

# FY 2016 Government Performance and Results Act (GPRA)

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INDIAN HEALTH SERVICE (IHS) GPRA PERFORMANCE RESULTS



# Introduction

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IHS clinical GPRA results are calculated from the Clinical Reporting System (CRS) Class 1 software module installed locally on the Resource and Patient Management System (RPMS), IHS's electronic health record.

The CRS measure logic is located [here](#)

Each clinical measure has two graphs:

- the current national performance result and historical data
- IHS Area graphs comparing the current reporting year to the previous year for each of IHS's twelve Area Offices.

# Area Abbreviations

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Abbreviation	Area
ALA	Alaska
ALB	Albuquerque
BEM	Bemidji
BIL	Billings
CAL	California
GPA	Great Plains
NAS	Nashville
NAV	Navajo
OKL	Oklahoma
PHX	Phoenix
POR	Portland
TUC	Tucson

# Acronym Definitions

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Acronym	Definition
NPIRS	National Patient Information Reporting System
AI/AN	American Indian/Alaska Native
A1c	Hemoglobin A1c
BMI	Body Mass Index
BP	Blood Pressure
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
DV/IPV	Domestic Violence/Intimate Partner Violence
GPRAMA	Government Performance and Results Act Modernization Act
HP	Healthy People
LDL	Low Density Lipoprotein
MH	Million Hearts

# GPRA 2016 Results Summary

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Of the 24 measures that IHS/Tribal programs reported in FY 2016:

- 15 measures met their targets
- 10 measures exceeded FY 2015 results
- 8 measures decreased from FY 2015 results
- 4 measures were new for FY 2016 and had baseline targets
- 2 measures had revised logic in FY 2016 and had baseline targets
- 2 GPRAMA measures (Depression and CVD) improved and met targets while the other two (Good Glycemic and Childhood Immunizations) decreased and did not meet targets

Most (6 of 8) of the measures that decreased did not meet targets, however:

- Tobacco Cessation and Childhood Weight Control decreased from 2015 performance but still met 2016 targets
- Pneumococcal Vaccination, Mammography, and Controlling High Blood Pressure (MH) exceeded 2015 results but did not meet 2016 targets

# FY 2016 IHS/Tribal Results Summary

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In FY 2016, 10 measures improved over FY 2015 performance

Measure	FY 2015 Q4	FY 2016 Q4	% Improvement
CVD Comprehensive Assessment*	55.0%	65.7%	10.7%*
Controlled BP <140/90*	62.5%	68.3%	5.8%*
Dental Sealants	16.3%	18.1%	1.8%
Topical Fluorides	29.4%	31.1%	1.7%
Pneumococcal Vaccination 65+	84.9%	86.4%	1.5%
Nephropathy Assessed	62.0%	63.3%	1.3%
Colorectal Cancer Screening	38.6%	39.6%	1.0%
Controlling High BP (MH)	58.5%	59.2%	0.7%
Depression Screening	67.4%	67.9%	0.5%
Mammography	54.5%	54.8%	0.3%

\*measures with logic changes in FY 2016 but no baseline target

# FY 2016 IHS/Tribal Results Summary

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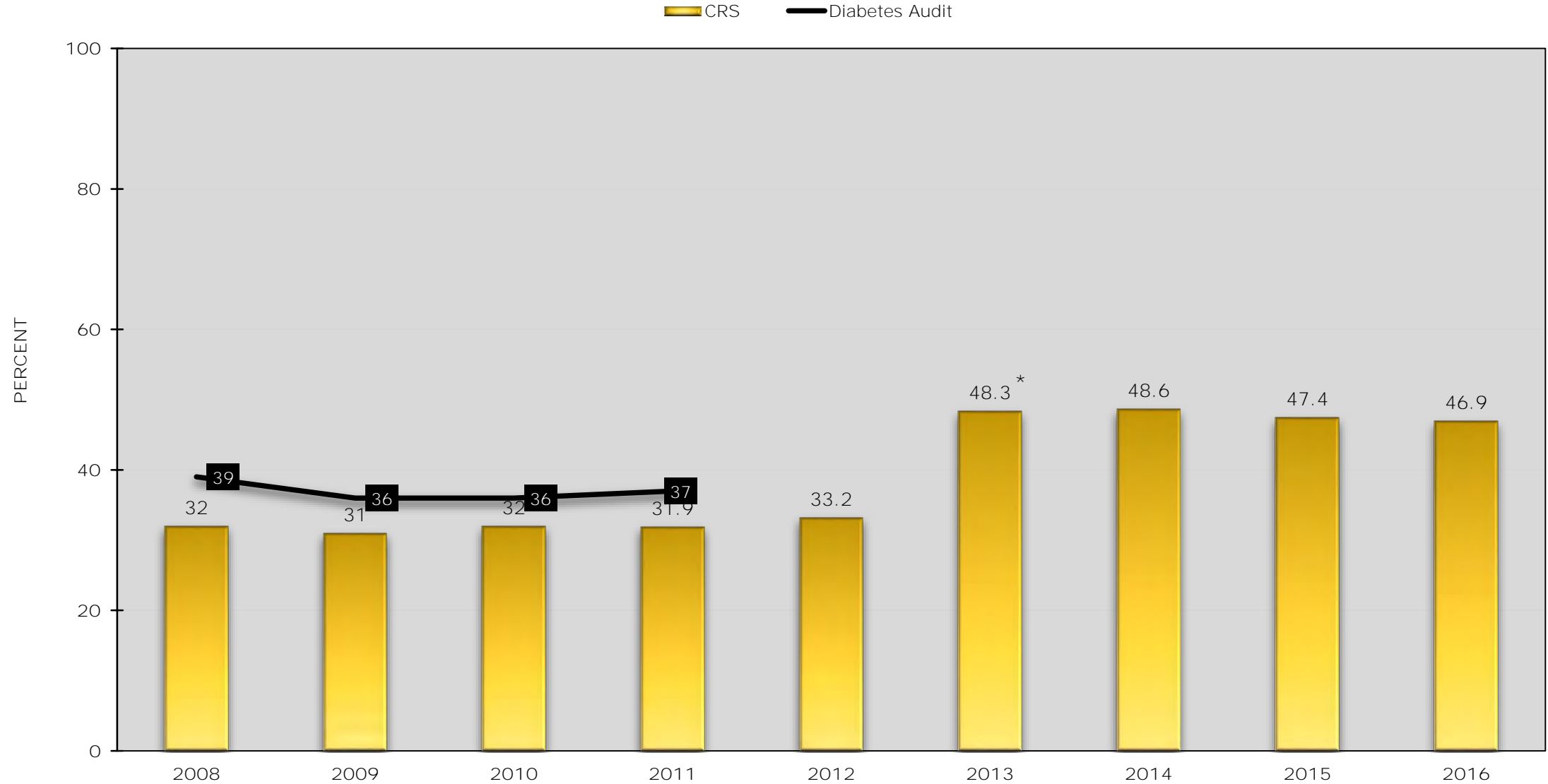
In FY 2016, 8 measures decreased compared to FY 2015 performance

Measure	FY 2015 Q4	FY 2016 Q4	% Decrease
Retinopathy Exam*	61.3%	59.1%	2.2%*
Tobacco Cessation*	52.1%	50.4%	1.7%*
Childhood Immunizations	73.3%	72.3%	1.0%
Good Glycemic Control	47.4%	46.9%	0.5%
Dental Access	29.2%	28.7%	0.5%
Breastfeeding Rates	35.7%	35.2%	0.5%
Childhood Weight Control	21.8%	22.3%	0.5%
Cervical (Pap) Screening	54.9%	54.8%	0.1%

\*measures with logic changes in FY 2016 but no baseline target

# Diabetes: Good Glycemic Control

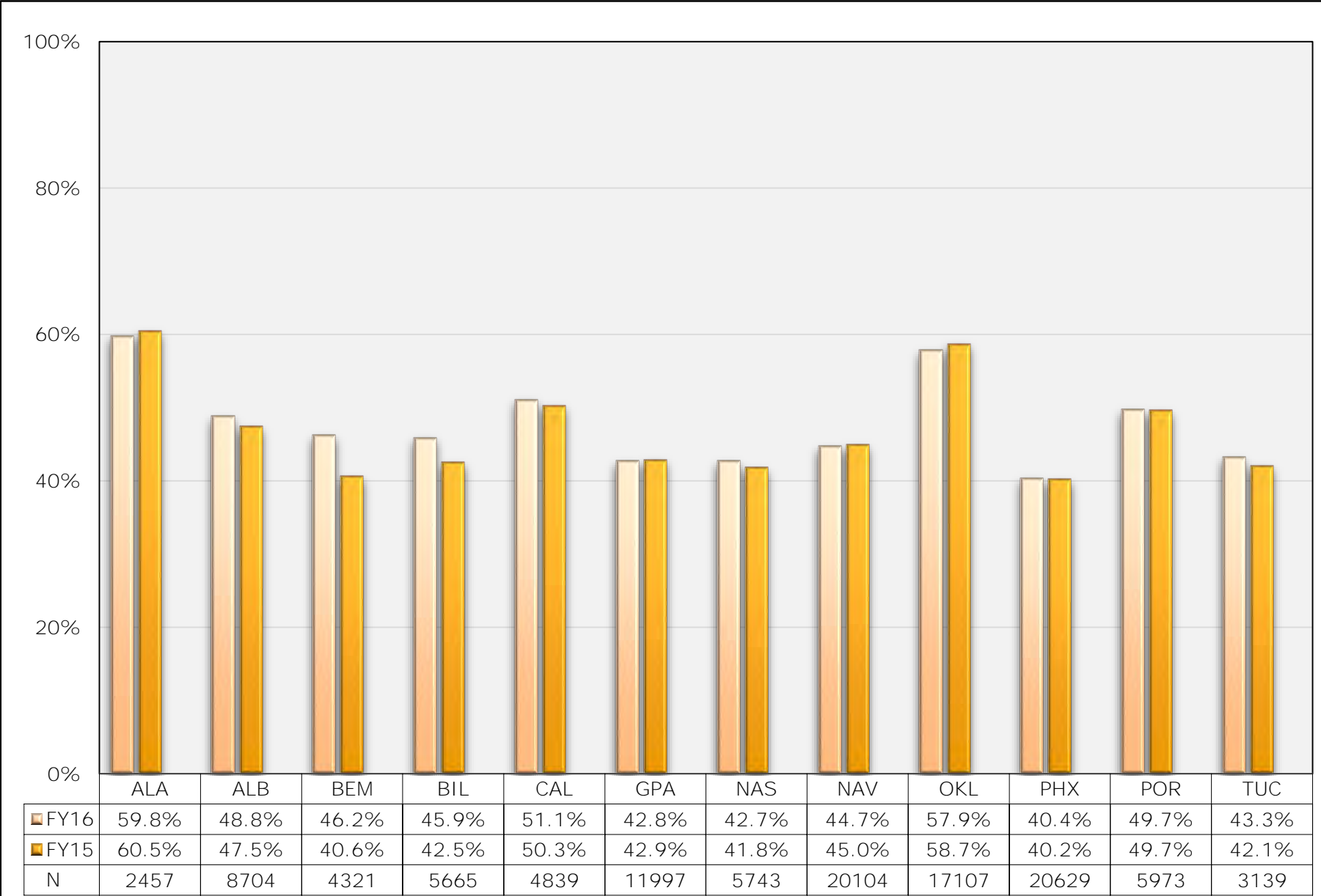
AI/AN patients with diabetes who have maintained Good A1c control (<8) during the past year.



\*Prior to FY 2013, this measure tracked the percentage of patients with ideal glycemic control (HbA1c <7 ).

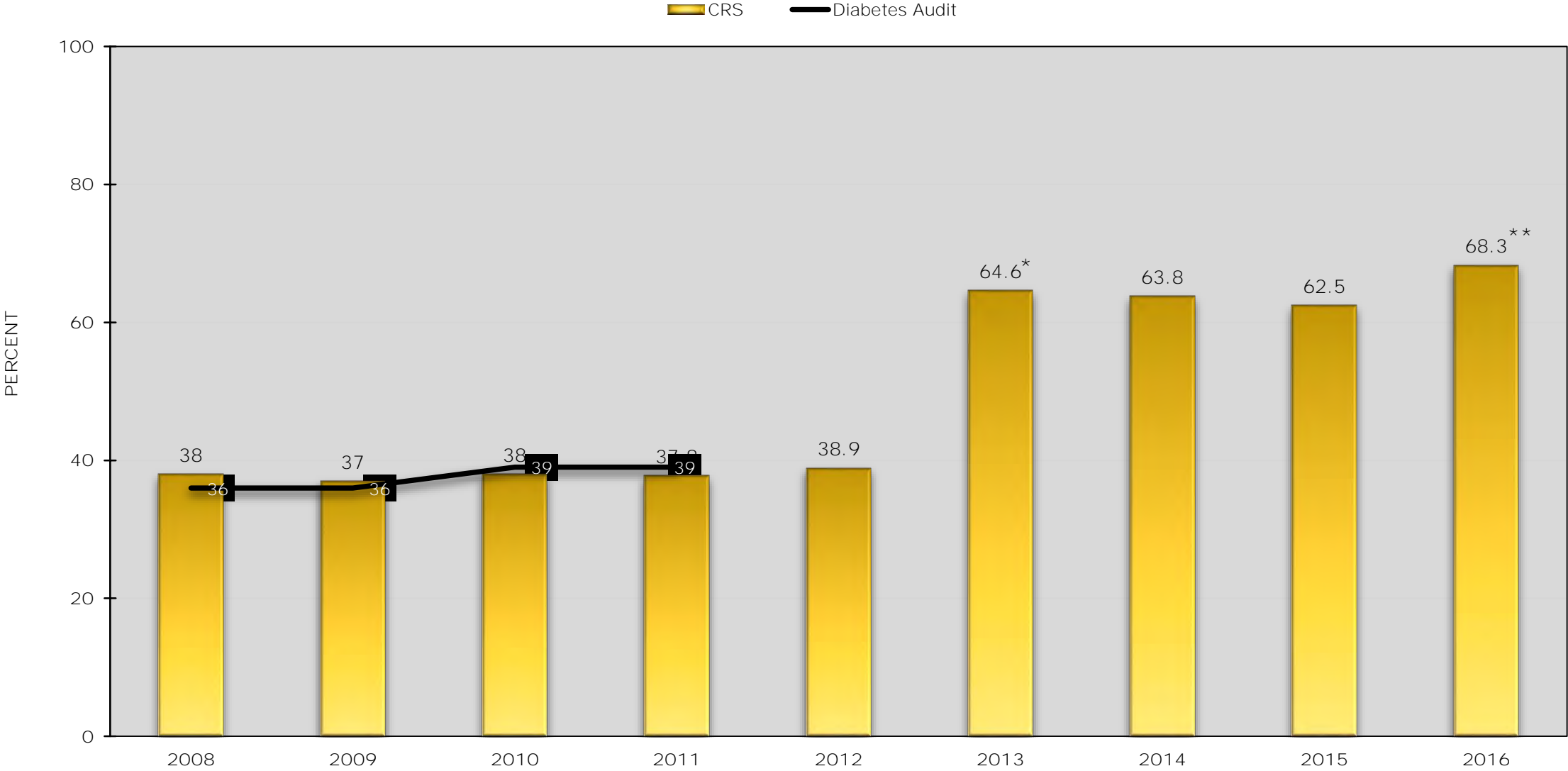


# Diabetes: Good Glycemic Control



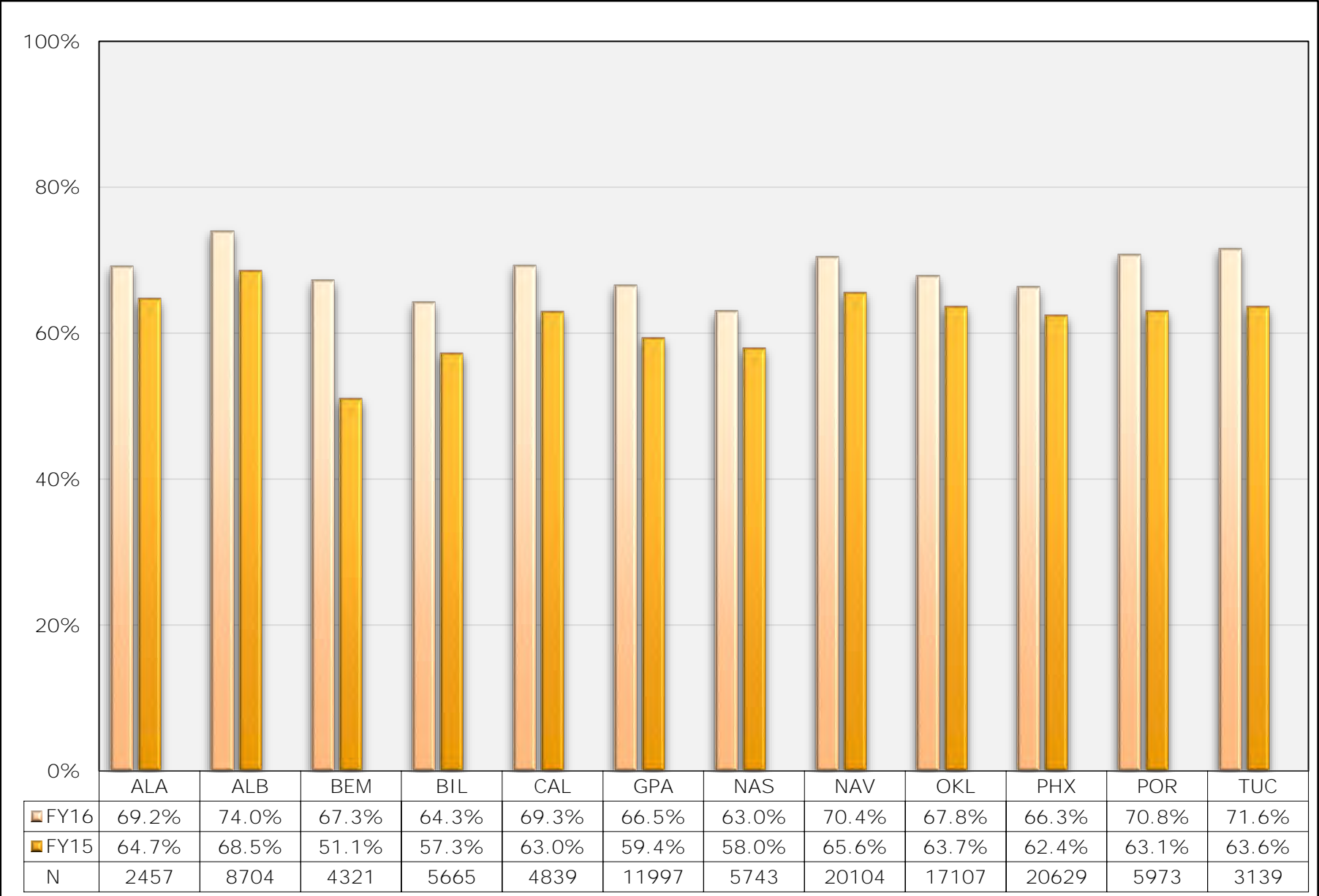
# Diabetes: Blood Pressure Control

AI/AN patients with diabetes who have maintained BP control (<140/90) during the past year.



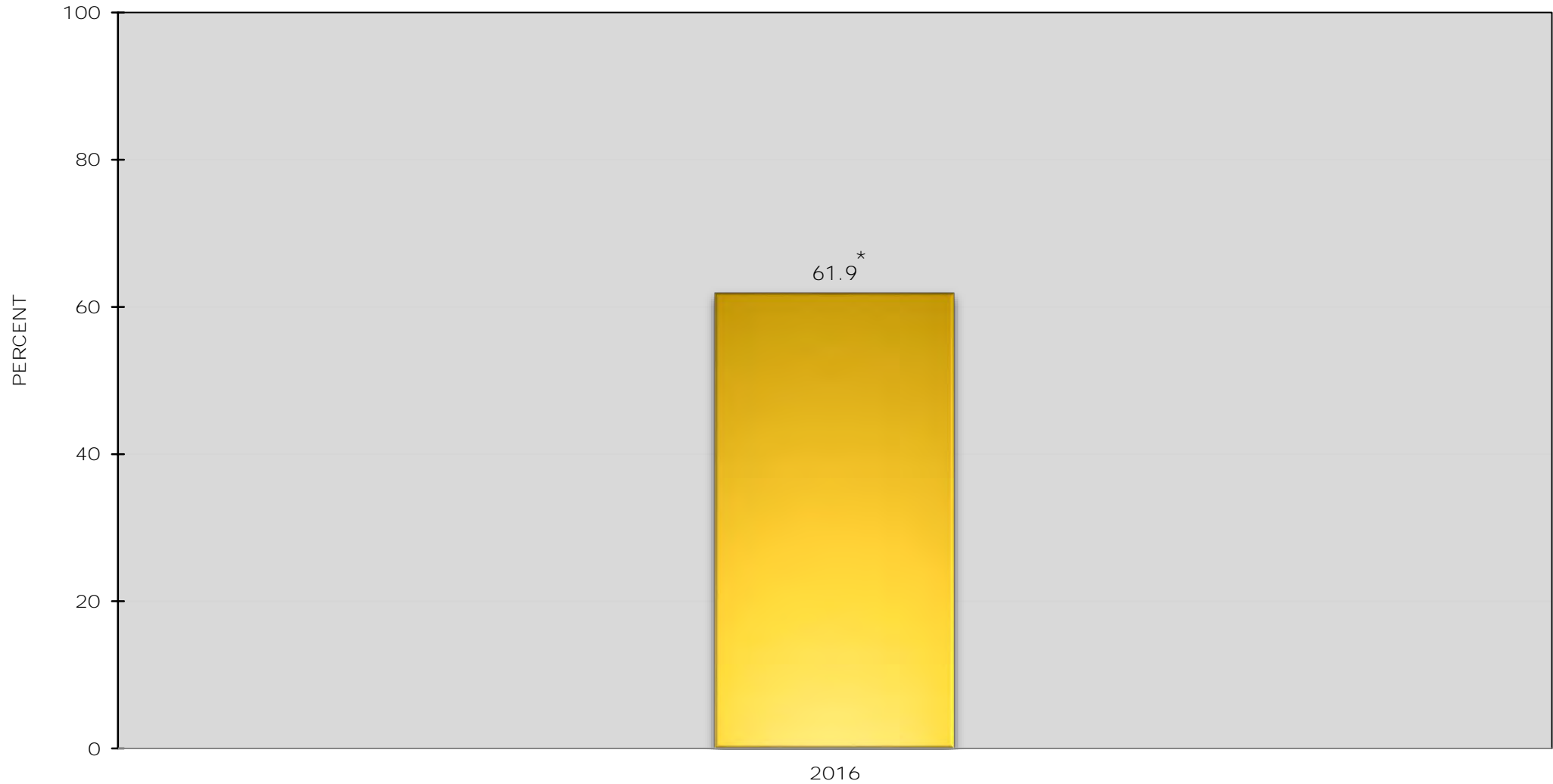
\*Prior to FY 2013, this measure tracked the percentage of patients with BP <130/80. \*\*Minor logic change in FY 2016 to include patients with only one BP recorded during the report period.

