

2012 GPRA Update

April 24, 2012

Sacramento, CA

Agenda

- 2011 results
- 2nd quarter results, 2012
- Improvement tools
- National performance changes in 2013
- GPRAMA measures
- Budget measures
- Measure Logic Changes in 2013
- Future Directions



2011 Q4 National Dashboard (IHS/Tribal)

DIABETES	2010 Target	2010 Final	2011 Target	2011 Final	2011 Final Results
Diabetes Dx Ever	N/A	12%	N/A	12.8%	N/A
Documented A1c	N/A	82%	N/A	83.0%	N/A
Poor Glycemic Control	16%	18%	19.4%	19.1%	Met
Ideal Glycemic Control	33%	32%	30.2%	31.9%	Met
Controlled BP <130/80	40%	38%	35.9%	37.8%	Met
LDL (Cholesterol) Assessed	69%	67%	63.3%	68.7%	Met
Nephropathy Assessed	54%	55%	51.9%	56.5%	Met
Retinopathy Exam	55%	53%	50.1%	53.5%	Met
DENTAL					
Dental: General Access	27%	25%	23.0%	26.9%	Met
Sealants	257,920	275,459	257,261	276,893	Met
Topical Fluoride- Patients	136,978	145,181	135,604	161,461	Met
IMMUNIZATIONS					
Influenza 65+	60%	62%	58.5%	62.0%	Met
Pneumovax 65+	83%	84%	79.3%	85.5%	Met
Childhood IZ ^a	80%	79%	74.6%	75.9%	Met
PREVENTION					
(Cervical) Pap Screening	60%	59%	55.7%	58.1%	Met
Mammography Screening	47%	48%	46.9%	49.8%	Met
Colorectal Cancer Screening	36%	37%	36.7%	41.7%	Met
Tobacco Cessation	27%	25%	23.7%	29.4%	Met
Alcohol Screening (FAS Prevention)	55%	55%	51.7%	57.8%	Met
DV/IPV Screening	53%	53%	52.8%	55.3%	Met
Depression Screening	53%	52%	51.9%	56.5%	Met
CVD-Comprehensive Assessment	33%	35%	33.0%	39.8%	Met
Prenatal HIV Screening	77%	78%	73.6%	80.0%	Met
Childhood Weight Control ^b	24%	25%	N/A	24.1%	N/A

^a

4 P

^bLo

2011 IHS-All Results

- IHS exceeded FY 2011 targets for all 21 reported clinical measures.
- This is the first year that IHS met all clinical targets.
- 15 of the 21 measure results also exceeded FY 2010 results.
- FY 2011 is also the first year that IHS reported targets and results to the tenth percentile.



