CRS (Clinical Reporting System) 2006 (BGP v. 6.1)

What Is It?

The Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) application designed for national reporting as well as local and Area tracking of clinical performance measures. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures for local performance improvement initiatives, for Area-wide tracking, as well as for national agency reporting to Congress as required by the Government Performance and Results Act (GPRA). CRS is updated at least annually to reflect changes in clinical guidelines for existing measures as well as adding new measures to reflect new healthcare priorities.

CRS produces reports on demand from local RPMS databases for one or more of 50 clinical topics, comprised of over 250 individual performance measures. Each *topic* has multiple measures, consisting of one numerator and one denominator. The denominator is the total patient population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Reports display the total counts of each measure's numerator and denominator and the percentage who meet the numerator. Reports also compare the site's performance numbers in the current report year (user defined) to the previous year and to a user-defined baseline year. Users can also request patient lists for each of the measures, displaying patients who do and do not meet the measure criteria.

Local facilities can run reports for individual or all performance measures as often as needed and can use CRS to transmit national-level data to their Area for quarterly reporting. The Area Office can use CRS to produce an aggregated Area report for national-level data.

Who Should Use CRS and Why?

CRS is the reporting tool used by the Indian Health Service (IHS) Office of Planning and Evaluation to collect and report clinical performance results to Congress. IHS Federal (direct) sites are required to use CRS 2006 to provide annual national reporting of clinical GPRA measures.

Area and site Quality Improvement staff; Compliance Officers; GPRA Coordinators; clinical staff such as physicians, nurses, nurse practitioners, and other providers; Area Directors; as well as any staff involved with clinical quality improvement initiatives can use CRS to:

- Identify potential data issues in their RPMS (i.e., missing or incorrect data)

- Monitor their site's performance against past national performance and upcoming agency goals

- Identify specific areas where clinical business process or other changes should be made to improve performance

- Quickly measure impact of process changes on performance measures
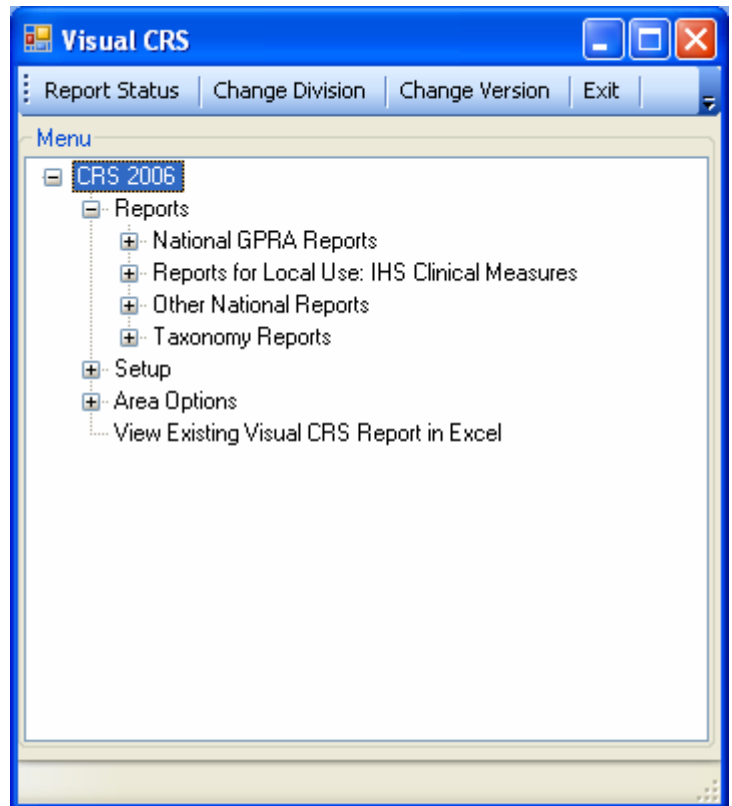
How Does It Work?

