

INDIAN HEALTH SERVICE

# GPRO/GPRAMA 101

May 22, 2024

# AGENDA

1. Introduction to GPRA/GPRAMA
2. Overview of FY 2024 GPRA Reporting Changes
3. Introduction to the National Data Warehouse (NDW)
4. Introduction to Integrated Data Collection System (IDCS)
5. NDW Data Exports
6. Monitoring & Improving GPRA Results
7. IDCS FY 2023 Data
8. Questions/Comments

# INTRODUCTION TO GPRA/GPRAMA

# INTRO TO GPRA/GPRAMA

- **GPRA:** Government Performance and Results Act
  - Federal law passed in 1993 that requires agencies to demonstrate that they are using congressional funds effectively and efficiently
  - IHS has been reporting GPRA data for over 10 years
- **GPRAMA:** Government Performance and Results Act Modernization Act of 2010
  - Update to the Government Performance and Results Act of 1993
  - Requires federal agencies to use performance data to drive decision making
  - IHS began reporting GPRAMA in FY 2013
  - Smaller set of measures than GPRA
- GPRA/GPRAMA data is reported in the IHS budget as justification for the funding being requested

# FY 2024 GPRA/GPRAMA MEASURES

## 26 Clinical GPRA/GPRAMA Measures – GPRAMA measures in red

- **Diabetes (5 measures):**
  - Poor Glycemic Control
  - Controlled BP <140/90
  - Statin Therapy
  - Nephropathy Assessed
  - Retinopathy Exam
- **Dental (3 measures):**
  - Access to Dental Services
  - Sealants
  - Fluorides
- **Immunizations (4 measures):**
  - Influenza Vaccination (6 mo – 17yr)
  - **Influenza Vaccination (18+)**
  - Adult Immunizations
  - Childhood Immunizations
- **Cancer Screening (3 measures):**
  - Cervical (Pap) Screening Rates
  - Mammogram Screening Rates
  - Colorectal Cancer Screening
- **Behavioral Health (5 measures):**
  - Alcohol Screening
  - **DV/IPV Screening**
  - Depression Screening (12-17 years)
  - Depression Screening (18+)
  - SBIRT
- **Prevention Measures (6 measures):**
  - Tobacco Cessation
  - HIV Screening Ever
  - CVD: Statin Therapy
  - Childhood Weight Control
  - Breastfeeding Rates
  - Controlling High Blood Pressure-  
Million Hearts

# GPRA MEASURE LOGIC

- Logic manual is located on the CRS website: <https://www.ihs.gov/crs/>
- Updated with each CRS update (usually twice per year)
- Link to most recent logic manual is located on left side, under “CRS Software”



The screenshot shows the Indian Health Service (IHS) website. The header includes the IHS logo, the text "Indian Health Service The Federal Health Program for American Indians and Alaska Natives", a search bar, and navigation links for "A to Z Index", "Employee Resources", and "Feedback". A red banner below the header states: "The Indian Health Service continues to work closely with our tribal partners to coordinate a comprehensive public health response to COVID-19. [Read the latest info.](#)"

The main navigation menu includes: About IHS, Locations, *for Patients*, *for Providers*, Community Health, Careers@IHS, and Newsroom.

The main content area is titled "Clinical Reporting System (CRS)". On the left, a sidebar lists several links: "Clinical Reporting System (CRS)", "CRS Software", "Performance Improvement Toolbox", "GPRA and Other National Reporting", "Urban GPRA GPRAMA Reporting", "Staff", and "Contact Us". A green arrow points to the "CRS Software" link.

The main content area contains the following text:

### Clinical Reporting System (CRS)

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to HHS and to Congress. This site will serve as a central repository for information about the IHS Clinical Reporting System (BGP).

CRS is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical performance measures. CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 300+ clinical performance measures, representing 68 clinical topics. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures that depend on RPMS data.

Each year, an updated version of CRS software is released to reflect changes in and additions to clinical performance measure definitions. Click on any of the software versions listed in the box at the left for detailed descriptions.

*Performance measure example:* GPRA Measure Mammogram Rates; Report the number of female patients ages 52 through 74 without a documented history of bilateral mastectomy or two separate unilateral mastectomies who had a mammogram documented during the past two years.

**Current Status:**

CRS 2021 Version 21.1 was released nationally on July 14, 2021.

On the right side of the main content area, there is a "STAY CONNECTED" section with an email icon and the text: "Use our [CRS LISTSERV](#) to stay connected. The CRS Listserv is a mailbox where questions and information can be communicated."

# GPRO MEASURE LOGIC

• Click on the most recent version of CRS

• Click on the link for the Measure Logic and Definitions Manual

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The Indian Health Service is working closely with our tribal partners to coordinate a comprehensive public health response to both COVID-19 and mpox.

