



SEP 23 2015

Dear Tribal Leader:

I am writing to inform you of a major change to annual performance reporting for the Indian Health Service (IHS). Each year, the IHS reports its performance results (also known as budget measures) in the annual President's budget request to Congress. Budget measures include required reporting of IHS's Government Performance and Results Act (GPRA) and Government Performance and Results Modernization Act (GPRAMA) clinical performance results.

In fiscal year (FY) 2016, the IHS plans to begin preparations to implement the Integrated Data Collection System Data Mart (IDCS DM), a new reporting mechanism within the National Data Warehouse (NDW). The IDCS DM provides a mechanism for Tribes and Urban health programs that do not use the IHS's Resource and Patient Management System (RPMS) to participate in GPRA and GPRAMA reporting. I am requesting your input on Tribal health program needs and interests associated with this new reporting mechanism.

Historically, a majority of Tribal health programs have used the RPMS as their health information system, with GPRA and GPRAMA performance data for these Tribal programs included with IHS data in reporting. Agency clinical GPRA and GPRAMA submissions in support of the IHS budget have never included data from Tribal health programs that do not use RPMS. With increasing numbers of Tribal health programs electing to purchase commercial health information systems, Tribal participation has decreased.

Many Tribes that use commercial health information systems have expressed a desire to continue participating in national GPRA and GPRAMA reporting in support of the IHS budget. The IDCS DM provides a mechanism for non-RPMS Tribal health programs to submit export files that meet IHS Office of Information Technology (OIT) standards for reporting to the National Patient Information Reporting System (please see the OIT Web site for more information: https://www.ihs.gov/NDW/index.cfm?module=dsp_dqw_hl7interface). An "opt-out" feature in the IDCS DM will be available for Tribal programs that do not want their data included in GPRA and GPRAMA reporting. Under IDCS DM, GPRA and GPRAMA results can be calculated from data exported to the NDW, regardless of the electronic health information system used locally.

The major performance reporting changes include:

- Updated Data Source – Agency clinical performance reporting has used the RPMS Clinical Reporting System (CRS) since 2005. The IHS will begin reporting IDCS DM results in FY 2018.
- User Population Estimates – The IDCS DM will standardize the use of User Population Estimates as the denominator for the clinical GPRA and GPRAMA measures.

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- Reporting Year – The GPRA and GPRAMA reporting year (July 1 – June 30), will change to match the User Population Estimates reporting year (October 1 – September 30). The GPRA and GPRAMA year change consolidates local efforts to simultaneously submit one final export to meet the same User Population and GPRA and GPRAMA deadlines.
- Enables Full IHS, Tribal, and Urban Indian Health Program (I/T/U) Participation – The I/T/U population may be better represented in performance data because Urban and non-RPMS user data can now be reported with national results.

I have asked Area Directors to identify an upcoming Area meeting or schedule a conference call to consult with Tribes on the IDCS DM implementation by October 31. I am requesting your input and feedback to gauge Tribal interest in IDCS DM participation in the following areas: 1) ways to make the system easy to use; 2) ways to communicate system updates; and 3) ways to identify potential barriers and challenges (e.g., costs, if any).

Thank you for your partnership as we work to improve the collection and reporting of the Agency's national performance results. I encourage you to share this letter with your health care administrators, GPRA coordinator, health information technology staff, and others, as appropriate.

Please submit your written comments by **October 31, 2015**. You can submit your input by e-mail to consultation@ihs.gov or by postal mail to: Mr. Robert McSwain, Deputy Director, IHS, 801 Thompson Avenue, Suite 440, Rockville, Maryland, 20852.

If you have any questions about the consultation process or the IDCS DM implementation, please contact the IHS Office of Public Health Support by telephone at (301) 443-0222, or send an e-mail to HQ_OPHSidcs@ihs.gov.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain
Deputy Director

Enclosure: IHS Integrated Data Collection System Data Mart Fact Sheet

Indian Health Service

Integrated Data Collection System Data Mart (IDCS DM) Fact Sheet

The Integrated Data Collection System Data Mart (IDCS DM) is a new national performance data mart built within the Indian Health Service (IHS) National Data Warehouse (NDW).

The IDCS DM is built to enhance IHS's current system of reporting national clinical measure results as required by the Government Performance and Results Act (GPRA) and the GPRA Modernization Act (GPRAMA).

This fact sheet describes what the system is, the impact to IHS, Tribal and Urban (I/T/U) programs, its purpose, benefits, limitations and implementation plans.

What is the IDCS DM?

The IDCS DM is a centralized performance data mart that produces secure, on-demand web-based reports at the service unit, Area and national levels. This new data mart enhances the current Clinical Reporting System (CRS).

Why is IHS building IDCS DM?

