

Frequently Asked Questions: Clinical Performance Measurement, GPRA/GPRAMA, and CRS

What is performance assessment/measurement?

Performance assessment measures what an organization does and how well it does it. For the Indian Health Service (IHS), this means measuring how well we deliver healthcare and other services to our population. Standardized performance measures provide a way to assess how effectively we provide these services and allow us to track our performance from year to year.

What is the Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA)?

The Government Performance and Results Act (GPRA) is a law passed in 1993 that requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions.

The GPRA Modernization Act (GPRAMA) of 2010 strengthened GPRA by requiring federal agencies to use performance data to drive decision making.

Under GPRA/GPRAMA, every federal agency is required to report to Congress annually on a set of performance measures. These are known as GPRA/GPRAMA measures. Each year, IHS headquarters staff negotiates with representatives from the Office of Management and Budget (OMB) to set specific targets for each GPRA/GPRAMA performance measure. The term “GPRA” is often used to refer to all performance reporting, but only the specific measures reported to Congress are “GPRA” measures.

Most GPRA measures are clinical, but the agency has non-clinical GPRA measures as well. Some examples of GPRA clinical measures are: (1) Colorectal Cancer Screening in patients 50–75 without a history of colorectal cancer or colectomy and (2) Good Glycemic Control in patients with diabetes. An example of a non-clinical GPRA measure is to increase the number of new or like-new American Indian/Alaska Native (AI/AN) homes and existing homes provided with sanitation facilities.

Why should my facility care about GPRA and performance assessment?

Good performance on GPRA measures improves the health status of our patients, 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.

How are GPRA measures reported?

GPRA measures are reported using the Resource and Patient Management System (RPMS) via the Clinical Reporting System (CRS) application. This application is maintained and distributed by the IHS Office of Information Technology (OIT). Normally, two versions of the CRS

software are distributed each year. Updated versions are necessary in order to add new codes to the CRS performance measure logic, add new performance topics, and occasionally to add/remove new denominators and/or numerators within existing topics. All federal facilities are required to use RPMS/CRS and must report GPRA data. Tribal facilities are strongly encouraged to use RPMS and to report GPRA data. Urban facilities are required to report GPRA data, and strongly encouraged to use RPMS/CRS.

Currently the IHS cannot combine data submitted from non-RPMS systems with RPMS data for GPRA/GPRAMA performance reporting. However, tribal sites running non-RPMS data systems are still encouraged to run and submit GPRA reports to track their progress.

The time period for GPRA reporting is July 1–June 30. For example, for 2015 the GPRA year ran from July 1, 2014 through June 30, 2015. Facilities run and submit their GPRA reports at the end of the second, third, and fourth quarters of the GPRA year. These quarters end on December 31, March 31, and June 30 of every year. GPRA reports are generally due about a month after the end of the quarter to allow sites to have time to input patient data and run CRS reports.

How does CRS work?

CRS has been described as a scavenger hunter that looks for data in as many RPMS applications and as many fields as possible. However, to ensure comparable data within the agency as well as to external organizations, performance measure logic is based on standard national codes whenever possible. These codes include ICD-9/10, CPT, Logical Observation Identifier Names and Codes (LOINC), and national IHS standard code sets (e.g., Health Factors, patient education codes, etc.). For lab tests or medications, CRS uses taxonomies (groups of “like” codes) that can be populated by an individual facility with its own test codes. Sites must use the correct codes for patients to get counted for GPRA. These codes can be found in the *CRS User Manual*, which is available on the CRS page of the Indian Health Service website at: <https://www.ihs.gov/crs/>.

Is CRS a separate database?

No. CRS is an application within RPMS that queries the RPMS Patient Care Component (PCC) database. This is the database that both the Electronic Health Record (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 is for data reporting only.

Does CRS only calculate data for GPRA measures?

No. CRS has many measures that are not reported for GPRA. Some examples of non-GPRA measures are Patients with Asthma and Chlamydia Testing in Females. Any facility running RPMS can use CRS to see their performance on non-GPRA measures.

Where does GPRA data go? Is individual or provider-level data ever made public?

Although there are options for providers to run patient lists and to view measure results by provider within CRS, no patient or provider-level data is ever collected or reported by IHS, and no facility-level data is ever included in IHS national GPRA reports.

For GPRA reporting, data from each facility is sent to the Area GPRA coordinator to be combined with all other facilities within their IHS Area in an Area Aggregate Report. This report is sent to the National GPRA Support Team to be combined with data from other IHS Areas. For purposes of reporting to Congress, only national-level data is reported.

What reports are available to me in CRS?

