

Indian Health Service

2010



Area Summary Report

Government Performance and Results Act (GPRA)

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Dear Indian Health Service Area Staff:

As you know, one of my highest priorities as Director of the Indian Health Service (IHS) is to improve the quality of and access to care for eligible patients. We can help achieve this goal by evaluating all aspects of care delivery to see what we are doing well, identifying areas that need improvement, and disseminating that information effectively.

To that end, I am sharing with you this report, which contains fiscal year (FY) 2010 Government Performance and Results Act (GPRA) findings for each of our 12 IHS areas. These findings are from Tribal and Federal programs that report GPRA data through the Clinical Reporting System (CRS), a Resource Patient Management System (RPMS) software application.

The GPRA is a highly visible measure of IHS performance from the standpoint of the Office of Management and Budget (OMB) and Congress. Annually, the OMB and the Department of Health and Human Services negotiate specific target measures with each Agency. The IHS must demonstrate our ability to perform by meeting these benchmarks. Progress on these measures is essential to Agency efforts to compete for additional resources to fulfill our mission.

Performance on the clinical measures also demonstrates how effectively the IHS and Tribal organizations deliver basic preventive services and treat chronic diseases.

In FY 2010, we missed achieving benchmark targets in 11 of 22 clinical GPRA measures. We did demonstrate significant improvement over prior years on almost all measures, but we still did not meet all targets. While the 2011 GPRA reporting year is almost over, we must work harder to meet our targets and demonstrate significant improvements in our performance.

I urge you to use these findings as a tool for improvement. Review your Area's performance on each clinical measure and identify areas we can improve. Compare your Area's results to other Areas and network with high performers to find strategies that work for your patients. Develop and implement your own improvement plans, and share these plans and your results with your site's providers and staff. Agency performance plans will include increased accountability measures related to our performance on these GPRA measures.

I am confident that as an Agency we can improve and meet all GPRA measure targets. We must fulfill our priority to improve the quality of and access to care; our patients are depending on us.

Sincerely,

/Yvette Roubideaux/

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Director



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INTRODUCTION

During FY 2010, the Indian Health Service (IHS) continued to use performance measures, as required by the Government Performance and Results Act (GPRA), to provide an assessment of the quality of healthcare delivered in the Indian health system. The IHS reports 22 clinical performance measures relating to disease treatment and prevention. These measures assess Agency performance in the areas of: Diabetes, Dental Access and Care, Immunizations, Cancer Screening, Behavioral Health Screening, Cardiovascular Disease Prevention, and HIV Screening.

This Area Summary Report contains performance measure results for all 12 IHS Areas and is designed to provide IHS executives and staff with comparative information about Area-level performance. Areas can use the information and graphs to: review any changes in their performance from FY 2009 to FY 2010; compare their performance to that of other Areas or national averages; and/or assess their progress towards achieving long-term goals.

The information and measure results included in this report were collected at 196 IHS Direct and Tribal healthcare facilities using the Resource Patient Management System (RPMS) and extracted from the RPMS patient databases using Clinical Reporting System (CRS) software, version 10.0. These reporting programs provide service to approximately 86% of the IHS user population (1,287,704 patients) and are located throughout the 12 IHS Service Areas (Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson).

This report includes a summary of results for 22 clinical measures and detailed information for 20 measures as well as additional contextual information. The graphs for each of the 20 clinical measures display results by Area for FY 2010 and FY 2009. (Please note that the data collection period for each year begins July 1 and ends June 30; the deviation from the fiscal year calendar allows sites time to meet reporting deadlines.) Each graph also includes definitions of the numerator and denominator for each measure, as well as the number of patients (N) in the denominator. The accompanying narrative for each graph also indicates the IHS national average for FY 2010 and FY 2009 and the national GPRA target for the measure.



POPULATION BY AREA



2010 GPRA
Reporting Population
1,287,704 patients

Approximate User
 Population represented
 in GPRA = **86%**

IHS AREA	Number of IHS/Tribal Facilities Reporting GPRA	GPRA User Population	National Patient Information Reporting System (NPIRS) User Population	Percent Reporting	Percent Reporting
	2010	2010	2009	2010	2009
Aberdeen	18	124,009	121,903	100%	100%
Alaska	12	111,571	138,298	81%	82%
Albuquerque	8	70,946	85,946	83%	86%
Bemidji	13	41,479	102,782	40%	47%
Billings	6	57,206	70,863	81%	80%
California	24	68,638	78,682	87%	86%
Nashville	17	41,538	51,491	81%	79%
Navajo	8	235,310	242,331	97%	96%
Oklahoma	39	264,925	317,840	83%	80%
Phoenix	18	162,098	159,166	100%	100%
Portland	30	91,075	104,097	87%	88%
Tucson	3	18,909	25,562	74%	74%
Total, All Areas	196	1,287,704	1,498,961	86%	86%

To calculate the approximate percentage of the overall IHS user population represented by GPRA in a given year, the GPRA user population for the current year is compared to the NPIRS population count for the previous year. (Due to different reporting timelines, we are unable to obtain current year NPIRS data for comparison.) It should be noted that NPIRS population estimates have been "unduplicated" so that patients receiving care at multiple locations are not counted more than once. GPRA population counts are not unduplicated, and therefore may be overestimated.

Population Comparisons: Numerator: 2010 GPRA User Population - Denominator: 2009 (previous year) NPIRS Active Indian Registrants



NATIONAL RESULTS

Taken as a whole, overall Agency performance for FY 2010 met or exceeded FY 2009 results for all 22 clinical GPRA measures. Seventeen of twenty-two measures (77%) exceeded their FY 2009 results, an impressive improvement in performance. Of particular note are the Domestic/Intimate Partner Violence Screening, Nephropathy Assessment, and Depression Screening measures, which all achieved increases of 5 percentage points or greater over FY 2009 final performance, and the Sealants and Topical Fluoride measures, which exceeded FY 2009 performance by a relative 7% and 6%, respectively. Other measures also recorded significant progress. Colorectal Cancer Screening improved to 37%, and Mammography Screening improved to 48%, the highest rates recorded for these measures. CVD Comprehensive Screening rates improved from 32% to 35%, the largest one-year increase since the measure became part of GPRA in FY 2007. This is the Agency's only comprehensive care measure, and to qualify, patients must meet the criteria for five separate screenings/health factors.

However, the Agency only met 50% (11 of 22) of its clinical GPRA measure targets in FY 2010. The targets for most measures were ambitious and set to reflect the impact of the 13% increase in FY 2010 funding. In order to provide data/results to support the budget process, the GPRA year reflects three-fourths of the current fiscal year and one-fourth of the preceding fiscal year. However, the fact that all clinical GPRA measure results have equaled or exceeded prior performance for the first time since FY 2003 (the first year that GPRA clinical measures were reported electronically) is evidence that the Agency is making significant progress in improving care for its patients.

It is also noteworthy that all IHS Areas continued to improve their GPRA results in FY 2010 despite the fact that patient refusals for specific procedures were eliminated from Area performance rates. (In FY 2009, refusals were eliminated from national GPRA results, but not Area results.) Comparisons of FY 2009 and FY 2010 results on the following pages should be viewed within the context of this change.

The FY 2011 clinical targets used in the budget process are calculated from 2009 actual results because the FY 2010 results are not available until after the budget submission date. Once the actual 2010 results are available, the final FY 2011 clinical targets can be calculated. For the nine measures (Nephropathy Assessed, Dental Sealants, Topical Fluorides-Patients, Influenza 65+, Pneumovax 65+, Mammography Screening, Colorectal Cancer Screening, CVD-Comprehensive Assessment, and Prenatal HIV Screening) that exceeded their 2010 targets, the corresponding FY 2011 target will be revised upward. For those eleven measures that missed their 2010 targets, their revised FY 2011 targets will be adjusted downward based upon their actual 2010 result. The FY 2011 targets are challenging and require additional efforts to meet the measures this year.



2010 NATIONAL DASHBOARD

In FY 2010, IHS direct and Tribal facilities met or exceeded the targets for 11 of the 22 clinical GPRA measures, achieving a success rate of 50%. Nine of the 22 measures exceeded the FY 2010 targets. Although only half of the FY 2010 targets were met, all 22 measures met or exceeded FY 2009 performance, and 17 measures exceeded FY 2009 results. While the number of targets met this year is low, it must be noted that FY 2010 targets were significantly increased.

These results are representative of 196 IHS Direct and Tribal programs.

2010 Final National Dashboard (IHS/Tribal)					
DIABETES	2009 Target	2009	2010 Target	2010	2010 Final Results
Poor Glycemic Control	18%	18%	16%	18%	NOT MET
Ideal Glycemic Control	30%	31%	33%	32%	NOT MET
Controlled BP <130/80	36%	37%	40%	38%	NOT MET
LDL (Cholesterol) Assessed	60%	65%	69%	67%	NOT MET
Nephropathy Assessed	47%	50%	54%	55%	MET
Retinopathy Exam	47%	51%	55%	53%	NOT MET
DENTAL					
Dental: General Access	24%	25%	27%	25%	NOT MET
Sealants	229,147	257,067	257,920	275,459	MET
Topical Fluoride-Patients	114,716	136,794	136,978	145,181	MET
IMMUNIZATIONS					
Influenza 65+	62%	59%	60%	62%	MET
Pneumovax 65+	82%	82%	83%	84%	MET
Childhood IZ ^a	78%	79%	80%	79%	NOT MET
PREVENTION					
(Cervical) Pap Screening	59%	59%	60%	59%	NOT MET
Mammography Screening	45%	45%	47%	48%	MET
Colorectal Cancer Screening	29%	33%	36%	37%	MET
Tobacco Cessation	21%	24%	27%	25%	NOT MET
Alcohol Screening (FAS Prevention)	47%	52%	55%	55%	MET
DV/IPV Screening	42%	48%	53%	53%	MET
Depression Screening	35%	44%	53%	52%	NOT MET
CVD-Comprehensive Assessment	30%	32%	33%	35%	MET
Prenatal HIV Screening	75%	76%	77%	78%	MET
Childhood Weight Control ^b	N/A	25%	24%	25%	NOT MET

^aVaricella vaccine added to Childhood Immunization series in FY 2010.

^bLong-term measure as of FY 2009.

