

INDIAN HEALTH SERVICE

GPRA/GPRAMA

**INTRODUCTION TO THE INTEGRATED
DATA COLLECTION SYSTEM DATA
MART (IDCS DM)**

Best Practices Conference

May 24, 2017

AGENDA

1. Overview of FY 2018 GPRA Reporting Changes
2. National Data Warehouse Overview
3. Introduction to Integrated Data Collection System (IDCS)
4. IDCS versus CRS
5. IDCS – current progress/status
6. IDCS CVD Comprehensive Assessment measure 2015 results
7. IDCS DM DV/IPV Screening results
8. Summary of Changes
9. Questions/Comments

OVERVIEW OF FY 2018 CHANGES TO GPRA REPORTING

History of GPRA Reporting

OVERVIEW OF FY 2018 CHANGES TO GPRA REPORTING

- Beginning in FY 2018, GPRA data will be reported through the Integrated Data Collection System Data Mart (IDCS DM) at the National Data Warehouse
- GPRA Year will change to the Fiscal Year
- Denominators change from Active Clinical Population to IHS User Population
- Federal, Tribal, and Urban health program data will be combined into one national result for each measure

OVERVIEW OF FY 2018 CHANGES TO GPRA REPORTING

- The IHS has used the Clinical Reporting System (CRS) module in RPMS to report clinical performance results in the annual budget since 2005.
- CRS will be used to report 2017 results.

Reporting Process	Limitations
Aggregation: <ul style="list-style-type: none">• Reports are electronically run on local RPMS servers,• Electronically aggregated into Area GPRA reports, and• Manually aggregated nationally.	Reports are run on local RPMS servers which means that the universe of data mining for reports is limited to the local server.
Timing <ul style="list-style-type: none">• Reports run three times a year using hard coded logic to standardize reports across the Indian health system.	National results are not available for 8 – 9 weeks after the end of the quarter because (1) Areas submit their reports 4 weeks after the quarter end and (2) manual aggregation of national results and cross checking takes 4 – 5 weeks.
National GPRA results are <u>only</u> reported from RPMS.	Performance results reflect RPMS sites only.

NATIONAL DATA WAREHOUSE

Overview

NATIONAL DATA WAREHOUSE OVERVIEW

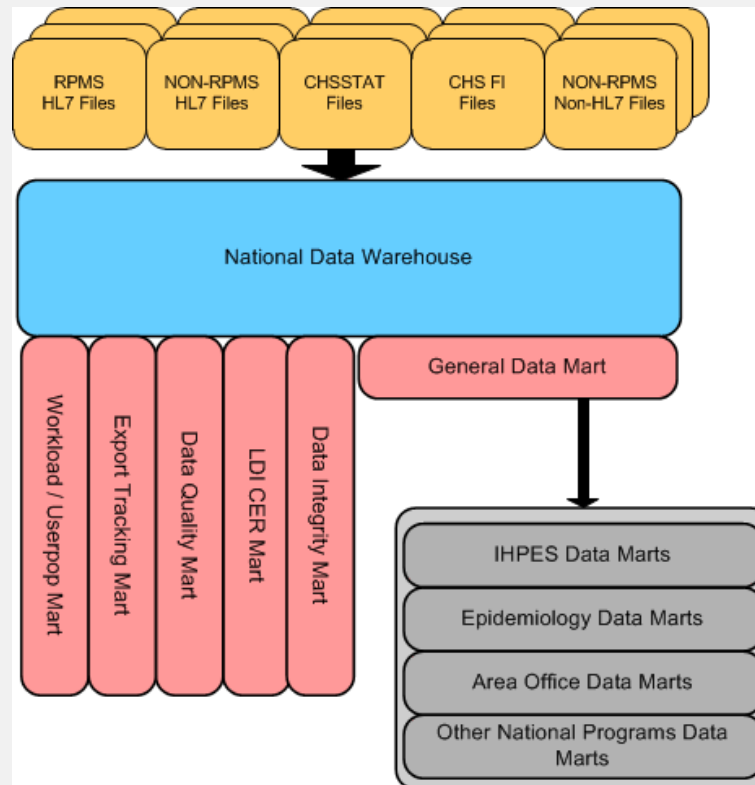
- The National Patient Information Reporting System (NPIRS) instituted the National Data Warehouse (NDW) in 2006
- The NDW is a data warehouse environment for the IHS national data repository
- The NDW gathers, stores, reports, and allows easy access to accurate historical data
 - Custom designed to administrative and clinical needs of IHS end users nationwide
 - Includes patient registration and encounter information dating back to October 2000

