GPRA Measurement Matters!

Evaluating Quality Healthcare in your Community

Elaine Brinn, Management Analyst Susan Ducore, Nurse Consultant Janae Price, Epidemiologist

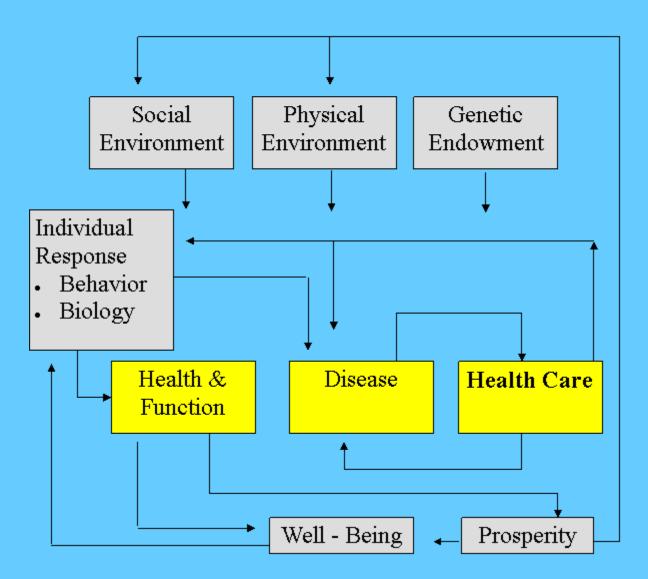
Outline

- Defining Community Health
- Overview of Government Performance and Results Act (GPRA)
- Evaluating and Improving our Status

 National/Area/Local results
- Resource Toolbox

Defining Community Health

Determinants of Health



How do we begin?

- 1. Identify a community need for health improvement
- 2. Initiate a Community Health Improvement Process (CHIP)
 - a) Make it a collaborative process (stakeholders)
 - b) Find a community champion(s)
 - c) Establish an improvement plan with specific goals and objectives
 - d) Continuously evaluate the process (utilize existing resources like GPRA)

Who are our stakeholders?

- Healthcare providers
 - Clinicians
 - Community Clinics
 - Hospitals
- Public health agencies
 IHS
 - CA Department of Health
 - County health department

- Community
 organizations
 - Tribal Government
 - Schools
 - Employers
 - Transportation
 - Judicial agencies
 - Faith communities
 - Social Service/housing

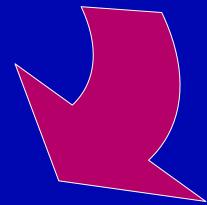
The Community Health Improvement Process

Source: Improving Health in the Community: A Role for Performance Monitoring Institute of Medicine (IOM) - 1999