Measures Met = 11

Measures Not Met = 11

Total Measures = 22



DIABETES: POOR GLYCEMIC CONTROL

National Averages & Targets

2009: 18%

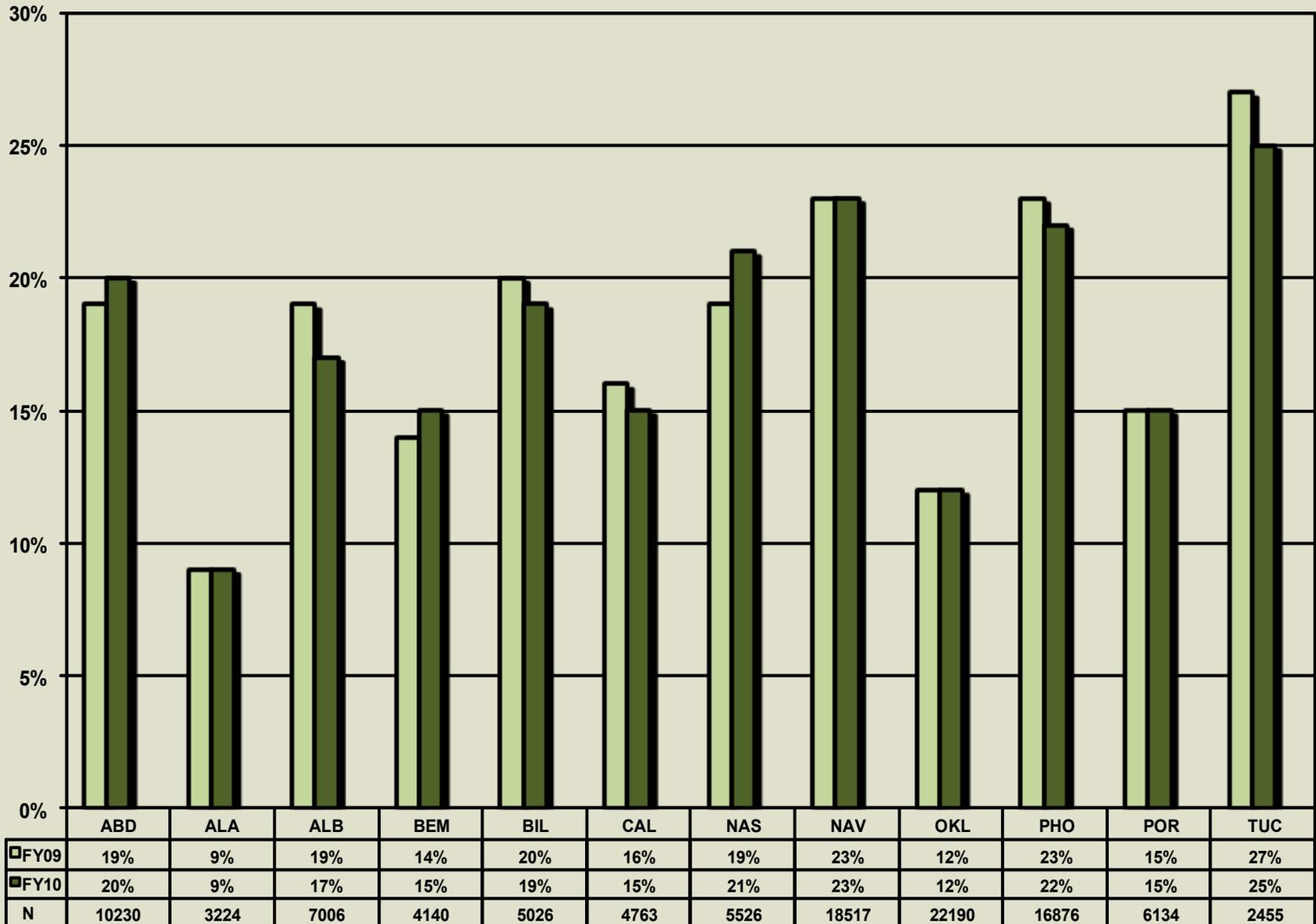
2010: 18%

Target: 16%

Note: A lower rate is the long-term goal for this measure.

The 2010 national average for IHS direct and Tribal facilities for the Poor Glycemic Control measure is 18%. Performance for this measure was maintained at the 2009 rate and did not meet the 2010 GPRa target of 16%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with A1c levels greater than 9.5

DENOMINATOR: Active Diabetic Patients



DIABETES: IDEAL GLYCEMIC CONTROL

National Averages & Targets

2009: 31%

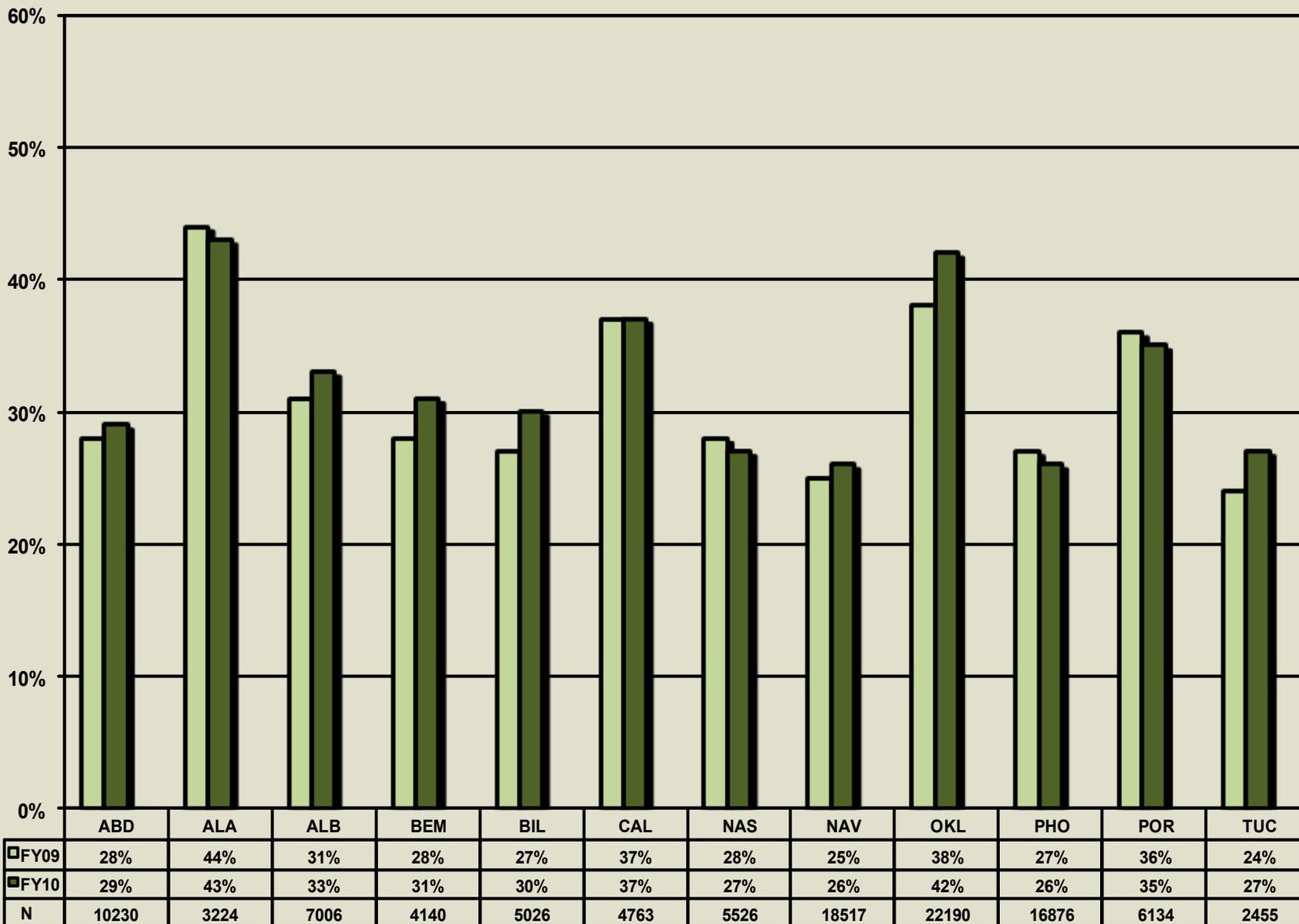
2010: 32%

Target: 33%

The 2010 national average for IHS direct and Tribal facilities for the Ideal Glycemic Control measure is 32%.

Performance for this measure increased by 1 percentage point from 2009, but did not meet the 2010 GPRA target of 33%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with A1c levels less than 7.0

DENOMINATOR: Active Diabetic Patients



DIABETES: CONTROLLED BLOOD PRESSURE

National Averages & Targets

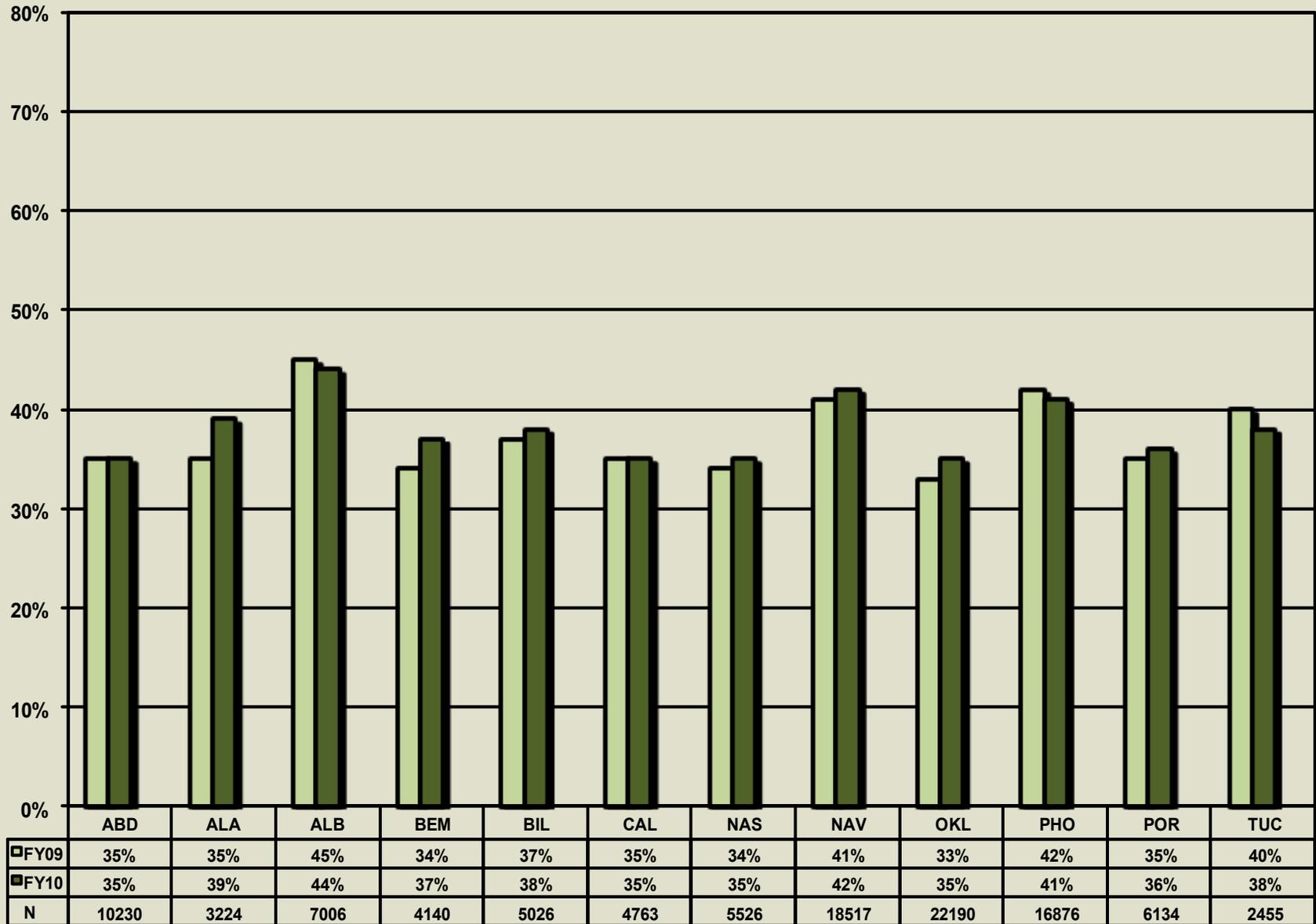
2009: 37%

2010: 38%

Target: 40%

The 2010 national average for IHS direct and Tribal facilities for the Blood Pressure Control measure is 38%. Performance for this measure increased from 2009 by 1 percentage point, but did not meet the 2010 GPR target of 40%.

Three of the twelve Areas met the national target.



