

INDIAN HEALTH SERVICE

GPRO/GPRAMA 101

National GPRO/GPRAMA Webinar

February 26, 2026

AGENDA

1. Introduction to GPRA/GPRAMA
2. Overview of FY 2026 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 2025 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

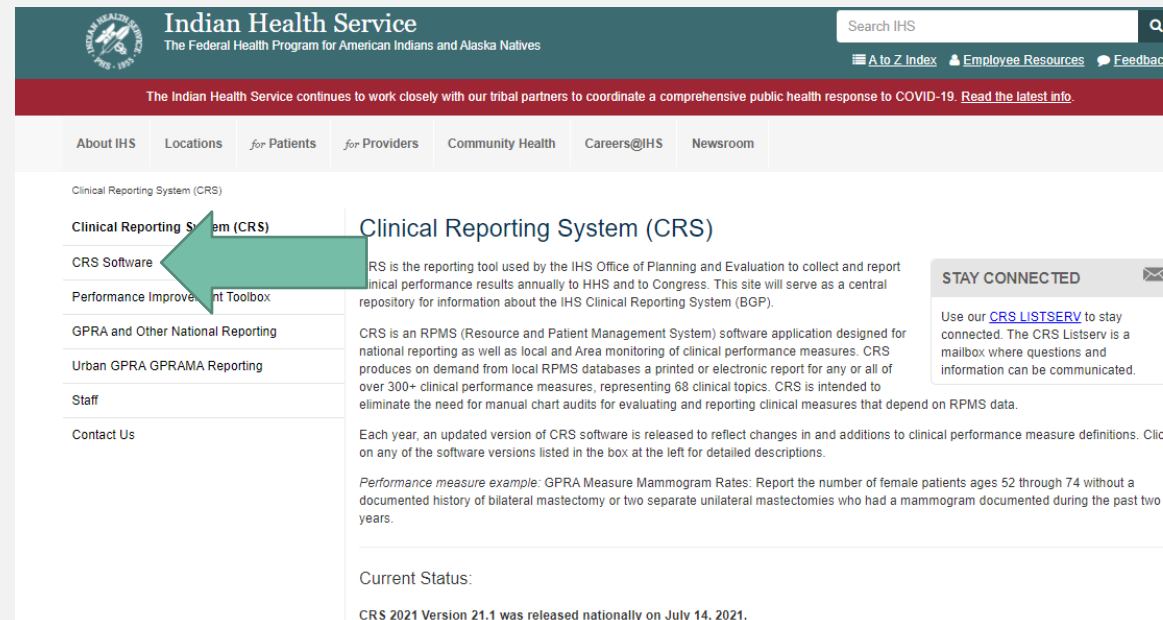
FY 2026 GPRA/GPRAMA MEASURES

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”



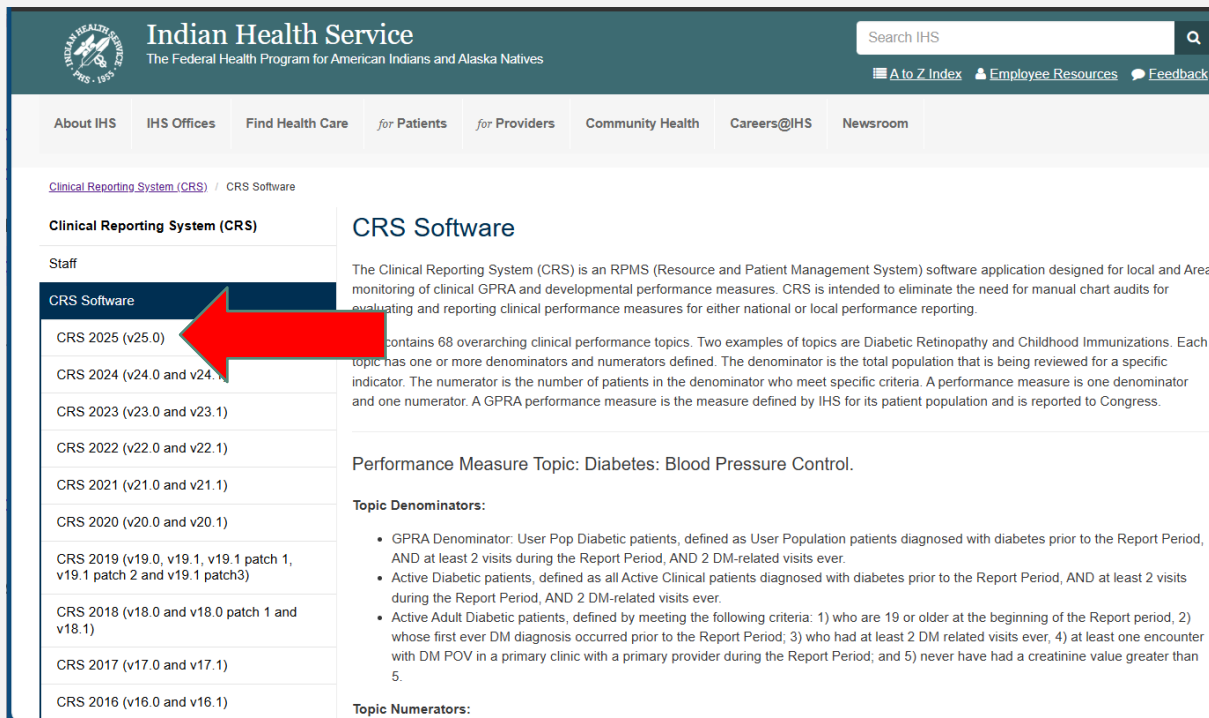
The screenshot shows the Indian Health Service website with the following elements:

- Header:** Indian Health Service logo and name, "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".
- Banner:** A red banner with the text: "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.](#)"
- Navigation:** A horizontal menu with links: "About IHS", "Locations", "for Patients", "for Providers", "Community Health", "Careers@IHS", and "Newsroom".
- Left Sidebar:** A vertical menu with links: "Clinical Reporting System (CRS)", "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.
- Main Content Area:** Titled "Clinical Reporting System (CRS)", it contains a description of the system as a reporting tool used by the IHS Office of Planning and Evaluation. It also includes a "STAY CONNECTED" box with a "CRS LISTSERV" link and a "Current Status" section stating "CRS 2021 Version 21.1 was released nationally on July 14, 2021."

GPRA MEASURE LOGIC

• Click on the most recent version of CRS at top of list

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



Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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Clinical Reporting System (CRS) / CRS Software

Clinical Reporting System (CRS)

Staff

CRS Software

- CRS 2025 (v25.0)**
- CRS 2024 (v24.0 and v24.1)
- CRS 2023 (v23.0 and v23.1)
- 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 Software

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

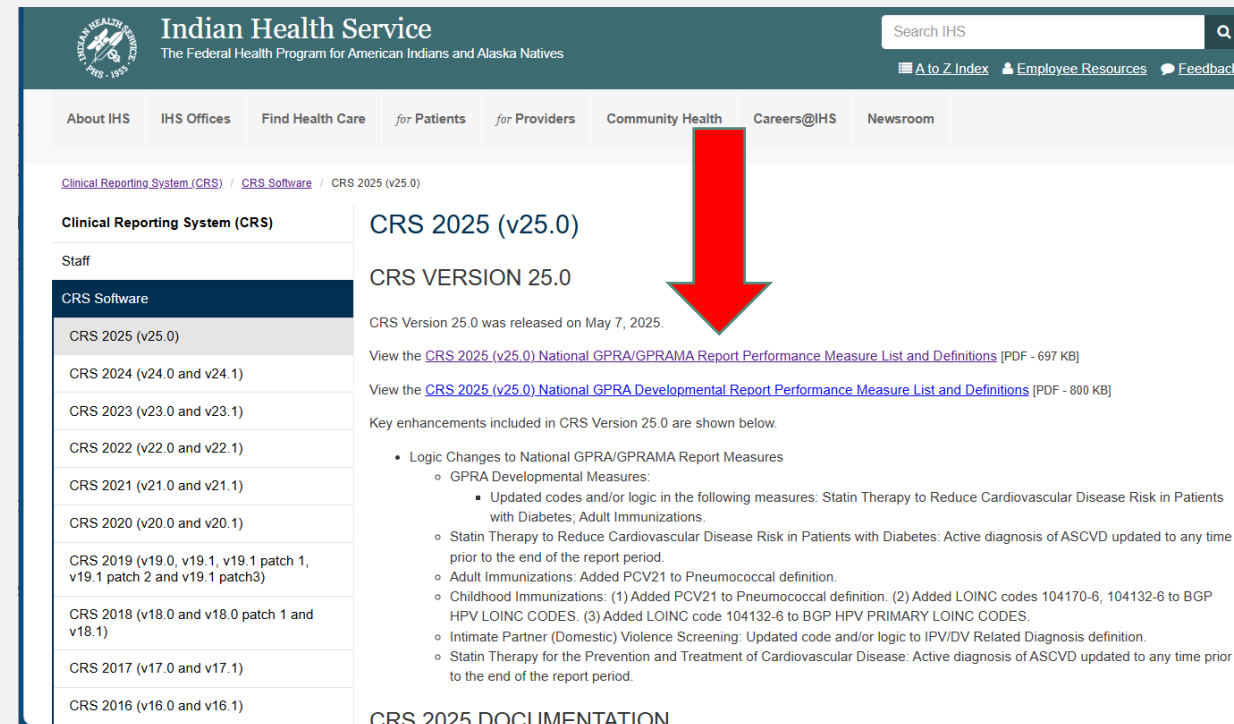
contains 68 overarching clinical performance topics. Two examples of topics are Diabetic Retinopathy and Childhood Immunizations. Each topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. The numerator is the 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 for its patient population and is reported to 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:



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Clinical Reporting System (CRS) / CRS Software / CRS 2025 (v25.0)

Clinical Reporting System (CRS)

Staff

CRS Software

- CRS 2025 (v25.0)**
- CRS 2024 (v24.0 and v24.1)
- CRS 2023 (v23.0 and v23.1)
- 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 2025 (v25.0)

CRS VERSION 25.0

CRS Version 25.0 was released on May 7, 2025.

View the [CRS 2025 \(v25.0\) National GPRA/GPRAMA Report Performance Measure List and Definitions](#) [PDF - 697 KB]

View the [CRS 2025 \(v25.0\) National GPRA Developmental Report Performance Measure List and Definitions](#) [PDF - 800 KB]

Key enhancements included in CRS Version 25.0 are shown below.

- Logic Changes to National GPRA/GPRAMA Report Measures
 - GPRA Developmental Measures:
 - Updated codes and/or logic in the following measures: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes; Adult Immunizations.
 - Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: Active diagnosis of ASCVD updated to any time prior to the end of the report period.
 - Adult Immunizations: Added PCV21 to Pneumococcal definition.
 - Childhood Immunizations: (1) Added PCV21 to Pneumococcal definition. (2) Added LOINC codes 104170-6, 104132-6 to BGP HPV LOINC CODES. (3) Added LOINC code 104132-6 to BGP HPV PRIMARY LOINC CODES.
 - Intimate Partner (Domestic) Violence Screening: Updated code and/or logic to IPV/DV Related Diagnosis definition.
 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Active diagnosis of ASCVD updated to any time prior to the end of the report period.

CRS 2025 DOCUMENTATION

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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.

National GPRA/GPRAMA Report
Performance Measure List and Definitions
July 2021

Performance Measure Topics and Definitions

29

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"> • Reports are electronically run on local RPMS servers, • Electronically aggregated into Area GPRA reports, and • Manually aggregated nationally. 	<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"> • Reports run three times a year using hard coded logic to standardize reports across the Indian health system. 	<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 2026 CHANGES TO GPRA REPORTING