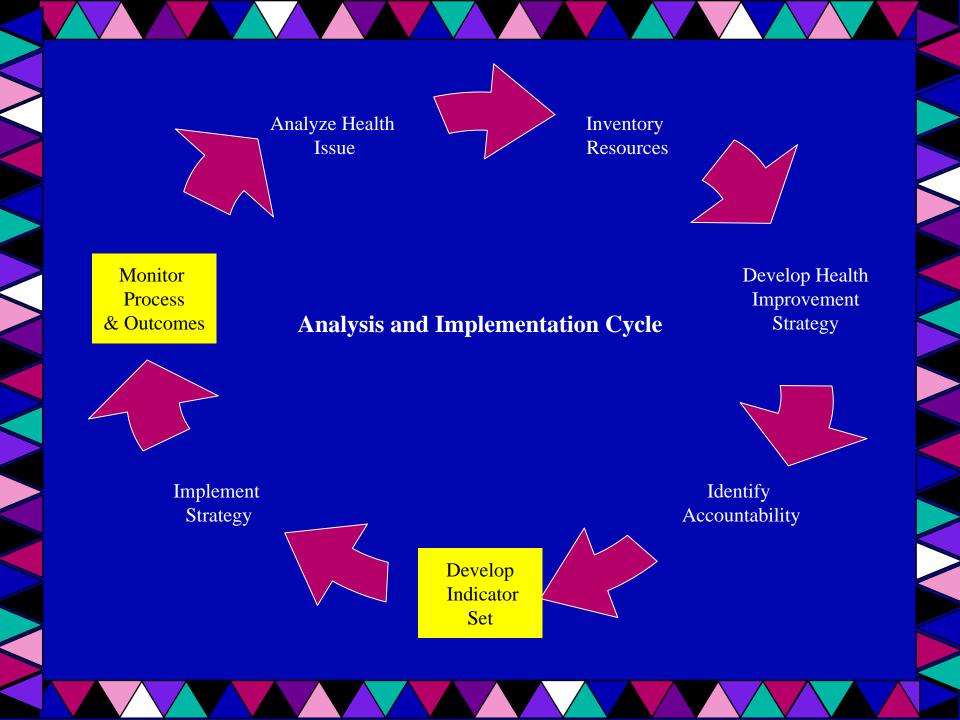
Form Community Health Coalition

Prepare and Analyze Community Health Profiles

Problem Identification and Prioritization Cycle



Identify Critical Health Issues



Overview of GPRA

What is GPRA?

- A Federal law enacted in 1993 that shows Congress how the IHS is performing based on a set of specific measures
 - requires federal agencies to demonstrate that they are using their funds effectively toward meeting their mission
 - requires an annual performance plan, as well as an annual performance report
 - Reports required Annually (since 1999) and Quarterly (since 2006)
- GPRA reporting and performance is <u>directly</u> linked to the annual budget requests for IHS.

GPRA - Uses

- Budgetary decisions
- Program outcomes/outputs
- National Initiatives
 - Indian Health Service
 - Centers for Disease Control and Prevention
- Community Health Improvement Process (CHIP)

Evaluating and improving our status



National

- Links IHS budget to performance
- Program performance
- IHS Director's performance contract
- IHS Initiatives
 - Chronic Care
 - Behavioral Health
 - Health Promotion/Disease Prevention
- Healthy People 2010
- World Health Organization

Area

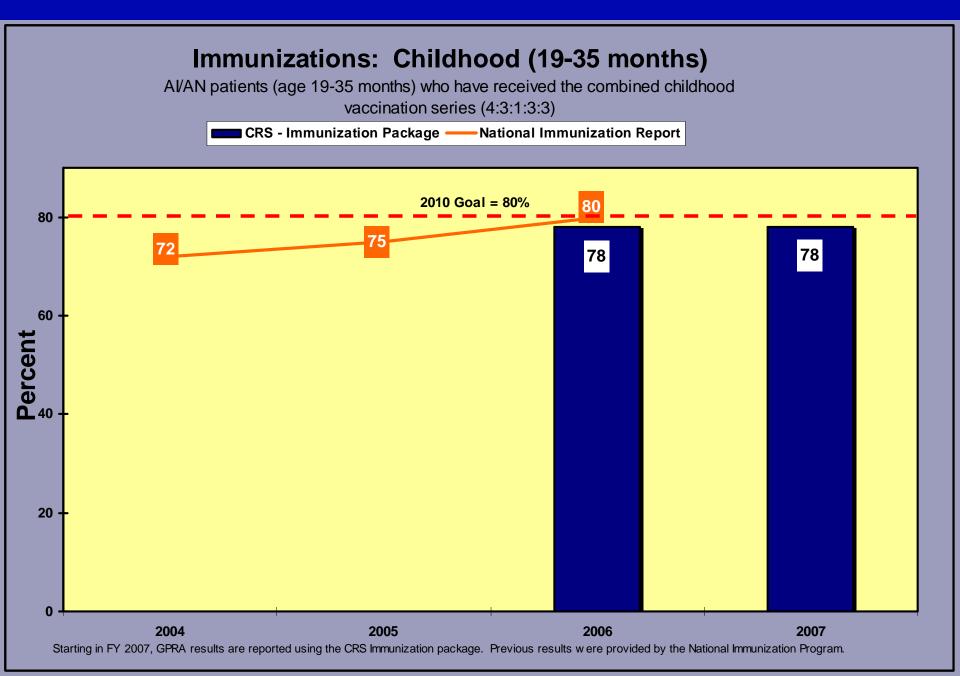
- Area performance-based budget allocation
- Area Director's performance contract
- Area initiatives
 - Immunizations (2008)
 - Cancer Prevention and Treatment (2008)
 - Retinopathy workgroup (2008)
- State collaborative initiatives