NUMERATOR: Patients with BP < 130/80, based on a mean of at least 2 (3 if available) BP values during the report period

DENOMINATOR: Active Diabetic Patients



DIABETES: LDL (CHOLESTEROL) ASSESSED

National Averages & Targets

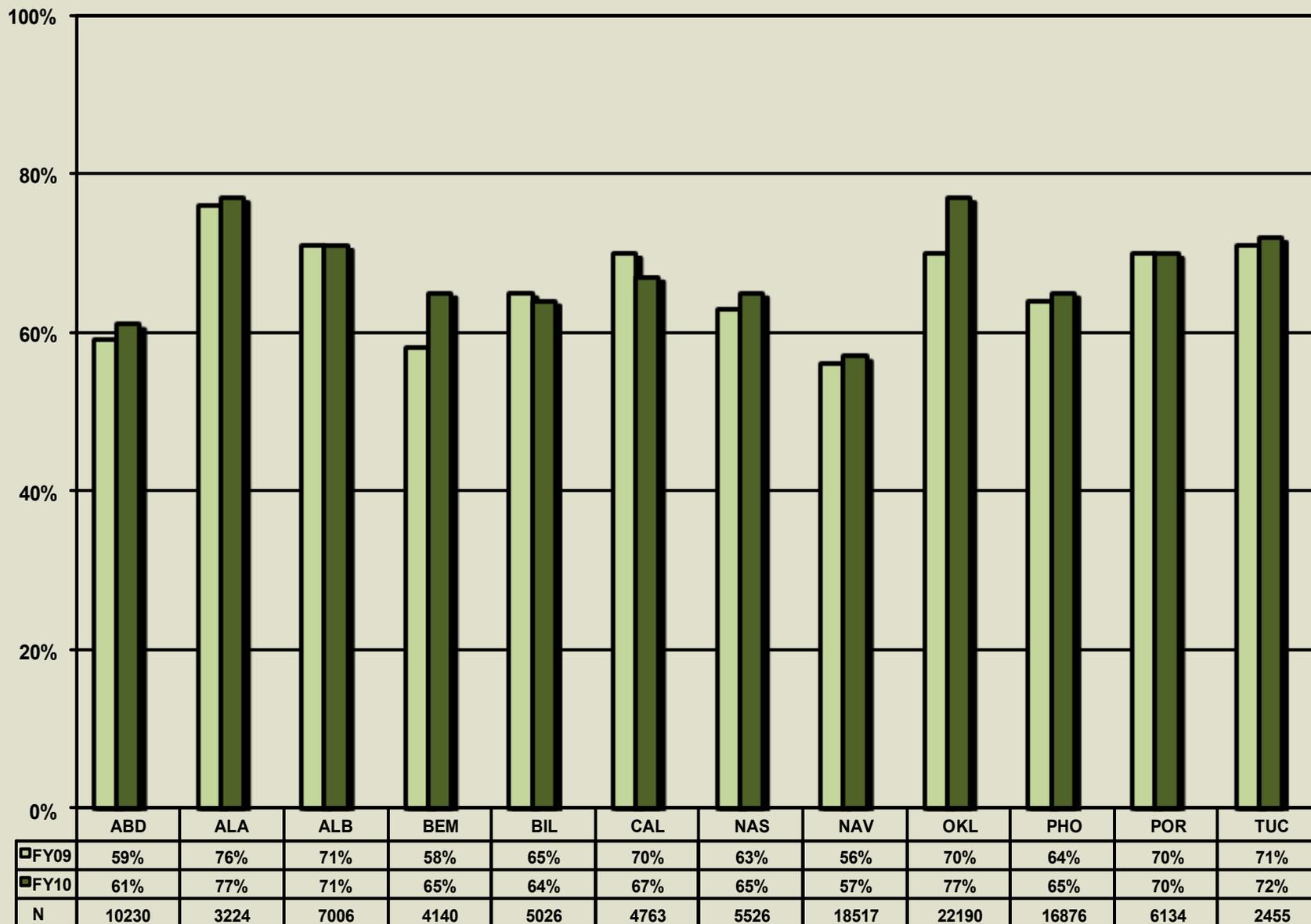
2009: 65%

2010: 67%

Target: 69%

The 2010 national average for IHS direct and Tribal facilities for the LDL Assessed measure is 67%. Performance for this measure increased by 2 percentage points from 2009, but did not meet the 2010 GPRA target of 69%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with LDL completed during the report period

DENOMINATOR: Active Diabetic Patients



DIABETES: NEPHROPATHY ASSESSED

National Averages & Targets

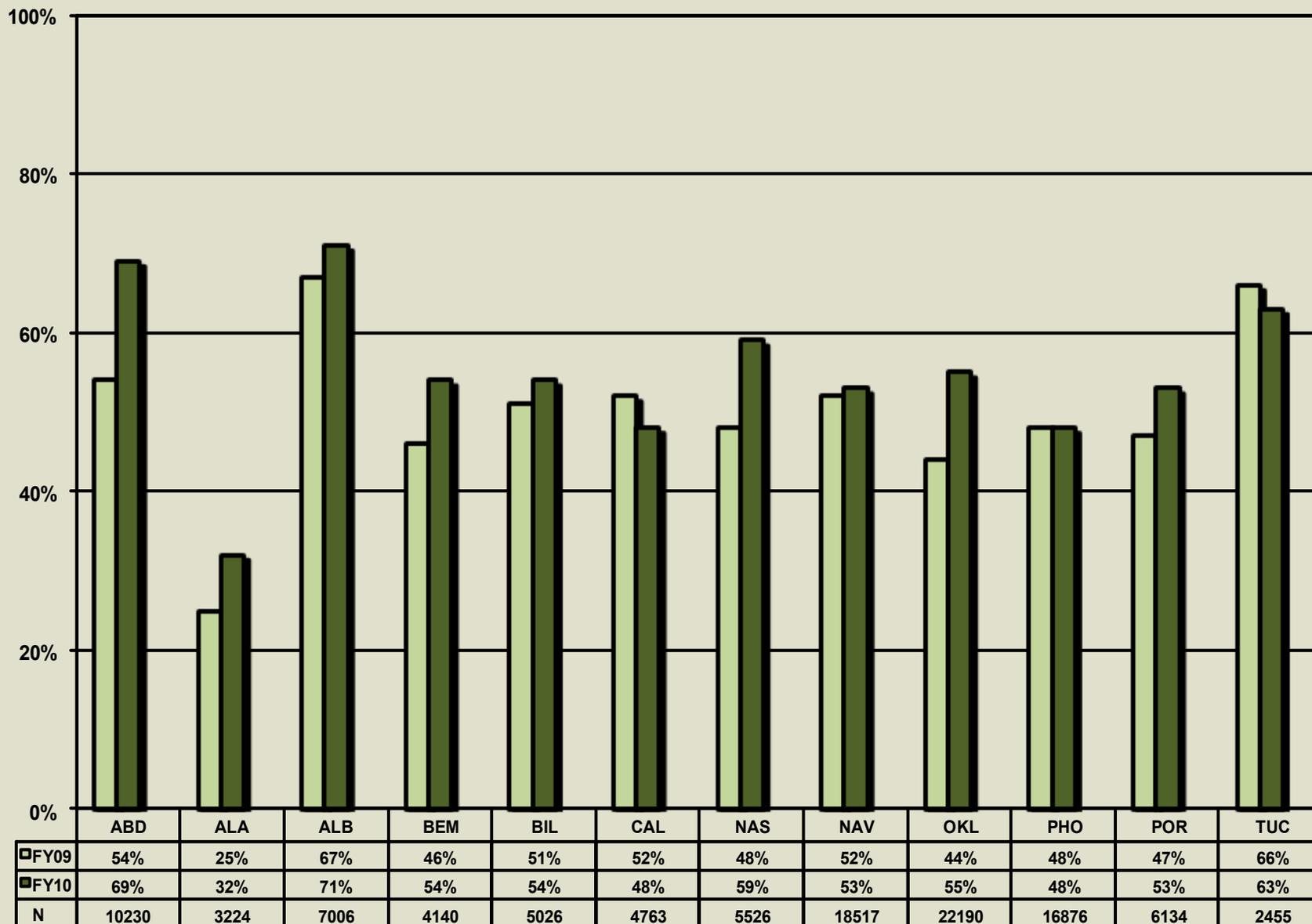
2009: 50%

2010: 55%

Target: 54%

The 2010 national average for IHS direct and Tribal facilities for the Nephropathy Assessed measure is 55%. Performance for this measure increased by 5 percentage points from 2009 and exceeded the 2010 GPRA target of 54%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients with an estimated GFR and a quantitative urinary protein assessment

DENOMINATOR: Active Diabetic Patients



DIABETES: RETINOPATHY ASSESSED

National Averages & Targets

2009: 51%

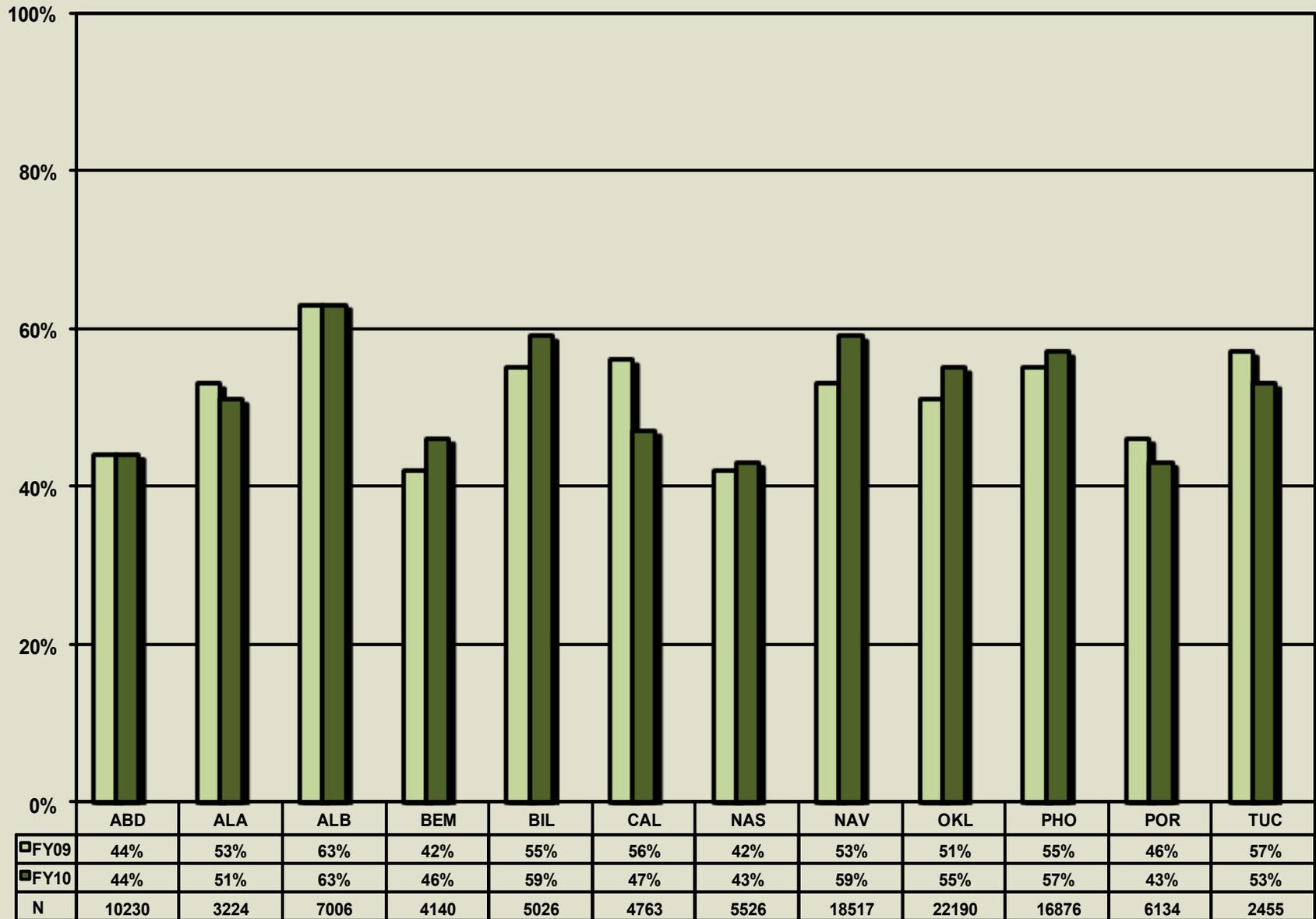
2010: 53%

Target: 55%

The 2010 national average for IHS direct and Tribal facilities for the Retinopathy Assessed measure is 53%.