NATIONAL DATA WAREHOUSE OVERVIEW

- The National Data Warehouse accommodates individual Data Marts for targeted information
- Data Marts are created by importing only the data required to fulfill the custom requirements of specific end-users
- Data Marts can be refreshed or purged and then the data re-imported from the NDW whenever necessary

NATIONAL DATA WAREHOUSE OVERVIEW

- The National Data Warehouse accommodates individual Data Marts for targeted information



IDCS DATA MART

Introduction

WHAT IS THE INTEGRATED DATA COLLECTION SYSTEM DATA MART (IDCS DM)?

- It is a centralized performance data mart being built within the IHS National Data Warehouse (NDW).
- It will run secure, on-demand web-based reports for clinical GPRA/GPRAMA measures at the service unit, area and national levels (only national results are included in the IHS budget).
- The IDCS DM results will replace the CRS aggregate results as IHS's official results beginning in 2018.
- It will reduce reporting burden because IDCS uses the same data sent to the NDW for workload and User Population Estimates in its performance calculations
 - Health programs will no longer have to manually run the GPRA report each reporting quarter

WHY IS IHS BUILDING THE IDCS DM?

- To report I/T/U clinical measure results for GPRA/GPRAMA purposes.
- The IDCS DM uses any data exported to the National Data Warehouse (NDW) making results more comprehensive:
 - RPMS
 - Commercial Electronic Health Records (EHRs)
 - Fiscal Intermediary data
- Allows Tribes and Urban programs with commercial EHRs to include their data in national results. Tribes can choose to “opt out”.
- The IDCS DM increases the efficiency of timely reporting compared to CRS.
- More frequent reporting can become a performance management tool for decision making at the program, service unit, area and national levels.

IDCS DM OVERVIEW

Reporting Process	Limitations
<p>Centralization:</p> <ul style="list-style-type: none">• Measure Logic programmed centrally.• Measure reports run centrally.• Measure calculations follow the patient (de-duplication). That means that GPRA credit is given no matter where the patient received health care.	<p>Data included in facility exports to the NDW is a <u>subset</u> of all data that exists in a local RPMS server. As new IDCS measures and measure logic are added, the HL7 standard transmission file and the NDW architecture must be modified to bring the new data elements to the NDW.</p>
<p>Timing</p> <ul style="list-style-type: none">• Reports will be available at the national, area and service unit levels when IDCS goes live.• Frequently updated (refreshed) reports on a weekly basis.	<p>Final reports will be run at the end of December when User Population Estimates are released by the IHS Division of Program Statistics.</p>
<p>Results represent the IHS, Tribal and Urban (I/T/U) sites that participate.</p>	<p>If tribes “opt-out” and do not include their data in performance reporting, results will still not fully represent the I/T/U system</p>

IDCS DM OVERVIEW: PROGRESS UPDATE

- Iteration 1 was deployed into Production in September 2015. The backbone for the system was developed. A revised HL7 export file was developed to include new elements needed by IDCS. CRS v. 14.1 logic was programmed.
- Iteration 2 was deployed into Production in July 2016. CRS v. 15.1 was programmed. Export testing of the revised HL7 export was conducted. Service unit data is now available for review.
- Iteration 3 was released February 2017. It will complete programming of CRS v. 16.1. The security plans for non-federal access to the IDCS DM are being worked on. New age groups for clinical measures have been added as a feature for individual measure reports.
- Iteration 4 is in progress. CRS v. 17.1 is being programmed. Continue work on the non-federal access to IDCS DM reports. Service unit results should be available via email by October 2017. Begin work on facility level reports.

