### **Government Performance & Results Act (GPRA) 101 Training**

(February 28, 2023) **Q&A** 

### **Measure Logic**

View the current National GPRA/GPRAMA Report Performance Measure List and Definitions (updated February 2023) here: <a href="https://linear.google.com/linea

### Will the numerator for the 18+ flu numbers include refusals?

The numerator for 18+ flu does not include refusals.

### Is there a list of the 18+ vaccines that will be included for that measure?

For the Adult Immunization Measure, the vaccines needed to meet the measure depend on the age of the patient:

- Ages 19–49 years: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
- 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)
- 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))

The full list of vaccine codes for FY 2023 can be found in the GPRA Measure Logic and Definitions manual, beginning on page 34, located here: <a href="https://linical.negoring.com/linical.negoring.c

#### Does the GPRA Adult Immunization measure include the Influenza vaccine?

The GPRA Adult Immunization measure does not include Influenza. There is a separate GPRA Measure specifically for the Influenza Vaccination 18+.

## Is there specific documentation for dental sealants? For example, for code 0007, do providers need documentation in their notes to specify they have seen the sealants?

You can find the codes used for the Dental Sealants measure in the GPRA Measure Logic and Definitions manual, beginning on page 28, located here: <a href="IHS Clinical Reporting System">IHS Clinical Reporting System</a> (BGP). For GPRA purposes, as long as the 0007 code is documented, then it will count toward the measure.

## Regarding the dental intact sealant code 0007, if a patient has one intact sealant, but needs more sealants or fillings, do I still use the code 0007 upon exam or cleaning visit?

No, only use the 0007 code if the patient has intact sealants and will not require sealants in that GPRA year. If they need more sealants, then they cannot take the 0007 code until all the sealants are completed. Code 0007 should be used when, at the exam or subsequent appointment, the dental provider deems that the patient has at least one intact sealant present and no other sealants indicated. In the example you provided, if the patient has 1 sealant and no other sealants are indicated (because other posterior teeth are decayed, there is wear where the sealant would not be retained, the posterior teeth are missing, etc.), then you could use the code. However, if a sealant is still needed, 0007 should not be used; instead, the sealant should be placed.

## Regarding behavioral health GPRA measures, is the expectation that these are asked at every patient encounter or is that left up to each service unit to determine?

The IHS recognizes universal screening as a best practice, but screening practices may be determined by each service unit.

### **GPRA Reporting**

Is the HHS budget reporting period for GPRA data the same as the IHS fiscal year (Oct 1-Sept 30)? Yes, the GPRA year is October 1 – September 30.

### How do we get our GPRA measures to count if we use NextGen?

If you send your data to the National Data Warehouse (NDW), then your GPRA measures will count through the Integrated Data Collection System (IDCS). You will need to work with the NDW and the NextGen developers to ensure your data is in the proper format if there are any issues.

### Who would we ask for help to show us how to get the information to the NDW?

For help submitting data to the NDW, please contact your <u>IHS AREA GPRA COORDINATORS</u> or send a help desk ticket to the IT Support Desk: itsupport@ihs.gov.

I was told that not all sites can send GPRA data to the NDW through HL7. The data can be sent to NDW, but only workload can be pulled, not GPRA data for those sites that have their data aggregated with their Area data and using an off-the-shelf Electronic Health Record (EHR).

GPRA data in IDCS can only be reported down to the service unit level. Any health programs which are included in a larger service unit with other individual health programs/facilities will not be able to get individual health program/facility level GPRA data from IDCS. This is true for RPMS and non-RPMS health programs. IDCS only has the capability of reporting GPRA data at the service unit level.

If you use the Resource & Patient Management System (RPMS), do you still need to export data? Yes. There is a module within RPMS that will allow you to send exports and to set-up automated exports. Contact your IT staff or your Area office for assistance with this.

### Are we able to export data from Dentrix to NDW?

Yes, contact your Area Office IT staff or the IHS Help Desk for assistance with setting up exports from Dentrix.