Performance for this measure increased by 2 percentage points from 2009, but did not meet the 2010 GPRA target of 55%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with a retinopathy exam during the report period

DENOMINATOR: Active Diabetic Patients



DENTAL: GENERAL ACCESS

National Averages & Targets

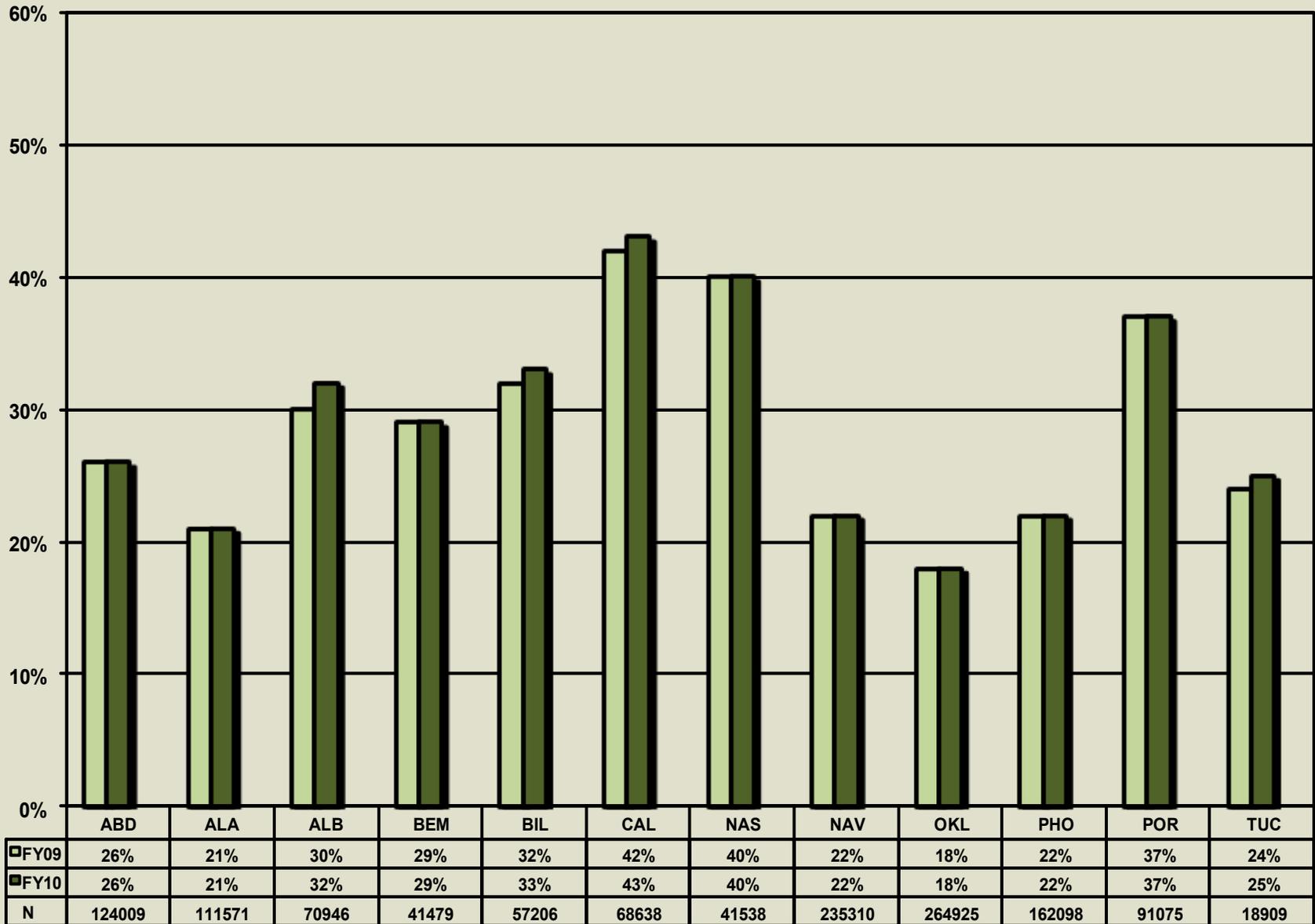
2009: 25%

2010: 25%

Target: 27%

The 2010 national average for IHS direct and Tribal facilities for the Dental: General Access measure is 25%. Performance for this measure was maintained at the 2009 rate, but did not meet the 2010 GPR target of 27%.

Six of the twelve Areas met the national target.



NUMERATOR: Patients with a documented dental visit during the report period

DENOMINATOR: GPR User Population Patients



IMMUNIZATIONS: INFLUENZA

National Averages & Targets

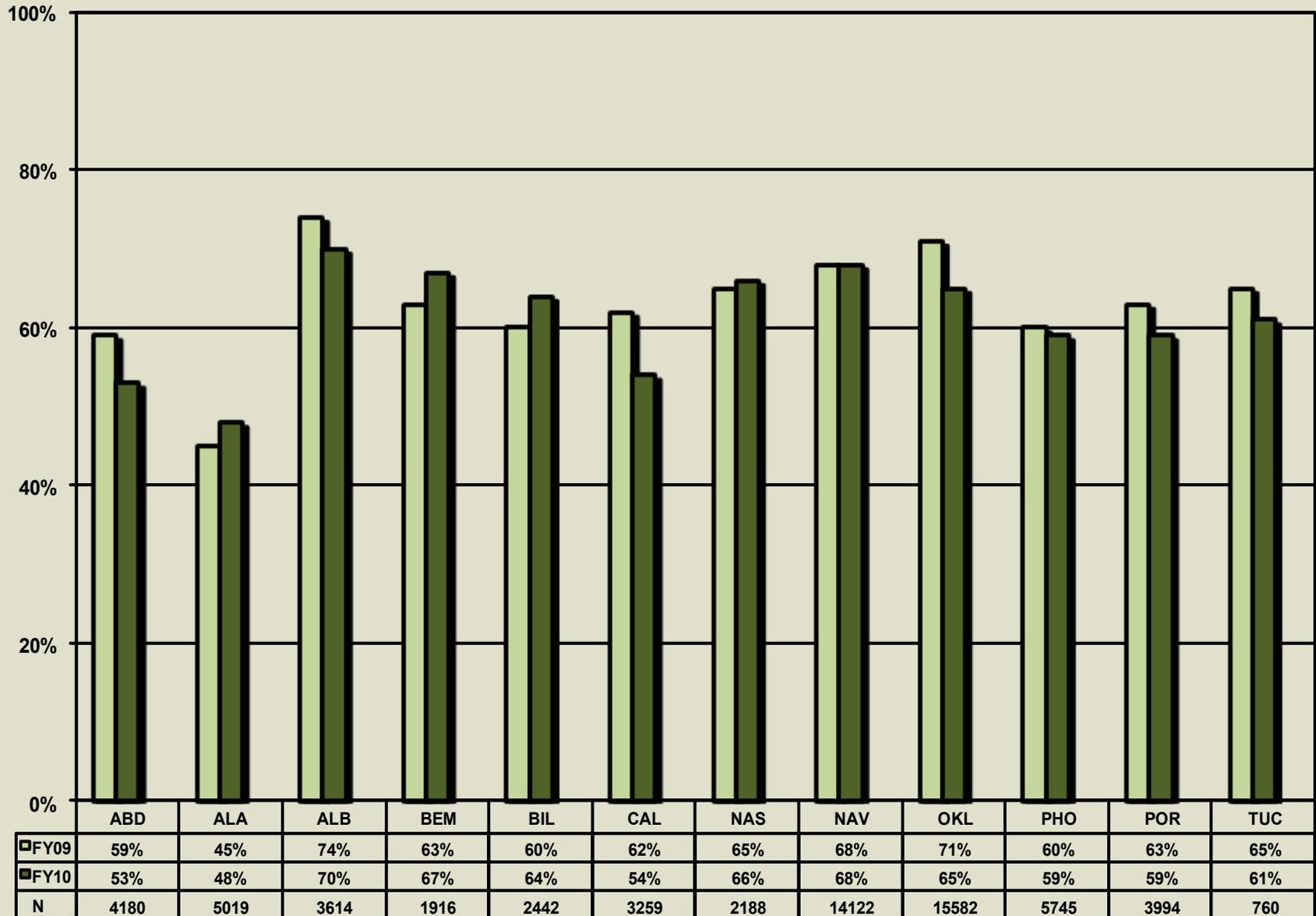
2009: 59%

2010: 62%

Target: 60%

The 2010 national average for IHS direct and Tribal facilities for the Influenza measure is 62%. Performance for this measure increased by 3 percentage points from 2009 and exceeded the 2010 GPRA target of 60%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients with influenza vaccine documented during the report period

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: PNEUMOVAX

National Averages & Targets

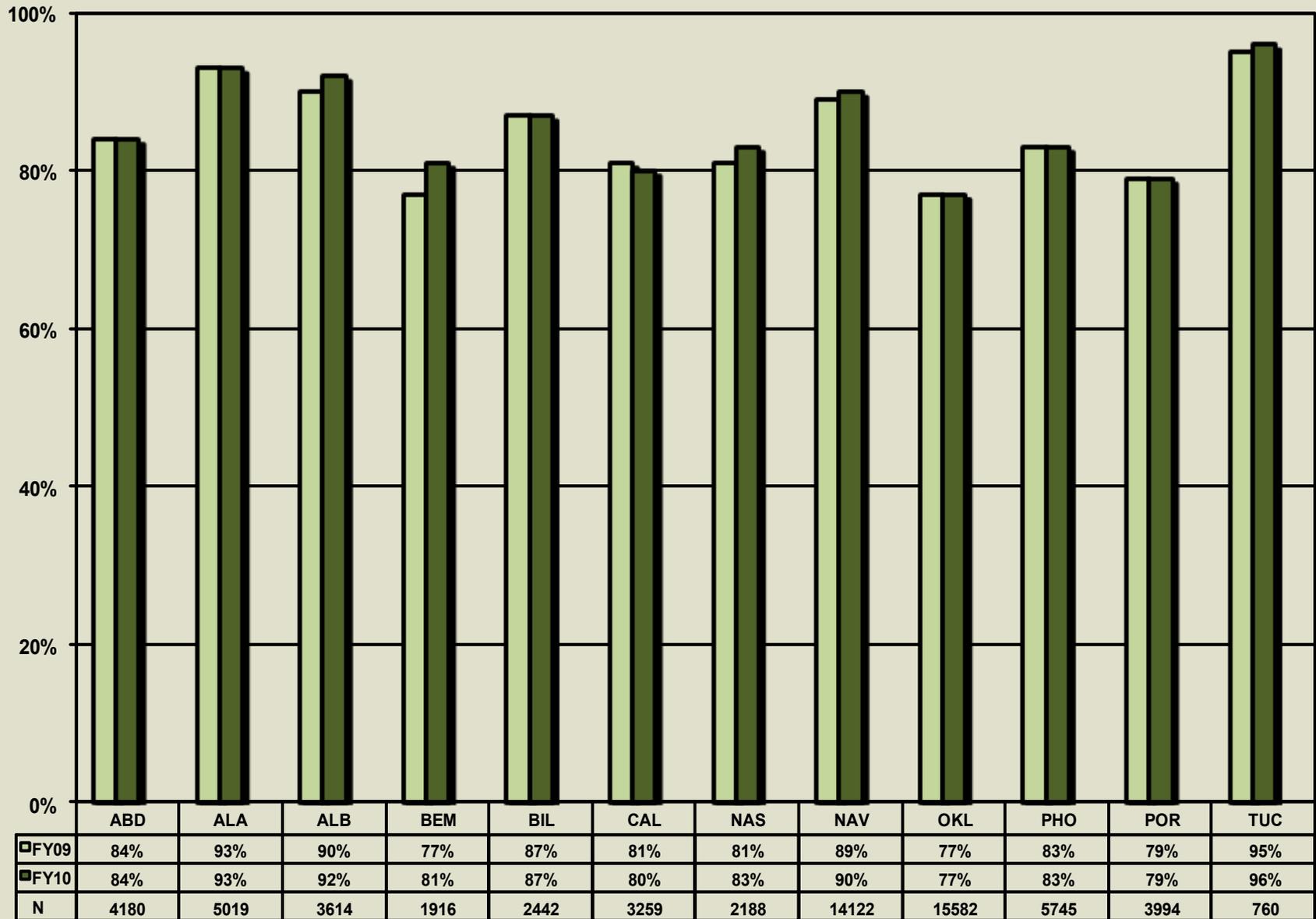
2009: 82%

2010: 84%

Target: 83%

The 2010 national average for IHS direct and Tribal facilities for the Pneumovax measure is 84%. Performance for this measure increased by 2 percentage points from 2009 and exceeded the 2010 GPRA target of 83%.