IDCS DM MAJOR CHANGES

- The CRS Report year of July 1 – June 30 changes to the federal fiscal year of October 1 – September 30 for the IDCS DM.
- IHS results will represent the I/T/U population.
- Denominators will use the IHS User Population Estimates.
 - CRS currently uses the Active Clinical denominator.
- **Overall measure performance will decline compared to CRS results.**
 - Dental measures are an exception.

IHS USER POPULATION VS. ACTIVE CLINICAL POPULATION

IHS User Population	CRS Active Clinical Population	CRS GPRA User Population
<p>AI/AN</p> <ul style="list-style-type: none"> Member of a federally recognized Tribe (Tribe Code = 000 – 997 and Indian Flag = Indian) Tribe Code = 998 or 999 and Beneficiary code = 01 Tribe Code = 998 or 999 and Indian Blood Quantum = 1 or 2 or 3 or 4 	<p>AI/AN</p> <ul style="list-style-type: none"> Beneficiary code 01 	<p>AI/AN</p> <ul style="list-style-type: none"> Beneficiary code 01
At least one workload reportable visit within the last three fiscal years at an IHS or Tribal site within the IHS Administrative Area	At least two visits at the reporting facility, one of which must be to a core medical clinic, in the last three GPRA years	At least one visit at the reporting facility in the last three years
Must live in a community of residence assigned to one of the Indian Health clinics in the Administrative Area.	Must live in a community of residence assigned to the service unit that data is reported under	Must live in a community of residence assigned to the service unit that data is reported under
Patients who are deceased at end of report period are included in user pop	Must be alive as of the last day of the reporting period	Must be alive as of the last day of the reporting period

Table 1. Comparison of the Resource and Patient Management System's (RPMS) Clinical Reporting System (CRS) and the Integrated Data Collection System Data Mart (IDCS DM)

	RPMS CRS		IDCS DM
Data Source	Measure logic searches local RPMS servers for performance results	➡	Uses all data exported to the NDW for performance calculations (RPMS, non-RPMS, Fiscal Intermediary)
Denominator Population	CRS defined Active Clinical Population	➡	IHS User Population
Focus	National performance results include RPMS data only	➡	National performance results represent I/T/U data submitted to the NDW
Logic	RPMS patches containing CRS logic updates installed on local RPMS servers	➡	Programmed centrally, measure logic can be changed quickly within IDCS DM
Report Frequency	Q2, Q3, Q4 for national aggregation from the local site ->Area Office -> National	➡	Run each quarter for national GPRA results, OR users run on-demand reports as needed
Reporting Year	July 1 – June 30	➡	Fiscal Year – October 1 – September 30
Reports	Locally run on RPMS server	➡	On-demand web based Service Unit, Area and National level reports
Results	Based on patient registration and clinical data housed in the local RPMS server	➡	Calculations are based on the patient no matter where the care was received

NDW DATA EXPORTS

Introduction

NDW EXPORTS

- Each service unit exports their registration and workload data to the National Data Warehouse
 - IHS User Population Estimates
 - Workload Counts
 - GPRA Data (beginning in FY 2018)
- Currently most RPMS sites export monthly – sites with their RPMS database on the CA Area Office have their exports sent automatically each month
- Non RPMS sites vary in the frequency of NDW exports, some export monthly, some export annually

NDW EXPORTS

- IHS recommends that health programs export data at least monthly
 - Ensures data errors can be corrected prior to end of fiscal year – increases data accuracy for user pop, workload, and GPRA reporting
 - Will allow service units to monitor their progress on GPRA measures throughout the year and plan improvement strategies
- RPMS programs have an application which will export their data to the NDW in the proper format
- Non RPMS programs must send their data to the NDW in an HL7 (Health Level 7) format.
 - HL7 is the generally accepted standard for the exchange of specified types of medical information

NDW DATA EXPORTS

HL7 Data Export File Requirements

- The initial HL7 data export file includes all encounters, from 10/01/2000 forward (if available), and all registrations associated with these encounters.
 - If a Site is new in sending data to the NDW, send data from 10/01/2000 forward, if available.
 - If a Site has submitted to the NDW in the past but is now changing systems, send only those encounter and registrations not previously sent in using the Site's old system.
- NPIRS can accept the initial encounters in a single file, or broken into separate files by year or other methods.
- For subsequent incremental data exports, include all new and/or modified encounters and registrations where the begin date is the day following the previous export end date (export end date + 1) and the end date is the creation date of the next data export file.
- If a Site has submitted to the NDW in the past but is now changing systems, send new data not previously sent in by the Site's old system.

