



**DEPARTMENT of  
HEALTH and  
HUMAN  
SERVICES**

Indian Health Service

*FY 2010 Online Performance Appendix*

## **Introduction**

The FY 2010 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/asrt/ob/docbudget/index.html>.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

# Transmittal Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service  
Rockville MD 20852

I present the Indian Health Service (IHS) fiscal year (FY) 2010 Congressional Justification. This budget request provides our most fully integrated and transparent performance budget to date and supports the Department of Health and Human Services' FY 2007 through 2012 Strategic Plan. Consistent with the Government Performance and Results Act of 1993, this justification includes the FY 2010 Annual Performance Plan and the FY 2008 Annual Performance Report with FY 2009 and FY 2010 performance targets provided.

Performance measurement and reporting continues as a mainstay of IHS performance management, including the quarterly review of critical healthcare data. These data are utilized to enhance the integration of a performance management culture across the Indian health care system. This improved monitoring capacity coupled with an increased awareness and commitment to the IHS mission across the Indian health system are our greatest assets.

For FY 2010, the IHS provides a comprehensive set of performance measures that reflect essential health services with evidence-based linkages to improved health outcomes. The ongoing automated monitoring of these performance measures from the local to the national level provides the IHS and our stakeholders with information to assess ongoing progress towards the following elements of the Departmental and IHS Strategic Plans:

#### HHS Strategic Objectives:

- 1.2 Increase health care service availability and accessibility.
- 1.3 Improve health care quality, safety, cost, and value.
- 1.4 Recruit, develop, and retain a competent healthcare workforce.
- 2.1 Prevent the spread of infectious diseases.
- 2.2 Protect the public against injuries and environmental threats.
- 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.
- 2.4 Prepare for and respond to natural and manmade disasters.

#### IHS Strategic Goals:

- Build and sustain healthy communities.
- Provide accessible, quality health care.
- Foster collaboration and innovation across the Indian Health Network.

Our enhanced performance management processes have resulted in the improved targeting of resources to meet the healthcare needs of American Indian and Alaska Native (AI/AN) people. And while the IHS has succeeded in reducing overall mortality for our population by 28 percent over the past 30 years, this progress is offset by a trend of growing disparities in mortality rates between the AI/AN population and our country's population overall during the same period. Our FY 2010 budget request represents the commitment of the IHS and our stakeholders to the Agency mission by working to meet the healthcare needs of the AI/AN people more efficiently and effectively with unprecedented and significant targeted investments in the Indian Health System.

  
Robert G. McSwain  
Director

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## Summary of Targets and Results Table

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2007	51	47	92%	39	83%
2008	58	51	88%	38	75%
2009	59	N/A	N/A	N/A	N/A
2010	60	N/A	N/A	N/A	N/A

## CLINICAL SERVICES: HH&C, CHS, Dental, Mental Health, Alcohol and Substance Abuse.

The following measures are overarching measures that are accomplished through several programs and activities in the IHS Services budget.

Measure	FY	Target	Result
31: Childhood Weight Control: Proportion of children, ages 2-5 years, with a BMI of 95 percent or higher. IHS - All (Outcome)	2010	24%	N/A
	2009	N/A	N/A
	2008	24%	24% (Target Met)
	2007	24%	24% (Target Met)
	2006	Set Baseline	24% (Baseline)
	2005	65% <sup>1</sup>	64% (Target Not Met but Improved)
31: Tribally Operated Health Programs (Outcome)	2010	25%	N/A
	2009	N/A	N/A
	2008	25%	25% (Target Met)
	2007	25%	25% (Target Met)
	2006	Set Baseline	25% (Baseline)
	2005	65% <sup>2</sup>	63% (Target Not Met but Improved)

Measure	Data Source	Data Validation
31	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was met. In FY 2008, 24% of children ages 2-5 had a BMI at or above the 95<sup>th</sup> percentile, unchanged from FY 2007. In FY 2009 the measure will become a long-term measure. In FY 2010 and FY 2012 the long-term target is to maintain the rate at 24%.

Rates of overweight among American Indian and Alaska Native children exceed the national averages. Children who are overweight tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. One major result of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children. In order to address this problem of childhood obesity, the IHS has created a guidance document "Promoting a Healthy Weight in Children in Youth" with specific best practices strategies

<sup>1</sup> Measure tracked the proportion of patients for whom BMI (Body Mass Index) data can be measured.

<sup>2</sup> Measure tracked the proportion of patients for whom BMI (Body Mass Index) data can be measured.



covering BMI assessment, breastfeeding, patient health education, counseling, and community strategies. This guidance, along with provider toolkits, will be distributed widely across the IHS provider network.

Measure	FY	Target	Result
TOHP-2: Number of designated annual clinical performance goals met. (Outcome)	2010	16/17	N/A
	2009	14/17	N/A
	2008	14/17	14/17 (Target Met)
	2007	13/16	14/16 (Target Exceeded)
	2006	11/13	10/13 (Target Not Met)
	2005	11/14	11/14 (Target Met)

Measure	Data Source	Data Validation
TOHP-2	Clinical Reporting System (CRS)	CRS Software Testing; quality assurance review of site submissions

The FY 2008 target for this measure was met. TOHPs met 14 out of 17 annual clinical performance goals. Past trends for this measure show an overall increase in both the number of clinical measures met and the number of measures included in the target over the past four reporting years. In FY 2009 the target is to maintain performance at the same level of 14/17. In FY 2010 the target is to meet 16 out of 17 measures, which is ambitious. Meeting the majority of evidence-based clinical performance measures directly contributes to the IHS mission of improving the health status of AI/ANs.

Measure	FY	Target	Result
28: Unintentional Injury Rates Unintentional Injuries mortality rate in AI/AN population. (Outcome)	2012	94.8	Dec 2016
	2008	94.8	Dec 2012
	2007	94.8	Dec 2011
	2006	94.8	Dec 2010
	2005	94.8	Dec 2009
FAA-3: Unintentional Injury Rates: Unintentional Injuries mortality rate in AI/AN population.	2012	92.2 (2016)	N/A

Measure	Data Source	Data Validation
28	National Center on Vital Health Statistics	IHS Division of Program Statistics
FAA-3	National Center on Vital Health Statistics	IHS Division of Program Statistics

The FY 2008 target for this measure is 94.8. However, results will not be available until December 2012 due to time lags inherent in National Mortality statistics. As such, these measures become long-term measures in FY 2009. The long term 2012 target for unintentional injuries mortality rates for all IHS sites is 94.8. The long term 2012 target for IHS Federal sites only is to achieve an unintentional injuries mortality rate of 92.2.

## Hospitals and Health Clinics & Contract Health Services

The following measures are accomplished primarily through the activities and programs of Hospitals & Health Clinics and Contract Health Services, both of which support the provision of clinical care.

Measure	FY	Target	Result
5: Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. IHS-All <sup>3</sup> (Outcome)	2010	TBD/51%	N/A
	2009	TBD/47%	N/A
	2008	Set Baseline/40 %	NA/50% (Target Exceeded)
	2007	61%/Set Baseline	62/40% (Baseline)
	2006	68/50%	61 <sup>4</sup> /55% (Target Exceeded)
	2005	63/42%	68 <sup>4</sup> /47% (Target Exceeded)
5: Tribally Operated Health Programs (Outcome)	2010	36%	N/A
	2009	33%	N/A
	2008	28%	35% (Target Exceeded)
	2007	Set Baseline	28% (Baseline)
	2006	48%	52% (Target Exceeded)
	2005	42%	48% (Target Exceeded)

Measure	Data Source	Data Validation
5	Clinical Reporting System (CRS); annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance Review of site submissions

The FY 2008 CRS target for nephropathy (kidney disease) assessment was met and exceeded. In FY 2008 50% of patients were screened based on the 2006 Diabetes Standards of Care, which require an estimated glomerular filtration rate (GFR- a measure of the kidney's ability to filter blood) and quantitative urinary protein assessment; the previous standard required a positive urine protein test or any microalbuminuria test. The 50%

<sup>3</sup> First figure in results column is Diabetes audit data; second is CRS.

<sup>4</sup> DDTP changed the methodology for nephropathy assessment in 2006 to coincide more closely with the CRS methodology. In order to compare nephropathy audit data on the same basis, reports using this methodology have been generated for 2003, 2004, and 2005 as follows: 2003 – 53%, 2004 – 55%, 2005 – 57%.

rate represents an increase of 10 percentage points above the FY 2007 rate of 40%. This change was adopted for CRS data in FY 2007 following three years of improving rates based on the previous standard. (Between 2004 and FY 2006 the CRS rate rose from 42% to 55%) Tribal involvement, collaboration with other Federal agencies, and community emphasis all contributed to measure improvement. The 2009 performance target is to achieve a rate of 47%, a 5% relative decrease from the FY 2008 result. The target reflects the challenges of providing nephropathy screenings, which involve high-cost laboratory testing procedures. In FY 2010, the target increases to 51%, based on increased funding.

The FY 2008 Diabetes Audit target was to set a baseline based on new standards of care. However, audit data based on these new requirements for an estimated GFR and a quantitative urinary protein assessment was deemed not reliable by the Diabetes program and no Audit result is available for this measure this year. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2009 audit target was to be to maintain the FY 2008 target, but will need to be revisited in light of the absence of FY 2008 results. The FY 2010 audit target had not yet been determined, due to the need to review data reliability issues that arose in FY 2008.

Measure	FY	Target	Result
20: Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). (Outcome)	2010	100%	N/A
	2009	100%	N/A
	2008	100%	100% (Target Met)
	2007	100%	100% (Target Met)
	2006	100%	100% (Target Met)
	2005	100%	100% (Target Met)

Measure	Data Source	Data Validation
20	Reports from hospitals and clinics	JCAHO and AAAHC web sites

The FY 2008 target for this measure was met. IHS maintained 100 percent accreditation of all IHS hospitals and ambulatory clinics. The 100 percent accreditation target has been met consistently over the last four years, which is important because accreditation contributes both directly and indirectly to improved clinical quality and is essential for maximizing third-party collections. The local IHS multidisciplinary team approach to accreditation and ongoing quality management, with guidance and support from Area staff, has been the mainstay of success in maintaining this rate. This is one of the most demanding measures to meet, given the growing clinical quality of care assessments that are required as well as issues related to health facilities maintenance and renovation that are critical to accreditation. The FY 2009 and FY 2010 targets are to maintain 100% accreditation at all IHS-operated hospitals and outpatient clinics (excluding tribally operated facilities).

Measure	FY	Target	Result
6: Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. IHS - All (Outcome)	2010	51%	N/A
	2009	47%	N/A
	2008	49%	50% (Target Exceeded)
	2007	49%	49% (Target Met)
	2006	Set Baseline	52/49% (Baseline) <sup>5</sup>
	2005	55%	50% (Target Not Met)
6: Tribally Operated Health Programs	2010	49%	N/A
	2009	46%	N/A
	2008	48%	48% (Target Met)
	2007	48%	48% (Target Met)
	2006	50% <sup>6</sup>	48% (Target Not Met)
	2005	55%	50% (Target Not Met but Improved)

Measure	Data Source	Data Validation
6	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for retinopathy screening was met and exceeded. During FY 2008, the proportion of patients with diabetes that received an annual diabetic retinal exam increased from 49% in FY 2007 to 50%. Measure results have been relatively stable over the past four years; until FY 2006, results were only reported from pilot sites, but starting in FY 2007, results represent all sites. The FY 2009 target is to achieve a rate of 47 percent, a 5% relative decrease from the FY 2008 result. The target reflects the challenges of providing retinopathy screenings, which are high-cost tests dependent on equipment, staffing, and contract health services that may not be available in all sites. In FY 2010 the target for this measure is 51%, based on increased funding.

Diabetic eye disease is a leading cause of blindness in the United States. Early detection of diabetic retinopathy (DR) is a fundamental part of the effort to reduce visual disability in diabetic patients. Meeting performance targets for FY 2009 will be challenging in the face of increases in diabetes prevalence and the steadily increasing optometry program vacancy rates. IHS will face these challenges by improving performance through heightened attention to DR, disseminating best practices of high performing sites, and continued expansion of the IHS-JVN Tele-ophthalmology program. With increased funding in FY 2010, IHS will be in a better position to address these challenges.

<sup>5</sup> For FY 2006, two numbers were required and reported: first figure represents results at designated sites, second is results for all sites. FY 2006 target is to maintain at designated pilot sites and establish baseline at all sites. As of FY 2007, examination rates at designated pilot sites will not be reported separately.

<sup>6</sup> FY 2005 results reported to OMB in program assessment submission are the established baseline for TOHP.

