

Director's Statement on the Fiscal Year 2006 Performance Accomplishments of the Indian Health Service

Recently, I shared the result of the IHS's fiscal year 2006 organizational performance self assessment with IHS employees. The result, determined by the Department of Health and Human Services (HHS), was an Exceptional rating. This rating was achieved based on the IHS's accomplishments in all required report elements. The first element covers executive leadership accomplishments. The second element focuses on program and management results based on established performance targets specified in the objectives of my performance contract. The third and final element concentrates on additional agency-specific performance highlights. A summary of the FY 2006 IHS performance self assessment follows. The data in this report reflect amounts or projections available at the time the report was submitted.

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Executive Leadership Accomplishments

The Indian Health Service (IHS) is one of the largest operating divisions within the HHS with a budget of more than \$3 billion and more than 15,000 employees. The IHS Director serves, with the Secretary, as the principal federal provider of health care to American Indian and Alaska Native (AI/AN) people. Tribes are IHS's partners as well as customers in providing approximately 60,000 inpatient admissions, 9.4 million outpatient visits, and 954,000 dental visits annually to approximately 1.8 million AI/ANs at more than 500 sites and 600,000 more AI/ANs at 34 urban sites. The Agency responded to the needs of more than 560 federally recognized sovereign Tribal nations in 35 states.

The Agency's successful justification of the FY06 budget appropriation resulted in a \$100 million, or 2.7%, increase over the FY05 budget to prepare for the anticipated needs of population growth, pay costs, and contract support costs (CSC). The IHS had not received an increase for population growth since FY 1994. Another increase provided an additional \$32 million to cover Federal employee pay costs and to allow Tribal-operated health programs (TOHP) to provide comparable pay raises to their staffs. This increase tripled the previous year's increase. The increase for CSC, an additional \$3.7 million over the FY05 level, furthered the Federal Government's continued commitment to Tribal self determination. The Agency leadership advocated for budget increases for Indian health and was successful even in a constrained fiscal environment. The FY07 President's Budget proposed a 4% increase (approximately \$125 million) and the Agency defended the President's budget request before the Congress and committee reports show clear support. Both budgets reflected priorities obtained through Tribal consultation – the need to maintain buying power by increases for inflation, population growth (1.6% increase per year), and pay costs. These increases reflect the impact of Agency leadership in consulting with Tribal stakeholders on formulating an agency budget that is responsive to their health needs.

Agency leadership motivated staff to practice business acumen to augment the appropriated budget to increase access to health care for AI/AN people. IHS generated revenue, saved costs, and practiced good business strategies to purchase additional health care from the private sector and, in partnership with Tribes, effectively mobilized non-IHS resources to increase access to health care. IHS generated more than \$600 million in third-party revenue and saved \$352 million through the use of negotiated contracts

with private health providers to get the lowest costs possible when purchasing care. An additional \$138 million was saved through the use of alternate resources for a total savings of \$490 million. IHS collaborated with CMS, to secure a Medicare/Medicaid rate for CY 2006 that increased collections by \$10 million over the FY05 level. Such Agency business acumen strategies are not limited to the near term. The CY 2006 will increase collections over \$25 million annually in outlying years. The Agency also facilitated a proactive strategy to secure an estimated \$8 million in annual savings for outlying years by collaborating with CMS in the successful drafting of “Medicare-like rate” regulations. This will require Medicare-participating hospitals to accept Medicare-like reimbursement rates for contract health authorized services provided to AI/ANs. These regulations are expected to be finalized and go into effect in CY 2007.

The Agency leadership continued to effect positive system change in FY06 through a restructured approach to performance management to support a results-driven culture. The importance of accountability and continuous improvement was stressed to Tribal stakeholders and IHS employees. The focus on performance management created a framework for more direct links between budget and program performance and Agency-wide goals and program priorities. Tribal stakeholders updated their health priorities in order to help support program assessment. As a result, 65% of TOHPs voluntarily provided performance data and other information that illustrated their achievement of program goals and management standards. A significant IHS accomplishment is the sustained effective partnership with Tribal stakeholders. The Agency supports the HHS Secretary in carrying out Federal responsibilities of the Indian Self-Determination Act. Agency leadership motivated and mobilized staff to resolve issues involved with the Act’s continuous implementation and was conscientious about knowing Tribal perspectives on issues.