OVERVIEW OF FY 2026 GPRA/GPRAMA MEASURE LOGIC CHANGES

- **No significant measure logic changes in FY 2026**
 - Minor coding changes

Clinical Reporting System (CRS)	CRS 2026 (v26.0)
CRS Software	CRS VERSION 26.0
CRS 2026 (v26.0)	CRS Version 26.0 is expected to be released in March 2026.
CRS 2025 (v25.0 and v25.1)	View the CRS 2026 (v26.0) National GPRA/GPRAMA Report Performance Measure List and Definitions [PDF - 693 KB]
CRS 2024 (v24.0 and v24.1)	View the CRS 2025 (v26.0) National GPRA Developmental Report Performance Measure List and Definitions [PDF - 774 KB]
CRS 2023 (v23.0 and v23.1)	Key enhancements included in CRS Version 26.0 are shown below.
CRS 2022 (v22.0 and v22.1)	<ul style="list-style-type: none"> • Logic Changes to National GPRA/GPRAMA Report Measures <ul style="list-style-type: none"> ◦ GPRA Developmental Measures: <ul style="list-style-type: none"> ▪ Added the following GPRA Developmental measures: <ul style="list-style-type: none"> ▪ Age-appropriate immunization combination for ages 19-50, and 51 and older (51 and older includes Pneumo). ▪ Hepatitis B, (2-3 doses), for ages 19-59 ▪ Removed all Dental measures: Access to Dental Service, Dental Sealants, Topical Fluoride, Carries Risk Assessment ▪ Updated codes and/or logic in the following topics: Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes; Influenza; Adult Immunizations; Childhood Immunizations. ◦ Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes: (1) Updated the following SNOMED data sets: PXRMBGP ECQM ARTERIAL DIS, PXRMBGP ECQM ANGINA, PXRMBGP ECQM BREASTFEED, PXRMBGP EXCM CABG, PXRMBGP ECQM LIVER DIX, PXRMBGP ECQM RHABDO. (2) Added ICD10 codes I24.81, I25.2, I25.85to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition. (3) Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition. (4) Added CPT codes 92972, C9600 through C9608 to PCI Procedure definition. ◦ Influenza: Added CVX code 333 to Influenza Vaccine definition. ◦ Adult Immunizations: (1) Removed Immune Deficiency from Shingrix Contraindication definition. (2) Added CVX code 333 to Influenza Vaccine definition. ◦ Childhood Immunizations: Added CVX code 333 to Influenza Vaccine definition. ◦ Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: (1) Updated the following SNOMED data sets: PXRMBGP ECQM ARTERIAL DIS, PXRMBGP ECQM ANGINA, PXRMBGP ECQM BREASTFEED, PXRMBGP EXCM CABG, PXRMBGP ECQM LIVER DIX, PXRMBGP ECQM RHABDO. (2) Added ICD10 codes I24.81, I25.2, I25.85to and removed ICD10 code I24.8 from Ischemic Heart Disease or Other Related Diagnoses definition. (3) Added ICD10 codes I20.2, I20.81 to and removed ICD10 code I20.8 from Stable and Unstable Angina definition. (4) Added CPT codes 92972, C9600 through C9608 to PCI Procedure definition.
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 v10.1)	

FY 2026 TARGETS

INDIAN HEALTH SERVICE (IHS) GPRA/GPRAMA Measures FYs 2025 and 2026 Targets (IHS, Tribal, & Urban)		
	2025 Target	2026 Target
DIABETES		
Poor Glycemic Control-- GPRAMA**	12.5%	12.1%
Controlled BP <140/90-- GPRAMA**	57.5%	57.5%
Statin Therapy	52.6%	52.6%
Nephropathy Assessed	44.8%	44.8%
Retinopathy Exam	47.6%	47.6%
DENTAL		
Dental: General Access	27.0%	27.8%
Sealants	11.8%	11.8%
Topical Fluoride	27.4%	28.4%
IMMUNIZATIONS		
Influenza Vaccination 6mo - 17yrs	18.3%	18.3%
Influenza Vaccination 18+ -- GPRAMA*	21.0%	21.0%
Adult Immunizations	39.0%	39.0%
Childhood IZ	37.8%	37.8%
PREVENTION		
Cervical Cancer Screening	35.6%	35.6%
Mammography Screening	40.5%	40.5%
Colorectal Cancer Screening	24.6%	24.6%
Tobacco Cessation	27.5%	27.5%
Universal Alcohol Screening	36.0%	36.0%
SBIRT	15.8%	17.9%
IPV/DV Screening -- GPRAMA*	30.5%	31.9%
Depression Screening 12 - 17 years	36.1%	36.1%
Depression Screening 18+	39.6%	39.6%
Childhood Weight Control ¹	22.0%	22.0%
Controlling High Blood Pressure (MH)	48.2%	48.2%
CVD Statin Therapy	36.9%	36.9%
HIV Screen Ever	42.5%	43.4%
Breastfeeding Rates	44.1%	44.1%

*In FY 2025, IHS is reporting two GPRAMA clinical measures: Influenza vaccination 18+ and IPV/DV Screening.