Eight of the twelve Areas met the national target.



NUMERATOR: Patients with Pneumococcal vaccine documented ever

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: CHILDHOOD (19-35 MONTHS)

National Averages & Targets

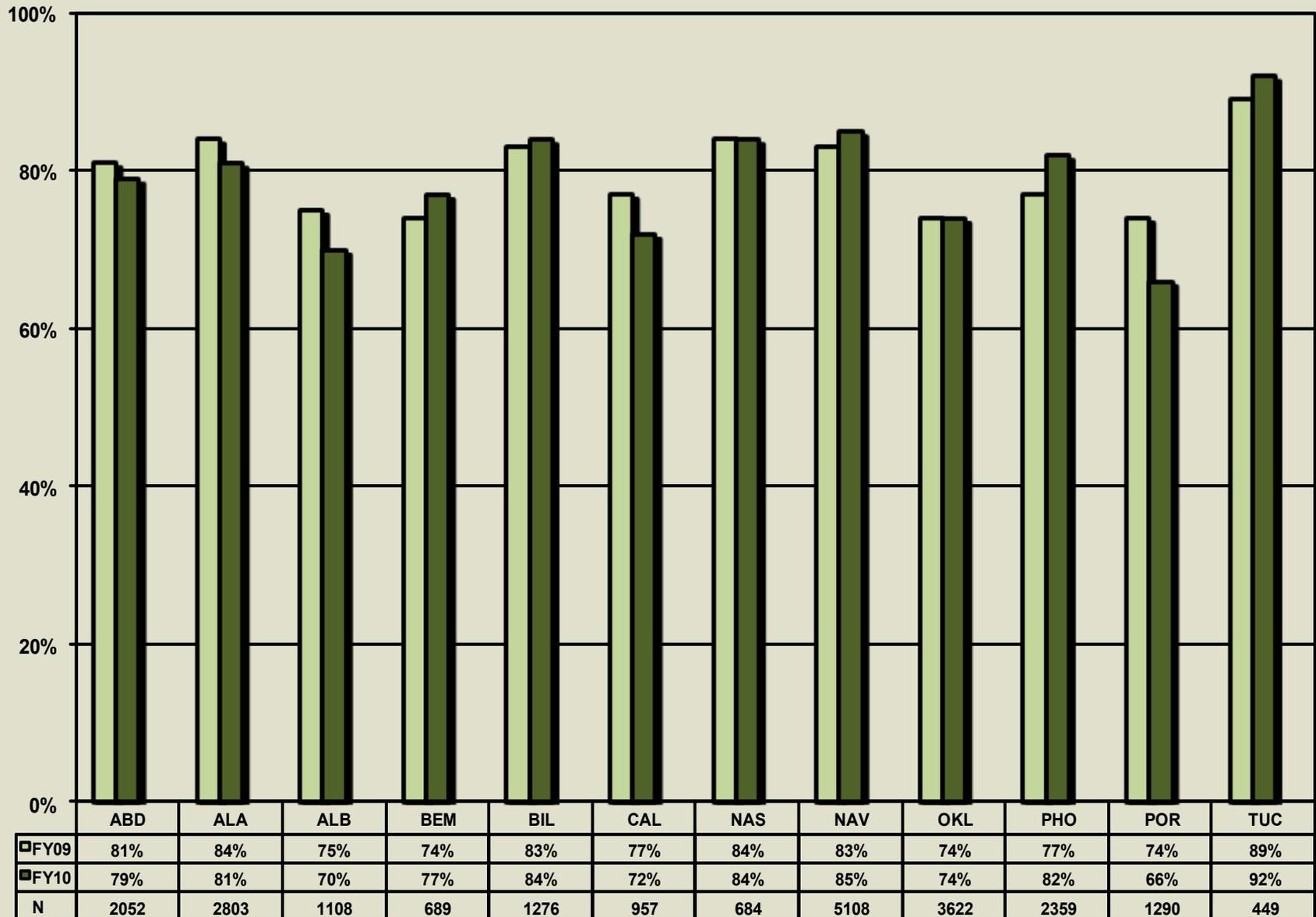
2009: 79%

2010: 79%

Target: 80%

The 2010 national average for IHS direct and Tribal facilities for the Childhood Immunizations measure is 79%. Performance for this measure was maintained at the 2009 rate, but did not meet the 2010 GPRA target of 80%. In FY 2010, Varicella vaccine was added to the immunization series.

Six of the twelve Areas met the national target.



NUMERATOR: Patients who received the entire 4DTaP, 3IPV, 1MMR, 3HiB, 3HepB, 1Varicella (4:3:1:3:3:1) series

DENOMINATOR: Patients ages 19-35 months flagged as active in the Immunization Package



CANCER SCREENING: (CERVICAL) PAP SCREENING

National Averages & Targets

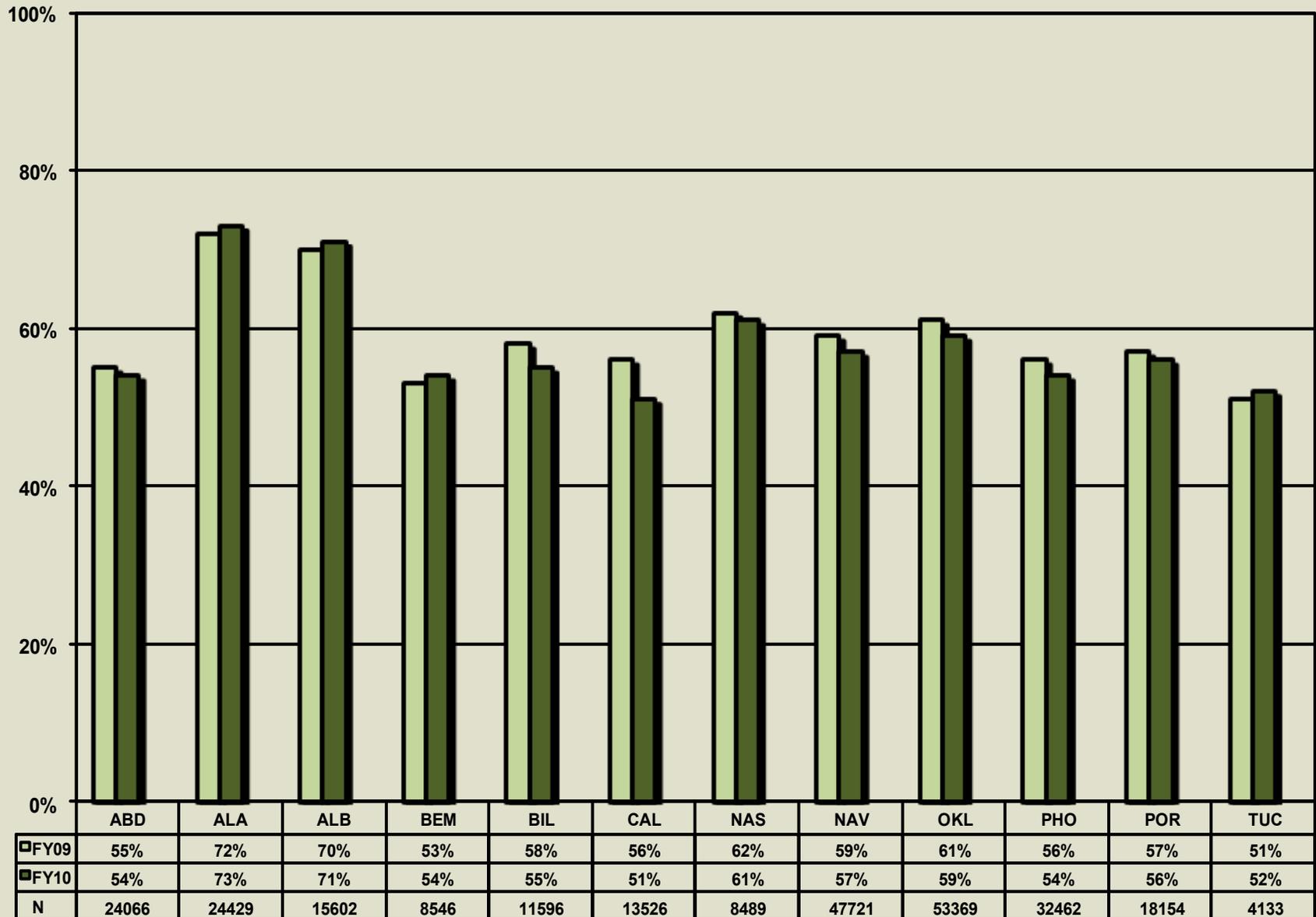
2009: 59%

2010: 59%

Target: 60%

The 2010 national average for IHS direct and Tribal facilities for the Pap Screening measure is 59%. Performance for this measure was maintained at the 2009 rate, but did not meet the 2010 GPR target of 60%.

Three of the twelve Areas met the national target.



NUMERATOR: Patients with a documented Pap screening in the past three years

DENOMINATOR: Female Active Clinical patients ages 21-64



CANCER SCREENING: BREAST (MAMMOGRAPHY)

National Averages & Targets

2009: 45%

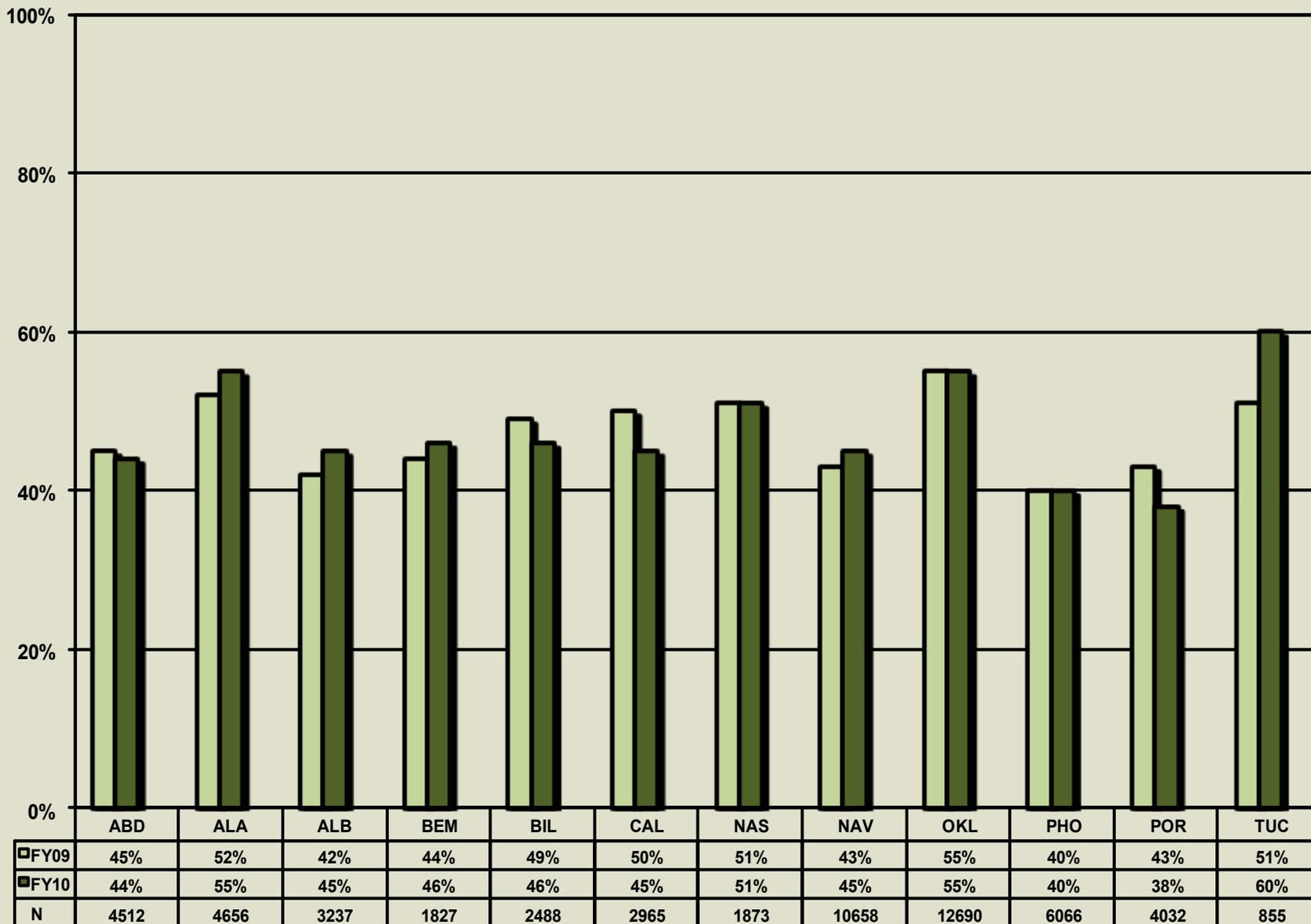
2010: 48%

Target: 47%

The 2010 national average for IHS direct and Tribal facilities for the Mammography Screening measure is 48%.