To produce performance reports with comparable data across every facility, the performance measure definition is "translated" into programming code with the assistance of clinical subject matter experts. This means that an English text expression is defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. To ensure comparable data within the agency as well as to external organizations, as much measure logic as possible is based on standard international healthcare codes. These codes include ICD-9, CPT, LOINC and national IHS standard code sets (e.g., Health Factors, patient education codes, etc.). For terminology that is not standardized across each facility, such as lab tests, CRS uses taxonomies (groups of "like" codes) that can be populated by an individual facility with its own test names. CRS has been described as a "scavenger hunt," looking at multiple fields recorded primarily in the RPMS Patient Care Component (PCC), including V POV (purpose of visit), V Lab, V Procedures, and V CPT. It is critical that sites have links turned "on" to PCC from other RPMS applications, such as CHS or RCIS, so that data is passing into PCC for CRS to find.

Is a CRS Graphical User Interface (GUI) Available?

Yes, the first CRS GUI, called "Visual CRS" was released with CRS v5.1, along with the "roll-and-scroll" version. The CRS GUI is a Windows-based application that is installed both on the local facility's server as well as each user's computer, which is called the CRS client. The CRS GUI is updated each year. The logic in the GUI is exactly the same as that used in the "roll-and-scroll" version. In order to run the GUI on the

client, the computer must be running the Windows XP operating system, must have Windows Service Pack 2 or higher installed, and must have Microsoft Office 2003 or higher installed. Facilities not meeting these requirements must run the "roll-and-scroll" version instead.

CRS 2006 v6.1 Measure Topics (*Topic includes one or more GPRA measures)

<u>Diabetes Group</u>
Diabetes Prevalence
Diabetes Comprehensive Care
Glycemic Control*
Blood Pressure Control*
Dyslipidemia (Lipids) Assessment*
Nephropathy Assessment*
Diabetic Retinopathy*
Diabetic Access to Dental Services

<u>Dental Group</u>
Access to Dental Services*
Dental Sealants*
Topical Fluoride*

<u>Immunization Group</u>
Adult Immunizations: Influenza*
Adult Immunizations: Pneumococcal*
Childhood Immunizations*
Adolescent Immunizations

<u>Childhood Diseases Group</u>
Appropriate Treatment for Children with Upper Respiratory Infection
Appropriate Testing for Children with Pharyngitis

<u>Cancer Screening Group</u>
Pap Smear Rates*
Mammogram Rates*
Colorectal Cancer Screening*
Tobacco Use Assessment
Tobacco Cessation*

<u>Behavioral Health Group</u>
Alcohol Screening (FAS Prevention)*
Intimate Partner (Domestic) Violence Screening*
Depression Screening*
Antidepressant Medication Management

<u>Cardiovascular Disease-Related Group</u>
Obesity Assessment
Childhood Weight Control*
Nutrition and Exercise Education for At Risk Patients
CVD and Cholesterol Screening*
CVD and Blood Pressure Control
Controlling High Blood Pressure
Comprehensive CVD-Related Assessment
Beta-Blocker Treatment after a Heart Attack
Persistence of Beta-Blocker Treatment after a Heart Attack
Cholesterol Management for Patients with Cardiovascular Conditions

<u>STD-Related Group</u>
Prenatal HIV Testing and Education*
HIV Quality of Care
Chlamydia Testing

<u>Other Clinical Measures Group</u>
Osteoporosis Management
Osteoporosis Screening in Women
Rheumatoid Arthritis Medication Monitoring
Osteoarthritis Medication Monitoring
Asthma
Asthma Quality of Care
Asthma and Inhaled Steroid Use
Chronic Kidney Disease Assessment
Prediabetes/Metabolic Syndrome
Medications Education
Public Health Nursing

Features and Key Changes for 2006 (BGP version 6.1)

Development of CRS version 6.1 began in October 2005, and the software is estimated to be released nationally in late June 2006.

- New topics include: Adolescent Immunizations, Appropriate Treatment for Children with Upper Respiratory Infection, Appropriate Testing for Children with Pharyngitis, Rheumatoid Arthritis Medication Monitoring, Osteoarthritis Medication Monitoring, and Asthma and Inhaled Steroid Use.

- Six basic types of reports are included in CRS 2006 Version 6.1: National GPRA, Selected Measures (local), CMS, GPRA Performance, Elder Care, and HEDIS.

  - **National GPRA report** includes 22 individual GPRA performance measures and other key clinical measures. The National report is predefined to report on only the American Indian/Alaska Native (AI/AN) population during the time period July 2005-June 2006, with comparison to baseline year 2000. Sites must specify their "official" communities of residence to report on.

