April 24, 2009

To: NPAIHB Tribal Health Directors

From: Mary Brickell, I.H.S.

Re: National GPRA

Attachments:
* Brief explanation from Francis Frazier, I.H.S.
* 2009 National GPRA Performance Awards Eligibility and Selection Process
* PowerPoint Presentation by M. Brickell

E-mail message from Francis Frazier, I.H.S.

Hello GPRA Coordinators,

The 2009 National GPRA Awards for Best Overall Clinical GPRA Performance – Small Facility and Best Overall Clinical GPRA Performance – Mid-to-Large Facility will be selected from the final 2009 GPRA CRS report results submitted to the National GPRA Support Team in California. Awards will be presented at the annual Director's Awards ceremony that occurs after June 30, 2009. Therefore, the 2009 GPRA Awards will be presented in the spring of 2010.

There are two attachments to this email. A narrative document describes eligibility, types of awards and additional eligibility criteria, the awards selection process, and a description of the scoring process. A sample excel spreadsheet shows the scoring methodology.

Please note that refusals will not count in any measure. CRS 9.0 contains developmental GPRA numerators that exclude refusals from the final performance rate. Based upon feedback from GPRA national measure leads, a separate numerator will track each measure's refusal rate. However, the awards will be compiled from the CRS 9.0 developmental GPRA numerators with refusals excluded.

The GPRA Measures Steering Committee will be discussing a draft refusal document on their February 19 conference call. After the call the draft refusals document will be modified to incorporate their suggestions. The new draft will be distributed via email to GPRA coordinators so that it can be discussed on the February 25 National GPRA Coordinators' conference call. This is a rapid turnaround and GPRA coordinators may not have comments from all of their programs, but we want to discuss refusal exclusion for GPRA performance results on the National GPRA Coordinators' call.

<<2009 National GPRA Performance Awards-FINAL.doc>> <<Sample GPRA Award Calculation-FINAL.xls>>

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2009 National GPRA Performance Awards
Eligibility and Selection Process

Revised February 18, 2009

1. **Eligibility:** All Federal and Tribal facilities that use the RPMS Clinical Reporting System (CRS) for reporting of all annual Government Performance and Results Act (GPRA) measures reported by CRS are eligible. The term "facility" is defined as individual Federal and Tribal healthcare facilities and service units that report annually for GPRA. Tribal facilities not using RPMS CRS for quarterly and annual GPRA reporting are not eligible. Urban Program facilities are not eligible under this program since their annual GPRA reports are reported separately from Federal and Tribal facilities. Additional eligibility requirements apply based on the award type, as defined below.

2. **Types of Awards and Additional Eligibility Criteria:** There are two types of awards, as defined below. All awards will be presented at the IHS Annual Director's Awards following each GPRA reporting year. Each GPRA reporting year is July 1 – June 30. For example, for GPRA year 2009, the awards will be presented at the annual Director's Awards ceremony that occurs after June 30, 2009. If the Director's Awards ceremony is not held during a given year, the National GPRA Performance Awards will not be given.

   2.1.1. **Best Overall Clinical GPRA Performance – Small Facility:** All eligible facilities with a 2009 GPRA year User Population of fewer than 5,000 patients and which submit their final GPRA reports generated by CRS prior to or on the submission deadline posted on the CRS web site, GPRA Reporting page, will be considered automatically for this award.

   Two facility-level awards in the amount of $12,500.00 each will be given with this award to the top two performing facilities. The $12,500.00 award is a one-time, non-recurring award. The facilities will receive the $12,500.00 award within 90 days of the IHS Annual Directors Awards ceremony. There are no requirements for how the award money must be spent.

   2.1.2. **Best Overall Clinical GPRA Performance – Mid-to-Large Facility:** All eligible facilities with a 2009 GPRA year User Population greater than or equal to 5,000 patients and which submit their final GPRA reports generated by CRS prior to or on the submission deadline posted on the CRS web site, GPRA Reporting page, will be considered automatically for this award.

   Two facility-level awards in the amount of $12,500.00 each will be given with this award to the top two performing facilities. The $12,500.00 award is a one-time, non-recurring award. The facilities will receive the $12,500.00 award within 90 days of the IHS Annual Directors Awards ceremony. There are no requirements for how the award money must be spent.

For both awards, in the event of a tie, the award money for each award will be split evenly between awardees.

3. **Application Process:** No formal application process is required.