Performance for this measure increased by 3 percentage points from 2009 and exceeded the 2010 GPRA target of 47%.

Four of the twelve Areas met the national target.



NUMERATOR: Patients with a documented mammogram in the past 2 years

DENOMINATOR: Female Active Clinical patients ages 52-64



CANCER SCREENING: COLORECTAL

National Averages & Targets

2009: 33%

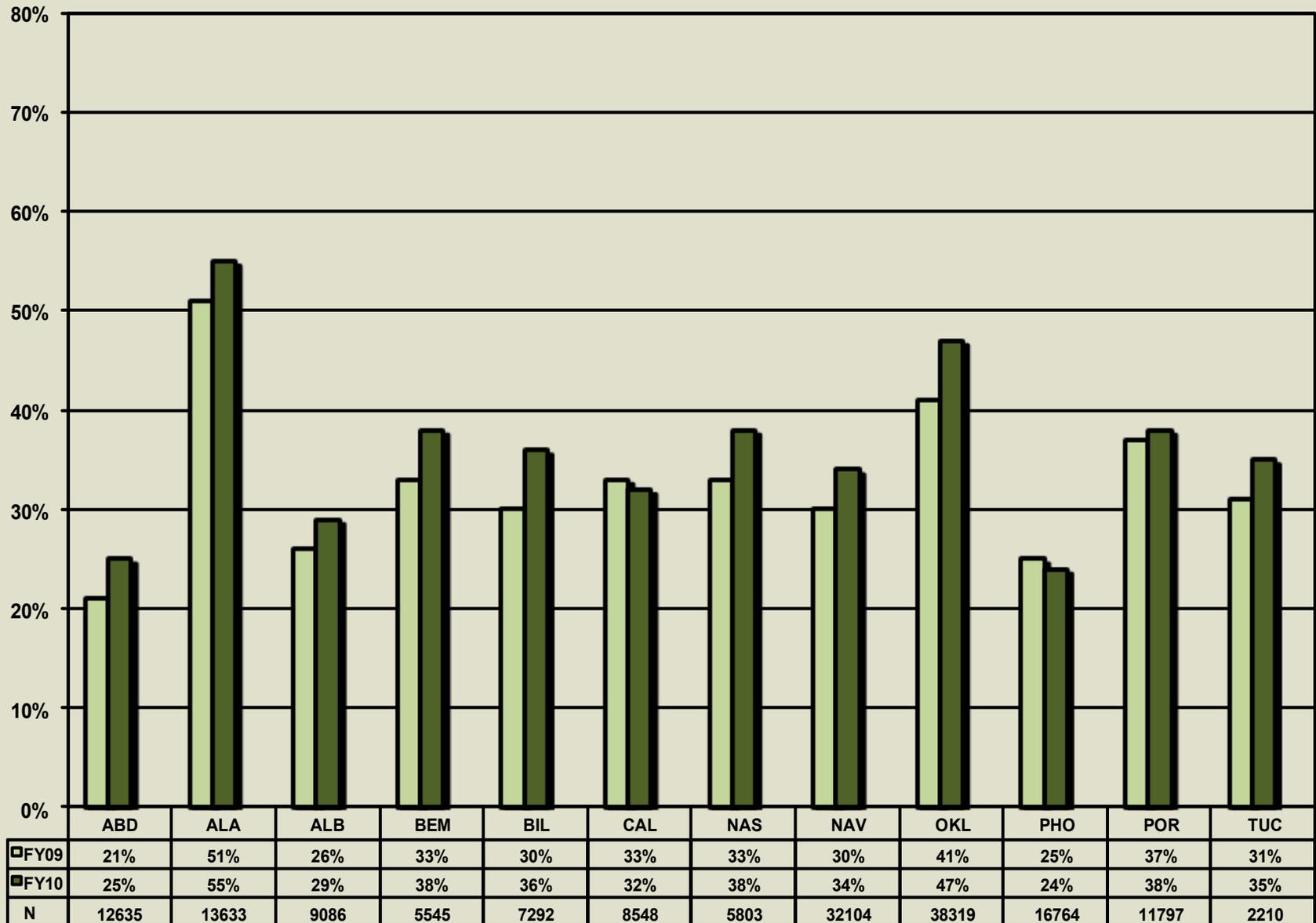
2010: 37%

Target: 36%

The 2010 national average for IHS direct and Tribal facilities for the Colorectal Cancer Screening measure is 37%.

Performance for this measure increased by 4 percentage points over 2009 and exceeded the 2010 GPRA target of 36%.

Six of the twelve Areas met the national target.



NUMERATOR: Patients who have received any colorectal cancer screening in the past year

DENOMINATOR: Active Clinical patients ages 51-80



TOBACCO CESSATION

National Averages & Targets

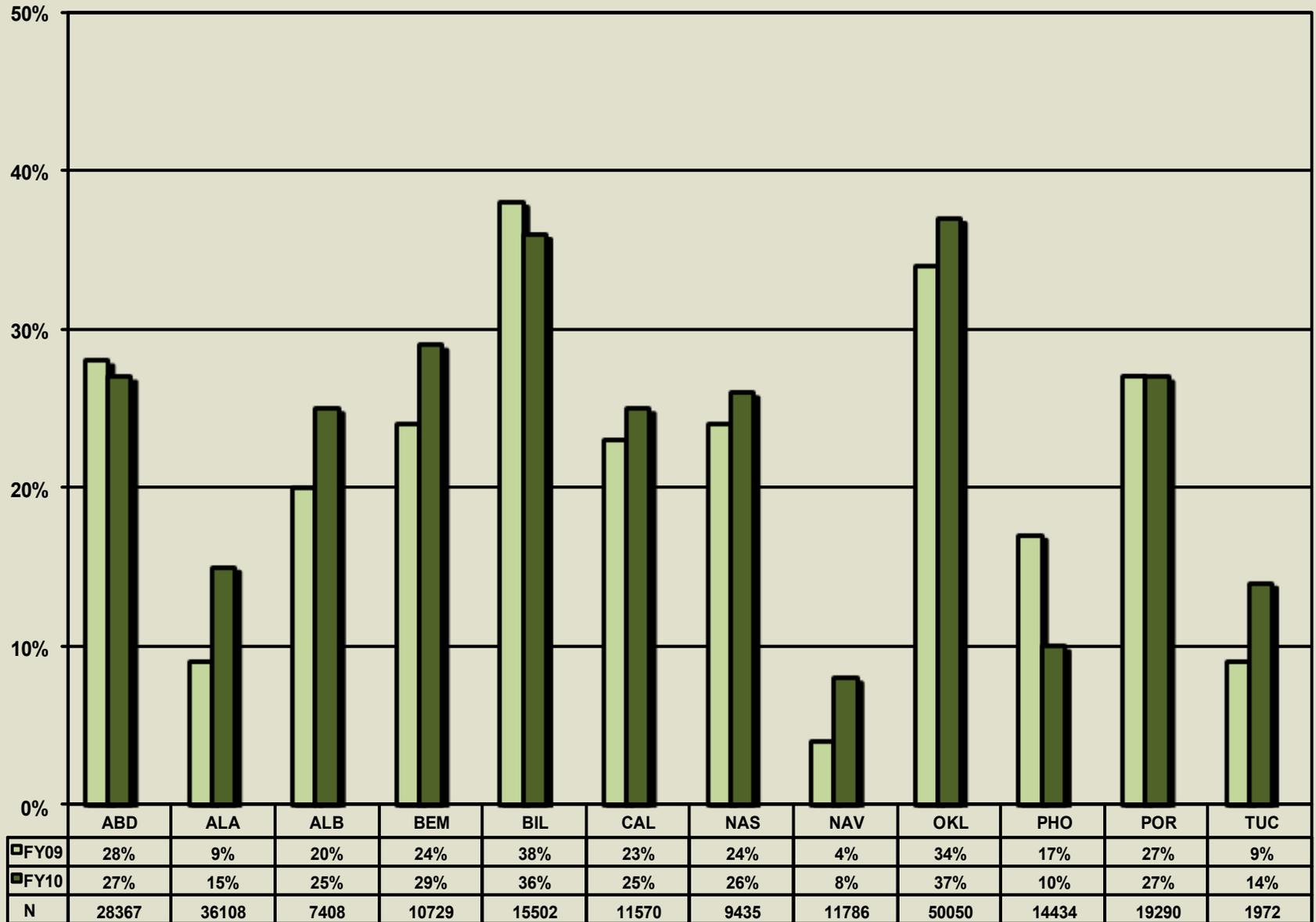
2009: 24%

2010: 25%

Target: 27%

The 2010 national average for IHS direct and Tribal facilities for the Tobacco Cessation measure is 25%. Performance for this measure increased by 1 percentage point over 2009, but did not meet the 2010 GPRG target of 27%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients who have received tobacco cessation counseling during the report period