# Diabetes: Blood Pressure Control (<140/90)



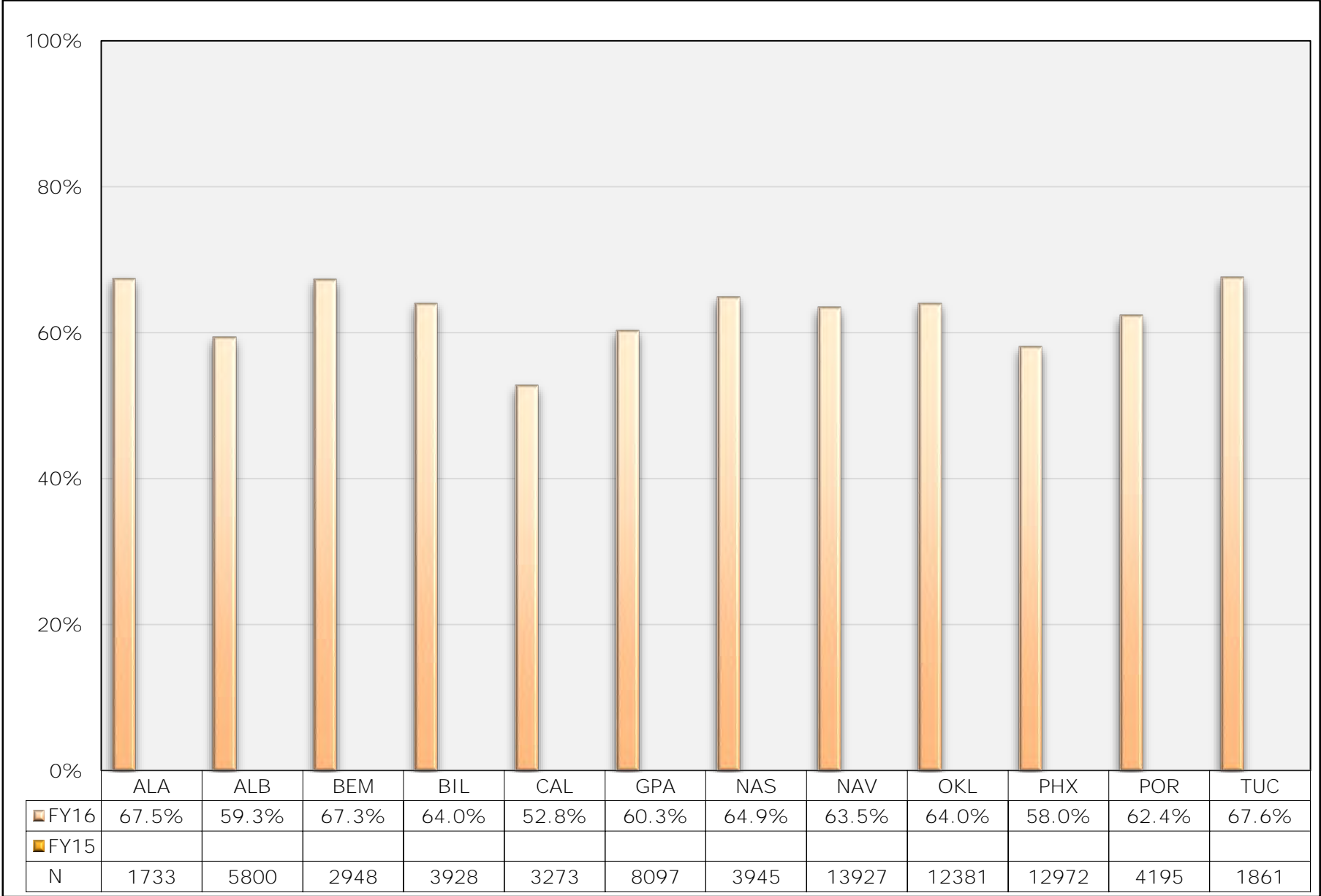
# Diabetes: Statin Therapy to Prevent Cardiovascular Disease Risk

AI/AN patients with diabetes who are statin therapy users or receive a prescription for statin therapy during the report period.



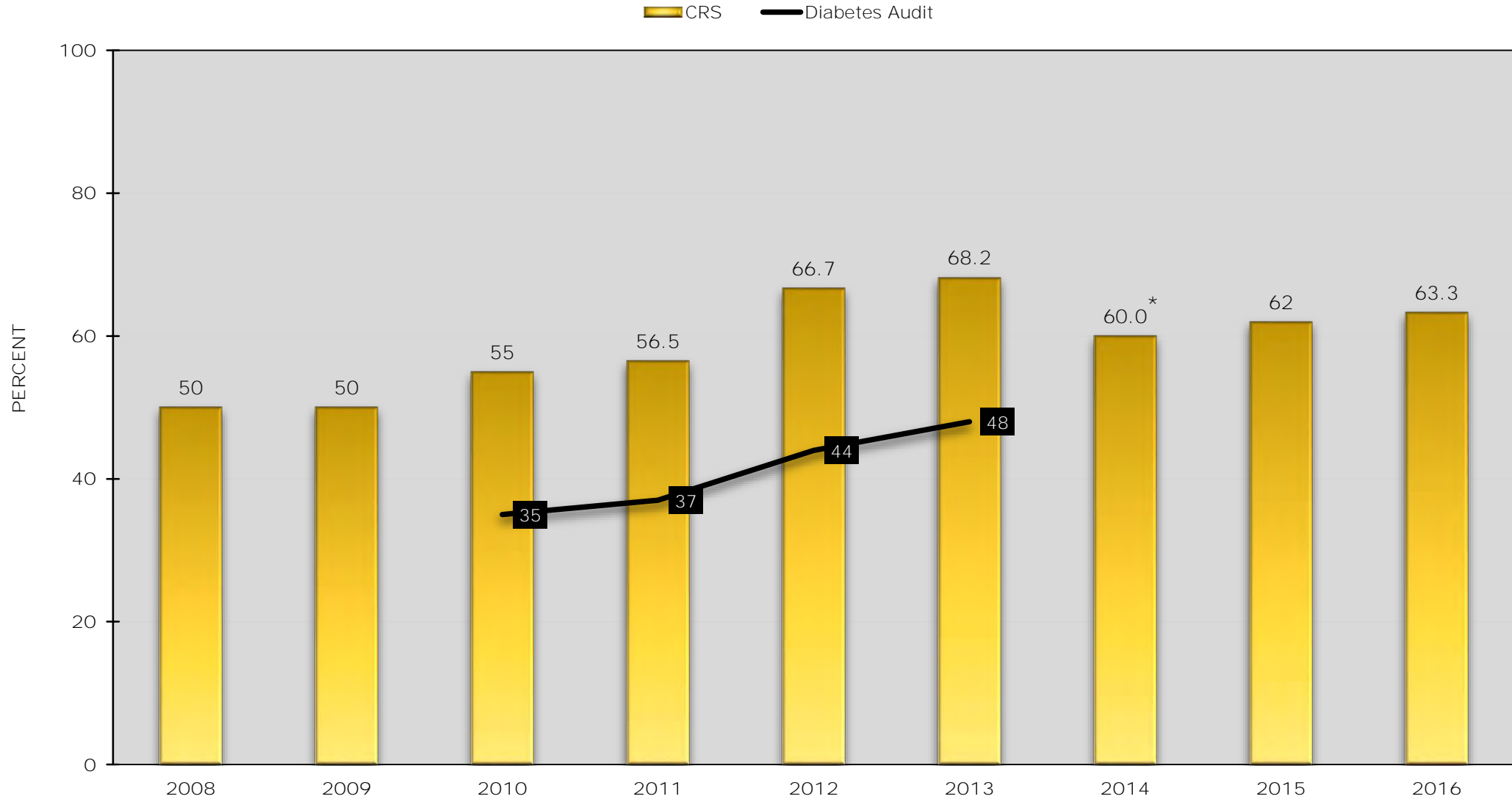
\*New measure in FY 2016. Replaced the Diabetes: LDL Assessed measure.

# Diabetes: Statin Therapy to Prevent CVD Risk



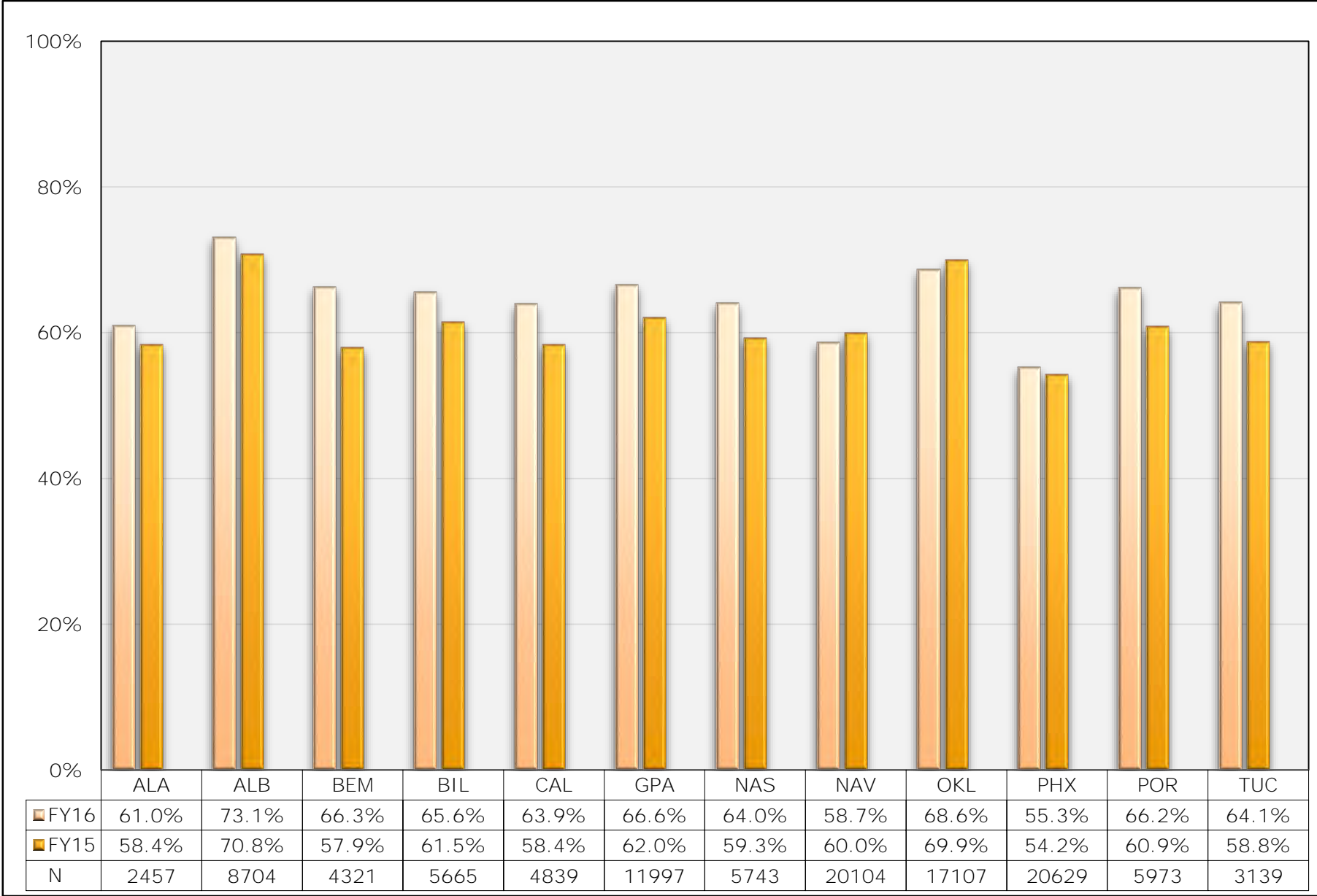
# Diabetes: Nephropathy Assessment

AI/AN patients with diabetes who have been assessed for nephropathy within the past year.



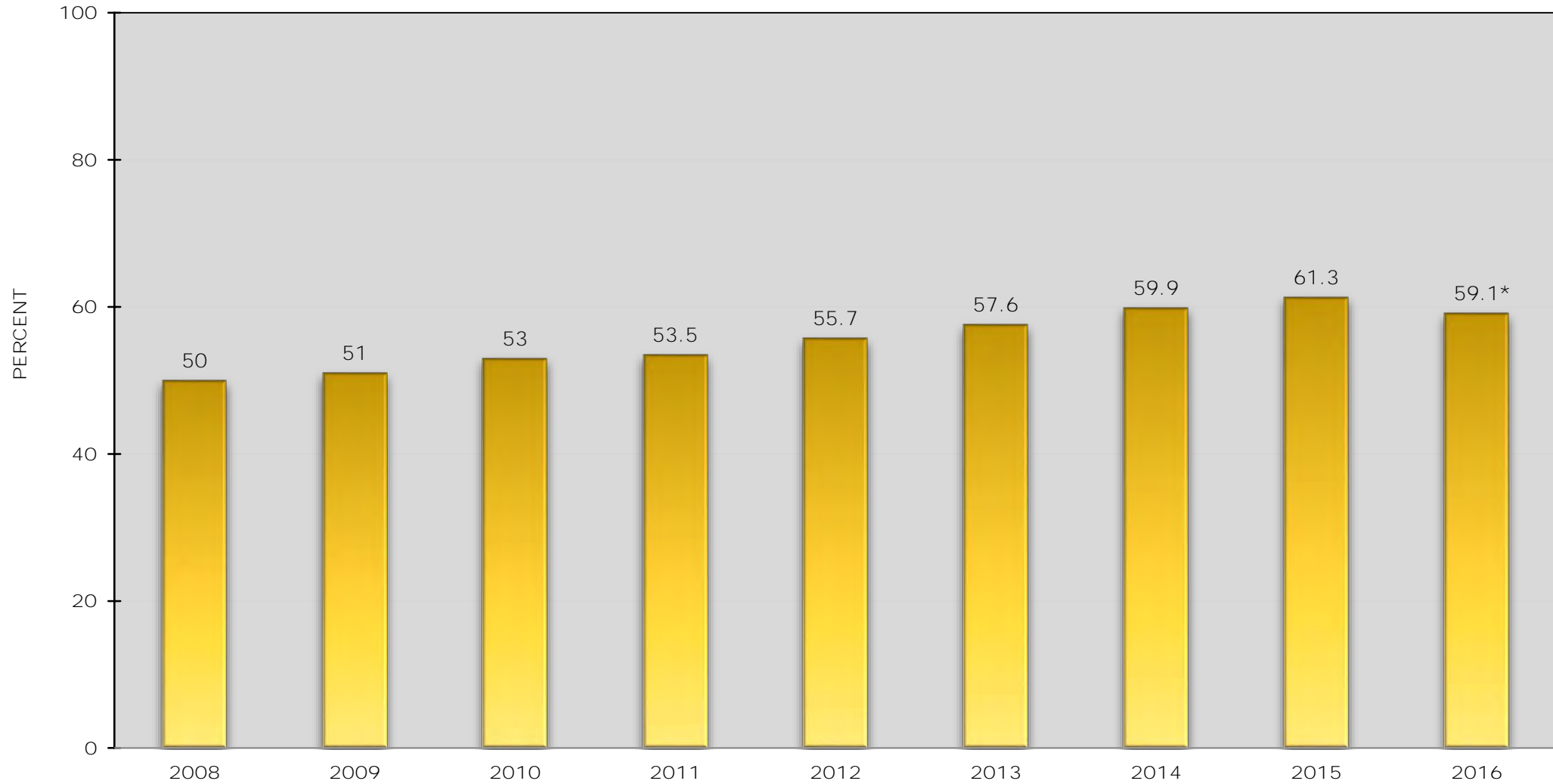
\* New baseline set to reflect measure change requiring UACR in FY 2014.

# Diabetes: Nephropathy Assessment



# Diabetes: Retinopathy

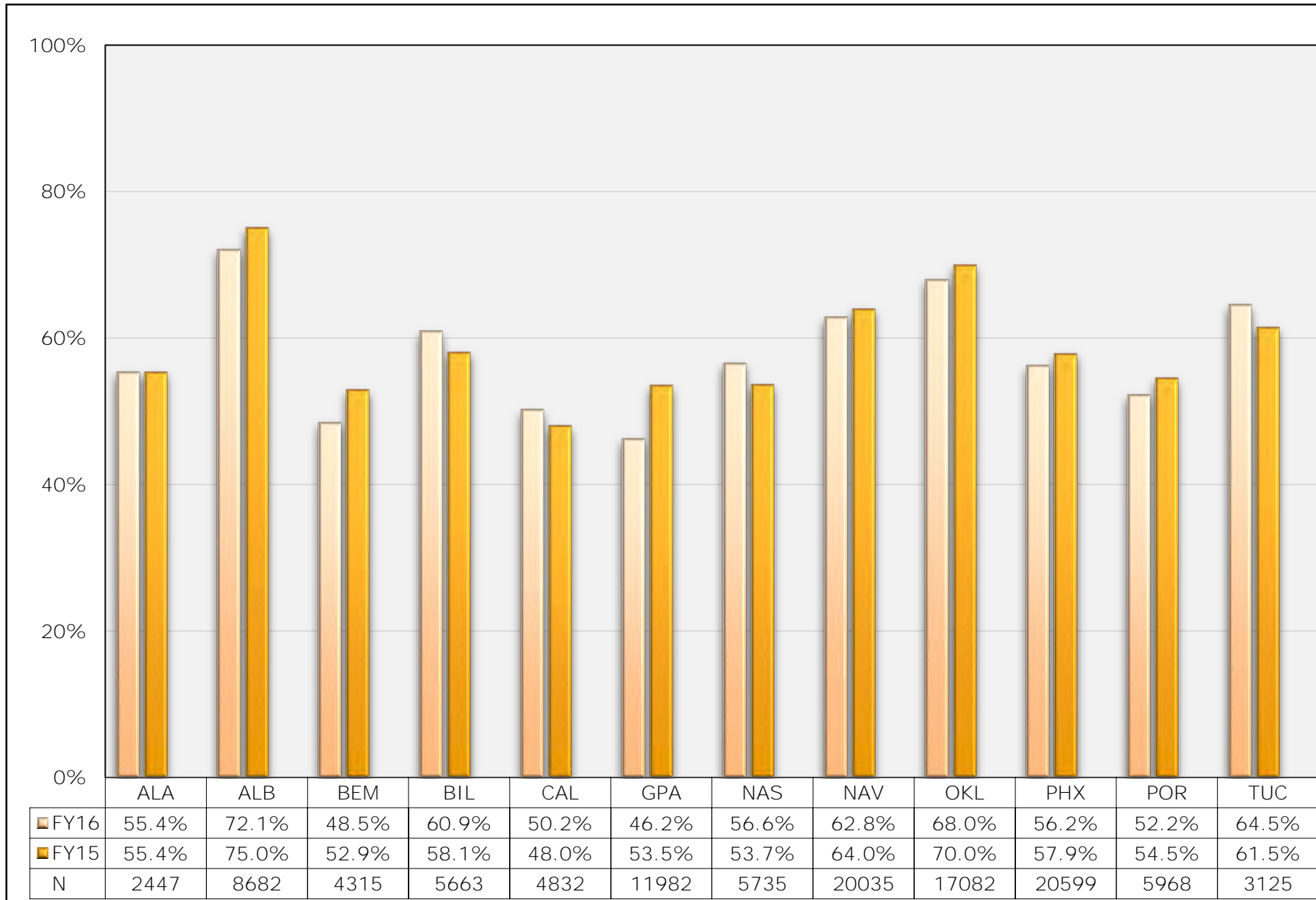
AI/AN patients with diabetes who have been assessed for retinopathy within the past year.



\*Minor logic change in FY 2016 to exclude chart reviews and telephone calls from counting towards meeting the measure

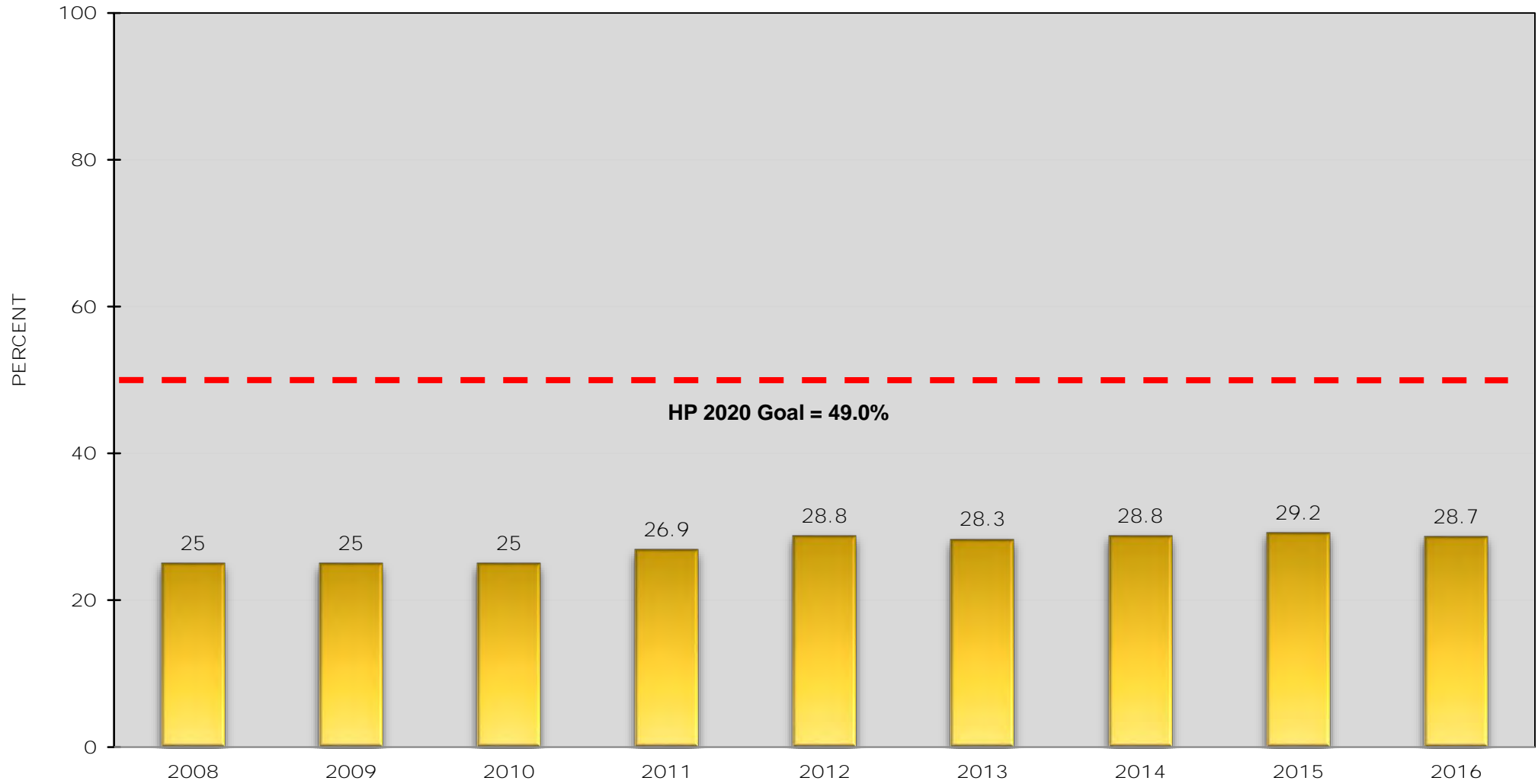


# Diabetes: Retinopathy

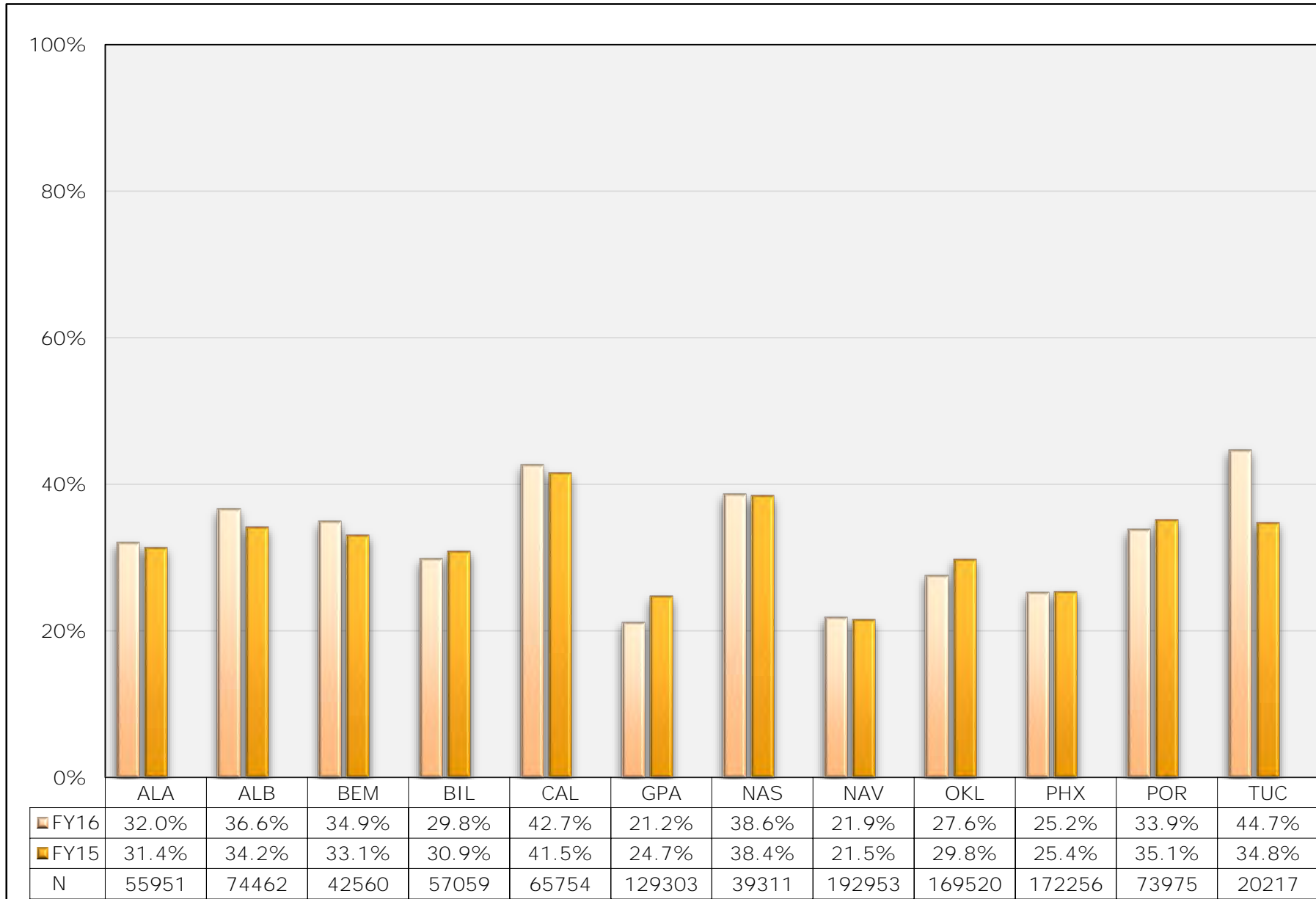


# Dental: General Access

AI/AN patients who have received dental services within the past year.

