



CPHAD - Clinicians' Public Health Activity Datasystem

Introducing the CPHAD Project

(pronounced “cee’făd praw’jekt”)



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CPHAD

**(an Initiative of the
Portland Area Office)**

**Is a Project to Document
Clinicians'
Public Health Activity**



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CPHAD Workgroup Members:

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“What I think is often missed by planners and funders is that most IHS facilities function as a combination of the private physician or dentist office *and the county health department* for the reservations they serve.”

Miles Rudd, MD

Warm Springs Service Unit



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**“IHS is
first and foremost
a public health
agency.”**



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**Clinicians' workloads include
the time and effort
they devote to public health
activities with
groups, organizations, and
communities of patients.**



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**So What is Meant by
“Public Health Activity”?**



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It may be easier to begin with what public health activity is NOT:

- One on one patient care
- Group therapy, group encounters
- Administrative workload (normal part of any healthcare in accredited facilities)
- Anything a typical HMO physician or dentist might do



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**For CPHAD purposes,
this is what we mean
by public health activity:**



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- **Assessing a community's health needs.**
- **Investigating outbreaks of disease or health hazards in a community.**
- **Analyzing a community's health problems or hazards.**
- **Advocating for community health.**
- **Establishing a community's health priorities.**



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- **Developing plans and policies to address the community's health needs.**
- **Implementing programs that address the community's health needs.**
- **Managing the health resources available to the community.**
- **Evaluating the community's health programs.**
- **Educating the community.**



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**IHS clinicians'
public health activities
are legitimate,
even critical,
to the mission of the Agency,
but are largely hidden.**



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Potential Consequences of CPHAD:

Increased visibility and understanding of the public health workload of Indian health clinicians.

An elevation of discussions of public health.

A tool for recruiting professionals.

Enhanced management of the mix of services.

Improved accounting of the use of time and staff resources.



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Other Consequences:

Better basis for calculating costs of various public health emergencies when seeking special funding.

FTE data pertinent to staffing package calculations (not now considered)

Non “encounter-based” data adding to GPRA and other HP/DP efforts.

Better basis to justify certain types of Congressional funding.



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So what will CPHAD look like?

How will it work?

**How much additional workload
will entering data into CPHAD
place on clinicians?**