

# Indian Health Service Performance Reporting Requirements

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# Examples of Performance Measurement within the IHS

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- Accreditation requirements for facilities
- 1993 Government Performance & Results Act
  - GPRA is a federal law
- Program Assessment Rating Tool (PART)
  - PART was created by Executive Order
- Uniform Data System
  - HRSA's Community Health Clinics' reporting system
- Improving Patient Care Initiative in IHS
- Meaningful Use
  - Created by Centers for Medicare and Medicaid (CMS)

# Accreditation Requirements

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- Accreditation is one of IHS's most important performance requirements.
- For example, accreditation of federal facilities is a non CRS (Clinical Reporting System) GPRA measure.
- Accreditation of YRTC's (Youth Regional Treatment Centers) is another non CRS GPRA measure.

# Government Performance and Results Act of 1993 (GPRA)

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- GPRA is a federal law requiring that performance be integrated with the agency budget to demonstrate that appropriated dollars support activities and outcomes consistent with an agency's mission.
- In FY 2011, the IHS will report on a total of 32 GPRA measures:
  - 22 are clinical measures whose results are derived from CRS reports run on local servers, and
  - 10 non CRS measures that are primarily related to specific IHS budget lines.

# Government Performance and Results Act of 1993 (GPRA), cont.

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- The clinical GPRA year runs from July 1 to June 30 of each year. This gives IHS time to run local reports by the end of July and aggregate national results that are included in the annual Congressional Justification, the budget request submitted to Congress.
- Non clinical GPRA measure results may be reported at the end of the fiscal year, the end of the calendar year, or they may have a lag time in reporting, such as unintentional injury mortality.

# Program Assessment Rating Tool (PART)

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- PART was a major feature of President Bush's management plan.
- PART utilized a uniform series of evaluation questions intended to identify a program's strengths and weaknesses.
- Half of the program evaluation was composed of Program Results.
- Each PARTed program continued to report on the PART measures developed for that program.

# Program Assessment Rating Tool (PART), cont.

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- ◉ Between 2004 and 2009, the IHS had six programs that underwent a PART review:
  - Federally Administered Programs, FY 2004
  - Sanitation Facilities Construction, FY 2004
  - Urban Indian Health Program, FY 2005
  - RPMS (Resource and Patient Management System), FY 2005
  - Health Care Facilities Construction, FY 2006
  - Tribally Operated Health Programs, FY 2007
  - Sanitation Facilities Construction, second assessment in FY 2009



# Program Assessment Rating Tool (PART), cont.

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- In FY 2011, IHS will report on a total of 41 PART measures representing the 6 programs.
- 17 of the 41 PART measures are clinical GPRA measures that require tribal aggregate reporting from CRS.
- In 2010 the Administration instructed agencies to refer to their PART measures as performance measures in their budget documents.



# Uniform Data System (UDS)

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- UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.
- RPMS UDS Reporting is intended for use by tribal or urban health facilities receiving grant funds for primary care system development programs administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA).

# Uniform Data System (UDS), cont.

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- HRSA reviews UDS data to ensure compliance with legislative and regulatory requirements, to improve health center performance and operations, and to report overall program accomplishments.
- The RPMS UDS Reporting System provides passive extraction of patient and visit data from RPMS to produce five of the 10 UDS reports required annually by BPHC grantees.

# Improving Patient Care (IPC)

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- IPC focuses on developing high performing and innovative healthcare teams to improve the quality of and access to care.
- IPC sites develop a medical home that sets new standards for healthcare delivery and further advances the health and wellness of the American Indian and Alaska Native people.
- IPC uses current GPRA measures or modified GPRA measures for some of their tracking reports.

# Meaningful Use of Electronic Health Records (EHR)

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- The American Recovery and Reinvestment Act of 2009 (ARRA) authorizes CMS to provide reimbursement incentives for eligible professionals (EP) and hospitals who are successful in becoming **“Meaningful Users” of Certified Electronic Health Record (EHR) technology.**

# Certification and Meaningful Use

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- Certification attests to the functions and capabilities of the EHR system.
  - The Performance Report that demonstrates MU of a certified EHR is located on the RPMS PCC Management Reports menu.
- Meaningful Use attests to whether the system is actually being implemented and used.
  - The clinical quality report will be a new report option in RPMS's Clinical Reporting System (CRS).

# Meaningful Use Requirements

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- ARRA specifies the following 3 components of Meaningful Use:
  - 1. Use of certified EHR in a meaningful manner
  - 2. Use of standards-based electronic exchange of health information to improve quality of health care and care coordination
  - 3. Use of certified EHR technology to submit clinical quality measures (CQM) and other measures selected by the Secretary

# Stage 1 Rollout of MU

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- Stage 1 is aimed at data capture and sharing.
- It begins in 2011 and continues through 2012.
- Reporting requirements for Stage 1:

Providers (EPs)	Hospitals
<i>No performance targets</i> <ul style="list-style-type: none"><li>- 3 core measures</li><li>- 3 measures from a defined 38 menu set</li></ul>	<i>No performance targets</i> <ul style="list-style-type: none"><li>- All 15 clinical quality measures must be reported on</li></ul>



# Stages 2 and 3 of MU

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- The IHS MU Team is currently working on Stage 2 of MU.
- Stage 2 will roll out between 2013 and 2014 and will emphasize advanced clinical practices.
- Stage 3 rolls out in 2015 and it will emphasize improved clinical outcomes.
- <http://www.ihs.gov/meaningfuluse/>
  - New home for the IHS MU webpage

# Why are there so many measures?

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- The Indian Health Service is a small agency that can measure population health using the functionality of RPMS.
- IHS can make decisions on measure logic quickly.
- IHS can change measure logic almost as quickly and get RPMS patches out to the field.
- Measure logic revisions can be made quickly.