Measure	FY	Target	Result
7: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. IHS - All (Outcome)	2010	60%	N/A
	2009	59%	N/A
	2008	59%	59% (Target Met)
	2007	60%	59% (Target Not Met)
	2006	60%	59% (Target Not Met)
	2005	58%	60% (Target Exceeded)
7: Tribally Operated Health Programs	2010	61%	N/A
	2009	60%	N/A
	2008	61%	60% (Target Not Met)
	2007	61%	61% (Target Met)
	2006	61%	61% (Target Met)
	2005	58%	61% (Target Exceeded)

Measure	Data Source	Data Validation
7	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was met. In FY 2008 the proportion of eligible women who have had a Pap screen within the previous three years was 59 percent, unchanged from FY 2007. Results for this measure have been consistent over the past four reporting years. Regular screening with a pap smear lowers the risk of developing invasive cervical cancer by detecting pre-cancerous cervical lesions that can be treated. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up. Pap screening contributes to reduced mortality rates, treatment costs, and quality of life of AI/AN women. The FY 2009 target is to achieve a rate of 59%, maintaining the FY 2008 result. The target is ambitious, given the fact that pap screening is a high-cost procedure and maintaining previous levels will be challenging. In FY 2010 the target for this measure increases to 60% based on increased funding.

To meet the FY 2009 and 2010 targets, IHS will continue to encourage the use of RPMS electronic tools to more efficiently and effectively identify and schedule patients eligible for screening. These include a Clinical Reporting System (CRS) function that links patient lists with the scheduling package, iCare case management software, the women's health package, and Electronic Health Record reminders

Measure	FY	Target	Result
8: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. IHS - All (Outcome)	2010	47%	N/A
	2009	45%	N/A
	2008	43%	45% (Target Exceeded)
	2007	41%	43% (Target Exceeded)
	2006	41%	41% (Target Met)
	2005	40%	41% (Target Exceeded)
8: Tribally Operated Health Programs (Outcome)	2010	49%	N/A
	2009	47%	N/A
	2008	45%	47% (Target Exceeded)
	2007	44%	45% (Target Exceeded)
	2006	44%	44% (Target Met)
	2005	40%	44% (Target Exceeded)

Measure	Data Source	Data Validation
8	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was met and exceeded. In FY 2008, the proportion of eligible women who have had mammography screening within the previous two years was 45 percent, an increase of two percentage points over the FY 2007 rate of 43 percent. The increase reflects increased provider and patient awareness of the value of regular screening. The FY 2009 target is to achieve a rate of 45 percent, maintaining the FY 2008 result. The target is ambitious, given the fact that mammograms are high-cost procedures dependent on funding available for screening. In FY 2010 the target increases to 47% based on increased funding.

Biennial mammogram screening of women between the ages of 50 and 69 has been shown to be a cost effective way to decrease the breast cancer mortality rate. Regular mammography screening can reduce breast cancer mortality by 20 to 25 percent. AI/AN women diagnosed with breast cancer have lower 5-year survival rates in comparison to whites, mainly because their cancers are less likely to be found in earlier stages. It is because of this disparity that breast cancer screening remains an IHS priority. This measure has made steady progress over the past four reporting years.

To meet the FY 2009 and FY 2010 targets IHS will continue to encourage the use of RPMS electronic tools to more efficiently and effectively identify and schedule patients eligible for screening. These include a new Clinical Reporting System (CRS) function that links patient lists with the scheduling package, the new iCare case management software, the women's health package, and Electronic Health Record reminders.

Measure	FY	Target	Result
9: Colorectal Cancer Screening Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. IHS - All ( <i>Outcome</i> )	2010	32%	N/A
	2009	29%	N/A
	2008	26%	29% (Target Exceeded)
	2007	22%	26% (Target Exceeded)
	2006	Set Baseline	22% (Baseline)
9: Tribally Operated Health Programs ( <i>Outcome</i> )	2010	35%	N/A
	2009	32%	N/A
	2008	29%	32% (Target Exceeded)
	2007	26%	29% (Target Exceeded)
	2006	Set Baseline	26% (Baseline)

Measure	Data Source	Data Validation
9	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was met and exceeded. In FY 2008, the proportion of eligible patients who have had appropriate colorectal cancer screening was 29 percent, an increase of three percentage points above the FY 2007 rate of 26 percent. The increase reflects increased provider and patient awareness of the value of regular screening. The target for FY 2009 is to achieve a rate of 29 percent, maintaining the FY 2008 result. The target is ambitious, given that colorectal cancer screening is a high-cost procedure. In FY 2010 the target increases to 32% based on increased funding.

Colorectal cancers are the third most common cancer in the United States, and are the third leading cause of cancer deaths. Colorectal cancer rates among the Alaska Native population are well above the national average and rates among American Indians are rising. Improving timely detection and treatment of colorectal cancer screening will reduce undue morbidity and mortality associated with this disease.

Measure	FY	Target	Result
TOHP-4: Years of Potential Life Lost (YPLL) in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs ( <i>Outcome</i> )	2012	55.3	N/A

Measure	Data Source	Data Validation
TOHP-4	2000 Census bridged-race file; mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics

This measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. The most current available data for Tribally-Operated Health Programs (TOHP) is from FY 2003, with a rate of 62.5 per population of 100,000. The long-term target for this measure is to reduce the YPLL in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs to 55.3 by 2012, which will be reported in 2015.

Measure	FY	Target	Result
<u>FAA-2</u> : Years of Potential Life Lost in American Indian/Alaska Native population ( <i>Outcome</i> )	2012	62.3	N/A

Measure	Data Source	Data Validation
FAA-2	IHS service population data; 2000 Census bridged-race file; Mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics

This measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. The most current data available for Federally-Administered (FAA) programs is for FY 2003, with a rate of 79.2 per population of 100,000. The long-term target for this measure is to reduce the YPLL in the American Indian/Alaska Native (AI/AN) populations served by federally administered programs to 62.3 by 2012, which will be reported in 2015.

Measure	FY	Target	Result
<u>24</u> : Combined (4:3:1:3:3) immunization rates: AI/AN children patients aged 19-35 months. In 2010 this measure will add the Varicella vaccine to the basic series that is required. IHS - All ( <i>Outcome</i> )	2010	79%	N/A
	2009	78%	N/A
	2008	78%	78% (Target Met)
	2007	78%	78% (Target Met)
	2006	Set Baseline	78% (Baseline) <sup>7</sup>
	2005	72%	75% (Target Exceeded) <sup>8</sup>
<u>24</u> : Tribally Operated Health Programs ( <i>Outcome</i> )	2010	73%	N/A
	2009	72%	N/A
	2008	72%	72% (Target Met)
	2007	74%	72% (Target Not Met)
	2006	54%	74% (Target Exceeded)
	2005	Set Baseline	54% (Baseline)



Measure	Data Source	Data Validation
24	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions; Immunization program reviews

The IHS-All FY 2008 target for this measure was met. In FY 2008, the percentage of children ages 19-35 months receiving the recommended vaccine series (4:3:1:3:3) was 78 percent, maintaining the rate from FY 2007. The FY 2009 target is to achieve a rate of 78 percent, maintaining the FY 2008 result. This target is ambitious, given that immunizations are relatively high-cost procedures and reaching the measure target relies on provider coordination of care and follow-up by patients. The FY 2010 target is 79%, increasing performance by one percentage point. The Varicella vaccine will be added to the basic series that is required to meet the measure.

Routine immunizations represent a cost-effective public health measure that significantly improves the health of children by preventing a number of serious illnesses and associated treatment costs. The Healthy People 2010 goal is 90 percent coverage for all routine immunizations for children aged 19-35 months and 80 percent coverage for the combined (4:3:1:3:3) series of vaccinations. The combined series includes coverage with 4 doses of Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 doses of Inactivated Poliovirus (IPV), 1 dose of Measles, mumps and rubella vaccine (MMR), 3 doses of Hepatitis B and 3 doses of Haemophilus influenzae type b conjugate vaccine (Hib). Beginning in FY 2010 the combined series will also require one dose of Varicella.

Childhood immunizations are a high priority for IHS. The agency will work to meet the FY 2009 and FY 2010 targets by encouraging use of the RPMS immunization package to identify immunizations that are due for each patient, sharing data with state immunization registries, and collaborating with local health agencies to assure availability of vaccines.

Measure	FY	Target	Result
FAA-E: Hospital admissions per 100,000 service population for long term complications of diabetes in federally administered facilities. <sup>9</sup> (Outcome)	2010	167.9	N/A
	2009	167.9	N/A
	2008	167.9	Sep 30, 2010
	2007	169.6	Sep 30, 2009
	2006	152.5	171.3 (Target Not Met)
	2005	154.0	185.4 (Target Not Met)

Measure	Data Source	Data Validation
FAA-E	National Health Disparities Report	IHS Division of Program Statistics

<sup>7</sup> National Immunization Report results were 80%. For FY 2006 set a baseline for CRS Immunization Measure and reported final National Immunization Reports as well.

<sup>8</sup> Result from National Immunization Report.

<sup>9</sup> FY 2005 data, the data systems were switched from Legacy NPIRS to National Data Warehouse. 2004 data was recalculated for the new baseline year for comparability. There were also methodology changes for tribal hospitals to reflect changes in ownership and to correct geographic errors.

Reporting for this measure has a two-year time lag and FY 2008 data will not be available until September 2010. This measure tracks hospitalization admissions per 100,000 service population for long term complications of diabetes in federally administered activities. The FY 2008 target for this measure is 167.9 per 100,000, and the targets for FY 2009 and FY 2010 are to maintain this admission rate. Rates from FY 2005-2006 reflect a decline in hospital admissions for long term complications of diabetes. FY 2007 results have not yet been reported. This measure is designed to demonstrate the overall effectiveness of diabetes management by documenting the reductions in costly in-patient care, which indirectly reflects improved patient care efficiency in the face of increasing rates of diabetes in AI/AN populations.

Measure	FY	Target	Result
FAA-1: Children ages 2-5 years with a BMI at the 95th percentile or higher. (Outcome)	2010	24%	N/A
	2009	23.2%	N/A
	2008	23.2%	23.9% (Target Not Met)
	2007	23.2%	24% (Target Not Met)
	2006	Set Baseline	23.2% (Baseline)

Measure	Data Source	Data Validation
FAA-1	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was not met. The target was to reduce the rate of children ages 2-5 with a BMI at the 95<sup>th</sup> percentile or greater from 24 to 23.2. The result was 23.9%. Results from FY 2006-2007 show a gradual, small increase in the proportion of children, ages 2 – 5 years, with a BMI at the 95<sup>th</sup> percentile or higher. The FY 2008 result for this measure was 23.9%, reflecting a very slight decrease.

Measure	FY	Target	Result
TOHP-3: Percentage of AI/AN patients with diagnosed diabetes served by tribal health programs that achieve ideal blood sugar control. (Outcome)	2010	N/A	N/A
	2009	N/A	N/A
	2008	N/A	34% (No Target Long-term Measure)
	2007	N/A	33% (No Target Long-term Measure)
	2006	N/A	33% (No Target Long-term Measure)
	2005	N/A	33% (No Target Long-term Measure)

Measure	Data Source	Data Validation
TOHP-3	Clinical Reporting System (CRS)	CRS Software Testing; quality assurance review of site submissions

There is no annual target for this measure. Past trends for this measure show a stable rate for 3 years, followed by an increase of one percentage point from FY 2007 to FY 2008. This is a long-term measure to increase the proportion of patients with ideal blood sugar control to forty percent in 2014, reportable in 2014. Further analysis will be available at that time. This performance measure will reduce the cost of diabetic care while improving health outcomes, in addition to improving the health status of AI/ANs.

Measure	FY	Target	Result
<u>16: Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. IHS-All (Outcome)</u>	2010	47%	N/A
	2009	42%	N/A
	2008	36%	42% (Target Exceeded)
	2007	28%	36% (Target Exceeded)
	2006	14%	28% (Target Exceeded)
	2005	4%	13% (Target Exceeded)
<u>16: Tribally Operated Health Programs (Outcome)</u>	2010	41%	N/A
	2009	36%	N/A
	2008	30%	36% (Target Exceeded)
	2007	24%	30% (Target Exceeded)
	2006	10%	24% (Target Exceeded)
	2005	4%	9% (Target Exceeded)

Measure	Data Source	Data Validation
16	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The 2008 target for this measure was met and exceeded. In FY 2008, the proportion of women who are screened for domestic violence (DV) was 42 percent, an increase of 6 percentage points above the FY 2007 rate of 36 percent. The increase can be attributed to increasing provider awareness of the importance of screening, as well as improved documentation. The FY 2009 target is to maintain the FY 2008 result of 42%. The FY 2010 target is to increase the screening rate to 47% based on increased funding.

