

## **Frequently Asked Questions: Clinical Performance Measurement, GPRA and CRS**

**What is clinical performance measurement?** Performance assessment measures what an organization does and how well it does it. For the IHS, this means measuring how well we deliver healthcare services to our population, measured by documented improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our facilities and Agency.

**How does the Government Performance and Results Act (GPRA) relate to clinical performance measurement?** Each year IHS headquarters staff negotiates with representatives from the Office of Management Budget (OMB) on a set of performance measures that IHS will report to Congress and OMB. These are known as the GPRA measures, and the performance of those measures is reported in the IHS Annual Performance Report that is submitted in January. The time period for GPRA reporting is July 1 – June 30. For example, for 2008 the GPRA year is July 1, 2007 through June 30, 2008.

Most, but not all, of the GPRA measures are clinical in nature. Some examples of GPRA clinical measures are: (1) colorectal cancer screening in patients 51-80 without a history of colorectal cancer or colectomy and (2) Glycemic control in patients with diabetes. An example of a non-clinical GPRA measure is to increase the number of new or like-new AI/AN homes and existing homes provided with sanitation facilities.

A target or performance measure objective is set for each GPRA measure. Most of the targets are in terms of rates or percentages, which are calculated by dividing the numerator count by the denominator count. However, some targets are actual counts. For example, the 2007 target for Colorectal Cancer Screening was to maintain the 2006 rate of 22% of the eligible population to be screened for colorectal cancer. For dental sealants, the 2007 target was to maintain the 2006 count of 246,645 sealants placed in AI/AN patients during the report period. These actual national rates/counts for the GPRA measures are compared with the targets to determine if the targets were met. The performance for the prior GPRA year is considered when the targets are set for the subsequent GPRA year.

**How does GPRA performance affect IHS and Tribal Programs?** Most importantly, good performance of the GPRA measures can help to improve the health status of our patients but it also contributes to the preservation of the IHS annual budget and plays a role in the performance ratings of the IHS Director, Area Directors and providers. Conversely, low performance can have a negative effect on our patients, budget, and staff.

The GPRA measures are also used to support the new Department of Health and Human Services' (HHS) Strategic Plan and are used in two other annual reports, as described below.

- **HHS Strategic Plan:** Each operating division (OPDIV) within HHS submits measures that are in support of achieving the goals set forth in the HHS Strategic Plan. HHS then selects the measures that are linked closest to its plan and submits the plan to OMB. The plan is linked to OMB and Presidential directives.

- **Performance and Accountability Report (PAR):** Each year, the HHS submits to Congress and OMB a Performance and Accountability Report (PAR) that reports on one performance measure from each OPDIV. As an OPDIV of HHS, IHS reports on one GPRA measure as its annual measure. In 2007 the IHS annual measure was blood pressure control (BP <130/80) in patients with diabetes. PAR performance has a direct impact on the HHS and IHS budgets.
- **Program Assessment Rating Tool (PART):** The PART is a rating system used by OMB to assess and improve the performance of Federal programs. Each year IHS selects a program for the PART review and the review continues each year until all long-term goals have been achieved. Currently there are six programs undergoing a review and five them include one or more GPRA measures that are reported for PART, including the Tribally Operated Health Program (TOHP).

Tribal Programs may also use GPRA data to demonstrate the Tribe's performance to the Tribal board, Tribal leaders, and community members.

**How is IHS clinical performance reported?** Clinical performance is reported by the RPMS Clinical Reporting System (CRS). This application is maintained and distributed by the IHS Office of Information Technology (OIT). Normally, two versions of the software are distributed each year. Updated versions are necessary in order to add new codes to the CRS performance measure logic, such as new ICD-9 diagnosis or CPT codes, add new performance topics (e.g. Sexually Transmitted Infection Screening), and occasionally to add new denominators and/or numerators within existing topics, such as adding a new age range of 8-17 years of age for the existing Depression Screening topic.

