2024 Annual Portland Area Dental Meeting

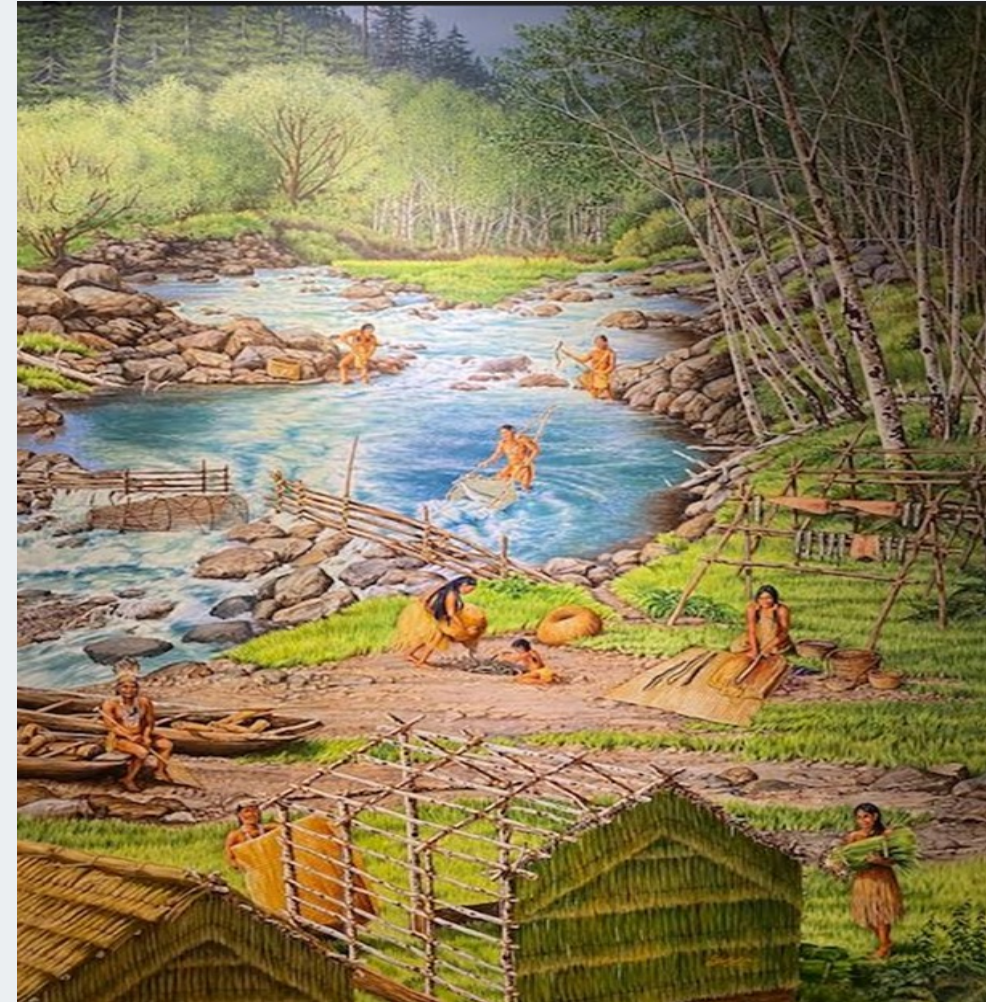## Government Performance Results Act (GPRA)

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Government Performance Results Act (GPRA)

DISCLAIMER:

We have no financial disclosures or conflicts of interest with the information in this presentation.

Photo of artwork in CTCLUSI tribal offices

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Government Performance Results Act (GPRA)

LEARNING OBJECTIVES:

Upon completion of this course, participants will be able to:

1. To know what GPRA is and why it is important.

2. To Understand the GPRA measures for dental.

3. To know how the IHS User Population is formulated for your program and its importance as it relates to GPRA.

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Learning Objectives:

Most importantly:

Enjoy Yourselves!

Additionally, some quizzes have been added to this presentation:
For Example, each equation contains initials for words that when completed make a correct statement.
Example: 26 = L of the A.

"26 Letters of the Alphabet!"

