



DATE: July 28, 2008

TO: Area Directors

FROM: Director, Office of Public Health Support
Director, Office of Information Technology

SUBJECT: Other National Measures Report Released in RPMS Clinical Reporting System Version 8.0 - For Your Information

ISSUE

The Indian Health Service (IHS) is pleased to announce the release of the new *Other National Measures (ONM) Report* for reporting non-Government Performance and Results Act (GPRA) measures. The Fiscal Year 2008 *National GPRA Report* will continue to be used for reporting GPRA measures only. Federal IHS direct sites are required to run and export both the GPRA and ONM reports. Tribal sites are not required to do so, but are urged to consider both GPRA and ONM reporting. Please redistribute this memorandum to all IHS-direct and Tribal sites in your respective Areas for their information

DISCUSSION

The IHS Resource and Patient Management System's (RPMS) Clinical Reporting System (CRS) collects both GPRA and non-GPRA measures and has historically reported them together through the *National GPRA Report*. The new ONM Report will significantly aid end users in differentiating between the two types of measures. These reports are included in the latest version of the RPMS CRS 2008 Version 8.0, released in April. Additionally, the IHS will be releasing a set of new ONM measures in CRS 2008 Version 8.0, Patch 2 (see Attachment A)

It is critical that IHS receives ONM data from as many facilities as possible to provide accurate national rates. The ONM Report provides valuable information on the quality of care that is being provided to patients and can be used to address other national reporting requirements such as the Program Assessment Rating Tool (PART).

Attachment B provides a justification for each measure as to why IHS is collecting and reporting this information.

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Should a Tribal site choose to report on ONM, they will need to install and use CRS Version 8.0, Patch 2, anticipated for release in mid-August. Detailed instructions will be sent to Area GPRA Coordinators. If you have any questions, please contact Mr. Francis Frazier, GPRA Lead, Senior Program Management Officer, IHS, at <mailto:Francis.Frazier@ihs.gov> or (301) 443-4700

Attachment A - ONM Report New Fiscal Year 2008 Measures

Attachment B - Justification for Collecting Measures Included in the ONM Report

cc: Area GPRA Coordinators
Area Information Systems Coordinators
Area Lead Negotiators

Indian Health Service
Other National Measures Report
New Fiscal Year 2008 Measures

The Indian Health Service Clinical Reporting System (CRS) Other National Measures Report (ONM) will include a set of new non-Government Performance and Results Act (GPRA) measures in CRS Version 8.0, Patch 2, anticipated for release in mid-August: Please install the latest version of CRS when available to ensure your site is able to collect this information and generate the ONM Report. The new ONM measures are listed below:

- **Childhood Immunizations:** 4:3:1:3:3:1 and 4:3:1:3:3:1:4 immunization combinations.
- **Adolescent Immunizations:** 1:3:2:1, 1 Tad, 1 Meningococcal, and females with 3 HPV. [The full set of measures is included in the Selected Measures (Local) Report.]
- **Tobacco Cessation:** New developmental logic that may replace existing GPRA logic for GPRA 2009 reporting. To be added with CRS 2008 Version 8.0 Patch 2.
- **Alcohol Screening and Brief Intervention (ASBI):** A portion of this new topic's measures. [The full set of measures is included in the Selected Measures (Local) Report]
- **Heart Failure and Evaluation of Left Ventricular Systolic Function:** One measure.
- **HIV Screening (renamed from Prenatal HIV Screening):** New measures for HIV screening of patients ages 13-64. To be added with CRS 2008 Version 8.0 Patch 2.
- **Sexually Transmitted Infection Screening:** A portion of this new topic's measures. [The full set of measures is included in the Selected Measures (Local) Report.]

