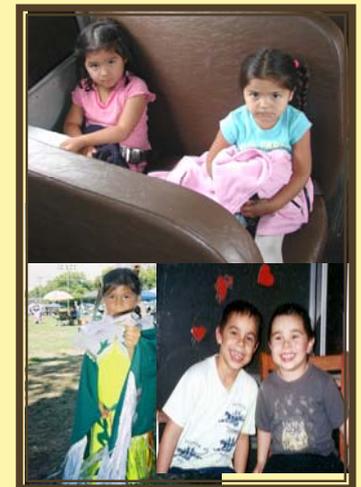
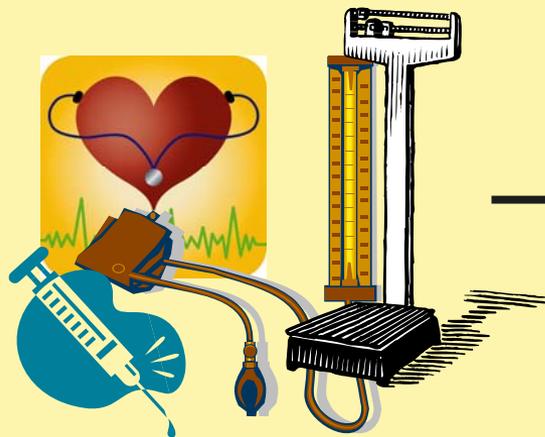


- A Federal law enacted in 1993 that shows Congress how the IHS is performing based on a set of specific measures
  - requires federal agencies to demonstrate that they are using their funds effectively toward meeting their mission
  - requires an annual performance plan, as well as an annual performance report
  - Reports required Annually (since 1999) and Quarterly (since 2006)
- GPRA reporting and performance is directly linked to the annual budget requests for IHS.

# Overview

## The Essence of GPRA

- Requires a data-supported audit trail from appropriated dollars to activities and ultimately to customer benefits or outcomes consistent with an agency's mission





## Overview

# GPRA Reporting Requirements

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- The law requires Federal agencies to:
  - Have a 5-year strategic plan
    - Describes IHS long term goals
  - Submit an Annual Performance Plan with Budget request
    - Describes what IHS intends to accomplish toward those goals
    - Contains specific performance measures for a 1-year period
  - Submit an Annual Performance Report with Budget Request
    - Describes how IHS measures up against the performance targets set in the Performance Plan



# 2006 Results

- CAO exceeded the national average for
  - Ideal Glycemic Control
  - LDL Assessment
  - Nephropathy Assessment
  - Dental Access
  - Cervical Cancer Screening (Pap smears)
  - Intimate Partner Violence
  - Cholesterol Screening



# 2006 GPRA Results

- CAO missed the National Target for 4 measures:

<u>Measure</u>	<u>End of Year 2006</u>	<u>End of Year 2005</u>	<u>End of Year 2004</u>	<u>2006 Target</u>
Controlled BP <130/80	34%	36%	35%	37%
Influenza 65+	49%	58%	56%	59%
Childhood Izs	56%	57%	59%	75%
Prenatal HIV Screening	34%	17%	NDA	55%

NDA = No Data Available



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  - Data and GPRA performance measures