# Why are there so many measures?

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- Most importantly, the IHS created clinical measures that were relevant to our population to give us useful data.
  - Several of our diabetes measures are more stringent than other nationally reported diabetes measures.
- IHS collected national level data on our own measure-defined logic long before measure reporting was discussed among specialty clinical groups.

# IHS and Other National Measure Sets

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- IHS began reporting national results on clinical measures in 1997 when we submitted our 1999 budget request.
- IHS was years ahead of national performance measuring systems that have been endorsed by larger HHS agencies such as CMS or HRSA.
- NQF and PQRI and other national measure sets have become national standards for performance measurement.

# Other National Measurement Efforts

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- The National Quality Forum (NQF) was formed in 1999. Its role is to set national priorities and goals, endorse measures, and sponsor education and outreach to facilitate achievement of national goals.
- CMS began using the Physician Quality Reporting System (PQRS) quality measures in 2006.
- CMS relied on both types of measure sets when they developed MU measures.

# Recap: Reporting for GPRA

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- National performance reporting for GPRA is required by federal law.
- Aggregated GPRA clinical results are a marker for access to health care services.
- Decisions/actions are based on objective measures and information.
- The GPRA Modernization Act of 2010 directs management to use measure results in decision making.

# Recap: UDS and PART Reporting

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- HRSA, the grantor for UDS grantee sites, is required by law to submit annual results; grantee sites submit data to fulfill grant requirements.
- PART measures will continue to be reported in the IHS's annual budget process.



# Recap: IPC Reporting

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- IPC uses current GPRA measures or modified GPRA measures.
- iCare is used to determine what kinds of care the patient currently needs.
- Reports are run monthly to track the IPC measures graphically.
- The Medical Home uses the team approach to provide patient care.
- Education is paramount.

# Recap: Reporting for MU of a Certified EHR

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- Now that NQF and PQRS are measurement leaders, IHS must revise our own measures or create new measures in order to qualify for MU incentive payments.
- These measures will be reported on consistently among all EP and hospitals with the expectation that health outcomes will improve over time.

# Final Thoughts on Performance Reporting Requirements

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- IHS has responsibility for many kinds of data reporting that challenges local sites, service units, and Areas.
- IHS has tried to create as much passive reporting as possible by using electronic reporting tools.
  - For example, UDS reporting is required by HRSA, but the IHS has many local sites that have HRSA grants.
  - The RPMS UDS electronically generates reports for half of the UDS requirements to simplify data gathering.

# MUGI Measures Crosswalk

## Meaningful Use – GPRA - IPC

**Oklahoma City Area Indian Health Service**



# MUGI Matrix Examples:

## Comparison of Meaningful Use/ GPRA /IPC Measures

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3 MU Measures from 38 measure set:

Cervical Cancer Screening  
Breast Cancer Screening  
Colorectal Cancer Screening

**MU Eligible  
Hospital and CAH  
Clinical Quality  
Measures**

**GPRA Measure**

**IPC Measure**

**Title: Cervical  
Cancer Screening**

**Description:**  
Percentage of  
women 21 – 64  
years of age who  
received one or  
more Pap tests to  
screen for cervical  
cancer.

**Cervical Rates:**  
Proportion of  
eligible women  
ages 21 – 64  
without a  
documented  
history of  
hysterectomy with  
a Pap smear  
documented in the  
past three years.

**Cancer Screening  
Bundle: Cervical  
Cancer Screening:**  
Number of women  
in the microsystem  
ages 21 thru 64  
with documented  
pap smear in past  
three years or  
refusal in past year.

## MU Eligible Hospital and CAH Clinical Quality Measures

### GPRA Measure

### IPC Measure

**Title:** Breast  
Cancer Screening

**Description:**  
Percentage of  
women 40 – 69  
years of age who  
had a mammogram  
to screen for breast  
cancer.

**Mammogram Rates:**  
Proportion of eligible  
women ages 52 – 64  
years of age, who  
have had a  
mammography  
screening within the  
previous two years.  
Includes those patients  
without a documented  
bilateral mastectomy or  
two separate unilateral  
mastectomies and does  
not include refusals.

**Cancer Screening  
Bundle:** **Breast  
Cancer Screening:**  
Number of women  
in the microsystem  
ages 52 thru 64  
with documented  
mammogram in  
past two years or  
refusal in past year.



## **MU Eligible Hospital and CAH Clinical Quality Measures**

### **GPRA Measure**

### **IPC Measure**

#### **Title: Colorectal Cancer Screening**

#### **Description:**

Percentage of adults 50 – 75 years of age who had appropriate screening for colorectal cancer.

#### **Colorectal Cancer Screening Rates:**

Proportion of eligible adults ages 51 – 80 who have had appropriate colorectal cancer screening. Includes those patients without a documented history of colorectal cancer or total colectomy.

#### **Cancer Screening Bundle: Colorectal Cancer Screening:**

Patients in the microsystem who have had ANY colorectal cancer screening, defined as any of the following:

Diane Leach, M.A.  
Acting GPRA Coordinator

[diane.leach@ihs.gov](mailto:diane.leach@ihs.gov)

301-443-6586

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<http://www.ihs.gov/cio/crs/>

Clinical Reporting System webpage

[http://www.ihs.gov/cio/crs/index.cfm?module=crs\\_gptra\\_reporting](http://www.ihs.gov/cio/crs/index.cfm?module=crs_gptra_reporting)

Historical GPRA results webpage