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GPRA

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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Quality at IHS / Government Performance and Results Act (GPRA)

Quality

- Office of Quality
- National Accountability Dashboard for Quality
- **Government Performance and Results Act (GPRA)**
- IHS Strategic Plan
- IHS 2024 Work Plan Summary
- IHS 2023 Work Plan Summary
- Contact Us

Government Performance and Results Act (GPRA)

For more information about GPRA, including results prior to 2017 please click the link below:

- About GPRA at IHS

For more information about the 2023 measures, including measure logic please click the link below:

- National GPRA/GPRAMA Report Performance Measure List and Definitions for 2023 [PDF - 139 KB]

Historical Summary Reports

To view the historical reports, the following pages are available.

2022 GRPA Summary Report   **2021 GRPA Summary Report**   **2020 GRPA Summary Report**   **2019 GRPA Summary Report**

2018 GRPA Summary Report   **2017 GRPA Summary Report**

GPRA Report Summary 2023

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SUMMARY REPORTS

- GPRA Report Summary 2023
- GPRA Report Summary 2022
- GPRA Report Summary 2021
- GPRA Report Summary 2020
- GPRA Report Summary 2019
- GPRA Report Summary 2018
- GPRA Report Summary 2017

GPRA/GPRAMA National and Area Results

- FY 2021 GPRA/GPRAMA National and Area Results [PDF - 4 MB]
- FY 2020 GPRA/GPRAMA National and Area Results [PDF - 4 MB]
- FY 2019 GPRA/GPRAMA National and Area Results [PDF - 228 KB]
- FY 2018 GPRA/GPRAMA National and Area Results [PDF - 2 MB]
- FY 2017 GPRA/GPRAMA National and Area Results [PDF - 2 MB]

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https://www.ihs.gov/quality/government-performance-and-results-act-gpra/

GPRA

GPRA and Other National Reporting

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget request. GPRA also requires agencies to have performance measures with specific annual targets. Every year, the Indian Health Service reports results for these GPRA performance measures.

GPRA measures for the IHS include clinical care performance measures, such as care for patients with diabetes, cancer screening, immunization, behavioral health screening, and other prevention measures. The agency also reports many non-clinical measures, including rates of hospital accreditation, injury prevention, and infrastructure improvements.

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GPRA

What impact does GPRA have on my clinic?
GPRA has increased collaboration and understanding of public health and budgeting across the diverse IHS Stakeholders. GPRA is necessary for congressional budget approval and IHS does a good job at designing a strong annual plan supported by outcome data. This has the potential to give us an edge when competing for limited funds with other government agencies. Our annual funding is connected to the IHS GPRA performance. Even though GPRA is mandated by Congress, it reflects good public health practice. Achieving the GPRA objectives is in the best interest of your local program, whether IHS or Tribal, and the people you serve.

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GO FIGURE:

32 = D at which WF

Shout out the answer!

A ribbon-cutting ceremony kicks off the grand opening of the Klamath Tribal Health & Family Services Center May 19. (Photo by Ken Smith/Klamath Tribes. Image is available for media use.)

Image: Klamath Tribal Health & Family Services, Facebook

GPRA

Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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Quality

Office of Quality

National Accountability Dashboard for Quality

Government Performance and Results Act (GPRA)

IHS Strategic Plan

IHS 2024 Work Plan Summary

IHS 2023 Work Plan Summary

Contact Us

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| **2018 GRPA Summary Report** | **2017 GRPA Summary Report** | | |

GPRA Report Summary 2023

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SUMMARY REPORTS

GPRA Report Summary 2023

GPRA Report Summary 2022

GPRA Report Summary 2021

GPRA Report Summary 2020

GPRA Report Summary 2019

GPRA Report Summary 2018

GPRA Report Summary 2017

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- FY 2021 GPRA/GPRAMA National and Area Results [PDF - 4 MB]
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GPRA (2023 Report)

Dental

Diabetes

Immunizations

Prevention

Behavioral Health

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Government Performance and Results Act (GPRA)

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GPRA Report Summary 2023

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DENTAL

DIABETES

IMMUNIZATIONS

PREVENTION

BEHAVIORAL HEALTH

GPRA (2023 Report)

ACCESS TO DENTAL SERVICES
24.4% National Target
25.3% 2023 Final Result

DENTAL SEALANTS
9.9% National Target
11.0% 2023 Final Result

TOPICAL FLUORIDE
21.1% National Target
25.6% 2023 Final Result

https://www.ihs.gov/quality/government-performance-and-results-act-gpra/

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Historical Summary Reports

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GPRA Report Summary 2023

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DENTAL

A continuing emphasis on community oral health promotion/disease prevention is essential in order to address the current high prevalence, reduce the severity of oral disease and improve the oral health of American Indian/Alaska Native (AI/AN) people.