# Data in....Data out

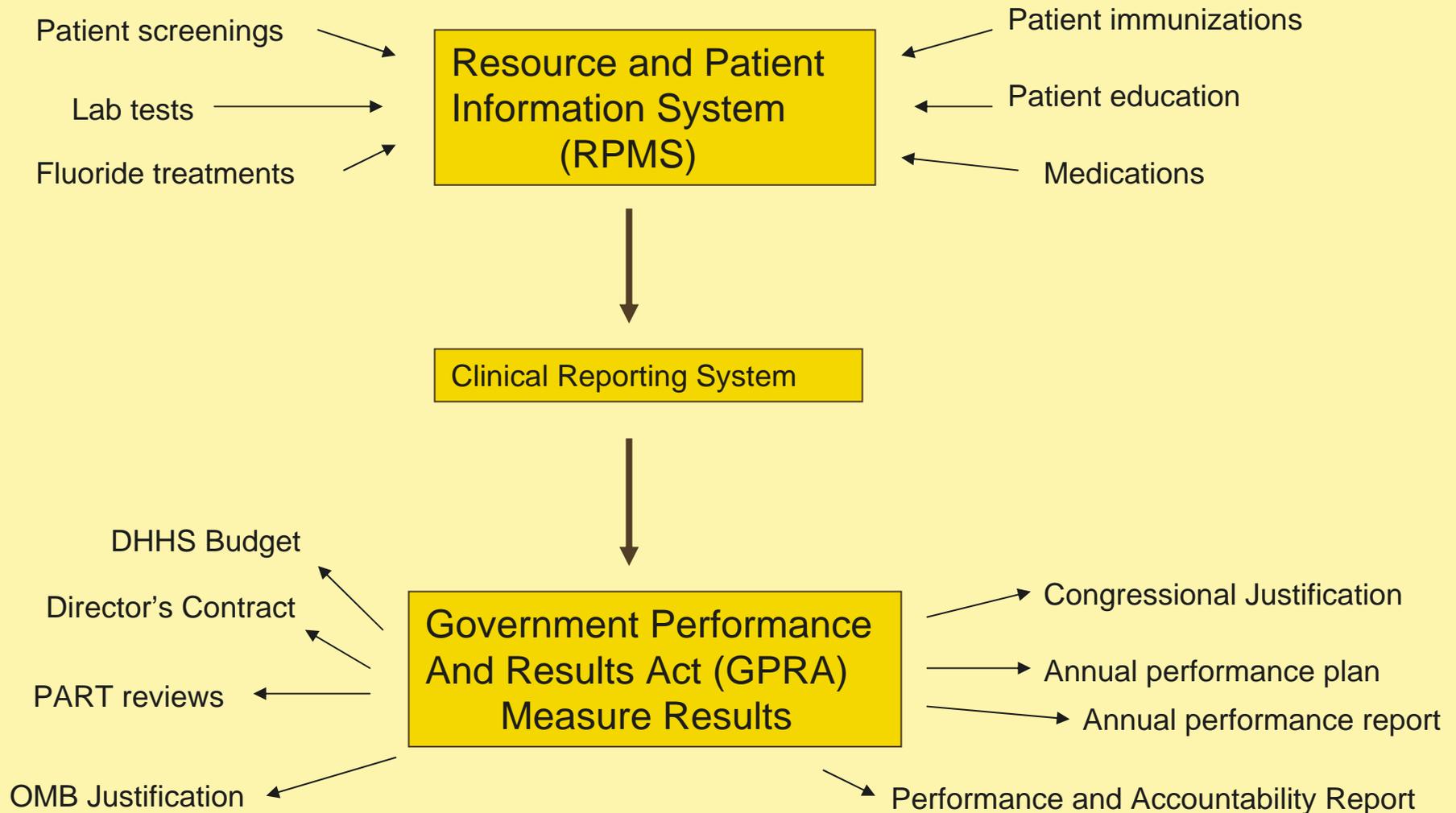
- GPRA Measures
  - Evidence based research
  - Standards of care
  - National benchmarks
- Validation process
  - Clinical Reporting System
    - Programming
    - Beta testing
    - 2 versions / year
- Data Entry
  - RPMS; The IHS system



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# GPRA & RPMS - The Connection





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# GPRA Data Impact – Local

- Clinical Reporting System tracks and improves performance
  - Performance Reports
  - Patient Lists
- Improved performance on clinical measures = Improved health of community members



# GPRA Data Impact – National

- FY 08 budget submission included 06 performance report
- FY 08 budget included projected cost of meeting measure goals
- Majority of costs are within the treatment budget
  - includes CHS costs
- GPRA measures account for approximately 3/4 of projected budget
  - DHHS goal is 95% of budget evaluated with GPRA measures



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*Introducing the characters.....*