The IHS Director enhanced collaboration about Indian issues with other HHS Divisions by serving as Co-chair of the Secretary’s Intra-departmental Council on Native American Affairs (ICNAA). The ICNAA serves as the focal point for coordination and consultation on HHS issues affecting Native Americans and has expanded Tribal Government access to HHS programs. The Director’s leadership role encouraged teamwork among HHS agencies to initiate data activities for developing a multi-Departmental Call to Action on Indian youth.

The IHS Director established Initiatives for Behavioral Health, Health Promotion and Disease Prevention (HP/DP), and Chronic Disease Management. These Initiatives target health outcomes that will have a beneficial impact, and attempt to change basic practices and procedures as well as unhealthy behaviors. Because of the Initiatives, AI/AN patients will see increased focus on screening and primary prevention in mental health, actions aimed at HP/DP to promote healthy lifestyles, and increased primary prevention of chronic disease. A significant result of the Initiatives was the development of the IHS Chronic Disease Model for managing chronic diseases in a more effective, efficient manner and the selection of five IHS/Tribal pilot site locations to participate in the chronic disease collaborative. The Behavioral Health Initiative has three programmatic aspects: methamphetamine intervention, suicide prevention, and child protection. One half of IHS Areas have reached consensus to integrate behavioral health into local Area Tribal Health Board plans and are sharing best and promising practices of how to integrate behavioral health with the Director’s other two initiatives. The Agency has built collaborations with other organizations directed at the Director’s three Initiatives. The Agency forged agreements with the National Boys and Girls Clubs of America to increase clubs on reservations, with NIKE Corporation to promote healthy lifestyles, with CDC to fund IHS FTEs that support epidemiology and disease prevention activities, with Mayo Clinic to facilitate and support efforts to reduce cancer and related health burdens in AI/AN communities, and with Harvard University to improve AI/AN health and wellness.

Performance Objective Results

The IHS met or exceeded 68 of the 71 program and management objectives contained in the IHS Director's FY06 performance agreement with the HHS. The Agency accomplishments are aligned to the 18 applicable HHS "Top 20" Objectives.

Transform the Healthcare System

The IHS exceeded or met 7 of 8 of program objectives to *Transform the Healthcare System*. IHS missed a stretch goal by 1 percentage point.

- Increased FY06 third-party collections to 5% over FY05 collections, exceeded the target of 3%.
- Increased partnerships 16% over the FY05, exceeded the target of 4%.
- Maintained 100% accreditation/certification of IHS-operated hospitals and clinics.
- Completed construction of 3 facilities (one was completed 7 months ahead of schedule) and constructed 1 joint venture project facility with a Tribe.
- Increased the proportion of diabetic patients assessed for LDL cholesterol to 60%, exceeded the target of 54%.
- Increased the screening rate for alcohol use by female patients ages 15-44 years to 28%, exceeded the target of 12%.
- Achieved a proportion of 23% of patients with access to dental services, missed the stretch goal to maintain at 24% by only 1 percentage point.
- Increased the proportion of patients ages 23 years and older that receive blood cholesterol screening to 48%, exceeded the target of 44%.

Strategically Manage Human Capital

The IHS exceeded all 5 applicable management objectives to *Strategically Manage Human Capital*. (A sixth objective to implement the new PMAP was not applicable to the IHS in FY06.)

- Met all OMB "green" standards for success. And, submitted two additional reports earlier than due dates, implemented a new IHS Human Resources (HR) organizational structure, filled 100% of Regional HR Director positions, continued to streamline the IHS Diversity Management and Equal Employment Opportunity Program (DM/EEO) to a regional structure, filled 100% of all DM/EEO Regional Manager positions, and inputted all of FY06 data into the new EEO tracking system.
- Established a minority representation level of 72.9%, exceeded the 2005 level of 70%.
- Reduced non-Senior Executive Service (SES) average hiring time to 31 days and SES hiring time to 40.5 days (30% and 45% reductions from FY05). The reductions exceeded OPM standards.
- Completed all HHS Strategic Human Capital Plan requirements and submitted Workforce Plan within 16 days of assignment, increased by 97.8% the number of IHS-registered users for Learning Management System, offered two rotational opportunities (one was required) for staff to obtain mission-related experience and skills, and maintained green status for Human Capital for FY06.
- Worked aggressively to close competency gaps: submitted 60% of competency levels for mission critical occupations, exceeded the HHS target of 50%; identified 2 competency gaps, 1 more than required; conducted training to improve competency levels. IHS led the way for HHS to maintain green status for competency development.

