



2011 GPRA REPORTING & RESULTS- Urban Programs

GPRA Coordinators' Conference, Nov. 2011

FY 2011 Urban Measures

- Diabetes Dx Ever
- Documented A1c
- Poor Glycemic Control
- Ideal Glycemic Control
- Controlled BP <130/80
- LDL Assessed
- Nephropathy Assessed
- Influenza 65+
- Pneumovax 65+
- Childhood Immunizations
- Pap Screening
- Mammography Screening
- Colorectal Cancer Screening
- Tobacco Cessation
- Alcohol Screening (FAS Prevention)
- DV/IPV Screening
- Depression Screening
- Prenatal HIV Screening
- Childhood Weight Control
- Suicide Surveillance (CRS only)

Grey = Context Measures with no targets

Blue = Measure with no specific urban target



FY 2011 Urban GPRA Results

Urban Program Reporting

- Number of Urban Sites Reporting:
 - 2011: 34 Sites
 - 2010: 34 Sites
 - 2009: 35 Sites
- Note: Total site numbers include the two urban hybrid programs in Oklahoma (Oklahoma City and Tulsa).

Reporting Trends

- Number of urban sites reporting via CRS:
 - 2011 – 21 sites
 - 2010 – 18 sites
 - 2009 – 11 sites
 - 2008 – 9 sites
 - 2007 – 9 sites
 - 2006 – 7 sites

FY 2011 Results

- Urban programs reporting via CRS* met 12 of 16 targets in FY 2011 (75%)
- 7 of 16 measures improved over FY 2010 results

Measure	FY 2011	FY 2010	2011 Target
LDL Assessed	73.8%	73%	69.0%
Influenza 65+	48.5%	43%	40.5%
Pneumovax 65+	55.4%	54%	50.1%
Mammogram Screening	50.2%	49%	47.9%
Colorectal Cancer Screening	24.3%	20%	19.8%
Tobacco Cessation	23.4%	23%	21.7%
Prenatal HIV Screening	86.0%	84%	79.2%

*Only results from programs reporting via CRS are included in “official” urban results.

FY 2011 Results

- 9 of 16 measures decreased in performance from FY 2010 results, although 5 of those measures met the 2011 target

Measure	FY 2011	FY 2010	2011 Target
Poor Glycemic Control	15.3%	14%	15.1%
Ideal Glycemic Control	35.2%	37%	34.9%
Controlled BP <130/80	39.6%	41%	38.8%
Nephropathy Assessed	61.5%	63%	59.5%
Childhood Immunizations	61.2%	70%	66.1%
Pap Screening	54.2%	55%	51.9%
Alcohol Screening (FAS Prevention)	62.4%	65%	61.1%
DV/IPV Screening	59.0%	61%	60.7%
Depression Screening	60.9%	63%	62.8%

FY 2011 Results

- In FY 2011, three more urban sites transitioned to CRS reporting
- Some decrease in performance is expected with a transition to a new reporting format
 - Rate increase on 7 measures is encouraging
- Targets for urban programs were set using the same relative percentage decreases applied to Federal/Tribal programs, based on FY 2010 urban results
 - Most targets were lower

2011 Final Urban Dashboard (CRS Programs)	CRS	CRS		
DIABETES	2011-Final	2010-Final	2011 Target	Results
Diabetes Dx Ever ^a	11.3%	11%	N/A	N/A
Documented A1c ^a	83.6%	81%	N/A	N/A
Poor Glycemic Control	15.3%	14%	15.1%	Not Met
Ideal Glycemic Control	35.2%	37%	34.9%	MET
Controlled BP <130/80	39.6%	41%	38.8%	MET
LDL Assessed	73.8%	73%	69.0%	MET
Nephropathy Assessed	61.5%	63%	59.5%	MET
IMMUNIZATIONS				
Influenza 65+	48.5%	43%	40.5%	MET
Pneumovax 65+	55.4%	54%	50.1%	MET
Childhood IZ ^c	61.2%	70%	66.1%	Not Met
PREVENTION				
Pap Screening	54.2%	55%	51.9%	MET
Mammogram Screening	50.2%	49%	47.9%	MET
Colorectal Cancer Screening	24.3%	20%	19.8%	MET
Tobacco Cessation	23.4%	23%	21.7%	MET
Alcohol Screening (FAS Prevention)	62.4%	65%	61.1%	MET
DV/IPV Screening	59.0%	61%	60.7%	Not Met
Depression Screening	60.9%	63%	62.8%	Not Met
Prenatal HIV Screening	86.0%	84%	79.2%	MET
Childhood Weight Control ^b	16.2%	18%	N/A	N/A

