



## Clinical Quality Measures and Alignment with Other Quality Initiatives

Clinical measure alignment is complicated due to a number of factors, including the purpose of the measure, how the measure is reported and used, deadlines for measure development, information technology (IT) systems used that store and transmit the data, and more. The Indian Health Service (IHS) is looking at how technology can help in reporting data to various agencies such as Centers for Medicare and Medicaid Services (CMS) and Health Resources and Services Administration (HRSA).

IHS uses clinical measures to meet the reporting requirements for CMS quality initiatives and to comply with federal laws including the Government Performance and Results Act of 1993 (GPRA). In recent years with the increase electronic health record adoption and clinical measure reporting, it has become apparent that different clinical measures are needed for different purposes. IHS is committed to working with other agencies towards macro-alignment of measures (i.e., measuring work on similar efforts and standards); however, unique measures will remain due to specific needs and purposes.

The following are frequently asked questions and answers to IHS clinical quality measure alignment.

**Question:** Can IHS align GPRA/ GPRA Modernization Act of 2010 (GPRAMA) Measures with the CMS Clinical Quality Measures (CQMs)?

**Short Answer:** No. There is a very clear distinction as both measures have separate legal authorities and intended purposes. GPRA/GPRAMA are performance measures used in the federal appropriations process, while CQMs help to ensure that our health care system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

**Explanation:**

- ▶ Although clinical measures are used for GPRA/GPRAMA and CQM reporting purposes, the measures are used for very different reasons (and the measure logic varies) so true alignment is currently not possible to achieve.
- ▶ GPRA and GPRAMA are federal laws that require all federal agencies to integrate performance measurement into their annual budget justifications submitted to congress.
- ▶ CQMs are tools that help measure and track the quality of health care services provided by eligible professionals (EP), eligible hospitals (EH) and critical access hospitals (CAHs) within our health care system.
- ▶ CQMs measure many aspects of patient care such as health outcomes, clinical processes, patient safety, efficient use of healthcare resources, care coordination, patient engagements, population and public health, and clinical guidelines.
- ▶ The CQMs are part of CMS's Rule for Electronic Health Record (EHR) Incentive Programs for EPs, EHs and CAHs to receive incentive payments for demonstrating Meaningful Use (MU) of certified EHR technology.

- ▶ Moving forward to the Quality Payment Program (QPP), CQMs will be used for Merit based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM) Reporting.

**Question:** Can IHS align GPRA/ GPRAMA Measures with the QPP – MIPS?

**Short Answer:** No. While measures alignment cannot occur, there are some situations when functional alignment occurs; however, it is not an exact alignment in the user population.

**Explanation:**

- ▶ The current goal of IHS is to support where the logic (e.g. numerator, denominator, report year, calculation of age) of the measures for the different initiatives is not the same but the improvement / care processes are the same. There will be different, and potentially similar, measures required for CMS and GPRA/GPRAMA reporting, but the outcome for care will be the same.
- ▶ An example of supporting misaligned measures is identified when comparing GPRA to MIPS measures. It is noted that three clinical quality measures “match” what is programmed in the Clinical Reporting System (CRS) but the user population is different. These measures include: 1) Anti-depressant Medication Management, 2) Controlling high blood pressure, 3) Statin Therapy for the prevention & treatment of cardiovascular disease.

*Disclaimer- A “match” to standard GPRA Clinical Measures to MIPS CQMs means a 1:1 exact match in numerator, exclusions and exceptions for the owner of the standard measure (e.g. million hearts, Measurement Policy Council). The denominator may have a different user population based on the measure. Please refer to the CRS measure logic and current version as they are updated routinely (<https://www.ihs.gov/crs/software/>).*

**Question:** Can IHS align GPRA/GPRAMA Measures with the HRSA’s Uniform Data System (UDS) Measures used by their Bureau of Primary Health Care?

**Short Answer:** No. Both systems cannot be aligned and/or streamlined.

**Explanation:**

- ▶ IHS and HRSA systems cannot be aligned/streamlined as they serve separate and unique purposes. No further action will occur on this matter. Both HRSA-Uniform Data System (UDS) and IHS-Resource Patient Management System (RPMS)/GPRA reporting systems will operate separately.
- ▶ Therefore, GPRA and UDS measures are not able to align; however, UDS measures will soon be aligning with electronic CQMs (eCQMs). In the future, IHS may be able to program HRSA’s eCQMs into the UDS for reporting to the Bureau of Primary Health Care.
- ▶ IHS configures eCQMs in their EHR and has the ability to report eCQMs for various quality initiatives.
- ▶ Currently, IHS programs 12 clinical measures in RPMS EHR that are used for UDS annual reporting by HRSA grantees. The additional UDS reporting requirements are not derived from data residing in RPMS.

**Question:** What are the upcoming changes to GPRA/ GPRAMA reporting?

**Short Answer:** Changes to GPRA/GPRAMA: 1) IHS will be reporting from the National Data Warehouse (NDW) on an annual basis and; 2) Reporting year changes.

**Explanation:**

- ▶ IHS provides annual updates to GPRA/GPRAMA measures reported in the Agency's annual Congressional Justifications. Those updates are available on the CRS webpage on the IHS website at <https://www.ihs.gov/crs/>
- ▶ Beginning in FY 2018, IHS will report clinical GPRA results from the Integrated Data Collection System Data Mart (IDCS DM) which is housed in IHS's National Data Warehouse (NDW).
- ▶ The major changes are: performance results will be calculated from data exported to the NDW which means that RPMS and non-RPMS data will be included to represent federal, urban and tribal (tribes have the option to participate) programs; the reporting period will change to the federal fiscal year (October 1 – September 30).
- ▶ More information on IDCS DM  
[https://www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/2015\\_Letters/ENCLOSURE\\_DTLL\\_IntegratedDataCollectionSystem\\_FactSheet.pdf](https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2015_Letters/ENCLOSURE_DTLL_IntegratedDataCollectionSystem_FactSheet.pdf)

**Question:** Are eQMs used for other Quality Initiatives?

**Short Answer:** Yes.

**Explanation:**

- ▶ The eQMs are used for other quality initiatives at the IHS (e.g. CMS Inpatient Quality Reporting).
- ▶ The IHS Office of Information Technology collaborates with others in the development and maintenance of these measures. Currently IHS utilizes 2014 eCQM measure logic.

For questions on GPRA/ GPRAMA, please contact Ms. Diane Leach, IHS Public Health Analyst by email at [diane.leach@ihs.gov](mailto:diane.leach@ihs.gov)

For general eCQM questions, please contact Dr. Susy Postal, IHS Chief Health Informatics Officer, by email at [susy.postal@ihs.gov](mailto:susy.postal@ihs.gov)