The IHS dental health measures support Healthy People 2030 oral conditions objectives.

Access to dental services is a prerequisite for the control of oral disease in susceptible or high-risk populations.

Topical fluorides and dental sealants have been extensively researched and documented in the dental literature as safe and effective preventive interventions to reduce tooth decay.

ACCESS TO DENTAL SERVICES

25.3%

2023 Final Result
24.4% National Target

DENTAL SEALANTS

11.0%

2023 Final Result
9.9% National Target

TOPICAL FLUORIDE

25.6%

2023 Final Result
21.1% National Target

GPRA: 2023 & 2024 Status

The three dental Government Performance and Results Act (P.L. 103-62) indicators are in line with the FY 2023 progress at this point in the GPRA year; ==*FY 2023 was the first year since 2018 that all three dental targets were met.*==
-Tim Ricks, DMD, MPH, FICD, FACD, FPFA,
 RADM (Ret.), U.S. Public Health Service

Access – National & Historical

Report Year	Numerator	Denominator	Target	Percent	Target Result
2024 *Draft*	158126	1656658	24.40%	09.54%	NOT MET
2023 Official	418797	1656657	24.40%	25.28%	MET
2022 Official	367928	1647967	28.80%	22.33%	NOT MET
2021 Official	323444	1660673	26.60%	19.48%	NOT MET
2020 Official	382169	1670910	29.70%	22.87%	NOT MET
2019 Official	499970	1668800	27.20%	29.96%	MET
2018 Official	471531	1663914	27.20%	28.34%	MET

Sealants – National & Historical

Report Year	Numerator	Denominator	Target	Percent	Target Result
2024 *Draft*	17001	358318	09.90%	04.74%	NOT MET
2023 Official	40581	368415	09.90%	11.02%	MET
2022 Official	33604	375432	13.70%	08.95%	NOT MET
2021 Official	30540	383975	13.80%	07.95%	NOT MET
2020 Official	44243	395297	17.20%	11.19%	NOT MET
2019 Official	63996	402676	16.00%	15.89%	NOT MET
2018 Official	66093	404226	16.00%	16.35%	MET

Topical Fluorides – National & Historical

Report Year	Numerator	Denominator	Target	Percent	Target Result
2024 *Draft*	35741	376124	21.10%	09.50%	NOT MET
2023 Official	99538	388358	21.10%	25.63%	MET
2022 Official	82951	396209	26.80%	20.94%	NOT MET
2021 Official	68371	406111	27.60%	16.84%	NOT MET
2020 Official	92362	418838	34.50%	22.05%	NOT MET
2019 Official	137104	427058	30.00%	32.10%	MET
2018 Official	141425	430019	30.00%	32.89%	MET

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GO FIGURE:

18 = H on a GC

Shout out the answer!

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GPRA: 2024 Status

Here is an update on the Government Performance and Results Act dental measures as of **April 15th**.

- Tim Ricks, DMD, MPH, FICD, FACD, FPFA
RADM (Ret.), U.S. Public Health Service

- **Access to dental care** is at 9.79%, with the target being 24.40%. Last year at this time, access was at 9.55%.

- The proportion of 2-15 year-olds with **dental sealants** is 4.86%, with the target being 9.90%. Last year at this time, the dental sealant rate was at 4.63%.

- The proportion of 1-15 year-olds receiving **topical fluorides** is 9.80%, with the target being 21.10%. Last year at this time, the topical fluoride rate was at 9.82%.

