

Direction of Indian Health Care in 2010



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**California Medical Provider's Best Practices and GPRA
Measures Conference**

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Learning Objectives

- Review of 2009 GPRA clinical results
- Challenges facing the IHS in 2010
- Importance of IHS and other national measures being comparable
- Relationship of performance measurement to quality of care and funding
- Rationale for elimination of refusals
- New and continuing IHS initiatives in 2010 and beyond



2009 GPRA clinical results

2009 National Dashboard

2009 End of Year National Dashboard (IHS/Tribal)					
DIABETES	2009	2008	2007	2009 Target	Final Results
Diabetes Dx Ever	12%	12%	11%	N/A	N/A
Documented A1c	80%	79%	79%	N/A	N/A
Poor Glycemic Control	18%	17%	16%	18%	MET
Ideal Glycemic Control	31%	32%	31%	30%	MET
Controlled BP <130/80	37%	38%	39%	36%	MET
LDL Assessed	65%	63%	61%	60%	MET
Nephropathy Assessed	50%	50%	40% ^D	47%	MET
Retinopathy Exam	51%	50%	49%	47%	MET
DENTAL					
Dental Access	25%	25%	25%	24%	MET
Sealants	257,067	241,207	245,449	229,147	MET
Topical Fluoride- Patients	136,794	120,754	107,934	114,716	MET
IMMUNIZATIONS					
Influenza 65+	59%	62%	59%	62%	NOT MET
Pneumovax 65+	82%	82%	79%	82%	MET
Childhood IZ	79%	78%	78%	78%	MET
PREVENTION					
Pap Screening	59%	59%	59%	59%	MET
Mammography Screening	45%	45%	43%	45%	MET
Colorectal Cancer Screening	33%	29%	26%	29%	MET
Tobacco Cessation	24%	21%	16%	21%	MET
Alcohol Screening (EAS Prevention)	52%	47%	41%	47%	MET
DV/IPV Screening	48%	42%	36%	42%	MET
Depression Screening	44%	35%	24%	35%	MET
CVD-Comprehensive Assessment	32%	30%	30% ^E	30%	MET
Prenatal HIV Screening	76%	75%	74%	75%	MET
Childhood Weight Control ^F	25%	24%	24%	N/A ^F	N/A

^ALong-term measure as of FY 2009

^BNew baseline in FY 2007 - change in Standards of Care (IHS Division of Diabetes Treatment and Prevention)

^CNew baseline in FY 2007 - measure change from Cholesterol Screening to Comprehensive CVD-related Assessment

Measures Met = 20

Measures Not Met = 1

Total Measures = 21



Challenges facing the Indian Health Service in 2010



IHS Challenges

- Population growth – increased demand for services
- Rising costs/medical inflation
- Increased rates of chronic diseases
- Difficulty recruiting and retaining medical providers
- Challenges of providing rural healthcare
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- Balancing the needs of patients served in IHS, Tribal, and Urban Indian health programs



External IHS Challenges

- Recurring themes from Office of Management and Budget:
 - Enforce fiscal discipline
 - Invest more in what works and less in what does not
 - Analyze each government program to determine if it achieves its intended outcome/s
 - Improve performance across the board
 - Government needs to be as efficient as it is effective.



Importance of IHS and other national measures being comparable



Why compare?

- Health care entities within and outside the Federal sector have historically reported health care information within silos.
- Standard measurement/outcomes allows comparability across sectors, agencies, and populations



Measure “Harmonization”

- Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs
 - Requires that individual IHS federal sites run the EO report for twelve “transparency of quality” measures. Tribal sites are encouraged to run the EO report and voluntarily submit results for inclusion.
 - The VA and DoD report results on some of these transparency measures.
 - The IHS Quality of Care website allows comparison of EO report results between IHS facilities and to an external rate such as HEDIS Medicaid.
<http://www.ihs.gov/NonMedicalPrograms/quality/>



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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QUALITY OF CARE

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Welcome to the Indian Health Service (IHS) *Quality of Care* web site!

We want to provide you with the best health care and make sure you have the information you need to improve your health. We also want to show you how IHS reports on the quality of care it provides to its patients.

The following sections listed below describe this web site. Click on any of these sections and learn more about IHS quality of care.

[IHS Reports Quality](#): This section explains how IHS reports on the quality of care it provides.

[Improve Your Health](#): This section lists questions you can ask your doctor to improve your health.

[Reporting Quality by Health Condition](#): This section has information on several health conditions. It talks about important tests used to treat or watch those health conditions. In the future, we will give you information about more health conditions.

[Reporting Quality by IHS Facility](#): This section shows how IHS is doing in making sure that important tests are being performed for the health conditions.

[Reporting Quality for GPRA](#): This section describes another way that IHS measures health care quality and how that information is used.

[Frequently Asked Questions \(FAQs\)](#): This section gives answers to frequently asked questions about this web site.

Help your doctor | Help yourself
Know what to ask to get and stay healthier.



Standardization & Comparability



- The Recovery Act of 2009 authorizes CMS to provide a reimbursement incentive for physician and hospital providers who are successful in becoming “meaningful users” of an electronic health record (EHR).
- IHS will need to align its resources to the definition of meaningful use, once it is defined in order to collect from CMS.