**In FY 2026, two GPRAMA clinical measures are reported: Poor Glycemic Control and Controlled BP <140/90.

¹ Long term measure: The FY 2025 and 2026 targets can be reported as "N/A" or 22.0% (based on most recent result available in FY 2024). The next official report year is FY 2027.

NATIONAL DATA WAREHOUSE

Overview

NATIONAL DATA WAREHOUSE OVERVIEW

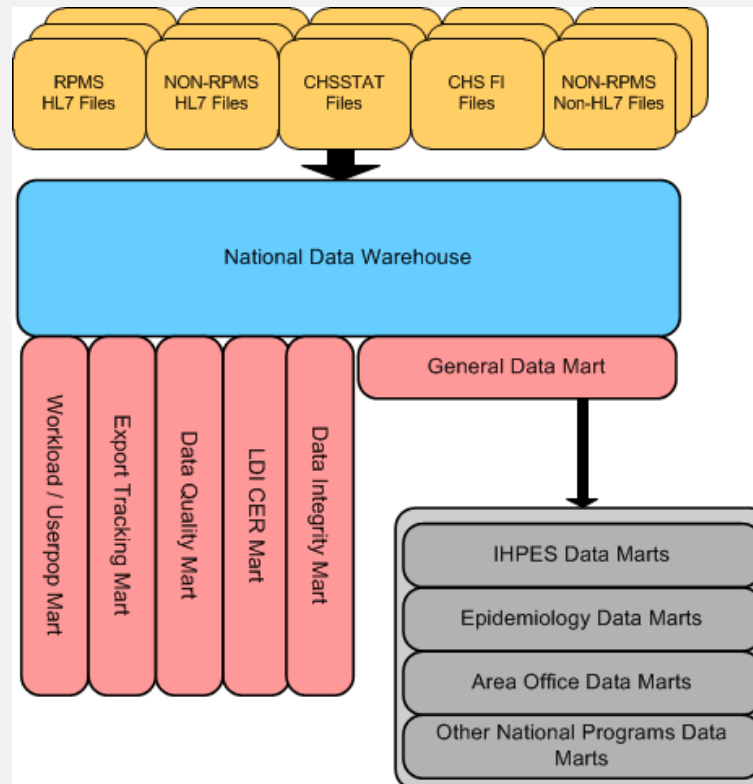
- The National Patient Information Reporting System (NPIRS) instituted the National Data Warehouse (NDW) in 2006
- The NDW is a data warehouse environment for the IHS national data repository
- The NDW gathers, stores, reports, and allows easy access to accurate historical data
 - Custom designed to 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.
- 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">• 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>

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"> • 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>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>

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						
Draft 1 2019		2/1/2016 – 1/31/2019					4/11/2019	4/23/2019
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?

	RPMS CRS	IDCS DM
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 Federal, Tribal, or Urban health program in your IHS Area 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

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

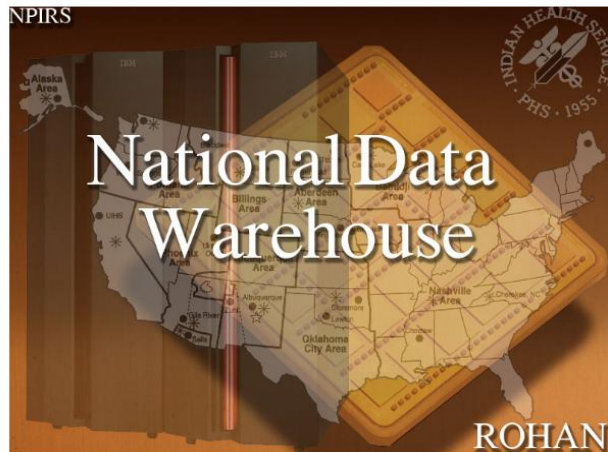
Data Export File Requirements

- 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-mpirs-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
NDW 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
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	R 6622103151022194547.BDW	F-09/24/2015 L-10/21/2015	A-10/23/2015 L-		
CAO	44283	662210	R 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 & 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.
- Use this link to find your Area Statistical Officer: [Area Statistical Officers | Division of Program Statistics](#)

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

 **Indian Health Service**
The Federal Health Program for American Indians and Alaska Natives

[A to Z Index](#) • [Employee Resources](#) • [Feedback](#)

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Office Of INFORMATION TECHNOLOGY

- Home
- SCB Tables**
- OIT SCS Tables
- Industry SCS Access Tables

Questions or Comments? Please contact the **Content Manager**.