4. **Selection Process:** Each eligible facility will be rated on all CRS GPRA performance measures except for the Topical Fluoride and Dental Sealants measures. These two measures are excluded since their performance is based on number of fluoride applications provided and sealants placed, which would potentially provide facilities with large patient populations with an unfair advantage over facilities with smaller patient populations. Also excluded are all non-GPRA measures that are included in the National GPRA & PART Report to provide context to GPRA measures, such as Diabetes Prevalence and Diabetes Documented A1c.

   For 2009, eligible facilities will have their performance rated for the GPRA measures listed below. In future award years, measures may be added and/or removed.

   Refusals will not be counted in any measure. The CRS 9.0 National GPRA & PART Report will include new GPRA developmental numerators that exclude refusals, which will be used to determine each facility's GPRA performance. The measures that will use the GPRA developmental numerators are identified below with an asterisk (*).

   1. Diabetes: Ideal Glycemic Control (A1c < 7.0)
   2. Diabetes: Blood Pressure Control (BP < 130/80)
   3. Diabetes: LDL Cholesterol Assessed
   4. Diabetes: Nephropathy Assessed
   5. Diabetic Retinopathy*
   6. Access to Dental Services (Annual Dental Visit)*. **NOTE:** For this measure only, a weighting factor of 25% (0.25) will be used for both the denominator and numerator since this measure's patient population is the entire User Population. Without this adjustment, this measure would be weighted higher over all other measures.
   7. Adult Immunizations: Influenza*
   8. Adult Immunizations: Pneumovax*
   9. Childhood Immunizations (4:3:1:3:3)*
   10. Cancer Screening: Pap Smear Rates*
   11. Cancer Screening: Mammogram Rates*
   12. Colorectal Cancer Screening*
   13. Tobacco Cessation*
   14. Alcohol Screening (FAS Prevention)*
   15. Intimate Partner (Domestic) Violence Screening*
   16. Depression Screening*
   17. Comprehensive CVD-Related Assessment*
   18. Prenatal HIV Testing *
   19. Diabetes: Poor Glycemic Control (A1c >9.5) (a lower rate is better for this measure)

No special consideration will be given for any facility for low performance on any GPRA performance measure listed above; this includes but is not limited to excluding lab-related measures for eligible facilities that do not have a lab at their facility.

Each eligible facility's score will be calculated using the steps listed below by using the facility's final 2009 GPRA year CRS National GPRA & PART Report.

1. The denominator and numerator for measure #6 (Access to Dental Services) will both be weighted by multiplying the values by 0.25. The weighted values will be used for this measure.
2. The sum of all denominators for measures #1-18 will be calculated.
3. The sum of all numerators for measures #1-18 will be calculated.
4. The denominator sum of measure #19 will be determined.
5. The numerator sum of measure #19 will be determined.
6. The denominator sum in step 4 will be subtracted from the total in step 2 above, which provides the facility's total denominator count.
7. The numerator sum in step 5 will be subtracted from the total in step 3 above, which provides the facility's total numerator count.
8. The total in step 7 (i.e. numerator) will be divided by the total in step 6 (i.e. denominator). This provides the facility's overall GPRA rate.
9. The facility with the highest score will receive the award. In the event of a tie, the award money will be split evenly among all awardees.

The attachment provides an example of the selection process for all awards.

5. **Additional Information:** All data submitted for any or all awards are subject to verification and validation. If it is determined that the data from a recipient of an award has been falsified in any manner, the facility that received the award(s) will be responsible for full repayment of the award amount(s) immediately and will be deemed ineligible competing in the next year's award process.