Immunization Results

Immunizations

Childhood

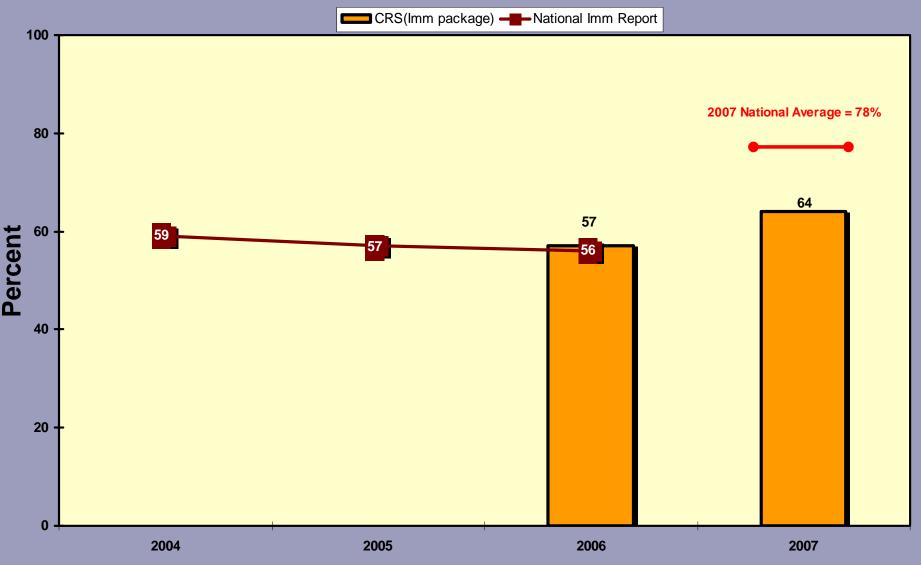
- American Indian/Alaska Native (AI/AN)
- 19-35 months of age
- Basic Immunization (IZ) Series
- Adult
 - AI/AN, 65+ years of age
 - Pneumococcal
 - Influenza



CA Area Trends: Childhood Immunizations

Immunizations: Childhood (19-35 months)

Al/AN patients (age 19-35 months) who have received the combined childhood



Starting in FY 2007, GPRA results are reported using the CRS Immunization package. Previous results were provided by the National Immunization Program.

CA Area Childhood IZ Initiatives

- Encourage Registry Use
 - RPMS Immunization Package IHS Internal Registry
 - CA Regional/County Immunization Registries
- Promote education and training
 - RPMS Immunization Package
 - Immunization and vaccine preventable disease
 - On-line electronic quarterly reporting

CA Area Childhood IZ Initiatives

- CA Area IHS participated in "Pilot" for electronic on-line reporting for quarterly IZ reporting October 2007
- Area Immunization Coordinator oversees quarterly reporting of local data for IHS National Immunization Reports
- Provide technical support and guidance for regional and RPMS Immunization registry interfaces

Local, Registry-Focused Initiatives:

- Pilot Project for Bi-directional exchange of IZ data between RPMS and CA Regional Registry
- IZ Data sharing agreements:

 San Diego County Immunization Registry (SDIR)
 CA Area Tribal Health Programs
- Local program efforts facilitated through IHS National Epidemiology Program