Modernize Medicare and Medicaid

The IHS exceeded 1 applicable objective to *Modernize Medicare and Medicaid*.

- Facilitated enrollment for more than 18,000 Medicare-eligible beneficiaries, who use IHS-funded services, for MMA drug benefits Part D, exceeded target of 5,000. IHS and CMS provided outreach/education with emphasis on MMA to Tribal communities.

Competitive Sourcing

The IHS exceeded 2 applicable management objectives for the FY06 *Competitive Sourcing* Program.

- Met the “green” standards for success. Scored green for progress for all 4Qs. Participated in Competitive Sourcing Program via Tribal self-determination programs. Met or exceeded schedule: submitted first quarter report 6 days earlier than due date, second quarter report on time, third quarter report 5 days early, fourth quarter report 1 day early.
- Submitted complete FAIR Act inventory 4 days early to exceed schedule.

Advance Medical Research

The IHS exceeded 2 applicable objectives to *Advance Medical Research*.

- Trained 83 AI/AN students in specific research skills, exceeded the target of 50 trainees. Conducted 3 summer institute programs in Indian Country.
- Invested \$4.8 million in new, first-year grants to 19 research projects, exceeded the funding target of \$2 million and the project target of 12.

Improve Financial Performance

The IHS exceeded 2 applicable management objectives to *Improve Financial Performance*.

- Met all “yellow” standards of the OMB standards for success. Scored green for progress for all four quarters of FY06. No material auditor-reported weaknesses, no non-compliances with laws and regulations, and no material weaknesses under FMFIA sections 2 or 4. Exceeded the objective by: completed testing Tribal shares database for implementation in FY07 to expand routine data use, revised headquarters internal budget process to result in better accountability and monitoring.
- Continued to provide two FTEs to support UFMS implementation and stayed on schedule to implement the UFMS in October 2007. No FY06 material weaknesses helped strengthened the HHS Performance and Accountability Report. Established Senior Assessment Team, staff attended HHS A-123 training, and completed/submitted annual assurance statements on time or early. Reduced outstanding audits requiring a management decision by 58% exceeded target of 30%. NEAR reported no hard questioned cost for IHS in FY06.

Secure the Homeland

We exceeded all 3 objectives to *Secure the Homeland*.

- Developed continuity of operations plan and a deployment plan for an IHS-specific satellite communications system. Distributed the plan to all 12 Areas earlier than target date.
- Deployed the satellite communications system to all IHS Areas, IHS Incident Management Team, and the IHS Coordination Center to create interoperability in both radio and phone mode with the HHS, IHS Headquarters, CDC, FEMA, NDMS and BIA. The satellite radio/phones is the first non-terrestrial IHS and HHS emergency communications system that allows an HHS operating division

headquarters to be able to communicate with regions (IHS Areas) when telephone circuits are unavailable.

- Completed the IHS Pandemic Flu Plan and submitted it earlier than due date. Exceeded objective by: developed IHS-wide database reaching to the local IHS service unit level.

Expand E-Government

The IHS exceeded or met 7 of 8 management objectives to *Expand E-Government*.

- Met OMB green standards. Scored green for progress for all 4 quarters of FY06.
- Met monthly EVM reporting requirements.
- Met FISMA, OMB & HHS security, certification & accreditation (C&A) and contingency planning requirements. 100% of IHS employees completed annual security awareness training 3 months earlier than scheduled. NPIRS, RPMS & IOAT systems have continuity of operations plans integrated into the IHS-wide C&A process.
- Completed Exhibit 300s consistently by due dates and scored acceptable. No investments exceeded cost or schedule variances by +/-10%. The HHS ITIRB ranked IHS's RPMS at priority 3, NPIRS at 7, and the IOAT at 35 out of 107 HHS investments. All were recommended for approval by HHS Critical Partner review. Volunteered RPMS to pilot Dekker Tracker. Completed new 300 format in ProSight. Submitted Tier I, RPMS & OIT investments to HHS annual OMB submittal. Implemented IHS CPIC Council in the third quarter and developed a Council charter.
- Met required E-Gov alignment milestones: E-Gov is running live throughout all IHS locations. Decommissioned IHS ARMS travel module at headquarters and all IHS Areas. On schedule to decommission ARMS training modules with UFMS activation.
- Submitted comprehensive migration plan in January 2006 for IHS users at headquarters, all Area Offices and 168 high bandwidth sites.
- Migrated first IHS user to HHSMail on 01/31/06. User has standard email & Blackberry services.
- Completed implementation plan for remaining sites, including 24 low bandwidth sites. Transitioned 815 users to HHSMail by 6/30/06, 6,624 by 9/18/06. Did not meet target of 18,000 due to HHS-vendor problems beyond IHS control. HHS extended IHS's target date to fully migrate by 11/30/06.

