

WHAT IS GPRA AND HOW DOES IT AFFECT ME?

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OVERVIEW

Contrary to popular belief, “GPRA” is not something IHS invented to “**Get People Really Angry**”! Well, what exactly is GPRA and how does it affect you, as a physician, nurse, dentist, data entry operator, GPRA Coordinator, IT expert, Area Director, or most importantly, a patient of IHS?



- GPRA = Government Performance and Results Act
- Is a federal law.
- Shows Congress how the Indian Health Service is performing based on a set of specific measures.
- Information that is reported to Congress must be backed up by a data supported audit trail that can be verified and validated.
- Information that is reported is summed for all of IHS and does not contain any patient identifiers.
- IHS is subject to having its GPRA report audited.
- An annual GPRA Report is required every year.
- IHS (federal) operated facilities are required to report for GPRA.
- Tribal and urban operated facilities are not required but are highly encouraged to report on GPRA measures.
- The Clinical Reporting System is the RPMS application the IHS Director has chosen to help obtain clinical data for GPRA.
- GPRA data is used to support the Program Assessment Rating Tool (PART) and the IHS Strategic Plan.
- GPRA reporting is directly linked to the annual budget request for IHS.

GPRA IS IMPORTANT TO EVERYONE – NOT JUST THE DIRECTOR OF IHS!

WHAT TYPE OF INFORMATION IS REPORTED FOR GPRA?

Primarily clinical information is reported, in the categories of prevention and treatment, such as:

- **Quality of care for patients with diabetes.** Did a patient with diabetes have:
 - His/her glycemic level and blood pressure under control?
 - A lipids test, nephropathy assessment, retinopathy exam, and dental exam in the past year?
- **Cancer Screening**
 - Are women 21-64 getting a Pap smear at least every 3 years?
 - Are women 50-65 getting a mammogram at least every 2 years?
 - Are adults 50 and older being checked for colorectal cancer?
- **Immunizations**
 - Are children receiving the immunizations they need by 35 months of age?
 - Are at-risk populations (e.g. adults 65+ and patients with diabetes) receiving the immunizations they need?

WHERE DOES THE GPRA DATA COME FROM?

- ALL of the data comes from different sources in RPMS:
 - Patient Care Component (PCC)
 - Women's Health
 - Behavioral Health
- Data ALSO comes from RPMS supporting packages that pass data to PCC, including:
 - Contract Health Service/Management Information System (CHS/MIS) (requires CHS to PCC link to be "on" at the facility)
 - Immunization Package
 - Lab Package

If the data is ONLY in the patient's chart and is not entered into RPMS, it CANNOT be reported for GPRA!

HOW DO I REPORT FOR GPRA?

- Use the Clinical Reporting System (CRS) in RPMS.
- Facilities run the National GPRA report. This report shows sites how they are doing on their GPRA measures compared to how they did in the past and in 2000 and how they compare to last year's national average.
- Direct facilities and reporting tribal facilities export their data to their respective Area Offices.
- Area GPRA Coordinators load the facility reports to produce an Area Aggregate report. This report shows if the overall Area GPRA measures are being met.



WHAT CAN I DO TO HELP IHS IMPROVE THE HEALTH STATUS OF ITS PATIENTS?

- **Patients:**
 - Ask your health care provider if you are due for any screenings/tests and ensure appointments are scheduled for you for the needed tests. Ensure your height and weight measurements are taken at least once each year.
 - Tell your provider about your health habits (examples: alcohol use and/or smoking).
 - Tell your provider about any tests/procedures/ immunizations you had at a clinic other than where you normally receive care. For example, tell the provider about the colonoscopy you had five years ago at your prior facility.
 - Ensure you show up for your appointments whenever possible and call to reschedule if you cannot make it so the appointment can be used by someone else.
 - Take care of yourself!

