



FY2015 GPRA/GPRAMA Quarterly Reporting Instructions

Urban Programs (Non-CRS/RPMS)

June 2015

National GPRA Support Team
California Area Office
Indian Health Service

Table of Contents

- 1.0 Letter to Urban Programs 1**
- 2.0 Measures Reported by Urban Programs in FY2015 2**
 - 2.1 Measure Changes in FY2015 2
 - 2.2 Reporting Due Dates in FY2015 3
- 3.0 GPRA/GPRAMA Reporting by Urban Programs 4**
- 4.0 Non-CRS GPRA/GPRAMA Reporting..... 5**
 - 4.1 Electronic Chart Review/Audit 5
 - 4.1.1 Data Collection 5
 - 4.1.2 Data Entry..... 5
 - 4.1.3 Data Submission 6
 - 4.2 Manual Chart Review/Audit 6
 - 4.2.1 Data Collection 6
 - 4.2.2 Data Entry..... 6
 - 4.2.3 Data Submission 6
 - 4.3 Quality Control Checks: 7
 - 4.4 GPRA/GPRAMA Query Summary Sheet..... 8
- Acronym List 10**
- Contact Information 11**

1.0 Letter to Urban Programs

Dear Program Administrator:

The purpose of this letter is to transmit instructions for collecting Government Performance and Results Act (GPRA)/Government Performance Results Modernization Act (GPRAMA) data for Fiscal Year (FY) 2015. We thank you and your staff for your participation in the performance improvement process.

In FY2015, as in previous years, urban programs are required to report GPRA/GPRAMA data for the second, third, and fourth quarters. The second quarter ends December 31, 2014; the third quarter ends March 31, 2015; and the fourth (final) quarter ends June 30, 2015. Reports are due shortly after the end of each quarter; exact reporting deadlines are included below.

Quarterly reporting allows programs to track progress toward annual goals and identify data entry and other clinical issues before annual results are due. Through the reporting process, providers and staff can identify those areas that need improvement, and monitor the results of performance improvement initiatives.

The Clinical Reporting System (CRS) is the software program that runs off the Resource Patient Management System (RPMS). This is the software program supported by the Indian Health Service that provides GPRA/GPRAMA data from over 190 tribal and federal Indian health clinics and service units. However, many urban programs use non-RPMS data systems. Reports from non-RPMS/non-CRS systems will continue to be accepted in FY2015, as long as they meet certain criteria, as described in these instructions. However, because IHS cannot currently verify the data from other systems, these reports (“non-CRS reports”) are not be combined (aggregated) with CRS reports, and only CRS data is included in the “official” urban program GPRA/GPRAMA data set.

Once the data gathering and reporting process is completed, your data should be forwarded to your Area GPRA Coordinator, who will then forward reports on to the National GPRA Support Team (NGST) at the California Area Office. We recommend that you print a summary report and all supporting documentation (queries including logic for each measure) for your records. This report will be useful in the event of an audit and will also assist your staff with future reporting requirements.

- The National GPRA Support Team

2.0 Measures Reported by Urban Programs in FY2015

- Diabetes Diagnosis Ever (context measure; no specific target)
- Diabetes: Documented A1c (context measure; no specific target)
- Diabetes: Good Glycemic Control
- Diabetes: Blood Pressure Control
- Diabetes: LDL Assessed
- Diabetes: Nephropathy Assessed
- Adult Pneumococcal Immunization
- Adult Influenza Immunization
- Childhood Immunization
- Cancer Screening: Pap Screening
- Cancer Screening: Mammography
- Cancer Screening: Colorectal
- Tobacco Cessation
- Alcohol Screening
- Domestic/Intimate Partner Violence Screening
- Depression Screening
- Prenatal HIV Screening
- Childhood Weight Control (long-term measure; no specific target in FY2015)
- Breastfeeding Rates
- Suicide Surveillance (RPMS sites only. This measure calculates the number of Suicide Reporting Forms (SRF) collected. The SRF is an application within RPMS. Non-RPMS sites cannot report on this measure.)

2.1 Measure Changes in FY2015

There are no significant logic changes for GPRA/GPRAMA measures in FY2015. However, your site should refer to the CRS manual for details on minor updates to taxonomies or codes for each measure. Also please note that urban programs have the same GPRA/GPRAMA targets as Tribal and Federal programs.