If we use an off-the-shelf EHR for behavioral health or dental, but document some information in EHR and don't complete the visit in the coding queue, do those visits still get captured for GPRA data? This would be a good question for the IT Help Desk as we don't have that level of technical knowledge. Please reach out to <a href="itsupport@ihs.gov">itsupport@ihs.gov</a> to determine if this type of data is included in the export.

## Are we still reporting for Quarter 2 and Fiscal Year End? Will the 3 years back be from the beginning of the reporting period or the end of the reporting period?

We do collect GPRA Developmental data from health programs who are still utilizing RPMS after Q2 and Q4 of each fiscal year. The Developmental GPRA reports are required from all IHS programs, and recommended from Tribal and Urban programs who still utilize RPMS. GPRA data is collected as often as sites export their data to the NDW through IDCS. We recommend sites export their data at least monthly. IDCS calculates 3 years back from the last day of the reporting period (Sept 30).

## With the new IHS EHR system upcoming in the next few years, is there planned integration of GPRA measures into system development? Is there a plan for a standardized approach to entering clinical data to meet GPRA percentages?

There has not yet been discussion on how GPRA will be integrated into the new EHR that will be chosen by IHS. These discussions will likely occur once a new EHR vendor has been selected as that may determine capabilities for how data is captured and reported.

### **GPRA Targets**

### Can you clarify what you mean by "set baseline" for 2023 baseline immunizations for adults?

When large changes are made to GPRA measure logic, we don't always know how the rate will be affected, so instead of a specific rate as a baseline, we use that first year of data to set the baseline rate. The national result for the "baseline" year will become the target for the following year.

## When you say "we use that first year of data to set the baseline rate", would FY2023 be considered the first year?

Yes, FY 2023 would be the "baseline" year. The FY 2024 target would be set to the national result from FY 2023 for that measure.

### I saw baseline in the targets section. Does it mean the targets have not been set yet?

Those with baselines do not have targets set yet, generally due to changes to the logic that can greatly affect the rate. The final national result for those measures with "Set Baseline" will be used as the target for the following year.

### **Communities of Residence**

# Are there any limitations to Tribal health programs (THPs) assigning their Community of Residences (CORs)? For example, could a THP review where their patients are coming from that may be outside their current COR and adopt those communities into their COR?

If you have any concerns about the communities that are currently assigned to your health program, please reach out to your Area Statistical Officer or your Area GPRA Coordinator as they can assist with any possible edits/changes to communities of residence.

### Are areas defined by zip code or just city name?

Communities of residence are defined in the standard code book by community name, which is set by each Area, and geographic boundaries for the communities of residence vary.

### **Troubleshooting Data**

## Are we able to get patient level data back so that we can address potential documentation problems and target patients and providers for QI efforts?

No, unfortunately that is a limitation of IDCS; we do not have the ability to gather patient lists of any sort from the Integrated Data Collection System (IDCS). If you are still using the Clinical Reporting System in RPMS, you can run site-level reports and patient lists on your local system.

### Are sites able to run ICDS reports, or should we get them from the Area office?

Staff at Federal sites with D1 access can have their supervisor request access to their service unit data through the IHS Service Now portal. Tribal and Urban service units must request data from their Area

office or request data to be emailed to them by NDW. Contact your Area GPRA Coordinator to get IDCS data emailed to you for your service unit.

## I'm a bit confused on how to check our reports for accuracy. I pulled up the IHS/Standard Code Book website and found my code, but where do I go from here?

Once you determine the code for your Area and service unit, you can go to the community table in the standard code book and make sure the communities assigned to your service unit make sense. If they do not look correct, you can contact your Area Statistical Officer to determine if changes are needed. The communities of residence determine which patients are included in your denominators, so you want to make sure the communities assigned to your service unit include patients living in a community with ties to your service unit.

I'm new to GRPA reports. What info do I extract from the CRS report to add to the spreadsheets? You can run the National GPRA Report for your clinic. The GPRA data in the file that is produced will be in the bottom half of the document that is produced (the actual GPRA Measures have "GPRA" in parenthesis next to the actual measure). The easiest way to quickly view GPRA data is by running the GPRA Dashboard Report, which will show only the GPRA data in a simple dashboard format. The GPRA Dashboard is in the same menu list as the National GPRA report within CRS.