This measure is designed to identify and assist AI/AN women who experience domestic violence. Screening identifies women at risk for DV and refers these individuals for services aimed at reducing the prevalence and impact of domestic violence.

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<u>25</u> : Adult Immunizations: Influenza: Influenza vaccination rates among adult patients aged 65 years and older. IHS-All ( <i>Outcome</i> )	2010	63%	N/A
	2009	62%	N/A
	2008	59%	62% (Target Exceeded)
	2007	59%	59% (Target Met)
	2006	59%	58% (Target Not Met)
	2005	N/A	59% (Target Not In Place)
<u>25</u> : Tribally Operated Health Programs ( <i>Outcome</i> )	2010	58%	N/A
	2009	57%	N/A
	2008	55%	57% (Target Exceeded)
	2007	54%	55% (Target Exceeded)
	2006	54%	53% (Target Not Met)
	2005	N/A	54% (Target Not In Place)
<u>26</u> : Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients aged 65 years and older. IHS-All ( <i>Outcome</i> )	2010	83%	N/A
	2009	82%	N/A
	2008	79%	82% (Target Exceeded)
	2007	76%	79% (Target Exceeded)
	2006	72%	74% (Target Exceeded)
	2005	69%	69% (Target Met)
<u>26</u> : Tribally Operated Health Programs ( <i>Outcome</i> )	2010	78%	N/A
	2009	77%	N/A
	2008	73%	77% (Target Exceeded)
	2007	69%	73% (Target Exceeded)
	2006	63%	69% (Target Exceeded)
	2005	69%	62% (Target Not Met)

Measure	Data Source	Data Validation
25 26	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions; immunization program reviews

The FY 2008 target for the Influenza Vaccination measure was met and exceeded. In FY 2008, the influenza vaccination rate among adult patients aged 65 years and older increased by 3 percentage points to 62%. Measure results for Influenza were relatively consistent between FY 2005-FY 2007; the increase in FY 2008 was likely due to increased provider and patient awareness of the importance of vaccination. The FY 2009 target is to achieve a rate of 62 percent, maintaining the FY 2008 result. The FY 2010 target is to increase the rate to 63 percent. These targets are ambitious, given the challenges of ensuring vaccinations, such as provider coordination of care, cost of vaccines, and patient follow up.

The FY2008 target for the Pneumococcal Vaccination measure was also met and exceeded. In FY 2008, the Pneumococcal vaccination rates among adult patients aged 65 years and older increased by 3 percentage points to 82%. Measure results for Pneumococcal vaccination have steadily improved from FY 2005 to FY 2008. This is due to increased provider awareness of the measure, improved documentation, and targeted prevention campaigns. The FY 2009 target is to achieve a rate of 82 percent, maintaining the FY 2008 result. The FY 2010 target is to increase the rate to 83%. These targets also reflect the challenges of ensuring vaccinations mentioned above.

Vaccination of the elderly against Pneumococcal disease is one of the few medical interventions found to improve health and save on medical costs. Increasing Pneumococcal vaccination rates will provide significant improved health and quality of life among this patient population.

Measure	FY	Target	Result
33: HIV Screening: Proportion of pregnant women screened for HIV. (Outcome)	2010	76%	N/A
	2009	75%	N/A
	2008	74%	75% (Target Exceeded)
	2007	65%	74% (Target Exceeded)
	2006	55%	65% (Target Exceeded)
	2005	Set Baseline	54% (Baseline)

Measure	Data Source	Data Validation
33	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for the Prenatal HIV measure was met and exceeded. In FY 2008, the prenatal HIV screening rate was 75%, a 1 percentage point increase over the FY 2007 rate of 74%. Although this measure showed large increases in previous years due to higher provider awareness of the clinical guidelines and improved documentation, there was less dramatic improvement within the past year. The main obstacle to further improvement is the fact that many sites refer all prenatal patients out for care, and primary care providers do not always receive documentation of HIV testing. The FY 2009 target is to achieve a rate of 75 percent, maintaining the FY 2008 result. The FY 2010 target is to achieve a rate of 76 percent, one percentage point above the FY 2009 target.

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. Timely detection and treatment of HIV in pregnant women significantly reduces the potential for transmission and associated treatment costs.

Measure	FY	Target	Result
FAA-4: Breastfeeding Rates: Proportion of infants 2 months old (45-89 days old) that are exclusively or mostly breastfed (Outcome)	2010	33%	N/A
	2009	28%	N/A
	2008	Set Baseline	28% (Baseline)

Measure	Data Source	Data Validation
FAA-4	Clinical Reporting System(CRS)	CRS software testing; quality assurance review of site submissions

This measure is new as of FY 2008. The FY 2008 target was to set a baseline for the proportion of infants 2 months old (45-89 days old) that are exclusively or mostly breastfed at Federally Administered programs. The FY 2008 result is 28%. The FY 2009 target is to maintain the FY 2008 baseline rate of 28%. The FY 2010 target is to increase the proportion to 33%, which is very ambitious and will require dedicated resources. This target, if achieved, will exceed the current rate of exclusive breastfeeding for all racial and ethnic groups. There is evidence that breastfeeding contributes to lower rates of infectious disease, asthma, and Sudden Infant Death Syndrome, and is associated with lower childhood obesity rates.

## Health Information Technology

The following measures are accomplished primarily through the activities of the Office of Information Technology in support of the provision of clinical care.

Measure	FY	Target	Result
RPMS-E1 and E2: Average days in accounts receivable for hospitals and average days in accounts receivable for small ambulatory clinics. (Efficiency)	2010	TBD	N/A
	2009	Set Baseline	N/A

Measure	Data Source	Data Validation
RPMS-E1 and E2	Accounts Receivable Package in the Resource and Patient Management System (RPMS)	OIT quality assurance

This new efficiency measure will track the average number of days in accounts receivable in hospitals and the average number of days in accounts receivable for small ambulatory clinics. In FY 2009, a baseline for each will be set, after which a target for FY 2010 will be established. The overall objective of the measure is to reduce the amount of time that it takes to process third party billings, which are critical to hospitals and clinic operations.

Measure	FY	Target	Result
RPMS-7: Number of patients with clinical images captured or displayed for use in the Resource and Patient Management System (RPMS) Electronic Health Record. <i>(Outcome)</i>	2010	+10%	N/A
	2009	Set Baseline	N/A

Measure	Data Source	Data Validation
RPMS-7	Vista Imaging Report in EHR in the Resource and Patient Management System (RPMS)	OIT quality assurance

This new measure will track the number of patients with clinical images captured or displayed for use in the Resource and Patient Management System (RPMS) Electronic Health Record. The ability to review images such as X-rays in the Electronic Health Record will increase the utility of the Electronic Health Record to providers by providing a complete patient record in one location, thus contributing to better patient care. The FY 2009 target is to set a baseline of patients with clinical images captured or displayed, and in FY 2010 the target is to increase the number of patients with clinical images captured or displayed by 10% over the baseline.

Measure	FY	Target	Result
RPMS-2: Derive all clinical measures from RPMS and integrate with EHR <sup>10</sup> . <i>(Outcome)</i>	2010	63 Measures/12 IHS Areas	N/A
	2009	61 Measures/12 IHS Areas	N/A
	2008	59 Measures / 12 IHS Areas	59 Measures / 12 IHS Areas (Target Met)
	2007	41 Measures / 12 IHS Areas	41 Measures / 12 IHS Areas (Target Met)
	2006	38 Measures / 12 IHS Areas	41 Measures / 12 IHS Areas (Target Exceeded)
	2005	37 Measures / 12 IHS Areas	41 Measures / 12 IHS Areas (Target Exceeded)

Measure	Data Source	Data Validation
RPMS-2	RPMS data; Office of Information Technology (OIT) records	RPMS software; OIT program reviews

The FY 2008 target for this measure was met. IHS met this measure by deriving 59 clinical measures from the Resource and Patient Management System (RPMS) and integrating the Electronic Health Record (EHR) in all 12 Areas. This measure is designed to improve the quality of care through the use of appropriate technology and

<sup>10</sup>Note on display: The first item represents the number of clinical measures and the second represents the number of Areas (Clinical Measures/Area).

to improve passive extraction of GPRA clinical data from RPMS health information system. The FY 2009 target is to assure that 61 clinical performance measures based on RPMS data can be reported by CRS software, and in FY 2010 the target will increase to 63 clinical performance measures. Deriving clinical data from RPMS will be a priority in FY 2009 and FY 2010. Increasing the number of medical conditions that can be tracked using the Clinical Reporting System (CRS) allows clinicians to provide better patient care. Standardized extraction of clinical data assures comparability between providers, facilities, and is consistent with other Federal agencies.

## Dental

Measure	FY	Target	Result
<b>12: Topical Fluorides<sup>11</sup>: Number of American Indian and Alaska Native patients receiving at least one topical fluoride application. (Outcome)</b>	2010	114,900 patients	N/A
	2009	114,716 patients	N/A
	2008	107,934 patients	120,754 patients (Target Exceeded)
	2007	95,439 patients	107,934 patients (Target Exceeded)
	2006	85,318 patients	95,439 patients (Target Exceeded)
	2005	Set Baseline	85,318 patients (Baseline)
<b>13: Dental Access: Percent of patients who receive dental services. (Outcome)</b>	2010	26%	N/A
	2009	24%	N/A
	2008	25%	25% (Target Met)
	2007	24%	25% (Target Exceeded)
	2006	24%	23% (Target Not Met)
	2005	24%	24% (Target Met)
<b>14: Dental Sealants: Number of sealants placed per year in AI/AN patients. (Outcome)</b>	2010	230,000 sealants	N/A
	2009	229,147 sealants	N/A
	2008	245,449 sealants	241,207 sealants (Target Not Met)
	2007	246,645 sealants	245,449 sealants (Target Not Met)
	2006	249,882 sealants	246,645 sealants (Target Not Met)
	2005	230,295 sealants	249,882 sealants (Target Exceeded)

<sup>11</sup>The FY 2005 measure target included both number of applications and number of patients. Prior to FY 2005 this measure calculated increase in number of individuals with access to fluoridated water.



Measure	Data Source	Data Validation
12 13 14	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for topical fluorides was met and exceeded. In FY 2008 120,754 patients received at least one topical fluoride application, an increase of 12,820 patients over FY 2007 results. Since FY 2005 the number of patients has increased steadily by about 10,000-12,000 patients per year; however, due to high vacancy rates for dental positions, it is difficult to predict performance in a given year. The FY 2009 target is 114,716, a relative 5% reduction from the FY 2008 result. The FY 2010 target is to increase the number of patients to 114,900.

Patients who receive at least one fluoride application have fewer new caries, reducing cost of subsequent dental care and improving oral health.

The FY 2008 target for dental access was met. In FY 2008, 25 percent of patients received dental care, maintaining the rate from FY 2007. The target for FY 2009 is to achieve a rate of 24%, a relative 5% reduction from the FY 2008 result. This target reflects the challenges of ensuring continued access to dental services, given high provider vacancy rates. In FY 2010 the target for dental access increases to 26% based on increased funding.

The FY 2008 target for sealants was not met. In FY 2008 a total of 241,207 sealants were placed in patients, a decrease of 4,242 from the FY 2007 result of 246,645 sealants. The number of sealants has decreased consistently from FY 2005-FY 2008, reflecting both high dental vacancy rates, and the fact that many programs report they have few new patients eligible for sealants. The FY 2009 target is 229,147, a relative 5% reduction from the FY 2008 result. The FY 2010 target is 230,000, reflecting a slight increase.

The dental program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Mental Health

Measure	FY	Target	Result
<u>29</u> : Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals ( <i>Outcome</i> )	2010	1,700 completed reporting forms	N/A
	2009	1,678 completed reporting forms	N/A
	2008	1758 completed reporting forms	1598 completed reporting forms (Target Not Met)
	2007	1603 completed reporting forms	1674 completed reporting forms (Target Exceeded)
	2006	Set Baseline	1603 completed reporting forms (Baseline)

Measure	Data Source	Data Validation
29	Extraction of data from Resource and Patient Management System (RPMS)	Division of Behavioral Health reviews

The FY 2008 target for this measure was not met. The target was to increase the completion of suicidal behavior reporting forms from 1,674 in FY 2007 to 1,758 in FY 2008. The number of forms completed dropped to 1,598. The suicide surveillance measure has evolved from the FY 2004 target of deploying a suicide reporting form into the behavioral health package to integrating the form into the Resource Patient Management System in FY 2005 to setting a baseline level of use in FY 2006. The suicide surveillance tool captures data related to a specific incident of suicide, such as date and location of act, method, contributing factors, and other useful epidemiological information. Local and national reports can be sorted by a number of different variables including the number of suicide events by sex, age, community, tribe, and others. The FY 2009 target is to increase 5% over the FY 2008 result to 1,678 forms completed. In FY 2010 the target is to increase to 1,700 forms completed.