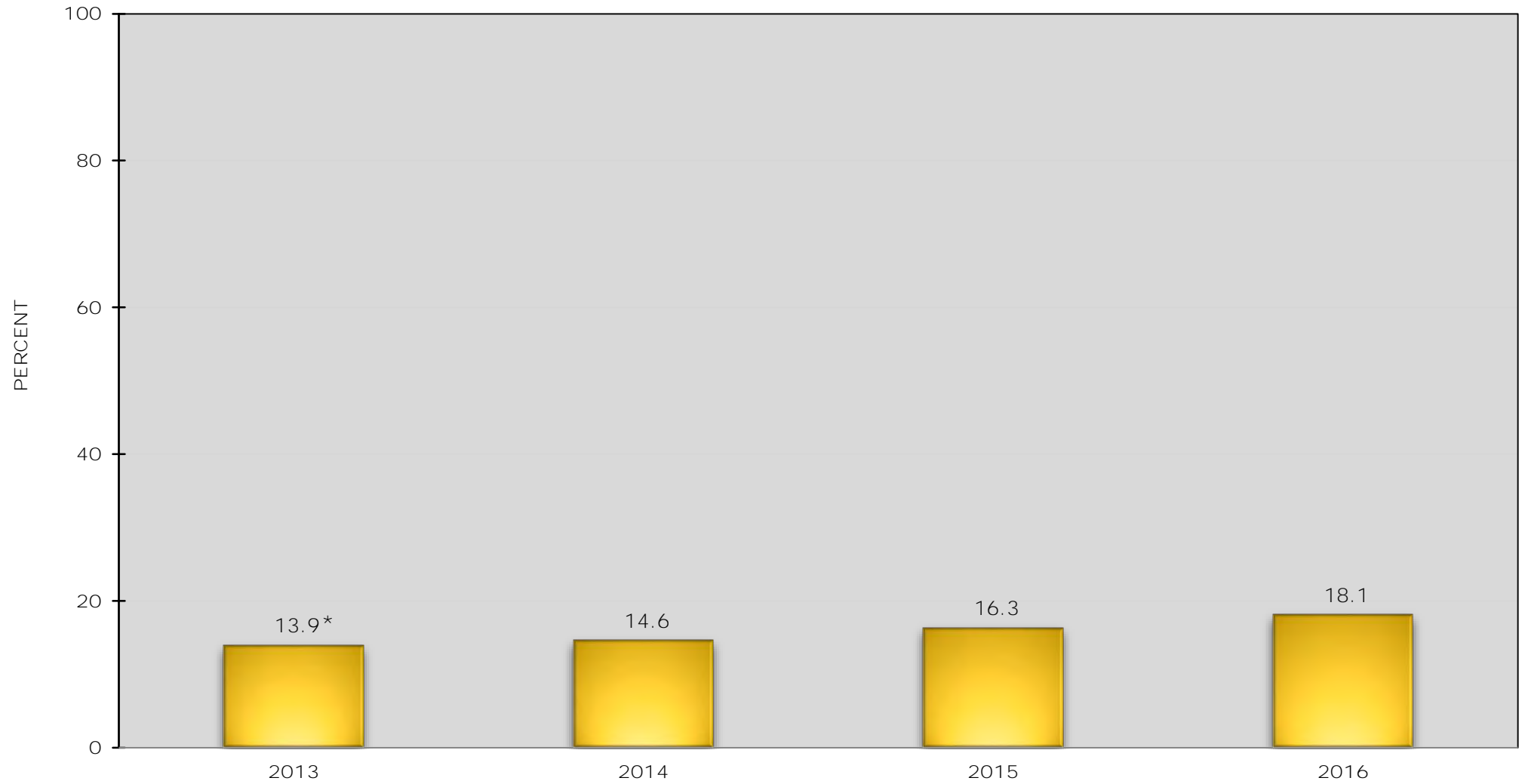


# Dental: General Access



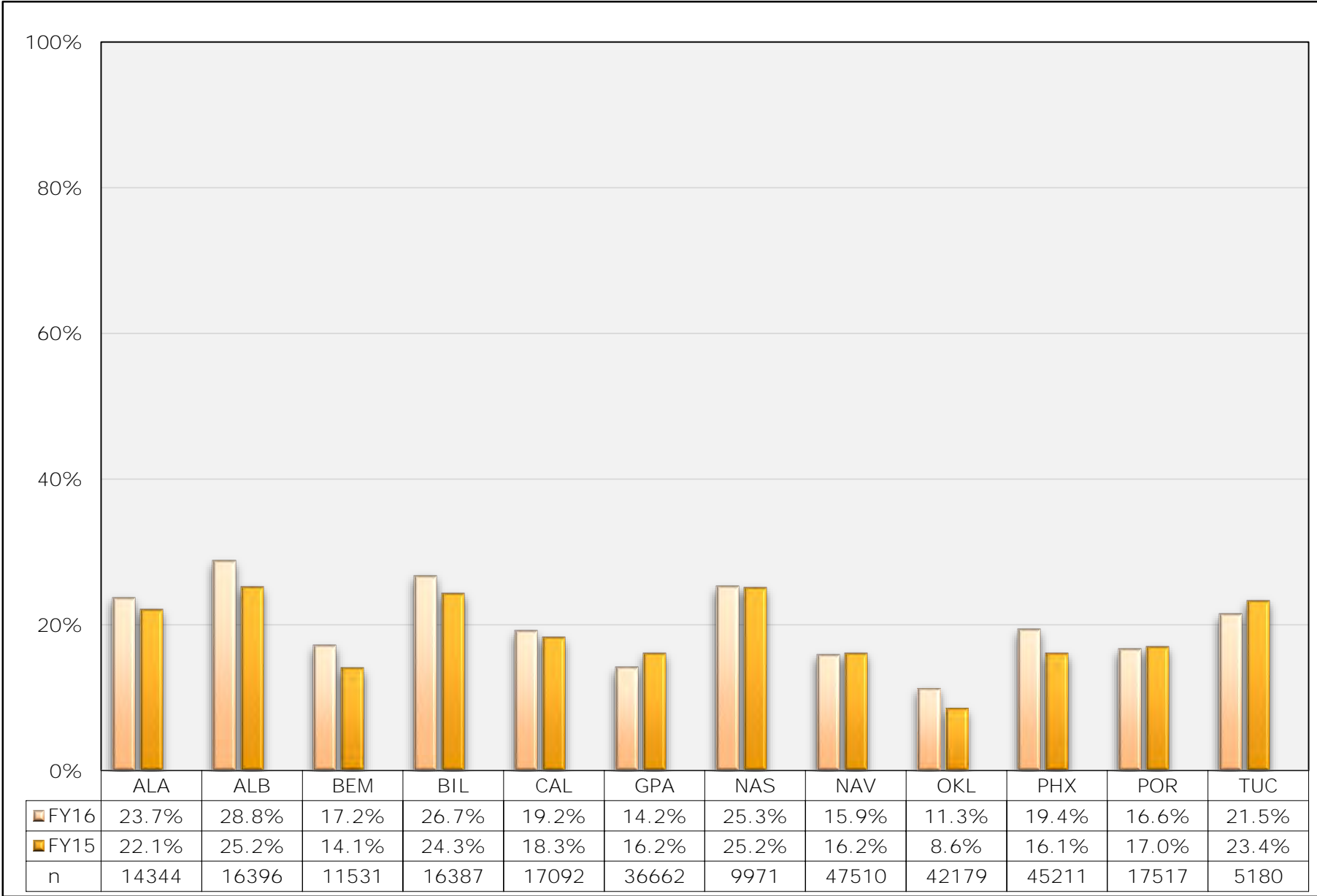
# Dental: Sealants

AI/AN children with intact dental sealants.



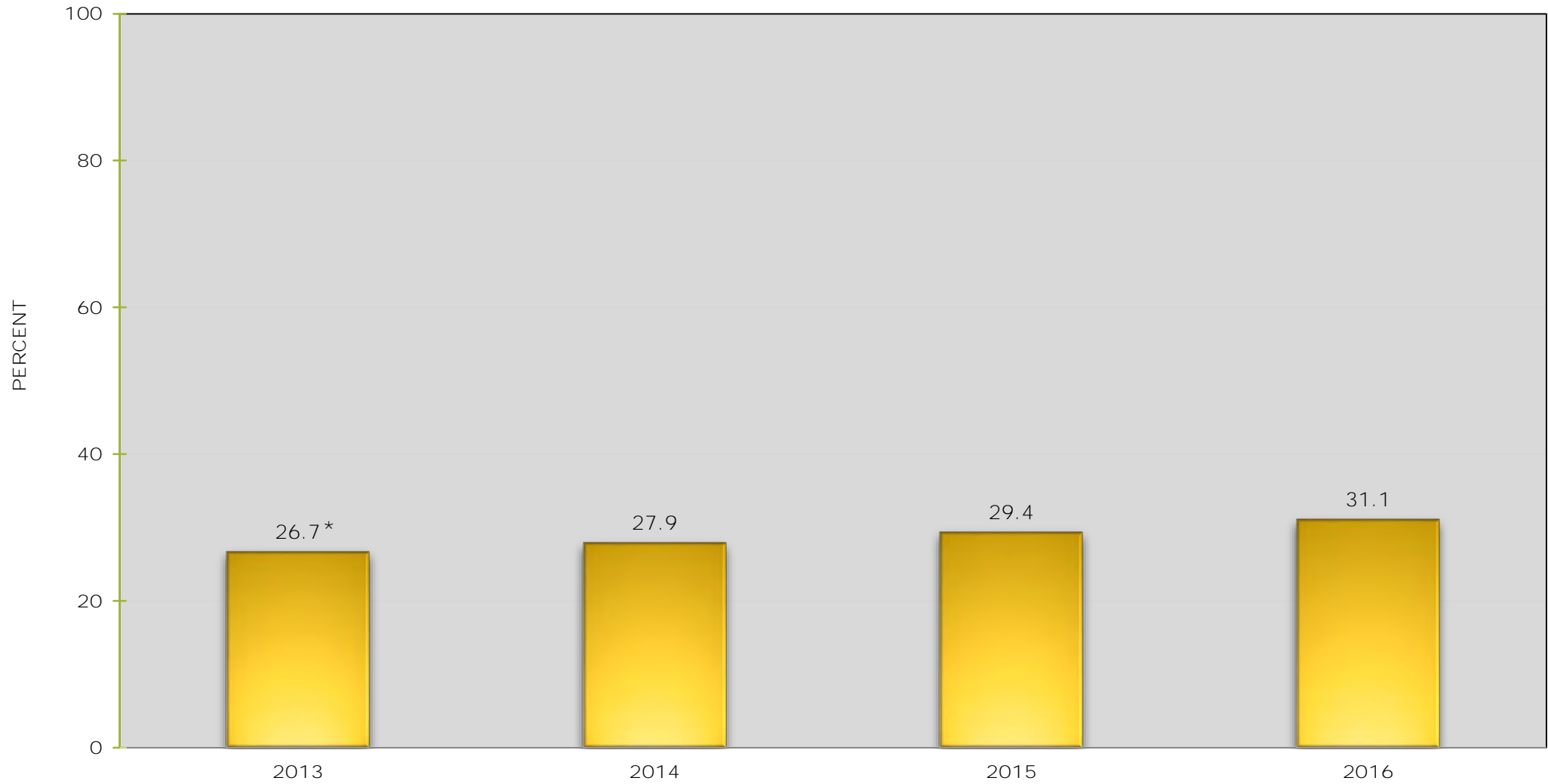
\*Prior to FY 2013, this measure tracked the number of intact sealants in AI/AN patients within the past year.

# Dental: Sealants



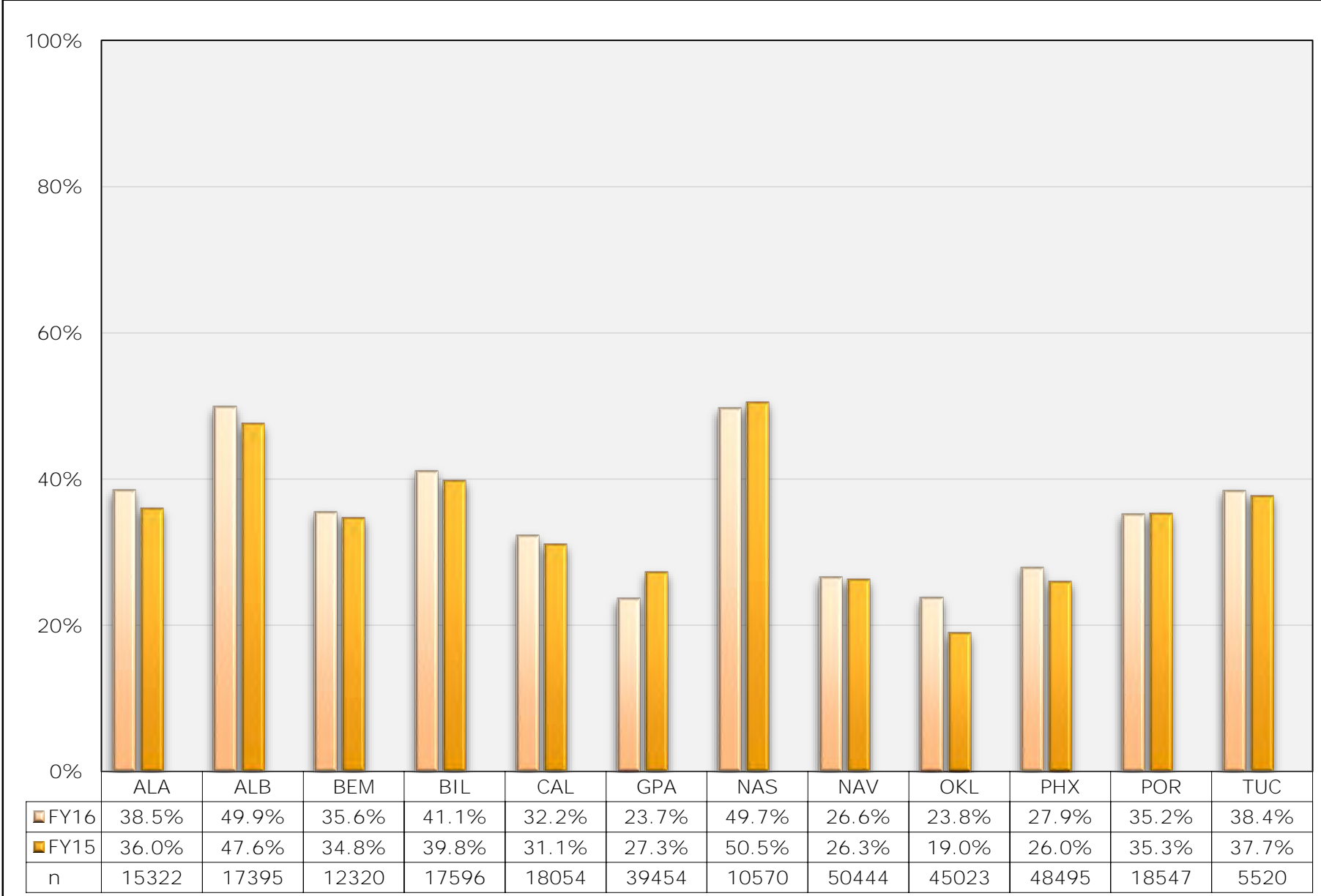
# Dental: Topical Fluorides

AI/AN children with at least one topical fluoride treatment within the past year.



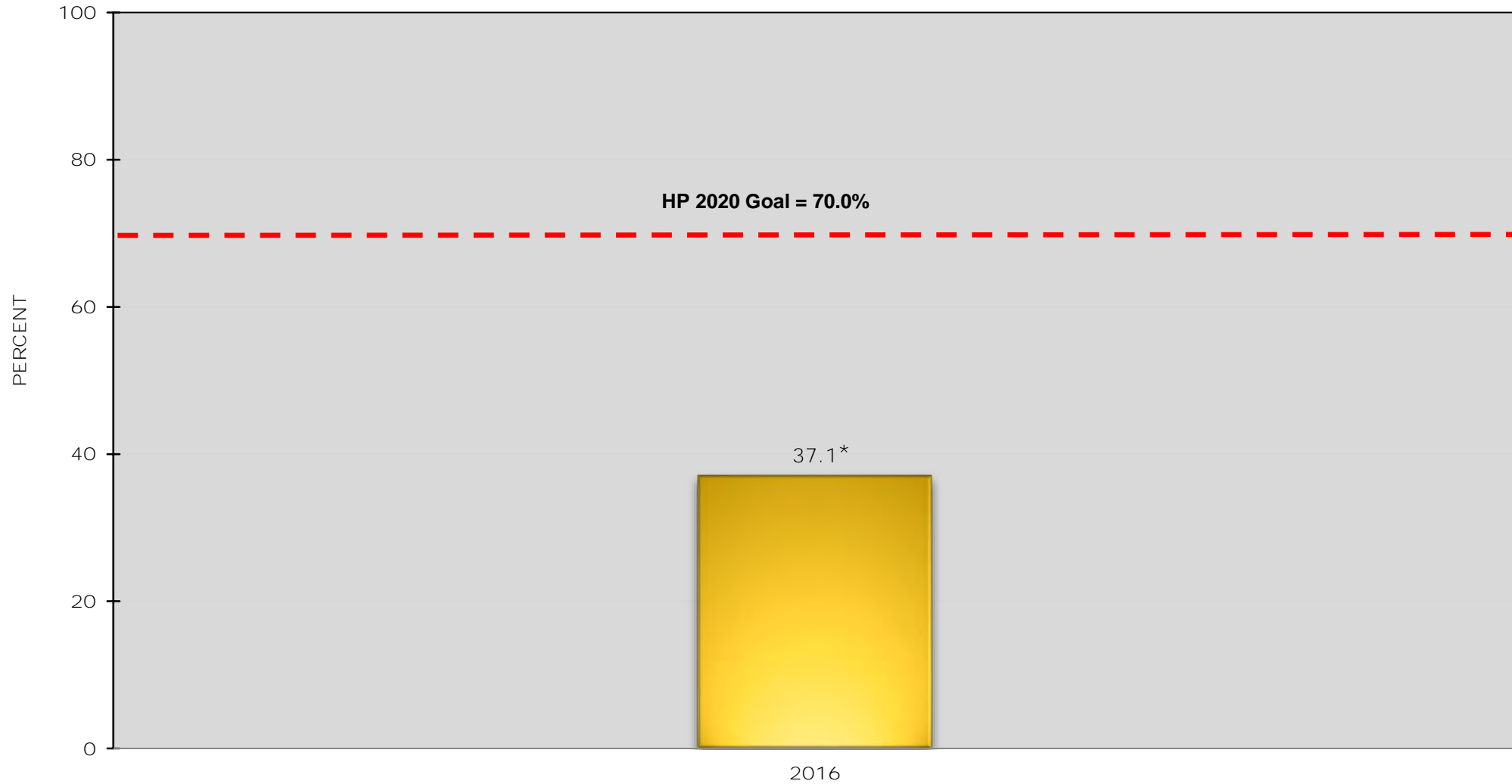
\*Prior to FY 2013, this measure tracked the number of patients receiving one or more fluoride applications during the report period.

# Dental: Topical Fluorides



# Immunizations: Influenza 6mo - 17yrs

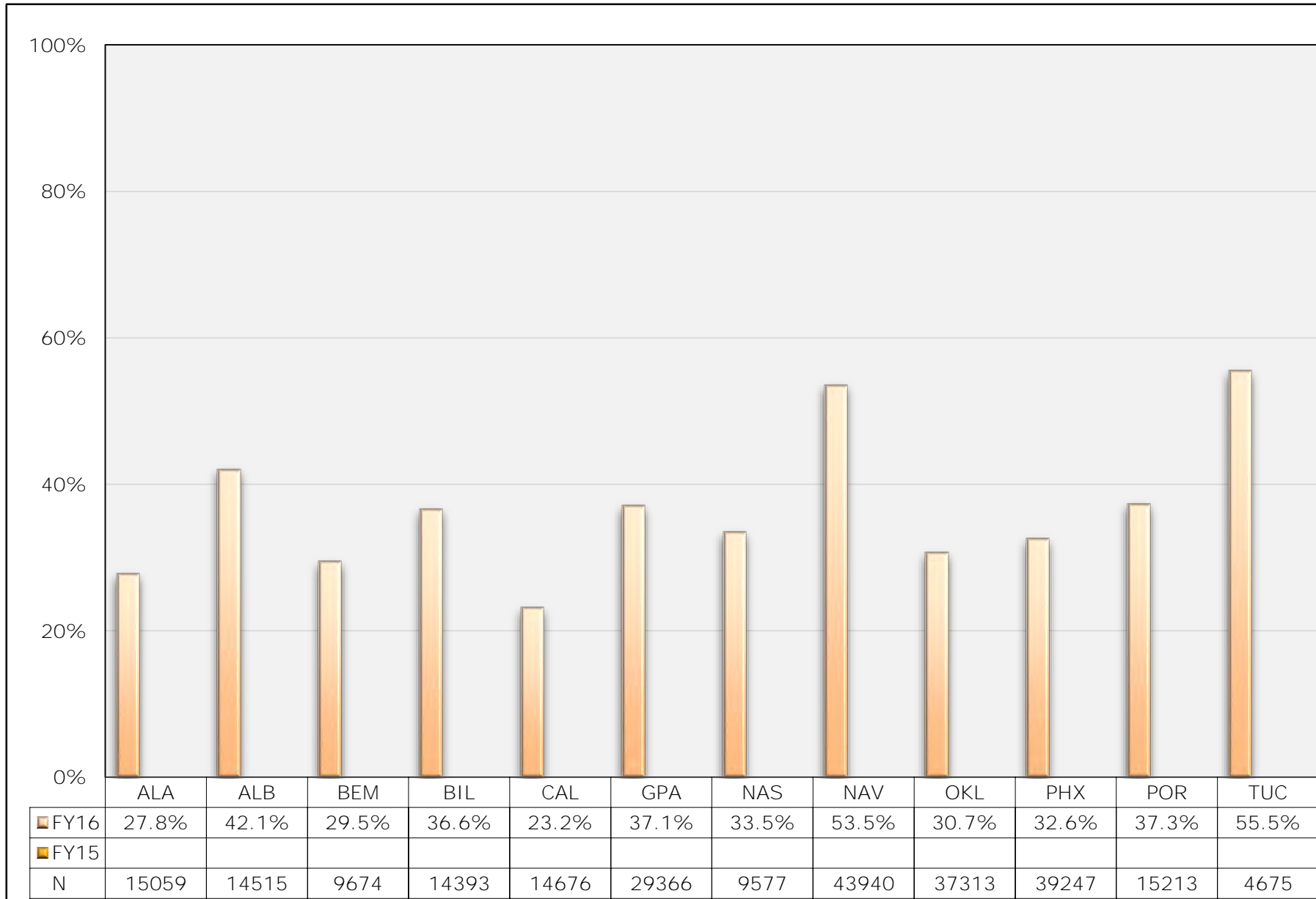
AI/AN patients (ages 6 months to 17 years) who have received the influenza vaccine within the past year.