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GPRA: 2024 Status (as of April 15ᵗʰ)

Access Rate, by Area:

Administrative Area	Percent
AKA ALASKA	00.71%
ALB ALBUQUERQUE	09.14%
BIL BILLINGS	16.32%
BJI BEMIDJI	04.69%
CAO CALIFORNIA	18.75%
GPA GREAT PLAINS	11.13%
NAV NAVAJO	11.80%
NSA NASHVILLE	20.36%
OKC OKLAHOMA	08.81%
PHX PHOENIX	08.38%
POR PORTLAND	11.69%
TUC TUCSON	09.18%

Sealant Rate, by Area:

Administrative Area	Percent
AKA ALASKA	00.79%
ALB ALBUQUERQUE	06.75%
BIL BILLINGS	10.78%
BJI BEMIDJI	04.43%
CAO CALIFORNIA	07.86%
GPA GREAT PLAINS	04.49%
NAV NAVAJO	03.84%
NSA NASHVILLE	09.54%
OKC OKLAHOMA	05.14%
PHX PHOENIX	04.13%
POR PORTLAND	04.97%
TUC TUCSON	02.07%

Topical Fluoride Rate, by Area:

Administrative Area	Percent
AKA ALASKA	01.09%
ALB ALBUQUERQUE	12.89%
BIL BILLINGS	20.43%
BJI BEMIDJI	07.88%
CAO CALIFORNIA	11.20%
GPA GREAT PLAINS	10.46%
NAV NAVAJO	10.31%
NSA NASHVILLE	30.76%
OKC OKLAHOMA	08.61%
PHX PHOENIX	08.78%
POR PORTLAND	09.91%
TUC TUCSON	04.30%

- **Access to dental care** target being 24.40%.
- **Dental sealants** target being 9.90%.
- **Topical fluorides** target being 21.10%.

-Tim Ricks, DMD, MPH, FICD, FACD, FPFA, RADM (Ret.), U.S. Public Health Service
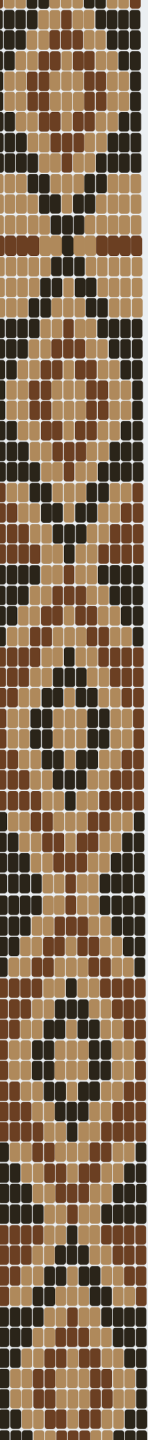
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GPRA

Clinical Reporting System

https://www.ihs.gov/crs/

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Clinical Reporting System (CRS)

Clinical Reporting System (CRS)

CRS Software

Staff

GPRA and Other National Reporting

Performance Improvement Toolbox

Urban GPRA GPRAMA Reporting

Contact Us

Clinical Reporting System (CRS)

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to HHS and to Congress. This site will serve as a central repository for information about the IHS Clinical Reporting System (BGP).

CRS is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical performance measures. CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 300+ clinical performance measures, representing 68 clinical topics. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures that depend on RPMS data.

Each year, an updated version of CRS software is released to reflect changes in and additions to clinical performance measure definitions. Click on any of the software versions listed in the box at the left for detailed descriptions.

Performance measure example: GPRA Measure Mammogram Rates: Report the number of female patients ages 52 through 74 without a documented history of bilateral mastectomy or two separate unilateral mastectomies who had a mammogram documented during the past two years.

STAY CONNECTED

Use our CRS LISTSERV to stay connected. The CRS Listserv is a mailbox where questions and information can be communicated.

Current Status:

CRS 2024 Version 24.0 was released nationally on February 26, 2024.

- Performance measures and logic included in the CRS 2024 v24.0 Selected Measures (Local) Report [PDF - 1.1 MB]
- CRS 2024 page to view a list of key changes for CRS v24.0
- Download current software and documentation.
- GPRA FY 2022, 2023, and 2024 Performance Measures Matrix [PDF - 164 KB]

GPRA: (CRS)

IHS Clinical Reporting System (BGP) Version 24.0

Table of Contents

https://www.ihs.gov/crs/

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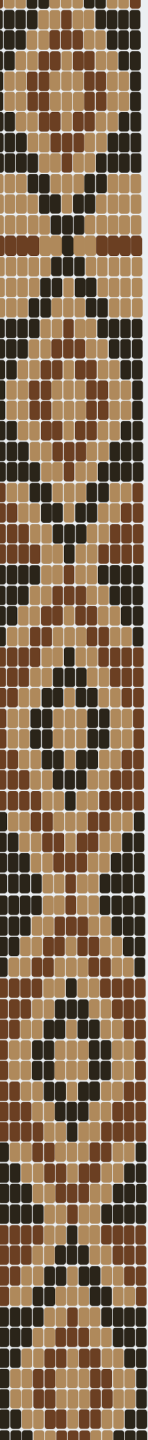RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA/GPRAMA Report
Performance Measure List and Definitions

Version 21.1
July 2021

Office of Information Technology (OIT)
Division of Information Technology

GO FIGURE:

64 = S on a CB

Shout out the answer!