CRS includes the following reports:

- **National GPRA/GRAMA Reports.** These reports are used for monitoring and reporting of annual GPRA/GPRAMA measures. The report period is set for the current GPRA year and may not be changed. These reports include the National GPRA/GPRAMA Report (which includes GPRA Developmental measures, Official GPRA measures, and several non-GPRA measures included for context); the GPRA/GPRAMA Patient List Report; and, the GPRA/GPRAMA Dashboard Report. An Area version of the National GPRA/GPRAMA Report is available in the Area Options menu. IHS requires facilities to run the National GPRA/GPRAMA report at the end of the second, third, and fourth quarters of the GPRA year and to transmit their data to their Area GPRA Coordinator.
- **Selected Measures (Local) Reports.** These local reports allow users to identify a particular community, all communities on the RPMS database, or a search template of patients. The user may run the report for any of the performance measure topics or the user may choose from six pre-defined reports for measures related to diabetes, cardiovascular disease, women's health, asthma, Improving Patient Care (IPC), or the Pharmacy Quality Alliance.
- **Other National Reports.** These reports contain mostly non-GPRA national measures for which national data is needed, except for the GPRA/GPRAMA Performance Report which provides GPRA/GPRAMA data for local use. IHS requires facilities to run the Other National Measures (ONM) Report at the end of each GPRA year. For the reports included in the Other National Reports menu, facilities may run a hard-coded report which contains all topics preset to the report year, or a user-defined report allowing for user-defined report parameters for the report year. Facilities may also run the GPRA/GPRAMA Performance Report for their site and choose their own one-year report period.
- **Taxonomy Reports.** These reports allow users to identify the medications and laboratory tests currently included in their CRS medication and laboratory taxonomies.
- **Meaningful Use Clinical Quality Measure Reports.** These reports are used for monitoring the Eligible Provider Clinical Quality Measures and the Hospital Clinical Quality Measures for Stage 1 Meaningful Use.

Are patient lists available for all reports?

Yes, all reports offer patient lists that identify the patient demographic information as well as the measures the patient was included in and the dates and codes of information that was found in RPMS for meeting the measure(s). For the National GPRA/GPRAMA 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 CRS reports. In fact, IHS recommends that all Area and site quality improvement staff, compliance officers, GPRA coordinators, clinical staff, other providers at the local facilities, and 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 at the end of each quarterly GPRA reporting cycle.

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 clinic processes or other changes should be made to improve performance
- Quickly measure impact of process changes on performance

Which report should I run at my facility to monitor progress on GPRA measures?

At minimum a facility should run the National GPRA/GPRAMA Report or the National GPRA/GPRAMA Dashboard Report at least once a quarter. The *CRS User Manual* provides complete step-by-step instructions for running these reports. Since the National GPRA/GPRAMA Report includes GPRA developmental, official GPRA/GPRAMA, and non-GPRA measures, the focus should be on the Official GPRA/GPRAMA Measures Clinical Performance Summary, which is located at the end of the report.

Note: If the new CRS software has not been released yet, the GPRA Performance Report will still allow a facility to run the National GPRA/GPRAMA Report for the current GPRA year. When prompted for the report date range, choose option 3 (July 1–June 30) and enter the calendar year of the report end date. For example, enter 2016 to run the report for the period July 1, 2015–June 30, 2016. Although this report does not reflect any logic changes that will be made to GPRA measures for the current GPRA year, it will give 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. 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?

A Selected Measures (Local) Report for a particular community taxonomy of patients should be run to monitor progress on non-GPRA measures. This is known as the COM Selected Measures (Local) with Community Specified Report. 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 (Medication Therapy for Persons with Asthma) that includes a list of all patients with asthma and shows the patients who received a prescription.

What should I do if the performance measure rates look incorrect?

If the rates do not seem to match what you expect, the next step is to run a patient list for the report. For the National GPRA/GPRAMA Report, there is a separate menu option for running a patient list for the particular measure. 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 may show a female patient did not have a Pap Smear during the specified time frame, but when you review the patient's chart, you determine that she did. The next step would be to find out why CRS did not find the Pap Smear and review the patient's visit in RPMS 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. Note that GPRA measures do not include refusals as meeting the measure. For immunization measures only NMI (Not Medically Indicated) refusals are counted.
- 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-9/10, 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, including 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 User Manual.
- 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 A and B but the patients all reside in community C.

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 incorrect, you should contact your Area GPRA Coordinator.

Is more information available?

Yes, CRS has its own website and contains a variety of information, such as the CRS User Manual, Fact Sheet, and past training presentations. The website is: <https://www.ihs.gov/crs/>

Is there a CRS listserv?

Yes. To subscribe, follow the instructions below.

1. Go the CRS Listserv page (URL shown below):
https://www.ihs.gov/listserv/topics/signup/?list_id=74
2. Type your name in the **Name** field and your email address in the **Email** field.
3. Click the **Subscribe** link.
4. It brings up an e-mail window. Click **Send**.
5. You will receive an email response with the following message in the text.

Your command:

SUBSCRIBE CRS [Your Last Name, Your First Name] (IHS/NPA) has been received.
You must now reply to this message (as explained below) to complete your subscription.
The purpose of this confirmation procedure is to make sure that you have indeed requested to be added to the list.

To confirm the execution of your command, simply click on the following URL: [URL for command response in email]

6. You will receive a direct confirmation of subscription from the listserv server and a CRS Listserv confirmation email.