2012 National Dashboard (IHS/Tribal) - 2nd Qtr

2012 Q2 National Dashboard (IHS/Tribal)					
DIABETES	2011 Target	2011 Final	2012 Target	2012 Q2	2012 Q2 Results
Diabetes Dx Ever ^a	N/A	12.8%	N/A	13.6%	N/A
Documented A1c ^a	N/A	83.0%	N/A	73.8%	N/A
Poor Glycemic Control	19.4%	19.1%	18.6%	16.4%	Not on Track ^b
Ideal Glycemic Control	30.2%	31.9%	32.7%	29.3%	Within Range
Controlled BP <130/80	35.9%	37.8%	38.7%	32.4%	Within Range
LDL (Cholesterol) Assessed	63.3%	68.7%	70.3%	50.7%	Within Range
Nephropathy Assessed	51.9%	56.5%	57.8%	41.4%	Within Range
Retinopathy Exam	50.1%	53.5%	54.8%	34.8%	Not on Track
DENTAL					
Dental: General Access	23.0%	26.9%	26.9%	19.6%	Within Range
Sealants	257,261	276,893	276,893	151,368	Within Range
Topical Fluoride- Patients	135,604	161,461	161,461	103,533	Within Range
IMMUNIZATIONS					
Influenza 65+	58.5%	62.0%	63.4%	61.4%	Within Range
Pneumovax 65+	79.3%	85.5%	87.5%	88.0%	On Track
Childhood IZ ^a	74.6%	75.9%	77.8%	59.6%	Not on Track
PREVENTION					
(Cervical) Pap Screening	55.7%	58.1%	59.5%	53.1%	Not on Track
Mammography Screening	46.9%	49.8%	51.7%	45.0%	Within Range
Colorectal Cancer Screening	36.7%	41.7%	43.2%	42.1%	Within Range
Tobacco Cessation	23.7%	29.4%	30.0%	22.2%	Within Range
Alcohol Screening (FAS Prevention)	51.7%	57.8%	58.7%	45.3%	Within Range
DV/IPV Screening	52.8%	55.3%	55.3%	43.4%	Within Range
Depression Screening	51.9%	56.5%	56.5%	42.8%	Within Range
CVD-Comprehensive Assessment	33.0%	39.8%	40.6%	27.6%	Within Range
Prenatal HIV Screening	73.6%	80.0%	81.8%	82.6%	On Track
Childhood Weight Control ^b	N/A	24.1%	N/A	24.8%	N/A
^a Measures used for context; no annual targets ^b Long-term measure as of FY 2009, next reported in FY 2013. ^c Although Poor Glycemic Control is currently meeting the final target, the measure is not on track based on annual historical trends				Measures On Track : 2 Measures Within Range: 15 Measures Not on Track: 4	

2nd Quarter 2012 IHS-All Results

- 2 measures are “on track” since their performance exceeds their 2012 targets.
- 15 measures are within range of meeting their 2012 targets based on historical performance.
- 4 measures are not on track based upon annual historical trends:
 - Poor Glycemic Control
 - Retinopathy Exam
 - Childhood Immunizations
 - (Cervical) Pap Screening



Improvement Tools

- March 2012 issue of the IHS Primary Care Provider lead article, “Significant Changes to GPRA Beginning in Fiscal Year 2013.”
- January 2012 issue of the IHS Primary Care Provider lead article, “Scoring a Perfect 19: Insights from the Facilities that Met All GPRA Targets in 2011.”
- Government Performance and Results Act webpage of the California Area Indian Health Service has presentations from WebEx trainings they have hosted.
- Performance Improvement Toolbox on the IHS Clinical Reporting System (CRS) webpage.



National Performance Changes in FY 2013 as a result of the GPRA Modernization Act of 2010 (GPRAMA)

6 GPRAMA measures

90 Budget measures

FY 2013

National Performance Changes

- In the 2013 budget, the Department of Health and Human Services (HHS) prepared an annual Performance Plan and Performance Report which was published as the HHS Online Performance Appendix (OPA).
- The OPA contains GPRAMA measures from all the HHS operating and staff divisions, including IHS.
- To make this possible, the total number of performance measures was reduced.
- In 2013, IHS will report on 6 GPRAMA measures in the HHS OPA.



GPRAMA / GPRA

- The GPRA measures will NOT be going away!
- They are being re-named in 2013, and they will be known as Budget Measures.
- The name change does NOT reduce the importance of these measures.
- They are still national performance measures that will be tracked locally, by Area and nationally.



IHS GPRAMA Measures

- The 6 GPRAMA measures are reported at the HHS level, but they are also included in IHS's annual budget, the Congressional Justification (CJ).
- 4 of the 6 GPRAMA measures are clinical measures reported from CRS.
- The other 2 measures are reported from other data sources.



IHS GPRAMA Measures by HHS Goal

- *Goal 1. Objective B: Improve healthcare quality and patient safety*
 - **100% of hospitals and outpatient clinics operated by the Indian Health Service are accredited (excluding tribal and urban facilities)**
- *Goal 1. Objective E: Ensure access to quality, culturally competent care for vulnerable populations*
 - **Proportion of adults 18 and older who are screened for depression**
 - **American Indian and Alaska Native patients with diagnosed diabetes achieve ideal glycemic control (A1c less than 7.0%)**
 - **Implement recommendations from Tribes annually to improve the Tribal consultation process**