Why participate?

- “Meaningful use” is ultimately linked to achieving measureable outcomes in
 - Patient engagement
 - Care coordination
 - Population health
 - Future reimbursement



Relationship of performance measurement to quality of care and funding



Evolution of Quality Measurement



- Historically IHS performance measures focused on high priority areas for the agency, such as prevention, cancer screening, diabetes, and dental health
- These initial measures have evolved based on changes in treatment and evidence based practice
- Emerging trends focus on external measure comparability



IHS Performance Reports Supporting Quality of Care

- Annual Citizens' Report from HHS with input from each OPDIV
- Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs
- Annual reporting to Office of National Drug Control Policy (ONDCP)



Performance and Funding

- A direct correlation between performance results and funding has not been established.
- Performance factors taken into consideration during the budget process are:
 - Previous and projected measure performance
 - Budget increases or decreases
 - Current services (medical inflation, pay costs, and population growth)



Budget Related Performance Reporting for IHS

- Annual reporting in each year's budget request to Congress
 - Annual Performance Plan – what IHS intends to accomplish with its annual budget
 - Annual Performance Report – comparison of GPRA measure results to annual targets
 - Annual Program Assessment data reporting from each IHS PARTed program – results included in each budget submission



President Obama's 2010 budget

- IHS received an almost 13 percent increase – largest in 20 years
- ARRA funding - \$500 million to IHS
 - Facilities - \$227 million
 - Sanitation projects - \$68 million
 - Maintenance and Improvement - \$100 million
 - Medical Equipment - \$20 million
 - Health IT - \$85 million



Specific Challenges for IHS



- The 2010 GPRA performance targets are exceptionally aggressive
- IHS increases for Contract Support Costs (CSC) and Indian Health Care Improvement Fund (IHCIF) are reflected in increased clinical targets
- With no performance measures for the CSC and IHCIF budget lines, the expectation is that their budget increases will increase access to clinical care and therefore increase clinical measure results



Overall Challenges for Budget & Performance Integration



- Congress and previous Administrations have laid a strong foundation for the improvement of government performance.
 - GPRA, PART
- Agencies have placed too much emphasis on producing performance information related to compliance.
- Too little attention has been placed on analyzing and acting upon the information.



Anticipated Future Direction: Latest OMB Emphasis on Program Evaluations



- October 7 memo from Peter Orszag, Director, Office of Management and Budget (OMB)
- Develop agency on-line information about existing evaluations
- Inter-agency working group on evidence based cross-cutting evaluations
- Perform “impact evaluations” that focus on social, educational, economic and similar programs aimed at improving life outcomes



Rationale for elimination of refusals



Patient Refusal Exclusion

- After careful Agency study of this issue, IHS discontinued counting patient refusals of screenings, procedures or immunizations toward meeting clinical GPRA measures at the national level for fiscal year 2009.
- Patient refusals will be eliminated from Area-specific performance results as of fiscal year 2010.



Why does IHS exclude refusals for performance reporting?

- IHS is currently the only Federal Agency allowing refusals to be counted in performance measure logic
- 15 of 21 clinical measures included refusals in the numerator logic
- IHS measure logic will more closely align with existing measure sets used in quality reporting.



Why does IHS exclude refusals for performance reporting?

- It is expected that the current Administration/OMB may require federal agencies to work together on cross-cutting issues.
 - These changes will require aligned performance reporting.
- There was variable use of refusals across IHS programs and Areas
- How does IHS demonstrate that refusals impact clinical outcomes?



New and continuing IHS initiatives in 2010 and beyond . . .



Director's Priorities

- Renew and strengthen our partnership with tribes
- In the context of national health reform, bring reform to IHS
- Improve the quality of and access to care
- Ensure that our work is transparent, accountable, fair, and inclusive



Renew and Strengthen Our Partnership with Tribes

- Government-to-Government relationship
- Federal trust responsibility
- Tribes manage over half IHS budget
- In order to improve the health of our communities, we must work in partnership with them
- Tribal consultation – how can we improve the process, make it more meaningful at all levels



Internal IHS Health Reform

Improve quality and access

- Next focus – months to years
- Need to demonstrate change and improvement
- What do we do well?
- Where do we need to improve?
- Plan to gather wide range of input
 - Tribal consultation
 - Input from health providers, staff
 - Input from patients/consumers
- Priorities for change
- Process to develop solutions



Future of AI/AN Health Care



- Need more resources to meet our mission
- Must demonstrate willingness to improve, change, and work successfully within the agency as well as with Tribes and other Federal agencies
- Outcomes
 - Improved quality of and access to care
 - Improved health status
 - Elimination of disparities



IHS GPRA Performance Measures

- GPRA measures:
 - 2/3 (22) are clinical (National Dashboard)
 - 1/3 (11) report on other internal agency activities
- Is it time to critically review the current measure set given the changing environment for performance evaluation?



Performance Measurement Areas: Questions for Discussion



- Does IHS rely too heavily on the existing clinical measure set used for reporting?
- Are there other internal areas that IHS should consider measuring for national reporting?
- Does IHS need additional performance measures associated with each budget line item?