While the Behavioral Health-Management Information System was deployed widely in FY 2007, there were few additional sites added in FY 2008. Moreover, because this measure tracks forms completed, it is difficult to tell whether a decrease reflects lower usage of a form, or fewer events to record. The FY 2008 target was increased based on the FY 2007 performance results; however, targets for this measure are difficult to set, as it is also contingent on broader trends within the AI/AN communities.

Completion of forms should provide more complete information about the incidence of suicidal ideation and attempts as well as completions, which will provide far more accurate data to national policy makers and will allow interventions to be evaluated for effectiveness in ways not previously possible.

Measure	FY	Target	Result
<u>18: Behavioral Health</u> <sup>12</sup> : Proportion of adults ages 18 and over who are screened for depression. IHS-All (Outcome)	2010	44%	N/A
	2009	35%	N/A
	2008	24%	35% (Target Exceeded)
	2007	15%	24% (Target Exceeded)
	2006	Set Baseline	15% (Baseline)
	2005	N/A	4% (Target Not In Place)
<u>18: Tribally Operated Health Programs</u> (Outcome)	2010	35%	N/A
	2009	29%	N/A
	2008	21%	29% (Target Exceeded)
	2007	14%	21% (Target Exceeded)
	2006	Set Baseline	14% (Baseline)

<sup>12</sup> Prior to 2006 this measure tracked the number of programs reporting minimum agreed-to behavioral health-related data to warehouse.

Measure	Data Source	Data Validation
18	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

In FY 2008 the targets for this measure were met and exceeded. In FY 2008, 35% of patients age 18 and older were screened for depression, an increase of 11 percentage points over the FY 2007 rate of 24%. This measure has seen significant increases in results from the baseline result of 15% in FY 2006. Higher screening rates reflect increasing provider awareness of the importance of universal screening for depression among adults. The FY 2009 target is to maintain the screening rate at the FY 2008 results of 35%, and in FY 2010 the target is to increase the rate to 44%. This is a lower-cost screening measure with potential high return on investment.

Depression is often an underlying component contributing to suicide, accidents, domestic/intimate partner violence, and alcohol and substance abuse. Early identification of depression will contribute to reducing their incidence, as well as allow providers to plan interventions and treatment to improve the mental health and well-being of AI/AN people who experience depression.

### Alcohol and Substance Abuse

Measure	FY	Target	Result
10: RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). ( <i>Outcome</i> )	2010	100%	N/A
	2009	100%	N/A
	2008	100%	91% (Target Not Met)
	2007	100%	91% (Target Not Met)
	2006	100%	100% (Target Met)
	2005	100%	100% (Target Met)

Measure	Data Source	Data Validation
10	Youth Regional Treatment Center reports	Review by Division of Behavioral Health

The FY 2008 target of 100% accreditation of all Youth Regional Treatment Centers was not met. As in FY 2007, all but one facility continued to be accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF) and two are State-certified. The FY 2009 and FY 2010 targets are to achieve a 100 percent accreditation rate for all YRTCs.

IHS continues to collaborate with tribal programs regarding licensure and accreditation issues. Strong recommendations to continue with the accreditation process are always a top priority within the program, and the agency is confident that the facility will meet the required certification standards of the appropriate health accreditation authority

Measure	FY	Target	Result
<b>11: Alcohol Screening (FAS Prevention):</b> Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. IHS-All ( <i>Outcome</i> )	2010	50%	N/A
	2009	47%	N/A
	2008	41%	47% (Target Exceeded)
	2007	28%	41% (Target Exceeded)
	2006	12%	28% (Target Exceeded)
	2005	8%	11% (Target Exceeded)
<b>11: Tribally Operated Health Programs</b> ( <i>Outcome</i> )	2010	44%	N/A
	2009	41%	N/A
	2008	37%	41% (Target Exceeded)
	2007	27%	37% (Target Exceeded)
	2006	12%	27% (Target Exceeded)
	2005	>7%	11% (Target Exceeded)

Measure	Data Source	Data Validation
11	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

In FY 2008 the target for this measure was met and exceeded. In FY 2008 the proportion of women screened for alcohol to prevent Fetal Alcohol Syndrome (FAS) increased by 6 percentage points, from 41% in FY 2007 to 47% in FY 2008. This measure has seen significant increases in results since FY 2005, due to increased provider awareness, and an agency emphasis on behavioral health screening. The FY 2009 target for this measure is to maintain the FY 2008 result of 47%, and in FY 2010 the target is to increase the rate to 50%. Alcohol Screening is a lower-cost screening measure with potential high return on investment.

Heavy drinking during pregnancy can cause significant birth defects, including FAS. FAS is the leading known, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of FAS. Continued increases in screening rates for this measure will have a significant impact on AI/AN communities.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

### **Contract Health Service**

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

### **Special Diabetes Program for Indians**

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
Diabetes: A1c Measured <sup>13</sup> : Proportion of patients who have had an A1c test. IHS-All (Outcome)	2010	N/A	N/A
	2009	N/A	N/A
	2008	N/A	79% (No Target; Provided for Context)
	2007	N/A	79% (No Target; Provided for Context)
	2006	N/A	79% (No Target; Provided for Context)
	2005	N/A	78% (No Target; Provided for Context)
Tribally Operated Health Programs (Outcome)	2010	N/A	N/A
	2009	N/A	N/A
	2008	N/A	76%
	2007	N/A	77% (No Target; Provided for Context)
	2006	N/A	77% (No Target; Provided for Context)
	2005	N/A	76% (No Target; Provided for Context)
<u>1</u> : Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c > 9.5). IHS-All <sup>14</sup> (Outcome)	2010	16%	N/A
	2009	19/18%	N/A
	2008	19/16%	18/17% (Target Not Met)
	2007	18/15%	19/16% (Target Not Met)
	2006	18/15%	18/16% (Target Not Met)
	2005	16/17%	18/15% (Target Exceeded)
<u>1</u> : Tribally Operated Health Programs (Outcome)	2010	13%	N/A
	2009	15%	N/A
	2008	13%	14% (Target Not Met)
	2007	12%	13% (Target Not Met)
	2006	12%	13% (Target Not Met)
	2005	17%	12% (Target Exceeded)

<sup>13</sup> There is no measure or goal; this information is provided for context.

<sup>14</sup> First figure in results column is Diabetes audit data; second is CRS.

Measure	Data Source	Data Validation
1	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

There is no target for the Diabetes: A1c Measured measure; results are provided for context only. The FY 2008 CRS target for Diabetes: Poor Glycemic Control was not met. In FY 2008, the proportion of patients with diabetes with poor glycemic control (A1c>9.5) was 17%, an increase of one percentage point over FY 2007 results. The FY 2008 Audit target of 19% was met and exceeded. In FY 2008, 18% of patients diagnosed with diabetes in the Diabetes Audit had poor glycemic control. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2009 CRS target is 18%, a relative 6% decrease from the FY 2008 result. The Audit target is 19%. The target reflects the challenges of reducing the proportion of patients with poor glycemic control, given that it is a high-cost measure, which requires frequent medical visits, medications, and laboratory testing. The FY 2010 CRS target is to reduce the proportion of patients with poor glycemic control to 16%, based on an increase in funding. Reducing the number of poorly controlled diabetics is strongly associated with decreasing the incidence of costly diabetic complications and mortality

Measure	FY	Target	Result
<u>2</u> : Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c <7.0). IHS-All <sup>15</sup> (Outcome)	2010	32%	N/A
	2009	38/30%	N/A
	2008	38/31%	39/32% (Target Exceeded)
	2007	37/32%	38/31% (Target Not Met)
	2006	36/32%	37/31% (Target Not Met but Improved)
	2005	34/27%	36/30% (Target Exceeded)
<u>2</u> : Tribally Operated Health Programs (Outcome)	2010	34%	N/A
	2009	32%	N/A
	2008	33%	34% (Target Exceeded)
	2007	33%	33% (Target Met)
	2006	33%	33% (Target Met)
	2005	27%	33% (Target Exceeded)

<sup>15</sup> First figure in results column is Diabetes audit data; second is CRS.

Measure	Data Source	Data Validation
2	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2008 CRS target for Diabetes: Ideal Glycemic Control was met and exceeded. In FY 2008, the proportion of patients with diabetes with ideal glycemic control was 32%, an increase of one percentage point over FY 2007 results. The FY 2008 Audit target of 38% was also met and exceeded by one percentage point. In FY 2008, 39 percent of patients diagnosed with diabetes in the Diabetes Audit had ideal glycemic control. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2009 CRS target is 30%, a relative 6% decrease from the FY 2008 result. The Audit target is 38%. The targets reflect the fact that this is a high-cost measure, which requires frequent medical visits, medications, and laboratory testing. The FY 2010 target is to increase the proportion of patients with ideal glycemic control to 32% based on an increase in funding.

The Special Diabetes Program for Indians has demonstrated positive outcomes showing steady improvements, quantitatively and qualitatively, over the past four years. By increasing the number of diabetics in ideal glycemic control, complications of diabetes are reduced, thus improving the health status of the AI/AN population.

Measure	FY	Target	Result
3: Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). IHS-All <sup>16</sup> (Outcome)	2010	39%	N/A
	2009	38/36%	N/A
	2008	38/39%	36/38% (Target Not Met)
	2007	38/37%	38/39% (Target Exceeded)
	2006	36/37%	38/37% (Target Met)
	2005	34/35%	36/37% (Target Exceeded)
3: Tribally Operated Health Programs (Outcome)	2010	38%	N/A
	2009	34%	N/A
	2008	38%	36% (Target Not Met)
	2007	37%	38% (Target Exceeded)
	2006	36%	37% (Target Exceeded)
	2005	35%	36% (Target Exceeded)

<sup>16</sup> First figure in results column is Diabetes audit data; second is CRS.

Measure	Data Source	Data Validation
3	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2008 CRS target for Diabetes: Blood Pressure Control was not met. In FY 2008, the proportion of patients with diabetes with blood pressure control was 38%, a decrease of one percentage point from FY 2007 results. The FY 2008 Audit target of 39% was also not met. In FY 2008, 36% of patients diagnosed with diabetes in the Diabetes Audit had blood pressure control. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2009 CRS target is 36%, a relative 6% decrease from the FY 2008 result. The Audit target is 38%. The FY 2008 result and FY 2009 target reflects the fact that this is a high-cost measure, which requires frequent medical visits, frequently requires multiple medications, patient compliance, lifestyle adaptation, laboratory testing and monitoring. In FY 2010 the target for this measure is 39% based on an increase in funding.

Measure	FY	Target	Result
4: Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). IHS-All <sup>17</sup> (Outcome)	2010	64%	N/A
	2009	74/60%	N/A
	2008	74/61%	75/63% (Target Exceeded)
	2007	76/60%	74/61% (Target Exceeded)
	2006	72/53%	73/60% (Target Exceeded)
	2005	69/53%	70/53% (Target Met)
4: Tribally Operated Health Programs (Outcome)	2010	62%	N/A
	2009	58%	N/A
	2008	58%	61% (Target Exceeded)
	2007	58%	58% (Target Met)
	2006	49%	58% (Target Exceeded)
	2005	53%	48% (Target Not Met)

<sup>17</sup> First figure in results column is Diabetes audit data; second is CRS.



Measure	Data Source	Data Validation
4	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2008 CRS target for Diabetes: LDL Assessed was met and exceeded. In FY 2008, the proportion of patients with diabetes with LDL assessed was 63%, an increase of two percentage points over FY 2007 results. The FY 2008 Audit target of 74% was also met and exceeded. In FY 2008, 75 percent of patients diagnosed with diabetes in the Diabetes Audit had LDL assessed. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2009 CRS target is 60%, a relative 5% decrease from the FY 2008 result. The Audit target is 74%. The targets reflect the challenges of assessing LDL, which is a high-cost measure requiring frequent medical visits and laboratory testing. The FY 2010 CRS target is 64%, based on an increase in funding.

## Preventive Health: Public Health Nursing, Health Education, Community Health Representatives, and Immunization Alaska

### Public Health Nursing

Measure	FY	Target	Result
23: Public Health Nursing <sup>18</sup> : 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. ( <i>Outcome</i> )	2010	430,000	N/A
	2009	427,700	N/A
	2008	449,085	415,945 (Target Not Met)
	2007	Set Baseline	427,700 (Baseline)
	2005	423,379	438,376 (Target Exceeded)

Measure	Data Source	Data Validation
23	Extraction of data from Resource and Patient Management System	Data verification by Public Health Nursing

The FY 2008 target for this measure was not met. The target was to increase the number of public health activities recorded within the Public Health Nursing data system by 5%, from the baseline of 427,700 set in FY 2007, to 449,085 in FY 2008. The program recorded 415,945 encounters for FY 2008. In FY 2009, the target is to increase the rate by 2.8 percent to 427,700 and in FY 2010 the target is to increase to 430,000. PHN clinical activities will continue to focus on and address health disparities, and at the same time provide access to health

<sup>18</sup> Prior to FY 2006 this measure tracked the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing.

care services in the community. This myriad of activities contributes towards an overall improvement in health outcomes in the AI/AN population.