Nice grip on those forceps Dr. Graves.

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GPRA: CRS – Access to Dental Services

2.2 Dental Group

2.2.1 Access to Dental Services

2.2.1.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.1.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.1.3 Denominators

1. GPRA: User Population patients. Broken down by age groups: 0 through 2, 3 through 5, 0 through 5, 6 through 9, 10 through 12, 13 through 15, 16 through 21, 22 through 34, 35 through 44, 45 through 54, 55 through 74, and 75 and older.

2.2.1.4 Numerators

1. GPRA: Patients with documented dental visit during the Report Period.

Note: This numerator does *not* include refusals.

GPRA: CRS – Access to Dental Services (con't)

2.2.1.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000 or 0190
- RPMS Dental codes/ADA CDT 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9995, 9996, 9999, D0120 through D0389, D0415 through D0470, D0701 through D0804, D0999 through D9974, D9995, D9996, D9999
- CPT code D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, D9999 [BGP DENTAL VISIT CPT CODES]
- Exam 30
- POV ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

2.2.1.6 GPRA 2024 Target

During GPRA Year 2024, achieve the target rate of 24.4% for the proportion of patients who receive dental services.

2.2.1.7 Patient List

List of patients with documented dental visit and date.

https://www.ihs.gov/crs/

GPRA: CRS – Dental Sealants

2.2 Dental Group

2.2.2 Dental Sealants

2.2.2.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.2.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.2.3 Denominators

1. GPRA: User Population patients ages 2 through 15 years. Broken down by age groups: 2, 3 through 5, 6 through 9, 10 through 12, and 13 through 15.

2.2.2.4 Numerators

1. GPRA: Patients with at least one or more intact dental sealants.

2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants during the Report Period. Broken down by age group 2 through 15.

Note: This numerator does *not* include refusals.

GPRA: CRS – Dental Sealants (con't)

2.2.2.5 Definitions
Intact Dental Sealant
• Any of the following documented during the Report Period:
– RPMS Dental/ADA CDT codes 1351, 1352, 1353, D1351, D1352, D1353
– CPT codes D1351, D1352, D1353
• *Or* any of the following documented during the past three years from the end of the Report Period:
– IHS Dental Tracking code 0007
If both RPMS Dental/ADA CDT and CPT codes are found on the same visit, only the RPMS Dental/ADA CDT code will be counted. IHS Dental Tracking code 0007 will be counted regardless of whether another sealant code is submitted on the same visit or date of service.
For the count measure, only two sealants per tooth and only one repair (RPMS Dental/ADA CDT codes 1353, D1353 or CPT D1353) per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

2.2.2.6 GPRA 2024 Target
During GPRA Year 2024, achieve the target rate of 9.9% for the proportion of patients with at least one or more intact dental sealants.

2.2.2.7 Patient List
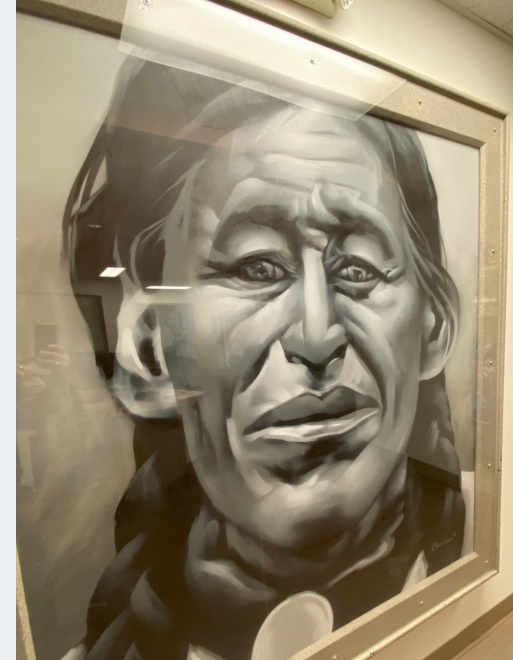List of patients with intact dental sealants.

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https://www.ihs.gov/crs/

GO FIGURE:

1000 = W that a P is W

Shout out the answer!