\* New measure in FY 2016. One of two measures that replaced the Influenza 65+ measure.

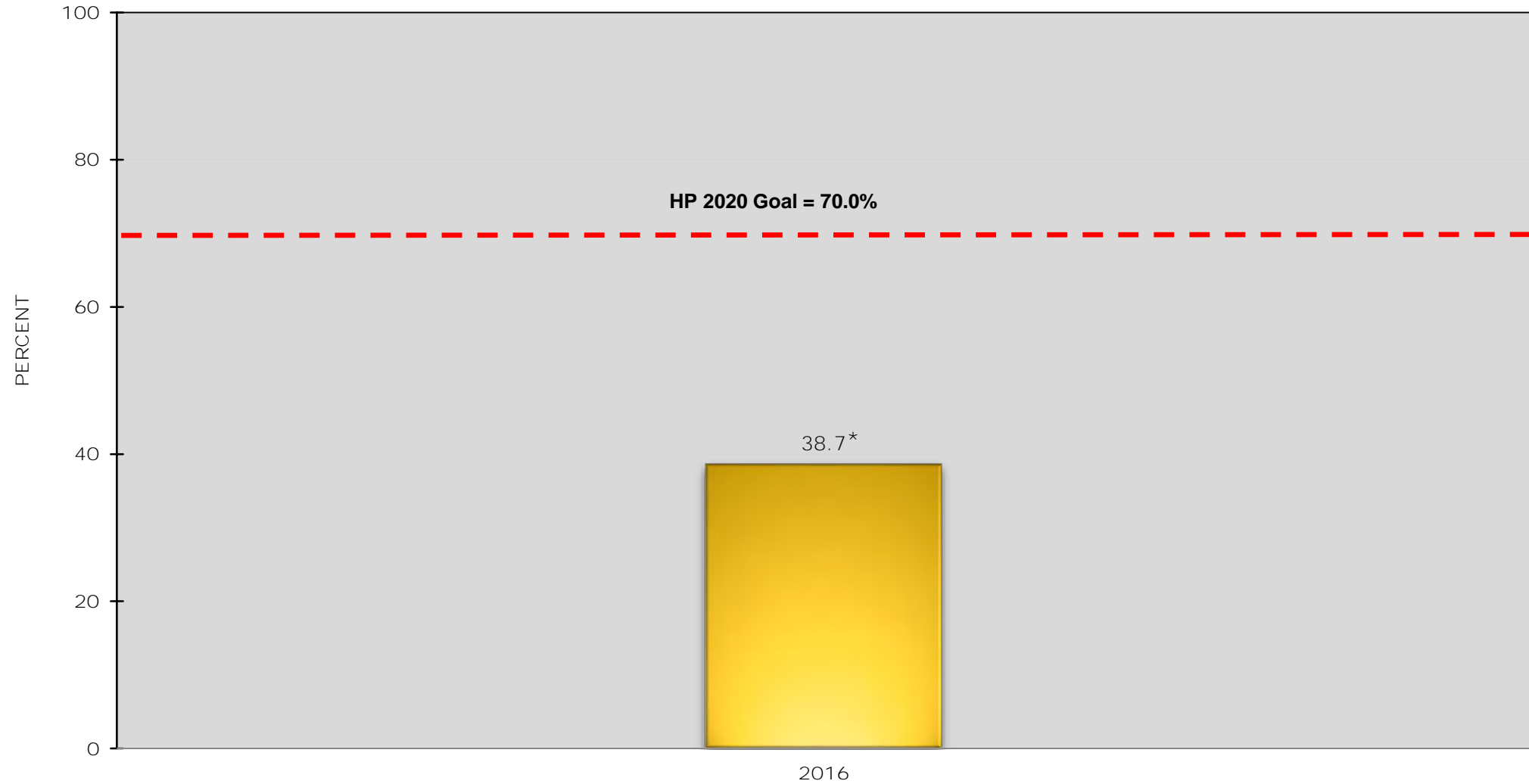


# Immunizations: Influenza 6mo – 17yr



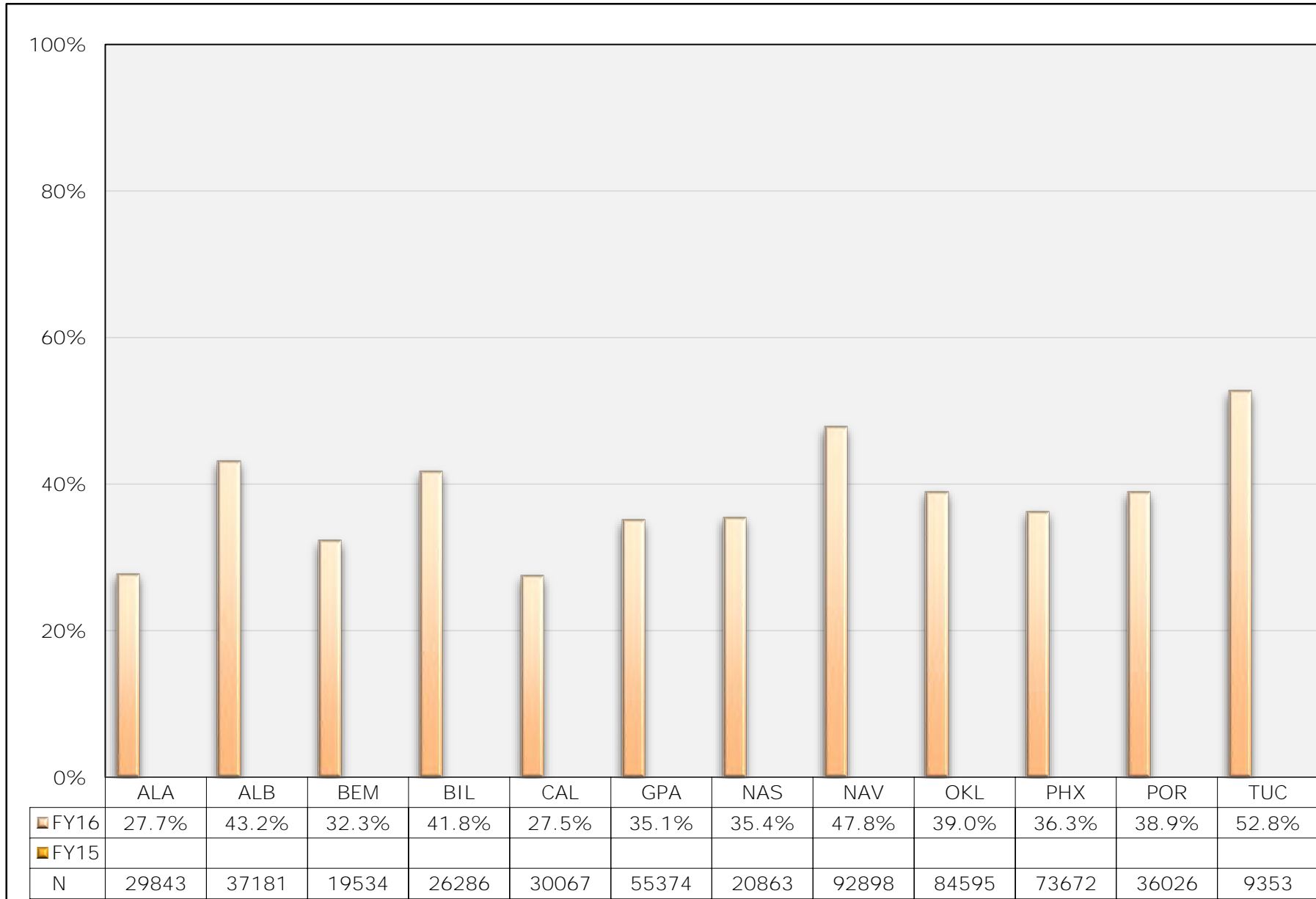
# Immunizations: Influenza 18+

AI/AN patients (ages 18+) who have received the influenza vaccine within the past year.



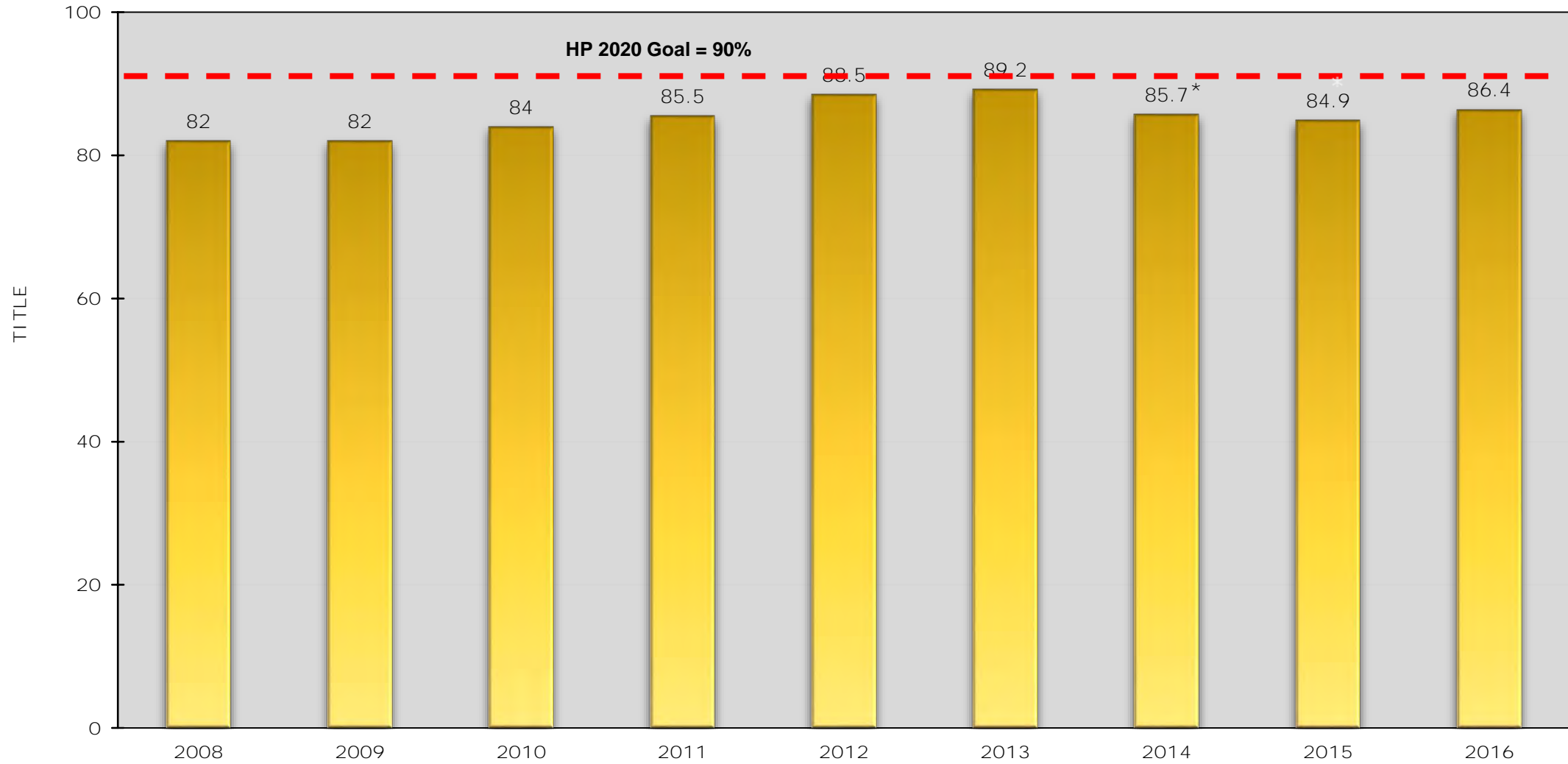
\* New measure in FY 2016. One of two measures that replaced the Influenza 65+ measure.

# Immunizations: Influenza 18+



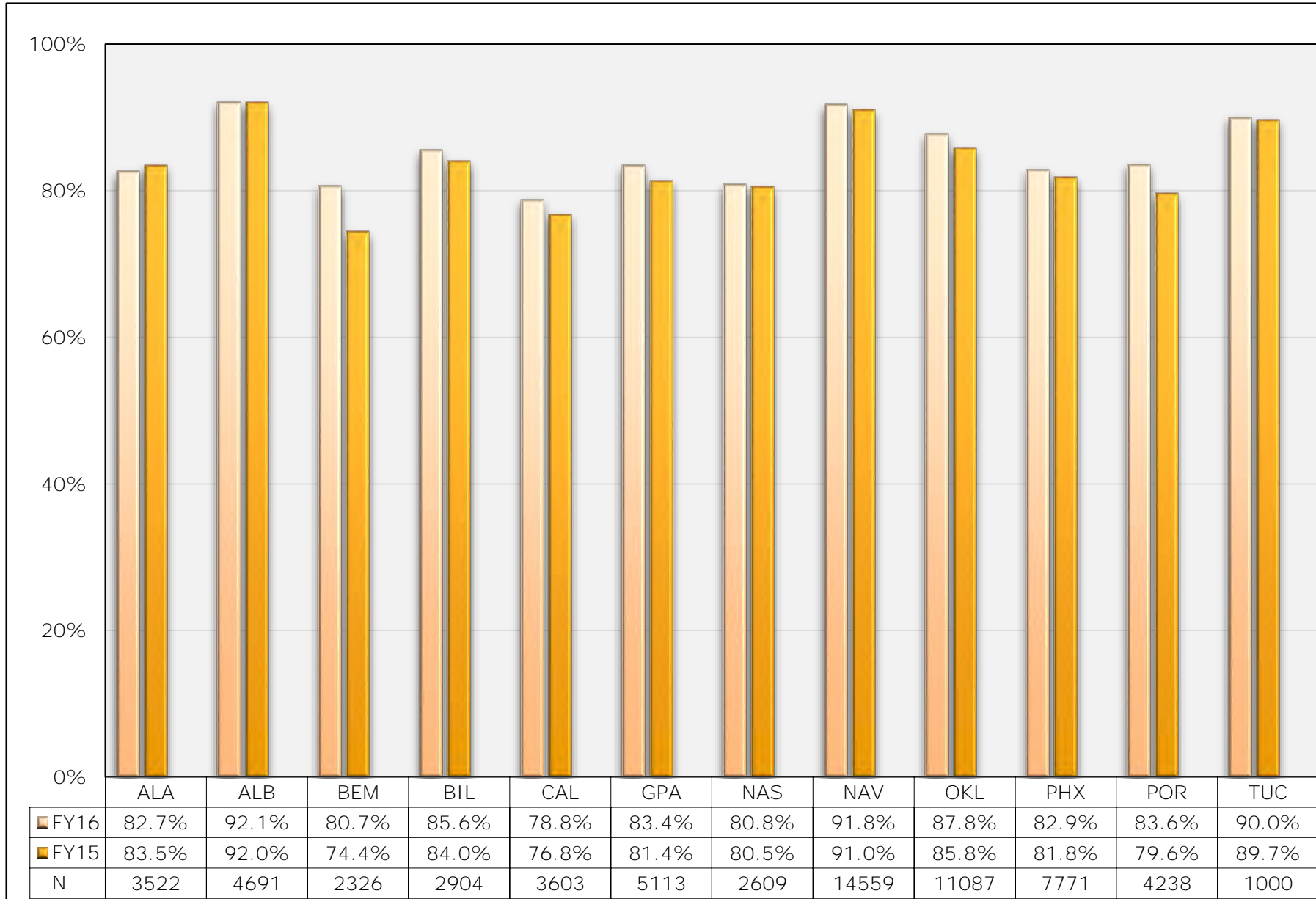
# Immunizations: Pneumococcal

AI/AN patients (age 65+) with pneumo vaccine after the age of 65 or a dose of pneumo vaccine in the past five years.



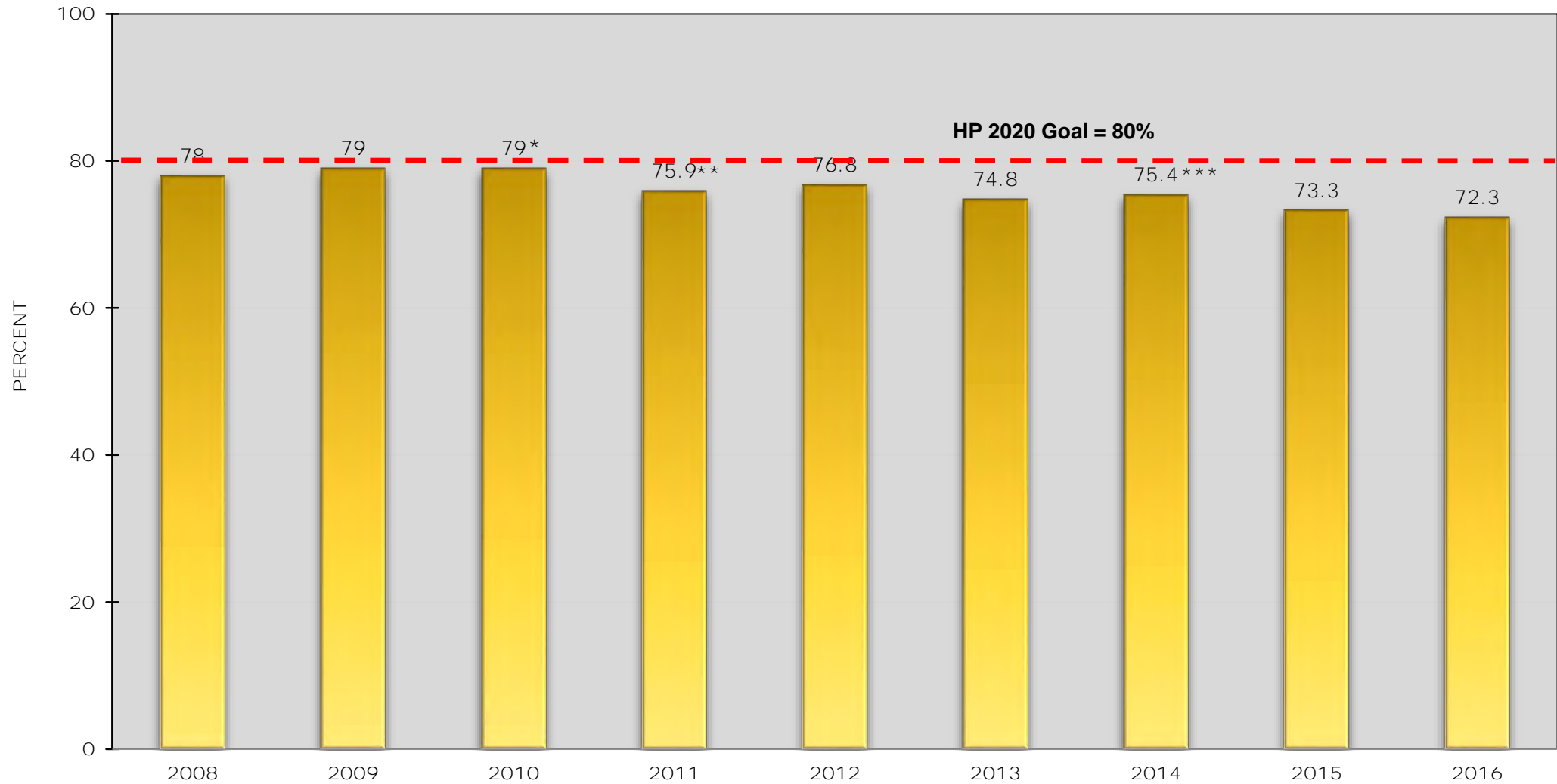
\*New baseline in FY 2014 due to measure logic change

# Immunization: Pneumococcal 65+



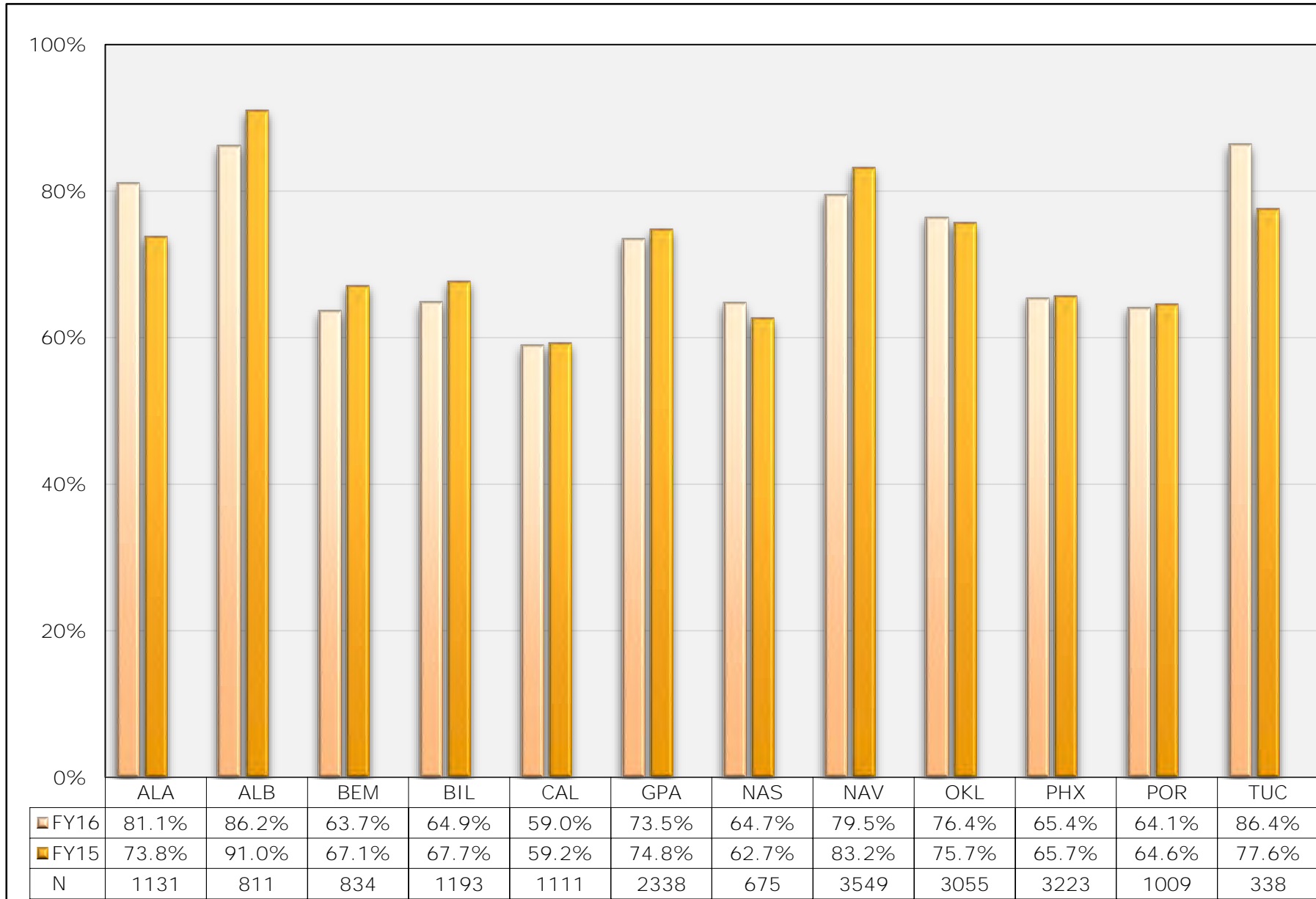
# Immunizations: Childhood (19-35 months)

AI/AN patients (age 19-35 months) who have received the combined childhood vaccination series (4:3:1:3\*:3:1:4).



