GPRA 101: Intro to GPRA/GPRAMA & Clinical Reporting System (CRS)

Providers' Best Practices & GPRA Measures Conference

May 10, 2016

Agenda

1) Intro to GPRA/GPRAMA
2) GPRA/GPRAMA Measure Logic (all 24 GPRA measures)
3) GPRA Targets
4) 2017 GPRA Measure Logic Changes
5) GPRA Resources and Trainings
6) Clinical Reporting System (CRS) : GPRA Reports, Patient Lists & Taxonomies
7) GPRA Improvement Strategies
8)Non-RPMS GPRA Report Quality Checks

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

FY 2016 GPRA/GPRAMA measures

24 Clinical GPRAMA/GPRA (Budget) Measures – GPRAMA measures in red

- Diabetes (5 measures):
  - Good 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+)
  - Pneumococcal 65+
  - Childhood Immunizations
- Cancer Screening (3 measures):
  - Cervical (Pap) Screening Rates
  - Mammogram Screening Rates
  - Colorectal Cancer Screening
- Behavioral Health (3 measures):
  - Alcohol Screening
  - DV/IPV Screening
  - Depression Screening
- Prevention Measures (6 measures):
  - Tobacco Cessation
  - HIV Screening Ever
  - Comp. CVD Assessment
  - Childhood Weight Control*
  - Breastfeeding Rates
  - Controlling High Blood Pressure-Million Hearts

FY 2016 new measures are in blue

*Childhood Weight Control is a long term measure that is reported every three years. It will be reported in FY 2016

Intro to GPRA/GPRAMA

- Clinical GPRA/GPRAMA data
  - Collected and reported three times each GPRA year via the Clinical Reporting System (CRS) package in RPMS
    - GPRA Year: July 1 – June 30
    - Data collected for Q2, Q3, and Q4
    - Data is cumulative
    - CRS data from all reporting clinics are aggregated into national result
- 2016 GPRA/GPRAMA Reporting Deadlines
  - Q2: January 22, 2016
  - Q3: April 22, 2016
  - Q4: July 22, 2016

Important Definitions

- **GPRA 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.

Important Definitions

- **Active Clinical Population:**
  - Must have two face-to-face visits to medical clinics in the past three years. At least one visit must be to a core medical clinic.
  - Must be alive on the last day of the Report Period.
  - Must be AI/AN; defines 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.

Diabetes: Good Glycemic Control

FY 2016 Measure Logic:

Numerator:	Patients in Good Glycemic Control: A1c < 8
Denominator:	Active Diabetic Patients

Active Diabetic Patient: Active Clinical patients diagnosed with diabetes (POV 250.00 through 250.93) prior to the report period, and at least two visits in the past year, and two diabetes mellitus-related visits ever.

Diabetes: Blood Pressure Control

- FY 2016 Measure Logic:

Numerator:	Patients with BP less than (<) 140/90, i.e., the mean systolic value is less than (<) 140 and the mean diastolic value is less than (<) 90.
Denominator:	Active Diabetic Patients

Diabetes: Statin Therapy

- FY 2016 Measure Logic*:

Numerator:	Patients who are statin therapy users during the report period or who receive an order to receive statin therapy at any point during the report period.
Denominator:	Active Diabetic Patients ages 40 to 75, or age 21 and older with documented CVD or an LDL greater than or equal to 190.

*New measure in FY 2016

Diabetes: Nephropathy Assessment

- FY 2016 Measure Logic:

Numerator:	Patients with nephropathy assessment during report period or diagnosis/treatment of ESRD any time before the end of the report period (Nephropathy Assessment requires an estimated GFR AND a UACR (NOT dipstick) during the report period)
Denominator:	Active Diabetic Patients

Diabetes: Retinopathy Assessment

- FY 2016 Measure Logic:

Numerator:	Patients receiving a qualified retinal evaluation during the report period
Denominator:	Active Diabetic Patients

Dental Access

- FY 2016 Measure Logic:

Numerator:	Patients with a documented dental visit during the report period
Denominator:	User Population patients

Dental: Sealants

- FY 2016 Measure Logic:

Numerator:	Patients with at least one or more intact dental sealants
Denominator:	User Population patients ages 2 through 15

Dental: Topical Fluorides

- FY 2016 Measure Logic:

Numerator:	Patients who received one or more topical fluoride applications during the report period
Denominator:	GPRA User Population patients age 1 through 15

Influenza Vaccination 6mo – 17yrs

- FY 2016 Measure Logic*:

Numerator:	Patients with influenza vaccine documented during the report period or with a contraindication documented any time before the end of the report period
Denominator:	Active Clinical patients ages 6 months to 17 years

*New measure in FY 2016

Influenza Vaccination 18+

- FY 2016 Measure Logic*

Numerator:	Patients with influenza vaccine documented during the report period or with a contraindication documented any time before the end of the report period
Denominator:	Active Clinical patients ages 18 and older

*New measure in FY 2016

Pneumococcal 65+

- FY 2016 Measure Logic:

Numerator:	Patients with Pneumococcal vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past five years.
Denominator:	Active Clinical patients ages 65 and older

Childhood Immunizations

- FY 2016 Measure Logic:

Numerator:	Patients who have received the 4:3:1:3*:3:1:4 combination, including contraindications and evidence of disease
Denominator:	GPRA User Population patients active in the Immunization Package who are 19 through 35 months at end of report period

- 4:3:1:3*:3:1:4 Series:
  - 4 DTaP
  - 3 Polio
  - 1 MMR
  - 3 or 4 HiB (depending on brand)
  - 3 Hepatitis B
  - 1 Varicella
  - 4 Pneumococcal

Pap (Cervical) Screening

- FY 2016 Measure Logic:

Numerator:	Patients with a Pap smear documented in the past three years, or if patient is 30 to 64 years of age, either a Pap Smear documented in the past three years or a Pap Smear and an HPV DNA documented in the past five years.
Denominator:	Female Active Clinical patients ages 24 through 64 without a documented history of hysterectomy

Mammography Screening

- FY 2016 Measure Logic:

Numerator:	Patients who had a mammogram documented in the past two years
Denominator:	Female Active Clinical patients ages 52 through 64 years, without a documented bilateral mastectomy or two separate unilateral mastectomies

Colorectal Cancer Screening

- FY 2016 Measure Logic:

Numerator:	Patients who have had any Colorectal Cancer screening defined as any of the following: A. Fecal Occult Blood Test (FOBT) or FIT during the report period B. Flexible sigmoidoscopy in the past 5 years C. Colonoscopy in the past 10 years
Denominator:	Active Clinical Patients ages 50 through 75 without a documented history of colorectal cancer or total colectomy

Tobacco Cessation

- FY 2016 Measure Logic:

Numerator:	Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period.
Denominator:	Active clinical patients identified as current tobacco users or tobacco users in cessation

Alcohol Screening (FAS Prevention)

- FY 2016 Measure Logic*:

Numerator:	Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the report period
Denominator:	*Female Active Clinical patients ages 14-46

*Measure logic revised in FY 2016 (Prior to FY 2016, measure denominator included female active clinical patients ages 15-44)

Intimate Partner Violence/Domestic Violence (IPV/DV) Screening

- FY 2016 Measure Logic*:

Numerator:	Patients screened for intimate partner (domestic) violence any time during the report period
Denominator:	*Female Active Clinical patients ages 14-46

*Measure logic revised in FY 2016 (Prior to FY 2016, measure denominator included female active clinical patients ages 15-40)

Depression Screening

- FY 2016 Measure Logic:

Numerator:	Patients screened for depression or diagnosed with a mood disorder any time during the report period
Denominator:	Active Clinical patients ages 18 and older

Comprehensive CVD Assessment

- FY 2016 Measure Logic:

Numerator:	*Patients with comprehensive CVD assessment, defined as having BP documented, tobacco use assessed, BMI calculated, and lifestyle counseling
Denominator:	Active CHD patients ages 22 and older

- Active CHD Patient: Active Clinical patients diagnosed with CHD prior to the report period, *and* at least two visits during the report period, *and* two CHD-related visits ever

- **Numerator definitions:**
  - BP documented at least twice in prior two years
  - Tobacco use screening completed during the report period
  - BMI calculated
  - Received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the report period

***In FY 2016, LDL Assessment was removed from the numerator**

HIV Screening Ever

- FY 2016 Measure Logic*:

Numerator:	Patients who were screened for HIV at any time before the end of the report period
Denominator:	User population patients ages 13-64 with no recorded HIV diagnosis prior to the report period