Future Data Sharing Opportunities

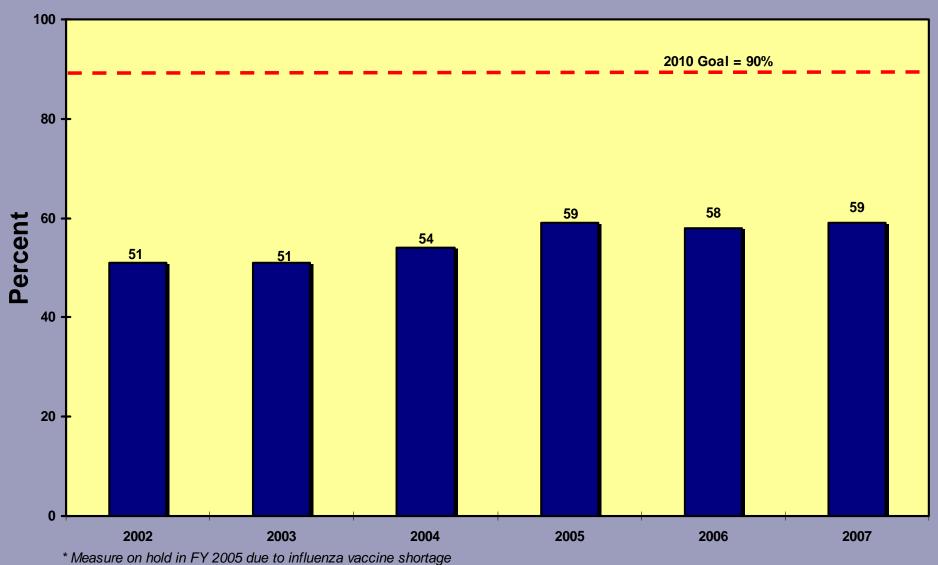
California Regional Immunization Registries



National Trends: Adult Immunizations - Influenza

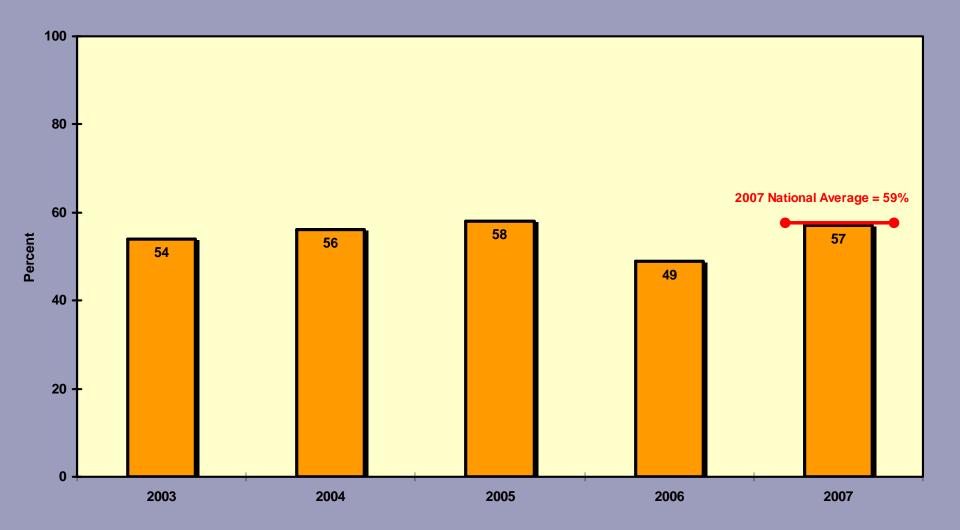
Immunizations: Influenza

Al/AN patients (age 65+) who have received the influenza vaccine within the past year.