2.2 Reporting Due Dates in FY2015

Mark your calendar: FY2015 GPRA/GPRAMA reports are due on the following dates:

- **2nd Quarter Report:** Friday, January 23, 2015
- **3rd Quarter Report:** Friday, April 24, 2015
- **4th Quarter Report:** Friday, July 24, 2015

3.0 GPRA/GPRAMA Reporting by Urban Programs

Facilities that are currently running RPMS can use CRS to measure results on any or all of over 200 clinical performance measures (including GPRA/GPRAMA measures). An updated version of CRS software is usually released once or twice a year to reflect changes and additions to clinical performance measure definitions. The current version of CRS software is version 15.1, which was released in June 2015.

If your facility will report results via CRS, use the CRS GPRA reporting instructions forwarded by your Area GPRA Coordinator. For additional information on CRS software installation and logic go to: <http://www.ihs.gov/CRS/> and click the link **CRS Software** on the left side of the page. Please note that the CRS dashboard report displays annual targets for IHS and Tribal programs; urban programs have the same targets as IHS and Tribal programs, so urban programs can use them to forecast their results. Current targets are also listed in the GPRA/GPRAMA 2015 Excel Reporting Template.

Facilities that do not run RPMS clinical software or CRS should use these instructions and submit GPRA data using the GPRA/GPRAMA 2015 Excel Reporting Template. However, all non-CRS reports must be a 100% audit of all eligible patient records; no sample reports will be accepted in FY2015. Please note that as of FY2010, data from sites that do not report via CRS are not aggregated (combined) with data from CRS sites. Only data from CRS sites is included in official urban GPRA results.

4.0 Non-CRS GPRA/GPRAMA Reporting

Sites that are not using RPMS may submit their quarterly results using the GPRA/GPRAMA 2015 Excel Reporting Template. Sites may perform an electronic audit or manual audit, but either method must include 100% of patient records. Sites should use the GPRA/GPRAMA Query Summary Sheet (Section 4.4) which contains the correct denominators for each GPRA measure.

All sites should note that refusals are no longer included in official GPRA/GPRAMA measure results for Federal, Tribal, or Urban programs. Sites need to be sure that refusals are not counted toward a measure result.

For full information regarding GPRA logic and coding, sites may refer to the current CRS Manual and the CRS 15.1 National GPRA/GPRAMA Report Performance Measure List and Definitions, available at the CRS webpage at <http://www.ihs.gov/CRS/>. Non-RPMS programs are required to use the exact logic detailed in the CRS manual when reporting all GPRA/GPRAMA performance measures.

Note that FY2015 targets listed in the CRS manual and logic documents online are for tribal, federal, and urban programs. Targets are also displayed on the GPRA/GPRAMA 2015 Excel Reporting Template.

4.1 Electronic Chart Review/Audit

4.1.1 Data Collection

1. Run a list of patients in your GPRA user population (see definition in current CRS manual) to determine which patients should be included in the review process.
2. Once you have identified your GPRA user population files, categorize those patients by GPRA denominator group for each specific measure or group of measures (see Section 4.4).
3. Once you have identified all of the active patients in each measure denominator, query to find the records of those patients that fit the criteria described by the numerator logic of that measure.
4. Continue this process until you have queried all appropriate patients for each measure.

All electronic queries and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.

4.1.2 Data Entry

1. For manual tabulation of data please use the GPRA Query Summary Sheet (Section 4.4). This method requires that data be transferred to the

GPRG/GPRAMA 2015 Excel Reporting Template before it can be submitted to your Area GPRG coordinator for review and forwarding to the National GPRG Support Team.

2. Once the data collection process is complete transfer the data to the GPRG/GPRAMA 2015 Excel Reporting Template.

4.1.3 Data Submission

Once you have entered your data into the 2015 GPRG reporting template, save the file as: ***FacilityName2015.xls***. Send the file as an e-mail attachment to your Area GPRG coordinator with subject title ***FacilityName 2015 GPRG Report***.

4.2 Manual Chart Review/Audit

Facilities that perform manual chart reviews must audit 100% of their patient population. All facilities performing a manual chart review should use the Manual Chart Review Sheet.

4.2.1 Data Collection

1. Compile a list of patients in your GPRG user population (see definition in current CRS manual) to determine which patients should be included in the review process.
2. Once you have tracked down the records of all user population patients, sort the records by GPRG denominator group (e.g., all active diabetic patients).
3. Once the records are separated, review each chart for the appropriate numerator logic using the Manual Chart Review Sheet.
4. After completion of the first group, continue the process for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

4.2.2 Data Entry

1. From each Manual Chart Review Sheet, tabulate the total number of patients in the numerator and denominator of each group and enter the totals onto the GPRG Query Summary Sheet (Section 4.4).
2. Once the data collection process is complete transfer the data to the Excel spreadsheet 2015 GPRG reporting template.