**How does CRS work?** To produce performance reports with comparable data across every facility, the performance measure definition is "translated" into programming code with the assistance of clinical subject matter experts. This means that an English text expression is defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. To ensure comparable data within the agency as well as to external organizations, as much measure logic as possible is based on standard international healthcare codes. These codes include ICD-9, CPT, LOINC and national IHS standard code sets (e.g., Health Factors, patient education codes, etc.). For terminology that is not standardized across each facility, such as lab tests, CRS uses taxonomies (groups of "like" codes) that can be populated by an individual facility with its own test names.

**Is CRS a separate database?** No, it is not. Rather, it searches for data primarily in the RPMS Patient Care Component (PCC) database. This is the database that both the EHR and the roll-and-scroll RPMS applications update. CRS also searches for data in the Women's Health, Behavioral Health, and Immunizations packages. CRS does not update any of this data; it only reports on it.

**Does CRS report only on GPRA measures?** No, in fact the majority of the measures reported by CRS are not reported for GPRA, however are still important clinically to IHS and its patients. Some examples of non-GPRA measures are Asthma and Inhaled Steroid Use, Chlamydia

Testing, Appropriate Medication Therapy after a Heart Attack, and Prediabetes/Metabolic Syndrome.

**At which level is IHS clinical performance measured?** Clinical performance is measured at the local facility, Area, and national levels for a variety of clinical performance measures. Local facilities may run their own reports and transmit their data, as requested by the Area GPRA Coordinator, to the Area Office, who then uses CRS to produce an Area Aggregate report. The local facility reports show the facility's own performance for each of the measures, whereas the Area reports show the aggregate performance for all reporting facilities within the Area as well as the breakdown of each facility's performance. The 12 Area GPRA Coordinators then transmit electronic data files created by CRS to GPRA staff at the California Area Office, who then use the data to compile the national reports. No site-specific information is ever included in the national reports.

**What are the benchmarks for the performance measures?** The logic for many CRS clinical topics is largely based on the logic from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures, such as for Colorectal Cancer Screening and Childhood Immunizations. The logic for the hospital measures included in the CRS CMS (Centers for Medicare and Medicaid Services) Report is based on logic collaboratively developed by CMS and JCAHO.

**What reports are available to me in CRS?** CRS includes the following reports:

- **National GPRA Report:** The report used for reporting of annual GPRA measures and the report period is set for the current GPRA year and may not be changed. In CRS Version 7.0 this report also includes many non-GPRA topics that will be moved to a new report called the Other National Measures Report in CRS Version 8.0. Some non-GPRA topics that provide context to GPRA measures are also included in this report, such as Diabetes Prevalence, which provides context to the diabetes-related GPRA measures. An Area version of this report is available.

IHS requires facilities to run this report at the end of each quarter during the GPRA year and to transmit their data to their Area GPRA Coordinator; however, the first quarter reports are dependent on the updated CRS software being released.

- **Selected Measures (Local) Reports:** A local report that users can run for a particular community, all communities on the RPMS database, or for a search template of patients. The user may run the report for any of 55 performance measure topics or the user may choose from three pre-defined reports for measures related to diabetes, cardiovascular disease, or women's health.
- **GPRA Performance Report:** Exact same report as the National GPRA Report except users may choose their own 1-year report period.
- **HEDIS Report:** Report containing topics included in the NCQA HEDIS Volume 2, Technical Specifications, Effectiveness of Care section that are largely based on the HEDIS-defined logic. Some of the HEDIS measures are also included in the National GPRA and other CRS reports. An Area version of this report is available.

- **Elder Care Report:** Report containing 26 topics that are applicable to patients 55 or older. An Area version of this report is available.
- **Patient Education Report:** Report containing six topics related to user population patients who received patient education. An Area version of this report is available.
- **CMS Report:** Provides lists of patients to assist abstractors at IHS hospitals to compile the information needed to report to the Centers for Medicare and Medicaid Services (CMS) on 17 hospital quality measures related to acute myocardial infarction, heart failure, and pneumonia. Users may have the security key BGPZ PATIENT LISTS in order to run this report.