DENOMINATOR: Active Clinical patients identified as current tobacco users



ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

National Averages & Targets

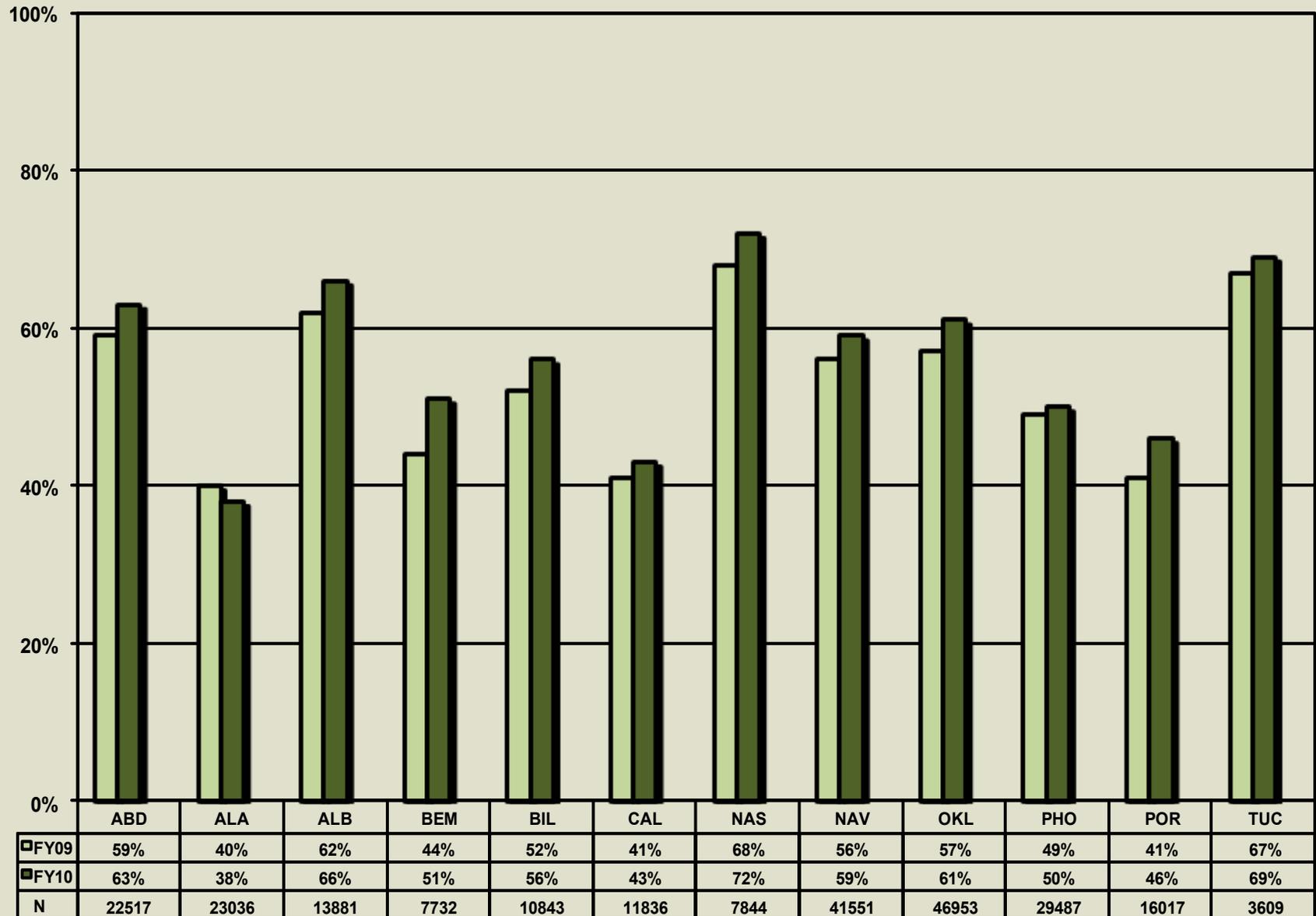
2009: 52%

2010: 55%

Target: 55%

The 2010 national average for IHS direct and Tribal facilities for the Alcohol Screening/ FAS Prevention measure is 55%. Performance for this measure increased by 3 percentage points over 2009 and met the 2010 GPRA target of 55%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients screened for alcohol use, or who have alcohol related diagnosis

DENOMINATOR: Female Active Clinical patients ages 15-44



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE (DV/IPV) SCREENING

National Averages & Targets

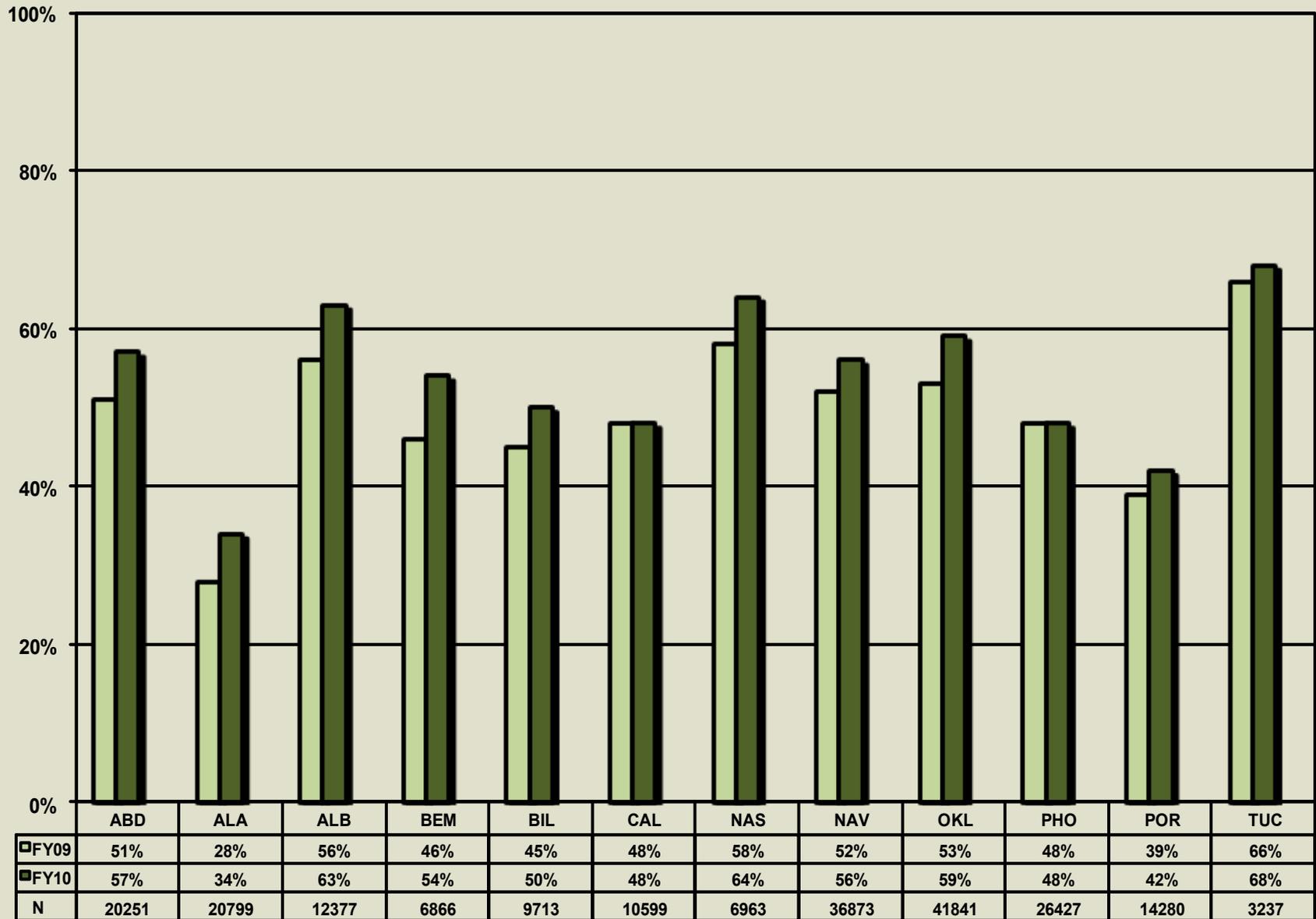
2009: 48%

2010: 53%

Target: 53%

The 2010 national average for IHS direct and Tribal facilities for the DV/IPV measure is 53%. Performance for this measure increased by 5 percentage points over 2009 and met the 2010 GPRA target of 53%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients screened for or diagnosed with Domestic Violence/Intimate Partner Violence (DV/IPV)

DENOMINATOR: Female Active Clinical patients ages 15-40



DEPRESSION SCREENING

National Averages & Targets

2009: 44%

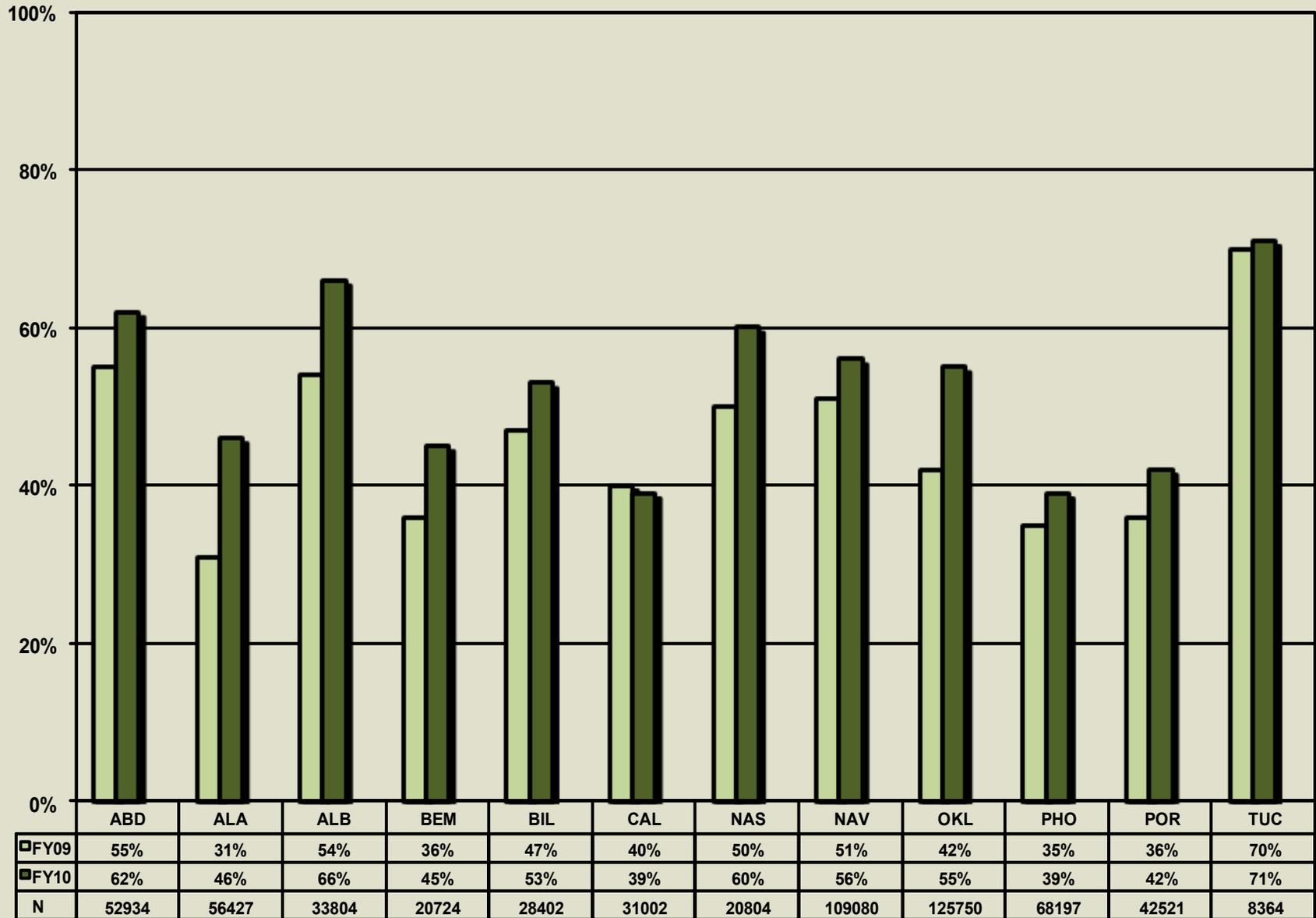
2010: 52%

Target: 53%

The 2010 national average for IHS direct and Tribal facilities for the Depression Screening measure is 52%.