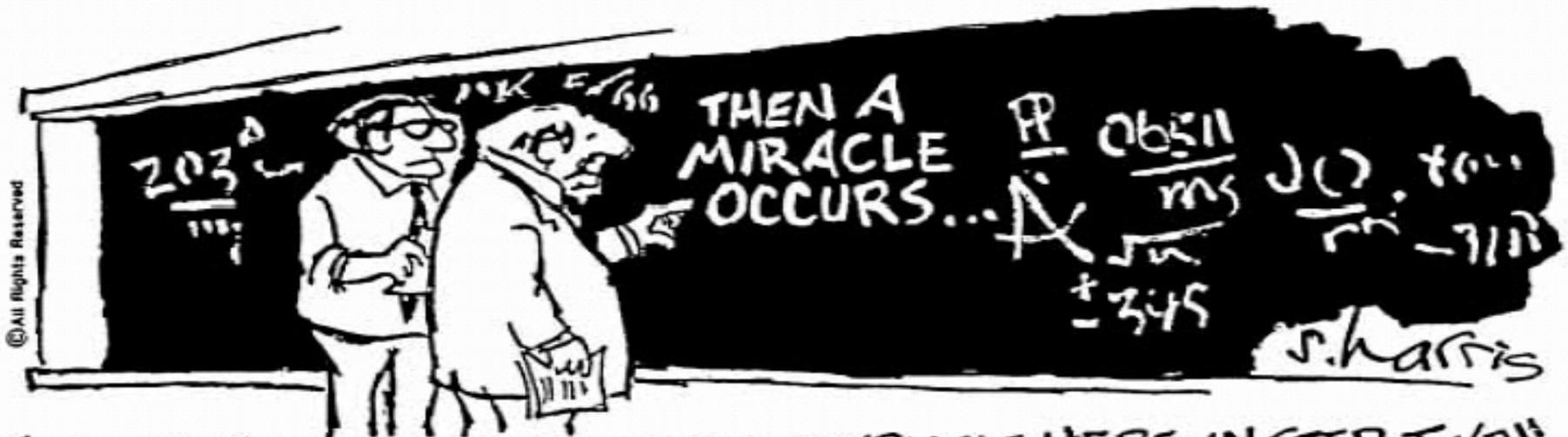


## **Pneumococcal Immunizations Clinical Background**

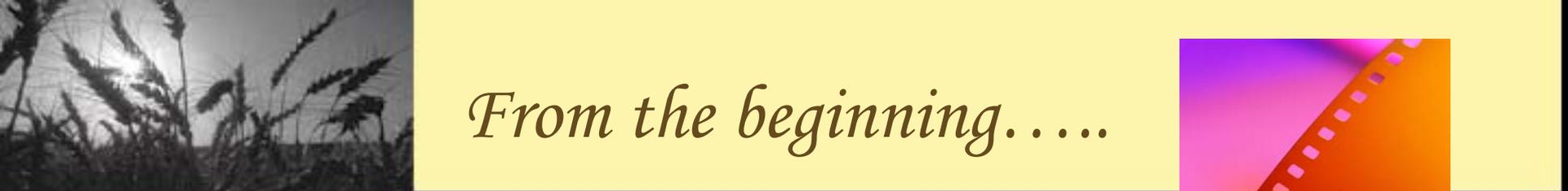
- Pneumococcal disease has the highest death toll from a vaccine-preventable bacterial disease
- Patients over the age of 65 account for more than 51% of the deaths
- Vaccination of the elderly against this disease is one of the few medical interventions found to improve health and save on medical costs

# Taking the logical approach

## The Logic Model



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."



## *From the beginning.....*

- Measure: Pneumococcal vaccinations in patients 65+
- Logic:
  - **Numerator:** Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year  
**Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669  
**Refusal:** Immunization/CVX codes 33, 100, 109
  - **Denominator:** Patients aged 65 and older (calculate at beginning of period)
    - Two visits to medical clinics in the past three years
    - Alive on the last day of the Report Period
    - American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
    - Reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment



## *The story continues.....*



**Long Term Goal: By 2010, increase adult influenza and pneumococcal vaccination rates to 90 percent**

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<b>Pneumococcal vaccination rates among adult patients aged 65 years and older</b>	2008	76%	Oct/2008
	2007	76%	Oct/2007
	2006	72%	74%
	2005	69%	69%
	2004	65%	69%
	2003	64%	65%
<b>Tribally-Operated Health Programs</b>	2007	69%	Oct/2007
	2006	63%	69%
	2005	69%	62%

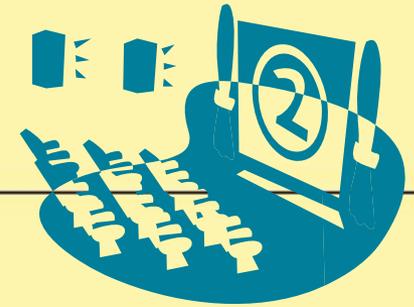
**Data Source: Clinical Reporting System (CRS) extraction of data from local Resource Patient Management System**

**Data Validation: Immunization program reviews; CRS quality control**

**Cross Reference: Healthy People 2010; HHS Strategic Goals 1, 3, 5**



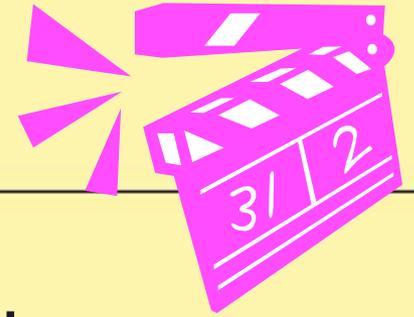
## *The story unfolds. . . .*



- Agency Emphasis
  - DHHS Strategic Plan - Increase IZs among adult
  - DHHS 20 Departmentwide Objectives - Increase adult IZ rates
  - DHHS 10% Improvement Plan - Increase Pneumococcal rates to 76% by 2007
- What can healthcare staff do?
  - Ask people if they've been immunized
  - Educate on benefits/risks
  - Utilize RPMS tools
    - Run patient lists
    - Historical data entry
    - Run quarterly GPRA reports