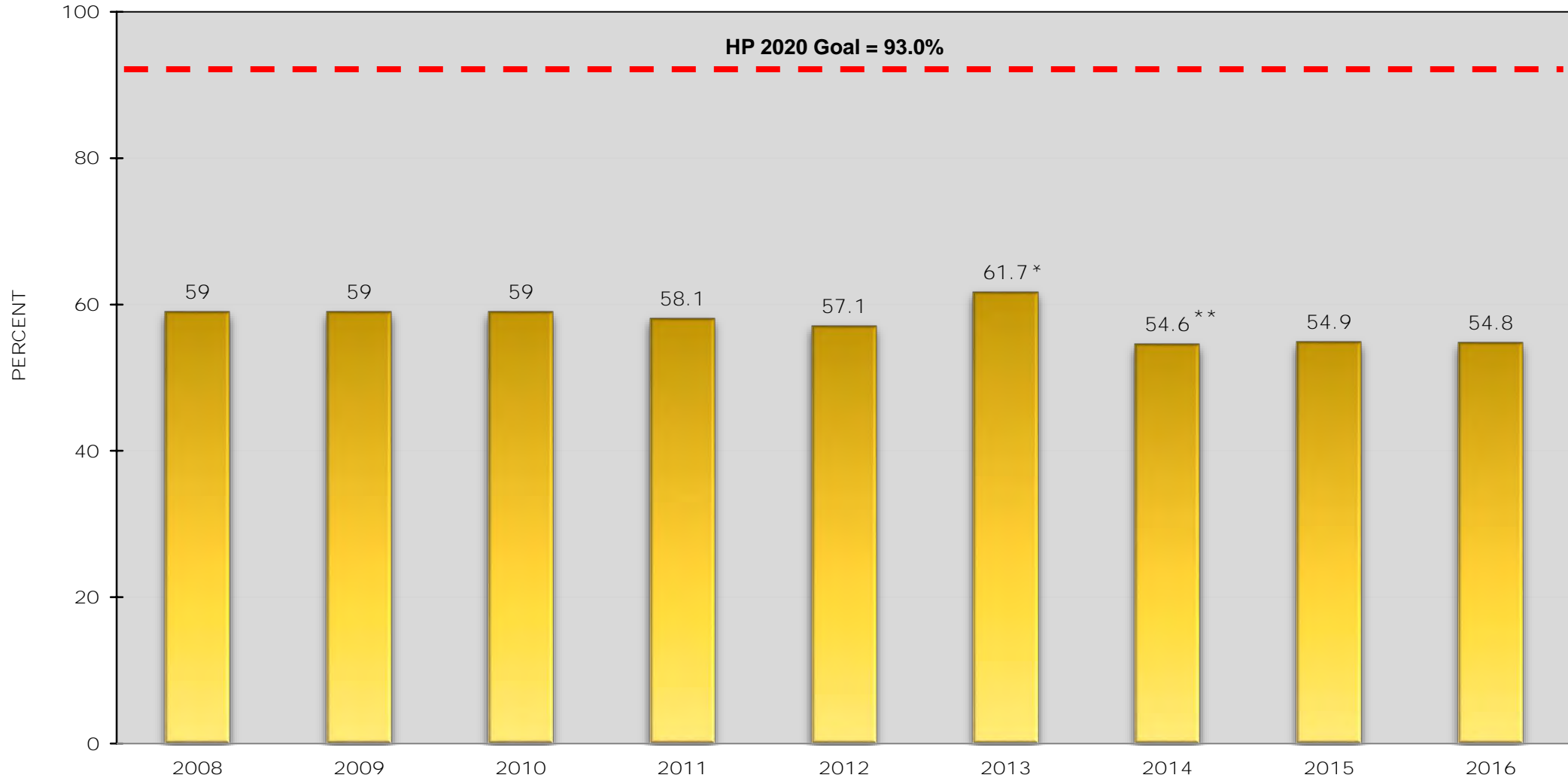
\* 1 Varicella vaccine added to the series in FY 2010. \*\*4 Pneumococcal conjugate vaccines were added to the series in FY 2011. \*\*\*In FY 2013, 3 or 4 HiB vaccines were required depending on the brand.

# Immunizations: Childhood (19-35 months)



# Cancer Screening: Cervical (Pap Screen)

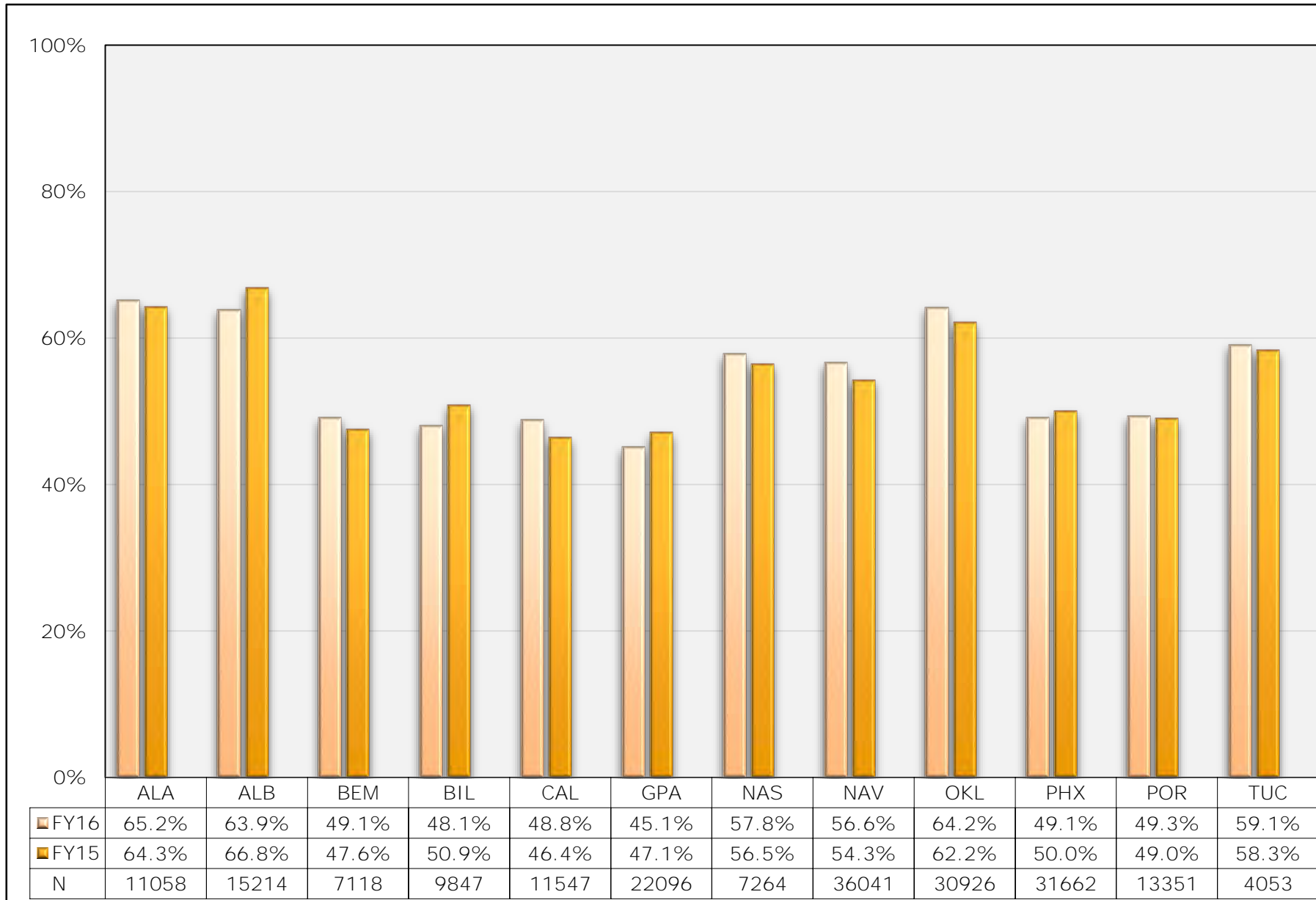
AI/AN women age 24-64 who have received a Pap screen within the previous three years, or age 30-64 years with a Pap screen in the past three years or a Pap Screen and an HPV DNA in the past five years.



\*Prior to FY 2013, this measure included women age 21-64 with a Pap screen in the previous three years. In FY 2013, the measure included women age 24-64. \*\*As of FY 2014, this measure includes women 24-64 with a Pap Screen in the past 3 years or women 30 to 64 with a Pap screen and an HPV DNA in the past 5 years.

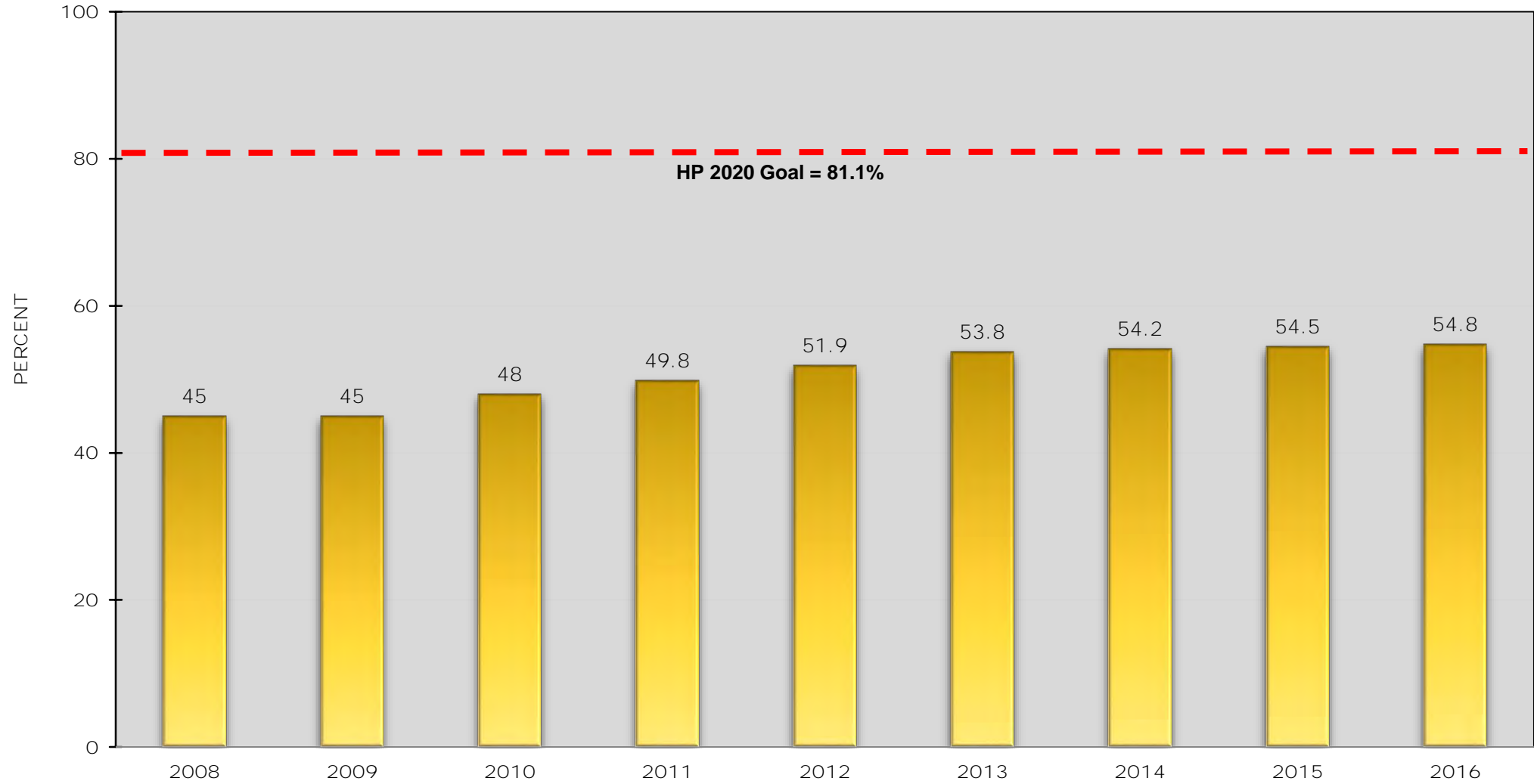


# Cancer Screening: Cervical (Pap Screen)

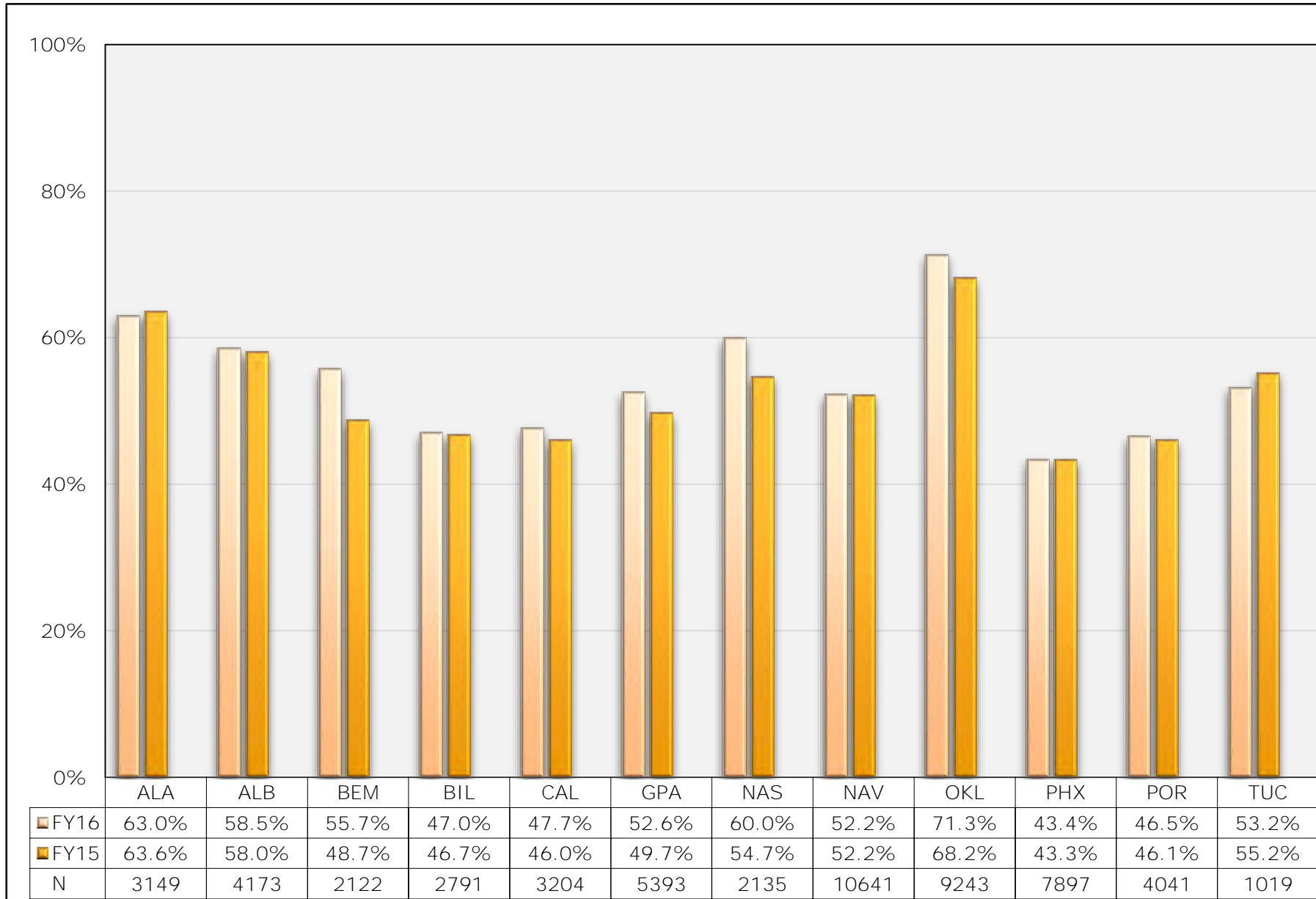


# Cancer Screening: Breast (Mammography)

AI/AN women (age 52-64) who have received mammography screening within the previous two years.

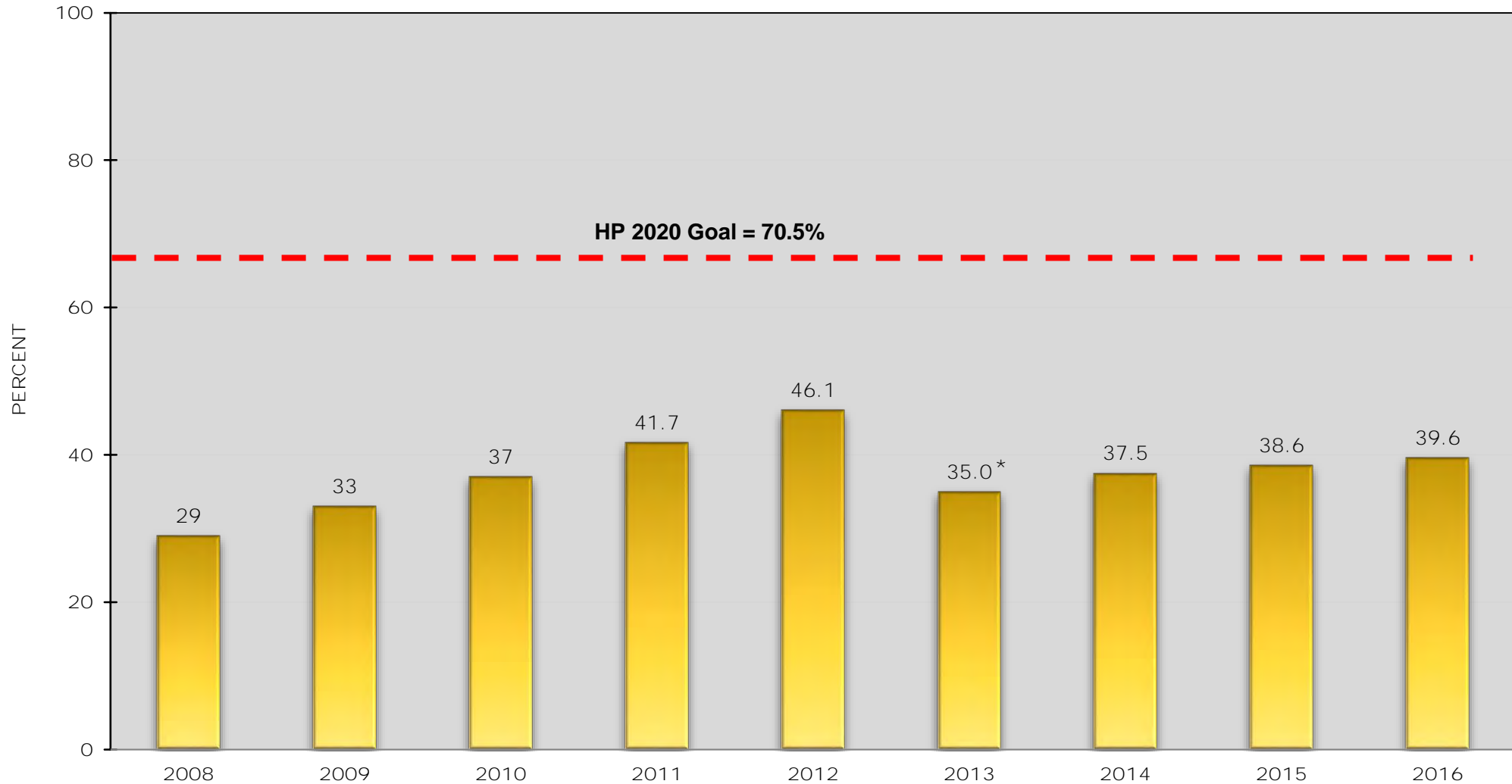


# Cancer Screening: Breast (Mammography)



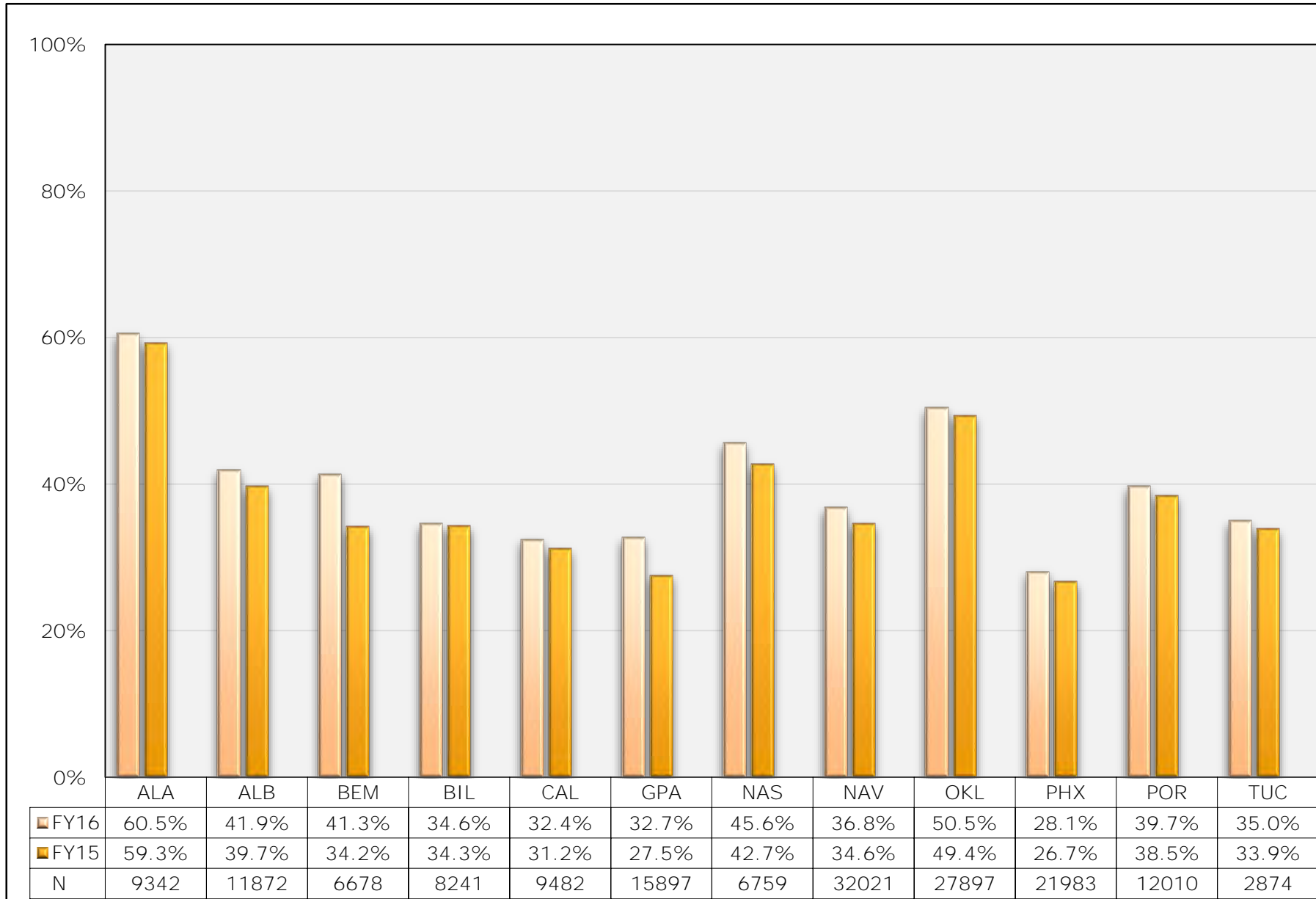
# Cancer Screening: Colorectal

AI/AN patients ages 50-75 who have received appropriate Colorectal Cancer Screening.



