



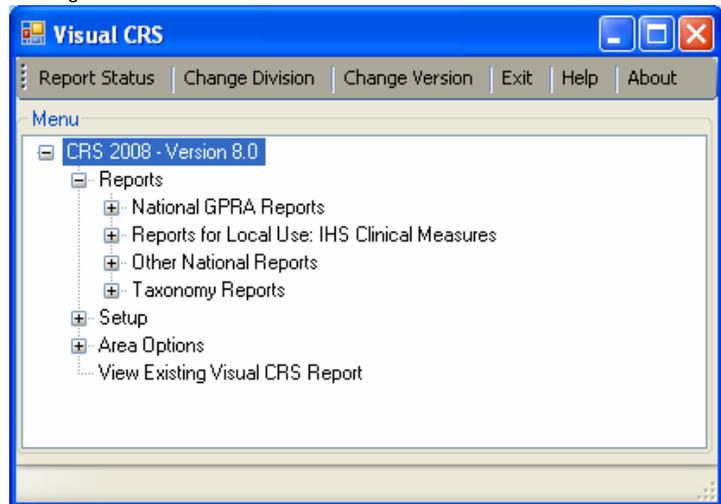
## CRS (Clinical Reporting System) 2008 (BGP v. 8.0)

### What Is It?

The Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) application designed for national reporting as well as local and Area tracking of clinical performance measures. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures for local performance improvement initiatives, for Area-wide tracking, as well as for national agency reporting to Congress as required by the Government Performance and Results Act (GPRA). CRS is updated at least annually to reflect changes in clinical guidelines for existing measures as well as adding new measures to reflect new healthcare priorities.

CRS produces reports on demand from local RPMS databases for one or more of 59 clinical topics, comprised of over 350 individual performance measures. Each *topic* has multiple measures, consisting of one numerator and one denominator. The denominator is the total patient population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Reports display the total counts of each measure's numerator and denominator and the percentage who meet the numerator. Reports also compare the site's performance numbers in the current report year (user defined) to the previous year and to a user-defined baseline year. Users can also request patient lists for each of the measures, displaying patients who do and do not meet the measure criteria.

Local facilities can run reports for individual or all performance measures as often as needed and can use CRS to transmit national-level data to their Area for quarterly reporting. The Area Office can use CRS to produce an aggregated Area report for national-level data.



### Who Should Use CRS and Why?

CRS is the reporting tool used by the Indian Health Service (IHS) Office of Planning and Evaluation to collect and report clinical performance results to Congress. IHS Federal (direct) sites are required to use CRS 2008 to provide annual national reporting of clinical GPRA measures.

Area and site Quality Improvement staff; Compliance Officers; GPRA Coordinators; clinical staff such as physicians, nurses, nurse practitioners, and other providers; Area Directors; as well as any staff involved with clinical quality improvement initiatives can use CRS to:

- Identify potential data issues in their RPMS (i.e., missing or incorrect data)
- Monitor their site's 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

### How Does It 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. CRS has been described as a "scavenger hunt," looking at multiple fields recorded primarily in the RPMS Patient Care Component (PCC), including V POV (purpose of visit), V Lab, V Procedures, and V CPT. It is critical that sites have links turned "on" to PCC from other RPMS applications, such as CHS or RCIS, so that data is passing into PCC for CRS to find.

### Is a CRS Graphical User Interface (GUI) Available?

Yes, there are both GUI and "roll-and-scroll" versions available. The CRS GUI is a Windows-based application that is installed both on the local facility's server as well as each user's computer, which is called the CRS client. The CRS GUI is updated each year. The logic in the GUI is exactly the same as that used in the "roll-and-scroll" version. In order to run the GUI on the client, the computer must be running the Windows XP operating system, must have Windows Service Pack 2 or higher installed, and must have Microsoft Office 1997 or higher installed. Facilities not meeting these requirements must run the "roll-and-scroll" version instead.



## CRS 2008 v8.0 Topics (\*Topic includes one or more GPRA measures. **Bold indicates new topic.**)

### Diabetes Group

Diabetes Prevalence  
Diabetes Comprehensive Care  
Glycemic Control\*  
Blood Pressure Control\*  
Dyslipidemia (Lipids) Assessment\*  
Nephropathy Assessment\*  
Diabetic Retinopathy\*  
Diabetic Access to Dental Services

### Dental Group

Access to Dental Services\*  
Dental Sealants\*  
Topical Fluoride\*

### Immunization Group

Adult Immunizations: Influenza\*  
Adult Immunizations: Pneumococcal\*  
Childhood Immunizations\*  
Adolescent Immunizations

### Childhood Diseases Group

Appropriate Treatment for Children with Upper Respiratory Infection  
Appropriate Testing for Children with Pharyngitis

### Cancer Screening Group

Pap Smear Rates\*  
Mammogram Rates\*  
Colorectal Cancer Screening\*  
Tobacco Use Assessment  
Tobacco Cessation\*

### Behavioral Health Group

Alcohol Screening (FAS Prevention)\*  
**Alcohol Screening and Brief Intervention (ASBI) in the ER**  
Intimate Partner (Domestic) Violence Screening\*  
Depression Screening\*  
Antidepressant Medication Management