**Are patient lists available for all reports?** Yes, all reports offer patient lists that identify the patient demographic information as well as the denominators the patient was included in and the dates and codes of information that was found in RPMS for meeting the numerator(s). For the National GPRA Report Patient Lists, the user may choose whether to include patients meeting a measure, not meeting a measure, or both. For all other patient lists, the user does not get to choose. Users must have the security key BGPZ PATIENT LISTS in order to run the patient lists.

**Am I able to run my own reports at the facility level and how often can I run them?** Any user with the security key BGPZ MENU will be able to run the reports. In fact, IHS recommends that all Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers at the local facilities as well as Area Directors any other staff involved with clinical quality improvement initiatives use CRS to run their own reports. Users may run reports as often as they wish; however, local facility data should only be transmitted to the Area Office when it has been requested by the Area GPRA Coordinator.

**How can CRS help me?** CRS can help you to:

- Identify potential data issues in RPMS (e.g., missing or incorrect data)
- Monitor your site's current performance against past national performance and upcoming agency goals
- Identify specific areas where clinical business process or other changes should be made to improve performance
- Quickly measure impact of process changes on performance measures

**Which report should I run at my facility to monitor progress on GPRA measures?** You should run the National GPRA Report and you should run it at least once a quarter. Exercise #1 of the document *Hands-on Running National GPRA Report and Patient Lists* provides complete step-by-step instructions for running this report. Since this report includes both GPRA and non-GPRA measures, the focus should be on the National GPRA Measures Clinical Performance Summary, which is located near the end of the report, before the Non-GPRA Measures Clinical Performance Summary.

**NOTE:** If the new CRS software has not been released yet, you should run the GPRA Performance Report, which will enable you to run the National GPRA Report for the current GPRA year. Section 6.9 (pages 223-225) of the CRS 7.0 User Manual contain instructions for running this report. When you are prompted for the report date range, you would choose option 3 (July 1 – June 30) and enter the calendar year of the report end date. For example, you would enter 2008 to run the report for the period July 1, 2007 – June 30, 2008. Although this report does not reflect any logic changes that will be made to GPRA measures for the current GPRA year, it will give you a good estimate of performance for any GPRA measures that do not have significant logic changes.

The information in this report should be shared with the providers who provide care related to the GPRA measures. For example, the rates for the three dental measures should be shared with the dental providers and the diabetes rates should be shared with the diabetes coordinators as they are most likely to know if the rates are reasonable.

**Which report should I run at my facility to monitor progress on non-GPRA measures in which my facility has an interest?** Typically you would want to run the Selected Measures (Local) Report and you would run it for particular community taxonomy of patients. This is known as the COM Selected Measures (Local) with Community Specified Report. Section 6.8.1 of the CRS Version 7.0 User Manual (available on the CRS web site, CRS 2007 page) has complete instructions for running this report, which includes instructions for running a patient list. For example, if you are interested in monitoring the percentage of asthma patients who are prescribed an inhaled steroid, you could run the report for that one particular topic that includes a list of all patients with asthma and shows the patients who received a prescription. Refer to Section 6.8 for a description of the other options available for the Selected Measures Report (i.e. PP and ALL menu options).

**What should I do if the performance measure rates look suspect?** If it is deemed the rates look suspect, the next step is to run a patient list for the report. For the National GPRA Report, there is a separate menu option for running a patient list for the particular measure. Exercise #2 of the aforementioned document provides complete instructions for running this list. With this particular patient list, you are able to choose whether you want to include patients not meeting the measure, meeting the measure, or both. If you are concerned that your rates are too low, you will want to run the patient list for patients not meeting the measure.

Once you have run the patient list, you will then want to review each patient's chart to see if the patient did in fact have the screening/test/diagnosis/etc. If the chart review shows the patient did not have the test, etc. performed, it confirms the information in CRS. If, however, the chart review reveals the patient did meet the measure, further steps need to be taken. For example, the CRS patient list shows the female patient did not have a Pap smear during the specified timeframe but when you reviewed the patient's chart, you determine that she did. The next step would be find out why CRS did not find the Pap smear and you would review in RPMS the patient's visit that is supposed to have the Pap to see how the Pap smear was coded.

Listed below are some potential reasons why CRS would not have included the patient in the numerator.