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[Clinical Reporting System \(CRS\)](#) / [CRS Software](#)

### Clinical Reporting System (CRS)

#### CRS Software

- CRS 2023 (v23.0)**
- CRS 2022 (v22.0 and v22.1)
- CRS 2021 (v21.0 and v21.1)
- CRS 2020 (v20.0 and v20.1)
- CRS 2019 (v19.0, v19.1, v19.1 patch 1, v19.1 patch 2 and v19.1 patch3)
- CRS 2018 (v18.0 and v18.0 patch 1 and v18.1)
- CRS 2017 (v17.0 and v17.1)
- CRS 2016 (v16.0 and v16.1)
- CRS 2015 (v15.0 and v15.1)
- CRS 2014 (v14.0 and v14.1)
- CRS 2013 (v13.0 and v13.0 patch 1)
- CRS 2012 (v12.0 and v12.1)
- CRS 2011 (v11.0 and v11.1)
- CRS 2010 (v10.0 and p1)

### CRS Software

The Clinical Reporting System (CRS) is an RPMS (Resource and Patient Management System) software application designed for local and Area of clinical GPRA and developmental performance measures. CRS is intended to eliminate the need for manual chart audits for and reporting clinical performance measures for either national or local performance reporting.

CRS contains 66 overarching clinical performance topics. Two examples of topics are Diabetic Retinopathy and Childhood Immunizations. Each topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. The numerator is the number of patients in the denominator who meet specific criteria. A performance measure is one denominator and one numerator. A GPRA performance measure is the measure defined by IHS as a specific performance measure to be reported by Congress.

Performance Measure Topic: Diabetes: Blood Pressure Control.

**Topic Denominators:**

- GPRA Denominator: User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.
- Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.
- Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

**Topic Numerators:**

- Patients with Blood Pressure documented during the Report Period, defined as mean of last 3 non-ER visit BP values (if 3 are not available, uses mean of 2 visits or one BP if there is only one documented);
- GPRA Numerator: Patients with controlled Blood Pressure, defined as less than 140/90, i.e., the mean systolic value is less than 140 AND the mean diastolic value is less than 90.

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[Clinical Reporting System \(CRS\)](#) / [CRS Software](#) / [CRS 2023 \(v23.0\)](#)

### Clinical Reporting System (CRS)

#### CRS Software

- CRS 2023 (v23.0)**
- CRS 2022 (v22.0 and v22.1)
- CRS 2021 (v21.0 and v21.1)
- CRS 2020 (v20.0 and v20.1)
- CRS 2019 (v19.0, v19.1, v19.1 patch 1, v19.1 patch 2 and v19.1 patch3)
- CRS 2018 (v18.0 and v18.0 patch 1 and v18.1)
- CRS 2017 (v17.0 and v17.1)
- CRS 2016 (v16.0 and v16.1)
- CRS 2015 (v15.0 and v15.1)
- CRS 2014 (v14.0 and v14.1)

### CRS 2023 (v23.0)

#### CRS VERSION 23.0

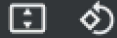
CRS Version 23.0 was released on February 21, 2023.

[View the CRS 2023 \(v23.0\) National GPRA/GPRAMA Report Performance Measure List and Definitions](#) [PDF - 1.4 MB]

[View the CRS 2023 \(v23.0\) National GPRA Developmental Report Performance Measure List and Definitions](#) [PDF - 966 KB]

Key enhancements included in CRS Version 23.0 are shown below.

- Logic Changes to National GPRA/GPRAMA Report Measures
  - GPRA Developmental Measures:
    - Added the following GPRA Developmental topic:
      - Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes
    - Removed the following GPRA Developmental topics:
      - Diabetes: Blood Pressure Control
      - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
    - Removed measures from Adult Immunizations topic and moved to GPRA report.
    - Updated codes and/or logic in the following measures: Childhood Immunizations; Suicide Risk Assessment; Appropriate Medication Therapy after a Heart Attack; HIV Screening; HIV Quality of Care; Sexually Transmitted Infection (STI) Screening; Proportion of Days Covered by Medication Therapy; Concurrent Use of Opioids and Benzodiazepines.
    - Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: (1) Removed POV E78.00 from



## 2.2.2 Dental Sealants

### 2.2.2.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH

### 2.2.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

### 2.2.2.3 Denominators

1. GPRA: User Population patients ages 2 through 15 years. Broken down by age groups 2, 3 through 5, 6 through 9, 10 through 12, and 13 through 15.

### 2.2.2.4 Numerators



### 2.2.2.4 Numerators

1. GPRA: Patients with at least one or more intact dental sealants.
2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants during the Report Period. Broken down by age group 2 through 15 years.

**Note:** This numerator does *not* include refusals.

### 2.2.2.5 Definitions

#### Intact Dental Sealant

- Any of the following documented during the Report Period:
  - RPMS Dental codes 1351, 1352, 1353
  - ADA CDT D1351, D1352, D1353
- *Or* any of the following documented during the past three years from the end of the Report Period:
  - IHS Dental Tracking code 0007

If both RPMS Dental and ADA CDT codes are found on the same visit, only the RPMS Dental code will be counted. IHS Dental Tracking code 0007 will be counted regardless of whether another sealant code is submitted on the same visit or date of service.

