

Centralized Performance Measurement in IHS

Potential Evolution Pathways

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Goals

- Centralized “one stop” generation of aggregated performance measures for GPRA and other reporting
- Inclusion of data from non-RPMS systems used by Tribal programs in national GPRA and other measure reporting
- Harmonization of measures – benchmarking I/T/U against published, industry-standard performance measures
 - Use measures already required of Certified EHR systems
 - No need to make up “IHS proprietary” performance/quality measures
 - Can still use custom internal measures for internal purposes

IHS Traditional Approach to Aggregated Performance Measures

- Monthly CRS Exports from individual RPMS databases (IHS, Tribal and Urban)
- Aggregated at Area level
- Aggregated at National level
- **No non-RPMS data** included in reports
 - Reports therefore not representative of entire Indian health care system

Use NPIRS with Traditional Data Submission Methods

- Expand monthly NDW export from RPMS to include clinical data (lab results and other data elements) required to calculate performance measures
- Expand National Data Warehouse to receive this data
- Publish new HL-7 specification for commercial non-RPMS EHRs to send raw clinical data to NPIRS*
- Calculate aggregated measures from central database
- *Requires Tribal programs to pay EHR vendors to do new HL-7 exports

Use Standard Summary Documents as Data Source

- All Certified EHR must be able to produce summary of care documents compliant with published standards
 - Stage 1 – Continuity of Care Document (C32), Continuity of Care Record
 - Stage 2 – Consolidated Clinical Document Architecture (CCDA)
- IHS has a “document repository” that has C32 on all patients – structured data (XML)
- These documents can be parsed to feed data to NPIRS (without changing the RPMS export)
- C32/CCDA from non-RPMS EHR could also contribute data to NPIRS
- Unknown:
 - Do CCDA documents contain sufficient clinical data to generate measures?

Use National Standard Certified EHR Measures

- All Certified EHR must be able to generate Clinical Quality Measures – most based on nationally published measures such as PQRI, NQF
- Without any data submission to NPIRS, all programs using Certified EHR could provide numerator / denominator data on selected standard measures for aggregated national reporting
- Assumes IHS standardizes on national measures as opposed to “IHS proprietary” measures
- Assumes IHS & OMB agree on using CEHRT measures
- Expanded clinical data in NPIRS (e.g. from CCDA) still desirable for other “big data” analytics & research
- Minimal cost to non-RPMS programs

Discussion

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