

INDIAN HEALTH SERVICE

# GPRO/GPRAMA 101

February 28, 2023

# AGENDA

1. Introduction to GPRA/GPRAMA
2. Overview of FY 2023 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 2022 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 2023 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 bar contains links for "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.

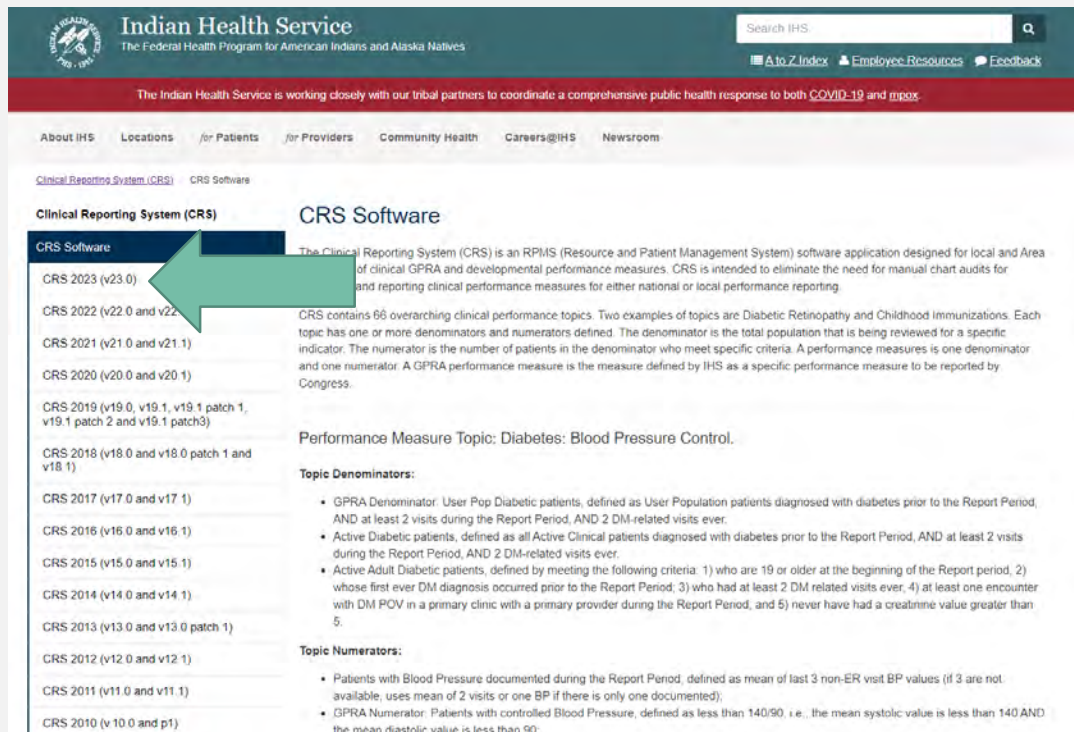
**Current Status:**

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."

