



SUCCESSFUL STRATEGIES

National GPRA Support Team
California Area



GPRA 101 - Provider Flyer

GPRA

Government Performance and Results Act

Understanding the Government Performance and Results Act (GPRA) WHAT IS GPRA AND HOW DOES IT AFFECT ME?

Introduction to GPRA for Providers and Clinic Staff

What is GPRA?

The Government Performance and Results Act (GPRA) is a federal law. It requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires federal agencies to have a 5-year Strategic Plan and to submit Annual Performance Plans and Reports with their budget requests.

The Annual Performance Plan describes what the agency intends to accomplish with its annual budget. All federal agencies have specific annual performance *measures* with specific annual targets. For the Indian Health Service (IHS), these annual targets are set by the Office of Management and Budget (OMB) in consultation with the representatives from IHS and the Department of Health and Human Services (HHS). GPRA is a critical part of the annual budget request for IHS.

The GPRA "year" runs from July 1st - June 30th. Quarterly reports are run for the second quarter (ending Dec. 31st), and third quarter (ending March 31st), and a final report is run at the end of the year (ending June 30th). These reports are cumulative. Reports are sent to the California Area Office (CAO), which has the National GPRA Support Team (NGST). This team is responsible for aggregating all data received and creating reports showing how the agency performed over the GPRA year, including whether the annual targets are met. Only national aggregate data is reported to Congress; no individual clinic or Area-level data is reported.



Introduction to GPRA for Medical Staff

GPRA

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What is a GPRA Clinical Measure?

A GPRA clinical measure is a specific indicator of performance on patient care. Current GPRA Clinical Measures include:

- **Diabetes**
 - Blood Sugar Control
 - Blood Pressure Control
 - Cholesterol
 - Nephropathy
 - Retinopathy
- **Dental**
 - Access
 - Topical Fluorides
 - Sealants
- **Immunizations**
 - Childhood
 - Adult Influenza
 - Adult Pneumococcal
- **Cancer Screening**
 - Mammography
 - Pap Screening
 - Colorectal Cancer Screening
- **Behavioral Health**
 - Depression Screening
 - Alcohol Screening
 - Domestic Violence Screening
 - Tobacco Cessation
- **Cardiovascular/BMI**
 - CVD Comprehensive Screening
 - Childhood Weight Control
- **HIV**
 - Prenatal HIV Screening

There are also a number of non-clinical GPRA measures that assess supporting factors such as facility accreditation, environmental and sanitation services, and health provider scholarship placements. These measures are reported directly by the programs that administer these activities.

How is GPRA data reported?

- At the end of each GPRA quarter and at the end of the GPRA year, facilities run their National GPRA report and export their data to their respective Area Offices.
- Area GPRA Coordinators load the facility reports and run an Area Aggregate report. This report shows if the overall Area GPRA measures are being met.

CRS

The Clinical Reporting System (CRS), a software application in the Resource Patient Management System (RPMS), is the tool for reporting of all GPRA clinical measures at IHS.

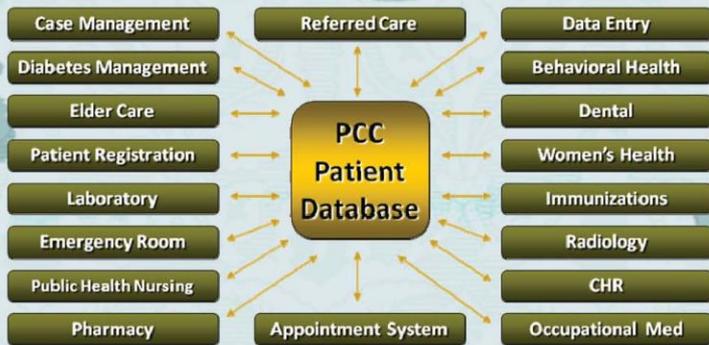
- Federal (IHS) facilities are required to use CRS for GPRA reporting
- Tribal and Urban facilities are not required to use CRS but are strongly encouraged to use it
- Currently, there is no way to combine data from sites that do not run RPMS into the GPRA data set
- CRS provides verified and validated data with an audit trail; this is critical for Congressional reporting
- CRS data is reported in aggregate, and does not contain any patient identifiers.

Introduction to GPRA for Medical Staff

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All RPMS applications have a link from the application to PCC!



"What do Meaningful Use and GPRA have in Common?"

The HITECH Act strives to improve patient care through the meaningful use (MU) of certified electronic health records (EHRs).

In order to demonstrate meaningful use, eligible providers and hospitals will report clinical performance measures that are similar, but not identical to GPRA. Both sets of measures correspond directly to quality of healthcare delivery.

