

## IHS FY 2010, 2011, 2012 PERFORMANCE (GPRA) MEASURES–Tribal and IHS Direct Programs

Table 1-1: Diabetes Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Achieve target rate of 16% (Audit target 19%) <i>Result: 18% (20% Audit)</i> <i>Not Met</i>	Achieve target rate of 19.4% (Audit target 20%) <i>Result: 19.1% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 18.6% (Audit target TBD)	Ann Bullock OCPS/DDTP 828-497-7455
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Achieve target rate of 33% (Audit target 36%) <i>Result: 32% (36% Audit)</i> <i>Not Met</i>	Achieve target rate of 30.2% (Audit target 36%) <i>Result: 31.9% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 32.7% (Audit target TBD)	Ann Bullock OCPS/DDTP 828-497-7455
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Achieve target rate of 40% (Audit target 36%) <i>Result: 38% (39% Audit)</i> <i>Not Met</i>	Achieve target rate of 35.9% (Audit target 39%) <i>Result: 37.8% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 38.7% (Audit target TBD)	Ann Bullock OCPS/DDTP 828-497-7455
4. Diabetes: LDL Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Achieve target rate of 69% (Audit target 74%) <i>Result: 67% (76% Audit)</i> <i>Not Met</i>	Achieve target rate of 63.3% (Audit target 76%) <i>Result: 68.7% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 70.3% (Audit target TBD)	Ann Bullock OCPS/DDTP 828-497-7455
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Achieve target rate of 54% (Audit target TBD) <i>Result: 55% (35% Audit)</i> <i>Met</i>	Achieve target rate of 51.9% (Audit target TBD) <i>Result: 56.5% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 57.8% (Audit target TBD)	Ann Bullock OCPS/DDTP 828-497-7455
6. Diabetes: Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Achieve target rate of 55% <i>Result: 53% (57% Audit)</i> <i>Not Met</i>	Achieve target rate of 50.1% <i>Result: 53.5% (Audit TBD)</i> <i>Met</i>	Achieve target rate of 54.8%	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)

Table 1-2: Cancer Screening Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
7. Cancer Screening: Pap Screening Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Achieve target rate of 60% <i>Result: 59% Not Met</i>	Achieve target rate of 55.7% <i>Result: 58.1% Met</i>	Achieve target rate of 59.5%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Achieve target rate of 47% <i>Result: 48% Met</i>	Achieve target rate of 46.9% <i>Result: 49.8% Met</i>	Achieve target rate of 51.7%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Cancer Screening Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	Achieve target rate of 36% <i>Result: 37% Met</i>	Achieve target rate of 36.7% <i>Result: 41.7% Met</i>	Achieve target rate of 43.2%	Don Haverkamp, NCCDPHP 505-248-4422

Table 1-3: Oral Health Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
12. Topical Fluorides: Number of AI/AN patients receiving one or more topical fluoride. [outcome]	Achieve target count of 136,978 patients receiving topical fluoride <i>Result: 145,181 patients Met</i>	Achieve target count of 135,604 patients receiving topical fluoride <i>Result: 161,461 patients Met</i>	Achieve target count of 161,461 patients receiving topical fluoride	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Achieve target rate of 27% <i>Result: 25% Not Met</i>	Achieve target rate of 23.0% <i>Result: 26.9% Met</i>	Achieve target rate of 26.9%	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Achieve target count of 257,920 <i>Result: 275,459 Met</i>	Achieve target count of 257,261 <i>Result: 276,893 Met</i>	Achieve target count of 276,893	Patrick Blahut, OCPS/DOH, 301-443-1106

Table 1-4: Quality of Care Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
10. YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [outcome]	Achieve a 100% accreditation rate <i>Result: 81% Not Met</i>	Achieve a 100% accreditation rate <i>Result: TBD</i>	Achieve a 100% accreditation rate	Skye Bass, OCPS/DBH, 301-443-2051
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [outcome]	Maintain 100% accreditation rate <i>Result: 100% Met</i>	Maintain 100% accreditation rate <i>Result: TBD</i>	Maintain 100% accreditation rate	Balerna Burgess, ORAP/BOE, 301-443-1016
21. Patient Safety: Development and deployment of patient safety measurement system. [efficiency] <i>In FY 2010 changed to: Percent of patient falls in an IHS-funded facility in persons age 65 and older as a result of taking high risk medication.</i>	Baseline <i>Result: 3.6% Met</i>	TBD	TBD	Lisa Palucci OCPS 301-443-0969
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome]	Increase the rate to 75% (6% over the FY 2009 target rate of 69%) <i>Result: 56% Not Met</i>	Increase the rate to 78% (6% over the FY 2009 target rate of 69%) <i>Result: TBD</i>	Increase the rate to 78%	Carmen Clelland, OPHS, 301-443-2361

Table 1-5: Public Health Nursing Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
23. Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups. [outcome]	Achieve target of 430,000 <i>Result: 454,679 Met.</i>	Achieve target of 418,759 <i>Result: TBD</i>	Achieve target of 424,203	Tina Tah OCPS/OD 301-443-0038