Performance for this measure increased by 8 percentage points over 2009, but did not meet the 2010 GPRA target of 53%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients screened for depression or diagnosed with a mood disorder during the report period

DENOMINATOR: Active Clinical patients ages 18 and older



CVD PREVENTION—COMPREHENSIVE ASSESSMENT

National Averages & Targets

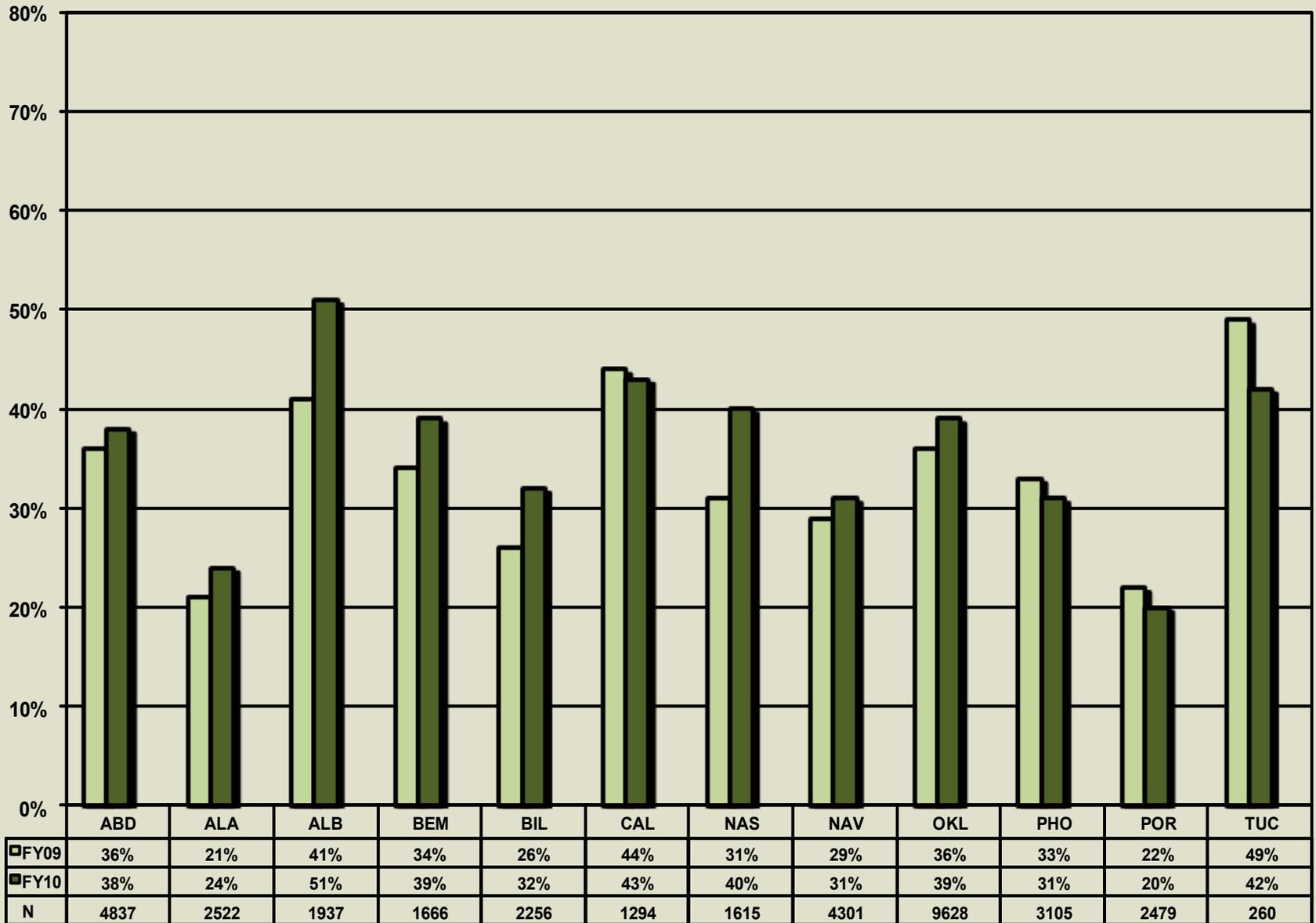
2009: 32%

2010: 35%

Target: 33%

The 2010 national average for IHS direct and Tribal facilities for the CVD Prevention measure is 35%. Performance for this measure increased by 3 percentage points over 2009 and exceeded the 2010 GPRA target of 33%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients with a comprehensive assessment: BP, LDL, Tobacco Use, BMI, & lifestyle counseling

DENOMINATOR: Active IHD patients ages 22 or older



PRENATAL HIV SCREENING

National Averages & Targets

2009: 76%

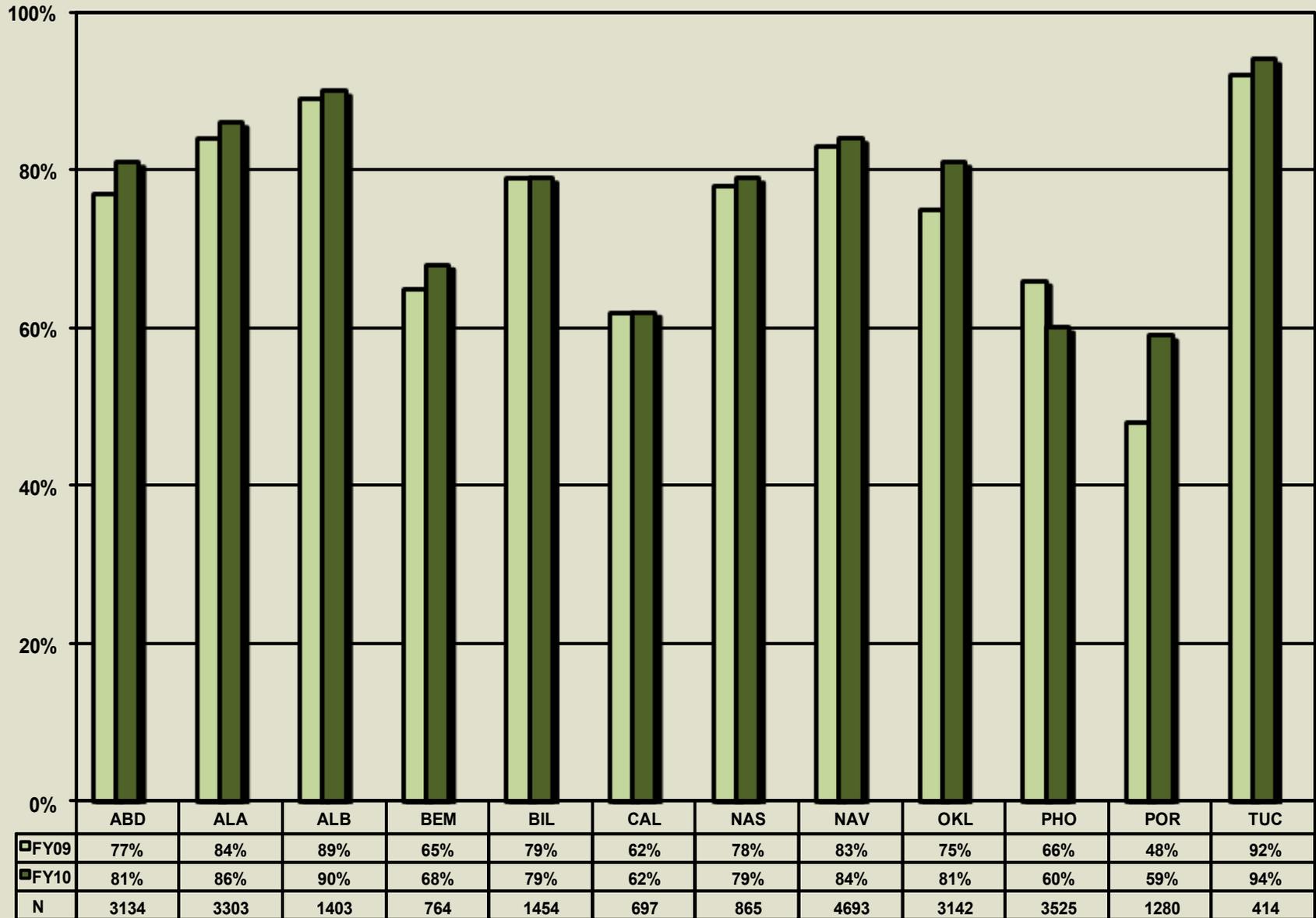
2010: 78%

Target: 77%

The 2010 national average for IHS direct and Tribal facilities for the Prenatal HIV Screening measure is 78%.

Performance for this measure increased by 2 percentage points over 2009 and exceeded the 2010 GPRA target of 77%.

Eight of the twelve Areas met the national target.



NUMERATOR: Patients who received HIV testing during the past 20 months

DENOMINATOR: All pregnant female active clinical patients



CHILDHOOD WEIGHT CONTROL

National Averages & Targets

2009: 25%

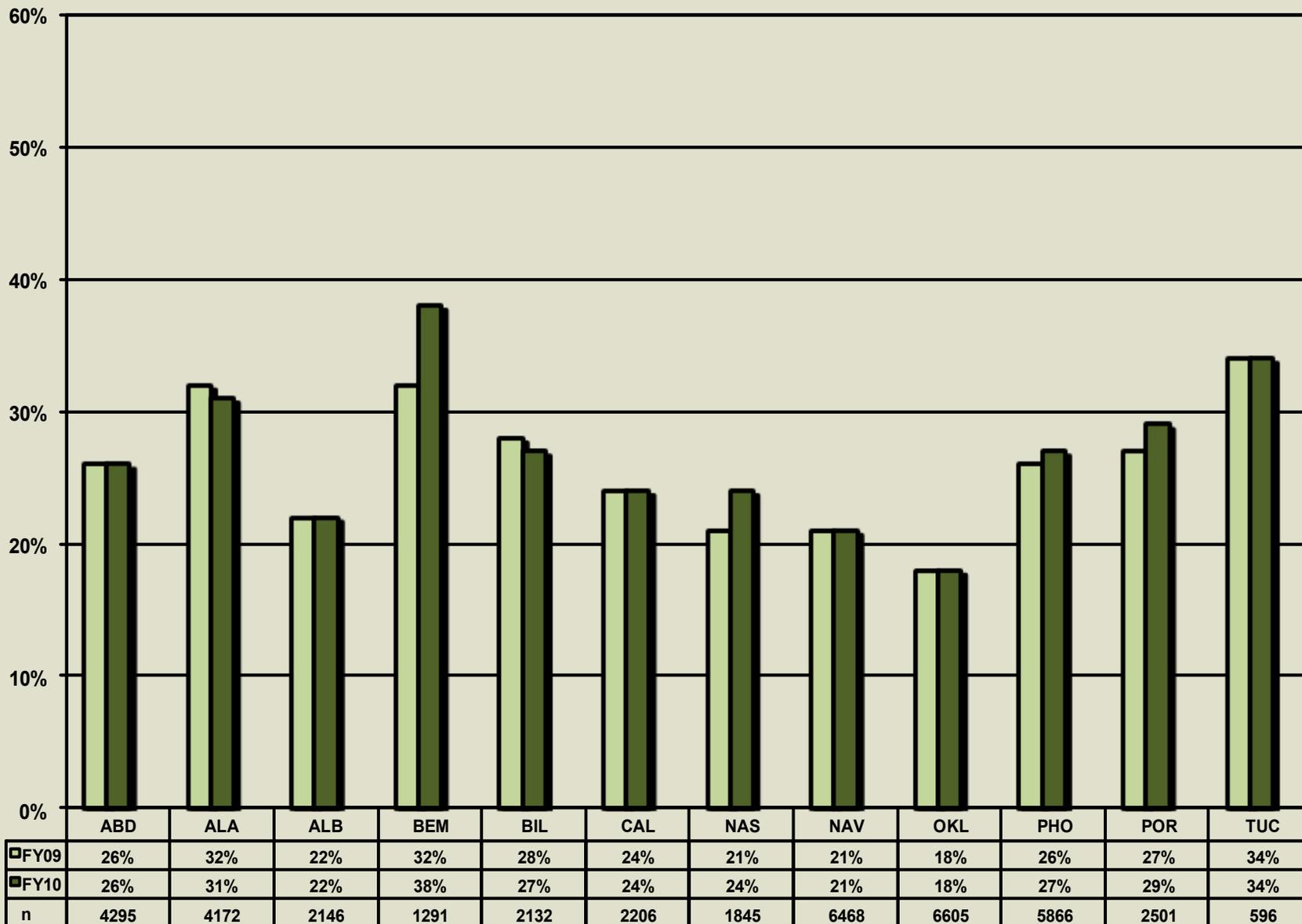
2010: 25%

Target: 24%

Note: A lower rate is the long-term goal for this measure.

The 2010 national average for IHS direct and Tribal facilities for the Childhood Weight Control measure is 25%. Performance for this measure was maintained at the 2009 rate, but did not meet the 2010 GPR target of 24%. Childhood Weight Control is a long-term measure; FY 2009 results are reported for context only.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with BMI at or above the 95th percentile

DENOMINATOR: Active Clinical patients 2-5 years of age