*New measure in FY 2016

Childhood Weight Control

- FY 2016 Measure Logic*

Numerator:	Patients with a BMI at or above the 95th percentile
Denominator:	Active clinical patients ages 2 through 5 for whom a BMI could be calculated

*Long-term measure, reported every three years; reported in FY 2016

Breastfeeding Rates

- FY 2016 Measure Logic:

Numerator:	Patients who, at the age of two months (45 through 89 days), were either exclusively or mostly breastfed
Denominator:	Active Clinical patients who are 30 through 394 days old who were screened for infant feeding choice at the age of two months (45 through 89 days)

Controlling High Blood Pressure: Million Hearts

- 2016 Measure Logic:

Numerator:	Patients with BP less than 140/90
Denominator:	User Population patients ages 18 through 85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy

FY 2016 Targets

FY 2016 Targets

FY 2016 Targets (Federal, Tribal, & Urban Programs) DIABETES	Final 2015 Target	Final 2016 Target
Good Glycemic Control	47.7%	49.5%
Controlled BP <140/90	63.8%	65.0%
Statin Therapy to Reduce CVD Risk in Patients w/Diabetes	N/A	Baseline
Nephropathy Assessed	60.0%	61.1%
Retinopathy Exam	60.1%	61.6%
DENTAL		
Dental: General Access	27.9%	29.3%
Sealants	14.1%	14.8%
Topical Fluoride	26.4%	28.3%
IMMUNIZATIONS		
Influenza Vaccination Rates Among Children 6mo - 17yrs	N/A	Baseline
Influenza Vaccination Rates Among Adults 18+	N/A	Baseline
Pneumococcal Vaccination 65+	85.7%	87.3%
Childhood IZ	73.9%	76.8%
PREVENTION		
Pap Screening	54.6%	55.6%
Mammogram Rates	54.8%	55.9%
Colorectal Cancer Screening	35.2%	38.7%
Tobacco Cessation	46.3%	49.1%
Alcohol Screening (FAS Prevention)	66.7%	Baseline
DV/IPV Screening	61.6%	Baseline
Depression Screening	64.3%	67.2%
Comp. CVD-Related Assessment	47.3%	53.3%
HIV Screening Ever	N/A	Baseline
Childhood Weight Control	N/A	22.8%
Breastfeeding Rates	29.0%	35.8%
Controlling High Blood Pressure: Million Hearts Measure	59.5%	60.6%

FY 2017

FY 2017 GPRA Measure Logic Changes

CRS Clinical Measure Changes in 2017

- 2 measures will retire in FY 2017. FY 2016 is the last reporting cycle for these measures
  - Alcohol Screening (FAS Prevention)
  - Comprehensive CVD Assessment
- 6 new measures in FY 2017
  - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (replacing Comp CVD measure)
  - Depression Screening 12-17 years
  - Antidepressant Medication Management (Acute Treatment)
  - Antidepressant Medication Management (Continuous Treatment)
  - Universal Alcohol Screening (replacing Alcohol Screening-FAS Prevention measure)
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2017 GPRA Measure Changes

- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (GPRAMA measure):
  - **Numerator**: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period
  - **Denominator:** User Population patients ages 40-75 with diabetes, or age 21 and older with documented cardiovascular disease or an LDL greater than or equal to 190
- Depression Screening 12-17 years:
  - **Numerator**: Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the report period
  - **Denominator:** Active Clinical Plus Behavioral Health Population patients ages 12 through 17 years

2017 GPRA Measure Changes

- Antidepressant Medication Management – Acute Treatment
  - **Numerator:** Patients who filled a sufficient number of separate prescriptions or refills of antidepressant medication for continuous treatment or at least 84 days (12 weeks)
  - **Denominator:** User Population patients who, as of the 120th day of the report period, were diagnosed with a new episode of depression and treated with antidepressant medication in the past year

- Antidepressant Medication Management – Continuous Treatment
  - **Numerator:** Patients who filled a sufficient number of separate prescriptions or refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months)
  - **Denominator:** User Population patients who, as of the 120th day of the report period, were diagnosed with a new episode of depression and treated with antidepressant medication in the past year

2017 GPRA Measure Changes

- Universal Alcohol Screening
  - **Numerator:** Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.
  - **Denominator:** Active Clinical Plus Behavioral Health Population patients ages 12 through 75 years

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - **Numerator:** Patients screened in ambulatory care for risky or harmful alcohol use during the Report Period.
  - **Denominator:** Active Clinical Plus Behavioral Health Population patients ages 9 through 75 years.

GPRA Resources/Training Opportunities

Upcoming FY 2016 National GPRA/GPRAMA Webinars

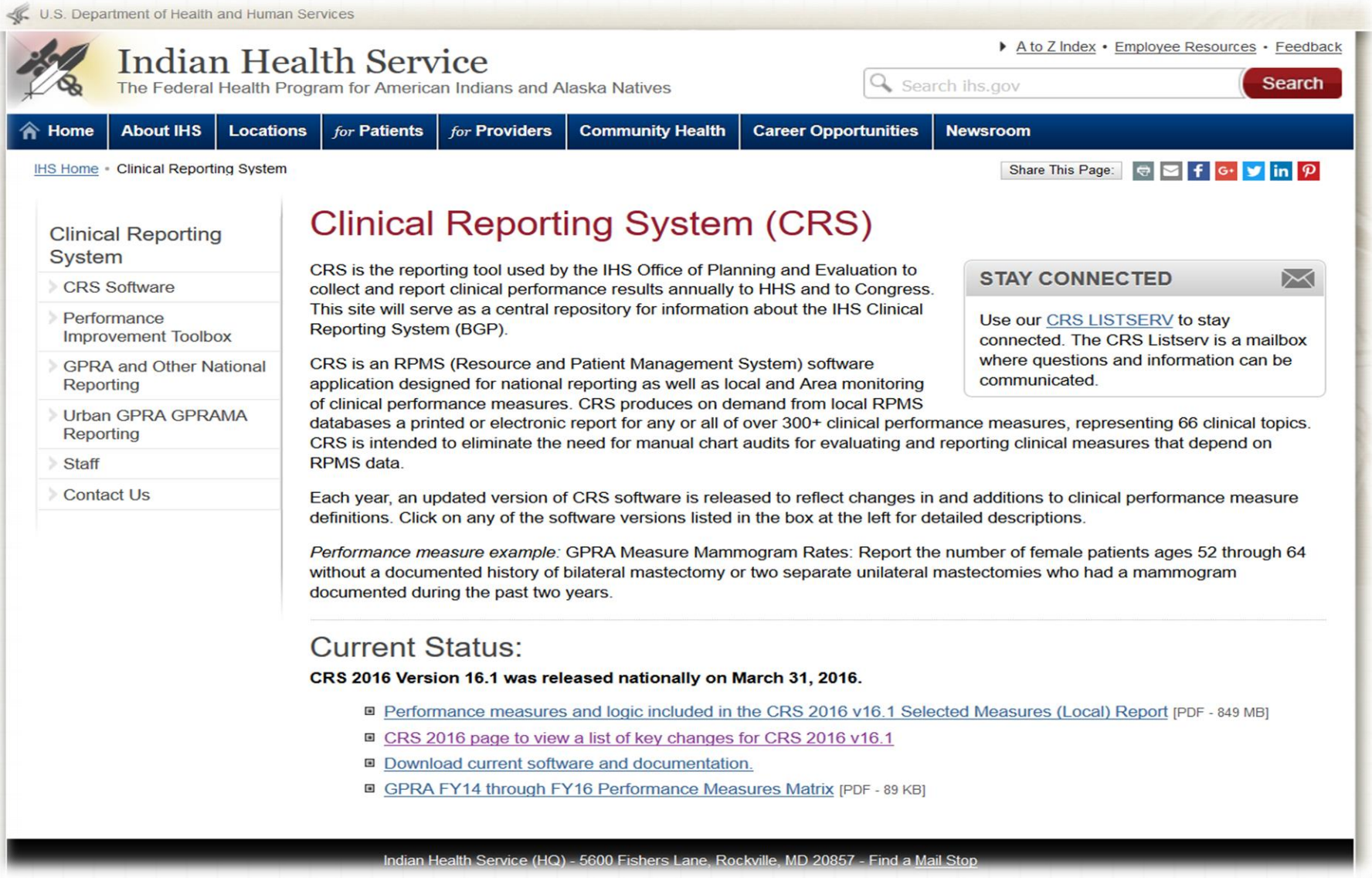
- June/July 2016: 2017 Measure GPRA/GPRAMA Measure Logic Changes (Date TBD)
  - Flyer will be sent out prior to training

GPRA Resources/Trainings:

Recorded Adobe Connect National GPRA Trainings are here:
http://ihs.adobeconnect.com/gpra_trainings/

- CRS 16.0 Training
- 2016 GPRA/GPRAMA Measure Logic Changes
- Best Practices from High Performing Sites
- HIV Screening
- Influenza Vaccination and Childhood Immunizations GPRA Measures
- Breast Cancer Screening (Mammography)
- Alcohol Screening (FAS Prevention)
- Blood Pressure Control (Diabetes & Million Hearts)
- Physician Engagement in GPRA
- Comprehensive CVD Assessment
- Urban Indian Health Programs GPRA Reporting
- Breastfeeding GPRA Measure
- National Measures for Infectious Disease Screening
- Statin Therapy
- Dental Measures

CRS Website



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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).