Protect Life, Family and Human Dignity

The IHS exceeded all 6 objectives to *Protect Life, Family and Human Dignity*.

- Increased domestic violence screening rate in female patients ages 15-40 years to 28%, exceeded the target of 14% and the HHS goal to attain a 10% relative increase by FY07.
- Funded 5 new pilot sites in FY06 (with no funding from other agencies as originally planned) to implement domestic violence programs to total 20 sites. 100% of the sites have domestic violence policies/procedures. As a result 10 of 15 sites exceeded the 2010 target screening rate of 25%.
- Conducted one regional Tribal youth summit for 300 participants from 4 IHS Areas. Exceeded the objective by developing local action plans to engage youth in addressing health-related issues.
- Trained 84 Tribal youth in MADD's "Youth in Action" program, exceeded the target of 50 trainees and expanded the training to include 2 IHS Areas instead of 1.
- Expanded diabetes initiative from 25 to 40 Native American Boys/Girls Clubs demonstration sites, exceeded the target to expand to 27 sites.
- Established baseline information on the activities of 11 HHS agencies to help support a call to action for Tribal youth. Exceeded the objective by: led a gaps analysis, conducted data analysis, and developed a recommendation to present at the November 2006 meeting of the ICNAA. Also, increased interagency agreements from 0 in FY05 to 2 in FY06.

Improve Budget and Performance Integration

The IHS exceeded or met all 4 objectives to *Improve Budget and Performance Integration*.

- Met OMB “green” standards. Scored green for progress for all four quarters in FY06.
- Ensured valid efficiency measures for IHS PARTed programs and updated necessary budget data to ensure performance measure targets are consistent w/ overall budget message.
- 100% of six IHS PARTed programs were rated Adequate or higher. Continued to implement PART recommendations: completed a marginal cost analysis for the Sanitation Construction Program and deployed the IHS electronic health record at 61 IHS/Tribal sites.
- Consistently submitted timely performance & budget materials that clearly link the accomplishment of performance goals to level of funding requested to HHS, OMB, and the Congress. Throughout FY06, the objective was exceeded by responding to all data calls within 48 hrs.

Real Property Asset Management

The IHS exceeded or met 3 objectives to implement the *Real Property Asset Management* Program.

- Met HHS and OMB green standards. Processes are in place to consider selected FRPC & HHS metrics in facility planning, budget development, and priority setting tied to the budget process. Provided the Capital Investment Plan (part of the IHS budget submission) to HHS on 06/01/06 and implemented applicable annual plans subject to the terms and conditions of the FY07 budget and associated continuing resolutions based on FRPC and HHS metrics. The IHS Priority Leasing Plan is applied, as needed, to address Area leasing plans.
- Complied with the HHS Construction Delivery & Program requirements. Met all HHS performance measures with submissions of the IHS performance measures to HHS on 11/28/05 as part of the IHS real property inventory.
- Completed preservation plans for 23 sites by 06/20/06 and implemented 100% of the plans, exceeded the 75% goal. Developed an IHS environmental management implementation plan by 03/31/06.

Broaden Health Insurance and Long-Term Care Coverage

The IHS exceeded 1 applicable objective to *Broaden Health Insurance and Long-Term Care Coverage*.

- Presented promising practices in tribal long term care and created networking opportunities for 150 participants of the AI/AN Long Term Care Conference. Exceeded the objective by: awarded 12 grants for Tribal long term care services planning/development.

Achieve Performance Accountability

The IHS exceeded 2 applicable objectives to *Achieve Performance Accountability*.