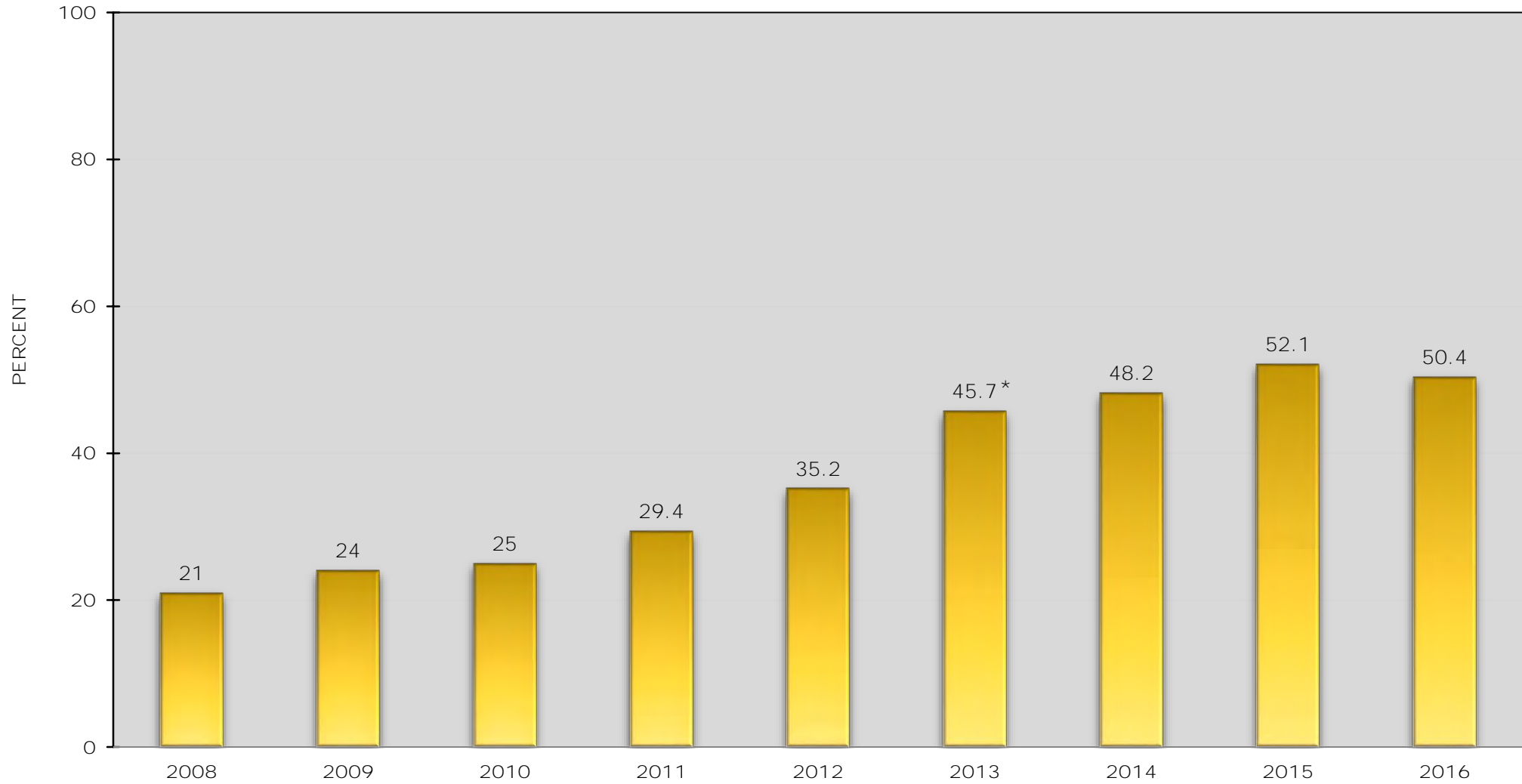
\*Prior to FY 2013, this measure tracked the percentage of patients ages 51 to 80 years of age who received appropriate colorectal cancer screening, which included double contrast barium enema. Beginning in FY 2013, a double contrast barium enema no longer counts toward meeting the measure.

# Cancer Screening: Colorectal



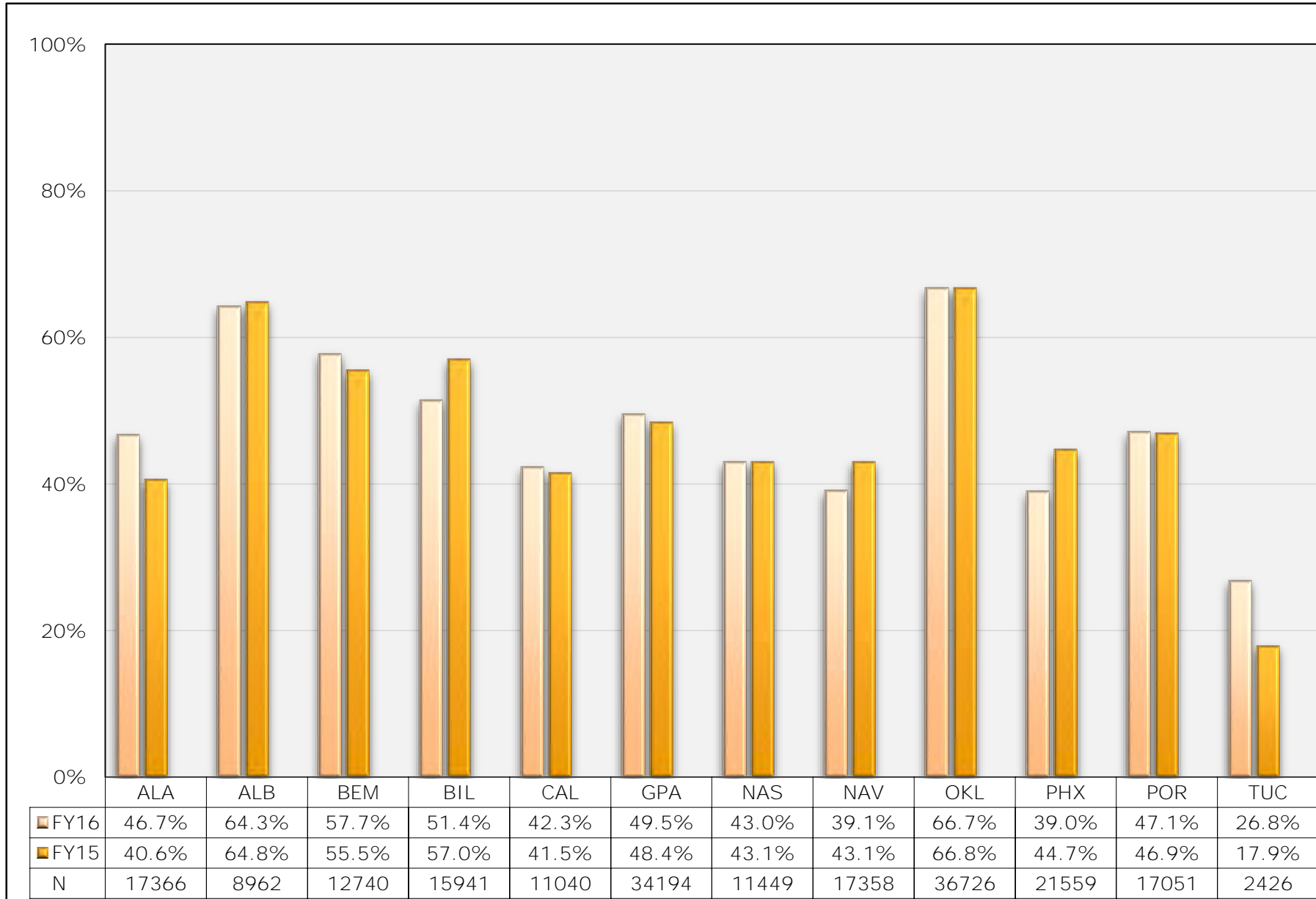
# Tobacco Cessation

AI/AN tobacco-using patients who have received tobacco cessation intervention within the past year or quit their tobacco use within the past year.



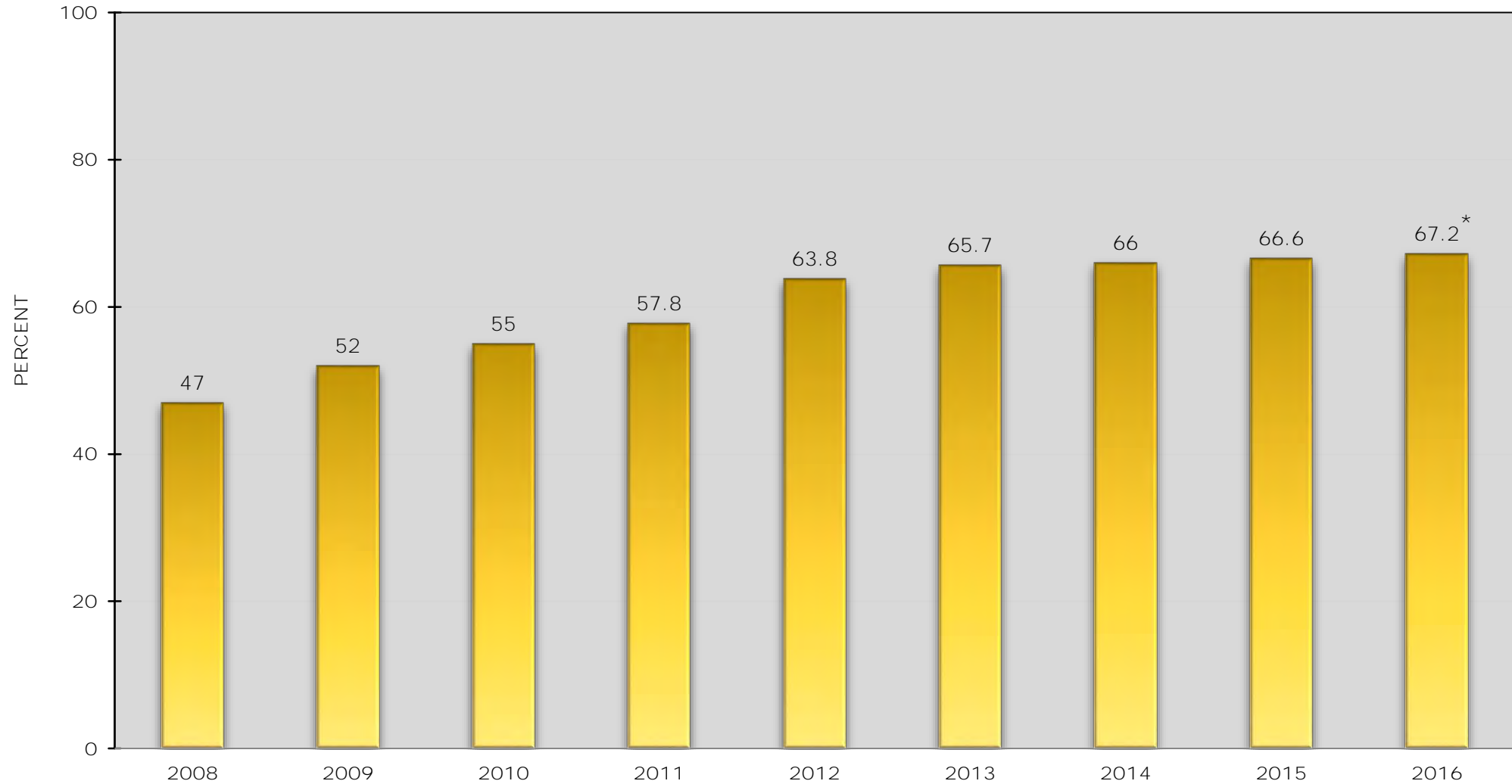
\*Measure logic change in FY 2013 to include tobacco users in cessation

# Tobacco Cessation



# Alcohol Screening: Fetal Alcohol Syndrome (FAS) Prevention

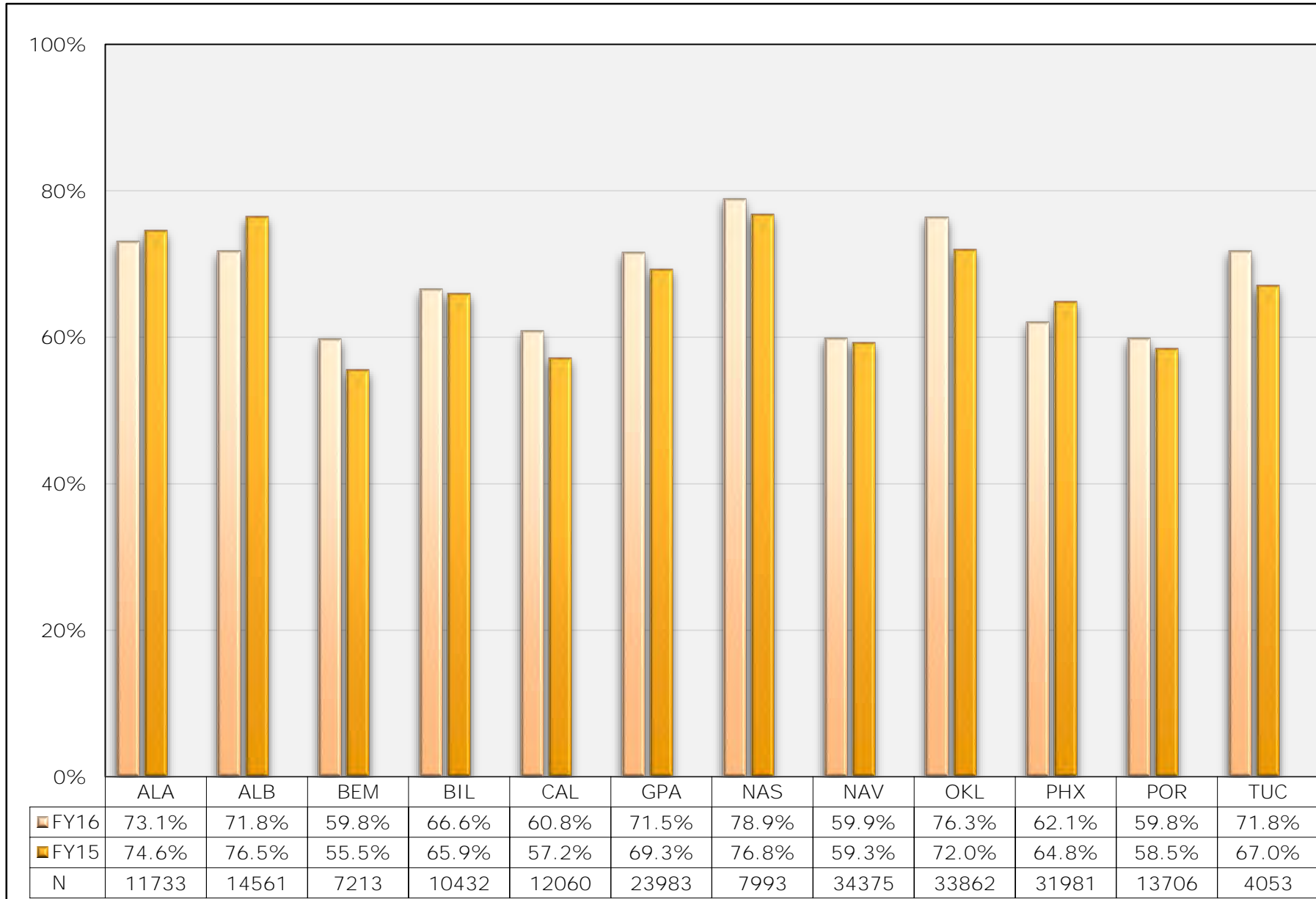
AI/AN women (age 14-46) who have been screened for alcohol use within the past year.



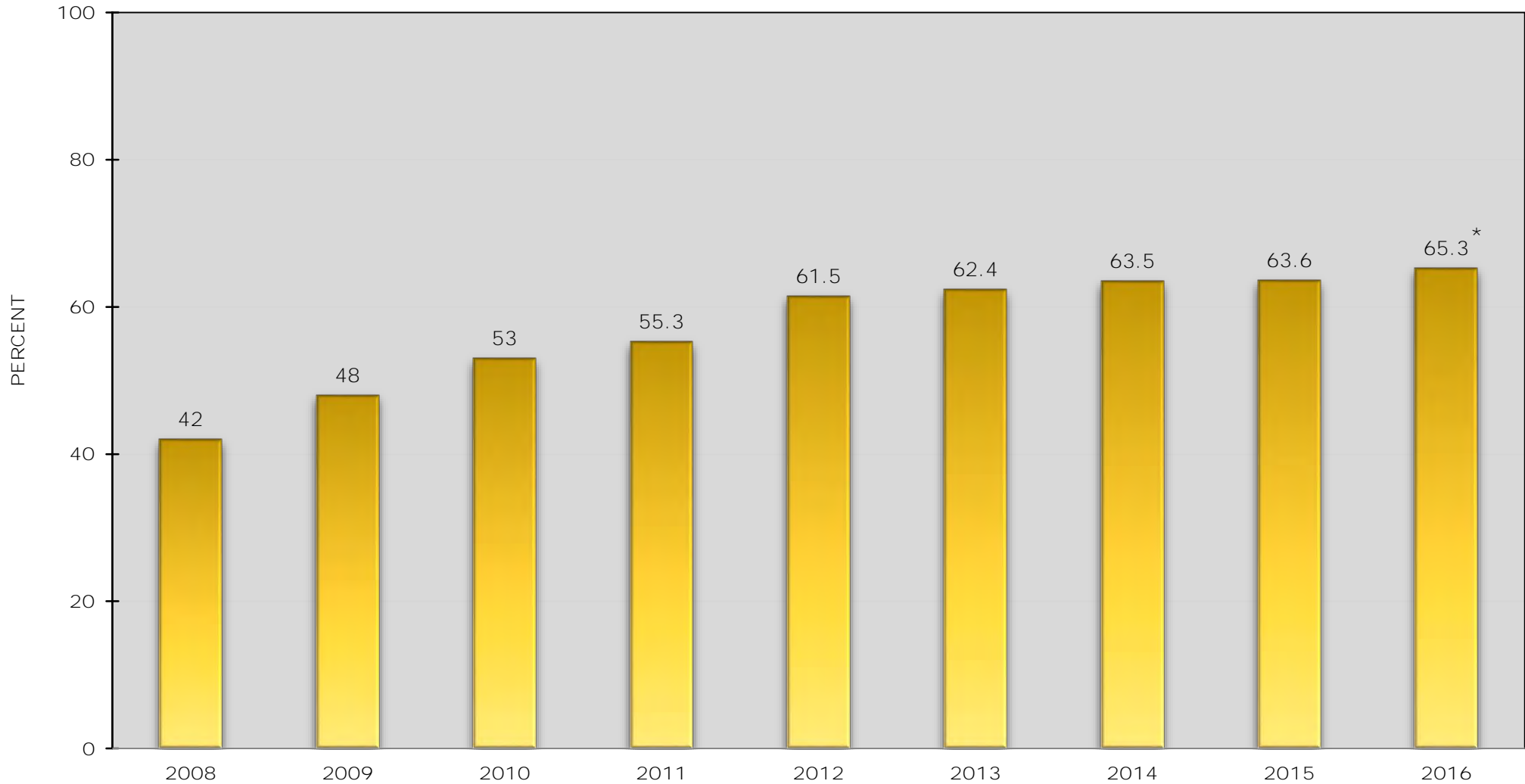
\*Prior to FY 2016, this measure tracked the percentage of AI/AN female patients ages 15-44 who received alcohol screening.



# Alcohol Screening: FAS Prevention

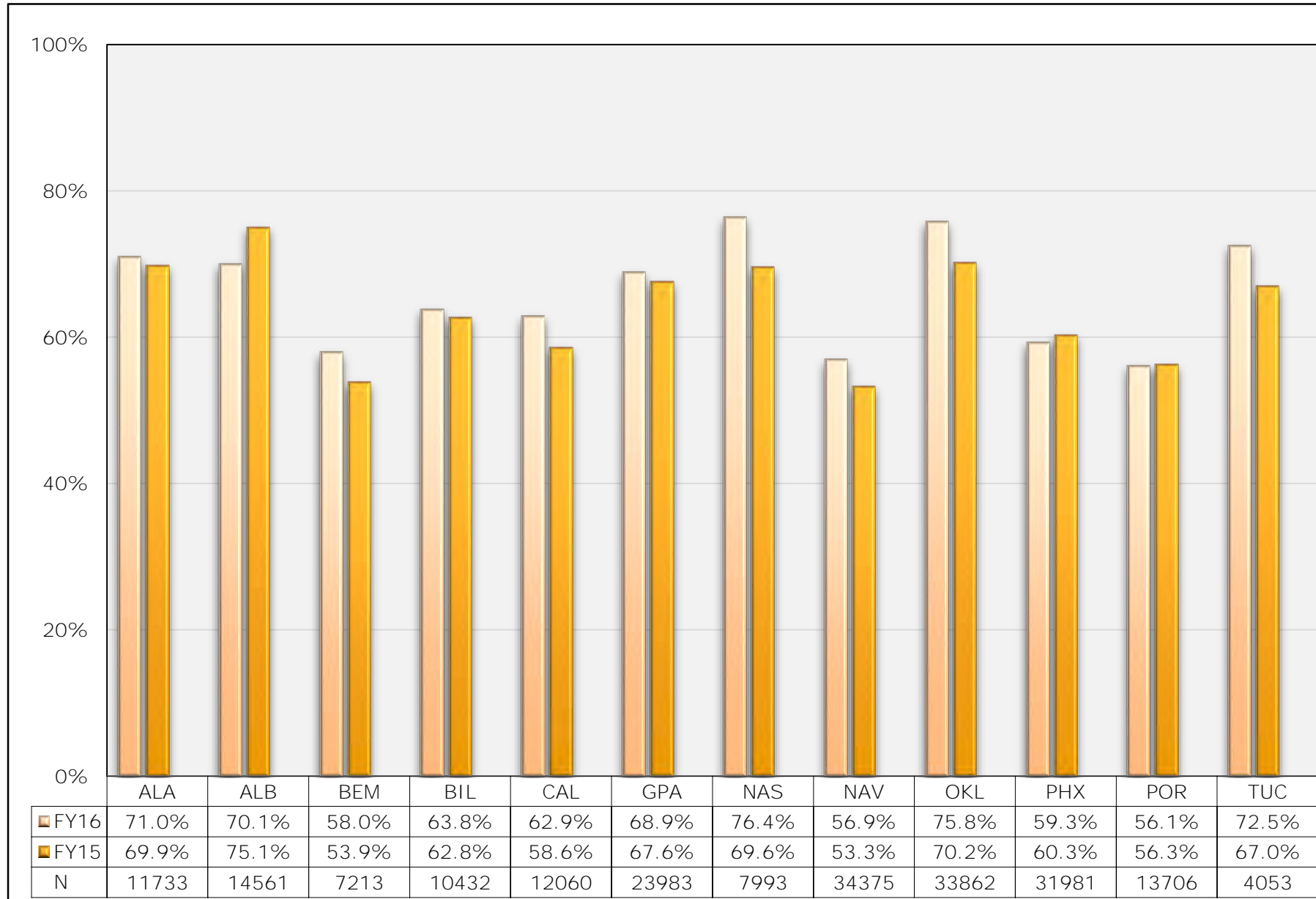


Domestic Violence/Intimate Partner Violence Screening:  
AI/AN women (age 14-46) who were screened for domestic violence /intimate partner violence  
within the past year.