NDW DATA EXPORTS

NDW Required HL7 Components

Element Name	Notes
ADA Code (1)	Required for Dental encounter
Admission Service	Required for Direct Inpatient
Authorizing Facility	Required for Contract Health Services
Beneficiary Classification Code	Required for Registration
Blood Quantum Code	
Chart Facility Code	
Chart Number	
Clinic Code	Direct Outpatient, Direct Dental
Community of Residence Code	Required for Registration
Date of Birth	Required for Registration and Dental encounter
Date of Last Update	
Diagnosis Code (1)	Primary
Discharge Date	Required for Inpatient
First Name	
Gender	Required for Registration
Last Name	
Location of Encounter	
Provider Discipline Code (1)	Direct Outpatient, Direct Dental
Service / Admission Date	
Service Category Code	
Service Type Code	
Social Security Number and Pseudo SSN Flag	Composite field
Tribe Code	Required for Registration
Unique Encounter Code	
Unique Registration Code	
Vendor Type Code	Required for Contract Health Services

NDW DATA EXPORTS

NDW Required GPRA/GPRAMA Components

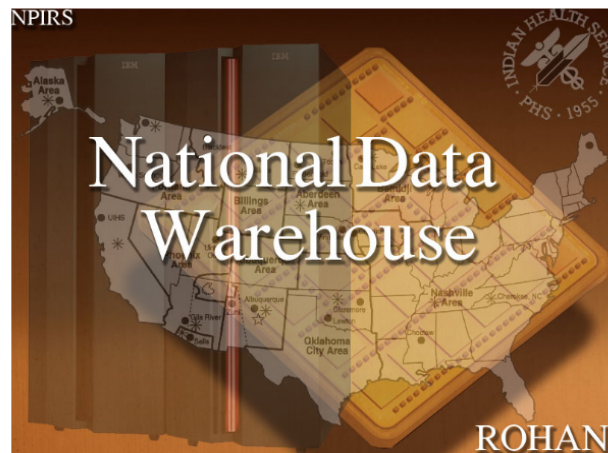
Element Name
ADA Units
Added Date
Clinical Measure Code
Clinical Measure Result Value
Deleted Date
Dental Delivery Code
DM Nutrition Education Flag
Education Code
Length of Education
Education Understanding
IHS Exam Code
HCPCS / CPT Code
HCPCS Modifier
Immunization Formulation Code
Health Factor Category
Health Factor Category Code
Health Factor Code
Health Factor Name
ICD Procedure Code
Infant Feeding Choice Code
Immunization Dose Number Code
Lab Result (character)
Lab Test Name

Element Name
LOINC Code
Medication NDC Code
Medication Name
Medication Quantity
Noted Date (character format)
Onset Date (character format)
Problem Status Code
Procedure Date (character format)
Provider Narrative
Range Lower Limit
Range Upper Limit
Refusal Date (character format)
Refusal Item
Refusal Reason Code
Refusal Type
Skin Test Code
Skin Test Reading
Skin Test Result Code
VA Drug Class Code
Women's Health Procedure Type
Result

NDW DATA EXPORTS- EXPORT TRACKING



Log On to BusinessObjects



Export Tracking and Standard Code Book

Guest Users can check the status of processed files, read user documentation, and access the Standard Code Book tables

[Export Tracker](#)

[Standard Code Book](#)

Registered User

Registered Users can utilize all features of the NDW Reporting Web Site. Contact your Area Statistical Officer if you require full access to the site.

[Enter](#)

For additional assistance, You can reference either of the documents below or email us at the link at the bottom of this box.