(Seattle Indian Health Board)

GPRA: CRS – Topical Fluoride

2.2 Dental Group

2.2.3 Topical Fluoride

2.2.3.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.3.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.3.3 Denominators

1. GPRA: User Population patients ages 1 through 15 years. Broken down by age groups: 1 through 2, 3 through 5, 1 through 5, 6 through 9, 10 through 12, and 13 through 15.

2.2.3.4 Numerators

1. GPRA: Patients who received one or more topical fluoride applications during the Report Period.

2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment during the Report Period. Broken down by age group 1 through 15.

Note: This numerator does *not* include refusals.

3. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

GPRA: CRS – Topical Fluoride (con't)

2.2.3.5 Definitions
Topical Fluoride Application
Defined as any of the following:
• RPMS Dental/ADA CDT codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208, 5986, D1206, D1208, D1354, D5986
• CPT codes D1201 (old code), D1203 (old code), D1204 (old code), D1205 (old code), D1206, D1208, D5986, 99188, 0792T [BGP CPT TOPICAL FLUORIDE]
• POV ICD-10: Z29.3 [BGP TOPICAL FLUORIDE DXS]
For the count measure, a maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.
2.2.3.6 GPRA 2024 Target
During GPRA Year 2024, achieve the target rate of 21.1% for the proportion of patients who received one or more topical fluoride applications.
2.2.3.7 Patient List
List of patients who received at least one topical fluoride application during Report Period.

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GPRA

User Population:

Due to the Portland Area's unique situation where most Tribal CHS(PRC)DA's are overlapping, resulting in multiple counties being shared by two or more Tribes, UP is determined through a combination of both Tribal affiliation and workload
- Each Tribe receives **as part** of its total UP all of its own Tribal members who reside in its CHS(PRC)DA counties
-AI/AN who are not members of the Tribe(s) whose CHS(PRC)DA county they reside in are Unaffiliateds. These unaffiliateds
are apportioned among the Tribe(s) whose CHS(PRC)DA includes that county, based on workload data accepted at the NDW

IHS User Population - FY 2023
Portland Area Level Internal Reallocation of Users by Tribal Health Program

Tribal Health Program	PAIHS FY 2023 USER POPULATION	Tribal Health Program - Continued	PAIHS FY 2023 USER POPULATION
Burns Paiute	101	Port Gamble	1,427
Chehalis	1,894	Puyallup	7,377
Coeur d'Alene	6,970	Quileute	560
Colville	6,778	Quinault	2,041
Coos, Lower Umpqua, Siuslaw	672	Samish	688
Coquille	1,241	Sauk-Suiattle	18
Cow Creek	2,230	Shoalwater Bay	383
Cowlitz	4,775	Shoshone Bannock	5,810
Grand Ronde	4,933	Siletz	5,451
Hoh	21	Skokomish	754
Jamestown S'Klallam	436	Snoqualmie	358
Kalispel	682	Spokane	1,642
Klamath	2,933	Squaxin Island	950
Kootenai	166	Stillaguamish	57
Lower Elwha	893	Suquamish	475
Lummi	4,546	Swinomish	1,296
Makah	2,442	Tulalip	5,100
Muckleshoot	5,880	Umatilla	3,381
Nez Perce	4,010	Upper Skagit	600
Nisqually	1,629	Warm Springs	5,304
Nooksack	1,273	Western Oregon Service Unit	2,022
NW Band of Shoshoni	41	Yakama	11,227

-Table is reflective of Tribal Health Program and not historic Service Unit concept
-Per recommendation of Portland Area Fund Distribution Workgroup, the Portland Area Director has approved the following:

-Due to the Portland Area's unique situation where most Tribal CHSDA's are overlapping, resulting in multiple counties being shared by two or more Tribes, UP is determined through a combination of both Tribal affiliation and workload

- Each Tribe receives as part of its total UP all of its own Tribal members who reside in its CHSDA counties

-AI/AN who are not members of the Tribe(s) whose CHSDA county they reside in are Unaffiliateds. These unaffiliateds are apportioned among the Tribe(s) whose CHSDA includes that county, based on workload data accepted at the NDW

GO FIGURE:

5 = D in a ZC

Shout out the answer!

