



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **FY 2012 GPRA Quarterly Reporting Instructions**

## **Urban Programs (Non-CRS/RPMS)**

December 2011

Office of Information Technology (OIT)  
Division of Information Resource Management  
Albuquerque, New Mexico

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## Letter to Urban Programs

Dear Program Administrator:

The purpose of this letter is to transmit instructions for collecting Government Performance and Results Act (GPRA) data for Fiscal Year (FY) 2012. We thank you and your staff for your participation in the performance improvement process.

In FY 2012, as in previous years, urban programs are required to report GPRA data for the second, third, and fourth quarters. The second quarter ends December 31, 2011; the third quarter ends March 31, 2012; and the fourth (final) quarter ends June 30, 2012. Reports are due shortly after the end of each quarter; exact reporting deadlines are included below.

Quarterly reporting allows programs to track progress toward annual goals and identify data entry and other clinical issues before annual results are due. Through the reporting process, providers and staff can identify those areas that need improvement, and monitor the results of performance improvement initiatives.

The Clinical Reporting System (CRS) is the software program that runs off the Resource Patient Management System (RPMS). This is the software program supported by the Indian Health Service that provides GPRA data from over 190 tribal and federal Indian health clinics and service units. However, many urban programs use non-RPMS data systems. Reports from non-RPMS/non-CRS systems will continue to be accepted in FY 2012, as long as they meet certain criteria, as described in these instructions. However, because IHS cannot currently verify the data from other systems, these reports (“non-CRS reports”) are not be combined (aggregated) with CRS reports, and only CRS data is included in the “official” urban program GPRA data set.

Once the data gathering and reporting process is completed, your data should be forwarded to your Area GPRA Coordinator (Appendix A-3) who will then forward reports on to the National GPRA Support Team (NGST) at the California Area Office. We recommend that you print a summary report and all supporting documentation (queries including logic for each measure) for your records. This report will be useful in the event of an audit and will also assist your staff with future reporting requirements.

The National GPRA Support Team

## Measures Reported by Urban Programs in FY 2012

In FY 2012 urban programs will report on 20 clinical measures, unchanged from FY 2011. One of these measures is Suicide Surveillance. This measure calculates the number of Suicide Reporting Forms (SRF) collected. The SRF is an application within RPMS. Non-RPMS sites cannot report on this measure.

Measures to be reported by urban programs in FY 2012:

Diabetes Diagnosis Ever	Diabetes: Documented A1c
Diabetes: Poor Glycemic Control	Diabetes: Ideal Glycemic Control
Diabetes: Blood Pressure Control	Diabetes: LDL Assessed
Diabetes: Nephropathy Assessed	Adult Influenza Immunization
Adult Pneumococcal Immunization	Childhood Immunization
Cancer Screening: Pap Screening	Cancer Screening: Mammography
Cancer Screening: Colorectal	Alcohol Screening (FAS Prevention)
Domestic/Intimate Partner Violence Screening	Depression Screening
Tobacco Cessation	Childhood Weight Control
HIV Screening (Prenatal)	Suicide Surveillance (RPMS only)

### Measure Changes in FY 2012

There are no significant measure changes since FY 2011. However, please note that:

- The Childhood Weight Control measure is a long-term measure for the Agency with no annual target. Urban programs are still required to report data for this measure in FY 2012.
- The Childhood Immunization measure now requires the 4:3:1:3:3:1:4 series. Varicella was added to the series in FY 2010, and four pneumococcal vaccines added in FY 2011.

## Reporting Due Dates in FY 2012

*Mark your calendar: FY 2012 GPRA reports are due on the following dates:*

- *2nd Quarter Report: January 27, 2012*
- *3rd Quarter Report: April 27, 2012*
- *4th Quarter Report: July 27, 2012*

## GPRA Reporting for all Urban Programs

Facilities that are currently running RPMS can use the Clinical Reporting System (CRS) to measure results on any or all of over 200 clinical performance measures (including GPRA measures). An updated version of CRS software is usually released once or twice a year to reflect changes and additions to clinical performance measure definitions. The next update for CRS software (v12.0) will be released in January 2012. If your facility will report second quarter results via CRS, use the CRS GPRA reporting instructions forwarded by your Area GPRA Coordinator. For additional information on CRS software installation and logic go to: <http://www.ihs.gov/CIO/CRS/> and click the link “CRS Software” on the left side of the page.