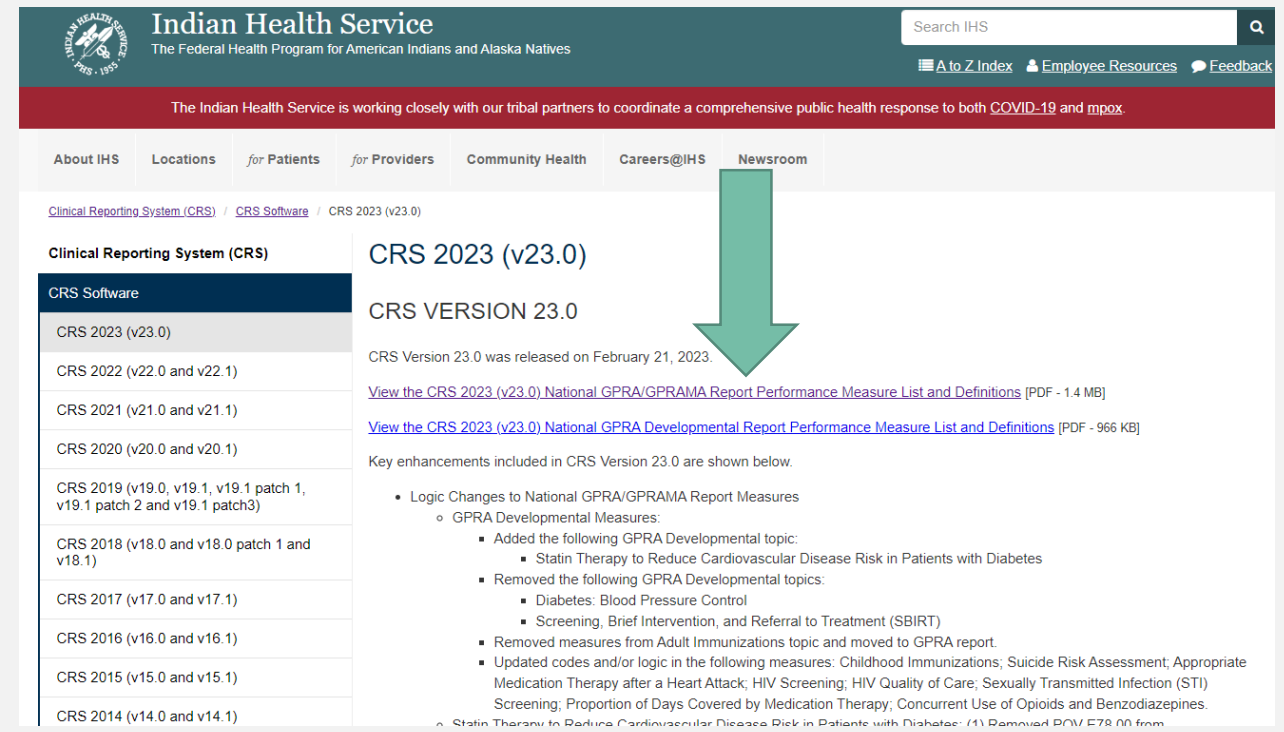
# GPRO MEASURE LOGIC

• Click on the most recent version of CRS



The screenshot shows the Indian Health Service website with the 'Clinical Reporting System (CRS)' page. The left-hand navigation menu lists various CRS versions from 2010 to 2023. A green arrow points to the 'CRS 2023 (v23.0)' link. The main content area displays the title 'CRS Software' and a brief description of the system. Below the description, there are sections for 'Performance Measure Topic: Diabetes: Blood Pressure Control', 'Topic Denominators', and 'Topic Numerators'.

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



The screenshot shows the Indian Health Service website with the 'CRS 2023 (v23.0)' page. The left-hand navigation menu lists various CRS versions from 2010 to 2023. A green arrow points to the 'View the CRS 2023 (v23.0) National GPRA/GRAMA Report Performance Measure List and Definitions' link. The main content area displays the title 'CRS 2023 (v23.0)' and a brief description of the system. Below the description, there are sections for 'Key enhancements included in CRS Version 23.0 are shown below' and a list of 'Logic Changes to National GPRA/GRAMA Report Measures'.

## 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

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 2023 CHANGES TO GPRA REPORTING

# OVERVIEW OF FY 2023 GPRA/GPRAMA MEASURE LOGIC CHANGES

- **Two measures have logic changes for FY 2023:**
  - Adult Immunizations
  - SBIRT