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GPRA: Strategies for Improvement

Dental GPRA Objectives: Strategies for Improvement

- Build trust and relationships in the community. This will weave through all your work and improve your ability to get more tribal members to participate in your prevention program.
- Use dental staff to the full scope of their certification/license. For instance, establish an extra column in your appointment book for dental assistants to provide topical fluoride and dental sealants.
- Provide topical fluoride during all exam, cleaning and/or restorative appointments so to not miss the opportunity for patients to receive fluoride treatment, especially for those who are high risk for dental caries
- Provide dental sealants during exam, cleaning and/or restorative appointments to establish efficiencies in providing care while also meeting GPRA objectives..
- Consider open access (walk-ins) for young children.
- Use code 0007 (has intact sealants but no new ones needed). This will give you "GPRA credit" for this patient.
- Work with the medical staff to promote oral health evaluations with dental staff.
- Offer training to medical staff to "lift the lip" and in applying fluoride varnish when appropriate. Training may include recording the appropriate treatment codes. Follow up and refresher training may be required to sustain such programs.

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GPRA: Strategies for Improvement (con't)

Dental GPRA Objectives: Strategies for Improvement

- Establish policy that well-child visits include a visit to the dental program for screening and topical fluoride.
- Use community newsletters and social media to promote prevention programs.
- Develop onsite Early Head Start, Head Start, and daycare programs to provide exams, topical fluoride, and sealants. (Use glass ionomer sealants for this age groups)
- Develop school-based fluoride and sealant programs. If you are unable to work with the schools, work with tribal after-school or summer recreation programs to reach children.
- Schedule "sealant days" or "health fairs" during school breaks or summer and encourage families to make appointments during these special days.
- Obtain data from your Electronic Dental Record (EDR) or work with someone at your facility who routinely deals with your RPMS data and request lists of children ages 2-15, or whatever ages you are most interested in. Send postcards or letters to the children's homes, inviting them to the dental clinic.
- Offer incentive gifts or raffles for children who have their sealants completed.

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GPRA: Strategies for Improvement

We won't be distracted by comparison if we're captivated with purpose.

Bob Goff

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GPRA

Here is the link to the recording and the powerpoint slides:

GPRA 101 | 2023 (ihs.gov)

https://www.ihs.gov/california/index.cfm/professionals/bp/2023/gpra-101-2/

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Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

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Home > For Health Care Professionals > California Healthcare Best Practices > 2023 > GPRA 101

2024
2023 >

GPRA 101

2023 California Healthcare Best Practices Virtual Education Series
Government Performance & Results Act (GPRA) 101: Introduction to GPRA and the Integrated Data Collection System (IDCS) Data Mart
Register here: https://www.zoomgov.com/meeting/register/vJItfuygrjwuGh0VINtFtee789NOtQT_9ac
Thursday, May 4, 2023
10:00-11:00am PT | 11:00-12:00pm MT | 12:00-1:00pm CT | 1:00-2:00pm ET

Recording link:

https://www.zoomgov.com/rec/share/nnzPM-sWN3pLwvVsAV6LkEOlerGw_wyJYz18AyUQVnfWisYagXqZ040bFaTQzU0.W_20ZMJWAnu2GS5g
Passcode: 60E@z9B0

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

In the Wake of a Pandemic: Overcoming Post-COVID School, Social, and Separation Anxiety in AI / AN Youth and Families

Understanding the

Flyer (PDF)

Flyer includes information about this session:
Presenter, Description, Outcomes and Objectives, Target Audience, Instructions for Obtaining Continuing Education Credit

Save the date Flyer (PDF)

PowerPoint (PDF) Presented at both February 28, 2023 and May 4, 2023 sessions

Q & A (Question & Answers) (PDF) from the May 4, 2023 session

Photo of artwork in Nez Perce National Historical Park Visitor Center

GO FIGURE:

8 = S on a SS

Shout out the answer!

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Questions?

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Dr. Sean Kelly: drkelly55@gmail.com