### Cardiovascular Disease-Related Group

Obesity Assessment  
Childhood Weight Control\*  
Nutrition and Exercise Education for At Risk Patients  
CVD and Cholesterol Screening  
CVD and Blood Pressure Control  
Controlling High Blood Pressure  
Comprehensive CVD-Related Assessment\*  
Appropriate Medication Therapy after a Heart Attack  
Persistence of Appropriate Medication Therapy after a Heart Attack  
Appropriate Medication Therapy in High Risk Patients  
Cholesterol Management for Patients with Cardiovascular Conditions  
**Heart Failure and Evaluation of LVS Function**

### STD-Related Group

Prenatal HIV Testing and Education\*  
HIV Quality of Care  
Chlamydia Testing  
**Sexually Transmitted Infection (STI) Screening**

### Other Clinical Measures Group

Osteoporosis Management  
Osteoporosis Screening in Women  
Rheumatoid Arthritis Medication Monitoring  
Osteoarthritis Medication Monitoring  
Asthma  
Asthma Quality of Care  
Asthma and Inhaled Steroid Use  
Chronic Kidney Disease Assessment  
Prediabetes/Metabolic Syndrome  
Medications Education  
Public Health Nursing  
Breastfeeding Rates  
Drugs to be Avoided in the Elderly  
Functional Status Assessment in Elders  
Fall Risk Assessment in Elders  
**Palliative Care**

## Features and Key Changes for 2008 (BGP version 8.0)

- Eight basic types of reports are included in CRS 2008 Version 8.0. In addition to these reports, there are various patient list reports available.
  - **National GPRA Report** includes 22 individual GPRA performance measures and other key clinical measures that provide context to the GPRA measures. For 2008, many of the non-GPRA measures were moved from this report to the new Other National Measures Report. The National GPRA Report is predefined to report on only the American Indian/Alaska Native (AI/AN) population during the time period July 2007-June 2008, with comparison to baseline year 2000. Sites must specify their "official" communities of residence to report on.
  - **GPRA Performance Report** includes all performance measures included in the National GPRA report except users select all parameters for this report.
  - **NEW Other National Measures Report** includes 19 performance measure topics for which national data is needed but is not reported for GPRA purposes. Users select all parameters for this report.
  - **Selected Measures Reports** for local use can be produced for one or multiple clinical performance topics as selected by the user. 59 topics are available and will contain all related measures (specific denominators and numerators). Users select all parameters for this report.
  - **REDESIGNED CMS Report** for use by IHS hospitals that provides lists of patients for 21 CMS hospital quality measures relating to heart attack (AMI), heart failure, pneumonia, and surgical care improvement project.
  - **Elder Care Report** contains 27 quality of care topics for patients 55 and older. Users select all parameters for this report.
  - **HEDIS Report** contains 22 performance measure topics described in the *HEDIS 2007 Effectiveness of Care Guidelines*. HEDIS is a national standard for clinical performance measurement developed by the National Committee for Quality Assurance (NCQA) and can be used for sites wanting to obtain NCQA accreditation to report on their performance.
  - **Patient Education Report** contains seven performance measure topics relating to patients who received patient education during a user-specified report period.

For more information, visit our web site: <http://www.ihs.gov/cio/crs>  
or contact Francis Frazier, FNP, MPH; [Francis.Frazier@ihs.gov](mailto:Francis.Frazier@ihs.gov); (301) 443-4700 or  
[Stephanie.Klepacki@ihs.gov](mailto:Stephanie.Klepacki@ihs.gov); (505) 821-4480



- Patient Lists can be produced for the National GPRA/GPRA Performance and Other National Measures Reports, and users choose whether to include patients meeting a measure, not meeting a measure, or both. Patient Lists can also be produced with the other reports; however, users do not get to choose who to include in the lists.
- **NEW** GPRA Measure Forecast Patient List linked to the RPMS Clinic Scheduling System that lists patients scheduled for upcoming appointments to selected clinics and shows which GPRA measures they have not met as of the date of the appointment.
- Areas can aggregate exported National GPRA/GPRA Performance, Other National Measures, Elder Care, HEDIS, and Patient Education report data files from individual sites into Area-wide reports.
- Site-populated taxonomies are used to identify facility-specific terminology for lab tests and medications so that measures can be compared across all facilities.

### Is CRS Training Available?

This year the California Area Office is sponsoring internet-based (e.g. WebEx) training for the four GPRA measures relating to cancer prevention (Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening, and Tobacco Cessation). The sessions will provide both clinical and technical aspects of the GPRA measures. For example, why it is important to screen patients for cervical cancer (clinical), who is screened (technical), and what counts as screening in CRS (technical). Please contact Anastasia Small ([Anastasia.Small@ihs.gov](mailto:Anastasia.Small@ihs.gov)) or (916) 930-3981, ext. 333 for information.

### What Is Clinical Performance Assessment?

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. Results from performance assessment are used internally within the IHS, at national, regional and local levels, to support and guide performance improvement in appropriate clinical areas. Performance results are also used externally to demonstrate accountability to an organization's stakeholders; for IHS, this primarily means annual GPRA performance reports to Congress, as well as OMB PART evaluations.

### System Requirements (\*Patch number may change)

- Kernel (XU) v.8.0 or higher
- FileMan (DI) v.21 or higher
- IHS Patient Dictionaries (AUPN) v.99.1 through patch 18\*
- PCC Management Reports (APCL) v.3.0 through patch 20\*
- Taxonomy System (ATX) v.5.1 through patch 10\*
- Clinical Reporting System (BGP) v7.0 through patch 2