STAY CONNECTED

Use our CRS LISTSERV to stay connected. The CRS Listserv is a mailbox where questions and information can be communicated.

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 66 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 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies who had a mammogram documented during the past two years.

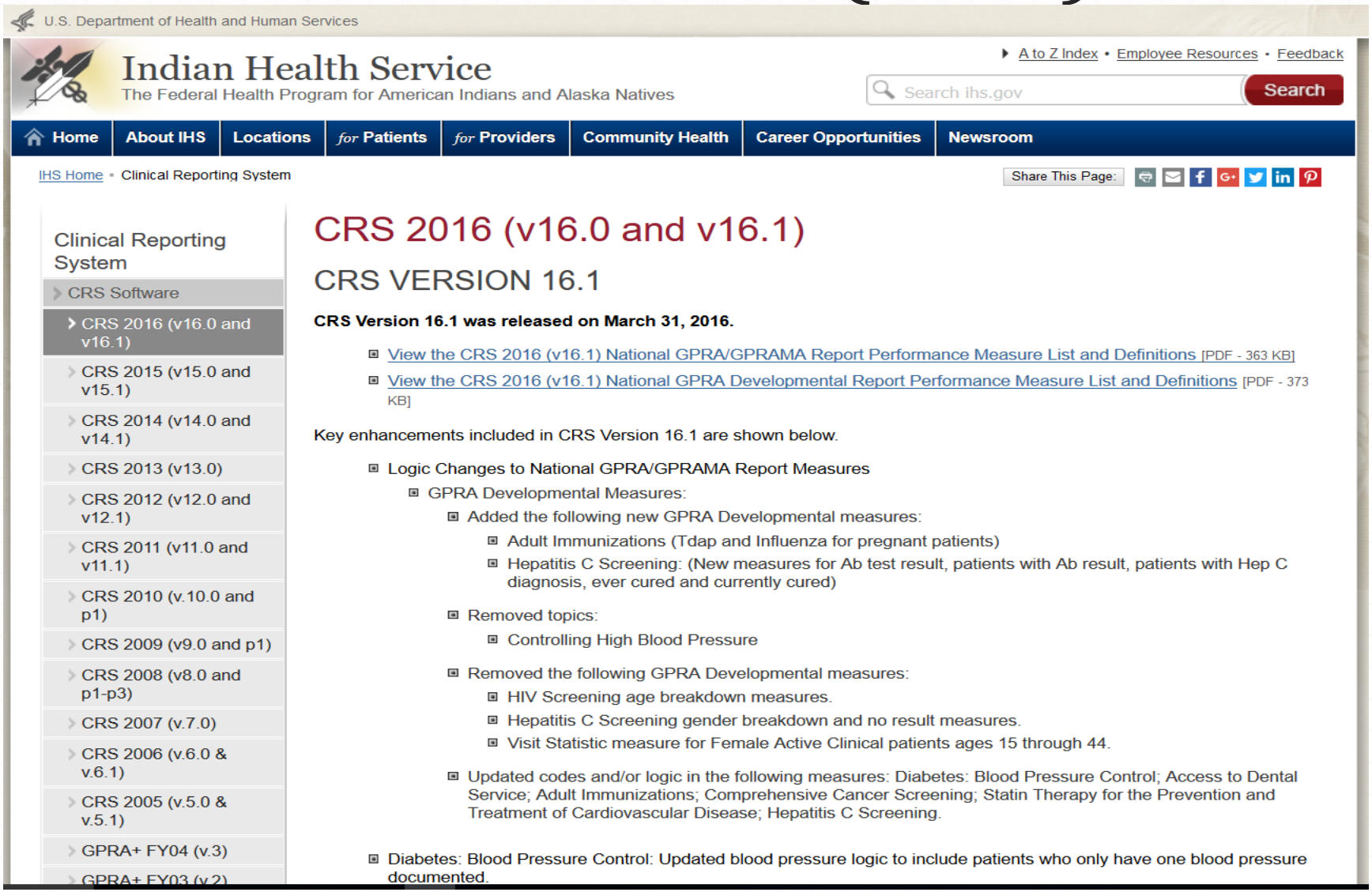
Current Status:

CRS 2016 Version 16.1 was released nationally on March 31, 2016.

- Performance measures and logic included in the CRS 2016 v16.1 Selected Measures (Local) Report [PDF - 849 MB]
- CRS 2016 page to view a list of key changes for CRS 2016 v16.1
- Download current software and documentation.
- GPRA FY14 through FY16 Performance Measures Matrix [PDF - 89 KB]

Indian Health Service (HQ) - 5600 Fishers Lane, Rockville, MD 20857 - Find a Mail Stop

CRS Website (cont)



GPRA/GPRAMA Measure List and Definitions Document

- List of female Active Clinical patients ages 15 through 44 years without documented screening.

2.5.2 Intimate Partner (Domestic) Violence Screening

2.5.2.1 Owner and Contact

Beverly Cotton, IHS Division of Behavioral Health (DBH)

2.5.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.5.2.3 Denominators

1. GPRA: Female Active Clinical patients ages 15 through 40 years.
2. Female User Population patients ages 15 through 40 years.

2.5.2.4 Numerators

1. GPRA: Patients screened for intimate partner (domestic) violence at any time during the report period.

Note: This numerator does *not* include refusals.

A. Patients with documented IPV/DV exam.

B. Patients with IPV/DV related diagnosis.

C. Patients provided with education or counseling about IPV/DV.

2.5.2.5 Definitions

(Intimate Partner Violence/Domestic Violence) IPV/DV Screening

- Exam code 34
- BHS IPV/DV exam

IPV/DV Related Diagnosis

- POV, Current PCC or BHS Problem List ICD-9: 995.80 through 83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410
- BHS POV 43.*, 44.*

IPV/DV Patient Education

Patient Education codes containing "DV-" or "-DV", 995.80 through 83, 995.85, V15.41, V15.42, V15.49

IPV/DV Counseling

POV ICD-9: V61.11; ICD-10: Z69.11

2.5.2.6 GPRA 2015 Target

During FY 2015, achieve the target rate of 61.6% for the proportion of female patients ages 15 through 40 years who receive screening for domestic violence.

2.5.2.7 Patient Lists

- List of female patients 15 through 40 years with documented IPV/DV screening.
- List of female patients 15 through 40 years without documented IPV/DV screening.

2.5.3 Depression Screening

2.5.3.1 Owner and Contact

Beverly Cotton, IHS Division of Behavioral Health (DBH)

2.5.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.5.3.3 Denominators

1. GPRAMA: Active Clinical patients ages 18 and older, broken down by gender.
2. User Population patients ages 18 and older.