[Area Statistical Officer Reference](#)



[NDW Reporting Web Site User Guide](#)


E-Mail: oit-npirs-ops@ihs.gov

*****WARNING***WARNING***WARNING*****
THERE IS NO RIGHT OF PRIVACY IN USE OF THIS SYSTEM

This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and give consent that You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any

NDW DATA EXPORTS – EXPORT TRACKING


**THE IHS
National
Data Warehouse**

NDW Export Tracking
Help


Choose from the 3 search methods

Choose Area: Site:

Search Options:

IE Receipt Date range search: Export ID:

Area	Export ID	ASUFAC	File Name	First/Last Mod Dates	Ack'd Loaded	Registration Reg Loaded	Encounter Enctr Loaded
------	-----------	--------	-----------	----------------------	--------------	-------------------------	------------------------


**THE IHS
National
Data Warehouse**

NDW Export Tracking
Help

Choose from the 3 search methods

Choose Area: Site:


Search Options:

IE Receipt Date range search:

Area	Export ID	ASUFAC	File Name	First/Last Mod Dates
CAO	51484	662410	chsstat662410a.17123	F-05/03/2017 L-05/03/2017
CAO	51315	661557	6615573170424195954.BDW	F-03/24/2017 L-04/23/2017
CAO	51314	663410	6634103170424192109.BDW	F-03/24/2017 L-04/23/2017
CAO	51313	661210	6612103170424184839.BDW	F-03/24/2017 L-04/23/2017
CAO	51312	662830	6628303170424182644.BDW	F-03/24/2017 L-04/23/2017
CAO	51311	648110	64811031704241817.BDW	F-03/24/2017 L-04/23/2017
CAO	51310	661355	66135531704241813.BDW	F-03/24/2017 L-04/23/2017
CAO	51309	662310	6623103170424180121.BDW	F-03/24/2017 L-04/23/2017
CAO	51308	662110	6621103170424172606.BDW	F-03/24/2017 L-04/23/2017
CAO	51284	648755	6487553170424052004.BDW	F-03/24/2017 L-04/23/2017

- AUBURN
- BAKERSFIELD IHC
- BURNEY
- CENTRAL VALLEY
- COLD SPRINGS
- COLUSA TRIBAL HEALTH
- CONSOLIDATED
- CONSOLIDATED THC
- COYOTE VALLEY
- FEATHER RIVER TRIBAL HEALTH
- FRESNO CLINIC
- GREENVILLE RANCHERIA
- GREENVILLE RANCHERIA TRB HLTH
- GUIDIVILLE INDIAN RANCHERIA
- HAPPY CAMP
- HOOPA
- HOPLAND
- IHC SANTA CLARA VALLEY
- INDIAN HEALTH COUNCIL
- KARUK COMM HEALTH CLINIC
- KARUK COMMUNITY HEALTH CLINIC
- LAKE
- LAKE COUNTY TRIBAL HEALTH
- LASSEN INDIAN HC
- Mathiesen Memorial Health
- MACT HEALTH BOARD CLINIC
- MACT HEALTH BOARD INC.
- MATHIESEN MEMORIAL HEALTH CLIN
- MATHIESEN MEMORIAL HEALTH CTR

NDW DATA EXPORTS – EXPORT TRACKING



NDW Export Tracking



Help

Choose from the 3 search methods

Choose Area:
 Site:

Search Options:

IE Receipt Date range search:
 Export ID:

Area	Export ID	ASUFAC	File Name	First/Last Mod Dates	Ack'd Loaded	Registration Reg Loaded	Encounter Enctr Loaded
CAO	51244	662210	6622103170422194543.BDW	F-03/22/2017 L-04/21/2017	A-04/22/2017 L-04/25/2017	636	6197
CAO	50880	662210	6622103170322194552.BDW	F-02/22/2017 L-03/21/2017	A-03/23/2017 L-03/23/2017	733	5879
CAO	50531	662210	6622103170222194542.BDW	F-01/22/2017 L-02/21/2017	A-02/23/2017 L-02/23/2017	495	5426
CAO	50229	662210	6622103170122194556.BDW	F-12/22/2016 L-01/21/2017	A-01/25/2017 L-01/26/2017	107	5643
CAO	49809	662210	6622103161222194549.BDW	F-11/22/2016 L-12/21/2016	A-12/22/2016 L-12/27/2016	151	4782
CAO	49550	662210	6622103161122194547.BDW	F-10/27/2016 L-11/21/2016	A-11/22/2016 L-12/20/2016	131	4415
CAO	48434	662210	6622103161027151757.BDW	F-03/22/2016 L-10/26/2016	A-10/27/2016 L-10/28/2016	2070	30134
CAO	45703	662210	6622103160322194555.BDW	F-02/22/2016 L-03/21/2016	A-03/22/2016 L-03/23/2016	661	6209
CAO	45375	662210	6622103160222194544.BDW	F-01/22/2016 L-02/21/2016	A-02/28/2016 L-02/28/2016	952	5181
CAO	45109	662210	6622103160122194543.BDW	F-12/22/2015 L-01/21/2016	A-01/22/2016 L-01/25/2016	682	5277
CAO	44835	662210	662210315122219454.BDW	F-11/22/2015 L-12/21/2015	A-12/22/2015 L-12/23/2015	780	5085
CAO	44615	662210	6622103151122194542.BDW	F-10/22/2015 L-11/21/2015	A-11/23/2015 L-12/14/2015	1122	5392
CAO	44314	662210	 6622103151022194547.BDW	F-09/24/2015 L-10/21/2015	A-10/23/2015 L-		
CAO	44263	662210	 6622103151022194547.BDW	F-09/24/2015 L-10/21/2015	A-10/23/2015 L-		

NDW DATA EXPORTS – DATA QUALITY REPORTS

- **User Population Data Quality Reports:** Displays list of patient registration files that if corrected, may count towards user population
 - **Registrations Not Included on User Population Reports**
 - Lists registrations missing a unique identifier that allows NDW to identify patient (Chart Facility, Chart Number, Last Name, or First Name)
 - **Registrations Potentially Countable on UP Reports**
 - Lists registrations that are missing an identifier that NDW uses to determine if a specific patient meets the qualification for user population (community of residence, Tribe, Beneficiary, or Blood Quantum)
- **Missing Registration by Facility**
 - Lists workload visits that are not linked to a registration file

NDW DATA EXPORTS – DATA QUALITY REPORTS

Registrations Potentially Countable on User Population Reports

Page 1 of 1

Print Date: 05/05/2017

Report Run Date: 05/03/2017

DETAIL for:

Registration Code	Export Date	Patient Residency	Patient AI/AN Status		
		Community	Tribe	Beneficiary	Blood Quantum
162680000015637	09/24/2016		MISSING	VALID	VALID
162680000015662	12/24/2014		MISSING	VALID	VALID
162680000015948	10/22/2015		MISSING	VALID	VALID
162680000016221	10/24/2016		MISSING	VALID	VALID
	4		4 / 0	0 / 0	0 / 0

NDW DATA EXPORTS – DATA QUALITY REPORTS

- **Workload Data Quality Reports:** Displays list of visits that if corrected, may count towards user population
 - **WL Reportable Visits Not Included on Workload Reports**
 - Lists visits missing a unique identifier that allows NDW to determine if a visit meets the definition for a visit within the three year timeframe (Visit Type, LOE Facility, Service Date, Discharge Date)
 - **Potentially Workload Reportable Ambulatory Visits (also reports for Contract Visits and Dental Visits)**
 - Lists visits that are missing an identifier that NDW uses to determine if a visit is workload reportable (Service Type, Service Category, Provider Type, Clinic Type, and Diagnosis)

MONITORING GPRA RESULTS

RPMS Programs

GPRA MONITORING

- Clinical Reporting System* (CRS) will continue to be updated for RPMS sites
 - Patient Lists
 - GPRA Reports
 - Forecast Reports

*Results from CRS will vary some from the data reported through IDCS DM

GPRA MONITORING

- IDCS GPRA Reports can be requested anytime throughout the year
 - Email caogpra@ihs.gov to obtain the GPRA report for your clinic at any time
 - Reports are refreshed weekly

IDCS DATA EXAMPLES

CALIFORNIA DASHBOARD EXAMPLE



Integrated Data Collection System (IDCS)