Table 1-6: Immunization Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
24. Childhood Immunizations: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months. [outcome] <i>Changes to Combined (4:3:1:3:3:1) series as of FY 2010 and to Combined (4:3:1:3:3:1:4) series as of FY 2011.</i>	Achieve target rate of 80% <i>Result: 79% Not Met</i>	Achieve target rate of 74.6% <i>Result: 75.9% Met</i>	Achieve target rate of 77.8%.	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Achieve target rate of 60% <i>Result: 62% Met</i>	Achieve target rate of 58.5% <i>Result: 62.0% Met</i>	Achieve target rate of 63.4%	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226
26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Achieve target rate of 83% <i>Result: 84% Met</i>	Achieve target rate of 79.3% <i>Result: 85.5% Met</i>	Achieve target rate of 87.5%	Amy Groom/Jim Cheek, OPHS/Epi, 505-248-4226

Table 1-7: Injury Prevention Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
27. Injury Intervention (Motor Vehicle Injuries): Occupant protection restraint use [outcome] <i>This measure will be discontinued as of FY 2011.</i>	11 of 12 Areas will perform new surveys based on FY 2009 Intervention <i>Result: 11 of 12 Areas completed surveys Met</i>	Discontinued	Discontinued	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN population (three-year rates centered on mid-year). [outcome]	N/A (Long-term measure)	N/A (Long-term measure)	Achieve target rate of 93.8 per 100,000 population	Nancy Bill, OEHE/DEHS, 301-443-0105

Table 1-8: Suicide Prevention Measure

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
29. Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals [outcome]	Increase the number of suicidal behavior report forms completed and submitted to 1,700 <i>Result: 1,908 Met</i>	Increase the number of suicidal behavior report forms completed and submitted to 1,784 <i>Result: TBD</i>	Increase the number of suicidal behavior report forms completed and submitted to 1,807	Cheryl Peterson, OCPS/DBH, 301-443-1870

Table 1-9: Prevention Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Achieve target rate of 55% <i>Result: 55% Met</i>	Achieve target rate of 51.7% <i>Result: 57.8% Met</i>	Achieve target rate of 58.7%	Danny Ukestine, OCPS/DBH, 301-443-4754
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Achieve target rate of 53% <i>Result: 53% Met</i>	Achieve target rate of 52.8% <i>Result: 55.3% Met</i>	Achieve target rate of 55.3%	Denise Grenier, ITSC, Tucson, 520-670-4865
18. Depression Screening: Proportion of adults ages 18 and over who are screened for depression. [outcome]	Achieve target rate of 53% <i>Result: 52% Not Met</i>	Achieve target rate of 51.9% <i>Result: 56.5% Met</i>	Achieve target rate of 56.5%	Cheryl Peterson, OCPS/DBH, 301-443-1870
30. CVD Prevention: Comprehensive Assessment: Proportion of active IHD patients who have a comprehensive assessment for all CVD-related risk factors. [outcome]	Achieve target rate of 33% <i>Result: 35% Met</i>	Achieve target rate of 33.0% <i>Result: 39.8% Met</i>	Achieve target rate of 40.6%	Mark Veazie, IHS/PHX, 928-214-3920
31. Childhood Weight Control: Proportion of children ages 2-5 years with a BMI at the 95th percentile or higher. [outcome]	Long Term target – 24% <i>Result: 25% Not Met</i>	Long Term measure no target for FY 2011. <i>Result: 24.1%</i>	Long-term measure, no target for FY 2012.	Lorraine Valdez OCPS/DDTP, 505-248-4182
32. Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention. [outcome]	Achieve target rate of 27% <i>Result: 25% Not Met</i>	Achieve target rate of 23.7% <i>Result: 29.4% Met</i>	Achieve target rate of 30.0%	Dayle Knutson, ABR/WNB 605-462-6155

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Table 1-10: HIV/AIDS Measure

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]	Achieve target rate of 77% <i>Result: 78% Met</i>	Achieve target rate of 73.6% <i>Result: 80.0% Met</i>	Achieve target rate of 81.8%	Scott Giberson, OCPS, 301-443-4644

Table 1-11: Environmental Surveillance Measure

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
34. Environmental Surveillance: Identification and control of environmental health risk factors [outcome] <i>This measure will be discontinued as of FY 2011.</i>	New surveys based on FY 2009 Interventions <i>Result: 12 Areas completed new surveys Met</i>	Discontinued	Discontinued	Kelly Taylor, OEHE/DEHS, 301-443-1593

Table 1-12: Capital Programming and Infrastructure Measures

<b>Performance Measure</b>	<b>FY 2010 Target</b>	<b>FY 2011 Target</b>	<b>FY 2012 Target</b>	<b>Measure Lead</b>
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome]	Provide sanitation facilities to 21,811 homes <i>Result: 18,639 Not Met</i>	Provide sanitation facilities to 18,500 homes <i>Result: TBD</i>	Provide sanitation facilities to 15,500 homes	Ronald Ferguson, OEHE/DSFC, 301-443-1046
35A. Sanitation Improvement: Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. [outcome] <i>This measure will be discontinued as of FY 2011.</i>	Achieve the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the target rate of 37% <i>Result: 39% Met</i>	Discontinued	Discontinued	Ronald Ferguson, OEHE/DSFC, 301-443-1046
36. Health Care Facility Construction: Number of health care facilities construction projects completed. [efficiency]	1 project <i>Result: 1 project Met</i>	1 project <i>Result: TBD</i>	1 project	Raymond Cooke OEHE/DFPC 301-443-7315