Standard Code Book (SCB)

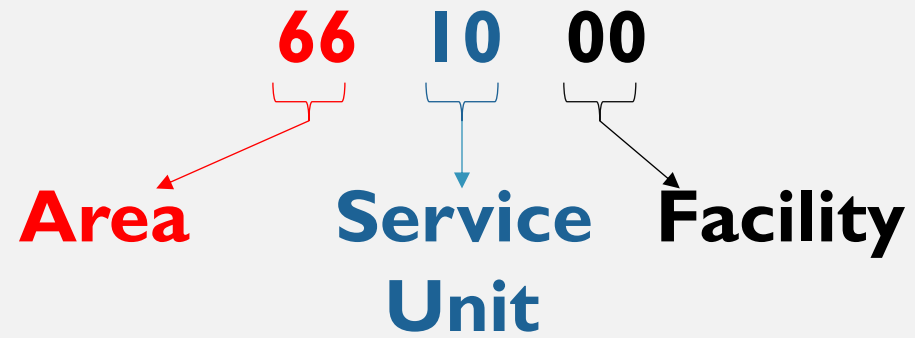
SCB Tables

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

19 Record(s)

ASUFAC CODE

661000




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:

Search

Clear

Code	State	County	Community	ASU Code	Status
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

Community

Code:	<input type="text"/>	State:	<input type="text"/>	County:	<input type="text"/>
ASU Code:	<input type="text" value="6068"/>	Community:	<input type="text"/>	Status:	<input type="text"/>
<input type="button" value="Search"/>					

Code	State	County	Community	ASU Code	Status
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

- Recommend exporting data monthly or at least quarterly to ensure there are no missing exports
- 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 IDCS Team will let you know you have missing data when you submit a support ticket.

IDCS SUPPORT TICKETS

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 get 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
- **IDCS Users Meeting** occurs on the 2nd 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 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 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

NATIONAL FY 2025 DASHBOARD

DENTAL

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Dental: General Access	NATIONAL	24.40%	27.82%	27.00%	<u>24.79%</u>	NOT MET
Sealants	NATIONAL	9.90%	<u>11.77%</u>	11.80%	<u>11.39%</u>	NOT MET
Topical Fluoride	NATIONAL	21.10%	28.35%	27.40%	<u>25.31%</u>	NOT MET

DIABETES

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Controlled BP	NATIONAL	52.40%	55.76%	57.50%	<u>56.64%</u>	NOT MET
Nephropathy Assessed	NATIONAL	45.10%	<u>41.84%</u>	44.80%	<u>41.29%</u>	NOT MET
Poor Glycemic Control	NATIONAL	14.40%	12.11%	12.50%	11.93%	MET
Retinopathy Exam	NATIONAL	44.70%	45.42%	47.60%	<u>45.00%</u>	NOT MET
Statin Therapy	NATIONAL	54.50%	<u>49.48%</u>	52.60%	<u>48.45%</u>	NOT MET

IMMUNIZATIONS

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Adult IZ - All Age-appropriate IZ	NATIONAL	37.00%	38.57%	39.00%	39.99%	MET
Childhood IZ	NATIONAL	40.90%	<u>36.07%</u>	37.80%	<u>35.02%</u>	NOT MET
Influenza Vaccination 18+	NATIONAL	19.70%	<u>18.42%</u>	21.00%	<u>17.94%</u>	NOT MET
Influenza Vaccination 6mo - 17 yrs	NATIONAL	19.80%	<u>15.67%</u>	18.30%	<u>15.29%</u>	NOT MET