4.2.3 Data Submission

Once you have entered your data into the 2015 GPRG reporting template, save the file as: ***FacilityName2015.xls***. and send file as an e-mail attachment to your Area GPRG coordinator with subject title ***FacilityName 2015 GPRG Report***.

4.3 Quality Control Checks:

Please perform the following quality checks on your data prior to submission:

1. Is your Diabetes Diagnosed Ever numerator equal to the other Diabetes measure denominators? The answer should be no.

If these two numbers are the same, there has probably been an error. The Diabetes Diagnosed Ever measure numerator includes patients with Diabetes Diagnosed Ever, not just within the past year. The denominator for Diabetes Diagnosed measure is all User Patients. The denominators for all other diabetes measures are Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least two visits in the past year, AND two Diabetes-related visits ever. Generally, there should be fewer patients in the diabetes measure denominators than in the Diabetes Diagnosed Ever measure numerator.

2. Are there more patients in the Alcohol Screening measure than the Domestic Violence/Intimate Partner Violence Screening measure? The answer should be yes.

Domestic Violence Screening should include all female patients age 15-40, and the Alcohol Screening measure should include all female patients age 15-44. However, the difference should not be large, as the age range only differs by four years.

3. Are there more patients in the Childhood Immunization measure than the Childhood Weight Control measure? The answer should be no (with extremely rare exceptions).

Childhood Weight Control includes all children ages 2-5 years; while Childhood Immunization includes only patients ages 19-35 months. The only exception would be if your program had recently performed an outreach program targeting infants and toddlers for immunizations, drastically increasing the number of eligible patients in this age range.

4. Are there any measures with no patients in the denominator? The answer should be no.

Almost all sites will have patients eligible for every measure. Some sites have reported zero (0) patients for the Prenatal HIV measure because they do not provide prenatal care. However, all patients who meet the criteria for this measure (pregnant within the last 20 months) should be in the denominator regardless of whether they received an HIV test at your facility.

4.4 GPRA/GPRAMA Query Summary Sheet

FACILITY NAME: _____

Note: There are no significant logic changes to GPRA/GPRAMA measures for FY2015

Line	GPRA Measure	Eligible Patients	Number of Patients in Numerator	Number of Patients in Denominator	Rate
1	Diabetes Dx Ever	GPRA User Population			
2	Documented A1c	Active Diabetic Patients			
3	Good Glycemic Control (A1c<8)	Active Diabetic Patients			
4	Controlled BP <140/90	Active Diabetic Patients			
5	LDL Assessed	Active Diabetic Patients			
6	Nephropathy Assessed	Active Diabetic Patients			
7	Influenza 65+	Active Clinical Patients ages 65 or older			
8	Pneumococcal 65+	Active Clinical Patients ages 65 or older			
9	Childhood Immunization	Active Clinical Patients ages 19-35 months			
10	Pap Screening	Female Active Clinical Patients ages 24-64			
11	Mammography Screening	Female Active Clinical Patients ages 52-64			

Line	GPRA Measure	Eligible Patients	Number of Patients in Numerator	Number of Patients in Denominator	Rate
12	Colorectal Cancer Screening	Active Clinical Patients ages 50-75			
13	Tobacco Cessation	Active Clinical Patients identified as current tobacco users or tobacco users in cessation			
14	Alcohol Screening	Female Active Clinical Patients ages 15-44			
15	DV/IPV Screening	Female Active Clinical Patients ages 15-40			
16	Depression Screening	Active Clinical Patients ages 18+			
17	Prenatal HIV Screening	All Pregnant Active Clinical Patients w/no doc miscarriage or abortion in past 20 months			
18	Breastfeeding Rates	Active Clinical Patients who are 30-394 days old who were screened for infant feeding choice at the age of 2 months (45-89 days)			
19	Childhood Weight Control	Active Clinical Patients ages 2-5 for whom BMI could be calculated			

Acronym List

Acronym	Meaning
CRS	Clinical Reporting System
FY	Fiscal Year
GPRA	Government Performance and Results Act
GPRAMA	Government Performance Results Modernization Act
IHS	Indian Health Service
NGST	National GPRA Support Team
RPMS	Resource and Patient Management System
SRF	Suicide Reporting Form

Contact Information

Contact: NGST
Location: Indian Health Service, California Area Office
Email: caogpra@ihs.gov

Contact: Amy Patterson (NGST)
Location: California Area Office
Email: Amy.Patterson@ihs.gov

Contact: Sherriann Moore
Location: Office of Urban Health Programs
Email: sherriann.moore@ihs.gov