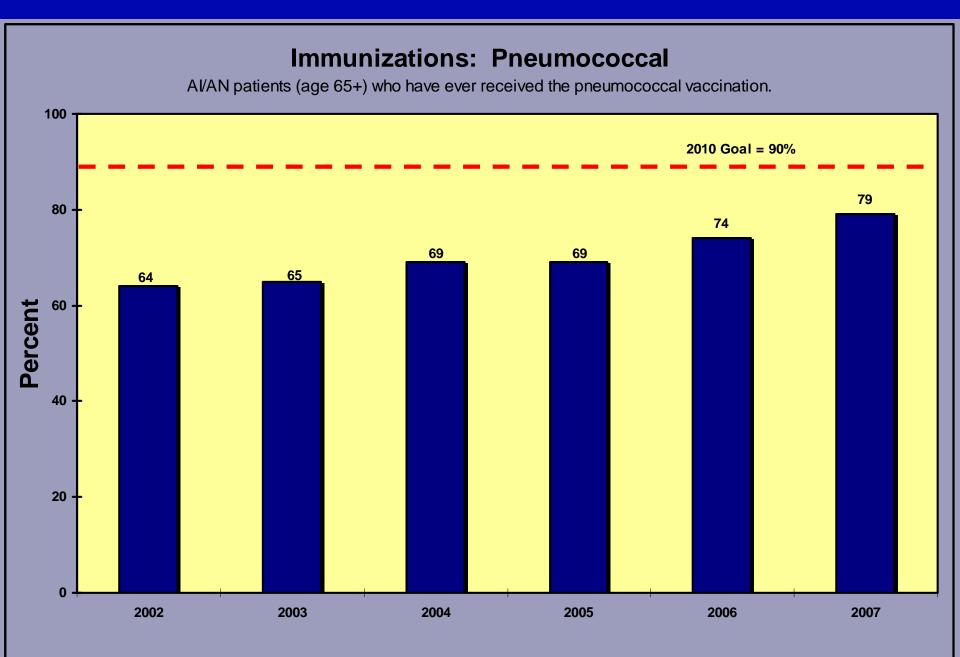


Immunizations: Influenza

Al/AN patients (age 65+) who have received the influenza vaccine within the past year

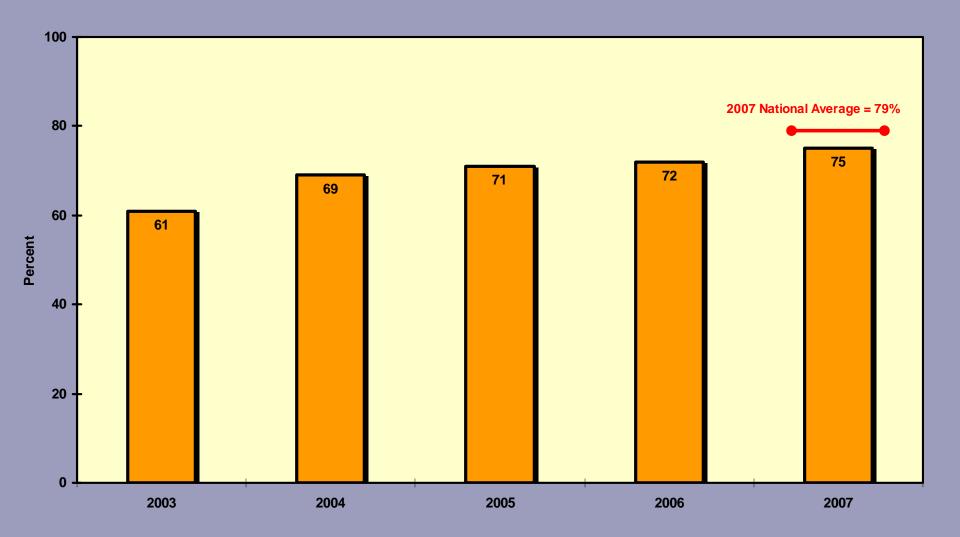


National Trends: Adult Immunizations - Pneumococcal



Immunizations: Pneumococcal

Al/AN patients (age 65+) who have ever received the pneumococcal vaccination



CA Area Adult IZ Initiatives

- Area Immunization Coordinator participates in Federal, State and local IZ informational meetings
- Encourage local IZ Staff continuing education
- CA Area Immunization Webpage
- CA Area IHS hosts RPMS Immunization Package trainings, and on-line reporting

