

THE INDIAN HEALTH PERFORMANCE EVALUATION SYSTEM

The Indian Health Performance Evaluation System (IHPES) is working constantly to improve health outcomes for Native Americans through its on-going efforts to bring transparency and accessibility to health information.

In addition to working with the Joint Commission, IHPES works to provide access to the National Data Warehouse for the Office of Clinical and Preventive Services (OCPS).

Through this partnership IHPES develops web-based reporting systems for programs within OCPS, turning large volumes of data into useful information on some of the most pressing health concerns.

Working closely OCPS, IHPES develops custom reporting applications to extract specific data in formats that can reveal trends in defined medical issues and measure success in addressing critical needs and meeting program and IHS goals.

By providing quantifiable data, these online applications increase OCPS effectiveness. These capabilities also help OCPS to meet Director Roubideaux's four IHS priorities:

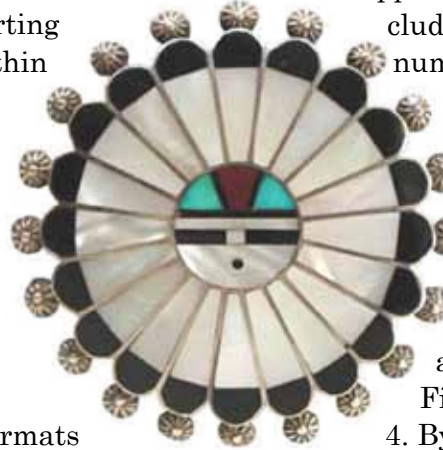
1. By making specific tribal health information available, tribal relationships are strengthened;
2. Providing data in ways that measures program effectiveness makes it possible to productively change and reform programs within the IHS;
3. Providing information that can lead to increased access and better quality care; and
4. Providing secure access to information, so there is greater transparency within the IHS.

IHPES application development includes displaying data in a number of ways, including:

1. Graphs, charts, and data grids
2. National, Regional (Area), and Facility level information
3. Monthly, Quarterly, and Annual data both by Fiscal and GPRA years
4. By age and/or gender

Working closely with clinical staff, IHPES helps to define the desired results, functionality and content. We then map the data available within the National Data Warehouse that will provide that information. Because we have developed numerous applications, we can leverage and re-use templates and features previously developed. We also shorten the timeline by defining and refining the application requirements as we develop it. This makes it easier for customers to understand what can be achieved and eliminates a long project definition step. By using an iterative process - that is developing and refining the application through a number of versions (v. 1, v. 2, etc) - more precise and more comprehensive data can be extracted and reports enhanced.

In addition to developing online applica-



tions and working with the Joint Commission to support hospital accreditation activities, IHPES also provides data quality assessments with the goal of improving the quality, accuracy and timeliness of data used by programs and applications.

In these assessments, health information data is examined from its origin in the patient chart, through data entry and electronic records, to data export for validity, timeliness, and completeness. IHPES can then recommend changes for data improvement.

With better information available, it is possible to set program and resource priorities, clarify trends, identify “cluster” events, secure needed funding, and enrich overall understanding of Native American Health issues

and IHPES in 2005 and upgraded by adding new reports and functionality over the years. The application is scheduled to be completely rewritten using the IHS web standard Cold-Fusion platform during FY 2011.

BEHAVIORAL HEALTH DATA MART DIVISION OF BEHAVIORAL HEALTH

The web based Behavioral Health application tracks two of the most significant areas of behavioral health care within the IHS: Suicides and Methamphetamine use. Utilizing data electronically exported to the NDW and exports from the RPMS Behavioral Health package, the application tracks suicidal events such as suicide ideation with

RECENT PROJECTS

CHR — COMMUNITY HEALTH REPRESENTATIVES

IHPES and CHR developed an application that tracks the number of encounters between Community Health Representatives and their clients. The CHR application provides extensive report detail based on these encounters. A few of the application’s features include: Reporting health problem codes and age; number of service hours by health problem code, whether the encounters were by phone, in a hospital or clinic, out in the community, or in a CHR office. This information provides in-depth analysis of the overall performance and services provided by the tribally trained CHR staff.

This application was developed by CHR



plans and attempts, suicidal completions, and suicidal “cluster” events by community of residence.

Pulling data from the NDW, the application also tracks encounters related to methamphetamine use by age and gender, location, treatment providers, clinical settings and communities documenting the greatest usage. This detailed level of tracking provides critical information to assist in developing intervention strategies or shift resources as necessary. The application provides additional information on these issues such as methamphetamine “clusters” by community of residence, as well as aggregate national or regional trends.