IHS GPRAMA Measures by HHS Goal

- *Goal 3. Objective D: Promote prevention and wellness*
 - **American Indian and Alaska Native patients, 22 and older, with coronary heart disease are assessed for five cardiovascular disease (CVD) risk factors**
 - **Previously, this was a GPRA Developmental measure that eliminated heart failure from the denominator and changes the LDL lookback from 5 years to an LDL assessment during the report period.**
- *Goal 3. Objective E: Reduce the occurrence of infectious disease*
 - **American Indian and Alaska Native patients, aged 19-35 months, receive childhood immunizations [4:3:1:3:3:1:4]**



IHS GPRAMA Measures

- IHS will report 2013 results on these 6 measures in the 2014 HHS Performance Plan and Performance Report.
- The 2013 GPRA year for reporting clinical measure results begins July 1, 2012.
- 4.5 months after the release of the 2013 budget in Feb., 2012, IHS will begin recording data in local RPMS servers for the 4 clinical GPRAMA measures.



Budget Measures

- “Budget Measures” in the FY 2013 budget are defined as those non-GPRA measures used to support the agency’s budget request.
- IHS has 90 budget measures in the FY 2013 budget. Each one is considered a national performance measure whose targets and results are reported in the annual Congressional Justification.
 - 31 clinical and non-clinical GPRA measures are reclassified as Budget Measures;
 - 29 PART measures are reclassified as Budget Measures;
 - 30 National program measures are elevated to Budget Measures.



Budget Measures, cont.

- In 2012, IHS will report on a total of 157 GPRA, PART and national program measures. That number is reduced to 90 in 2013.
- The budget measures will be reported as they have been for the past few years.
- Clinical measures will be reported quarterly from the Clinical Reporting System (CRS).
- IHS headquarters programs will track their respective PART and program measures.



Measure Logic Changes in 2013

Dental Sealants

- Measure changes from a count to a rate in 2013 with a Baseline as the target.
- Denominator: Patients ages 6 - 15 who meet the User Population definition.
- Numerator: Patients with at least one or more intact dental sealants.
- Patient List: List of patients 6 - 15 with intact dental sealant.



Topical Fluoride

- Measure changes from a count to a rate in 2013 with a Baseline as the target.
- Denominator: Patients ages 2 - 15 meeting the User Population definition.
- Numerator: Patients who received one or more topical fluoride applications during the report period.
- Patient List of patients 2 - 15 who received at least one topical fluoride application during the report period.



Comprehensive CVD-related Assessment

- Previously this was a GPRA Developmental measure.
- Denominator: Active CHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with coronary heart disease (CHD) prior to the report period, and at least two visits during the report period, and two CHD-related visits ever. (Note: ICD-9 codes for heart failure have been removed from the denominator, angina was added to the denominator, and a series of procedure codes were also added to detect coronary heart disease when the ICD codes failed to do so.)



Comprehensive CVD-related Assessment, cont.

- 5 numerators are included in the measure:
 - Patients with blood pressure value documented at least twice in prior two years.
 - Patients with LDL completed during the report period, regardless of result. (*CHANGE*)
 - Patients who have been screened for tobacco use during the report period.
 - Patients for whom a BMI could be calculated.
 - Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the report period.



Comprehensive CVD-related Assessment, cont.

- 2 patient lists for this measure
 - List of Active CHD patients 22+ with a comprehensive CVD assessment.
 - List of Active CHD patients 22+ without a comprehensive CVD assessment.
- IHS will begin reporting on this measure as one of our GPRAMA measures in 2013.
- This new measure will be added to CRS Version 13.0 (December 2012 release date).