CMS EHR Financial Incentives

Participants in the Medicare program must demonstrate meaningful use during their first year of participation while participants in the Medicaid program must simply adopt, implement, or upgrade a certified EHR. More information is available at: www.cms.gov/EHRIncentivePrograms/



Introduction to GPRA for Medical Staff

How to generate good GPRA data and improve GPRA performance:

Providers:

- Participate in quality improvement activities at your facility.
- Review documentation standards that support GPRA performance activities.
- If your site is not using the Electronic Health Record (EHR), communicate with data entry staff on what they should look for on the encounter forms and ensure they know how to enter it into PCC.
- Ensure you and/or others are asking patients the questions that need to be asked (e.g. do you smoke, drink) and getting height, weight, and blood pressure measurements. Ensure that the information is being documented on the encounter form in the appropriate place.
- Document patient refusals, patient education, and health factors.
- Ask patients about tests/ immunizations/procedures that the patient may have received outside of your clinic and document them on the encounter form according to the policy in place at your facility.
- Review the National GPRA report for the measures that are applicable to you. For example, if you are a dentist, review the GPRA dental measures. If you are the Diabetes Coordinator, review the diabetes measures. Review throughout the GPRA year; do not wait until the last minute.

All staff:

- Monitor data input frequently.
- During a review of data, consider:
 - Do the rates look reasonable? If not, obtain a copy of the patient list(s) for the measure(s) and compare with the charts to see where problems may exist.
 - Is the data in the chart but not in PCC? Does the data entry staff need to be advised on how to enter it in PCC? Was it documented in the correct place on the encounter form?
 - Was the data in PCC but documented with an incorrect code?

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For additional information on the Government Performance and Results Act, please contact
National GPRA Support Team (NGST)
caogpra@ihs.gov

GPRA 101 - Patient Flyer

Understanding the Government Performance and Results Act (GPRA)

What is GPRA?

GPRA is a Federal law. It shows Congress how well the Indian Health Service (IHS) is doing in providing health care services to American Indians and Alaska Natives who use IHS federal, tribal, and urban health facilities. IHS collects data and reports data to Congress on over 20 clinical GPRA measures every year.

What are GPRA measures?

GPRA measures are indicators of how well the agency has provided clinical care to its patients. Overall, they measure how well the IHS has done in the prevention and treatment of certain diseases, and the improvement of overall health.

Does GPRA mean my health information is made public?

No! Clinics never share any individual patient health data, and only national rates are reported to Congress. The point of GPRA is to assess how well IHS is providing for all of its patients.

GPRA data answers the following about the *entire population* served by the IHS:

▪ Immunizations

Are young children receiving the immunizations they need by 3 years of age?
This includes:

- 4 DTaP (Diphtheria-Tetanus-Pertussis)
- 3 IPV/OPV (injected or oral Polio)
- 1 MMR (Measles-Mumps-Rubella)
- 3 Hepatitis B
- 3 Hib (Haemophilus Influenzae type b)
- 1 Varicella (Chicken Pox)
- 4 doses of Pneumococcal

Are adults 65+ receiving an annual flu shot?
Have they received at least one pneumococcal shot?

▪ Dental Care

Do all patients have a yearly dental visit?
How many topical fluorides and dental sealants have been placed in patients in the past year?

▪ Prenatal Care

Have all pregnant women received an HIV test?

▪ Diabetes

Are patients with diabetes having their blood sugar levels and blood pressures checked and are they within normal levels?

Are patients with diabetes getting their cholesterol levels, kidney function, and eyes checked regularly?

▪ Cancer Screening

Are women ages 21-64 years old getting a Pap smear at least every 3 years and women ages 52-64 years old getting a mammogram at least every 2 years?

Are all adults ages 51-80 years old being checked for colorectal cancer?

▪ Behavioral Health

Are all adult patients being screened for depression?

Are women being screened for domestic violence and alcohol use (to prevent birth complications like Fetal Alcohol Syndrome)?

Are tobacco-using patients being offered counseling to quit?

GPRA provides information about how the IHS cares for you, your family, and your community.

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What Can You Do To Help?

- Ask your health care provider if you are due for any screenings, tests, or immunizations and check to make sure appointments are scheduled for your medical needs.
- Make sure your provider takes your height and weight measurements at least once a year.
- Tell your provider about your health habits (examples: alcohol use and/or smoking).
- Tell your provider about any tests/procedures/ immunizations you had at a clinic other than where you normally receive care. For example, tell the provider about the colonoscopy you had five years ago at your prior facility.
- Make sure you arrive on time for your appointments whenever possible and call to reschedule if you cannot make it so the appointment can be used by someone else.
- Take care of yourself! Ask your providers for tips on healthy eating and healthy habits.



The Department of Health and Human Services is the principal agency for protecting the health of all Americans.

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GPRA 101 For Patients

GPRA: Government Performance and Results Act

How does GPRA affect me,
my family, and my
community?