Indian Health Service

Justification for Collecting Measures Included in the Other National Measures Report

Measure	Justification
Diabetes Comprehensive Care	Used to calculate the proportion of patients with diabetes who receive all recommended assessments: A1c assessment, blood pressure assessment and control, LDL assessment, neuropathy assessment, retinal evaluation, and foot exam.
# of Topical Fluoride Applications	Dental caries is the most common disease of childhood and adolescence. Dental data allow us to analyze our treatment and preventive efforts. These data are used by the American Dental Association to justify requests for additional resources from Congress.
Diabetes Influenza Immunization	Influenza and pneumonia are common, preventable infectious diseases associated with high mortality and morbidity in the elderly and in people with chronic diseases. Observational studies of patients with a variety of chronic illnesses, including diabetes, show that these conditions are associated with an increase in hospitalizations for influenza and its complications. Based on a case-control series, influenza vaccine has been shown to reduce diabetes-related hospital admission by as much as 79% during flu epidemics. The use of influenza vaccines for all appropriate individuals with diabetes is supported by the IHS Diabetes Standards of Care, the American Diabetes Association, and the Centers for Disease Control’s Advisory Committee on Immunization Practices.
Diabetes Pneumovax Ever	People with diabetes may be at increased risk of the bacteremic form of pneumococcal infection and have been reported to have a high risk of nosocomial bacteremia, which has a mortality rate as high as 50%. The use of pneumococcal vaccines for all appropriate individuals with diabetes is supported by the IHS Diabetes Standards of Care, the American Diabetes Association, and the Centers for Disease Control’s Advisory Committee on Immunization Practices.

Measure	Justification
Childhood Immunizations 4:3:1:3:3:1 4:3:1:3:3:1:4	<p>While the 4:3:1:3:3* immunization series used in GPRA has been the standard used to measure coverage nationally for the last several years, over time there have been additional vaccines that are routinely recommended for both children and adolescents, and most national surveys collect data on these new vaccines. Including data on new vaccines (e.g. Tdap, Meningococcal, and Human Papillomavirus Vaccine [HPV]) and combinations (e.g. the 4:3:1:3:3:1** and 4:3:1:3:3:1:4*** series) in the ONM Report is important to allow IHS to monitor the uptake of new vaccines, identify potential disparities in coverage within the AI/AN population and between AI/AN populations and other groups, and develop strategies to improve coverage.</p> <p>*4:3:1:3:3: 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B.</p> <p>**4:3:1:3:3:1: 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B, 1 dose of Varicella</p> <p>***4:3:1:3:3:1:4: 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3 doses of Hib, 3 doses of Hep B, 1 dose of Varicella, 4 doses of pneumococcal conjugate.</p>
Adolescent Immunizations 1:3:2:1: 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella 1 Tdap 1 Meningococcal 3 HPV (female only)	<p>Same as above</p>
ER Injury Patients Screened for Alcohol Use ER Injury Patients with Positive Alcohol Screen with Brief Negotiated Interview	<p>Properly applied, the Alcohol Screening Brief Intervention program may reduce later mortality from trauma-related incidents by as much as 50%, as well as reduce further drinking-related adverse health outcomes. Tracking implementation of the screening program will facilitate assessing the efficacy of the intervention in communities where it is applied, assist in identifying best practice programs, and help identify sites in need of more support for implementation.</p>
Patients 23+ with Cholesterol Screen	<p>Serum cholesterol is a well-documented and readily treatable risk factor for cardiovascular disease and its complications. It is readily modifiable with both lifestyle and medical interventions.</p>
Patients 20+ with Blood Pressure Assessed (breaks BP out into 5 categories)	<p>BP control is an important goal in prevention of CVD complications, including stroke, myocardial infarction, and renal failure. Control of BP, like lowering cholesterol, entails life style modification with diet.</p>

Measure	Justification
Patients with Ischemic Heart Disease with BP Assessed (breaks BP out into 5 categories)	Same as above.
Appropriate Medication Therapy after a Heart Attack (reports on 4 different types of medications)	Appropriate medical therapies in high-risk patients and following acute myocardial infarction have been extensively studied in large populations. Beta blocker therapy, aspirin, ACE/ARB treatment and lipid lowering therapy all decrease risk of CVD death and recurrent myocardial infarction. The goal for these patients is to assure that all eligible patients without contraindications to these medications are treated to guidelines determined goals and maintained on these therapies, usually life-long.
Persistence of Appropriate Medication Therapy after a Heart Attack (reports on 4 different types of medications)	Same as above.
Appropriate Medication Therapy in Patients with Ischemic Heart Disease (reports on 4 different types of medications)	Same as above.
Cholesterol Management for Patients with Cardiovascular Disease (CVD) Conditions (reports on whether LDL cholesterol test was performed and 3 different LDL levels)	Similar to above, lowering serum cholesterol in patients with established CVD is vital. These patients represent those with the highest level of risk for recurrent CVD complications and CVD related death. The abundance of data supporting cholesterol- lowering therapies with life style and medical therapies makes reporting of these data of great importance. In addition, compliance with guidelines-directed cholesterol goals insures optimal patient outcomes.
Heart Failure and Evaluation of Left Ventricular Systolic Function	Congestive heart failure is a leading cause of CVD morbidity and mortality and an increasing cause of hospitalization in both native and general U.S. communities. Appropriate therapy for congestive heart failure requires an assessment or documentation of prior invasive or non-invasive evaluation of left ventricular systolic function. Such assessments may significantly alter medical therapy and are a leading indicator of prognosis.