For the count measure, only two sealants per tooth and only one repair (RPMS Dental code 1353 or ADA CDT D1353) per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

# INTRO TO GPRA/GPRAMA

- Clinical GPRA/GPRAMA data
  - Collected and reported throughout the GPRA year via the Integrated Data Collection System (IDCS)
    - GPRA Year: October 1 – September 30
    - Data collected via exports to the National Data Warehouse (NDW)
    - Data is cumulative
    - IDCS data from all reporting clinics are aggregated into national result
    - National results include data from federal, tribal, and urban Indian health programs
    - Health programs can report data for GPRA regardless of which EHR they are using

# IMPORTANT DEFINITIONS

- **GPRA/IDCS User Population:**
  - Must have been seen at least once in the three years prior to the end of the time period, regardless of clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report Period.
  - Must be AI/AN; defined as Beneficiary 01.
  - Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

# HISTORY OF 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 was last used to report GPRA results in 2017.
- IDCS became the mechanism for reporting GPRA beginning in 2018

CRS Reporting Process	Limitations
<p>Aggregation:</p> <ul style="list-style-type: none"> <li>• Reports are electronically run on local RPMS servers,</li> <li>• Electronically aggregated into Area GPRA reports, and</li> <li>• Manually aggregated nationally.</li> </ul>	<p>Reports are run on local RPMS servers which means that the universe of data mining for reports is limited to the local server.</p>
<p>Timing</p> <ul style="list-style-type: none"> <li>• Reports run three times a year using hard coded logic to standardize reports across the Indian health system.</li> </ul>	<p>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.</p>
<p>National GPRA results are <u>only</u> reported from RPMS.</p>	<p>Performance results reflect RPMS sites only.</p>

# OVERVIEW OF FY 2024 CHANGES TO GPRA REPORTING

# OVERVIEW OF FY 2024 GPRA/GPRAMA MEASURE LOGIC CHANGES

- **No significant measure logic changes in FY 2024**
- **Minor coding changes**

Clinical Reporting System (CRS)	CRS 2024 (v24.0)
<b>CRS Software</b>	<b>CRS VERSION 24.0</b>
CRS 2024 (v24.0)	CRS Version 24.0 was released on February 26, 2024.
CRS 2023 (v23.0 and v23.1)	<a href="#">View the CRS 2024 (v24.0) National GPRA/GPRAMA Report Performance Measure List and Definitions</a> [PDF - 682 KB]
CRS 2022 (v22.0 and v22.1)	<a href="#">View the CRS 2024 (v24.0) National GPRA Developmental Report Performance Measure List and Definitions</a> [PDF - 782 KB]
CRS 2021 (v21.0 and v21.1)	Key enhancements included in CRS Version 24.0 are shown below.
CRS 2020 (v20.0 and v20.1)	<ul style="list-style-type: none"> <li>• Logic Changes to National GPRA/GPRAMA Report Measures           <ul style="list-style-type: none"> <li>◦ GPRA Developmental Measures:               <ul style="list-style-type: none"> <li>▪ Added the following GPRA Developmental topics:                   <ul style="list-style-type: none"> <li>▪ Influenza (updated time period to align with flu season)</li> <li>▪ Cancer Screening: Mammogram Rates (ages updated to 42-74)</li> </ul> </li> <li>▪ Updated codes and/or logic in the following measures: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes; Access to Dental Service; Dental Sealants; Topical Fluoride; Caries Risk Assessment; Adult Immunizations; Childhood Immunizations; Appropriate Medication Therapy after a Heart Attack; HIV Screening; HIV Quality of Care; Chlamydia Testing; Sexually Transmitted Infection (STI) Screening; Proportion of Days Covered by Medication Therapy; Concurrent Use of Opioids and Benzodiazepines.</li> </ul> </li> <li>◦ Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: (1) Updated BGP PQA STATIN MEDS medication taxonomy. (2) Added POV ICD-10: Z51.5 to Palliative Care Definition.</li> <li>◦ Access to Dental Service: Added D to prefix of RPMS/ADA CDT Dental Codes.</li> <li>◦ Dental Sealants: Added D to prefix of RPMS/ADA CDT Dental Codes.</li> <li>◦ Topical Fluoride: Added D to prefix of RPMS/ADA CDT Dental Codes.</li> <li>◦ Influenza: Added CVX codes 123, 125-128, 160, 231 and CPT codes 90663, 90664, 90666, 90668 to Influenza definition.</li> <li>◦ Adult Immunizations: Added CVX codes 123, 125-128, 160, 231 and CPT codes 90663, 90664, 90666, 90668 to Influenza definition.</li> <li>◦ Childhood Immunizations: (1) Added CVX codes 215, 216 and CPT codes 90671, 90677 to Pneumococcal definition. (2) Removed POV 795.71 (Nonspecific serologic evidence of HIV) from HIV definition.</li> <li>◦ Tobacco Use and Exposure Assessment: Added D to prefix of RPMS/ADA CDT Dental Codes.</li> <li>◦ Tobacco Cessation: (1) Added D to prefix of RPMS/ADA CDT Dental Codes. (2) Changed Medication Taxonomy from BGP CMS Smoking cessation to BGP ECQM TOB CESSATION MEDS.</li> <li>◦ Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: (1) Updated BGP PQA STATIN MEDS medication taxonomy. (2) Added POV ICD-10: Z51.5 to Palliative Care Definition.</li> <li>◦ HIV Screening: Removed POV 795.71 (Nonspecific serologic evidence of HIV) from HIV definition</li> </ul> </li> </ul>
CRS 2019 (v19.0, v19.1, v19.1 patch 1, v19.1 patch 2 and v19.1 patch3)	
CRS 2018 (v18.0 and v18.0 patch 1 and v18.1)	
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CRS 2014 (v14.0 and v14.1)	
CRS 2013 (v13.0 and v13.0 patch 1)	
CRS 2012 (v12.0 and v12.1)	
CRS 2011 (v11.0 and v11.1)	
CRS 2010 (v.10.0 and p1)	
CRS 2009 (v9.0 and p1)	
CRS 2008 (v8.0 and p1-p3)	
CRS 2007 (version 7.0)	

