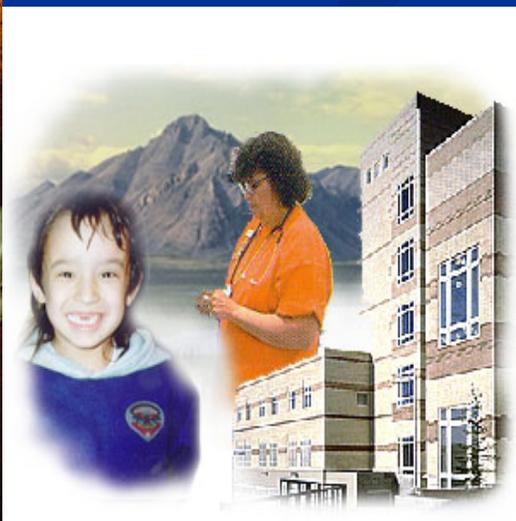
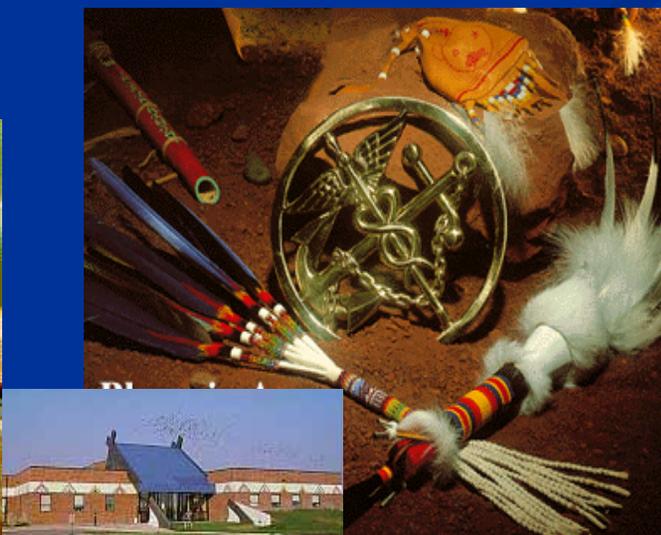




# GPRA and PART : Their Impact on AI/AN Health Status



# Measuring Quality of Health Care for AI/AN

- Objectives
  - Performance Management Overview
    - Performance and Budget for DHHS
    - What is PART
    - What is GPRA
    - Role of PART/ GPRA in monitoring and improving health status
  - Integration of performance based budgeting



# The IHS Strategic Plan

A Proposed Way to Get  
Where We Want to Be in the Face of  
Uncertainty, Resistance, and Possibility

- Build Healthy Communities
- Achieve Parity in Access by 2010
- Provide Compassionate Quality Health Care
- Embrace Innovation



# IHS Strategic Plan: Long Term Outcome Goals 2010

- Decrease years of potential life lost by 20% over FY02 level
- Decrease obesity rates for children (2-6 years) by 10% over FY02
- Assure that 70% of AI/AN children receive dental sealants
- Increase childhood immunizations to 95%
- 40% of AI/AN diabetic patients have 'ideal' blood sugar control
- 94% of AI/AN homes have safe and adequate sanitation



# PART

## What it is:

- ★ An OMB tool to assess program effectiveness
- ★ Informs budget decisions, management actions, and legislative proposals
- ★ OMB assesses, scores and approves recommendation
- ★ 20% of programs PARTed annually, 100% of programs by 2008

## How does this affect me:

- ★ Agencies:
  - prepare draft PART and appeal documents
  - implement recommendations
  - conduct reassessments
- ★ DHHS:
  - manages Department-wide process
  - provides technical guidance
  - coordinates with OMB



# The Federal Program Report

## Card: Program Assessment Rating Tool

### Overview of PART:

Evaluates program effectiveness in four areas: Purpose/Design, Strategic Planning, Program Management, and Program Results

→ Results are weighted at 50% of total score

- Results based on annual and long-term performance goals with emphasis on outcomes – *they need to be “ambitious”*
- Long and short term goals are assessed in both the Strategic Planning and Results sections