Facilities that do not run RPMS clinical software or CRS should use these instructions and submit GPRA data using the Excel 2012 GPRA reporting template (Appendix A-2). However, all non-CRS reports must be a 100% audit of all eligible patient records; no sample reports will be accepted in FY 2012. Please note that as of FY 2010, data from sites that do not report via CRS are not aggregated (combined) with data from CRS sites. Only data from CRS sites is included in official urban GPRA results.

## Non-CRS GPRA Reporting Instructions

Sites that are not using RPMS may submit their quarterly results using the Excel Template 2012 GPRA reporting template (Appendix A-2). Sites may perform an electronic audit or manual audit, but it must be of 100% of patient records. Sites should use the GPRA Query Summary Sheet (Table 1 of this document,) which contains the correct denominators for each GPRA measure.

All sites should note that refusals are no longer included in official GPRA measure results for Federal, Tribal, or Urban programs. Sites need to be sure that refusals are not counted toward a measure result.

For full information regarding GPRA logic and coding, sites may refer to the current CRS Manual and the CRS 12.0 National GPRA and PART Report Performance Measure List and Definitions, available at the CRS webpage at <http://www.ihs.gov/CIO/CRS/>. Non-RPMS programs are required to use the exact logic detailed in the CRS manual when reporting all GPRA performance measures.

Note that FY 2012 targets listed in the CRS manual and logic documents online are for tribal and federal programs. Urban targets are displayed on the Excel reporting template (Attachment A-2).

## Electronic Reviews

### Data Collection

1. Run a list of patients in your GPRA user population (see definition in current CRS manual) to determine which patients should be included in the review process.
2. Once you have identified your GPRA user population files, categorize those patients by GPRA denominator group for each specific measure or group of measures (see GPRA Query Summary Sheet Table 1, column B, on page 9 of this document).
3. Once you have identified all of the active patients in each measure denominator, query to find the records of those patients that fit the criteria described by the numerator logic of that measure.
4. Continue this process until you have queried all appropriate patients for each measure.

All electronic queries and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.

## Data Entry:

1. For manual tabulation of data please use the GPRA Query Summary Sheet (Table 1- on page 9 of this document). This method requires that data be transferred to the 2012 GPRA reporting template (Appendix A-2) before it can be submitted to your Area GPRA coordinator (Appendix A-3) for review and forwarding to the National GPRA Support Team.
2. Once the data collection process is complete transfer the data to the Excel spreadsheet 2012 GPRA reporting template (Appendix A-2).

## Data Submission:

- Once you have entered your data into the 2012 GPRA reporting template, save the file as: FacilityName2012.xls. Send the file as an e-mail attachment to your Area GPRA coordinator (Appendix A-3) with subject title (FacilityName 2012 GPRA Report).

## Manual Chart Reviews:

- Facilities that perform manual chart reviews must audit 100% of their patient population. All facilities performing a manual chart review should use the Manual Chart Review Sheet (Appendix A-1).

## 100% Chart Review

### Data Collection:

1. Compile a list of patients in your GPRA user population (see definition in current CRS manual) to determine which patients should be included in the review process.
2. Once you have tracked down the records of all user population patients, sort the records by GPRA denominator group (e.g. all active diabetic patients).
3. Once the records are separated, review each chart for the appropriate numerator logic using the Manual Chart Review Sheet (Appendix A-1).
4. After completion of the first group, continue the process for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

## Data Entry

1. From each Manual Chart Review Sheet, tabulate the total number of patients in the numerator and denominator of each group and enter the totals onto the GPRA Query Summary Sheet (Table 1).
2. Once the data collection process is complete transfer the data to the Excel spreadsheet 2012 GPRA reporting template (Appendix A-2).