SAMPLE GPRA AWARD CALCULATION - BEST OVERALL PERFORMANCE FOR CURRENT GPRA YEAR

Measure	Facility A-NUM	Facility A-DEN	Facility A-RATE	Facility B-NUM	Facility B-DEN	Facility B - RATE
1 - DM Ideal A1c Control	1000	1000	100.00%	600	1000	60.00%
2 - DM BP Control	900	1000	90.00%	400	1000	40.00%
3 - DM LDL Assessment	800	1000	80.00%	200	1000	20.00%
4 - DM Nephropathy Assmt	700	1000	70.00%	200	1000	20.00%
5 - DM Retinopathy-w/o refusal	600	1000	60.00%	300	1000	30.00%
6 - Access to Dental Svcs-w/o refusal	2500	**5000**	50.00%	500	**8000**	6.25%
6 - Access to Dental Svcs-w/o refusal (weighted-.25)	625	1250	50.00%	125	2000	6.25%
7 - Adult Influenza-w/o refusal	400	1000	40.00%	700	1000	70.00%
8 - Adult Pneumovax-w/o refusal	300	1000	30.00%	800	1000	80.00%
9 - Childhood IZ 43133-w/o refusal	200	1000	20.00%	600	1000	60.00%
10 - Pap Smear-w/o refusal	100	1000	10.00%	900	1000	90.00%
11 - Mammogram-w/o refusal	1000	1000	100.00%	700	1000	70.00%
12 - Colorectal Cancer-w/o refusal	900	1000	90.00%	400	1000	40.00%
13 - Tobacco Cessation-w/o refusal	800	1000	80.00%	400	1000	40.00%
14 - Alcohol Screen (FAS)-w/o refusal	700	1000	70.00%	500	1000	50.00%
15 - IPV/DV Screen-w/o refusal	600	1000	60.00%	600	1000	60.00%
16 - Depression Screen-w/o refusal	500	1000	50.00%	800	1000	80.00%
17 - Comp CVD Assmt-w/o BMI refusal	400	1000	40.00%	700	1000	70.00%
18 - Prenatal HIV Test-w/o refusal	300	1000	30.00%	200	1000	20.00%
Subtotal Measures 1-18	10825	18250	59.32%	9125	19000	48.03%
19 DM Poor A1c Control (lower is better)	100	1000	10.00%	200	1000	20.00%
Subtotal Measure 19	100	1000	10.00%	200	1000	20.00%
TOTAL	**10725**	**17250**	**62.17%**	**8925**	**18000**	**49.58%**
Facilities' Scores for Best Overall Performance	**#1 Best Overall - Mid-to-Large Facility**			**#2 Best Overall - Mid-to-Large Facility**		

Bold values shaded in blue represent the facility's User Population that is used to determine if facility is small (<5,000 patients) or mid-to-large (>=5,000) patients

SAMPLE GPRA AWARD CALCULATION - BEST OVERALL PERFORMANCE FOR CURRENT GPRA YEAR

Measure	Facility C-NUM	Facility C-DEN	Facility C - RATE	Facility D-NUM	Facility D-DEN	Facility D - RATE
1 - DM Ideal A1c Control	200	1000	20.00%	700	1000	70.00%
2 - DM BP Control	200	1000	20.00%	700	1000	70.00%
3 - DM LDL Assessment	200	1000	20.00%	700	1000	70.00%
4 - DM Nephropathy Assmt	200	1000	20.00%	700	1000	70.00%
5 - DM Retinopathy-w/o refusal	200	1000	20.00%	700	1000	70.00%
6 - Access to Dental Svcs-w/o refusal	800	**4000**	20.00%	1200	**2000**	60.00%
6 - Access to Dental Svcs-w/o refusal (weighted-.25)	200	1000	20.00%	300	500	60.00%
7 - Adult Influenza-w/o refusal	200	1000	20.00%	700	1000	70.00%
8 - Adult Pneumovax-w/o refusal	200	1000	20.00%	700	1000	70.00%
9 - Childhood IZ 43133-w/o refusal	200	1000	20.00%	700	1000	70.00%
10 - Pap Smear-w/o refusal	200	1000	20.00%	700	1000	70.00%
11 - Mammogram-w/o refusal	200	1000	20.00%	700	1000	70.00%
12 - Colorectal Cancer-w/o refusal	200	1000	20.00%	700	1000	70.00%
13 - Tobacco Cessation-w/o refusal	200	1000	20.00%	700	1000	70.00%
14 - Alcohol Screen (FAS)-w/o refusal	200	1000	20.00%	700	1000	70.00%
15 - IPV/DV Screen-w/o refusal	200	1000	20.00%	700	1000	70.00%
16 - Depression Screen-w/o refusal	200	1000	20.00%	700	1000	70.00%
17 - Comp CVD Assmt-w/o BMI refusal	200	1000	20.00%	700	1000	70.00%
18 - Prenatal HIV Test-w/o refusal	200	1000	20.00%	700	1000	70.00%
Subtotal Measures 1-18	3600	18000	20.00%	12200	17500	69.71%
19 DM Poor A1c Control (lower is better)	50	1000	5.00%	50	1000	5.00%
Subtotal Measure 19	50	1000	5.00%	50	1000	5.00%
TOTAL	**3550**	**17000**	**20.88%**	**12150**	**16500**	**73.64%**
Facilities' Scores for Best Overall Performance				**#1 Best Overall - Small Facility**		