# OVERVIEW OF FY 2023 GPRA/GPRAMA MEASURE LOGIC CHANGES

ADULT IMMUNIZATIONS	Old Logic	New FY 2023 Logic
Numerator	<ul style="list-style-type: none"> <li>• Ages 19–49 years: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)</li> <li>• Ages 50–64 years: 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past five years or 2 doses of Shingrix ever)</li> <li>• Ages 65 years and older: 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past five years or 2 doses of Shingrix ever, 1 up-to-date Pneumococcal Polysaccharide vaccine (PPSV23))</li> </ul> <p>Up-to-date Pneumococcal Polysaccharide vaccine (PPSV23) is defined as: Patients who received a dose of PPSV23 on or after age 65 years or a dose of PPSV23 in the past five years or a contraindication to PPSV23.</p>	<ul style="list-style-type: none"> <li>• Ages 19–<b>50</b> years: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)</li> <li>• Ages <b>51–65</b> years: 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever)</li> <li>• Ages <b>66</b> years and older: 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever, <b>1 up-to-date Pneumococcal vaccine</b>)</li> </ul> <p>Up-to-date Pneumococcal vaccine (PCV20, PCV15, PPSV23, PCV13) is defined as any of the following:</p> <ul style="list-style-type: none"> <li>• Patients who have ever received PCV20.</li> <li>• Patients who have received PCV15 followed by PPSV23 at least eight weeks apart.</li> <li>• Patients who have received PPSV23 followed by PCV15 or PCV20 at least one year apart.</li> <li>• Patients who have received PCV13 at any age followed by PPSV23 at age 65 years or older at least one year apart.</li> <li>• Patients with a contraindication to Pneumococcal Conjugate (PCV20, PCV15, or PCV13) and a PPSV23 vaccine or contraindication at any time.</li> </ul>
Denominator	User Population patients ages 19 and older	User Population patients ages 19 and older

# OVERVIEW OF FY 2023 GPRA/GPRAMA MEASURE LOGIC CHANGES

<b>SBIRT</b>	<b>Old Logic</b>	<b>New FY 2023 Logic</b>
Numerator	Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in Ambulatory Care within seven days of screen	Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) at an Ambulatory <b>or Telemedicine visit</b> within seven days of screen
Denominator	User Population patients age 9 through 75 years who screened positive for risky or harmful alcohol use during the Report Period.	User Population patients age 9 through 75 years who screened positive for risky or harmful alcohol use during the Report Period.

# FY 2023 TARGETS

INDIAN HEALTH SERVICE (IHS) GPRA/GPRAMA Measures FYs 2022 and 2023 Targets (IHS, Tribal, & Urban)		
	2022 Target	2023 Target
<b>DIABETES</b>		
Poor Glycemic Control	15.6%	14.4%
Controlled BP <140/90	57.0%	52.4%
Statin Therapy	56.8%	54.5%
Nephropathy Assessed	43.7%	45.1%
Retinopathy Exam	41.2%	44.7%
<b>DENTAL</b>		
Dental: General Access	28.8%	24.4%
Sealants	13.7%	9.9%
Topical Fluoride	26.8%	21.1%
<b>IMMUNIZATIONS</b>		
Influenza Vaccination 6mo - 17yrs	29.7%	19.8%
Influenza Vaccination 18+ -- GPRAMA*	28.0%	19.7%
Adult Immunizations <sup>1</sup>	44.4%	Set Baseline
Childhood IZ	47.8%	40.9%
<b>PREVENTION</b>		
Cervical / Pap Screening <sup>2</sup>	Set Baseline	Maintain Baseline
Mammography Screening	39.7%	28.7%
Colorectal Cancer Screening <sup>2</sup>	Set Baseline	Maintain Baseline
Tobacco Cessation	29.8%	24.4%
Universal Alcohol Screening	39.2%	32.2%
SBIRT <sup>1</sup>	13.5%	Set Baseline
IPV/DV Screening -- GPRAMA**	36.3%	29.6%
Depression Screening 12 - 17 years	33.9%	29.5%
Depression Screening 18+	42.9%	36.4%
Childhood Weight Control <sup>3</sup>	22.6%	N/A
Controlling High Blood Pressure (MH)	40.9%	45.8%
CVD Statin Therapy	40.6%	37.8%
HIV Screen Ever	38.0%	38.9%
Breastfeeding Rates	42.0%	42.6%

\*Influenza vaccination 18+ is a GPRAMA measure starting in FY 2023.

\*\*IPV/DV Screening measure is a GPRAMA measure in FY 2022 and FY 2023.