# IHS PART Reviews FY 04

## IHS Direct Federal Programs – 77% Total

- Purpose – 100%
- Strategic Planning – 78%
- Management – 60%
- Results – 74%

## Sanitation Facilities Construction – 80% Total

- Purpose – 100%
- Strategic Planning – 83%
- Management – 89%
- Results – 67%



# IHS PART Reviews FY 05

## RPMS/Information Technology - 88% Total

- Purpose - 80%
- Strategic Planning - 81%
- Management - 100%
- Results - 89%

## Urban Indian Health Program - 69% Total

- Purpose - 40%
- Strategic Planning - 75%
- Management - 100%
- Results - 67%



# IHS PART Reviews FY 06

## Health Care Facilities Construction - 92% Total

- Purpose - 100%
- Strategic Planning - 100%
- Management - 100%
- Results - 83%



# Emerging Trends for PART

- Congressional pressure for OMB to revise PART including better linkages to GPRA and comparisons with programs addressing the same or similar outcomes
- Conclusion: federal accountability requirements which focus on outcomes are not likely to go away



# PART for FY 07 Budget

- Tribal Programs evaluated
- Evaluation/ results are based upon GPRA results that are culled from the Area
  - Long term measure( YPLL; diabetes control)
  - Short term measures ( 17 clinical GPRA)
  - Efficiency measure (avoidable diabetic hospitalizations)
  - Percentage of TOPH users reported in GPRA data set





# **GPRRA: What is it; why does it matter?**

# The Essence of GPRA

- The Government Results and Performance Act (GPRA)
  - is a Federal law requiring a data-supported audit trail from appropriated dollars to activities and ultimately to customer benefits or outcomes consistent with an agency's mission
  - requires an annual performance plan, as well as an annual performance report



# Annual Performance Plan

Must include:

- Performance goals or indicators for the fiscal year
- Description of resources needed to meet the goals
- Starting in 05, projected fiscal cost of reaching the indicator goal as a total % of budget
- How data to be reported is verified and validated ( subject to audit by OMB)



# Annual Performance Report

Must include:

- What was actually accomplished in comparison to goals in Plan
- If goals were not met, why not
- Plan for achieving unmet goals or reasons why goal is impractical or infeasible



# IHS GPRA Strategies

- For FY 2006 and FY 2007, most clinical GPRA targets are only to *maintain* the previous year's level of service
- Identification of efficiency / outcome / process measures
- Focus on development of performance based budgeting markers
- Continue the development of CRS



# IHS GPRA Performance

- FY 2001- 7 not met (38 measures)
- FY 2002- 5 not met (40 measures)
- FY 2003- 8 not met (38 measures)
- FY 2004- 11 not met (39 measures)
- FY 2005- pending



# GPRO+ & National GPRO

## Reporting FY 2004



**User Population Represented:** over 1.1 million patients

Area	2004	2003	Area	2004	2003	Area	2004	2003
ABR	99%	94%	BIL	81%	87%	OKC	59%	61%
ALK	96%	61%	CAO	99%	96%	PHX	99%	99%
ABQ	100%	100%	NSH	95%	72%	POR	74%	37%
BEM	73%	68%	NAV	100%	99%	TUC	76%	76%

# Current GPRA 06 Clinical Indicators

- Diabetes Group
  - Hemoglobin A1C
  - Ideal control
  - Poor control
  - BP control
  - LDL screening
  - Nephropathy screening
  - Retinopathy screening



# Current GPRA 06 Clinical Indicators

- Oral Health
  - Access to Dental Services
  - Dental Sealants
  - fluoride treatments
- Immunizations
  - Adult: Influenza
  - Adult: Pneumococcal
  - Childhood IZ



# Current GPRA 06 Clinical Indicators

## ■ Prevention

- Pap Smear Rates
- Mammogram Rates
- FAS Prevention (screen women of child bearing age for alcohol use)
- HIV screening in prenatal patients
- Domestic Violence Screening
- Cardiovascular Disease
  - cholesterol screening