Measure	Justification
Patients 13-64 who Were Screened for HIV or Refused Screening	In September 2006, CDC recommended routine HIV testing for all persons between the ages of 13-64. Routine HIV testing means as often as necessary for persons with risk behaviors, and every 3-5 years for persons with no discernible risk behaviors. Routine HIV screening is cost-effective when the community prevalence is greater than 1 in 1,000 persons. As most communities do not know their prevalence, routine HIV screening should be initiated until HIV prevalence can be definitively established. This measure will give us an overall testing rate, and may eventually become a GPRA measure.
Refusal Rate of HIV Screening for Patients 13-64	High rates of refusals may suggest a need for patient education regarding universal screening.
# HIV Screens	Informs IHS as to what proportion of all community members are aware of their serostatus. The total number provides a baseline to compare against annually toward improvement of services.
# Patients with a Key Sexually Transmitted Infection (STI) (Gonorrhea, Syphilis, HIV, Chlamydia) (each patient counted a maximum of 1 time)	The combined rates of primary/secondary Syphilis, Gonorrhea and Chlamydia for American Indian/Alaska Natives rank second among all races and ethnicities. This is concerning, especially because there is an association between HIV and other key STIs.
# Incidents of Key Sexually Transmitted Infections (if patient has multiple incidents, each incident is counted)	Utilizing the same rationale as above, and in addition to measuring the number of patients, another key epidemiological component of tracking STIs is the number of incidents or cases. The number of STI cases can determine incidence rates, whether a subpopulation of patients is repeat cases or if STIs are spread broadly across the patient population. This data can help the community identify needs and suggests a pattern of repeated risk. It may also illuminate the need of more targeted intervention if the trend for increased sexual risk is widespread across the entire population (# of patients and # of incidents is very similar).
Patients with Key Sexually Transmitted Infection (STI) who Received Recommended Screenings for Other Key STIs	Persons with STIs are also at higher risk for other, often asymptomatic, STIs. With diagnosis of an STI, screening for other key STIs, (including HIV), eliminates the potential of missed opportunities for early diagnosis, intervention and the potential future transmission. Early diagnosis and treatment is also a cost-containment measure in higher risk sub-populations (those with other sexually transmitted infections)

Measure	Justification
Patients with Prediabetes/Metabolic Syndrome who Received all Recommended Screenings	Prediabetes and Metabolic Syndrome (PreDM/MetS) are related conditions that confer high risk for future diabetes and heart disease. Intensive lifestyle modifications and medications in patients with PreDM/MetS can significantly reduce this risk of progression to diabetes by 58%. While ~40% of American Indian/Alaska Native adults have PreDM/MetS, it is estimated that only 1 in 5 of these high risk individuals has been diagnosed. Collecting, monitoring, and reporting data on PreDM/MetS screening, diagnosis, and treatment is critical to improving individual patient care and outcomes and also reducing the burden of diabetes in the AI/AN populations.
# Public Health Nursing Visits	<i>Used for context and background for the Public Health Nursing program in national budget submissions.</i>
Children 45-394 Days Old Who were Exclusively or Mostly Breastfed at 2 Months of Age	Breastfeeding is associated with lower rates of obesity, asthma, and other chronic conditions in children and adults. Longer exclusivity and duration of breastfeeding is associated with better health outcomes. Breastfeeding rates will be reported for the Federally-Administered Activities Program Assessment Rating Tool (PART) and in national budget submissions and may eventually become a GPRA measure.