

Understanding the Government Performance and Results Act (GPRA)/ GPRA Modernization Act (GPRAMA)

Introduction to GPRA/GPRAMA for Providers and Clinic Staff

What is GPRA/GPRAMA?

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 GPRA Modernization Act (GPRAMA) strengthened GPRA by requiring federal agencies to use performance data to drive decision making.

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. IHS reports over 90 budget measures, including more than 20 clinical GPRA measures, and six GPRAMA measures. The IHS monitors its performance by quarter and reports final budget measure results in the annual IHS budget request, the Congressional Justification (CJ).

The GPRA “year” runs from July 1st- June 30th. Facilities run cumulative quarterly reports for the second quarter (ending Dec. 31st), third quarter (ending March 31st), and at the end of the year (ending June 30th) and send them to their Area offices. Area GPRA Coordinators run Area Aggregate reports and send them to the National GPRA Support Team (NGST) at the California Area Office (CAO). The NGST aggregates all data received to generate national aggregate data 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.



What is a GPRA Clinical Budget Measure?

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

■ Diabetes

- Blood Sugar Control*
- Blood Pressure Control
- Statin Therapy
- Nephropathy Assessment
- Retinopathy Assessment

■ Dental

- Access
- Topical Fluorides
- Sealants

■ Immunizations

- Childhood*
- Influenza— Adult and Childhood
- Adult Pneumococcal

■ Cancer Screening

- Mammography Screening
- Pap Screening
- Colorectal Cancer Screening

■ Behavioral Health

- Depression Screening 18+*
- Depression Screening age 12-17
- Antidepressant Medication Management
- Universal Alcohol Screening
- SBIRT
- Domestic Violence Screening
- Tobacco Cessation

■ Prevention

- CVD Statin Therapy*
- HIV Screening
- Breastfeeding Rates
- Childhood Weight Control
- Controlling High Blood Pressure

(*GPRAMA Measures)

There are also a number of non-clinical measures that measure facility accreditation, Public Health nursing, suicide surveillance, environmental and sanitation services, and health provider scholarship placements.

All Providers are GPRA leads

- * GPRA/GPRAMA = good patient care
- * GPRA is a shared responsibility; use a team approach
- * Provide clear roles for all team members to help meet each GPRA/GPRAMA measure targets
- * Inspire members of your team and encourage innovation

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
- 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.
- Beginning in FY 2018 GPRA reporting will be done via the National Data Warehouse, however CRS will continue to be the primary tool for monitoring patient health status
- There will be some changes to GPRA reporting as of FY 2018 (including a slightly different reporting year and measure denominator changes) but most aspects of GPRA reporting at the site level will remain the same

RPMS and EHR support GPRA/GPRAMA!

The Resource and Patient Management System (RPMS) manages both clinical and administrative information at healthcare facilities. RPMS has over 50 software applications. The Electronic Health Record (EHR) provides a graphical user interface (GUI) for RPMS.

Components of RPMS/EHR include:

- [Bar Code Medication Administration \(BCMA\)](#)
- [Clinical Reporting System \(CRS\)](#)
- [Electronic Dental Record \(EDR\)](#)
- [iCare](#)
- [Laboratory Services](#)
- [RPMS Behavioral Health System](#)
- [VistA Imaging \(VI\)](#)



You can learn more about RPMS at www.ihs.gov/rpms and the Electronic Health Record at www.ihs.gov/ehr

“What do Meaningful Use and GPRA have in Common?”

The HITECH Act (part of the American Recovery and Reinvestment Act of 2009) seeks to improve patient care through the adoption of HIT and meaningful use (MU) of certified electronic health records (EHRs). In order to demonstrate meaningful use, eligible providers and hospitals must report clinical performance measures that are similar, but not identical, to GPRA measures. The HITECH Act Stage 1 rules established requirements for the electronic capture of clinical data, including providing patients with electronic copies of health information. The Stage 2 final rule expanded upon the Stage 1 criteria with a focus on ensuring that the meaningful use of EHRs supported the aims and priorities of the National Quality Strategy.

CMS EHR Financial Incentives

For more information on EHR incentive programs: www.cms.gov/EHRIncentivePrograms/



How to generate good GPRA/GPRAMA data and improve performance:

Providers:

- Ensure you and/or others are asking patients the questions that need to be asked (e.g. “do you smoke”) and getting height, weight, and blood pressure measurements. Ensure that the information is being documented on the encounter form in the appropriate place. Consider how you can streamline this process; some of this information can be gathered during intake, for example.
- Make sure that patient refusals, patient education, and health factors are being documented correctly
- Ask patients about tests/immunizations/procedures they have received outside of your clinic, including contract services, and document them on their health record. Many of these still “count” for GPRA as long as they were performed within the required time frame.
- Use EHR clinical reminders and iCare to identify patients and community members overdue for preventive care; monitor state immunization registries to identify children overdue for vaccinations
- Review current GPRA logic for all performance measures to ensure that you are collecting the right data and documenting it correctly. CRS is usually updated twice a year. The CRS manual and GPRA performance measures list are available at the CRS website at: <http://www.ihs.gov/crs/>
- Review your site’s GPRA results frequently. CRS reports can be run anytime, and the highest-performing sites run them frequently, sometimes every week. Consider having a weekly meeting to review results and make sure patients are getting called in if they are due for a test or screening.
- If you are a specialist, pay close attention to the measures applicable to your practice. 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.

All staff:

- Make GPRA a clinic-wide priority and review GPRA results frequently. If rates do not look correct:
 - In CRS, you can run a patient list for any measure to see which patients have met the measure.
 - If patients are not showing up as having met the measure, you can double check the patient chart to see if an incorrect code was used.

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