# Current GPRA 06 Clinical Indicators

- Obesity Rates (BMI)
- Tobacco Cessation Assessment
- Unintentional Injury Rates
- Suicide Data
- Public Health Nursing ( total visits)
- Depression Screening



# Current GPRA 06 Indicators

- GPRA Clinical Indicators from Electronic System
- Facility Accreditation
- Patient Safety



# Current GPRA 06 Indicators

- Community Based Injury Prevention Interventions
- Web based environmental health surveillance systems
- Sanitation/ Facilities
- Scholarship Program



# The Role of GPRA Today

- The PART performance assessment is largely based on GPRA annual measures
- The GPRA Annual Performance Report remains the most important set of annual measures
- Area Directors' performance contracts with the IHS Director are largely based on GPRA annual measures
  - Service Unit Director/ CEO's performance assessment are increasingly based on GPRA annual measures



# Looking Forward: New GPRA and PART Quandaries

- Budget and Performance Integration Requirements
  - Strategic plans with limited number of outcome goals and objectives
  - Full cost of achieving performance goals in budget, as well as estimation of marginal costs of changing performance goals
  - Efficiency measure for all programs
  - PART evaluation used to direct program improvements and used to justify funding requests, actions and proposals



# Ongoing Issues

- Transition to CRS data for as many indicators as possible
- Overall, we have data on over 1.1 million patients through CRS for FY 04
- Trends show improvement and / or stable rates for most clinical indicators
- **Meeting performance contract goals and/ or GPRA goals is insufficient to improve health status and/ or meet HP 2010 goals by 2010**



# Clinical Reporting System (CRS)

- RPMS software application that produces reports for GPRA and other clinical indicator measures based on RPMS data
  - based on software developed by Aberdeen Area in 2000
- Provides automated local and Area tracking of clinical performance on demand
- Intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators



# CRS

- Identical logic ensures *comparable* performance data across all facilities
- Updated annually to reflect changes in the logic descriptions and to add new indicators
- Local facilities can choose to transmit data for National GPRA and HEDIS performance reporting to their Area
- Area Offices can produce aggregated Area performance reports



# How Can CRS Help?

- Allows passive, automated extraction of clinical indicators
- Shows your facility's performance against last year's national averages, on demand
- Identifies *specific* healthcare issues in a *specific* I/T/U population
  - single community
  - panel of patients
- Identifies clinical areas of concern or excellence

# CRS 2005 v5.0: Key Changes

- Replaced GPRA and Area Director Performance reports with National GPRA report
  - To be used for all GPRA reporting
  - Includes GPRA and key clinical indicators
  - Includes hard-coded report parameters
    - **Report Period:** July 1, 2004 – June 30, 2005
    - **Baseline Year:** 2000
    - **Population:** AI/AN Only
- Added patient lists for National GPRA indicators



# Key Changes (cont'd)

- Revised Prenatal HIV and CVD: Cholesterol Screening to GPRA indicators
- Revised Diabetes: Nephropathy
  - GPRA numerator now requires positive urine/any microalbuminuria AND estimated GFR.
- Revised lab taxonomy to display only taxonomies used by CRS
- Reorganized report menus by including main and sub-menus



# Key Changes (cont'd)

- 5 new indicators
  - Childhood Immunizations (GPRA)
    - **GPRA numerator:** 4:3:1:3:3 (4-DTaP, 3-OPV/IPV, 1-MMR, 3-Hib, 3 Hepatitis B)
  - Childhood Obesity Reduction
  - Chronic Kidney Disease Assessment
  - Comprehensive CVD-related Assessment
  - Diabetes Comprehensive Care

**Refer to User Manual Section 1.1  
for Complete List of Changes**



# CRS 2005 v5.1: Key Changes

- National Release June 2005
- New CMS report
  - 10 quality measures for heart attack, heart failure, and pneumonia
- 6 new indicators (*also included in HEDIS report*):
  - Topical Fluoride (GPRA indicator)
  - 3 CVD-related
  - Osteoporosis Management in Women
  - Asthma Quality of Care
- New Elder Care report
- Optional GUI version of the software