This measure is dependent on funding and vacancy rates for PHNs and involved travel outside clinics. Rising fuel and transportation costs force programs to curtail outreach activities. The FY 2009 target will be to increase the number of public health activities to 427,700 and the FY 2010 target will be to increase the number of public health activities to 430,000. The 2010 target will represent a 3% increase over the 2008 result.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Health Education

Measure	FY	Target	Result
32: Tobacco Cessation Intervention <sup>19</sup> : Proportion of tobacco-using patients that receive tobacco cessation intervention. IHS-All (Outcome)	2010	24%	N/A
	2009	21%	N/A
	2008	16%	21% (Target Exceeded)
	2007	12%	16% (Target Exceeded)
	2006	Set Baseline	12% (Baseline)
	2005	27%	34% (Target Exceeded)
32: Tribally Operated Health Programs (Outcome)	2010	20%	N/A
	2009	17%	N/A
	2008	12%	17% (Target Exceeded)
	2007	10%	12% (Target Exceeded)
	2006	Set Baseline	10% (Baseline)
	2005	27%	34% (Target Exceeded)

<sup>19</sup> In FY 2004 and FY 2005 this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

Measure	Data Source	Data Validation
32	Clinical Reporting System(CRS)	CRS software testing; quality assurance review of site submissions

The FY 2008 target for this measure was met and exceeded. In FY 2008, 21 percent of tobacco-using patients received tobacco cessation intervention, exceeding the target by 5 percentage points. The increase is due to growing provider awareness of the measure, and improved data entry for patient education and counseling. In FY 2004 and FY 2005, this measure tracked the number of patients screened for tobacco use. In FY 2006 the focus of the measure changed from screening the number of users to intervening in order to reduce the number of smokers. The FY 2009 target is to maintain the FY 2008 result of 21% and the FY 2010 target is to increase the percentage of tobacco-using patients receiving tobacco cessation intervention to 24%.

The use of tobacco represents the second largest cause of preventable deaths for American Indian and Alaska Native people. Lung cancer is the leading cause of cancer death among AI/ANs. Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is a significant risk factor for this disease. Increasing the number of patients receiving tobacco cessation intervention will reduce the number of patients who smoke, contributing to a reduction in death and disease.

Measure	FY	Target	Result
30: CVD Comprehensive Assessment <sup>20</sup> : Proportion of Ischemic Heart Disease patients who have a comprehensive assessment for all CVD-related risk factors. (Outcome)	2010	31%	N/A
	2009	30%	N/A
	2008	30%	30% (Target Met)
	2007	Set Baseline	30% (Baseline)
	2006	44%	48% (Target Exceeded)
	2005	Set Baseline	43% (Baseline)
30: Tribally Operated Health Programs (Outcome)	2010	26%	N/A
	2009	25%	N/A
	2008	24%	25% (Target Exceeded)
	2007	Set Baseline	24% (Baseline)

Measure	Data Source	Data Validation
30	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

<sup>20</sup> In FY 2005 and FY 2006, this measure tracked the proportion of patients ages 23 and older who receive blood cholesterol screening. Prior to FY 2005 measure was: Number of community-directed pilot cardiovascular disease (CVD) prevention programs. In FY 2007, this measure was changed to track the proportion of patients with IHD who were assessed for six CVD-related risk factors.

The FY 2008 target for this measure was met. In FY 2008, 30% of IHD patients had a comprehensive assessment for five CVD-related risk factors (Blood Pressure control, LDL assessed, tobacco cessation, lifestyle counseling, and BMI assessed), maintaining the FY 2007 rate. In FY 2005 and FY 2006 this measure tracked proportion of patients ages 23 and older who received blood cholesterol screening. The FY 2009 target is to maintain the FY 2008 result of 30% and the FY 2010 target is to increase the proportion of patients with a comprehensive assessment to 31%.

Agency initiatives, such as the Chronic Care initiative, assist in promoting overall CVD prevention and case management. Assuring that patients are appropriately screened for risk factors and receiving patient education is essential given the increasing rates of cardiovascular disease in the AI/AN population..

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Community Health Representatives

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Immunization Alaska

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Urban Indian Health Program

Measure	FY	Target	Result
UIHP-4: Increase the number of sites utilizing an electronic reporting system ( <i>Outcome</i> )	2010	Eliminated	N/A
	2009	+ 5 sites	N/A
	2008	7 sites	6 sites (Target Not Met)
	2007	6 sites	9 sites (Target Exceeded)
	2006	Set Baseline	9 sites (Baseline)
UIHP-E: Cost per service user in dollars per year. ( <i>Outcome</i> )	2010	\$918	N/A
	2009	\$845	N/A
	2008	\$805	Jul 31, 2009
	2007	\$767	\$698 (Target Exceeded)
	2006	\$601	\$737 (Target Not Met)
	2005	\$579	\$776 (Target Not Met)

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
UIHP-1: Percent decrease in years of potential life lost. <i>(Outcome)</i>	2013	TBD	N/A
UIHP-2: Percent of AI/AN patients with diagnosed diabetes served by urban health programs that achieve ideal blood sugar control <sup>21</sup> . <i>(Outcome)</i>	2010	37%/39%	N/A
	2009	37%/39%	N/A
	2008	37%/39%	39%/42% (Target Exceeded)
	2007	38%/41%	37%/39% (Target Not Met)
	2006	Maintain	38%/41% (Target Not Met)
	2005	Maintain	44% (Target Exceeded)
UIHP-3: Percent decrease in obesity rates in children <sup>22</sup> . <i>(Outcome)</i>	2010	14%	N/A
	2009	N/A	N/A
	2008	N/A	19%/14%
	2007	N/A	28%/17%
	2006	N/A	25%/29%
UIHP-6: Increase the number of diabetic AI/ANs that achieve ideal blood pressure control. <i>(Outcome)</i>	2010	TBD	Jun 2011
	2009	TBD	Jun 2010
	2008	Set Baseline	Jun 2009
UIHP-7: Number of AI/ANs served at Urban Indian clinics. <i>(Outcome)</i>	2010	80,500	TBD
	2009	79,000	TBD
	2008	77,500	TBD
	2007	N/A	76,359 (Historical Actual)
	2006	N/A	74,104 (Historical Actual)
	2005	N/A	71,174 (Historical Actual)

<sup>21</sup> First number reported represents result from urban facilities conducting an audit of 100% of charts, second result is from urban facilities conducting an audit of a sample of charts.

<sup>22</sup> First number reported represents result from urban facilities conducting an audit of 100% of charts, second result is from urban facilities conducting an audit of a sample of charts.

Measure	Data Source	Data Validation
UIHP-4	RPMS data; Office of Information Technology (OIT) records	RPMS software; OIT program reviews
UIHP-E	UCRR	Office of Urban Programs
UIHP-1	2000 Census bridged-race file; mortality data from CDC National Center for Health Statistics.	IHS Division of Program Statistics.
UIHP-2 UIHP-3	Clinical Reporting System (CRS).	CRS software testing; quality assurance review of site submissions.
UIHP-6	Annual Diabetes care and outcome audit	Comparison of CRS and audit results; quality assurance review of site submissions
UIHP-7	UCRR; data source changes to UDS beginning in 2008	Office of Urban Programs

The FY 2008 target for UIHP-4 was to increase the number of sites that are utilizing an electronic reporting system by 7 sites. The result was 6 sites. This will provide integrated patient care into a single automated data processing system that collects and stores a core set of health and management data that cuts across disciplines and facilities. This system will assist urban healthcare professionals in providing the type of care that addresses all of a patient's known health problems and preventive health needs. Funded RPMS and site manager training as well as Area level information technology funding for equipment and support contributed to the successful increase to 6 sites. The FY 2009 performance target is to establish RPMS in 5 additional urban programs. In FY 2010 this measure is eliminated.

FY 2008 performance data for the UIHP-E measure will not be available until July 2009. In FY 2007 the cost per service user was \$698. By providing care at a lower cost, the program exceeded the FY 2007 target of \$767. The FY 2008 target was to achieve a cost per service user of \$805, reflecting the rising cost of providing medical care. The FY 2009 target is to achieve a cost per service user of \$845 and the FY 2010 target is to achieve a cost of \$918.

This UIHP-1 measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. Baseline data for this measure will be established in 2009 after which a target will be set for 2013.

The UIHP-3 measure to decrease obesity rates in children is a long-term measure with a target of 14% of children with a BMI of 95% or higher in FY 2010 and in FY 2013. Although the FY 2008 Urban program rate reflects a drop from FY 2007, rates of overweight among American Indian and Alaska Native children exceed the national averages. It will be important to continue to monitor this rate and to implement best practices strategies for BMI assessment, breastfeeding, patient health education, counseling, and community strategies.

The UIHP-2 and UIHP-6 measures both track measures related to patients with diabetes. UIHP-2 tracks the number of American Indians and Alaska Natives that have achieved ideal blood sugar control. In FY 2008 the target for this measure was met and exceeded. The UIHP-6 measure is to track the number of diabetic American Indians and Alaska Natives that achieve blood pressure control. An FY 2008 baseline for this measure will be reported in June of 2009, after which specific targets for FY 2009 and FY 2010 will be established.

The UIHP-7 annual measure tracks the number of AI/ANs served at Urban Indian clinics. Targets for FY 2008, FY 2009, and FY 2010 have been established, but FY 2008 results are not yet available. This data will be derived from a new UIHP data system.

## Indian Health Professions

Measure	FY	Target	Result
42: Scholarships: Proportion of Health Professional Scholarship recipients placed in Indian health settings within 90 days of graduation. <i>(Outcome)</i>	2010	75%	N/A
	2009	69%	N/A
	2008	52%	61% (Target Exceeded)
	2007	42%	47% (Target Exceeded)
	2006	32%	37% (Target Exceeded)
	2005	22%	30% (Target Exceeded)

Measure	Data Source	Data Validation
42	Scholarship program data system	Clinic employment records

The FY 2008 target for this measure was met and exceeded by 9 percent. The placement rate increased significantly more than expected as a result of increased communication between the scholars and their scholarship coordinators and clinical programs, as well as improvements with the scholar tracking system. Over the past four years, the placement rate has been steadily increasing, from 30 percent in 2005 to 61 percent in 2008. The FY 2009 target is to achieve a placement rate of 69% and the FY 2010 target is to achieve a placement rate of 75%.

Improving the placement rate of scholarship recipients has a major impact on meeting the staffing needs at hard-to-fill sites and helping to address high vacancy rates for dentists, nurses, and dentists. Filling these vacancies will help improve the health care delivery system at I/T/U facilities.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

## Critical Management & Performance Infrastructure: Tribal Management, Direct Operations, Self-Governance, Contract Support Costs.

Measure	FY	Target	Result
TOHP-1: Percentage of TOHP clinical user population included in GPRA data. <i>(Outcome)</i>	2010	78%	N/A
	2009	74%	N/A
	2008	76%	73% (Target Not Met)
	2007	78%	76% (Target Not Met)
	2006	77%	77% (Target Met)
	2005	Set Baseline	74% (Baseline)

Measure	Data Source	Data Validation
TOHP-1	IHS Service Population data	Area planners and statisticians

The FY 2008 target for this measure was not met. The FY 2008 target for this measure is to maintain the percentage of the Tribally Operated Health Programs (TOHP) clinical user population included in GPRA data at the FY 2007 rate of 76 percent. The program achieved a rate of 73 percent. The FY 2009 target is 74 percent and the FY 2010 target is 78 percent.

In FY 2008, non-RPMS data systems were introduced at additional locations. Standards for data integration are being developed for new data systems so that targets for this measure can be met. A 3 percent reduction in the percent of TOHP clinical user population included in GPRA from the FY 2007 level did not have a significant impact on program performance or activity. However, increasing the reporting of clinical user information among TOHPs is a high priority.