California Area Indian Health Service

GPRA “Office Hours”

GPRA “Office” Hours

Friday, November 18, 2011: 12:00 – 1:00 P.M.

This will be the second of the monthly GPRA Open Office Hours (these calls will be held in months where there is no California GPRA Coordinator WebEx). The phone line will be open for one hour from 12:00-1:00 p.m.

At the beginning of the call there will be a discussion of the immunization challenges the CAO is hosting in 2012 for Influenza & Pneumo vaccinations and for Childhood Immunizations.

There will also be a discussion about the GPRA Resource Packet that will soon be available to programs. The remainder of the call will be open for any question related to GPRA or CRS.

Call-in Number:
866-916-4857

Participant Passcode:
2600092#

During non-“Office” hours,
the GPRA Team can be
reached at:

916-930-3927

caogpra@ihs.gov

HAVE GPRA OR CRS QUESTIONS????

Call in anytime between 12:00 and 1:00 p.m. on Friday, October 28th to get immediate answers to your CRS or GPRA questions.

Staff from the GPRA Support Team and IT will be available to answer questions including but not limited to:

- GPRA measure logic
- Data entry
- CRS reports and patient lists
- Improvement strategies

NATIONAL GPRA SUPPORT TEAM

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California Area Indian Health Service

GPRRA “Office Hours”

1. Host an Elder Patient Party, where influenza and pneumococcal vaccinations are given to all attendees who have not yet received the immunizations.
2. Each day, print a list of dental patients coming in for appointments who are due for the influenza vaccination. Once the patient who is due arrives for the dental appointment, hand them a “passport” to go to the main health clinic for their flu shot immediately following the dental appointment.
3. Assemble an Outreach Team to conduct health screenings and give flu shots to patients outside the clinic setting. The Outreach Team takes a laptop with them to document health screenings and flu shots so the information can be entered into the patient’s chart. The clinic sharing this strategy has an Outreach Team consisting of 2 CHR’s, 1 LVN, and 1 PHN.
4. Set up a “Flu Clinic” at the front door to the clinic to catch patients needing a flu vaccine as they enter the clinic.

The Tobacco Cessation measure was also briefly discussed on the call. There was a question asking who at the clinic could provide the counseling so it would be included in GPRRA. For GPRRA, the counseling or education can be provided by any clinic staff, it will count as long as it is properly documented in RPMS. One of the programs represented on the call mentioned that at their clinic, the MA does the screening for tobacco use, and if positive, the provider provides the education or counseling during the visit.

Immunization Challenges



**California Area
GPRA Incentives**



Influenza 65+/Pneumovax 65+ Measures



FACT: 36,000
peop
flu-re
ev

**Earn up to \$6,000
for your health program!**

Margo Kerrigan, IHS California Area Director, receives her influenza immunization at Sacramento Native A

Protect your family, friends, and co-workers by immunizing them against Influenza

Achieve a rate of 68% or above for the Influenza 65+ GPRA measure and a rate of 68% or above for the Pneumovax 65+ GPRA measure by June 30, 2012 and receive \$1,000 for your health program. The Tribal or Urban Indian healthcare programs that achieve the highest rates for both Influenza and Pneumovax will receive an additional bonus of \$1,500 to \$5,000, depending on the size of the program. Bonuses will be based on the number of patients in the GPRA denominator for these measures.

For tips or more information, contact Susan Ducore, Immunization Coordinator at Susan_Ducore@ihs.gov or the National GPRA Support Team at caogpra@ihs.gov

**California Area
GPRA Incentives**

Childhood Immunizations (4:3:1:3:3:1:4 vaccine series)



Protect your children from disease

Achieve a rate of 80% or above for the Childhood Immunizations GPRA measure by June 30, 2012 and receive \$1,000 for your health program. The Tribal or Urban Indian healthcare programs that achieve the highest vaccination rate (of at least 80% or above) will receive an additional bonus of \$1,500, \$3,000, or \$5,000, depending on the size of the program. Bonuses will be based on the number of patients in the GPRA denominator for the measure.

For tips or more information, contact Susan Ducore, Immunization Coordinator at Susan_Ducore@ihs.gov or the National GPRA Support Team at caogpra@ihs.gov



Prenatal HIV Packet

- Includes:
 - GPRA Best Practices shared by California sites that have performed well on the prenatal HIV screening GPRA measure
 - Prenatal HIV Screening Measure logic
 - Fax Back Form
 - HIPAA Privacy Authorization Form

EHR Reminders

- Four Urban Sites + 4 Tribal Sites agree to participate
- CAO EHR staff installs GPRA specific reminders
- CAO staff meets with the medical staff, Clinical Applications Coordinator and the Quality Improvement Coordinator to :
 - Strategize around each reminder
 - Create protocols
- Site receives small financial incentive for this step completed