2.5.3.4 Numerators

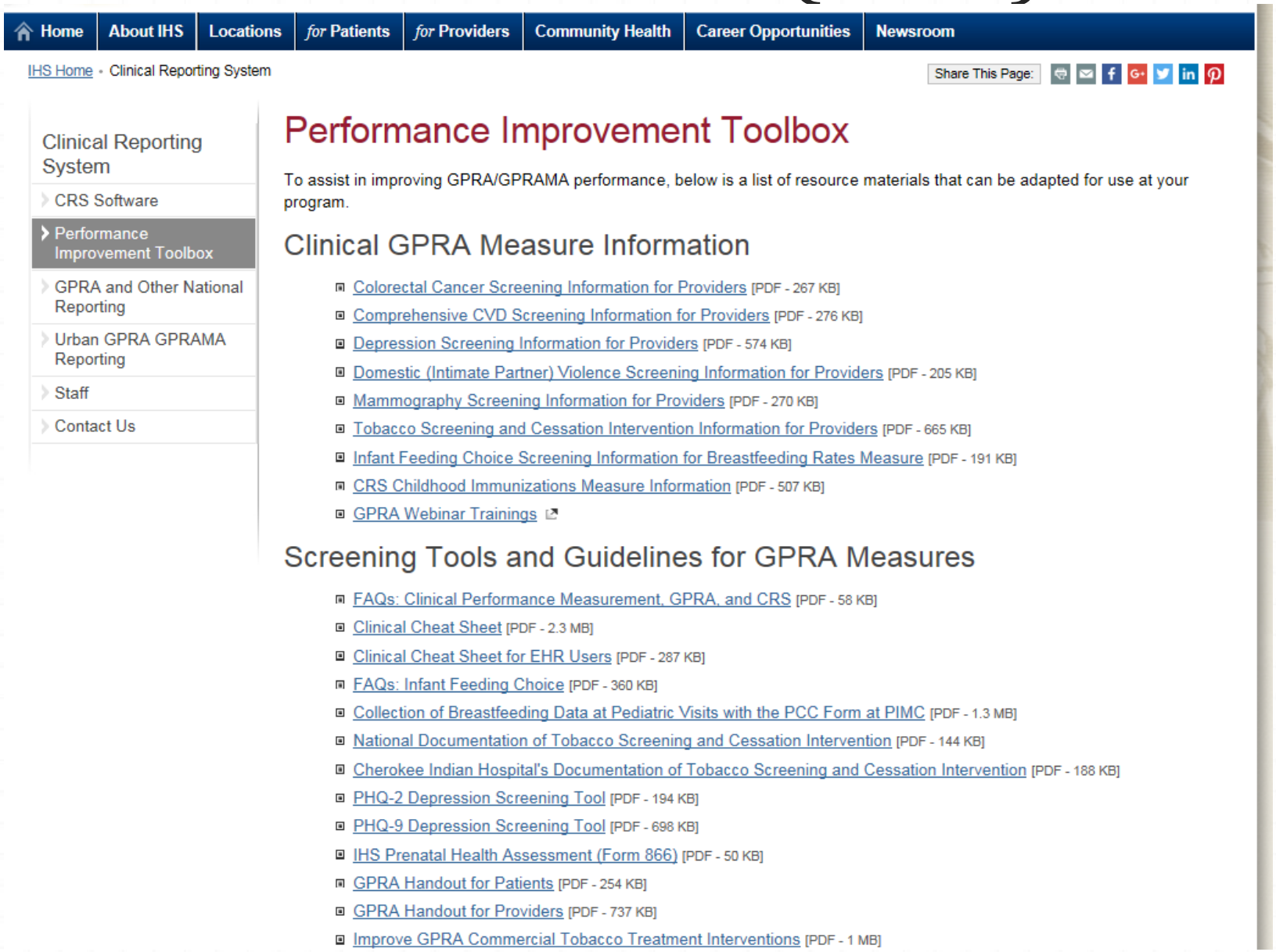
1. GPRAMA: Patients screened for depression or diagnosed with a mood disorder at any time during the report period.

Note: This numerator does *not* include refusals.

A. Patients screened for depression during the report period.

B. Patients with a diagnosis of a mood disorder during the report period.

CRS Website (cont)



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Performance Improvement Toolbox

To assist in improving GPRA/GPRAMA performance, below is a list of resource materials that can be adapted for use at your program.

Clinical GPRA Measure Information

- Colorectal Cancer Screening Information for Providers [PDF - 267 KB]
- Comprehensive CVD Screening Information for Providers [PDF - 276 KB]
- Depression Screening Information for Providers [PDF - 574 KB]
- Domestic (Intimate Partner) Violence Screening Information for Providers [PDF - 205 KB]
- Mammography Screening Information for Providers [PDF - 270 KB]
- Tobacco Screening and Cessation Intervention Information for Providers [PDF - 665 KB]
- Infant Feeding Choice Screening Information for Breastfeeding Rates Measure [PDF - 191 KB]
- CRS Childhood Immunizations Measure Information [PDF - 507 KB]
- GPRA Webinar Trainings

Screening Tools and Guidelines for GPRA Measures

- FAQs: Clinical Performance Measurement, GPRA, and CRS [PDF - 58 KB]
- Clinical Cheat Sheet [PDF - 2.3 MB]
- Clinical Cheat Sheet for EHR Users [PDF - 287 KB]
- FAQs: Infant Feeding Choice [PDF - 360 KB]
- Collection of Breastfeeding Data at Pediatric Visits with the PCC Form at PIMC [PDF - 1.3 MB]
- National Documentation of Tobacco Screening and Cessation Intervention [PDF - 144 KB]
- Cherokee Indian Hospital's Documentation of Tobacco Screening and Cessation Intervention [PDF - 188 KB]
- PHQ-2 Depression Screening Tool [PDF - 194 KB]
- PHQ-9 Depression Screening Tool [PDF - 698 KB]
- IHS Prenatal Health Assessment (Form 866) [PDF - 50 KB]
- GPRA Handout for Patients [PDF - 254 KB]
- GPRA Handout for Providers [PDF - 737 KB]
- Improve GPRA Commercial Tobacco Treatment Interventions [PDF - 1 MB]

Data Entry Cheat Sheets

Key Clinical Performance Objectives

Performance Measure	Standard	Provider Documentation	How to Enter Data in EHR
Dental Sealants	Patients should have one or more intact dental sealants. **Note**: Refusals are not counted toward the GPRA measure, but should still be documented.	Standard EHR documentation for tests performed at the facility, ask about off-site tests and record historical information in EHR: • Date received • Location • Results	**Dental Sealants (ADA)** *ADA codes cannot be entered into EHR.* **Dental Sealants CPT** Visit Services Entry (includes historical CPTs) Enter CPT: D1351, D1352, D1353 Quantity: Modifier: Modifier 2:
Topical Fluoride	Patients should have one or more topical fluoride applications. **Note**: Refusals are not counted toward the GPRA measure, but should still be documented.	Standard EHR documentation for tests performed at the facility, ask about off-site tests and record historical information in EHR: • Date received • Location • Results	**Topical Fluoride (ADA code)** *ADA codes cannot be entered into EHR.* **Topical Fluoride CPT** Visit Services Entry (includes historical CPTs) Enter CPT: D1206, D1208, D5986, 99188 Quantity: Modifier: Modifier 2: **Topical Fluoride POV** Visit Diagnosis Entry Purpose of Visit: ICD-9: V07.31 Provider Narrative: Modifier: Cause of DX:

Data Entry Cheat Sheets

CPT codes are entered in the **Visit Services** component, which is located on the **Services** tab.