^a Measures used for context; no annual targets

Measures Met: 12

^b Long-term measure; no specific annual target for FY 2011

Measures Not Met: 4

^c 4 Pneumococcal conjugate immunizations added to childhood immunization series in FY 2011

Dashboard includes data from 21 Urban Programs reporting via CRS

FY 2012 Urban Measures

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- Poor Glycemic Control
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- Controlled BP <130/80
- LDL Assessed
- Nephropathy Assessed
- Influenza 65+
- Pneumovax 65+
- Childhood Immunizations
- Pap Screening
- Mammography Screening
- Colorectal Cancer Screening
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FY 2012 GPRA Reporting Timeline

- Annual Reporting
 - Timeline: July 1 to June 30

- Quarterly Reports

Time Period Covered:

Due Date:

Q1: July 1 – Sept 30th

Q1: N/A

Q2: July 1 – Dec 31st

Q2: January 27, 2012

Q3: July 1 – Mar 31st

Q3: April 27, 2012

Q4: July 1 – June 30th

Q4: July 27, 2012

Urban FY 2012 Targets

	Final 2012 Target
DIABETES	
Diabetes Dx Ever ^a	N/A
Documented A1c ^a	N/A
Poor Glycemic Control	14.9%
Ideal Glycemic Control	36.1%
Controlled BP <130/80	40.6%
LDL Assessed	75.5%
Nephropathy Assessed	62.9%
IMMUNIZATIONS	
Influenza 65+	49.6%
Pneumovax 65+	56.7%
Childhood IZ ^c	62.7%
PREVENTION	
Pap Screening	55.5%
Mammogram Screening	52.1%
Colorectal Cancer Screening	25.2%
Tobacco Cessation	23.9%
Alcohol Screening (FAS Prevention)	63.4%
DV/IPV Screening	59.0%
Depression Screening	60.9%
Prenatal HIV Screening	88.0%
Childhood Weight Control ^b	N/A

Quality Control

- RPMS Users:
 - Communities
 - Date Range
 - Double check user populations against previous year if possible
- Non-RPMS Users:
 - Date Range
 - ASUFAC
 - Auditor's Initials
 - Audit methodology (100% only, electronic or manual)
 - Denominators
 - Data reported for all measures

FY 2012: Improvement Strategies

- For programs using or transitioning to CRS:
 - Actively encourage programs to attend additional CRS training when available
- For non-RPMS programs:
 - Have quality checks in place to assure accuracy and validity of data
 - Encourage programs to refer to CRS manual for measure logic and patient eligibility
 - Encourage programs to keep audit trail for reports
- Continue Quality Initiative (QI) group at each program. QI groups shall be meeting quarterly, per their Title V grant requirements.

Resources

- CRS Website:
http://www.ihs.gov/CIO/CRS/index.cfm?module=crs_urban_reporting
- Information:
 - Urban GPRA Reporting Questions & Answers
 - Training Opportunities
 - List of Area GPRA Coordinators
- Available for Download:
 - 2012 GPRA Quarterly Reporting Instructions for RPMS and non-RPMS programs (Posted at least 1 month before due dates)
 - Manual Chart Review Sheet (for non-RPMS programs)
 - 2012 GPRA Excel Reporting Template (for non-RPMS programs)

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