Local Efforts to Improve IZ Data Quality

- Attend Area hosted IZ trainings and conference calls
- Use RPMS Immunization Package and CA Regional Immunization Registries
- Visit CA IZ Web Page for updates
- Maintain Communication with CA Area IZ Staff
- "Team Approach" with local Immunization Coordinator oversight

Other GPRA Results

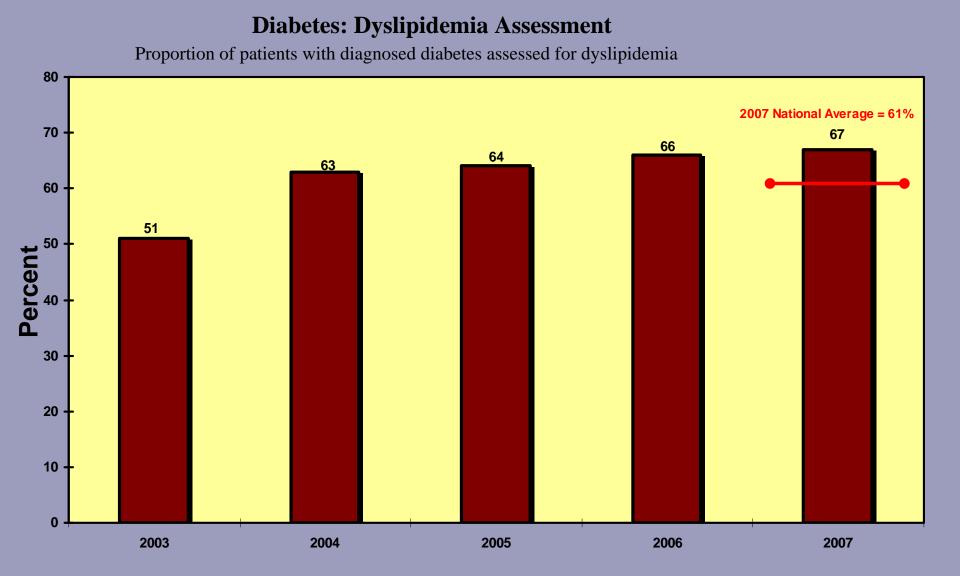
Local GPRA Results

- Community Variability
 - Population
 - Health needs
- Community Resources
- Community Leadership
- Intra/Inter Community Collaboration

Next Steps to Quality Improvement

- Frequent assessment of community health status
- Making the data meaningful to the community
- Setting community specific goals
- Seeking collaboration within and outside of the community

CA Area Trends: Diabetes: Dyslipidemia Assessment



- National results for dyslipidemia assessment are trending higher (steady progress 02-07)
- CA Area results exceed national
- CA Area results within 3% of Healthy People 2010 goal!!
- How does your clinic compare?

• Comparative graph in California Report

Current performance

– Change from 2006 to 2007

– Size of the population

• Questions to ask

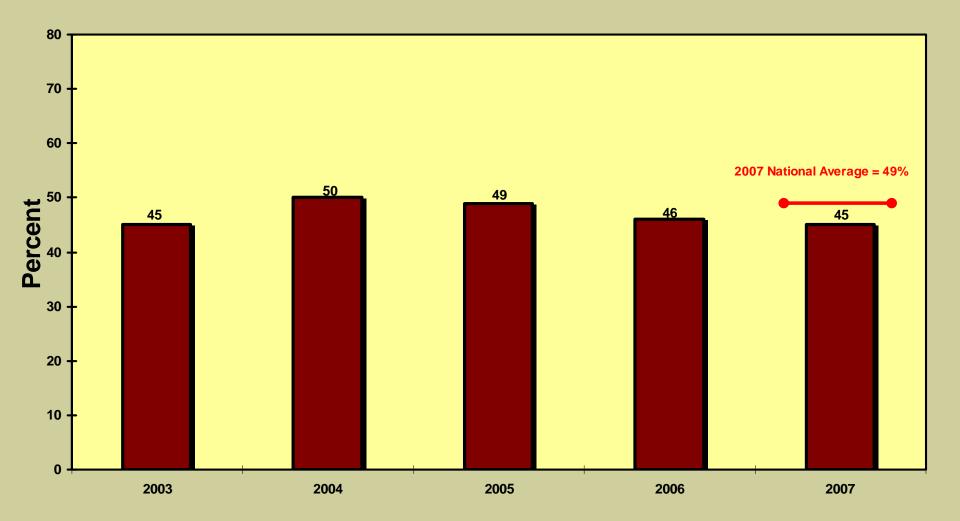
– Does the result reflect reality?