- Approved all subordinate SES performance plans by 12/23/05, 8 days earlier than due date. Required assurance statements from SES members, that subordinate supervisors documented midyear progress reviews and had performance plans within 30 days of employment.
- Certified before 01/31/06 that all SES performance plans aligned with the HHS “Top 20” Objectives and had credible measures.

Grants Management Operation and Oversight

The IHS exceeded or met all 4 objectives to improve *Grants Management Operation and Oversight*.

- Met OMB “green” standards for E-Gov/Grants.gov.

- Implemented GATES, retired IGEM grant system in FY05. Processed 693 grants via GATES in FY06. Exceeded objective by: required program staff to download new applications and enter results from program reviews into GATES.
- Educated grant staff on CFR Part 87 by issuing policy letter. Exceeded objective by: distributed letter to all headquarters program staff and Area Office staff, referenced regulation in all grant awards, and conducted training for all grantees and IHS program staff.
- Through Grants.gov, posted 12 application packages, exceeded the target of 5, and received 583 electronic applications, exceeded the target of 90.
- Exceeded all 3 objectives to emphasize Faith Based and Community Solutions.
- Expanded community-based partnerships (0 in FY05) to 3 in FY06.
- Trained 42 people as catalysts for change and increased leadership capacity in 15 tribal communities, exceeded the target of 13 communities.
- Six of 12 IHS Areas reached consensus to integrate behavioral health into local Area Tribal Health Board Plans, exceeded the target of 4 Areas.

Consolidate Management Functions and Streamline Administrative Operations

The IHS exceeded 4 objectives to *Consolidate Management Functions and Streamline Administrative Operations*.

- Demonstrated senior management support, fully participated in HHS initiatives re: AIM. Mandated use of HHS-wide Close-Out contracts and strategic sourcing BPAs. Averaged 189% for all applicable strategic sourcing categories, exceeded the goals of 85% in each category.
- Supported HHS implementation of HSPD-12, received accreditation on 9/14/06.
- Participated fully in study on potential savings re: warehousing. Exceeded the objective by: submitted IHS report 1 day earlier than due date. Continued to participate in the Consolidation of Labor Services Workgroup.
- Awarded 48% of IHS-eligible purchases to small businesses, exceeded the goal of 30%.

Emphasize Healthy Living and Prevention of Disease, Illness, and Disability

The IHS exceeded or met 11 of 12 objectives to *Emphasize Healthy Living and Prevention of Disease, Illness, and Disability*.

- Selected 5 pilot sites to participate in Chronic Care Disease collaborative, exceeded the target of 3 sites. Invested \$375,000 in partnerships (NCI, AHRQ & Institute for Healthcare Improvement) targeted in part to the Chronic Disease Initiative.
- Established baseline at 12% of tobacco-using patient population to receive cessation intervention.
- Assessed use of RPMS women's health package in 12 IHS Areas, exceeded the target of 10 Areas.
- Distributed best practices for breast/cervical cancer screening/treatment interventions to all IHS Areas via web-based technology.
- Increased rate of recommended vaccinations to 80% for children 19-35 months, exceeded the target of 75%.
- Achieved 58% coverage rate among adults 65 & older, missed the target of 59% by 1 percentage point because of inadequate supply of vaccine & late delivery of supplies in the U.S.
- Increased rate for pneumococcal vaccinations among adults 65 years and older to 74%, exceeded the target of 72%.
- Implemented Sleep Safe program at 20 sites, exceeded the target of 9, and Ride Safe program at 9 sites, exceeded the target of 7.

- Trained 25 people (1 or more from ea. Area) on community-based suicide prevention strategies, exceeded target of 12. Delivered on-site assistance, collaborated with SAMHSA, to 9 tribal communities, exceeded the target of 7.
- Established statistically-valid sample of 30 facilities to evaluate compliance with STD treatment guidelines, but did not establish baseline by end of FY06 because the project requires IRB review and additional funding to fully evaluate all 30 facilities.
- Increased patient education services to clients by 7.7%, exceeded the target of 5%.
- Installed 7 new patient education kiosks by third quarter, one quarter ahead of schedule and completed evaluations for all 7 kiosks.

Ethics

The IHS exceeded the 1 objective on *Ethics*.