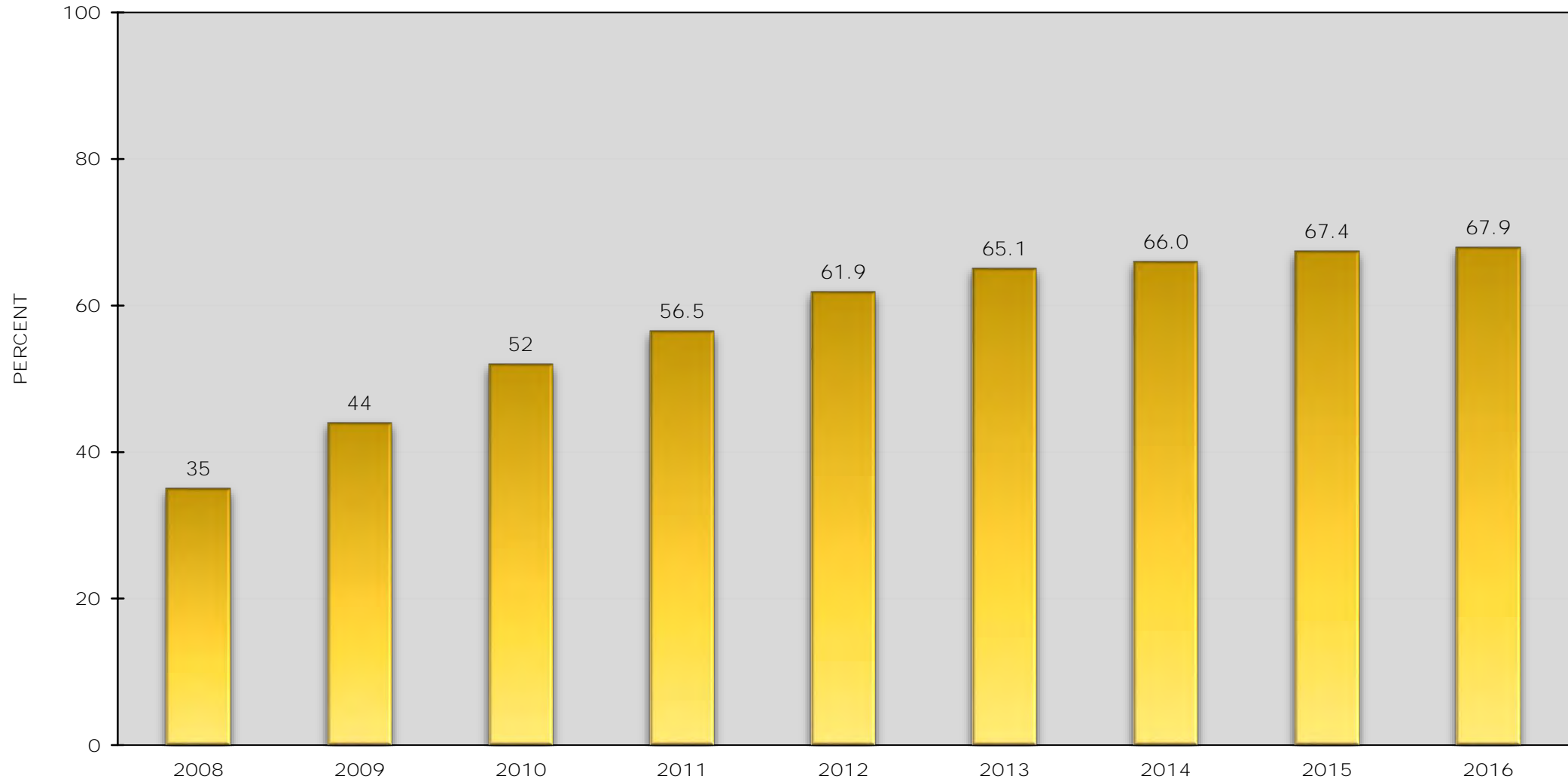
\*Prior to FY 2016, this measure tracked the percentage of female patients ages 15-40 who had received DV/IPV Screening in the past year.

# DV/IPV Screening

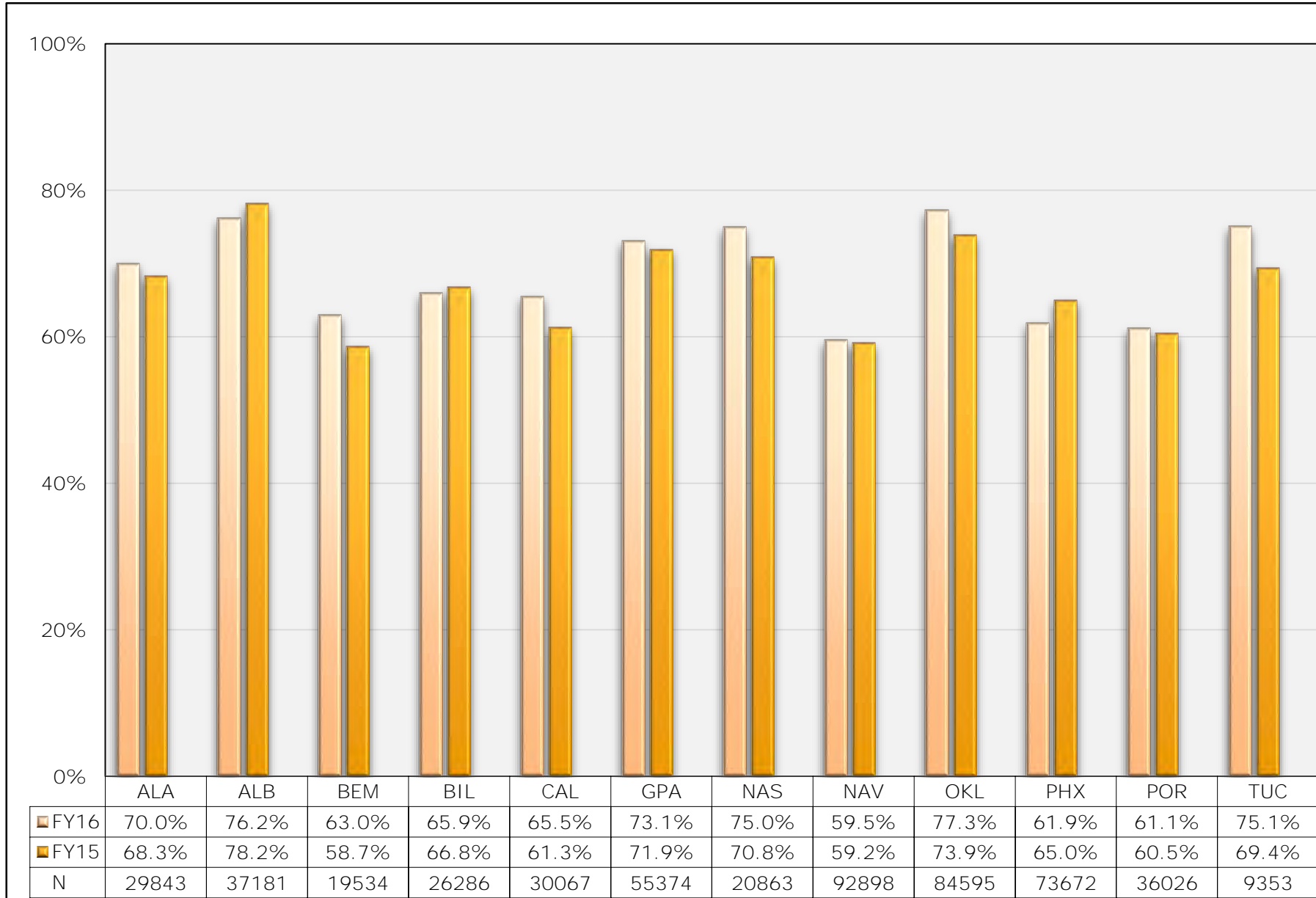


# Depression Screening

AI/AN patients ages 18 and older who have been screened for depression or diagnosed with a mood disorder within the past year.

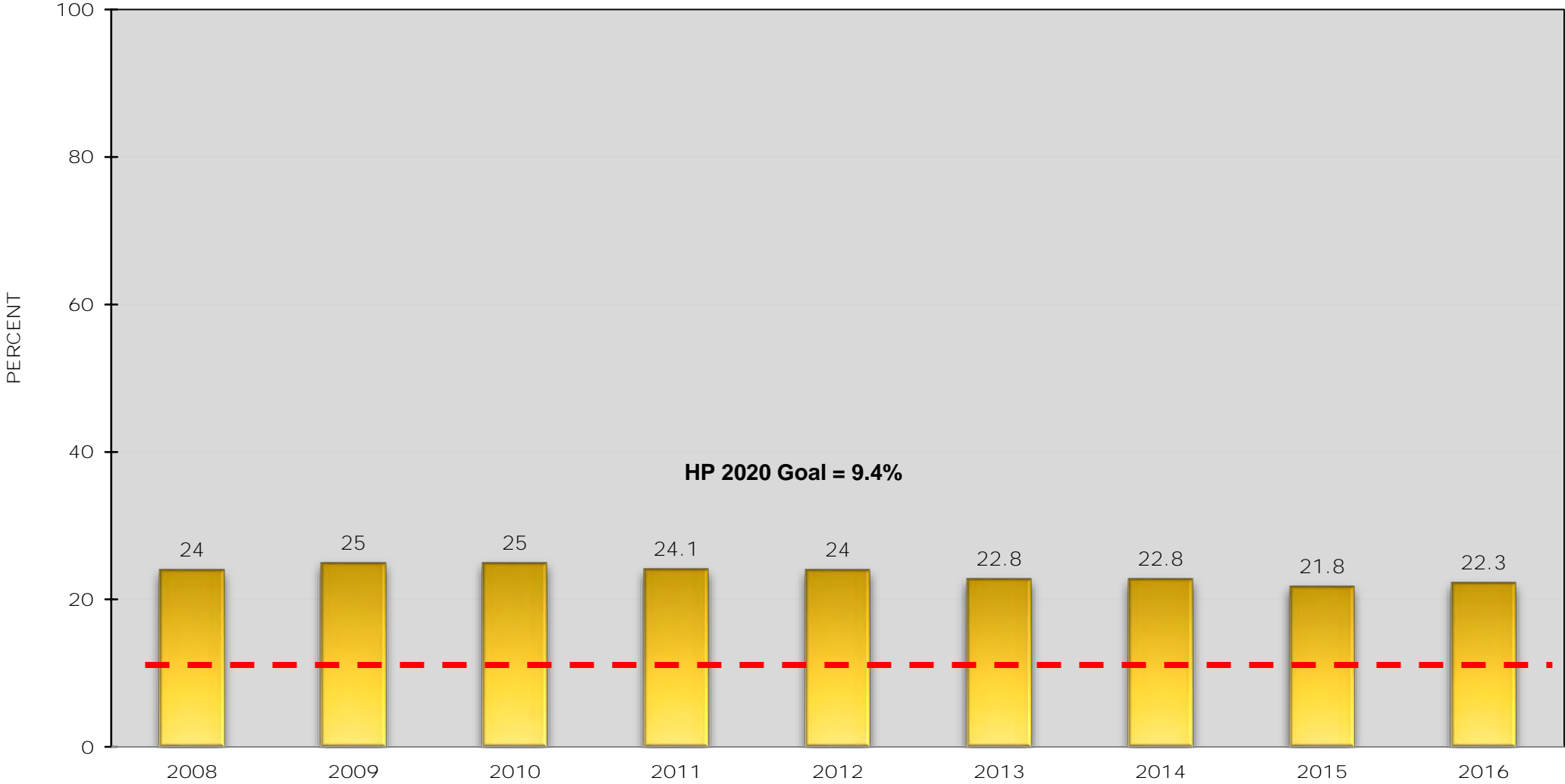


# Depression Screening

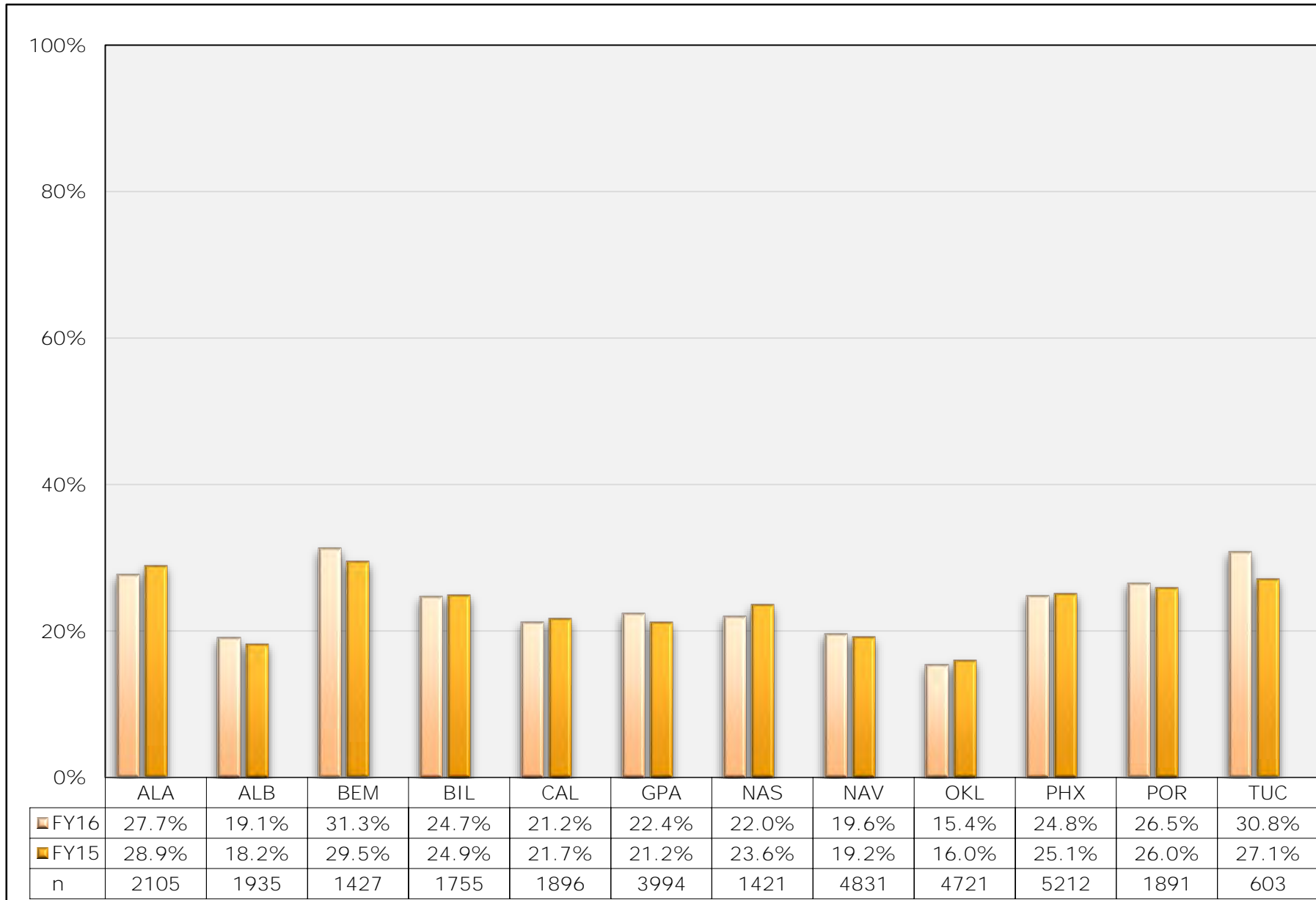


# Childhood Weight Control (CWC)

AI/AN children ages 2-5 years with a BMI at or above 95th percentile.

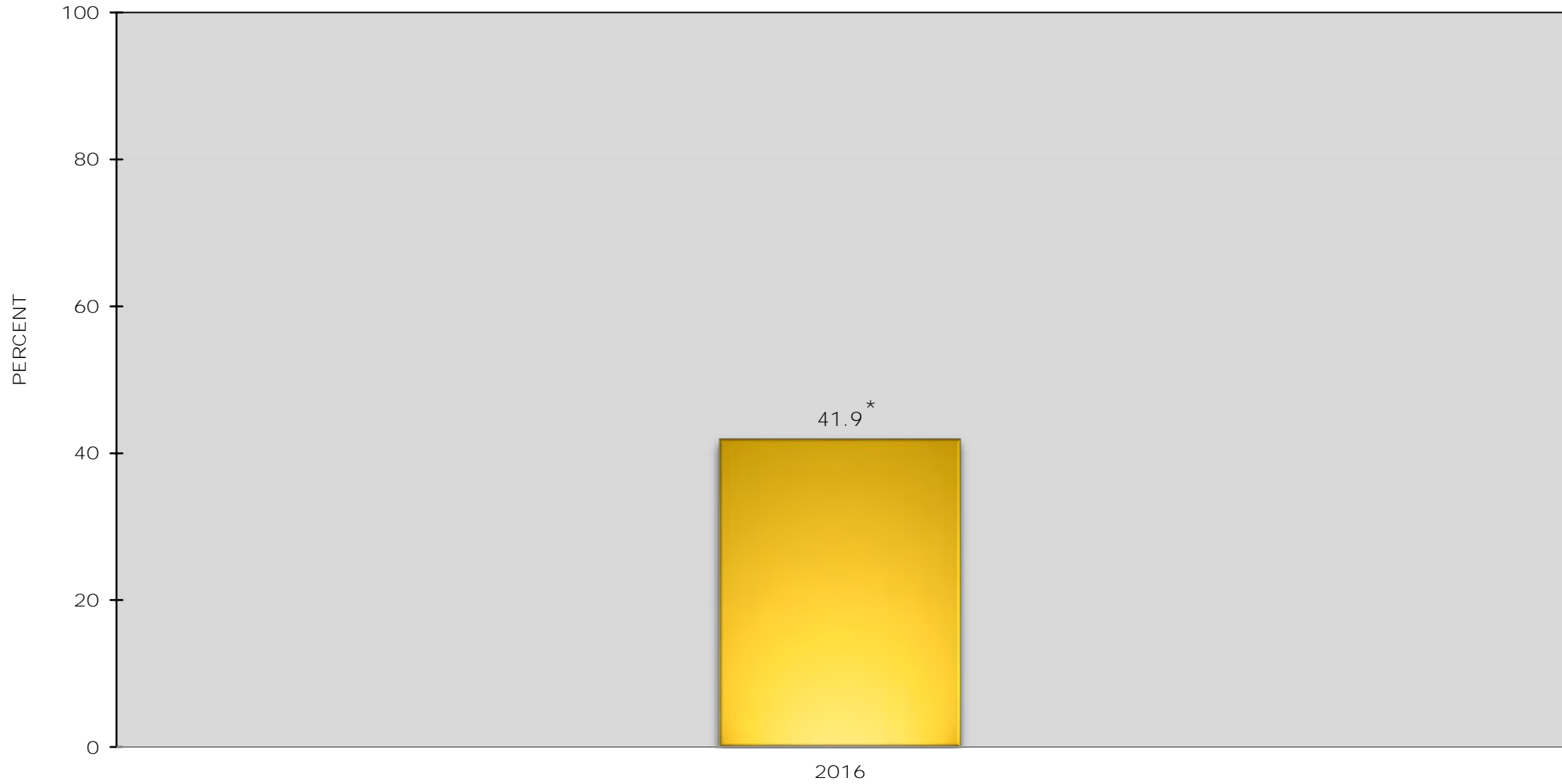


# Childhood Weight Control



# HIV Screening Ever

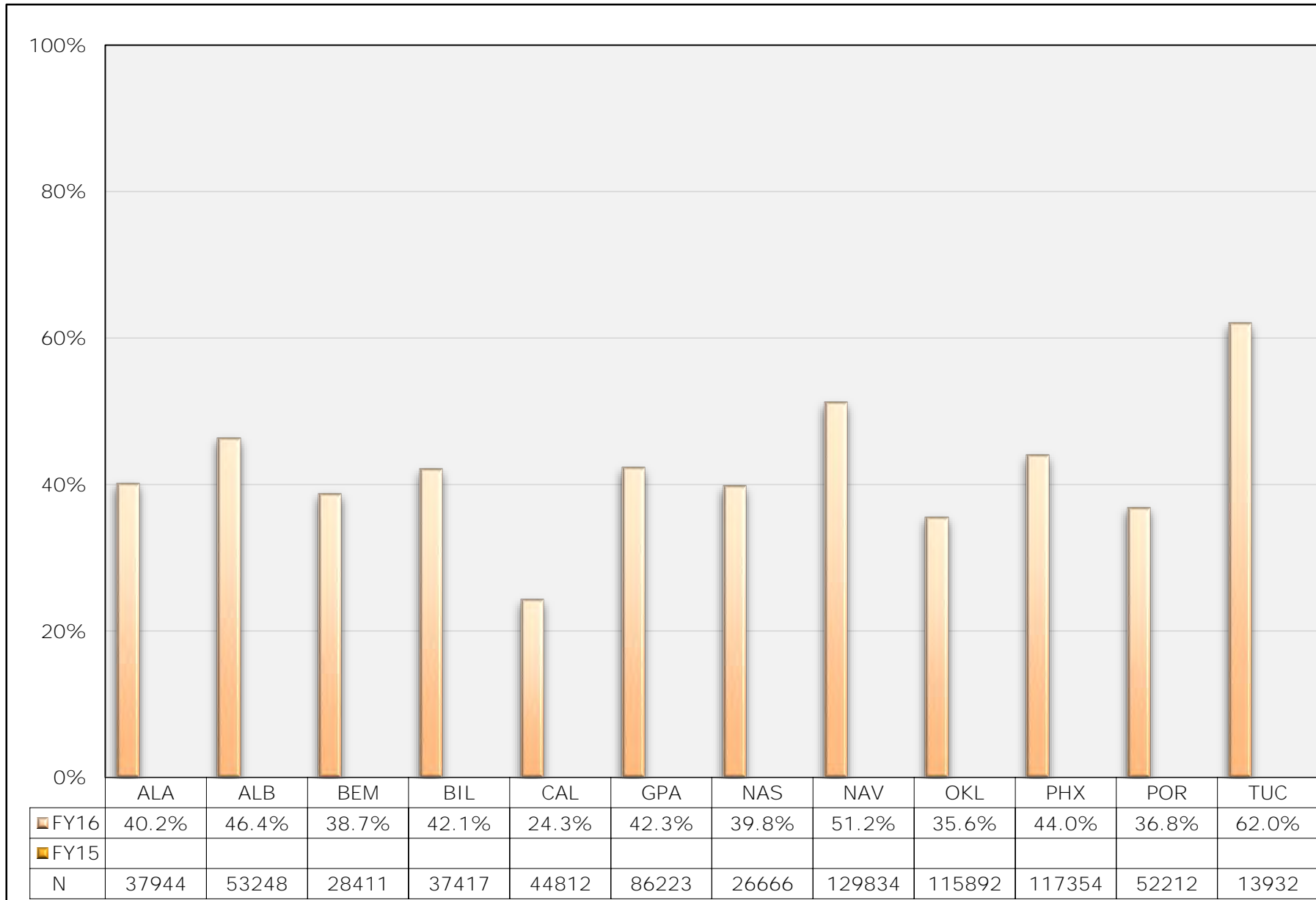
AI/AN patients who have ever received screening for HIV.