1 Measure logic change beginning in FY 2023.

2 Measure logic change beginning in FY 2022.

3 Long term measure FY 2023 target is listed as not defined "N/A", the next report year is FY 2024.



# NATIONAL DATA WAREHOUSE

Overview

# NATIONAL DATA WAREHOUSE OVERVIEW

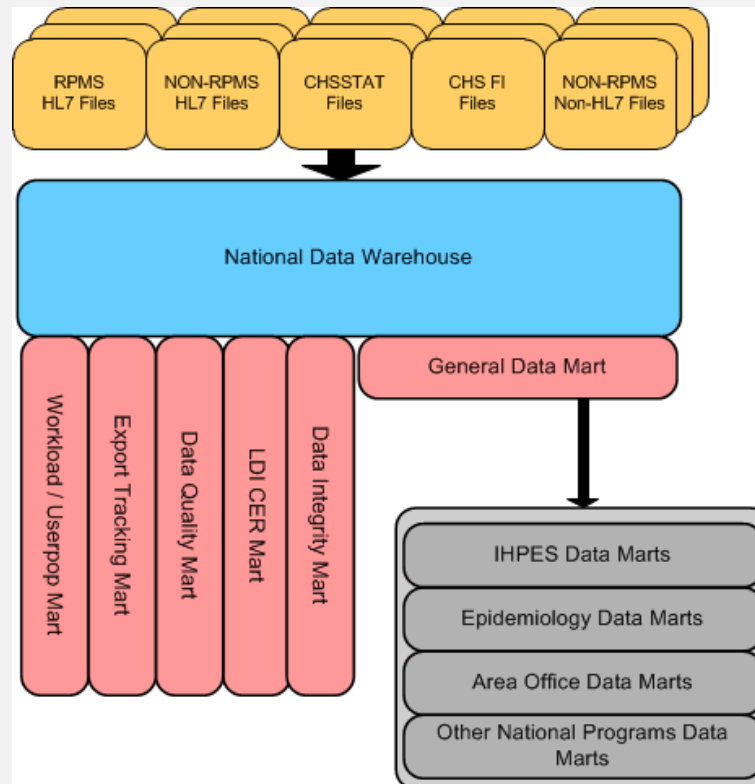
- The National Patient Information Reporting System (NPIRS) instituted the National Data Warehouse (NDW) in 2006
- The NDW is a data warehouse environment for the IHS national data repository
- The NDW gathers, stores, reports, and allows easy access to accurate historical data
  - Custom designed to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

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	I (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

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

**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	Registration		Encounter	
				Ack'd Loaded	Reg Loaded	Enctr Loaded	Enctr Loaded

**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:

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

Area	Export ID	ASUFAC	File Name	First/Last Mod Dates	Registration	Encounter
CAO	51484	862410	chsstat862410a.17123	F-05/03/2017 L-05/03/2017		
CAO	51315	861557	8615573170424195954.BDW	F-03/24/2017 L-04/23/2017		
CAO	51314	863410	8634103170424192109.BDW	F-03/24/2017 L-04/23/2017		
CAO	51313	861210	8612103170424184839.BDW	F-03/24/2017 L-04/23/2017		
CAO	51312	862830	8628303170424182644.BDW	F-03/24/2017 L-04/23/2017		
CAO	51311	848110	84811031704241817.BDW	F-03/24/2017 L-04/23/2017		
CAO	51310	861355	86135531704241813.BDW	F-03/24/2017 L-04/23/2017		
CAO	51309	862310	8623103170424180121.BDW	F-03/24/2017 L-04/23/2017	A-04/24/2017 L-04/26/2017	786 9590
CAO	51308	862110	8621103170424172606.BDW	F-03/24/2017 L-04/23/2017	A-04/24/2017 L-04/26/2017	141 5456
CAO	51284	848755	8487553170424052004.BDW	F-03/24/2017 L-04/23/2017	A-04/24/2017 L-04/26/2017	2 1

# 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	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	50228	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	44263	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:

Registration Code	Export Date	Patient Residency		Patient AI/AN Status	
		Community	Tribes	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.
- [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

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

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

Search

[Home](#) [About IHS](#) [Locations](#) [for Patients](#) [for Providers](#) [Community Health](#) [Career Opportunities](#) [Newsroom](#)

**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
<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:

Search

Clear

26-43 of 43 items displayed

<<

page 2: records 26-43

go

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


go

# 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 IDCS Team 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> and 4<sup>th</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 Ryan Deluche at [Ryan.DeLuche@IHS.gov](mailto:Ryan.DeLuche@IHS.gov) to be added to his 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

QUESTIONS?

Thank you.