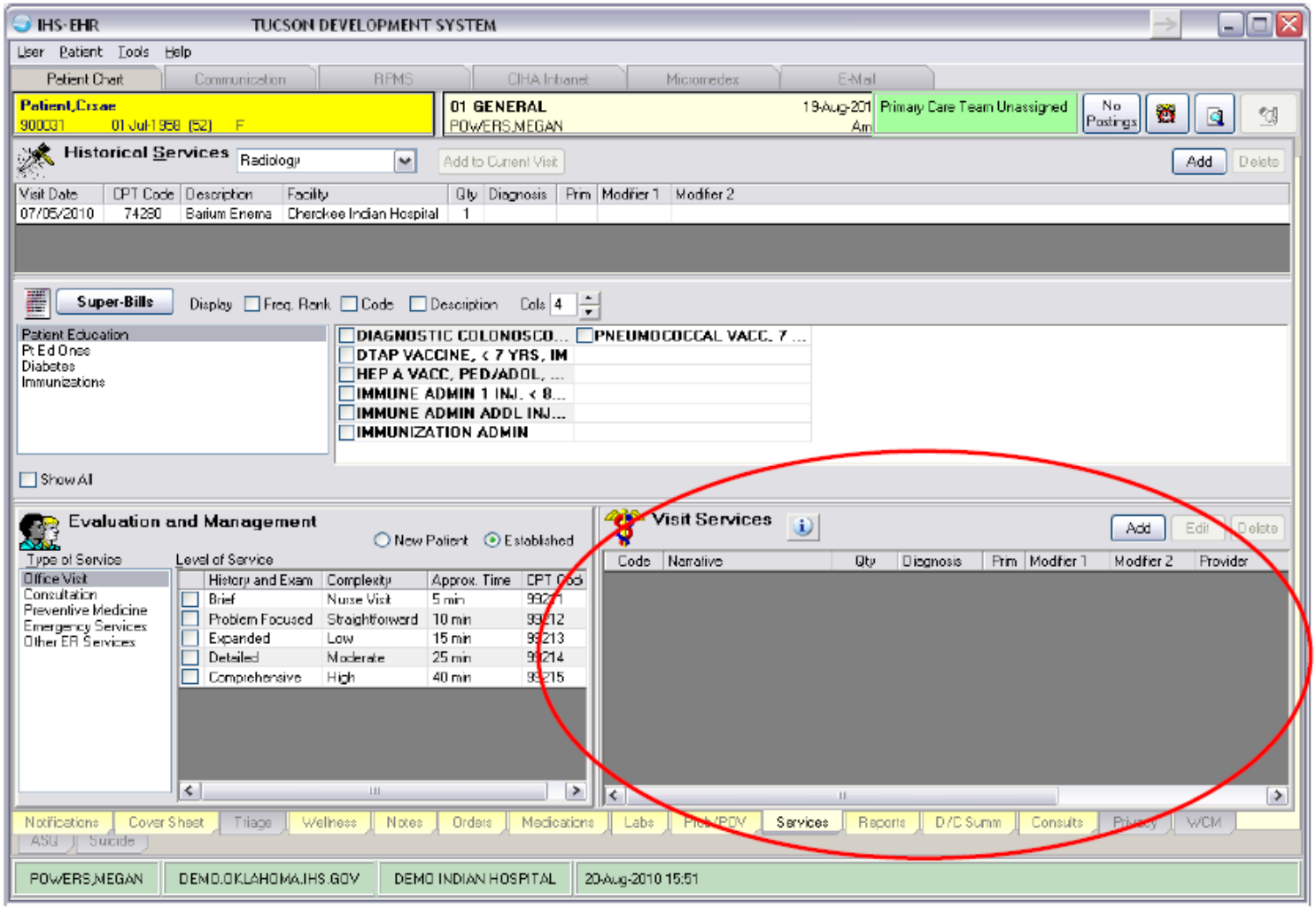


Figure A- 8: Visit Services component

Join the CRS Listserv:

Clinical Reporting System (CRS)

Clinical Reporting System (CRS) Reports:

- National GPRA/GPRAMA Report
- National GPRA/GPRAMA Patient List
- GPRA/GPRAMA Forecast Report
- GPRA/GPRAMA Dashboard
- Taxonomy Reports

National GPRA/GPRAMA Report

Diabetes: Blood Pressure Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	148		99			87		
# w/ BPs Documented	118	79.7	77	77.8	+2.0	72	82.8	-3.0
# w/Controlled BP <140/90 (GPRA)	61	41.2	38	38.4	+2.8	34	39.1	+2.1

Diabetes: Blood Pressure Control								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	148		99			87		
# w/ BPs Documented	118	79.7	77	77.8	2	72	82.8	-3
# w/Controlled BP <140/90 (GPRA)	61	41.2	38	38.4	2.8	34	39.1	2.1

GPRA/GPRAMA Dashboard

CI16→RPT→NTL→DSH

	National 2016 Target	2015 Final	Numerator	Denominator	2016*	# Needed to Achieve Target
Good Glycemic Control <8	49.5	42.1	1	10	0	4
Controlled BP <140/90	65.0	59.2	3	10	0	4
LDL Assessed	Baseline	73.4	7	10	0	N/A
Nephropathy Assessed	61.1	65.7	2	10	0	5
Retinopathy Assessed	61.6	40.4	0	10	0	7
Dental Access General	29.3	49.5	2	4	50	0
Sealants	14.8	21.3	0	0	0	0
Topical Fluoride	28.3	15.4	0	1	0	1
Influenza 6mo – 17 yrs	Baseline	55.5	1	2	0	N/A
Influenza 18+	Baseline	79.9	0	0	0	N/A

Note: All patients are demo patients from a demo database.

National GPRA/GPRAMA Patient List

CI16→RPT→NTL→LST

Diabetes: Blood Pressure Control

List of diabetic patients who had their BP assessed.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

CHD=Active Coronary Heart Disease; HR-High Risk Patient

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	LAST MEDICAL VISIT	LAST VISIT	DENOMINATOR	NUMERATOR
JOHNSON,CELIA KAY	105161	BRAGGS	F	37	8/1/2011	9/1/2011	UP,AD,AAD	131/77 UNC
PATIENT,CRSAC	900029	BRAGGS	F	44	8/2/2011	8/2/2011	UP,AD,AAD	2000F UNC
BILBY,DEBORA ELLEN	108341	BRAGGS	F	45	12/8/2011	12/16/2011	UP,AD,AAD	133/82 UNC
BUNKER,EDITH	656723	BRAGGS	F	47	12/14/2011	12/14/2011	UP,AD,AAD	133/86 UNC
SHATWELL,TARA MARIE	111313	BRAGGS	F	51	12/30/2011	12/30/2011	UP,AD,AAD	201/87 UNC
NOFIRE,BOBBIE SUE	119298	BRAGGS	F	52	12/4/2011	12/18/2011	UP,AD,AAD	138/66 UNC
SKINNER,KERRY NADINE	112866	BRAGGS	F	61	12/17/2011	12/29/2011	UP,AD,AAD	159/86 UNC
JACKSON,SHERRY LADAWN	100939	BRAGGS	F	68	12/31/2011	12/31/2011	UP,AD,AAD	3074F/3080F UNC
HARVELL,JONELLE LADAWN	114258	BRAGGS	F	69	11/21/2011	12/9/2011	UP,AD,AAD	127/58 CON
PIGEON,PAULINE	103058	BRAGGS	F	70	11/2/2011	12/17/2011	UP,AD	132/69 UNC

Note: All patients are demo patients from a demo database.

GPRA/GPRAMA Forecast Patient List

Appt Time	Patient Name	HRN	Sex	DOB	Community
3:26 am	ERTER,RYDER KANE	202214	M	02/03/80	SALLISAW

GPRA Measure Not Met	Date of Last Screening and Next Due Date Tests Counted for GPRA Measure
Annual Dental Exam (All Patients)	Last Dental Exam: 06/05/12 Overdue as of: 06/05/13 GPRA counts visits with ADA 0000 or 0190, PCC Exam 30, POV V72.2, Z01.20, or Z01.21 or any CHS visit with any ADA code during 7/1/13-6/30/14
Depression Screen	Last Depression Screen: Never Overdue as of: 01/01/13 GPRA counts PCC Exam 36, POV V79.0, BHS problem code 14.1, PCC or BHS V Measurement PHQ2 or PHQ9, or 2 mood disorder visits during 7/1/13-6/30/14

Taxonomy Reports

Recommend that you check medication and lab taxonomies at least once every 6 months:

- Lab taxonomies: check with lab clinic uses to get specific lab test names for each taxonomy
- Medication taxonomies: check with providers and pharmacy to get drug names for each taxonomy

To check medication and lab taxonomies:

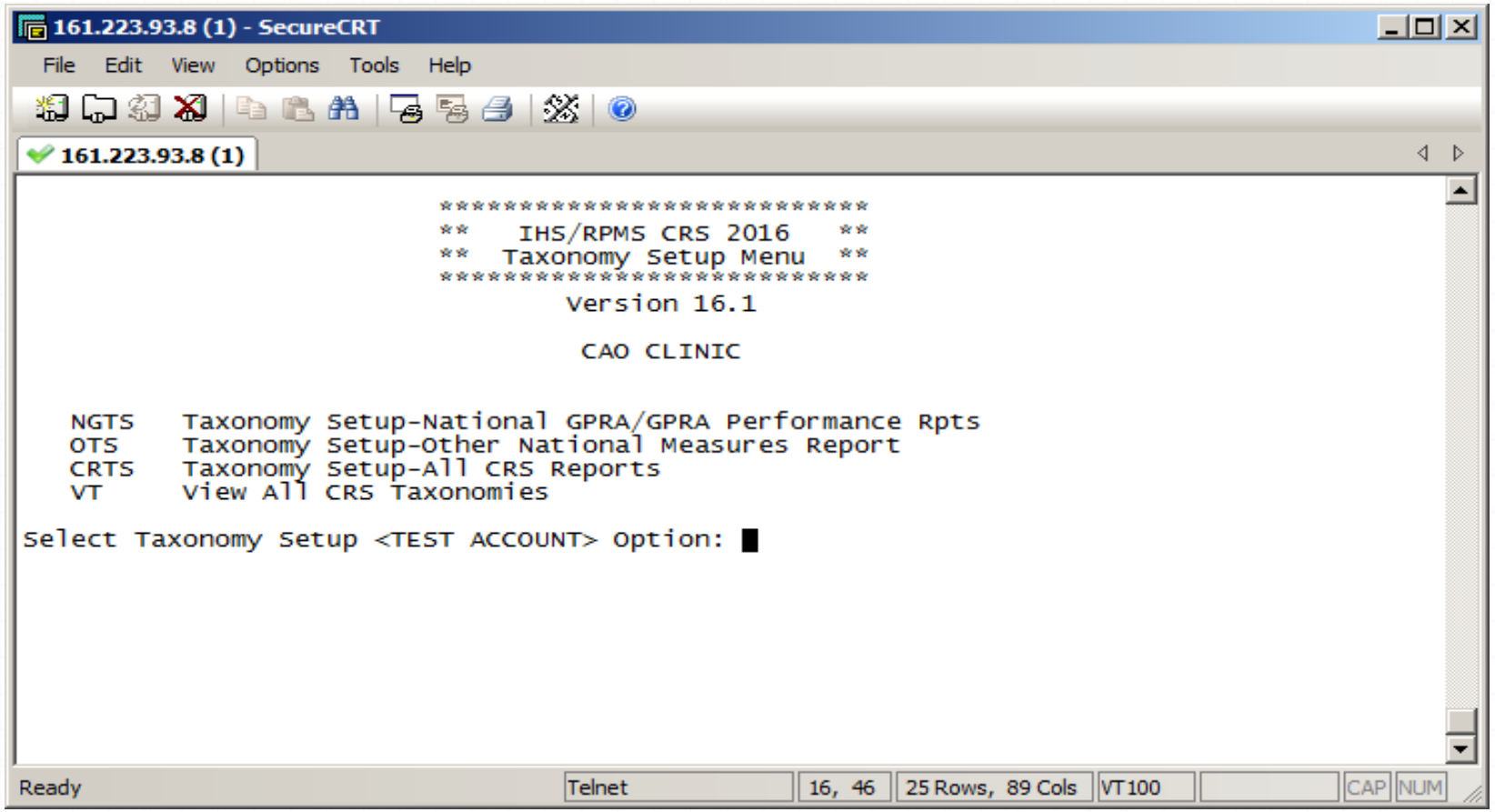
CRS→CI16→RPT→TAX

To edit medication and lab taxonomies:

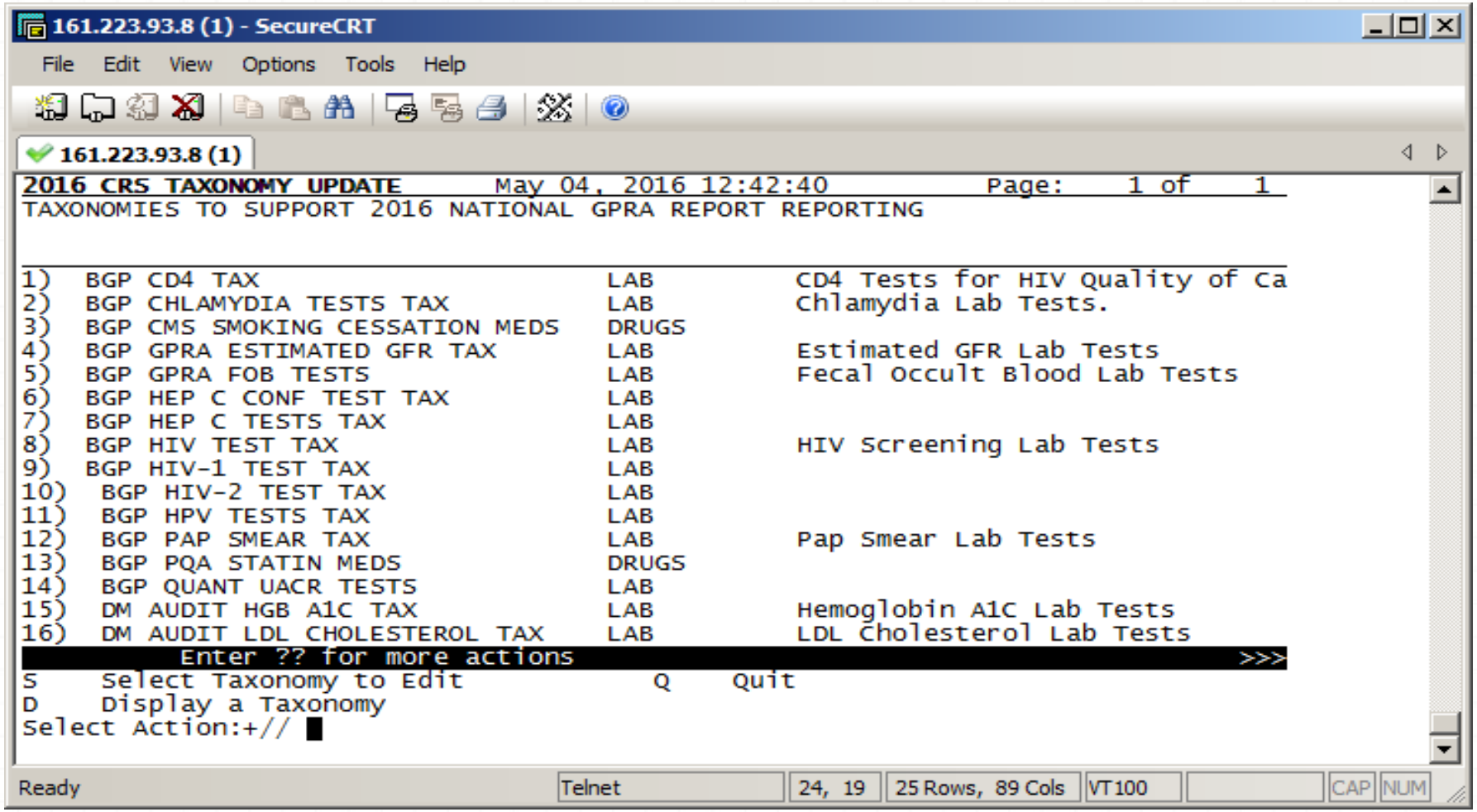
CRS→CI16→SET→TS

Taxonomy Reports

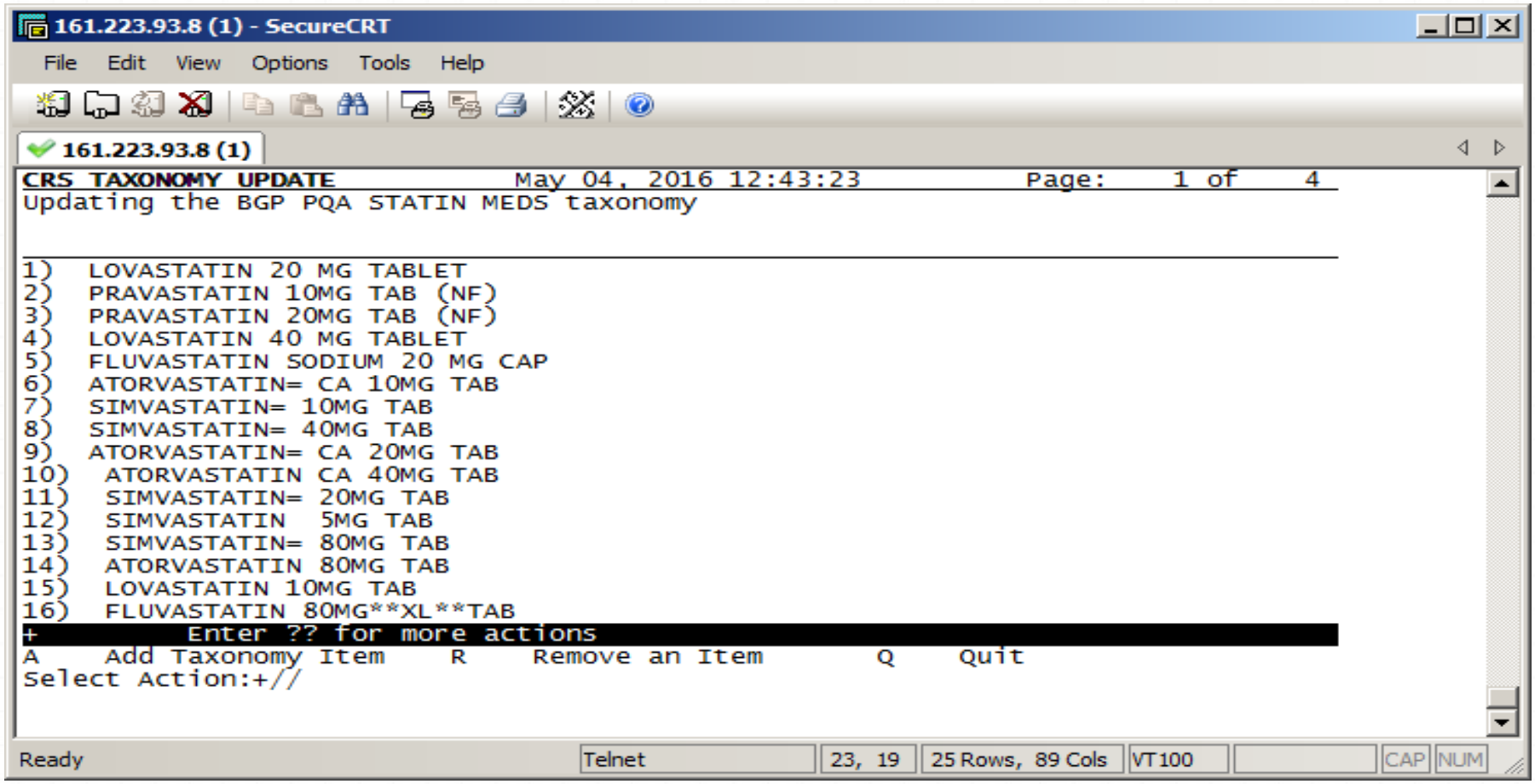
- CRS→CI16→SET→TS



Taxonomy Reports



Taxonomy Reports



Additional Tips

- What if my results don't look correct?
  - Run a patient list in CRS of all patients not meeting the measure in question
  - Do chart audits to make sure those patients actually did not receive test/screening
  - Check the National GPRA & PART Report Performance Measure List and Definitions document to be sure the code you are using actually counts for GPRA
  - Use Data Entry Cheat sheet to ensure data is entered into RPMS in the correct way to count for GPRA
  - Check medication and lab taxonomies for accuracy and completeness

GPRA Improvement Strategies

NGST

HIV Screening Ever

- Run patient lists in CRS
- Include HIV testing as part of general medical consent
- Offer HIV test as part of national, age-based recommendation
- Offer HIV test by nurse as with many other screenings
- Allow patient to ask questions or decline
- Use clinical reminders in EHR

Diabetes: Statin Therapy

- Ensure that all contraindications to statins are documented in EHR (pregnancy, breastfeeding, cirrhosis, acute alcoholic hepatitis, palliative care, ESRD, LDL<70, statin allergy or adverse effect).
- Update and maintain the BGP PQA STATIN MEDS taxonomy in CRS (new taxonomy beginning with CRS 16.0)
- Utilize clinical reminders and CRS patient lists

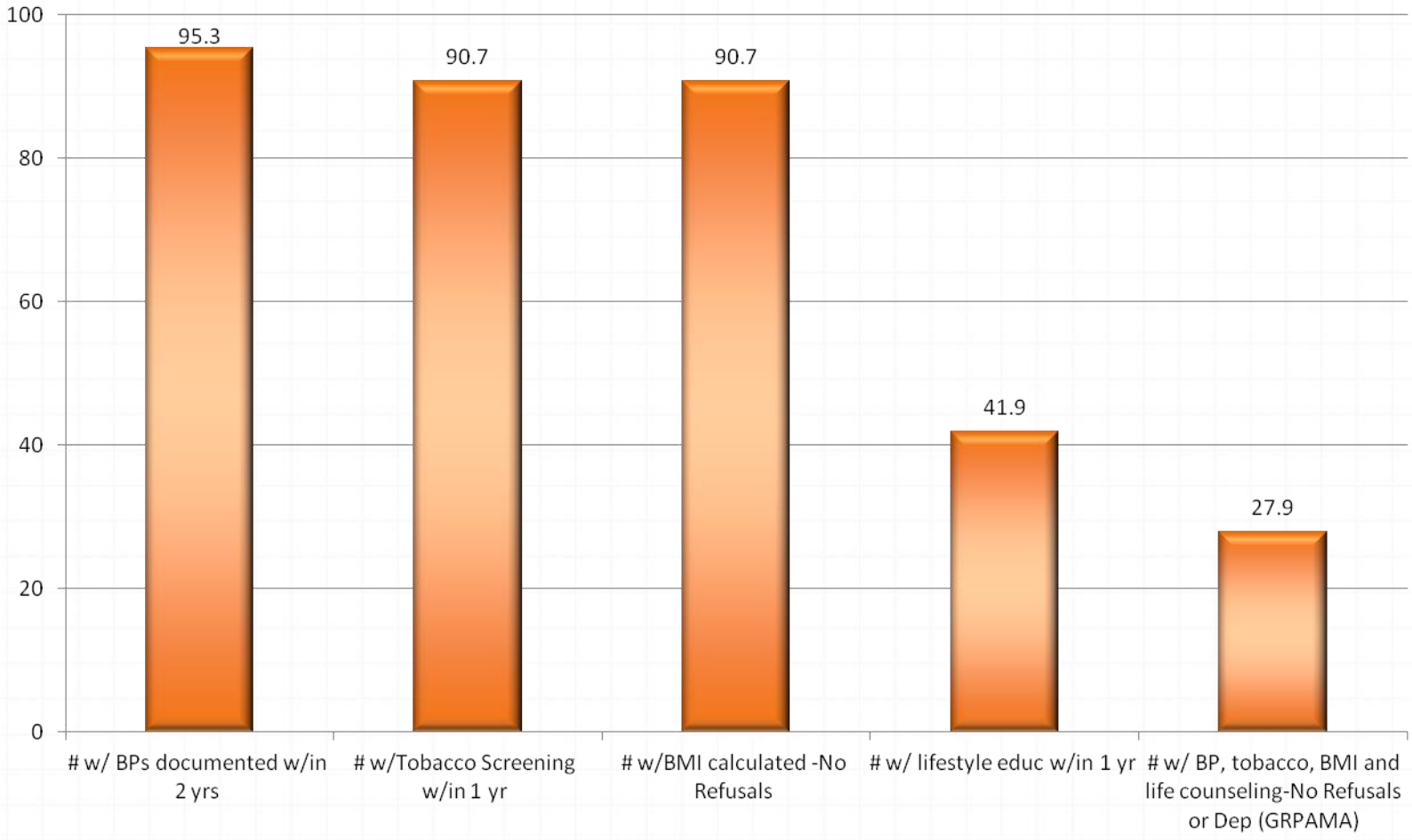
Comprehensive CVD Assessment

- Run patient lists to determine which components CHD patients are missing
- Monitor each component of numerator to determine which component(s) is/are resulting in measure not being met

(data shown below is sample data from demo database)

Comprehensive CVD-Related Assessment		
	REPORT PERIOD	%
Active CHD Pts 22+ (GPRAMA)	195	
# w/ BPs documented w/in 2 yrs	186	95.3
# w/Tobacco Screening w/in 1 yr	177	90.7
# w/BMI calculated -No Refusals	177	90.7
# w/ lifestyle educ w/in 1 yr	82	41.9
# w/ BP, tobacco, BMI and life counseling-No Refusals or Dep (GPRAMA)	54	27.9

Comprehensive CVD Assessment by numerator component (sample data)



Retinopathy Exam

- Run patient lists to determine who needs retinopathy exam and contact patients to schedule appointment
- Utilize EHR reminders
- Utilize iCare
- Maintain extended clinic hours for ophthalmology
- Hold monthly case management meetings with DM team
- Take photos at clinic and utilize tele-health optometry services to have pictures analyzed
- Provide training to multiple staff on use of retinopathy screening cameras

BH Screening (Depression, DV/IPV, Alcohol)

- Implement Universal Behavioral Health Screening
  - Screen every patient at every visit for depression, DV/IPV, and alcohol use
  - Exception: high utilizers (some clinics screen these patients monthly)
- Utilize EHR
  - Reminders
  - Behavioral Health screening dialogues
- Provide training to staff on asking BH screening questions