\*New measure for FY 2016

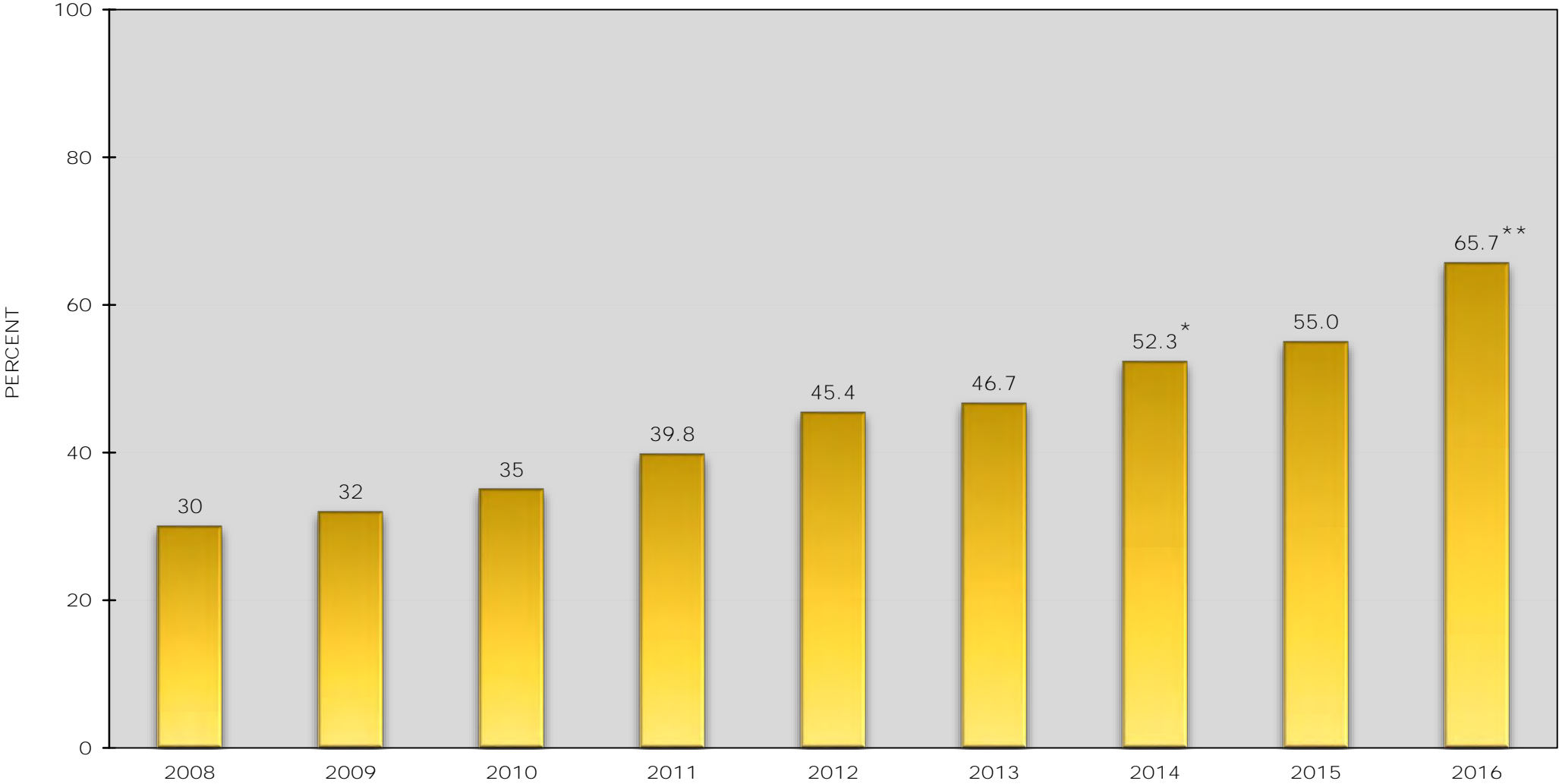


# HIV Screening Ever



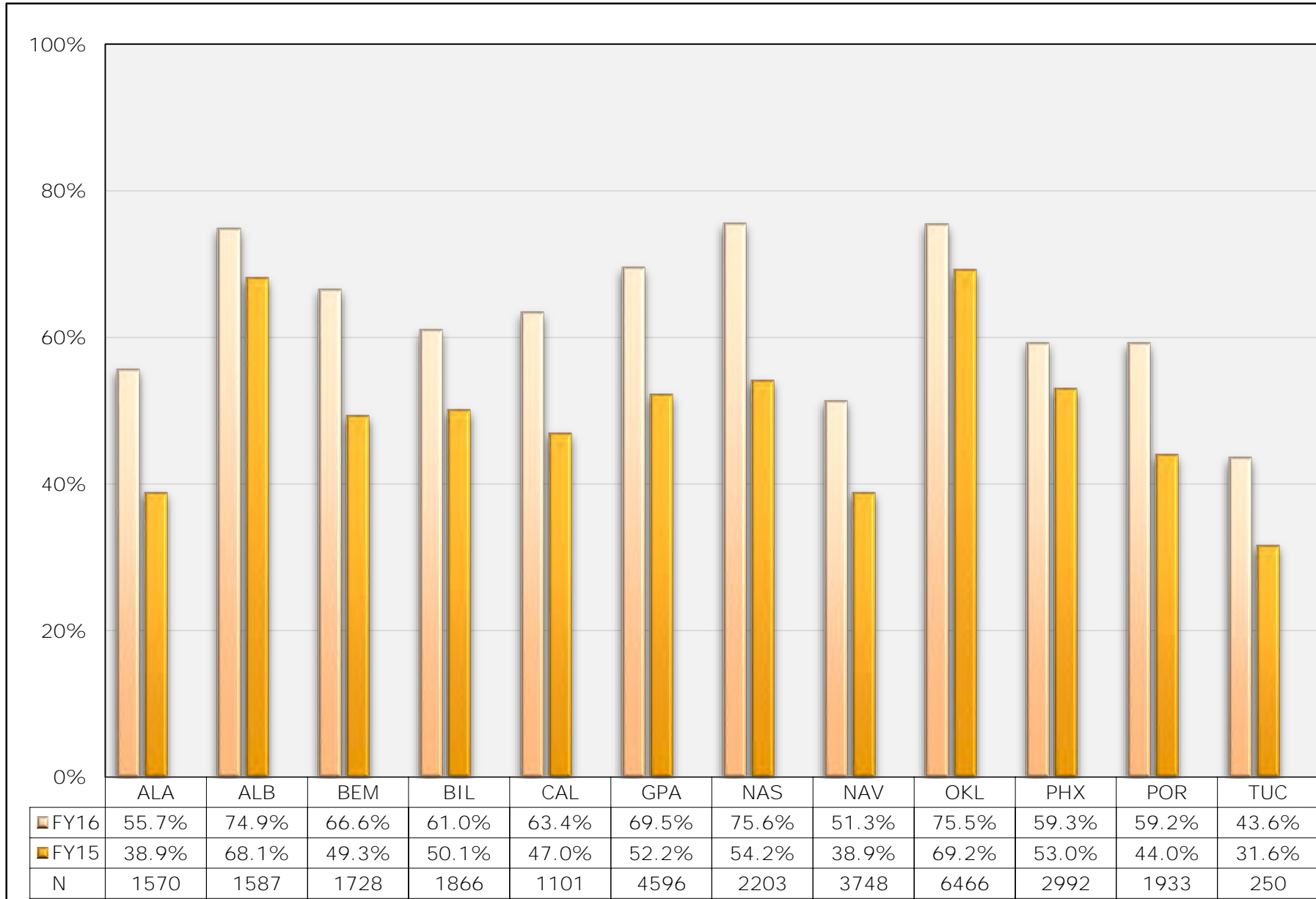
# CVD Prevention: Comprehensive Assessment

Active CHD patients ages 22 and older with a comprehensive assessment



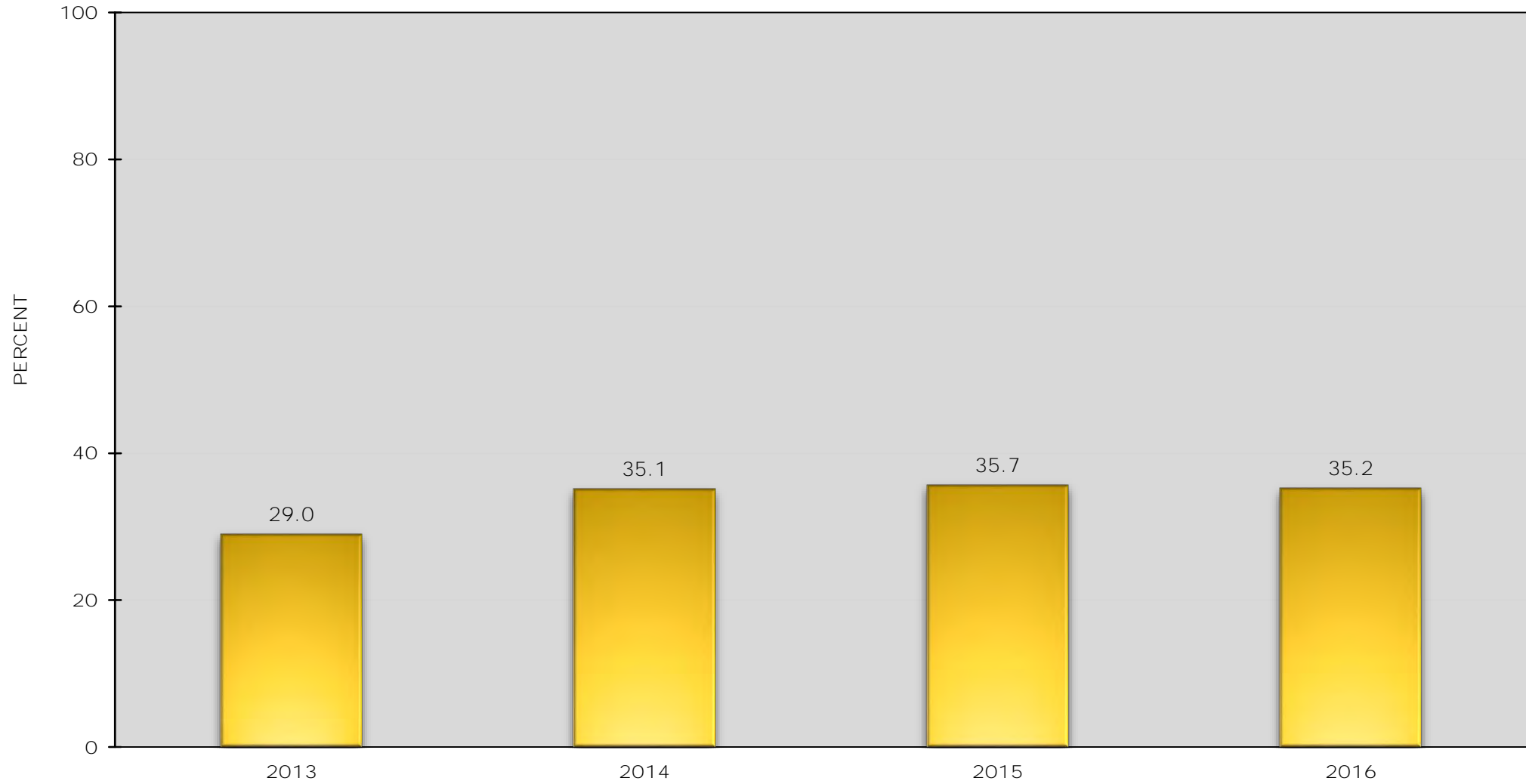
\*Prior to FY 2013, this measure tracked the percentage of active IHD patients ages 22 and older with a comprehensive assessment and included patients with an LDL in the previous five years (beginning in FY 2013, LDL required during report period to meet measure).\*\*LDL Assessment removed from the numerator definition in FY 2016.

# Comprehensive CVD Assessment

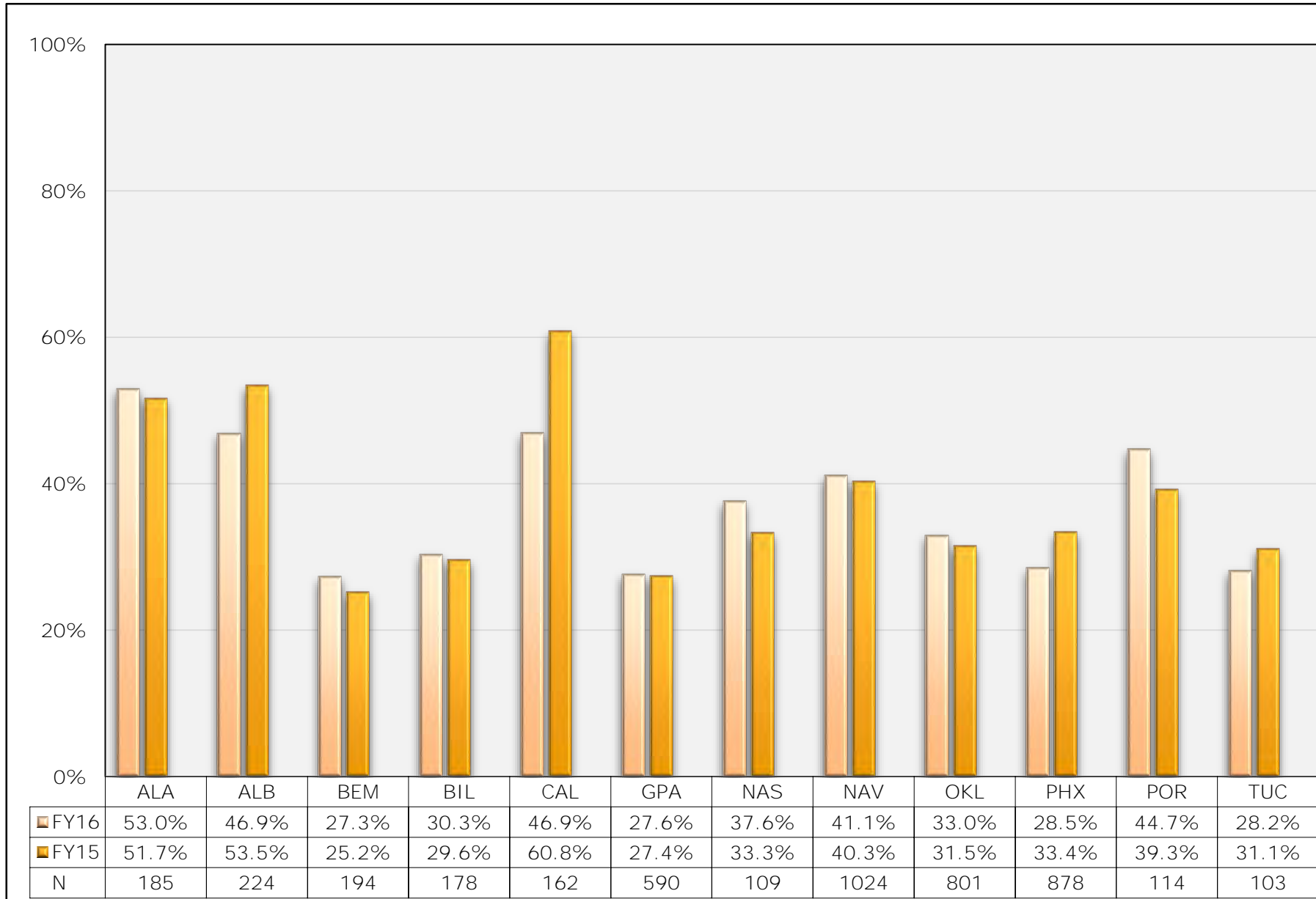


# Breastfeeding Rates

AI/AN patients who, at the age of two months, were either exclusively or mostly breastfed.

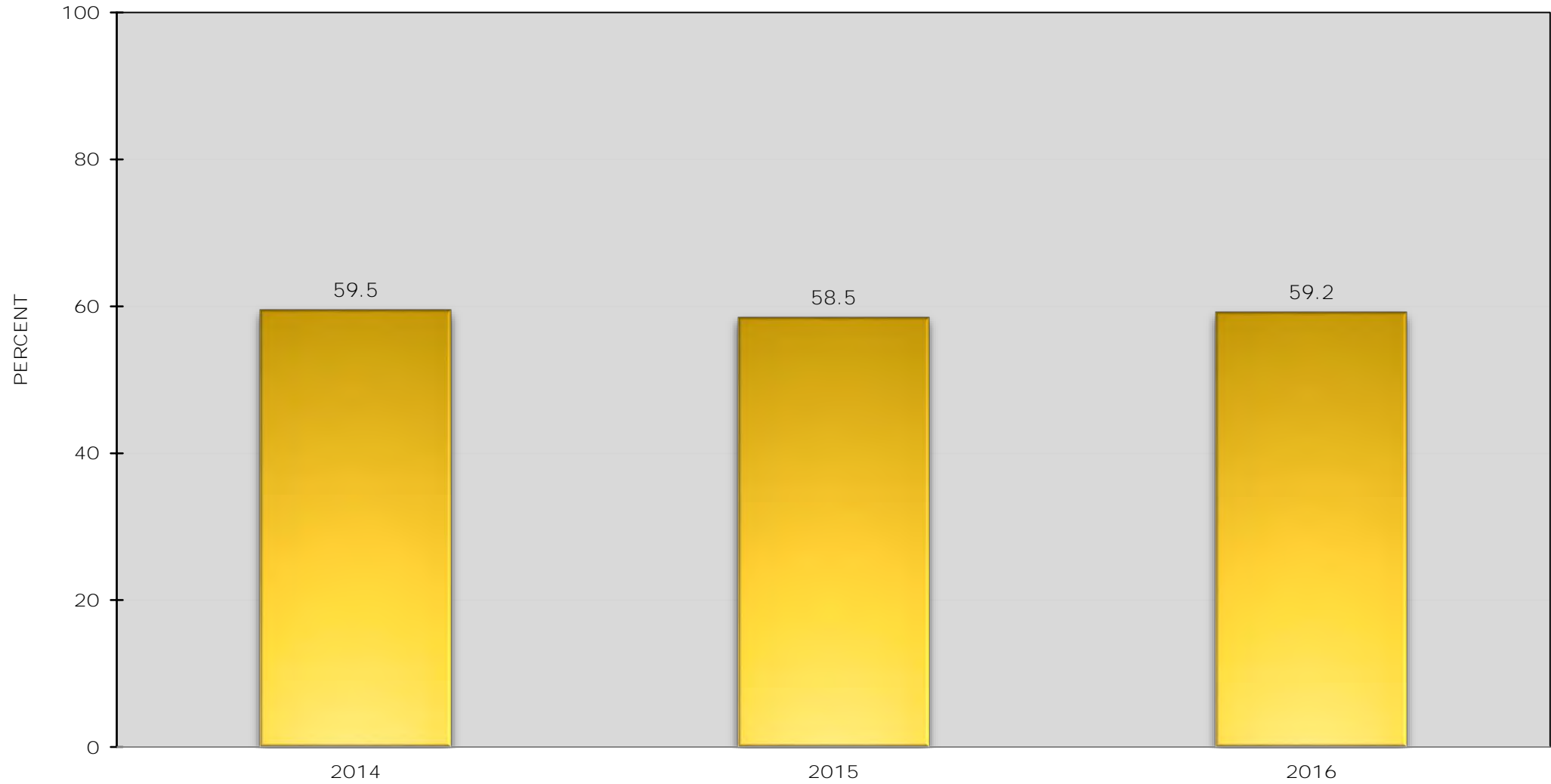


# Breastfeeding Rates

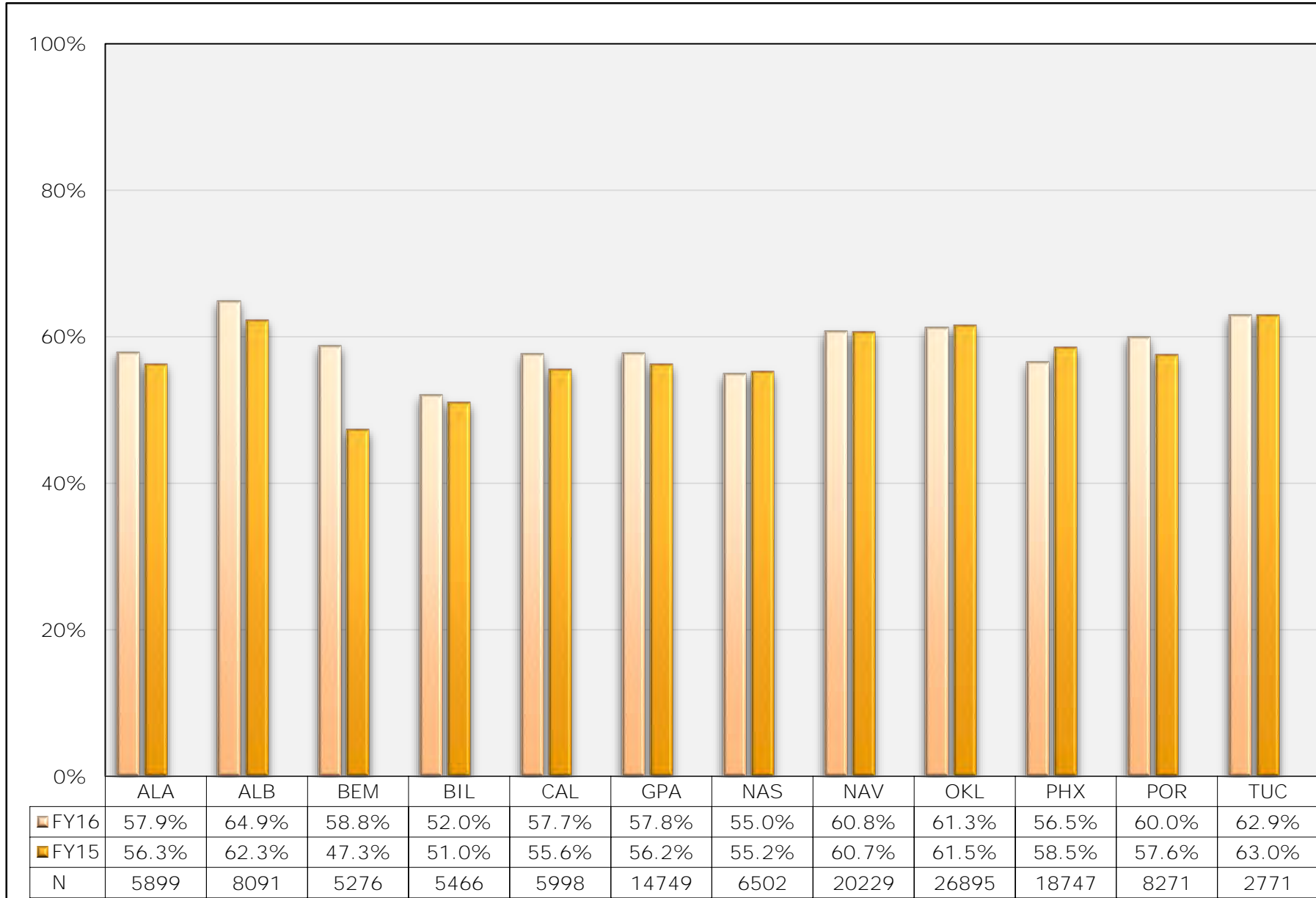


# Controlling High Blood Pressure (MH)

AI/AN patients with diagnosed hypertension who have achieved blood pressure control (<140/90).



# Controlling High Blood Pressure (MH)



2016 Final National Dashboard (IHS/Tribal)

DIABETES	2015 Target	2015 Final	2016 Target	2016 Final	2016 Final Results
<b>Good Glycemic Control</b>	47.7%	47.4%	49.5%	46.9%	Not Met
Controlled BP <140/90	63.8%	62.5%	65.0%	68.3%	Met
Statin Therapy to Reduce CVD Risk <sup>c</sup>	N/A	N/A	Baseline	61.9%	Met
Nephropathy Assessed	60.0%	62.0%	61.1%	63.3%	Met
Retinopathy Exam	60.1%	61.3%	61.6%	59.1%	Not Met
DENTAL					
Dental: General Access	27.9%	29.2%	29.3%	28.7%	Not Met
Sealants	14.1%	16.3%	14.8%	18.1%	Met
Topical Fluoride	26.4%	29.4%	28.3%	31.1%	Met
IMMUNIZATIONS					
Influenza Vaccination 6mo - 17yrs <sup>c</sup>	N/A	N/A	Baseline	37.1%	Met
Influenza Vaccination 18+ <sup>c</sup>	N/A	N/A	Baseline	38.7%	Met
Pneumococcal Vaccination 65+	85.7%	84.9%	87.3%	86.4%	Not Met
<b>Childhood IZ</b>	73.9%	73.3%	76.8%	72.3%	Not Met
PREVENTION					
(Cervical) Pap Screening	54.6%	54.9%	55.6%	54.8%	Not Met
Mammography Screening	54.8%	54.5%	55.9%	54.8%	Not Met
Colorectal Cancer Screening	35.2%	38.6%	38.7%	39.6%	Met
Tobacco Cessation	46.3%	52.1%	49.1%	50.4%	Met
Alcohol Screening (FAS Prevention) <sup>a</sup>	66.7%	66.6%	Baseline	67.2%	Met
DV/IPV Screening <sup>a</sup>	61.6%	63.6%	Baseline	65.3%	Met
<b>Depression Screening</b>	64.3%	67.4%	67.2%	67.9%	Met
<b>CVD- Comprehensive Assessment<sup>a</sup></b>	47.3%	55.0%	53.3%	65.7%	Met
HIV Screening Ever <sup>c</sup>	N/A	N/A	Baseline	41.9%	Met
Childhood Weight Control <sup>b</sup>	N/A	21.8%	22.8%	22.3%	Met
Breastfeeding Rates	29.0%	35.7%	35.8%	35.2%	Not Met
Controlling High Blood Pressure (MH)	59.5%	58.5%	60.6%	59.2%	Not Met
Public Health Nursing Encounters	425,679	377,913	390,556	Pending	N/A
<b>Suicide Surveillance<sup>d</sup></b> <small>(forms completed)</small>	1,419	2,346	1,798	Pending	N/A

<sup>a</sup>Measure logic changes in FY 2016

<sup>b</sup>Long-term measure; reported in FY 2016

<sup>c</sup>New measure as of FY 2016

<sup>d</sup>Measure data is submitted from 11 Areas

**Measures in red are GPRAMA measures**

**Measures Met: 15**

**Measures Not Met: 9**