# FY 2024 TARGETS

INDIAN HEALTH SERVICE (IHS) GPR/GPRAMA Measures FYs 2023 and 2024 Targets (IHS, Tribal, & Urban)		
DIABETES	2023 Target	2024 Target
Poor Glycemic Control	14.4%	14.4%
Controlled BP <140/90	52.4%	52.4%
Statin Therapy	54.5%	54.5%
Nephropathy Assessed	45.1%	45.1%
Retinopathy Exam	44.7%	44.7%
DENTAL		
Dental: General Access	24.4%	24.4%
Sealants	9.9%	9.9%
Topical Fluoride	21.1%	21.1%
IMMUNIZATIONS		
Influenza Vaccination 6mo - 17yrs	19.8%	19.8%
Influenza Vaccination 18+ -- GPRAMA*	19.7%	19.7%
Adult Immunizations <sup>1</sup>	Set Baseline	37.0%
Childhood IZ	40.9%	40.9%
PREVENTION		
Cervical / Pap Screening <sup>2</sup>	33.2%	33.2%
Mammography Screening	28.7%	28.7%
Colorectal Cancer Screening <sup>2</sup>	23.7%	23.7%
Tobacco Cessation	24.4%	24.4%
Universal Alcohol Screening	32.2%	32.2%
SBIRT <sup>1</sup>	Set Baseline	15.0%
IPV/DV Screening -- GPRAMA*	29.6%	29.6%
Depression Screening 12 - 17 years	29.5%	29.5%
Depression Screening 18+	36.4%	36.4%
Childhood Weight Control <sup>3</sup>	N/A	23.0%
Controlling High Blood Pressure (MH)	45.8%	45.8%
CVD Statin Therapy	37.8%	37.8%
HIV Screen Ever	38.9%	38.9%
Breastfeeding Rates	42.6%	42.6%

\*HIS is reporting on two GPRAMA clinical measures, Influenza Vaccination 18+ and IPV/DV Screening

<sup>1</sup> Measure logic change beginning in FY 2023.

<sup>2</sup> Measure logic change beginning in FY 2022.

<sup>3</sup> Long term measure FY 2023 target is listed as not defined "N/A", the next report year is FY 2024. The FY 2024 target is set based on most recent result available (FY 2022).

# NATIONAL DATA WAREHOUSE

Overview

# NATIONAL DATA WAREHOUSE OVERVIEW

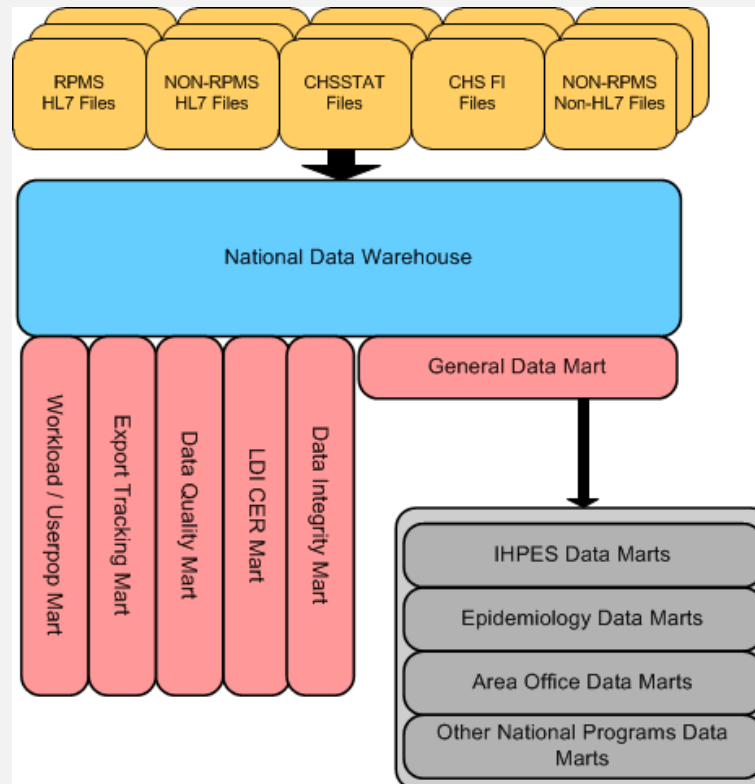
- The National Patient Information Reporting System (NPIRS) instituted the National Data Warehouse (NDW) in 2006
- The NDW is a data warehouse environment for the IHS national data repository
- The NDW gathers, stores, reports, and allows easy access to accurate historical data
  - Custom designed to 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 built within the IHS National Data Warehouse (NDW).
- It produces 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 replaced the CRS aggregate results as IHS's official results in 2018.
- It reduces 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

## BENEFITS OF THE IDCS DM

- Reports 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.
- 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

IDCS Reporting Process	Limitations
<p>Centralization:</p> <ul style="list-style-type: none"> <li>• Measure Logic programmed centrally.</li> <li>• Measure reports run centrally.</li> <li>• Measure calculations follow the patient (de-duplication). That means that GPRA credit is given no matter where the patient received health care.</li> </ul>	<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"> <li>• Reports will be available at the national, area and service unit levels when IDCS goes live.</li> <li>• Frequently updated (refreshed) reports on a weekly basis.</li> </ul>	<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>