Comparison of Results for each CVD measure

Current GPRA CVD measure (Old Denominator)

- 2011 Result was 39.8%
 - Numerator was 14,665
 - Denominator was 36,808
- 2012 Target is 40.6%
 - Quarter 2 result is 27.6%, and the measure is within range of meeting the target
- Discontinued in 2013

GPRAMA CVD (New Denominator)

- 2011 Historical Actual was 32.8%
 - Numerator was 11,138
 - Denominator was 33,939
- 2012 Internal IHS Target is 33.8%
 - 2012 final result for this GPRAMA measure will be reported as an historical actual in the HHS Online Performance Appendix (OPA)
- 2013 GPRAMA target is 32.3%



Years of Potential Life Lost (YPLL)

- A public health measure of the impact of premature mortality on a population
- Prior to 2012, YPLL was a separate outcome measure for the following IHS programs that underwent a Program Assessment Rating Tool (PART) evaluation by OMB:
 - Federally Administered Activities (2004)
 - Urban Indian Health Program (2005)
 - Health Care Facilities Construction (2006)
 - Tribally Operated Health Program (2007)



YPLL, cont

- Beginning in 2012, these 4 PART measures will be consolidated and reported as 1 IHS-All budget measure.
- The 2012 Baseline result will not be available until 2015 since this measure has a three-year data lag before results are reported.



Breastfeeding Rates

- This PART measure, screening for infant feeding choice, determined the proportion of infants 2 months old (45-89 days) that are exclusively or mostly breastfed.
- It is reported by Federally Administered Activities (federal sites) from CRS.
- Federal sites will continue to report results in 2012.
- In 2013 this budget measure will be reported as an IHS-All rate; a baseline will be established in 2013.



Hospital Admissions per 100,000 service population for long-term complications of diabetes

- Federal sites and tribal sites report this measure individually as a long-term efficiency measure.
- These 2 measures will be consolidated into 1 IHS-All measure in 2012.
- A baseline will be established in 2012, and the result will reported in 2014.
- This consolidated measure is considered a budget measure in 2013.



LEED Certified IHS Health Care Facilities

- LEED: Leadership in Energy and Environmental Design
- LEED involves 5 principles: employ integrated design principles, optimize energy performance, protect and conserve water, enhance indoor environmental quality, and reduce environmental impact of materials.
- During the 2010 IHS budget process, this measure was added to the Health Care Facilities Construction Program as a PART efficiency measure requiring implementation in 2013.
- It will baseline in 2013 as a budget measure.



Measures Eliminated in the 2012 CJ or 2013 CJ

- Stop reporting documented Hemoglobin A1c in the CJ for IHS-ALL and TOHP.
 - This measure was a contextual measure.
- Poor glycemic control (IHS-ALL and TOHP)
- Results for both of these measures will continue to be collected for internal program use, but not reported in the CJ.



PART Measures Eliminated in 2012 or 2013

FAA: Federal sites only

- BMI for ages 2 – 5 years
- Unintentional injury mortality rate
- Breastfeeding rate
- YPLL
- DM hospital admissions for long-term complications of diabetes

TOHP: Tribal sites only

- Childhood Weight Control
- Long-term ideal glycemic target of 40% by 2014
- YPLL
- DM hospital admissions for long-term complications of diabetes



PART Measures Eliminated in 2012 or 2013

UIHP: Urban clinics

- YPLL

RPMS

- Average Days in Accounts Receivable
 - Hospitals
 - Clinics
- Number of patients with clinical images in the RPMS EHR



PART Measures Eliminated in 2012 or 2013

- Health Care Facilities Construction
 - Percent of scheduled construction projects completed on time
 - Access to care: increasing access to care at completed, congressionally appropriated, priority Health Care Facilities
 - YPLL



What will change at the local facility level?

- Nothing will change at the local level in terms of what is required for performance reporting.
- Local sites will still run their *CRS National GPRA and PART Report* at the end of the 2nd, 3rd and 4th quarters using CRS for the existing 22 GPRA measures.



What will change at the local facility level?

- At the local level, improvement activities will still concentrate on the 22 GPRA measures since they are still national performance measures, and reported in each annual IHS budget.
- CRS software will continue to be updated by the IHS CRS Team and the CRS programmers.



Future Directions

- In 2012 the budget measures will be critically reviewed by the Performance Measures Steering Committee (PMSC).
- The PMSC will review measure logic to determine what budget measures could align with other national performance measures.
- Possible replacement of budget measures will be considered, particularly Stage 2 Meaningful Use measures.



Questions?

Thank you!