Measure	FY	Target	Result
TOHP-E: Tribally Operated Health Programs: Hospital admissions per 100,000 diabetics per year for long-term complications of diabetes. ( <i>Efficiency</i> )	2010	146.7	N/A
	2009	146.7	N/A
	2008	146.7	Sep 30, 2010
	2007	148.2	Sep 30, 2009
	2006	163.4	149.7 (Target Exceeded)
	2005	142.8	165.1 (Target Not Met)

Measure	Data Source	Data Validation
TOHP-E	National Health Disparities Report	IHS Division of Program Statistics

The FY 2008 target for this measure is to achieve a rate for hospital admissions of 146.7 per 100,000 diabetics per year for long term complications of diabetes; it will not be reported on until September 2010. There is a two-year reporting lag for this measure and data now available for FY 2005 and FY 2006 show a decrease in the rate. Further trend analysis will be available after FY 2007 and FY 2008 results are available. The FY 2009 and FY 2010 targets are to achieve a rate of 146.7. This measure is designed to demonstrate the overall effectiveness of diabetes management by documenting the reductions in costly in-patient care, which indirectly reflects improved patient care efficiency in the face of increasing rates of diabetes in the AI/AN population.



## Facilities: Sanitation Facilities Construction, Healthcare Facilities Construction.

### Sanitation Facilities Construction (SFC)

Measure	FY	Target	Result
(35) SFC-1: Sanitation Improvement: Number of new or like-new and existing AI/AN homes provided with sanitation facilities. (Outcome)	2010	21,811	N/A
	2009	37,500 <sup>23</sup>	N/A
	2008	21,800	21,811 (Target Exceeded)
	2007	23,000	21,819 (Target Not Met)
	2006	22,000	24,090 (Target Exceeded)
	2005	20,000	24,072 (Target Exceeded)
(35A) SFC-2: Percent of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. (Outcome)	2010	42%	N/A
	2009	43% <sup>24</sup>	N/A
	2008	35%	42% (Target Exceeded)
	2007	35%	45% (Target Exceeded)
	2006	20%	35% (Target Exceeded)
	2005	Set Baseline	38% (Baseline)

Measure	Data Source	Data Validation
(35) SFC-1	SFC Sanitation Deficiency System (SDS) and Project Data System	Program site inspection
(35A) SFC-2	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

The FY 2008 targets for both SFC measures were met and exceeded. In FY 2008, 21,811 homes were provided with sanitation (water, sewage disposal, and/or solid waste water) facilities; the target was 21,800 homes. The FY 2009 target will be 37,500 homes, based on an increase in funding. In FY 2010 the target for this measure is to attain the FY 2008 result of 21,811. The 2010 target reflects the challenge of providing homes with sanitation

<sup>23</sup> The FY 2009 target was increased from the original target of 21,500 to 37,500 homes as a result of additional funds provided in the ARRA

<sup>24</sup> This target was increased by one percentage point over the previous target as a result of additional funds provided in the ARRA.

facilities given the need for adjustments for inflation. Since the program funds projects using a priority system that balances cost with health need and tribal wishes, the more cost-effective projects are more likely to be funded first, leaving more expensive projects for future funding. Population served is also based on the aggregation of projects funded in partnership with other agencies, and funding from other agencies has been reduced.

The FY 2008 target of achieving 35 percent of existing homes served by the program was met and exceeded. The FY 2008 rate was 42 percent. The FY 2009 target is to achieve a rate of 43 percent and the FY 2010 target is 42 percent. The target reflects the challenge of providing homes with sanitation facilities given that the projects chosen for funding are chosen through a priority system that balances cost with health need and tribal wishes. The projects with the highest health need or deficiency level are typically more costly to construct and do not always rank as the highest priority.

SFC projects provide resources for building and sustaining healthy communities through disease prevention; achieving parity in access by attempting to increase the number of AI/AN homes with potable water to 94 percent by 2015; providing compassionate quality health care through the provision of sanitation; and embracing innovation through prevention activities and increased partnerships with other federal agencies, states and tribes. These facilities will provide safe drinking water supplies and adequate waste disposal facilities that are essential preconditions for most health promotion and disease preventions efforts, as well as being a major factor in the quality of life of Indian people.

Measure	FY	Target	Result
SFC-E: Track average project duration from the Project Memorandum of Agreement (MOA) execution to construction completion. ( <i>Efficiency</i> )	2010	4.0 yrs	N/A
	2009	4.1 yrs	N/A
	2008	4.0 yrs	Apr 30, 2009
	2007	3.9 yrs	4.1 yrs (Target Not Met)
	2006	4.1 yrs	3.6 yrs (Target Exceeded)
	2005	Set Baseline	3.8 yrs (Baseline)

Measure	Data Source	Data Validation
SFC-E	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

This efficiency measure will not have a FY 2008 result until April 2009. Previous trends show a slight decrease in the average project duration from the Project Memorandum of Agreement execution to construction completion from 3.8 yrs FY 2005 to 3.6 yrs in FY 2006, but an increase to 4.13 in FY 2007. The FY 2008 target is to attain a project duration of 4.0 years. The FY 2009 target is to attain a project duration of 4.1 years and the FY 2010 target is to attain a project duration of 4.0 years. Program strategies have been implemented to ensure these projected targets are maintained at a minimum. Any reduction in the length of time a project takes to complete will yield cost savings in both construction inflation costs and project related staffing costs, allowing the program to provide more services to more homes, thus improving water quality and sanitation facilities for the population served.

Measure	FY	Target	Result
SFC-3: Percentage of AI/AN homes with sanitation facilities <sup>25</sup> . (Outcome)	2010	90%	N/A
	2009	N/A	N/A
	2008	N/A	90% (No Target; Long term Measure)
	2007	N/A	89% (No Target; Long term Measure)
	2006	N/A	88% (No Target; Long term Measure)

Measure	Data Source	Data Validation
SFC-3	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

This long term measure does not have associated targets until 2010. The FY 2010 target is 90 percent. The percent of AI/AN homes with sanitation facilities has increased slightly, by 1 percent, from 89 percent in FY 2007 to 90 percent in FY 2008.

## Healthcare Facilities Construction (HCFC)

Measure	FY	Target	Result
36: Health Care Facility Construction: Number of health care facilities construction projects completed. (Outcome)	2010	TBD	N/A
	2009	1 project	N/A
	2008	1 project	0 projects <sup>26</sup> (Target Not Met)
	2007	2 projects <sup>27</sup>	3 projects (Target Exceeded)
	2006	3 projects	3 projects (Target Met)
	2005	21 projects	4 projects (Target Not Met)

Measure	Data Source	Data Validation
36	Health Facilities Construction Project Data System	Health Facilities Construction Program site inspections

The FY 2008 target for this measure was not met. One project scheduled to be completed was delayed due to a Tribal contract negotiation and one project was completed ahead of schedule in FY 2007. In FY 2009 the target will be to complete the 1 construction project delayed in FY 2008. The project identified in the FY 2009

<sup>25</sup> Long Term Measure; no targets until 2010.

<sup>26</sup> The FY 2008 result is 0 because one project was completed ahead of schedule and one project was delayed due to 638 Tribal contract negotiations.

<sup>27</sup> Target and result numbers reflect the number of construction projects being tracked for performance purposes. However, because the projects vary dramatically in terms of complexity, cost, and timeline, these numerical targets alone do not provide a meaningful picture of the work represented by this measure. A complete list of projects for any given year is available upon request.

President's Budget was Ft Belknap Staff Quarters. However, due to the tribe's decision to perform the construction phase, the project was delayed for 638 contract negotiations. The project is scheduled for completion in FY 2010. The FY 2010 target has not yet been determined.

Measure	FY	Target	Result
HCFC-E: Health Care Facilities Construction: Percent of health care facilities construction projects completed on time. ( <i>Efficiency</i> )	2010	100%	N/A
	2009	100%	N/A
	2008	100%	N/A
	2007	100%	100% (Target Met)
	2006	100%	100% (Target Met)
	2005	100%	80% (Target Not Met)

Measure	Data Source	Data Validation
HCFC-E	Health Facilities Construction Project Data System	Health Facilities Construction Program site inspections

Measure	FY	Target	Result
HCFC-E: Energy consumption in Leadership in Energy and Environmental Design (LEED) certified IHS health care facilities compared to the industry energy consumption standard for comparable facilities. ( <i>Outcome</i> )	2013	Set Baseline	N/A

Measure	Data Source	Data Validation
HCFC-E	Health Facilities Construction Project Data System	Health Facilities Construction Program

There is no result to report for this measure in FY 2008 because of the two projects originally planned, one project was completed ahead of time and reported in FY 2007 and the second project was delayed until a later year due to 638 Tribal contract negotiations. The FY 2009 target is to once again achieve the rate of 100 percent. The program will continue to implement strategies that have previously proven successful to meet the FY 2009 target. IHS is providing \$5M to the Norton Sound Health Corporation (Nome, Alaska) for the installation of foundation piles for the project to prevent a one-year delay and prevent a significant cost increase. Facility construction projects completed in a timely manner contribute towards increased access to health services and improved health outcomes. In FY 2010 the target for this measure is to achieve a rate of 100%.

In 2013, the existing measure will be replaced. The new measure will be energy consumption in Leadership in Energy and Environmental Design (LEED) certified IHS health care facilities compared to the industry energy consumption standard for comparable facilities. The 2013 target will establish a baseline.

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<b>HCFC-1: Diabetes Ideal Glycemic Control:</b> Proportion of patients with diagnosed diabetes with ideal glycemic control <sup>28</sup> . <i>(Outcome)</i>	2010	32	N/A
	2009	30	N/A
	2008	33	31/88 (Target Not Met)
	2007	30	33/73 (Target Exceeded)
	2006	32	30/58 (Target Not Met)
	2005	28	32/47 (Target Exceeded)
	2010	45	N/A
	2009	43	N/A
	2008	43	44/43 (Target Exceeded)
	2007	44	43/34 (Target Not Met)
	2006	6	42/23 (Target Exceeded)
	2005	Exempt	N/A
	2010	28	N/A
	2009	26	N/A
	2008	32	27/224 (Target Not Met)
	2007	30	32/30 (Target Exceeded)
	2006	33	29/16 (Target Not Met)
	2005	Exempt	N/A
	2010	41	N/A
	2009	39	N/A
	2008	38	40/30 (Target Exceeded)
	2007	15	38/24 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A

<sup>28</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result	
<b>HCFC-1: Diabetes Ideal Glycemic Control:</b> Proportion of patients with diagnosed diabetes with ideal glycemic control <sup>29</sup> . (Outcome)	2010	30	N/A	
	2009	28	N/A	
	2008	23	29/41 (Target Exceeded)	
	2007	24	23/28 (Target Not Met)	
	2006	Exempt	N/A	
	2005	Set Baseline	24	
	2010	32	N/A	
	2009	30	N/A	
	2008	41	31/37 (Target Not Met)	
	2007	21	41/35 (Target Exceeded)	
	2006	Exempt	N/A	
	2005	Exempt	N/A	
	<b>HCFC-2: Pap Smear Rates:</b> Proportion of eligible women who have had a Pap screen within the previous three years <sup>30</sup> . (Outcome)	2010	63	N/A
		2009	62	N/A
2008		61	63/51 (Target Exceeded)	
2007		62	61/47 (Target Not Met)	
2006		65	62/43 (Target Not Met)	
2005		70	65/41 (Target Not Met)	
2010		39	N/A	
2009		38	N/A	
2008		38	39/24 (Target Exceeded)	
2007		37	38/24 (Target Exceeded)	
2006		32	36/25 (Target Exceeded)	
2005		Exempt	N/A	

<sup>29</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>30</sup> First figure in results column is performance measure results; second is increased access from baseline.

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
HCFC-2: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years <sup>31</sup>	2010	45	N/A
	2009	44	N/A
	2008	56	45/242 (Target Not Met)
	2007	56	56/15 (Target Met)
	2006	58	55/14 (Target Not Met)
	2005	Exempt	N/A
	2010	61	N/A
	2009	60	N/A
	2008	60	61/5 (Target Exceeded)
	2007	58	60/2 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A
	2010	62	N/A
	2009	61	N/A
	2008	61	62/10 (Target Exceeded)
	2007	61	61/10 (Target Met)
	2006	Exempt	N/A
	2005	Baseline	61
	2010	81	N/A
	2009	80	N/A
	2008	72	81/21 (Target Exceeded)
	2007	73	72/17 (Target Not Met)
	2006	Exempt	N/A
	2005	Exempt	N/A

<sup>31</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result
HCFC-3: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years <sup>32</sup> . (Outcome)	2010	52	N/A
	2009	50	N/A
	2008	48	51/93 (Target Exceeded)
	2007	44	48/77 (Target Exceeded)
	2006	41	44/60 (Target Exceeded)
	2005	59	41/52 (Target Not Met)
	2010	48	N/A
	2009	46	N/A
	2008	49	47/25 (Target Not Met)
	2007	48	49/33 (Target Exceeded)
	2006	44	47/33 (Target Exceeded)
	2005	Exempt	N/A
	2010	35	N/A
	2009	33	N/A
	2008	38	34/260 (Target Not Met)
	2007	23	38/38 (Target Exceeded)
	2006	32	22/28 (Target Not Met)
	2005	Exempt	N/A
	2010	69	N/A
	2009	67	N/A
	2008	82	68/17 (Target Not Met)
	2007	43	82/8 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A

<sup>32</sup> First figure in results column is performance measure results; second is increased access from baseline.