NATIONAL DENTAL DATA MART REPORTING SYSTEM DIVISION OF ORAL HEALTH

This application does more than provide access to all Dental related data. It includes the ability for the DOH to access Dental related data, through “core” reports defined by the DOH staff, by national, area (regional), service unit or facility level. The “core” reports include Dental Visits by Month, Relative Value Reports by month and Level, Services by Month, Level, Services per Visit, and Services per Patient. In addition to these reports, the data mart also provides Government Performance Results Act (GPRA) reports.

DOH staff, using the web-based GPRA reports can work directly with Dental programs in the field by assisting them to improve services and assist in reaching GPRA targets. The application provides the ability to generate reports “on the fly” by encounter date,

fiscal years and GPRA years. The application will be expanded in FY 2011 to include the new “Early Childhood Caries” (ECC) initiative.

NOTIFIABLE DISEASES AND EXTERNAL CAUSE OF INJURY REPORTING SYSTEM V.2 DIVISION OF ENVIRONMENTAL HEALTH

The version 2 project targets specific injury or disease categories for tracking and reporting using “passively” exported Resource Patient Management System (RPMS) to National Programs. The system currently provides access to nationally aggregated data in five health areas: 1) Injuries; 2) Asthma; 3) Vectorborne diseases; 4) Intestinal diseases; and 5) Notifiable diseases (diseases typically reported to state health departments).

The application tracks and reports the targeted injury or disease by national, area, service unit, facility and the community level. The application also supports date range selection and a robust security system that allows designated national or area level users provide access to appropriate staff in their respective organizations.

PHN — PUBLIC HEALTH NURSING

The PHN web-based application provides access to workload, administrative and Activity related information specific to health services provided by Public Health Nurses. In addition, the application contains information for services the PHN’s provide that directly contribute to the agency’s GPRA performance measures such as immunizations, obesity and certain types of screening

activities. PHN leadership is also utilizing the application to assist in monitoring data improvement activities related to the implementation of the agency's Electronic Health Record as it relates to the Public Health Nurses. Analyzing data contained in the application, the PHN program has developed a data quality training program to assist all programs to standardize documentation and coding practices with the goal of reporting more consistent data across the agency.

During FY 2011, the application will be enhanced with additional reports relating to agency GPRA measures and converted to the Cold Fusion web platform.

ORAP —

THE OFFICE OF RESOURCE ACCESS AND PARTNERSHIPS, A DIVISION OF BUSINESS OFFICE ENHANCEMENT

This online application was created as a tool for ORAP and the Office of the Director to monitor compliance with the Third Party Internal Controls policy. In addition to monitoring compliance, the application provides timely statistics to help ORAP and the Division of Business Office Enhancement focus on issues concerning increasing collection of Third Party Revenue. ORAP will be utilizing the data to concentrate its efforts on areas of noncompliance such as coding, billing and data entry. This tool is meant to ensure that resources, such as training and RPMS IT enhancement are focused on needed Areas to enhance third party revenue generation. The application is continuously updated to ensure that each site collecting third party revenue is in full compliance with standards, procedures and policy concerning collection of third party revenue.

NATIONAL IMMUNIZATIONS REPORTING SYSTEM DEPARTMENT OF EPIDEMIOLOGY

This application tracks vaccinations throughout the Indian Health Service by age and region. It tracks infant and childhood immunizations as well as vaccinations for influenza. Reporting includes not only client data but data on Health Care Professionals as well. The web application is useful in the IHS' influenza efforts. Coordinating with tribal, state, and federal partners, the IHS works on all aspects of the disease including: disease surveillance, mitigation, vaccination, and education.

CDC —

CENTER FOR DISEASE CONTROL

The IHPES program, in partnership with the Division of Epidemiology (DEP) is working with the Center for Disease Control to assist in indentifying Lupus cases in the American Indian/Alaska Native population. The IHPES program has modified a tool developed by Emory University and CDC staff to collect and capture clinical information related to identifying Lupus cases. The tool is currently being tested by data abstractors familiar with IHS clinical data to ensure the tool can be used to document and store case findings through chart audits. To further assist in this effort, the IHPES program is developing programming routines to allow them to "pre-populate" the data abstraction tool with Patient Registration type information pulled from the NDW project. Both processes are being tested and verified in preparation for on-side audit activities scheduled to begin in the fall of 2010 at selected IHS locations. The results will yield important findings to assist the agency further identify and treat patients with Lupus.