- **Providers:**
 - Communicate with data entry staff on what they should look for on the encounter forms and ensure they know how to enter it into PCC.
 - Ensure you and/or others are asking the questions that need to be asked (e.g. do you smoke, drink) and getting heights, weights, and BP. Ensure that the information is being documented on the encounter form in the appropriate place.
 - Document patient refusals, patient education, and health factors.
 - Ask patients about tests/ immunizations/procedures that s/he may have received outside of your clinic and document them on the encounter form according to the policy in-place at your facility.
 - If you are responsible for running the CRS reports, ensure you have received training on how to run the reports and which reports are best to run.
 - Review the National GPRA report for the measures that are applicable to you. For example, if you are a dentist, review the GPRA dental measures or if you are the Diabetes Coordinator, review the diabetes measures. Do not wait until the last minute to do this!
 - Do the rates look reasonable? If not, obtain a copy of the patient list(s) for the measure(s) and compare with the charts to see where problems may exist:
 - Is the data in the chart but not in PCC? Does the data entry staff need to be advised on how to enter it in PCC? Was it documented in the correct place on the encounter form?
 - Was the data in PCC but documented with a code CRS is not looking for? Should CRS be looking for it?



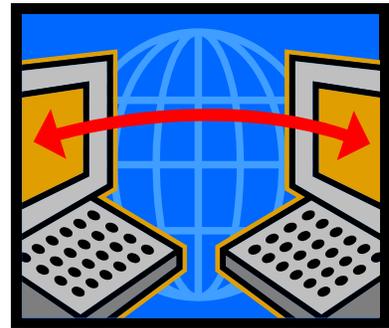
- Did the patient not receive the screening/test/IZ? If yes, schedule an appointment for the patient.

- **Data Entry:**

- Ensure you understand how everything on the encounter form is to be entered into PCC. If you don't, ask the provider.
- If a provider writes something on the encounter form that is not in the correct place, let him/her know where it should be annotated.
- Ensure you know the mnemonics for entering refusals and historical data. Obtain a copy of the CRS Clinical "Cheat" Sheet that provides information on entering data for several GPRA measures.

- **IT Staff:**

- Ensure the current version of CRS and all required patches are installed in a timely manner at your facility .
- Assist personnel with locating their CRS report files.
- If you are responsible for running the CRS reports, ensure you have received training on how to run the reports and which reports are best to run.
- Ensure the CHS to PCC link is on at the facility. If it isn't, CHS data is not being passed to PCC. This could negatively impact your GPRA rates for procedures paid with CHS funds, like mammograms or dental care.



- **GPRA Coordinators**

- If you are responsible for running the CRS reports, ensure you have received training on how to run the reports and which reports are best to run.
- Review your site parameters to ensure they are setup correctly.
- At least annually, review the site-defined taxonomies for lab tests.
 - If a lab test your facility commonly uses is not included in the taxonomy for a GPRA measure, your results could be very low!
 - Ensure lab tests that were used from 1995 until now are included since the reports compare to performance in 2000 and some measures look back 5 years for a test, such as colorectal cancer screening.
 - Deactivated tests may be prefixed with a "z" or "Z" or some other convention. Ask your lab staff how they deactivate old tests.
- Review your GPRA community taxonomy to see if all communities that should be included are included.
- Review the National GPRA report. Also provide the report to providers



who are responsible for the measures to get their input. Do not wait until the last minute to do this!

- Do the rates look reasonable? If not, obtain a copy of the patient list(s) for the measure(s) and compare with the charts to see where problems may exist:
 - Is the data in the chart but not in PCC? Does the data entry staff need to be advised on how to enter it in PCC? Was it documented in the correct place on the encounter form?
 - Was the data in PCC but documented with a code CRS is not looking for? Should CRS be looking for it?
 - Did the patient not receive the screening/test/IZ? If yes, schedule an appointment for the patient.
- **Management Staff (e.g. Area Directors, Service Unit Directors)**
 - Attend the GPRA/PART Overview presentation offered by Theresa Cullen, National Medical Informatics Consultant, MD, MS and Clinical Lead for the CRS application. This presentation will help you understand how GPRA reporting impacts your performance contract, understand the GPRA measures, and the CRS application that is used for reporting on GPRA.
 - Recognize employees who take the initiative to improve GPRA performance.
 - Solicit information from facilities who are GPRA achievers to see if there are processes they have implemented that may be implemented at facilities that need improvement with their GPRA rates.
 - Communicate with your staff the importance of GPRA and how it can make a difference in our patients' health status.

THE BOTTOM LINE

- GPRA isn't going away.
- You can either ignore it and watch your GPRA rates drop, OR you can become educated on GPRA, be proactive and take the time and the actions needed to improve your GPRA performance, and improve the health status of our patients.
- **It takes an entire team to improve our performance; one person cannot do it all!**

**Together, we can make GPRA stand for:
Great People Realizing Achievement**