Bold values shaded in blue represent the facility's U
patients

SAMPLE GPRA AWARD CALCULATION - BEST OVERALL PERFORMANCE FOR CURRENT GPRA YEAR

Measure	Facility E-NUM	Facility E-DEN	Facility E-RATE
1 - DM Ideal A1c Control	1000	1000	100.00%
2 - DM BP Control	900	1000	90.00%
3 - DM LDL Assessment	800	1000	80.00%
4 - DM Nephropathy Assmt	700	1000	70.00%
5 - DM Retinopathy-w/o refusal	600	1000	60.00%
6 - Access to Dental Svcs-w/o refusal	1000	**3000**	33.33%
6 - Access to Dental Svcs-w/o refusal (weighted-.25)	250	750	33.33%
7 - Adult Influenza-w/o refusal	400	1000	40.00%
8 - Adult Pneumovax-w/o refusal	300	1000	30.00%
9 - Childhood IZ 43133-w/o refusal	200	1000	20.00%
10 - Pap Smear-w/o refusal	100	1000	10.00%
11 - Mammogram-w/o refusal	1000	1000	100.00%
12 - Colorectal Cancer-w/o refusal	900	1000	90.00%
13 - Tobacco Cessation-w/o refusal	800	1000	80.00%
14 - Alcohol Screen (FAS)-w/o refusal	700	1000	70.00%
15 - IPV/DV Screen-w/o refusal	600	1000	60.00%
16 - Depression Screen-w/o refusal	500	1000	50.00%
17 - Comp CVD Assmt-w/o BMI refusal	400	1000	40.00%
18 - Prenatal HIV Test-w/o refusal	300	1000	30.00%
Subtotal Measures 1-18	10450	17750	58.87%
19 DM Poor A1c Control (lower is better)	200	1000	20.00%
Subtotal Measure 19	200	1000	20.00%
TOTAL	**10250**	**16750**	**61.19%**
Facilities' Scores for Best Overall Performance	**#2 Best Overall - Small Facility**		

Bold values shaded in blue represent the facility's U patients

GPRA Update

Mary Brickell
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GPRA Update

- Reporting requirements
- Other uses for the GPRA data
- Upcoming changes
- Measure process
- National GPRA awards
- Refusals

Data uses

- PART (Program Assessment Rating Tool)
  - PART requirements for all previously PARTed programs – bi-annual update of performance improvement plans and annual performance measure reporting

Data uses

- Performance and Accountability Report (PAR)
  - Morphed into the (HHS) Citizen's report
  - Linked to audits for full accountability of how agency spends taxpayer dollars

Data uses

- President's Management Agenda (PMA)
  - OMB/HHS scores agencies on how well they are improving government-wide management deficiencies on a quarterly basis

Data uses

- Performance Improvement Initiative (PII)
  - HHS response to OMB's poor rating of the department's budget/performance integration efforts
  - Requires reporting quarterly on initiatives to improve.

ONM Report

- ONM Report: Other National Measures
  - Created to enable end users to differentiate between GPRA and non-GPRA measures
  - Report serves as a test bed for logic changes and evaluation of developmental measures

EO Report

- EO Report: Executive Order Report
  - For Transparency Quality Measures
  - IHS Quality of Care website which reports on 7 transparency measures reported at facility, area, and national level and 24 clinical GPRA measures reported at National level
  - 2009 changes to Quality of Care website
    - Add 5 more transparency measures (for a total of 12) to be reported at facility, area, and national levels

Comprehensive Export

- Comprehensive GPRA Export
  - Provides information on 553 clinical performance measures to colleagues at Harvard Medical School

Height and Weight Export

- Height and Weight Export
  - IHS collecting height and weight data for active clinical patients at local facility level
  - In 2009, it is anticipated that an export of data will be sent for patients 0-65 years of age

Special Requests

- Mary Wachacha has requested to receive the CRS Area Aggregate Patient Education Report for 2009 GPRA 4th quarter
- Measure leads need access to GPRA data
  - Prenatal HIV data, childhood immunization data, and BMI assessment/overweight
- Health Board often request data

Special Requests (Site Specific)

- Some examples of requests for site data are: IPV/DV data, Pap and Mammography high performers data, data for 2008 Director's Committee, and data for 2009 Performance Awards