Official

Report Date: 05/05/2017



Not For Official Use

DENTAL

Measure	Administrative Area	2015 Target	2015 Final	2016 Target	2016 Final	2016 Result
Annual Dental Visits	CALIFORNIA	27.90%	44.30%	29.30%	36.29%	MET
Dental Sealants Rate	CALIFORNIA	14.10%	18.76%	14.80%	17.95%	MET
Fluoride Application Rate	CALIFORNIA	26.40%	34.23%	28.30%	33.35%	MET

DIABETES

Measure	Administrative Area	2015 Target	2015 Final	2016 Target	2016 Final	2016 Result
Blood Pressure Controlled	CALIFORNIA	63.80%	49.99%	65.00%	53.80%	NOT MET
Good Glycemic Control	CALIFORNIA	47.70%	30.69%	49.50%	38.96%	NOT MET
Nephropathy Assessed	CALIFORNIA	60.00%	9.27%	61.10%	28.14%	NOT MET
Retinopathy Assessed	CALIFORNIA	60.10%	42.56%	61.60%	40.02%	NOT MET
Statin Therapy during the Report Period	CALIFORNIA	N/A	N/A	BASELINE	33.94%	BASELINE

IMMUNIZATIONS

Measure	Administrative Area	2015 Target	2015 Final	2016 Target	2016 Final	2016 Result
Childhood IZ - Combination	CALIFORNIA	73.90%	43.06%	76.80%	42.15%	NOT MET
Influenza Immunization	CALIFORNIA	67.20%	32.33%	BASELINE	13.96%	BASELINE
Pneumococcal Immunizations	CALIFORNIA	85.70%	56.14%	87.30%	55.87%	NOT MET

PREVENTION

Measure	Administrative Area	2015 Target	2015 Final	2016 Target	2016 Final	2016 Result
Alcohol Screening (FAS Prevention)	CALIFORNIA	66.70%	38.35%	BASELINE	36.99%	BASELINE
(Cervical) Pap Screening	CALIFORNIA	54.60%	38.57%	55.60%	34.81%	NOT MET
Childhood Weight Control - BMI at or above 95th Percentile	CALIFORNIA	24.00%	21.32%	22.80%	21.92%	MET
Colorectal Cancer Screening	CALIFORNIA	35.20%	25.61%	38.70%	23.28%	NOT MET
Controlling High Blood Pressure (MH)	CALIFORNIA	59.50%	46.36%	60.60%	44.12%	NOT MET
CVD-Comprehensive Assessment	CALIFORNIA	47.30%	24.15%	53.30%	45.54%	NOT MET
Depression Screening or Mood Disorder Diagnosis	CALIFORNIA	64.30%	39.42%	67.20%	36.54%	NOT MET
DV/IPV Screening	CALIFORNIA	61.60%	39.47%	BASELINE	36.48%	BASELINE
HIV Screening Ever	CALIFORNIA	N/A	N/A	BASELINE	17.10%	BASELINE
Mammography Screening	CALIFORNIA	54.80%	26.46%	55.90%	29.38%	NOT MET
Tobacco Cessation Counseling Smoking Cessation Aid Quit Tobacco Use	CALIFORNIA	46.30%	22.31%	49.10%	22.68%	NOT MET