Many Tribes and Urban programs using commercial health systems have expressed a desire to continue participating in national GPRA/GPRAMA reporting in support of the IHS budget.

IHS currently reports clinical GPRA/GPRAMA measure results using the CRS National GPRA/GPRAMA Report in Resource and Patient Management System (RPMS). Currently, only RPMS users can participate in IHS's national performance reporting.

The IDCS DM provides a mechanism for non-RPMS Tribal and Urban health programs to include their data for national reporting for budget purposes.

When will IDCS DM be deployed?

The system will be built and tested during 2015-2016. IHS will begin reporting clinical results from IDCS DM for Fiscal Year (FY) 2018. Results will be reported as required by GPRA/GPRAMA in the Agency's Annual Congressional Justification and other reports. Due to the timing of the federal budget process, the FY 2020 Congressional Justification is the earliest point in time IHS will report FY 2018 results.

How does the IDCS DM impact current reporting for I/T/U programs?

- All clinical measures will be reprogrammed because of the new data source, new reporting year, and denominator change to the User Population (as referenced in Table 1).
- Measure results will still be calculated electronically.
- If Tribal programs do not want their data included in national results, there will be an "opt out" feature to skip over their data.

The purpose of the IDCS DM is to enhance the CRS in the following ways:

- Enables full I/T/U participation - Uses any patient registration and clinical data export files (RPMS, non-RPMS and fiscal intermediary) submitted to the NDW to calculate national performance results.
- Streamlines Reporting - Results will be based on the annual User Population Estimates, I/T/U sites will only need to submit one National Patient Information Registration System (NPIRS) export for the User Population Estimates and national clinical results.
- On-demand Results – All data exported to the NDW can be used to generate secure, on-demand, web-based GPRA results using data that are as current as the last weekly data refresh of files uploaded in the NDW.
- Enhances data access – Centralized programming and on-demand web based reports efficiently provide performance results on a more frequent and ad hoc basis making results available for decision making or other purposes.

Is IHS consulting and conferring with Tribes and Urban programs on IDCS DM?

IHS will consult with Tribes and confer with Urban programs during 2015 to gauge participation interest, ways to make the system easy to use, identify ways to communicate system updates, and identify barriers and challenges (e.g., costs, if any).

Table 1. Comparison of the Resource and Patient Management System's (RPMS) Clinical Reporting System (CRS) and the Integrated Data Collection System Data Mart (IDCS DM)

	RPMS CRS		IDCS DM
Data Source	Measure logic searches local RPMS servers for performance results	➔	Uses all data exported to the NDW for performance calculations (RPMS, non-RPMS, Fiscal Intermediary)
Denominator Population	CRS defined Active Clinical Population	➔	IHS User Population
Focus	National performance results include RPMS data only	➔	National performance results represent I/T/U data submitted to the NDW
Logic	RPMS patches containing CRS logic updates installed on local RPMS servers	➔	Programmed centrally, measure logic can be changed quickly within IDCS DM
Report Frequency	Q2, Q3, Q4 for national aggregation from the local site ->Area Office -> National	➔	Run each quarter for national GPRA results, OR users run on-demand reports as needed
Reporting Year	July 1 – June 30	➔	Fiscal Year – October 1 – September 30
Reports	Locally run on RPMS server	➔	On-demand web based Service Unit, Area and National level reports
Results	Based on patient registration and clinical data housed in the local RPMS server	➔	Calculations are based on the patient no matter where the care was received

What are the benefits of the IDCS DM?

The IDCS DM offers a more cost-effective method to produce national performance results potentially reducing the burden on local I/T/U programs that provide the underlying data to the NDW. National, Area and Service Unit level results are reported in percentages and no personal identifiers are included in the results.

IDCS DM data will be updated (refreshed) on a weekly basis. Currently, locally run CRS reports must undergo two aggregation processes before national performance results are available. This process adds almost two months to end of quarter aggregated performance results.

IDCS DM can utilize all data submitted to the NDW by local facilities and service units to produce GPRA/GPRAMA results that represent I/T/U programs. As a result, the Agency's performance results reported in the annual Congressional Justification may be more representative of the I/T/U population.

What are the IDCS DM limitations?

- Measure performance will decline – The User Population denominator is larger than the CRS Active Clinical denominator.
- Data is limited to the export – IDCS DM uses the exported data to the NDW which is a sub-set of all the data that exists in a local RPMS server. CRS reports can access all data housed in the local RPMS server to run reports.

Does IDCS DM replace the CRS?

IDCS DM enhances the CRS -- it does not replace it. IDCS DM expands on the capabilities built from CRS. The CRS will continue to be available for local quality improvement efforts. Changes to the clinical measures programmed in CRS will be mirrored in IDCS DM programming.

What is the IHS implementation plan?

IHS will begin testing the system in 2015 through early 2016. I/T/U programs will be invited to participate.