- Coding errors
- Taxonomy
- Process issue (lab results don't reach data entry)
- Electronic Health Record
- Why isn't test administered?
 - Cost
 - Lack of staff
 - Process issue (standing orders)

CA Area Trends: Diabetes: Retinopathy Assessment

Diabetes: Retinopathy Assessment

Proportion of patients with diagnosed diabetes assessed for retinopathy



• Questions to ask

– Does the result reflect reality?

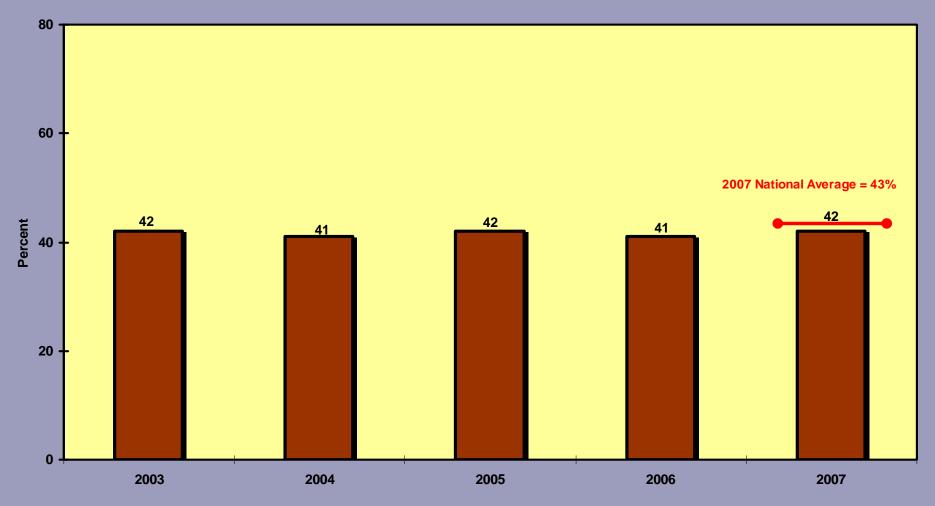
• Why aren't patients screened?

- Does the clinic have camera?
 - YES
 - Are there trained staff available?
 - Is there a process for screening patients in for other care?
 - Is it working?
 - NO
 - Are there grants available for equipment?
 - Are there clinics that can make their equipment available?
 - Is the clinic participating in the retinopathy workgroup?

CA Area Trends: Cancer Screening: Breast (Mammography)

Cancer Screening: Breast (Mammography)

Proportion of eligible women who have had mammography screening in the past two years



• Questions to ask

– Does the result reflect reality?

– Why aren't patients getting screened?

• Lack of CHS funds?

- State and county resources

• Lack of transportation to closest facility?

Resource Toolbox

• National

Best Practices conference

– Chronic Care Initiative

– National Summary and 12-Area reports

Resource Toolbox



– California Area GPRA Book

Conference calls

 California Area Tribal Advisory Committee (CATAC)

Resource Toolbox

Local

- Dashboards
- Technical Assistance
- Site Visits/reviews
- Clinical Reporting System
 iCARE