Issues

- Current issues with data release:
  - Request for data may *not* cascade down to sites
  - Uncertainty on part of NGST *as* to whether sites really are informed about data request and whether consent has been obtained
  - Guidance is needed from the *national* level

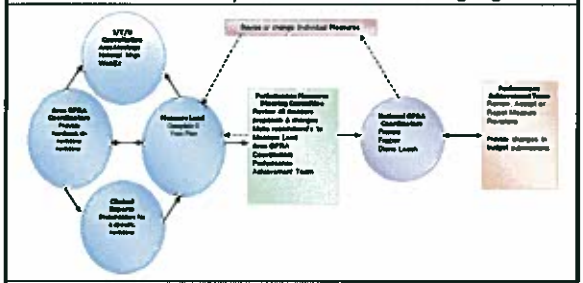
Changes

- *National GPRA & PART Report
- *Breast Feeding Data Collection
  - *PART: 45-394 days of age who were exclusively or mostly breastfed at two months of age*
- CVD Measure
  - *GPRA Developmental: Denominator change: Known CHD and At Risk for CHD IHD and BP, LDL, and Tobacco Assessed, BMI, Lifestyle Counseling, Depression Screening*

Changes

- Childhood Immunizations
  - Adding Varicella and Pneumococcal Conjugate (43t33t4)
- Substance abuse screening
- Patient safety measure

GPRA Measure Development & Decision-Making Algorithm



National GPRA Awards

- All Federal and Tribal facilities using RPMS for GPRA reporting are eligible..
- $12,500 Awards to winning facility for:
  - Best Overall Clinical GPRA Performance – one small facility award and one mid-to-large facility award
  - Most Improved Clinical GPRA Performance – one small facility award and one mid-to-large facility award

Refusals

- **Issue**: Exclusion of patient Refusals from GPRA clinical measure results for National Performance Reporting
- **Action Proposed**: The National GPRA Measure Steering Committee is considering a proposal to remove patient refusals from the results of all GPRA measures that contain refusal logic.

Background

- The rationale for including refusals as a "met" was two fold:
  - to account for time spent educating and consulting patients, and
  - to get initial buy-in from providers for the GPRA reporting process.

Issues

- It was assumed that refusals would not make up a significant percentage
- However, in recent years, some sites have improved their GPRA results by increasing measure refusal rates
- This has undermined confidence in the accuracy of GPRA data among providers aware of this practice and resulted in inconsistent reporting of results

Analysis of FY 2008 Results

- 16 Measures where refusals are counted
- 6 measures did not change
  - **Pap Smears, Tobacco Cessation, Prenatal HIV Screening, IPV/DV Screening, FAS Prevention,** and **Depression Screening**
- 4 measures decreased by 1%
  - **Retinopathy Exams, Adult Pneumovax 65+, Mammography Screening**, and **Colorectal Cancer Screening**

Analysis

- **Adult Influenza 65+** showed the largest decline of 4 percentage points when refusals were removed
- The three **dental measures (access, sealants, and fluoride)** had insignificant refusal rates.

Area Analysis

- There was a variable impact on Area measure results. With refusals removed:
- **Influenza Immunization** reductions of 1 to 7 percentage points.
- **Mammography screening** rate reductions of 0 to 7 percentage points, due to one Area having a particularly high refusal rate (the range was 0 to 3 points for all other Areas).
- **Other measures** had Area rate decreases of 0 to 3 percentage points.

Potential positive impacts

- Improve comparability of data
- Eliminate the problem of sites using questionable criteria for refusal coding, and encourage all sites to improve patient education and outreach.
- IHS is currently the only federal Agency allowing refusals to be counted.
  - More closely aligned with HEDIS, Veterans Administration (VA) and the Department of Defense (DoD), eliminating refusals will "harmonize" IHS measures with their measures, as required by law.
- IHS has continually refined measure logic over the years since the reporting of GPRA measures began, and this change will show HHS, OMB, and Congress that the Agency is being proactive in terms of internal quality improvement, by assuring that its performance measures truly reflect the quality of care provided

Thank you

IHS Clinical Reporting System (CRS):
http://www.ihs.gov/CIO/CRS/

IHS Quality of Care:
http://www.ihs.gov/NonMedicalPrograms/quality/

Office of Management and Budget (OMB-PART):
http://www.whitehouse.gov/omb/part/

HHS Citizens' Report:
http://www.hhs.gov/budget/CitizensReport.pdf