# IHS IDCS POPULATION VS. CRS GPRA USER POPULATION

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

# 2019 USER POPULATION (UP) DRAFTS FOR IDCS MEASURE DENOMINATORS

Draft Version		Visit Dates UP Version Includes					NDW Data Received Date	Tentative UP Load Date for IDCS
	Report Year	Numerato	Denominator	Target	Percent	Target Result	User Population Version - Active Dates	NDW Data As Of
	2019 Draft	173260	1660326	27.20%	10.44%	NOT MET	1 (Ver: 104) 10/01/2015 - 09/30/2018	03/31/2019
Final 2018 UP		10/1/2015 – 9/30/2018						
<b>Draft 1 2019</b>		<b>2/1/2016 – 1/31/2019</b>					<b>4/11/2019</b>	<b>4/23/2019</b>
Draft 2 2019		5/1/2016 – 4/30/2019					7/11/2019	7/23/2019
Draft 3 2019		6/1/2016 - 5/31/2019					8/8/2019	8/20/2019
Draft 4 2019		7/1/2016 – 6/30/2019					9/5/2019	9/17/2019
Draft 5 2019		8/1/2016 – 7/31/2019					9/25/2019	10/8/2019

# Why are Results from CRS and IDCS Different?

	<b>RPMS CRS</b>	<b>IDCS DM</b>
Source of Data	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	GPRA User Population - includes patients who live in a community of residence assigned to your service unit who have had a visit in the last three years at your service unit	IDCS User Population - includes patients who live in a community of residence assigned to your service unit who have had a visit at ANY California Area Tribal or Urban health program in the last three years
Results	Calculations are only based on patient registration and visit data that is on your health program's server	Calculations based on the patient regardless of which clinic they are seen at and patient counts are unduplicated within each Area

# 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/GPRAMA Data

# 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, a non-HL7 delimited file, or using an alternative simplified delimited format
  - HL7 is the generally accepted standard for the exchange of specified types of medical information
- <https://www.ihs.gov/NPIRS/submitting-data/standard-hl7-and-non-hl7-format/>

### National Patient Information Reporting System (NPIRS)

Data Management

Submitting Data

Standard HL7 and non-HL7 Format

COVID-19 Vaccine HL7 2.5.1 Format

Retrieving Data

Data Marts

Documentation Library

Future Improvements

Other Questions

Contact Us

## Standard HL7 and non-HL7 Format

# NDW EXPORTS

Any American Indian or Alaska Native (AI/AN) program, entity, or site that uses a health information system may be able to send in data. Further detailed information for being recognized as an IHS sending site can be provided by the appropriate Area Statistical Officer.

To ensure that the National Data Warehouse (NDW) can properly receive your data, please work with your Area Statistical Officer to establish the following:

- IHS DBID (database identifier)
- Facility code
- Review of the [Standard Code Book \(SCB\)](#) facility table coding information, as all data in the NDW is based on the Standard Code Book

## Acceptable Export Formats

### IHS RPMS system

For sites that are using the IHS RPMS system, IHS provides an application that will export data to the NDW in the proper format. For more information about this application, refer to the [Resource and Patient Management System \(RPMS\)](#) website.

**The following file formats (HL7, non-HL7 and ASD) apply to facilities that are using non-RPMS systems.**

### IHS NPIRS/NDW Data Transmission Using HL7 Standards Format

For those sites that are not using RPMS, the preferred file format conforms to the industry-wide standard format for healthcare information, HL7 version 2.4. Besides the minimum elements required for basic reporting, such as Workload and User Population reports, the HL7 export format includes data elements that can be used to provide expanded reporting capabilities and analyses related to other health status needs and performance measurement activities, such as Diabetes Management, Epidemiology, GPRA/GPRAMA, and both ICD-9/ICD-10.

- [NPIRS/NDW Data Transmission Guide Using HL7 Standards Format](#) [PDF - 294 KB]
- [ADT Segments - Appendix B](#) [PDF - 53 KB]
- [Data Elements - Appendix D](#) [PDF - 455KB ]
- [Instructions for Non-RPMS GPRA Senders](#) [PDF - 288 KB]

### IHS NPIRS/NDW Data Transmission Using Non-HL7 Delimited File

# NDW DATA EXPORTS

## Data Export File Requirements

- The initial 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.

# 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](mailto: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



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	Encounter
						Reg Loaded	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	<span style="color: red;">R</span> 6622103151022194547.BDW	F-09/24/2015 L-10/21/2015	A-10/23/2015 L-		
CAO	44283	662210	<span style="color: red;">R</span> 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: **645060 UNITED AMER IND INVOLVEMENT**

Registration Code	Export Date	Patient Residency		Patient AI/AN Status		
		Community	Tribe	Beneficiary	Blood Quantum	
162680000015637	09/24/2016	0619703 LOS ANGELES	MISSING	VALID	VALID	
162680000015662	12/24/2014	0619703 LOS ANGELES	MISSING	VALID	VALID	
162680000015948	10/22/2015	0619702 LONG BEACH	MISSING	VALID	VALID	
162680000016221	10/24/2016	0619703 LOS ANGELES	MISSING	VALID	VALID	
<b>645060 UNITED AMER IND INVOLVEMENT</b>	<b>4</b>	<b>0 / 0</b>	<b>4 / 0</b>	<b>0 / 0</b>	<b>0 / 0</b>	