  - **Selected Measures reports** for local use can be produced for one or multiple clinical performance topics as selected by the user. Each topic will contain all related measures (specific denominators and numerators). Users can select different populations by specifying one or multiple communities of residence, a patient panel (pre-defined list of patients), or all patients (any community). Users can also select American Indian/Alaska Native (AI/AN) only, non-AI/AN only, or both.

  - **CMS report** for use by IHS hospitals to report CMS hospital quality data for 17 required performance measures for heart attack (AMI), heart failure, and pneumonia.

  - **GPRA Performance report** includes all performance measures included in the National GPRA report except users may select the report and baseline periods and patient population.

  - **Elder Care report** contains quality of care measures for patients 55 and older.

  - **HEDIS report** contains 21 measures described in the *HEDIS 2006 Effectiveness of Care Guidelines*. HEDIS is a national standard for clinical performance measurement developed by the National Committee for Quality Assurance (NCQA) and can be used for sites wanting to obtain NCQA accreditation to report on their performance.

- Patient Lists can be produced for the National GPRA and GPRA Performance reports, and users choose whether to include patients meeting a measure, not meeting a measure, or both. Patient Lists can also be produced with the Selected Measures (i.e. Local) reports, however, users do not get to choose who to include in the lists.
- Comprehensive National GPRA Patient List that includes patients in the National GPRA report and shows which measures they did not meet.
- Areas can aggregate exported National GPRA, GPRA Performance, Elder Care, and HEDIS report data files from individual sites into Area-wide reports.
- Site-populated taxonomies are used to identify facility specific terminology for lab tests and medications so that measures can be compared across all facilities.

Is CRS Training Available?

Yes, however, training for CRS 2006 is complete. Training for CRS 2007 will be offered beginning in November 2006, primarily as Internet-based (e.g. WebEx) training. With WebEx training, attendees may participate at their own facility, either by themselves or as a group, without the added costs of travel and time away from the office. 13 training sessions will be available and will now be tailored to the audience, as shown below.

- *Advanced CRS:* Prerequisites are previous experience with using RPMS, PCC and CRS. Recommended for anyone responsible for running the CRS reports and for all GPRA coordinators.
  - GPRA 06 Results
  - GPRA 07 Measures
  - Status of CRS 2007 versions
  - CRS Logic Changes to all GPRA measures
  - New Features/Reports
  - Other Changes in the Current and Future Versions of CRS
  - Demo of New features in CRS
  - Improving GPRA Performance is a Team Effort!
  - Common Reasons for Low Rates
  - Tips for Improvement
  - GUI Demo
- *GPRA and CRS for Managers:* Recommended for all management and executive staff.
  - Overview of GPRA
  - The Relationship Between GPRA and CRS

  - GPRA FY06 Results
  - GPRA FY07 Measures
  - Reports Available in CRS 2007
  - Interpreting CRS Report Results
  - Improving GPRA Performance is a Team Effort!

- *GPRA and CRS Overview:* Prerequisites are previous experience with using RPMS and PCC. Recommended for new GPRA Coordinators and all providers.
  - Overview of GPRA
  - The Relationship between GPRA and CRS
  - GPRA FY07 Measures
  - GPRA FY06 Results
  - CRS 2007
  - Background Information
  - Performance Measures 101
  - Standard Codes, Taxonomies, Reports & Patient Lists
  - Improving GPRA Performance is a Team Effort!
  - Common Reasons for Low Rates
  - Tips for Improvement
  - Demo of CRS Version 7.0 Roll-and-Scroll and GUI

What Is Clinical Performance Assessment?

Performance assessment measures what an organization does and how well it does it. For the IHS, this means measuring how well we deliver healthcare services to our population, measured by documented improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our facilities and Agency. Results from performance assessment are used internally within the IHS, at national, regional and local levels, to support and guide performance improvement in appropriate clinical areas. Performance results are also used externally to demonstrate accountability to an organization's stakeholders; for IHS, this primarily means annual GPRA performance reports to Congress, as well as OMB PART evaluations.

System Requirements (*Patch number may change)

- Kernel 8.0 or higher
- FileMan 21 or higher
- IHS Patient Dictionaries (AUPN) Version 99.1 through patch 16*
- PCC Management Reports Version 3.0 through patch 17*
- Taxonomy System Version 5.1 through patch 6* for roll and scroll, patch 7* for GUI