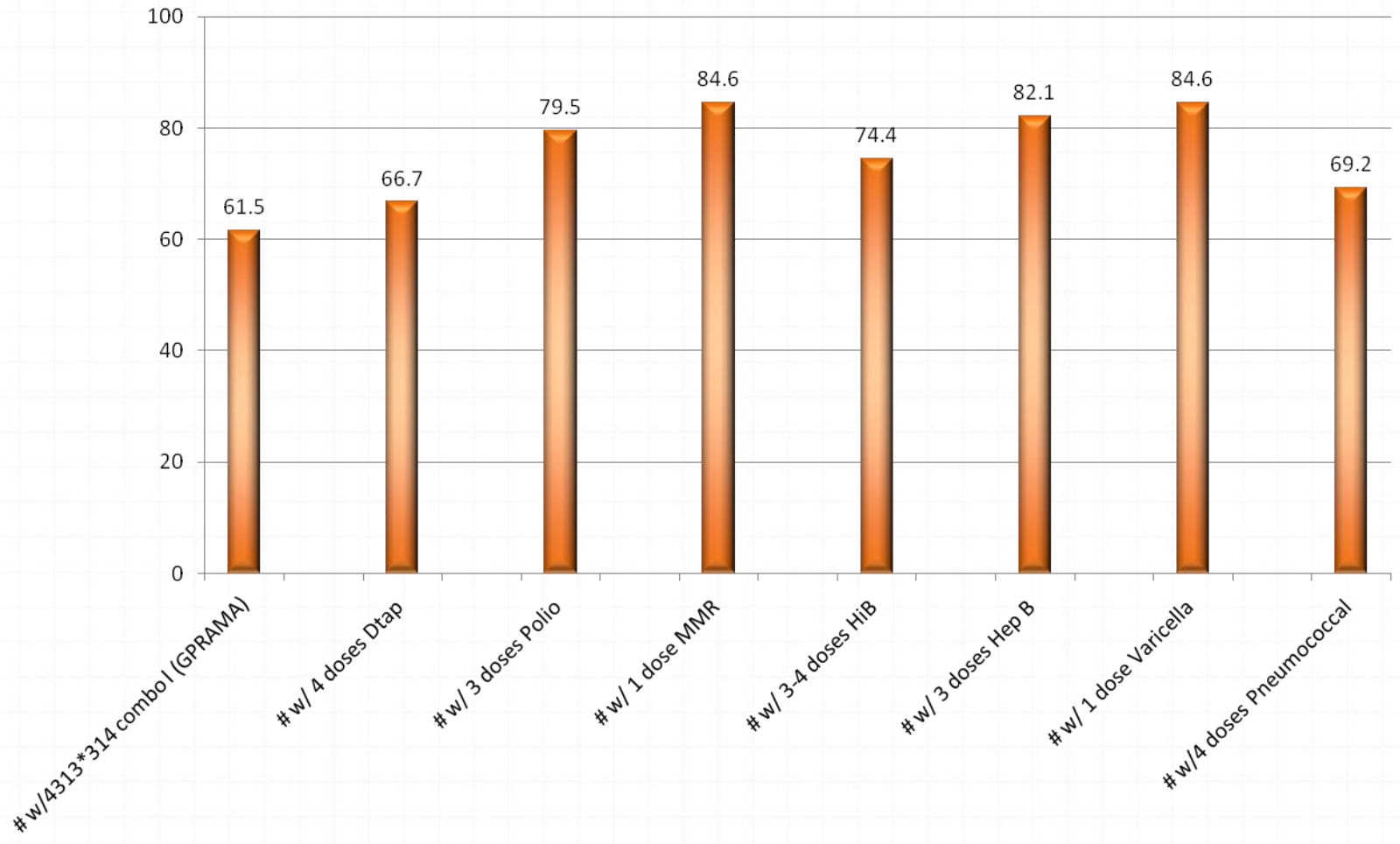
Childhood Immunizations

- Run patient lists to determine which patients are missing vaccines, contact those patients
- Obtain data from immunization registries for patients who received vaccines elsewhere
- Monitor each immunization to determine which vaccine(s) is/are causing the lower rates

Data shown is sample data from demo database

Childhood Immunizations		
	REPORT PERIOD	%
Active Imm Pkg Pts 19-35 mos (GPRAMA)	75	
# w/4313*314 combo or w/ Dx/ Contraind/ NMI Refusal (GPRAMA)	46	61.5
# w/ 4 doses Dtap or w/ Dx/ Contraind/ NMI Refusal	50	66.7
# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	60	79.5
# w/ 1 dose MMR or w/ Dx/ Contraind/ NMI Refusal	63	84.6
# w/ 3-4 doses HiB or w/ Contraind/ NMI Refusal	56	74.4
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	62	82.1
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	63	84.6
# w/4 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	52	69.2

Childhood Immunizations by Vaccine (sample data)



Influenza Vaccination 6mo – 17 years and 18+

- Utilize EHR reminders and CRS patient lists
- Host vaccination clinics
- Utilize outreach department to conduct flu clinics in community
- Send mass mailings to educate patients on the importance of flu immunization and to remind them to get vaccinated
- Set up table outside front doors of clinic to offer flu shot as patients arrive
- Offer incentives for vaccinations
- Obtain and enter historical flu shot data for flu shots obtained outside the clinic

Strategies from High Performing Sites

- Communication & Teamwork!!
  - GPRA/Quality Improvement Team consisting of staff representing EVERY department; meets regularly
  - Need leadership buy-in and participation
  - Good communication amongst all staff and sharing of data
- Utilize standing orders when possible
- Utilize clinical reminders, EHR dialogues, and CRS patient lists and reports
- GPRA training for new staff and refreshers for current staff

Overall GRPA Improvement Strategies

- Use of the Clinical Reporting System (CRS)
- Use of technologies including iCare, EHR Reminders etc.
- Obtaining screenings/test results from outside providers and entering as historical data
- Frequent monitoring of data
- Frequent GPRA meetings
- Clinical Decision making

Data Checks for Non-RPMS GPRA Reports

Non-RPMS GPRA Reports

- Urban Indian Health Programs are required to report for GPRA/GPRAMA
  - Includes urban programs using non-RPMS systems
  - Non-RPMS urban data is not aggregated with data from RPMS systems
- Non-RPMS Tribal Health Programs can choose to report GPRA data to their Area office for local use only
  - Non-RPMS data is not included in Area or National GPRA totals
  - Check with Area GPRA Coordinator to determine if your Area accepts GPRA reports from non-RPMS health programs

Common Errors Found in Non-RPMS GPRA Reports

- The Diabetes Diagnosed Ever numerator is the same as the denominator for all other Diabetes measures
  - Diabetes Dx Ever numerator includes all GPRA **User Pop** patients ever diagnosed with Diabetes at any time prior to the current report period
  - Other than Statin Therapy, all Diabetes GPRA measure denominators use a subset of this population, called the **Active Diabetic Patient**
  - Active Diabetic Patient: defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits in the past year, *and* two diabetes mellitus (DM)-related visits ever

Common Errors, cont.

- The Statin Therapy denominator is the same as other diabetes denominators
  - The Statin Therapy measure uses a subset of the Active Diabetic population denominator.
  - Statin Therapy denominator: Active Diabetic Patients ages 40 through 75, or age 21 and older with documented CVD or LDL greater than or equal to 190
- The Influenza 18+ denominator and the Depression Screening denominator are different
  - Both denominators should be the same: Active Clinical patients ages 18 and older
  - Patients with documented contraindications to the flu vaccine should be included in numerator AND denominator, not excluded from the denominator

Common Errors, cont.

- The Alcohol Screening and IPV/DV Screening denominators are different
  - Previously these measures had slightly different measures but as of FY 2016 they have the same denominator
  - Both measures use female Active Clinical patients ages 14-46
- No Breastfeeding Rates data
  - Health Programs should be asking new mothers about infant feeding choice at their medical visits, even if they don't provide infant medical care.
  - Documentation of infant feeding data should be in infant's chart, not the mother's
  - Always report numerator and denominator, even if 0 (applies to all measures)

Common Errors, cont.

- The HIV Screening Ever denominator is much lower than Depression Screening or Influenza Vaccination 18+ denominators
  - The measure has changed from Prenatal HIV to HIV Screening Ever as of 2016
  - HIV Screening Ever measure uses GPRA User Pop patients ages 13-64 as denominator (GPRA User pop denominator includes patients with at least one visit in the last three years – larger population than Active Clinical)
  - Both Depression and Flu Vaccine 18+ measure denominators use Active Clinical patients 18 and older (Active Clinical pop denominator requires two visits in the last three years, one must be to a core medical clinic)
  - Generally, the HIV Screening denominator will be the largest denominator in the report, except for Diabetes Diagnosed Ever

Summary: Quick Quality Checks

- Diabetes measures denominators are Active Diabetic Patients, not Diabetes Diagnosed Ever numerator
- Statin Therapy has a different denominator (smaller)
- Influenza 18+ and Depression Screening have same denominators
- Alcohol Screening and DV/IPV Screening have same denominators
- Numerators and Denominators reported for all measures, including Breastfeeding Rates
- HIV Screening Ever is larger than all other denominators except Diabetes Diagnosed Ever

Contacts

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