# 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 & IMPROVING GPRA RESULTS WITH IDCS

RPMS Programs

# GPRO MONITORING

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

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

# GPRA MONITORING

- IDCS GPRA data can be requested for your service unit
  - Email your Area GPRA Coordinator at your Area office to request your GPRA data
  - Reports are refreshed weekly

# YOUR FACILITY EXPORT FILES TO THE NDW ARE THE IDCS SOURCE DATA

- The IDCS DM was designed to take advantage of the existing NPIRS environment as well as the User Population calculated by NPIRS.
- If you have data that shouldn't be included in your area or service unit, your IDCS results won't be accurate for you.
  - Some support tickets indicated that some communities included in a service unit didn't belong to that service unit.
  - To remove the communities from your reports, your Area Statistical Officer will need to make a request to remove the community/ies from your service unit, and reassign to the appropriate service unit.
- [https://www.ihs.gov/crs/includes/themes/responsive2017/display\\_objects/documents/gpra/AreaGPRACoord.pdf](https://www.ihs.gov/crs/includes/themes/responsive2017/display_objects/documents/gpra/AreaGPRACoord.pdf) Use this link to find your Area Statistical Officer.

# IHS STANDARD CODE BOOK (SCB)

[HTTPS://WWW.IHS.GOV/SCB/](https://www.ihs.gov/scb/)

## Standard Code Book Tables

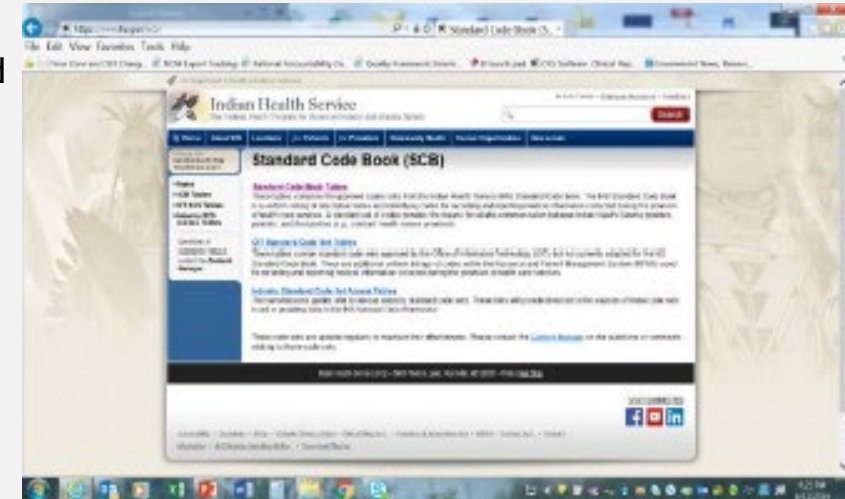
These tables comprise the approved codes sets from the Indian Health Service (IHS) Standard Code Book. The IHS Standard Code Book is a uniform listing of descriptive terms and identifying codes for recording and reporting medical information collected during the provision of health care services. A standard set of codes provides the means for reliable communication between Indian Health Service providers, patients, and third parties (e.g., contract health service providers).

## OIT Standard Code Set Tables

These tables contain standard code sets approved by the Office of Information Technology (OIT), but not currently adopted for the IHS Standard Code Book. These are additional uniform listings of codes within the Resource and Patient Management System (RPMS) used for recording and reporting medical information collected during the provision of health care services.

## Industry Standard Code Set Access Tables

The transmissions guides refer to various industry standard code sets. These links will provide direction to the sources of these code sets to aid in providing data to the IHS National Data Warehouse.



# IHS STANDARD CODE BOOK TABLES

Office Of  
INFORMATION  
TECHNOLOGY

## Standard Code Book (SCB)

### SCB Tables

- Home
  - SCB Tables
  - OIT SCS Tables
  - Industry SCS Access Tables
- Questions or Comments? Please contact the **Content Manager**.

Table Name	Records	Updated
<a href="#">Admission</a>	5	01/16/2022
<a href="#">Area</a>	53	05/20/2020
<a href="#">Blood Quantum</a>	7	05/20/2020
<a href="#">Cause of Injury (External Cause)</a>	1298	05/20/2020
<a href="#">Classification (Beneficiary)</a>	31	05/20/2020
<a href="#">Clinic</a>	143	11/03/2022
<a href="#">Clinical Services</a>	23	05/20/2020
<a href="#">Community</a>	15803	02/14/2023
<a href="#">County</a>	3225	05/20/2020
<a href="#">Facility</a>	8617	02/14/2023
<a href="#">Facility Type</a>	24	08/18/2020
<a href="#">Patient Education Protocol (Education Topics)</a>	3874	05/20/2020
<a href="#">Place of Injury</a>	12	05/20/2020
<a href="#">Reservation</a>	330	05/20/2020
<a href="#">Services Rendered By (Provider)</a>	148	01/03/2023
<a href="#">ServiceUnit</a>	589	02/14/2023
<a href="#">State</a>	64	05/20/2020
<a href="#">Tribe</a>	878	04/01/2022
<a href="#">Type of Provider (Vendor)</a>	19	05/20/2020


19 Record(s)

# IHS STANDARD CODE BOOK (SCB): SERVICE UNIT

## Standard Code Book (SCB)

### Service Unit

[Download This Table](#)

Search, Sort and Download tips 

Area Code:  Area:   
 Service Unit Code:  Service Unit:  Status:

26-43 of 43 items displayed

<< page 2: records 26-43

Code	Area Code	Area	Service Unit	Status
6634	66	CALIFORNIA TRIBE/638	SHINGLE SPRINGS TRIB HLTH PROG	Active
6635	66	CALIFORNIA TRIBE/638	GREENVILLE	Active
6636	66	CALIFORNIA TRIBE/638	FEATHER RIVER TRIBAL HEALTH	Active
6637	66	CALIFORNIA TRIBE/638	COLUSA TRIBAL HEALTH	Active
6638	66	CALIFORNIA TRIBE/638	QUARTZ VALLEY IND RES CHS	Active
6639	66	CALIFORNIA TRIBE/638	TABLE MOUNTAIN RANCHERIA	Active
6640	66	CALIFORNIA TRIBE/638	CABAZON	Active
6641	66	CALIFORNIA TRIBE/638	TUOLUMNE ME WUK	Active
6642	66	CALIFORNIA TRIBE/638	CHICKEN RANCH RANCHERIA	Active
6643	66	CALIFORNIA TRIBE/638	PASKENTA SERVICE UNIT	Active
6644	66	CALIFORNIA TRIBE/638	TEJON INDIAN TRIBE (PROVISIONAL)	Active
6645	66	CALIFORNIA TRIBE/638	WILTON RANCHERIA(PROVISIONAL)	Active
6646	66	CALIFORNIA TRIBE/638	KOI NATION(PROVISIONAL)	Active
6647	66	CALIFORNIA TRIBE/638	AGUA CALIENTE(PROVISIONAL)	Active
6675	66	CALIFORNIA TRIBE/638	RURAL IHB	Inactive
6676	66	CALIFORNIA TRIBE/638	URBAN IHC	Inactive
6682	66	CALIFORNIA TRIBE/638	INACTIVE SU	Inactive
6682	66	CALIFORNIA TRIBE/638	INACTIVE SU	Inactive

43 Record(s)

26-43 of 43 items displayed


<< page 2: records 26-43

# IHS STANDARD CODE BOOK (SCB): COMMUNITY

## Standard Code Book (SCB)

### Community

[Download This Table](#)

Search, Sort and Download tips 

Code:  State:  County:   
ASU Code:  Community:  Status:

<a href="#">Code</a>	<a href="#">State</a>	<a href="#">County</a>	<a href="#">Community</a>	<a href="#">ASU Code</a>	<a href="#">Status</a>
0609100	CA	EL DORADO	RESCUE	6634	Active
0609101	CA	EL DORADO	SOMERSET	6634	Active
0609102	CA	EL DORADO	GREENWOOD	6634	Active
0609103	CA	EL DORADO	GEORGETOWN	6634	Active
0609104	CA	EL DORADO	CAMINO	6634	Active
0609105	CA	EL DORADO	KELSEY	6634	Active
0609106	CA	EL DORADO	CAMERON PARK	6634	Active
0609107	CA	EL DORADO	GARDEN VALLEY	6634	Active
0609108	CA	EL DORADO	LOTUS	6634	Active
0609109	CA	EL DORADO	COLOMA	6634	Active
0609110	CA	EL DORADO	PILOT HILL	6634	Active
0609305	CA	EL DORADO	PLACERVILLE	6634	Active
0609336	CA	EL DORADO	SHINGLE SPRING RANCH	6634	Active
0609345	CA	EL DORADO	EL DORADO COUNTY WIDE	6634	Active
0609488	CA	EL DORADO	POLLOCK PINES	6634	Active
0609806	CA	EL DORADO	DIAMOND SPRG	6634	Active
0609807	CA	EL DORADO	SO. LAKE TAH	6634	Active

17 Record(s)

[Download This Table](#)

# CHECK YOUR COMMUNITIES OF RESIDENCE

To find all the communities, active and inactive, associated with a specific service unit, type in the service unit code in the SCB Community Table. In this example, all the communities assigned to the San Carlos Service Unit (6068) will be displayed.

[https://www.ihs.gov/scb/index.cfm?module=w\\_community](https://www.ihs.gov/scb/index.cfm?module=w_community)

## Community

Code:  State:  County:

ASU Code:  Community:  Status:

<a href="#">Code</a>	<a href="#">State</a>	<a href="#">County</a>	<a href="#">Community</a>	<a href="#">ASU Code</a>	<a href="#">Status</a>
0404048	AZ	GILA	GILSON WASH	6068	Active
0404049	AZ	GILA	GILSON WELL	6068	Active
0404050	AZ	GILA	GLOBE	6068	Active
0404051	AZ	GILA	HILL TOP	6068	Active
0404052	AZ	GILA	HOLLYWOOD	6068	Active
0404053	AZ	GILA	MIAMI	6068	Active
0404055	AZ	GILA	PERIDOT	6068	Active
0404056	AZ	GILA	PHILLIPS MNE	6068	Active
0404057	AZ	GILA	REGAL MINE	6068	Active
0404058	AZ	GILA	SALT CREEK	6068	Active
0404059	AZ	GILA	SAN CARLOS	6068	Active
0404060	AZ	GILA	SENECA	6068	Active
0404061	AZ	GILA	YOUNG	6068	Active
0404062	AZ	GILA	LOW. PERIDOT	6068	Active
0404063	AZ	GILA	NORTH GILSON	6068	Active
0404065	AZ	GILA	7-MILE WASH	6068	Active
0404066	AZ	GILA	SOUTH GILSON	6068	Active
0404067	AZ	GILA	UP. PERIDOT		