## Data Submission

- Once you have entered your data into the 2012 GPRA reporting template, save the file as: FacilityName2012.xls and send file as an e-mail attachment to your Area GPRA coordinator (Appendix A-3) with subject title (FacilityName 2012 GPRA Report).

## Quality Control Checks:

Please perform the following quality checks on your data prior to submission:

1. Is your Diabetes Diagnosed Ever Numerator equal to the Diabetes Measure Denominators? The answer should be no.

If these two numbers are the same, there has probably been an error. The Diabetes Diagnosed measure numerator includes patients with Diabetes Diagnosed Ever, not just within the past year. The denominator for Diabetes Diagnosed measure is all user patients. The denominators for all other diabetes measures are Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Generally, there should be fewer patients in the diabetes measure denominators than in the diabetes diagnosed ever numerator.

2. Is your denominator for Depression Screening larger than your denominator for Pap Screening? The answer should be yes.

Pap screening includes women ages 18-65; the depression screening measure includes all patients over the age of 18. If the pap screening denominator is higher, there has been an error.

3. Are there more patients in the Alcohol Screening/FAS measure than the Domestic Violence measure? The answer should be yes.

Domestic Violence Screening should include all female patients age 15-40, and the Alcohol/FAS measure should include all female patients age 15-44. However, the difference should not be large, as the age range only differs by four years.

4. Are there more patients in the Childhood immunization measure than the Childhood Weight Control measure? The answer should be no (with extremely rare exceptions).

Childhood weight control includes all children ages 2-5 years; while Childhood immunization includes only patients ages 19-35 months. The only exception would be if your program had recently performed an outreach program targeting infants and toddlers for immunizations, drastically increasing the number of eligible patients in this age range.

5. Are there any measures with no patients in the denominator? The answer should be no.

Almost all sites will have patients eligible for every measure. Some sites have reported 0 patients for the prenatal HIV measure because they do not provide prenatal care. However, all patients who meet the criteria for this measure (pregnant within the last 20 months) should be in the denominator regardless of whether they received an HIV test at your facility.

**Table 1: GPRA Query Summary Sheet**  
**FACILITY NAME:** \_\_\_\_\_

	<b>A. GPRA Measure</b>	<b>B. Eligible Patients</b>	<b>C. # Patients in Numerator</b>	<b>D. # Patients in Denominator</b>	<b>E. Rate</b>
1	Diabetes Dx Ever	GPRA User Population			
2	Documented A1c	Active Diabetic Patients			
3	Poor Glycemic Control	Active Diabetic Patients			
4	Ideal Glycemic Control	Active Diabetic Patients			
5	Controlled BP <130/80	Active Diabetic Patients			
6	LDL Assessed	Active Diabetic Patients			
7	Nephropathy Assessed	Active Diabetic Patients			
8	Influenza 65+	Active Clinical Patients ages 65 or older			
9	Pneumovax 65+	Active Clinical Patients ages 65 or older			
10	Childhood Immunization	Active Clinical Patients ages 19-35 months			
11	Pap Screening	Female Active Clinical Patients ages 21-64			
12	Mammography Screening	Female Active Clinical Patients ages 52-64			
13	Colorectal Cancer Screening	Active Clinical Patients ages 51-80			

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	<b>A. GPRA Measure</b>	<b>B. Eligible Patients</b>	<b>C. # Patients in Numerator</b>	<b>D. # Patients in Denominator</b>	<b>E. Rate</b>
14	Tobacco Cessation	Active Clinical Patients identified as current tobacco users			
15	Alcohol Screening	Female Active Clinical Patients ages 15-44			
16	DV/IPV Screening	Female Active Clinical Patients ages 15-40			
17	Depression Screening	Active Clinical Patients ages 18+			
18	Prenatal HIV Screening	All Pregnant Active Clinical Patients w/no doc miscarriage or abortion in past 20 months			
19	Childhood Weight Control	Active Clinical Patients ages 2-5 for whom BMI could be calculated			

## **Appendix A:**

- A.1 Manual Chart Review Sheet
- A.2 GPRA Report Template
- A.3 List of Area GPRA Coordinators

## Contact Information

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