Measure	FY	Target	Result	
HCFC-3: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years <sup>33</sup> . (Outcome)	2010	37	N/A	
	2009	35	N/A	
	2008	28	36/27 (Target Exceeded)	
	2007	30	28/21 (Target Not Met)	
	2006	Exempt	N/A	
	2005	Baseline	30	
	2010	89	N/A	
	2009	87	N/A	
	2008	62	89/21 (Target Exceeded)	
	2007	66	62/17 (Target Not Met)	
	2006	Exempt	N/A	
	2005	Exempt	N/A	
	HCFC-4: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients <sup>34</sup> . (Outcome)	2010	48	N/A
		2009	45	N/A
2008		33	45/39 (Target Exceeded)	
2007		35	33/39 (Target Not Met)	
2006		4	35/39 (Target Exceeded)	
2005		6	3/39 (Target Not Met)	
2010		77	N/A	
2009		74	N/A	
2008		69	74/8 (Target Exceeded)	
2007		30	69/12 (Target Exceeded)	
2006		5	29/11 (Target Exceeded)	
2005		Exempt	N/A	

<sup>33</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>34</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result
HCFC-4: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients <sup>35</sup> . (Outcome)	2010	72	N/A
	2009	69	N/A
	2008	40	69/211 (Target Exceeded)
	2007	19	40/11 (Target Exceeded)
	2006	50	18/9 (Target Not Met)
	2005	Exempt	N/A
	2010	77	N/A
	2009	74	N/A
	2008	60	74/7 (Target Exceeded)
	2007	1	60/4 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A
	2010	56	N/A
	2009	53	N/A
	2008	40	53/7 (Target Exceeded)
	2007	9	40/9 (Target Exceeded)
	2006	Exempt	N/A
	2005	Baseline	9 (Baseline)
	2010	68	N/A
	2009	65	N/A
	2008	67	65/16 (Target Not Met)
	2007	6	67/14 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A

<sup>35</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result
<b>HCFC-5: Combined*</b> immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months <sup>36 37</sup> . (Outcome)	2010	95	N/A
	2009	94	N/A
	2008	93	95 (Target Exceeded)
	2007	98	93 (Target Not Met)
	2006	Set Baseline	98 (Baseline)
	2005	54	79/12 (Target Exceeded)
	2010	97	N/A
	2009	96	N/A
	2008	85	97 (Target Exceeded)
	2007	100	85 (Target Not Met)
	2006	Set Baseline	100 (Baseline)
	2005	Exempt	N/A
	2010	84	N/A
	2009	83	N/A
	2008	74	84 (Target Exceeded)
	2007	95	74 (Target Not Met)
	2006	Set Baseline	94 (Baseline)
	2005	Exempt	N/A
	2010	90	N/A
	2009	89	N/A
	2008	86	90 (Target Exceeded)
	2007	26	86 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A

<sup>36</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>37</sup> Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<b>HCFC-5: Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months<sup>38 39</sup>. (Outcome)</b>	2010	77	N/A
	2009	76	N/A
	2008	84	77 (Target Not Met)
	2007	Set Baseline	84 (Baseline)
	2006	Exempt	N/A
	2005	Set Baseline	88 (Baseline)
	2010	97	N/A
	2009	96	N/A
	2008	95	97 (Target Exceeded)
	2007	Set Baseline	95 (Baseline)
	2006	Exempt	N/A
	2005	Exempt	N/A
	<b>HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older<sup>40</sup>. (Outcome)</b>	2010	67
2009		66	N/A
2008		62	67/111 (Target Exceeded)
2007		67	62/95 (Target Not Met)
2006		65	67/74 (Target Exceeded)
2005		60	65/66 (Target Exceeded)

<sup>38</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>39</sup> Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.

<sup>40</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older <sup>41</sup> . (Outcome)	2010	62	N/A
	2009	61	N/A
	2008	64	62/35 (Target Not Met)
	2007	61	64/26 (Target Exceeded)
	2006	46	60/23 (Target Exceeded)
	2005	Exempt	N/A
	2010	58	N/A
	2009	57	N/A
	2008	68	58/218 (Target Not Met)
	2007	59	68/18 (Target Exceeded)
	2006	49	58/18 (Target Exceeded)
	2005	Exempt	N/A
	2010	89	N/A
	2009	88	N/A
	2008	72	89/-5 (Target Exceeded)
	2007	41	72/-6 (Target Exceeded)
	2006	Exempt	N/A
	2005	Exempt	N/A
	2010	72	N/A
	2009	71	N/A
	2008	68	72/20 (Target Exceeded)
	2007	69	68/17 (Target Not Met)
	2006	Exempt	N/A
	2005	Set Baseline	69 (Baseline)

<sup>41</sup> First figure in results column is performance measure results; second is increased access from baseline.

<b>Measure</b>	<b>FY</b>	<b>Target</b>	<b>Result</b>
<b>HCFC-6:</b> Influenza vaccination rates among adult patients aged 65 years and older <sup>42</sup> . ( <i>Outcome</i> )	2010	94	N/A
	2009	93	N/A
	2008	91	94/32 (Target Exceeded)
	2007	93	91/24 (Target Not Met)
	2006	Exempt	N/A
	2005	Exempt	N/A
<b>HCFC-7:</b> Pneumococcal vaccination rates among adult patients aged 65 years and older <sup>43</sup> . ( <i>Outcome</i> )	2010	83	N/A
	2009	82	N/A
	2008	81	83/111 (Target Exceeded)
	2007	77	81/95 (Target Exceeded)
	2006	70	77/74 (Target Exceeded)
	2005	70	67/66 (Target Not Met)
	2010	84	N/A
	2009	83	N/A
	2008	78	84/35 (Target Exceeded)
	2007	56	78/26 (Target Exceeded)
	2006	24	55/23 (Target Exceeded)
	2005	Exempt	N/A
	2010	81	N/A
	2009	80	N/A
	2008	75	81/215 (Target Exceeded)
	2007	53	75/18 (Target Exceeded)
	2006	53	52/18 (Target Not Met)
	2005	Exempt	N/A

<sup>42</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>43</sup> First figure in results column is performance measure results; second is increased access from baseline.

Measure	FY	Target	Result	
HCFC-7: Pneumococcal vaccination rates among adult patients aged 65 years and older <sup>44</sup> . (Outcome)	2010	100	N/A	
	2009	99	N/A	
	2008	87	100/-5 (Target Exceeded)	
	2007	42	87/-6 (Target Exceeded)	
	2006	Exempt	N/A	
	2005	Exempt	N/A	
	2010	85	N/A	
	2009	84	N/A	
	2008	84	85/20 (Target Exceeded)	
	2007	83	84/17 (Target Exceeded)	
	2006	Exempt	N/A	
	2005	Set Baseline	83 (Baseline)	
	2010	96	N/A	
	2009	95	N/A	
	2008	97	96/32 (Target Not Met)	
	2007	90	97/24 (Target Exceeded)	
	2006	Exempt	N/A	
	2005	Exempt	N/A	
	HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention <sup>45 46</sup> . (Outcome)	2010	5	N/A
		2009	2	N/A
2008		1	2 (Target Exceeded)	
2007		3	1 (Target Not Met)	
2006		Set Baseline	1 (Baseline)	
2005		2	4/38 (Target Exceeded)	

<sup>44</sup> First figure in results column is performance measure results; second is increased access from baseline.

<sup>45</sup> In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

<sup>46</sup> Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.

Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention <sup>47 48</sup> . (Outcome)	2010	28	N/A
	2009	25	N/A
	2008	9	25 (Target Exceeded)
	2007	5	9 (Target Exceeded)
	2006	Set Baseline	3 (Baseline)
	2005	Exempt	N/A
	2010	21	N/A
	2009	18	N/A
	2008	14	18 (Target Exceeded)
	2007	15	14 (Target Not Met)
	2006	Set Baseline	13 (Baseline)
	2005	Exempt	N/A
	2010	21	N/A
	2009	18	N/A
	2008	40	18 (Target Not Met)
	2007	Set Baseline	40 (Baseline)
	2006	Exempt	N/A
	2005	Exempt	N/A
	2010	10	N/A
	2009	7	N/A
	2008	1	7 (Target Exceeded)
	2007	Set Baseline	1 (Baseline)
	2006	Exempt	N/A
	2005	Set Baseline	6 (Baseline)

<sup>47</sup> In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

<sup>48</sup> Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.



Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention <sup>49 50</sup> . (Outcome)	2010	27	N/A
	2009	24	N/A
	2008	14	24 (Target Exceeded)
	2007	Set Baseline	14 (Baseline)
	2006	Exempt	N/A
	2005	Exempt	N/A

Measure	Data Source	Data Validation
HCFC-1 HCFC-2	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions.
HCFC-3	Clinical Reporting System (CRS)	CRS Software testing; quality assurance review of site submissions.
HCFC-4 HCFC-6 HCFC-7	Clinical Reporting System (CRS)	CRS software testing; quality assurance reviews of site submissions.
HCFC-5 HCFC-8	Clinical Reporting System (CRS)	CRS Software testing; quality assurance reviews of site submissions.

The IHS Health Care Facilities Construction (HCFC) funds are to provide access to a modern health care delivery system with optimum availability of functional, well-maintained IHS and tribally operated health care facilities. New facility construction should improve clinical quality and increase access to the health care. These services are necessary to maintain and promote the health status and overall quality of life for the residents of the communities that surround the new healthcare facility.

The group of measures above outline clinical performance and access to care for eight clinical performance topics and include: Diabetes Glycemic control, Cancer Screening (breast and cervical), Alcohol Screening to prevent Fetal Alcohol Syndrome, Tobacco Cessation, and Immunizations (childhood and adult). Overall trends for these measures show moderate improvement but variations across facilities and across measures were noted. The high cost of glycemic control, cancer screenings, and tobacco cessation measures account for some of the variation in results across measures. In addition, increases in access to care (i.e. service population) have been observed for all measures and are not unique to one individual facility. Due to the inflation of the service population, clinical results can have an artificial appearance of declining performance. In other words, increases in the denominator (or growth of the service population) can dilute the true performance result (i.e. the overall

<sup>49</sup> In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

<sup>50</sup> Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.

number of patients being served has increased). All in all, the biggest attribute noted for these performance measures are the vast gains in access to quality healthcare across all topic areas outlined above. FY 2009 and FY 2010 targets correspond to National Clinical GPRA measure targets.

Measure	FY	Target	Result
HCFC-9: Percent reduction of the YPLL rate within 7 years of opening the new facility. <i>(Outcome)</i>	2010	-10%	Jan 2014
	2009	-10%	Jan 2013
HCFC-10: Percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening the new facility <sup>51</sup> <i>(Outcome)</i>	2010	+10%	Oct 2010
	2009	+10%	Oct 2009

Measure	Data Source	Data Validation
HCFC-9	IHS service population data; 2000 Census bridged-race file; Mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics
HCFC-10	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

Because these measures reflect the patient population at the 7 year mark after opening a new facility, FY 2009 will be the first year for which results will be reported. The HCFC-9 measure of Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. Therefore, the YPLL FY 2009 result will not be reported until 2013. The HCFC-10 measure of the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening a new facility will be reported in October 2009.

## Critical Maintenance, Management, & Performance Infrastructure: M&I, Equipment, Facilities & Environmental Health Support

### Facilities & Environmental Health Support

<sup>51</sup>Long Term Measure; HCFC – 9 and HCFC – 10 will be reported in 2010.

Measure	FY	Target	Result
27: Injury Intervention: Occupant protection restraint use ( <i>Outcome</i> )	2010	TBD	N/A
	2009	1 pilot/area	N/A
	2008	Survey/11 IHS Areas	Survey/11 IHS Areas (Target Met)
	2007	3 projects per Area	3 projects/12 IHS Areas (Target Met)
	2006	Web System Implemented	Web System Implemented (Target Met)
	2005	37 IHS Areas	37 IHS Areas (Target Met)

Measure	Data Source	Data Validation
27	OEHE Environmental Health Program automated tracking system.	Environmental Health Program reviews.

The FY 2008 target for this measure was met. The measure changed in FY 2008 to Injury Intervention: Occupant protection restraint use (which refers to the use of motor vehicle occupant protection e.g., seatbelts). The target for FY 2008 was for 11 Areas to administer an occupant-protection survey, which collected data on rate of seatbelt use in a community. Identifying baseline seatbelt use rates is important because it will provide a rate to compare to once an intervention has been implemented. This allows us to measure the effectiveness of an intervention. This measure has had considerable success in the past at meeting targets. The FY 2007 target was to implement three community injury prevention projects and report them using an automated tracking system. In FY 2009, the measure is to conduct 1 pilot program implementing a comprehensive intervention designed to increase restraint use in each of 11 Areas. Changes to this measure in FY 2010 are being developed and will be reported at a later date.