- Expanded ethics training to headquarters employees in addition to OGE-450 and SF-278 filers, provided information to increase awareness on ethics issues to Ethics contacts at all Area Offices, issued a new directive on Personal and Grassroots Lobbying to promote compliance with federal regulations, and no conflicts of interest found among SF-278 filers in preliminary review by HHS/OGC/Ethics Division.

Additional Agency Highlights

The IHS is proud of additional accomplishments that have contributed significantly to positive outcomes for the AI/AN health care system. In data quality improvement, IHS earned a national award. In transforming health care, we are expanding a successful telehealth program to provide specialist care. In stakeholder communications and feedback, we have moved toward a high-performance culture.

The IHS continued to make significant strides in the delivery of health care and business transformation. Data quality improvement is one of the areas that the Indian health care system continues to focus on for increasing efficiency, effectiveness, and the quality of health care delivery. In FY06, IHS was recognized as a national leader in information technology and management systems by being awarded the Nicholas E. Davies Award of Excellence for the Clinical Reporting System (CRS). The IHS CRS is designed for national reporting as well as local and regional tracking of clinical performance indicators, such as assessment, care, and control of diabetes; immunization; treatment of cardiovascular disease; etc. The CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators for local performance improvement initiatives and for national agency reporting to Congress. The CRS produces reports on demand from local databases for 41 clinical topics, comprised of over 250 individual indicators. Reports also compare the site's performance numbers in the current report year 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 indicator criteria. Local health facilities can run reports for individual or all indicators as often as needed and can also use CRS to transmit national-level data to their Area Offices for quarterly reporting. The IHS Area Offices can use CRS to produce an aggregated Area report for national-level data. Through the appropriate use of technology, the IHS provided the capability for local programs to identify high risk patients for follow up.

The IHS Telehealth Program exemplifies IHS's commitment to enhanced access to care. The Program offers opportunities for improving access to care because many Indian health facilities have limited access to specialist care. The term 'telemedicine' refers to the remote delivery of direct clinical care via advanced information technologies and the term 'telehealth' includes telemedicine as well as the use of advanced technologies for distance learning, program planning, and public health. Telehealth offers tools

to support a culture of clinical quality in health care service delivery. Approximately 281 of more than 430 Indian health care facilities report telehealth experience for more than 30 different clinical modalities and specialties across all 12 IHS Areas. Indian health telehealth partnerships include federal agency collaborations, state and university programs, and other special projects. One example is the IHS Joslin Vision Network (tele-ophthalmology) which enhances annual retinal surveillance opportunities for patients with diabetes via a standardized image acquisition and interpretation methodology developed by the Harvard-affiliated Joslin Diabetes Center. Timely diagnostic interpretation of retinal images and management recommendations are provided to 43 Indian health facilities across 15 states. The results: more than 12,500 examinations have been performed.

The IHS has worked successfully to improve internal and external stakeholder feedback, especially in the area of performance achievement. IHS has participated in tribal consultation activities for two decades of its 5-decade history resulting in today's formalized process. Consultation activities include various forms, but Indian people are most comfortable with forums in which they directly exchange communications with their federal partners. Therefore, IHS relies more heavily than most other HHS operating divisions on forums, workgroups, and conferences that bring us in direct contact with our Tribal partners to produce measurable, results oriented products that contribute to the IHS and the HHS missions. IHS has also worked internally to improve stakeholder feedback. In FY06, IHS headquarters established an Achieving Excellence Workgroup, which initiated an employee satisfaction survey to obtain staff input on improving the workplace environment. The survey response rate was 48%. Headquarters leadership encouraged participation and committed to the following: 1) responses are confidential, 2) data will be used to improve working conditions at headquarters, 3) feedback will be provided to employees. Three teams of employee volunteers will be formed in FY07 to address issues identified by the survey and bring about positive change to the headquarters workplace. Since FY05 and through FY06, IHS performance oversight has been increasingly under the guidance of the IHS Performance Achievement Team, a workgroup of key IHS program and support function leaders. PAT has coordinated the Agency's performance monitoring, of the Agency, including integrating performance management and monitoring of results-based outcomes into the organizational culture across the Indian health system. The results: a more consistent and systematic review of budget and including performance metrics in the context of the President's Management Agenda, Government Performance and Results Act, and Program Assessment Rating Tool.