IDCS DM VIEW OF THE CVD COMPREHENSIVE ASSESSMENT MEASURE FOR 2015

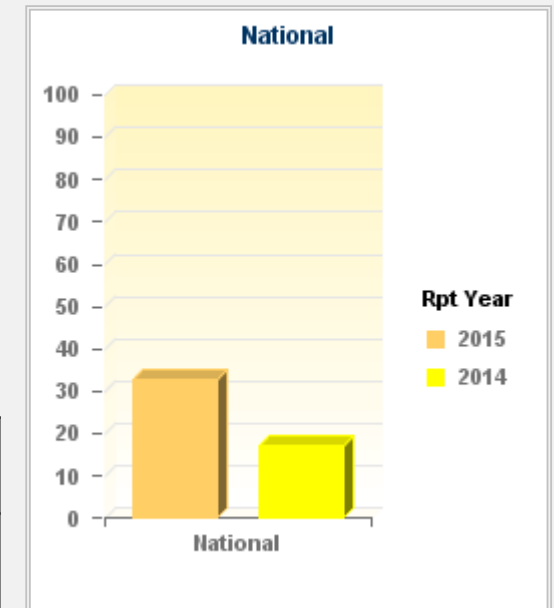
IHS Wide Percentage & Targets

Report Year	Numerator	Denominator	Target	Percent	Target Result	User Population Version - Active Dates	NDW Data As Of	Measure Goal
2015	17716	54363	47.30%	32.59%	NOT MET	O (Ver: 81) 10/01/2012 - 09/30/2015	04/10/2016	A rate HIGHER than the target.
2014	9085	53724	51.00%	16.91%	NOT MET	O (Ver: 73) 10/01/2011 - 09/30/2014	12/18/2015	A rate HIGHER than the target.

The 2015 IDCS DM result of 32.59% was 14.7% less than the 2015 target of 47.3%. The 2015 IHS official result from CRS was 55% and exceeded the 2015 target by 7.7%.

There could be a number of reasons for the differences in results:

- The greatest impact would be that the IDCS DM uses the User Population Estimates as its denominator instead of CRS's Active CHD patients. The IDCS User Pop CHD denominator of 54,363 exceeded the CRS Active CHD denominator of 34,443 by 19,920. Remember that the trend is lower results from the IDCS DM because of the User Pop denominator.
- LDL is a lab test that is defined by the export to the NDW of an ICD diagnosis code, a CPT code or a LOINC code.
- Many of the values that meet the definition for the Lifestyle Adaptation codes are RPMS specific that include various education codes. The topics of medical nutrition therapy, nutrition education, exercise education, or related exercise and nutrition education can also be met by ICD diagnosis codes or CPR codes.



DENOMINATORS: CRS ACTIVE CHD VS IDCS CHD

CLINICAL REPORTING SYSTEM (RPMS)

- **Active Clinical Denominator** requires 2 visits to medical clinics in the past 3 years with at least 1 visit to a core clinic. The patient must be AI/AN, alive on the last day of the report period, and reside in a community specified in the sites' GPRA community taxonomy within the defined PRC catchment area.
- The **CRS Active CHD** patient is one diagnosed with CHD prior to the report period, & at least 2 visits during the report period, & 2 CHD-related visits ever.

IDCS DM (NDW)

- **User Population Denominator** is defined as AI/AN people who have used IHS services at least once during the last three year period according to their community of residence.
- **IDCS DM CHD denominator** requires diagnosis of CHD prior to the report period, & at least 2 visits during the report period, and two CHD-related visits prior to the report period end [another way to express “ever”]. *The IDCS numerator is met no matter where the patient receives the care associated with that measure.*

IDCS DM DV/IPV SCREENING RESULTS

DV/IPV Screening [Female user population ages 15 - 40 years; age calculated at the beginning of the report period] (National targets: 2015 was 61.6%; 2014 was 58.3%)

Unnamed Svc Unit

Age Groups	2015			2014		
	15.1	O (Ver: 81)		14.1	O (Ver: 73)	
	Numerator	Denominator	Percent	Numerator	Denominator	Percent
15-17 Years	189	294	64.29%	224	306	73.20%
18-21 Years	242	406	59.61%	272	408	66.67%
22-34 Years	741	1192	62.16%	786	1213	64.80%
34-40 Years	263	403	65.26%	260	368	70.65%
Total:	1435	2295	62.53%	1542	2295	67.19%

SUMMARY

- In 2018 the new IDCS DM will
 - Enable full I/T/U participation
 - Consolidate and streamline reporting requirements
 - Produce secure, on-demand, web-based reports
 - Reduce the amount of time to access data results
 - Allow for program access to performance measures
- IDCS 2017 results will be used to calculate the official 2019 targets for agency reporting in the budget.
- For more information, see the 2 page IDCS DM Fact Sheet at https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2015_Letters/ENCLOSURE_DTLI_IntegratedDataCollectionSystem_FactSheet.pdf
- Or, email HQ_OPHSidcs@ihs.gov (Note: there is an underscore between HQ and OPHSidcs)

QUESTIONS?

Thank you.