



Date: February 23, 2007

To: Area Director
Chief Medical Officer
Clinical Director
GPRA Coordinator
Indian Health Service

From: Theresa Cullen, MD, MS
Chief Information Officer
Indian Health Service

Thomas D. Sequist, MD, MPH
Harvard Medical School

Subject: Indian Health Service Quality of Care Evaluation

We are writing to you regarding an important quality improvement initiative that the Indian Health Service is currently participating in along with colleagues from Harvard Medical School. As you are aware, the American Indian/Alaska Native (AI/AN) population is experiencing a growing chronic disease burden, particularly in the areas of diabetes, coronary heart disease, and chronic kidney disease. In addition, prevention remains a top priority, including cancer screening, immunizations, and cardiovascular risk reduction through appropriate cholesterol, blood pressure, and weight management.

Quality measurement is being increasingly used to identify areas where healthcare systems such as the IHS can improve patient care. Unfortunately, there is very limited information regarding the quality of care delivered to AI/AN populations. A recent report from the federal Agency for Healthcare Research and Quality was unable to provide reliable quality of care data for AI/AN patients in many important areas, including receipt of influenza and pneumococcal vaccines, and treatment of diabetes, coronary heart disease, and hypertension. **Yet, information on treatment of the AI/AN population in these areas is vital to understanding why AI/AN live nearly 5 years shorter than the general US population.**

As you know, the IHS has developed a clinical information system that allows quality of care measurement on a national level through the Clinical Reporting System. These GPRA measures have been extremely useful for highlighting disease areas where the IHS can improve, as well as areas where we are doing a good job. However, while summarized Area reports can be used to provide a general overview of healthcare quality, these data are not sufficient to allow analyses of local geographic variation in care and temporal trends within the IHS. In order to allow statistically meaningful analyses, it is important for these data to be collected at the local level.

The goals of these analyses using local data include:

- Identify high performing regional areas to facilitate sharing of “best practices” to improve care throughout the IHS
- Highlight areas of outstanding patient care to support advocacy for increased federal funding to support these and future efforts
- Provide local sites with data extracts that will allow self-evaluation and development of local interventions

The CRS technology staff has developed a method for obtaining the data necessary from reporting GPRA sites by using the RPMS Clinical Reporting System (CRS) 2007 Version 7.0, which will be released in early February 2007. The data will be extracted and stored in an export file beginning with “CRSCNT.” GPRA reporting sites should create this export file by running the “XP” Comprehensive National GPRA Export menu option from the National GPRA Reports menu and following the prompts. Section 6.4 of the CRS 2007 User Manual will contain step-by-step instructions for creating the file.

The data extracts will include the following measures for patients who were included in the National GPRA report during any or all of GPRA reporting years 2000-2007:

- All diabetes measures
- Post-myocardial infarction care
- Ischemic heart disease care
- Cancer screening (breast, cervical and colorectal)
- Adult immunizations (pneumovax, influenza)
- Childhood immunizations
- Oral health (annual dental visit, dental sealants, topical fluoride)
- Tobacco use and cessation counseling
- Alcohol use
- Body Mass Index
- Blood pressure management
- Cholesterol management
- Depression and domestic violence screening
- Breastfeeding rates
- Prenatal HIV testing
- Comprehensive Care for patients with CVD or Prediabetes/ Metabolic Syndrome

It is important for you to understand several key features of this project:

- 1) The data will not be published or reported in any way with site-identifiers; ***the data will remain entirely confidential from the perspective of the local site,***
- 2) The data will be maintained on the IHS servers; and
- 3) All analyses related to this project will undergo appropriate review by the IHS National IRB and data will be collected and analyzed in accordance with governing HIPAA regulations

We hope that you will appreciate the value of this project to achieving our common goal of improving healthcare of AI/AN patients. However, if you have objections to including data from your site as part of this effort, or would like further information, please contact your Area GPRA coordinator.

Sincerely,

A handwritten signature in black ink, appearing to be 'Theresa Cullen', written in a cursive style.

Theresa Cullen, MD MS

A handwritten signature in black ink, appearing to be 'Thomas D. Sequist', written in a cursive style.

Thomas D. Sequist, MD MPH