*The plot thickens.....*



- Pneumococcal as a comprehensive measure
  - Adult Immunizations
  - Elder Care
- Changes in standards of care
  - Target population
- Cost – Effective Analysis



*The storybook ending.....*



- Funding
  - Community \$\$\$
  - Agency \$\$\$
  - Department goals \$\$\$
  
- Public Health
  - Community Protection
  - Improved quality of life



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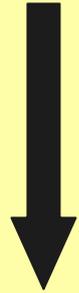
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# Budget Process and Performance Measures

OMB Budget Directive

Tribal Priorities

Measures Workgroup



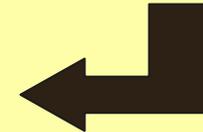
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Performance Measure Proposals

Program Leads



Revised Measure Proposals based on \$\$\$



DHHS



Office of Management and Budget



Congress



# Annual Performance Plan

- **Must Include:**
  - Performance goals or measures for the fiscal year
  - Description of resources needed to meet the goals
  - Projected fiscal cost of reaching performance measure goal as total % of budget
  - How data can be reported is verified and validated (subject to audit by OMB)
    - Use CRS for reporting of clinical measures
    - Benchmark measures to industry standards (HEDIS, Healthy People 2010, etc.)



# Annual Performance Report

- **Must Include:**
  - What was actually accomplished in comparison to goals in the Plan
    - One rate is reported for each measure for all of IHS (national rate)
  - If goals were not met, justification needed
  - Plan for achieving unmet goals or reason why goal is impractical or infeasible



# Impact of GPRA Measures on Budget

- IHS Budget

- Goal is to meet 82% of the measures. The goal is equal to the % met of the previous GPRA year.
- Agency's performance on GPRA is intimately tied to the budget submissions.
- If GPRA performance is low, potential for less money = negative impact on our patients and communities





# The GPRA process

## Measure

Management: *Process and Operations*

Quality Improvement

- Data entry - RPMS
- Standards of care
- Validation process



## Leadership: *Strategic Plan*

Community Level

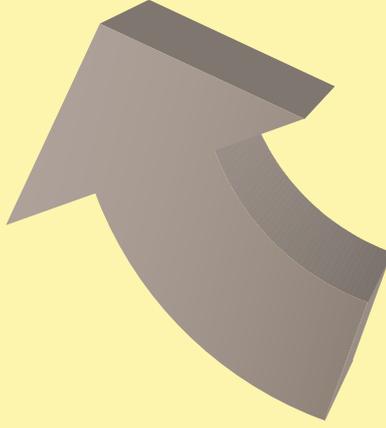
- Community strategic goals

Area Level

- Area Strategic goals
- Area Directors performance contract

National Level

- National strategic goals
- IHS Directors performance contract

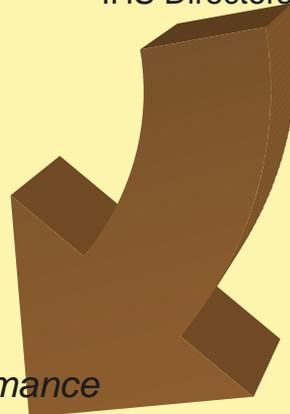


## Governance:

*Organizational Performance*

IHS vision and mission

Organizational performance

- 
- Office of Management and Budget*
  - Congressional Appropriations (\$\$\$\$)*



## The Role of GPRA Today

- The GPRA Annual Performance Report remains the most important set of annual measures
- Area Directors' performance contracts with the IHS Director are partially based on GPRA annual measures
  - Service Unit Director/ CEO's performance assessment are increasingly based on GPRA annual measures
- The PART performance assessment is largely based on GPRA annual measures



# GPRA and RPMS Summary

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- Continue to improve GPRA rates for all measures - with emphasis on:
  - Pneumococcal
  - Domestic Violence/Intimate Partner Violence
  - Fetal Alcohol Syndrome (FAS) Prevention
- Use of RPMS assists with data verification and validity
- Valid GPRA data supports IHS budget requests

**"People who are committed to leading health care to change have the courage to stop being satisfied with today's averages and to raise the bar on our intended achievements."**



-----Dr. Donald Berwick, President and CEO,  
Institute for Healthcare Improvement