- An incorrect code was used, which is why it is not included in the CRS logic. In this case, you would want to notify your PCC Manager or Medical Records personnel.
- The information was not documented in RPMS, which identifies a data entry issue and data entry would need to be instructed as to how to enter the information in RPMS.
- The measure is for a lab test and the CRS lab taxonomy does not include the lab test the patient received. For example, the female patient's Pap smear was documented with a lab test called "Thin Prep" but the only lab test included in the lab taxonomy BGP PAP SMEAR TAX is "Pap Smear." In that case, the "Thin Prep" lab test needs to be added to the CRS lab taxonomy.
- The lab test, such as a hemoglobin A1c is sent to a reference lab, the facility does not use the Reference Lab Interface, and no one at the facility enters the lab test and result into PCC. If this test is to be counted by CRS, someone must enter the test and result into PCC.
- The lab test, such as hemoglobin A1c, was sent to a reference lab and the facility uses the Reference Lab Interface. However, the lab test name in RPMS is prefixed with the name of the reference lab and that test is not included in the CRS lab taxonomy. For example, your facility sends all A1c tests to TriCore reference lab and the name of the test is "TRICORE A1C" but only the "A1C" and "HEMOGLOBIN A1C" tests are included in the lab taxonomy DM AUDIT HGB A1C TAX that is used by CRS. If this test is to be counted by CRS, it needs to be added to the lab taxonomy.
- Data entry is behind and the information has not yet been entered into RPMS.
- Patient refused the test/screening/etc. and it was noted in the chart but it was not entered into RPMS.
- It is noted in the chart the patient had a screening/test at another facility or elsewhere but it was not entered into RPMS. For example, a patient received an influenza immunization at Costco.
- A code, such as an ICD-9, CPT, or LOINC, was used that should be included in the CRS logic. In that case, you should notify your Area GPRA Coordinator who will follow the process for adding the code to the CRS logic.

Listed below are some reasons why CRS would not include the patient in the denominator.

- Most of the GPRA measures and many non-GPRA measures use the Active Clinical denominator. To be included in this denominator, the patient must meet several criteria, one of which requires the patient to have two visits to defined medical clinics in the past three years. In some cases, the reason the patient was not included in this denominator is because they did not have those two visits. This denominator is defined in the CRS Version 7.0 User Manual, Section 3.2.3.1.
- If a large group of patients is missing, it is most likely because the community taxonomy that was used for the report does not include the community of residence for those

patients. For example, the community taxonomy includes communities Bernalillo and Santa Fe but the patients all reside in Valencia.

After you perform the above steps and the appropriate corrective actions have been taken, you should re-run the report and evaluate the measures in question. If the rates still look suspect, you should contact your Area GPRA Coordinator. A list of the coordinators is located on the CRS web site:

[http://www.ihs.gov/misc/links\\_gateway/download.cfm?doc\\_id=9644&app\\_dir\\_id=4&doc\\_file=AREA\\_GPRA\\_COORDINATORS.pdf](http://www.ihs.gov/misc/links_gateway/download.cfm?doc_id=9644&app_dir_id=4&doc_file=AREA_GPRA_COORDINATORS.pdf)

**Is more information available?** Yes, CRS has its own web site and contains a variety of information, such as the CRS User Manual, Fact Sheet, and past training presentations. The web site is:

[www.ihs.gov/cio/crs](http://www.ihs.gov/cio/crs)

**Can I subscribe to a listserv?** Yes, follow the instructions below.

1. Go the CRS Listserv page (URL shown below).

[http://www.ihs.gov/cio/crs/crs\\_listserv.asp](http://www.ihs.gov/cio/crs/crs_listserv.asp)

2. Click **Subscribe**.
3. This takes you to the IHS List Serv page. Since the site has moved, it takes a minute to navigate to the new page. On the left-hand side of the page, click **Available Lists**.
4. Click **Clinical Reporting System** from the list.
5. In List Functions, click **Subscribe**.
6. It brings up a e-mail window. Type your name in the <your name here> section and remove the text “your name here”. Then click the Send button to send the message.

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