PREVENTION

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Cervical Cancer Screening	NATIONAL	33.20%	34.38%	35.60%	<u>35.36%</u>	NOT MET
Childhood Weight Control	NATIONAL	23.00%	21.94%	22.00%	<u>22.80%</u>	NOT MET
Colorectal Cancer Screening	NATIONAL	23.70%	<u>23.64%</u>	24.60%	<u>24.08%</u>	NOT MET
Controlling High Blood Pressure (MH)	NATIONAL	45.80%	46.88%	48.20%	<u>46.67%</u>	NOT MET
CVD Statin Therapy	NATIONAL	37.80%	<u>35.38%</u>	36.90%	<u>35.62%</u>	NOT MET
Depression Screening or Mood Disorder 12 - 17 years old	NATIONAL	29.50%	32.66%	36.10%	<u>33.41%</u>	NOT MET
Depression Screening or Mood Disorder 18 years and older	NATIONAL	36.40%	37.12%	39.60%	<u>37.55%</u>	NOT MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	NATIONAL	42.60%	42.96%	44.10%	<u>43.18%</u>	NOT MET
HIV Screening Ever	NATIONAL	38.90%	43.35%	42.50%	45.76%	MET
IPV/DV Screening	NATIONAL	29.60%	31.90%	30.50%	30.60%	MET
Mammography Screening	NATIONAL	28.70%	38.92%	40.50%	<u>40.31%</u>	NOT MET
SBIRT	NATIONAL	15.00%	17.91%	15.80%	23.53%	MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	NATIONAL	24.40%	26.23%	27.50%	<u>24.84%</u>	NOT MET
Universal Alcohol Screening	NATIONAL	32.20%	34.41%	36.00%	<u>34.02%</u>	NOT MET

CA AREA FY 2025 DASHBOARD

DENTAL

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Dental: General Access	CALIFORNIA	24.40%	42.57%	27.00%	43.57%	MET
Sealants	CALIFORNIA	9.90%	16.61%	11.80%	15.76%	MET
Topical Fluoride	CALIFORNIA	21.10%	36.21%	27.40%	36.29%	MET

DIABETES

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Controlled BP	CALIFORNIA	52.40%	71.52%	57.50%	74.13%	MET
Nephropathy Assessed	CALIFORNIA	45.10%	53.41%	44.80%	50.70%	MET
Poor Glycemic Control	CALIFORNIA	14.40%	13.36%	12.50%	13.12%	NOT MET
Retinopathy Exam	CALIFORNIA	44.70%	40.62%	47.60%	44.69%	NOT MET
Statin Therapy	CALIFORNIA	54.50%	54.92%	52.60%	52.69%	MET

IMMUNIZATIONS

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Adult IZ - All Age-appropriate IZ	CALIFORNIA	37.00%	39.04%	39.00%	42.21%	MET
Childhood IZ	CALIFORNIA	40.90%	30.30%	37.80%	30.21%	NOT MET
Influenza Vaccination 18+	CALIFORNIA	19.70%	19.86%	21.00%	21.07%	MET
Influenza Vaccination 6mo - 17 yrs	CALIFORNIA	19.80%	17.91%	18.30%	19.06%	MET

PREVENTION

Measure	Administrative Area	2024 Target	2024 Official	2025 Target	2025 Draft	2025 Result
Cervical Cancer Screening	CALIFORNIA	33.20%	34.36%	35.60%	36.48%	MET
Childhood Weight Control	CALIFORNIA	23.00%	24.26%	22.00%	25.92%	NOT MET
Colorectal Cancer Screening	CALIFORNIA	23.70%	14.19%	24.60%	14.38%	NOT MET
Controlling High Blood Pressure (MH)	CALIFORNIA	45.80%	56.69%	48.20%	58.07%	MET
CVD Statin Therapy	CALIFORNIA	37.80%	38.22%	36.90%	39.00%	MET
Depression Screening or Mood Disorder 12 - 17 years old	CALIFORNIA	29.50%	38.86%	36.10%	36.39%	MET
Depression Screening or Mood Disorder 18 years and older	CALIFORNIA	36.40%	42.13%	39.60%	40.41%	MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	CALIFORNIA	42.60%	49.59%	44.10%	62.50%	MET
HIV Screening Ever	CALIFORNIA	38.90%	42.86%	42.50%	45.31%	MET
IPV/DV Screening	CALIFORNIA	29.60%	15.87%	30.50%	17.76%	NOT MET
Mammography Screening	CALIFORNIA	28.70%	42.76%	40.50%	44.20%	MET
SBIRT	CALIFORNIA	15.00%	10.53%	15.80%	32.28%	MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	CALIFORNIA	24.40%	16.72%	27.50%	15.59%	NOT MET
Universal Alcohol Screening	CALIFORNIA	32.20%	33.89%	36.00%	28.65%	NOT MET

QUESTIONS?

Thank you.