# EXPORT ALL YOUR DATA TO THE NDW ROUTINELY

- At least 20% of the 2018 service tickets had missing data that had not been exported to the NDW. Until that data is submitted, the ticket request cannot be researched.
  - The missing export may have been a gap between 2 export files. For example, an export was missing between July 14<sup>th</sup> and July 27<sup>th</sup>, but the data prior to and after these dates are at the NDW.
  - Or, the current export has not been sent to the NDW.
- If you have DI access, you can use the export tracking feature of Rohan to see what files have been loaded into the NDW.
  - <http://rohan> This tracks the files processed and loaded into the NDW and provides details for each file. Unless you are an Area Statistical Officer, you will only have access to the Export Tracker tab.
  - If you don't have DI access, the IDCSTeam will let you know you have missing data when you submit a support ticket.

# IDCS SUPPORT TICKETS

[itsupport@ihs.gov](mailto:itsupport@ihs.gov)

- If your GPRA numbers do not look correct for your service unit, or if you need assistance with exporting data from a non-RPMS database, the support desk can assist.
- Be sure to include “IDCS” or “NDW” in the subject line of your support desk request to ensure your ticket gets assigned to the correct help desk

## IDCS DM SUPPORT

- **IDCS DM Listserv: SIGN-UP**  
**URL:** [https://www.ihs.gov/listserv/topics/signup/?list\\_id=592](https://www.ihs.gov/listserv/topics/signup/?list_id=592)
- **IDCS Users Meeting** occurs on the 2<sup>nd</sup> Wednesday of each month. The purpose of these half hour meetings is to provide an open forum for questions, and information sharing for IDCS. Contact Vickie Claymore at [Vickie.claymore@ihs.gov](mailto:Vickie.claymore@ihs.gov) to be added to the invite list.

# TROUBLESHOOTING GPRA DATA

# DATA TROUBLESHOOTING

- If GPRA results from IDCS look incorrect, there are some local checks you can do to determine the source of the error:
- Check the following in the GPRA Measures List and Definitions Manual to ensure you are using the correct logic:
  - Numerator and Denominator definitions
  - Codes used for documentation are included in measure logic
  - AI/AN patients all live in a community of residence assigned to your service unit
- Contact [itsupport@ihs.gov](mailto:itsupport@ihs.gov) if all of the above look correct and let them know which measure(s) look to have incorrect data and they can assist with troubleshooting data discrepancies

IDCS DATA

**FY 2023 Final GPRA Dashboard (IDCS)**

California Area Tribal/Urban	CA Area 2023 Final (IDCS)	CA Area 2022 Final (IDCS)	National 2023 Final (IDCS)	2023 Target	CA Area 2023 Final Result
<b>DENTAL</b>					
Dental: General Access	39.0%	28.1%	25.3%	24.4%	MET
Sealants	14.9%	11.1%	11.0%	9.9%	MET
Topical Fluoride	31.5%	22.2%	25.6%	21.1%	MET
<b>DIABETES</b>					
Controlled BP	68.9%	63.9%	54.6%	52.4%	MET
Nephropathy Assessed	54.9%	42.5%	42.5%	45.1%	MET
Poor Glycemic Control	14.6%	14.9%	13.2%	14.4%	NOT MET
Retinopathy Exam	30.9%	25.8%	45.2%	44.7%	NOT MET
Statin Therapy	53.9%	53.9%	49.9%	54.5%	NOT MET
<b>IMMUNIZATIONS</b>					
Adult Immunizations	35.7%	33.9%	37.0%	Baseline	MET
Childhood IZ	25.7%	27.8%	35.9%	40.9%	NOT MET
Influenza Vaccination 18+	21.1%	16.7%	19.9%	19.7%	MET
Influenza Vaccination 6mo - 17 yrs	18.0%	15.5%	17.4%	19.8%	NOT MET
<b>(Cervical) Pap Screening</b>					
(Cervical) Pap Screening	31.9%	30.7%	33.8%	33.2%	NOT MET
Childhood Weight Control	25.5%	25.5%	22.0%	22.6%	NOT MET
Colorectal Cancer Screening	13.4%	13.7%	23.3%	23.7%	NOT MET
Controlling High Blood Pressure (MH)	54.6%	50.3%	45.7%	45.8%	MET
CVD Statin Therapy	37.8%	34.9%	35.0%	37.8%	MET
Depression Screening or Mood Disorder 12 - 17 years old	38.1%	35.8%	34.1%	29.5%	MET
Depression Screening or Mood Disorder 18 years and older	43.1%	38.8%	37.4%	36.4%	MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	57.0%	44.3%	41.8%	42.6%	MET
HIV Screening Ever	40.5%	38.8%	40.3%	38.9%	MET
IPV/DV Screening	7.4%	9.5%	28.9%	29.6%	NOT MET
Mammography Screening	37.8%	14.9%	38.4%	28.7%	MET
SBIRT	09.4%	7.6%	15.0%	Baseline	MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	17.2%	14.3%	26.1%	24.4%	NOT MET
Universal Alcohol Screening	31.8%	28.1%	34.2%	32.2%	NOT MET
					Met: 15
					Not Met: 11
					No Data: 0

**CALIFORNIA  
AREA  
FY 2023  
DASHBOARD**

QUESTIONS?

Thank you.