Measure	FY	Target	Result
34: Environmental Surveillance: Identification and control of environmental health risk factors ( <i>Outcome</i> )	2010	TBD	N/A
	2009	3 interventions/Area	N/A
	2008	Set Baseline	12 (Baseline)
	2007	29	32 (Target Exceeded)
	2006	18	20 (Target Exceeded)
	2005	12	12 (Target Met)

Measure	Data Source	Data Validation
34	Web-based Environmental Health Reporting system (WebEHRS)	Environmental Health Program site inspections

The measure changed in FY 2008 to establish a baseline of common environmental risk factors in communities in 11 IHS Areas. Identifying baseline incidence or rates of risk factors is important because it will provide a

number or rate to compare to after an intervention is implemented. This allows us to measure the effectiveness of an intervention. The previous measure tracked the number of environmental health programs using a web-based environmental health data surveillance system (WebEHRS); that system is now in wide use. The FY 2009 target is for each Area to implement at least three interventions to address one of the environmental risk factors identified in FY 2008. Changes to this measure in FY 2010 are being developed and will be reported at a later date.

## **Agency Support for HHS Strategic Plan**

The entire IHS budget and all performance measures support the HHS strategic goals and objectives. In particular, the mission and function of IHS supports seven of the HHS Strategic Objectives: to eliminate racial and ethnic health disparities, and to increase access to health services for American Indians and Alaska Natives.

- 1.2 Increase health care service availability and accessibility.
- 1.3 Improve health care quality, safety, cost and value.
- 1.4 Recruit, develop and retain a competent health care workforce.
- 2.1 Prevent the spread of infectious diseases.
- 2.2 Protect the public against injuries and environmental threats.
- 2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors, and recovery.
- 2.4 Prepare for and respond to natural and manmade disasters.

These objectives are also supported by the following IHS Strategic Goals:

- Build and sustain healthy communities;
- Provide accessible, quality health care; and
- Foster collaboration and innovation across the Indian health network.

The Department-wide and IHS Strategic Plans provide the framework for carrying out the Federal commitment to raising the health status of American Indians and Alaska Natives. IHS accomplishes these goals through the provision of clinical and preventive health services, public health initiatives, health education, and the support of Tribal self-determination in the administration of health programs.

<b>HHS Strategic Goals</b>	<b>IHS Goal 1: Build and sustain healthy communities.</b>	<b>IHS Goal 2: Build and sustain healthy communities.</b>	<b>IHS Goal 3: Foster collaboration and innovation across the Indian health network.</b>
<b>1 Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health insurance and long-term care coverage.		✓	
1.2 Increase health care service availability and accessibility.		✓	✓
1.3 Improve health care quality, safety and cost/value.		✓	✓
1.4 Recruit, develop, and retain a competent health care workforce.		✓	✓
<b>2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.			
2.1 Prevent the spread of infectious diseases.	✓	✓	
2.2 Protect the public against injuries and environmental threats.	✓	✓	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	✓	✓	✓
2.4 Prepare for and respond to natural and man-made disasters.	✓	✓	
<b>3 Human Services</b> Promote the economic and social well-being of individuals, families, and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.			✓
3.2 Protect the safety and foster the well being of children and youth.	✓	✓	
3.3 Encourage the development of strong, healthier and supportive communities.	✓		✓
3.4 Address the needs, strengths and abilities of vulnerable populations.	✓		✓
<b>4 Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science researchers.	✓		✓
4.2 Increase basic scientific knowledge to improve human health and human development.			
4.3 Conduct and oversee applied research to improve health and well-being.			✓
4.4 Communicate and transfer research results into clinical, public health and human service practice.		✓	✓

## Full Cost Table

### Summary of Full Cost for IHS (Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	FY 2008	FY 2009 ARRA	FY 2009 Omnibus	FY 2010
<b>1 Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	\$3,467.1	\$432.0	\$3,671.8	\$4,047.4
1.1 Broaden health insurance and long-term care coverage.				
1.2 Increase health care service availability and accessibility.	\$2,525.7	\$359.5	\$2,713.2	\$3,046.2
Measures: (1-6) – Diabetic Care: Combined	\$1,457.8	\$0	\$1,561.0	\$1,659.9
Measure: (7) – Cancer Screening, Pap Smear Rates	\$9.3	\$0	\$9.8	\$10.4
Measure: (8) – Cancer Screening, Mammography Rates	\$2.2	\$0	\$2.5	\$2.7
Measure: (9) – Cancer Screening, Colorectal	\$15.2	\$0	\$16.0	\$17.8
Measure: (12-15) – Oral Health Care – Combined	\$133.6	\$0	\$141.9	\$151.4
Measure: (36) – Health Care Facilities Construction	\$36.6	\$227.0	\$40.0	\$29.2
1.3 Improve health care quality, safety and cost/value.	\$834.0	\$72.5	\$845.4	\$870.0
Measure: (10) – RTC Improvement/Accreditation	\$23.4	\$0	\$24.6	\$26.0
Measure: (18) – Behavioral Health: Depression Screening	\$12.7	\$0	\$13.4	\$17.6
Measure: (20) – Health Care Accreditation	\$700.5	\$0	\$704.5	\$704.5
Measure: (21) – Patient Safety	\$6.6	\$0	\$7.4	\$7.4
1.4 Recruit, develop, and retain a competent health care workforce.	\$107.4	\$0	\$113.2	\$131.2
Measure: (42) – Placement of Scholarship Recipients	\$36.3	\$0	\$37.5	\$40.7
<b>2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.	\$830.0	\$68.0	\$864.1	\$942.1
2.1 Prevent the spread of infectious diseases.	\$311.0	\$54.4	\$325.5	\$351.5
Measure: (24) – Childhood Immunizations	\$28.8	\$0	\$30.4	\$32.2
Measure: (25) – Adult Immunizations, Influenza	\$7.5	\$0	\$8.3	\$8.8
Measure: (26) – Adult Immunizations, Pneumovax	\$2.0	\$0	\$2.2	\$2.3
Measure: (33) – HIV Screening in Pregnancy	\$1.3	\$0	\$1.3	\$1.4
2.2 Protect the public against injuries and environmental threats.	\$207.3	\$13.6	\$218.5	\$247.8
Measure: (27) – Injury Intervention	\$2.9	\$0	\$2.8	\$2.9
Measure: (28) – Unintentional Injury Mortality Rate (Long Term Measure)	\$0.4	\$0	\$0.4	\$0.4
Measure: (34) – Environmental Surveillance	\$0.2	\$0	\$0.2	\$0.2
Measure: (35) – Sanitation Facilities Construction	\$94.3	\$0	\$95.9	\$95.9
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	\$311.5	\$0	\$319.8	\$342.5
Measure: (11) – Alcohol Screening (FAS Prevention)	\$13.8	\$0	\$14.6	\$16.2
Measure: (16) – Domestic (Intimate Partner) Violence Screening	\$5.5	\$0	\$6.0	\$7.2
Measure: (23) – Public Health Nursing Priorities	\$55.9	\$0	\$59.9	\$64.1
Measure: (29) – Suicide Surveillance	\$0.1	\$0	\$0.1	\$0.1
Measure: (30) – Cardiovascular Disease Prevention	\$378.2	\$0	\$410.6	\$457.1
Measure: (31) – Childhood Weight Control (Long Term Measure)	\$9.2	\$0	\$9.7	\$10.1
Measure: (32) – Tobacco Cessation Intervention	\$33.6	\$0	\$35.4	\$42.3
2.4 Prepare for and respond to natural and man-made disasters.	\$3.3	\$0	\$3.3	\$3.3
<b>3 Human Services</b> Promote the economic and social well-being of individuals, families, and communities.				

HHS Strategic Goals and Objectives	FY 2008	FY 2009 ARRA	FY 2009 Omnibus	FY 2010
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.				
3.4 Address the needs, strengths and abilities of vulnerable populations.				
<b>4 Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.				
<b>Agency Total</b>	\$4,297.1	\$500	\$4,535.9	\$4,989.5

## Summary of Findings and Recommendations from Completed Program Evaluations

Report Title: Ten Year Follow-Up Evaluation: White Earth Health Center  
Agency Sponsor: IHS, Indian Health Service  
Federal Contact: Lucie Vogel, 301-443-1133  
Performer: Staff; Indian Health Service  
PIC ID: 8920

### To review the implementation of a new IHS health care facility and its impact on patient health status, service delivery and the community

The Indian Health Service Division of Planning, Evaluation and Research initiated a ten year evaluation of the White Earth Health Center built in 1998. This first effort at long term follow-up sought to identify information and establish tools for evaluation building on the model of the Post Occupancy Evaluation and extending its breadth and timeframe. In addition to findings on the impact of the new health center, the report included recommendations for planning and implementing new health service facilities and guidelines for future evaluation studies. The study team included regional and headquarters staff with expertise in clinical services, facility planning, statistical analysis, epidemiology, and organization development. The team used a combination of qualitative and quantitative methods including reviewing of original planning documents and recent plans; analysis of IHS and other are data on new registrants, user population, outpatient and primary provider visits, service use rates and mortality statistics pre and post construction where available; review of center operations and satisfaction reports; analysis of an in-house written survey; on-site observation and interviews; and telephone interviews. Data gathered for the report suggests that the White Earth Center has had an impact on many areas including a significant increase in patient workload, more services available, improved health outcomes, increased staff, additions to the physical structure, increased revenues and increased investment and infrastructure. Recommendations from the study address administrative needs at new health centers, the planning process for new facilities and guidelines for future long term evaluation studies.

## Discontinued Performance Measures

Measure	FY	Target	Result
RPMS-1: Develop comprehensive electronic health record (EHR) with clinical guidelines for select chronic diseases	2009	Eliminate	Eliminate
	2008	Comprehensive EHR	Met (Target Met)
	2007	Maintain All	Met (Target Met)
	2006	Cardiovascular	Met (Target Met)
	2005	Obesity	Met (Target Met)
RPMS-3: Number of sites to which electronic health record is deployed	2009	Eliminate	Eliminate
	2008	All	Met (Target Met)
	2007	40	50 (Target Exceeded)
	2006	40	40 (Target Met)
	2005	20	20 (Target Met)
21/RPMS-E: Patient Safety <sup>52</sup> : Development and deployment of patient safety measurement system. (Outcome)	2008	74 sites	94 Sites (Target Exceeded)
	2007	7 Sites	64 Sites (Target Exceeded)
	2006	3 Areas	3 Areas (Target Met)
	2005	6 Areas	All Areas

## Disclosure of Assistance by Non-Federal Parties

No material assistance was received from non-Federal parties in the preparation of the 2010 Online Performance Appendix.

<sup>52</sup> In FY 2006 this measure tracked the number of Areas with a medical error reporting system. Prior to FY 2006, this measure tracked the number of Areas with a medication error reporting system.



## Legal and Regulatory Framework for Performance Reporting

Government Performance and Results Act (GPRA) of 1993

The Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) dictates the performance reporting requirements for Federal agencies. The complete text of GPRA is available at:

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=103\\_cong\\_bills&docid=f:s20enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=103_cong_bills&docid=f:s20enr.txt.pdf).

OMB Circular A-11: Sections 220 and 230

OMB Circular A-11 provides guidance on preparing the President's Budget. Section 220 of this circular provides guidance on Preparing and Submitting Performance Budgets. Section 230 provides guidance on Preparing and Submitting the Annual Performance Report. The complete text of each of these sections is available at:

- Section 220: [http://www.whitehouse.gov/omb/circulars/a11/current\\_year/s220.pdf](http://www.whitehouse.gov/omb/circulars/a11/current_year/s220.pdf)
- Section 230: [http://www.whitehouse.gov/omb/circulars/a11/current\\_year/s230.pdf](http://www.whitehouse.gov/omb/circulars/a11/current_year/s230.pdf)

## Compliance with Section 508 of the Rehabilitation Act of 1973

The exhibits described in this document are designed to comply with Section 508 of the Rehabilitation Act of 1973. The following links provide information on how to ensure that your agency's documents comply with Section 508 of the Rehabilitation Act of 1973.

- General Information on Section 508 at HHS:  
<http://www.hhs.gov/web/508/index.html>
- Creating an Accessible Word Document:  
<http://www.hhs.gov/web/policies/pdfaccessibility/step2.html>
- Testing Documents for Section 508 Compliance:  
<http://www.hhs.gov/web/508/testdocuments.html>