

IHS FY 2015, 2016, 2017 PERFORMANCE (GPRAMA & Budget) MEASURES – Tribal and IHS Direct Programs

Table 1-1: GPRAMA Measures

Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Diabetes: Good Glycemic Control: Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than (<) 8.0).	Achieve target rate of 47.7% Result: 47.4% Not Met	Achieve target rate of 49.5% Result: 46.9% Not Met	Achieve target rate of 48.4%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Depression Screening: Percentage of adults ages 18 and over who are screened for depression.	Achieve target rate of 64.3% Result: 67.4% Met	Achieve target rate of 67.2% Result: 67.9% Met	Achieve target rate of 70.0%	Miranda Carman OCPS/DBH 301-443-0468
Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients aged 19-35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses).	Achieve target rate of 73.9% Result: 73.3% Not Met	Achieve target rate of 76.8% Result: 72.3% Not Met	Achieve target rate of 74.8%	Amy Groom OPHS/EPI 505-232-9966
CVD Prevention: Comprehensive Assessment: Percentage of active CHD patients who have a comprehensive assessment for all CVD-related risk factors. In FY 2016, LDL Assessment was removed from the Comprehensive CVD numerator.	Achieve target rate of 47.3% Result: 55.0% Met	Achieve target rate of 53.3% Result: 65.7% Met	Discontinued	N/A
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Percentage of patients with CVD or at high risk for CVD who receive a statin therapy prescription. *New GPRAMA measure in FY 2017 – replaces the CVD Prevention measure.	N/A	N/A	Set Baseline	Dena Wilson, MD FACC PHX/PIMC 602-263-1200

IHS FY 2015, 2016, 2017 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	Maintain 100% accreditation rate Result: 99% Not Met	Maintain 100% accreditation rate Result: TBD	Maintain 100% accreditation rate	Terri Schmidt ORAP 301-443-4973
TOHP-SP. Tribal Consultation: Implement recommendations from Tribes annually to improve the Tribal consultation process.	Implement at least three additional recommendations from Tribes Result: Implemented 9 tribal recommendations Met	Implement at least three additional recommendations from Tribes: Result: TBD	Implement at least three additional recommendations from Tribes	TBD

Table 1-2: RPMS/CRS Budget Measures

Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Diabetes: Blood Pressure Control: Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 140/90).	Achieve target rate of 63.8% Result: 62.5% Not Met	Achieve target rate of 65.0% Result: 68.3% Met	Achieve target rate of 63.8%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: LDL Assessment: Percentage of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).	Achieve target rate of 71.8% Result: 73.3% Met	Discontinued	Discontinued	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Statin Therapy to Reduce CVD Risk in Patients with Diabetes: Percentage of patients with diagnosed diabetes who received prescription for statin therapy.	N/A	Set Baseline Result: 61.9% Met	Achieve target rate of 61.9%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Nephropathy Assessment: Percentage of patients with diagnosed diabetes assessed for nephropathy.	Achieve target rate of 60.0% Result: 62.0% Met	Achieve target rate of 61.1% Result: 63.3% Met	Achieve target rate of 63.3%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Retinopathy: Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Achieve target rate of 60.1% Result: 61.3% Met	Achieve target rate of 61.6% Result: 59.1% Not Met	Achieve target rate of 63.1%	Mark Horton PIMC 602-263-1200

IHS FY 2015, 2016, 2017 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Dental Access: Percent of patients who receive dental services.	Achieve target rate of 27.9% Result: 29.2% Met	Achieve target rate of 29.3% Result: 28.7% Not Met	Achieve target rate of 29.7%	Timothy Lozon OCPS 301-443-0029 Timothy Ricks Division of Oral Health 301-945-3230
Dental Sealants: Percentage of patients ages 2-15 with at least one or more intact dental sealant.	Achieve target rate of 14.1% Result: 16.3% Met	Achieve target rate of 14.8% Result: 18.1% Met	Achieve target rate of 16.6%	Timothy Lozon OCPS 301-443-0029 Timothy Ricks Division of Oral Health 301-945-3230
Topical Fluorides: Percentage of patients ages 1-15 who received one or more topical fluoride applications.	Achieve target rate of 26.4% Result: 29.4% Met	Achieve target rate of 28.3% Result: 31.1% Met	Achieve target rate of 29.9%	Timothy Lozon OCPS 301-443-0029 Timothy Ricks Division of Oral Health 301-945-3230
Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older.	Achieve target rate of 67.2% Result: 65.4% Not Met	Discontinued	Discontinued	Amy Groom OPHS/EPI 505-232-9966
Influenza Vaccination Rates Among Children 6 mo to 17 years: Percentage of children ages 6 months to 17 years of age who receive an influenza vaccination.	N/A	Set Baseline Result: 37.1% Met	Achieve target rate of 37.1%	Amy Groom OPHS/EPI 505-232-9966
Influenza Vaccination Rates Among Adults 18+: Percentage of adults ages 18 and older who receive an influenza vaccination.	N/A	Set Baseline Result: 38.7% Met	Achieve target rate of 38.7%	Amy Groom OPHS/EPI 505-232-9966

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Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Adult Immunizations: Pneumococcal: Percentage of adults age 65 and older with a dose of pneumococcal vaccine after the age of 65 or a dose within the past 5 years.	Achieve target rate of 85.7% Result: 84.9% Not Met	Achieve target rate of 87.3% Result: 86.4% Not Met	Achieve target rate of 86.7%	Amy Groom OPHS/EPI 505-232-9966
Cancer Screening: Pap Screening Rates: Percentage of women age 24-64 who have had a Pap screen within the previous three years or if patient is 30-64 years of age, either a Pap smear within the past three years or a Pap smear and an HPV DNA documented within the past 5 years.	Achieve target rate of 54.6% Result: 54.9% Met	Achieve target rate of 55.6% Result: 54.8% Not Met	Achieve target rate of 56.1%	Carolyn Aoyama DNS/OCPS 301-443-1028
Cancer Screening: Mammogram Rates: Percentage of eligible women who have had mammography screening within the previous two years.	Achieve target rate of 54.8% Result: 54.5% Not Met	Achieve target rate of 55.9% Result: 54.8% Not Met	Achieve target rate of 56.7%	Carolyn Aoyama DNS/OCPS 301-443-1028
Cancer Screening: Colorectal Cancer Screening Rates: Percentage of patients age 50-75 who have had appropriate colorectal cancer screening.	Achieve target rate of 35.2% Result: 38.6% Met	Achieve target rate of 38.7% Result: 39.6% Met	Achieve target rate of 40.2%	Don Haverkamp OPHS/EPI 505-264-3173
Tobacco Cessation Intervention: Percentage of tobacco-using patients that receive tobacco cessation intervention.	Achieve target rate of 46.3% Result: 52.1% Met	Achieve target rate of 49.1% Result: 50.4% Met	Achieve target rate of 53.2%	Dayle Knutson ABR 605-462-6155 x.6262
Alcohol Screening: Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. Prior to FY 2016, this measure tracked patients age 15-44; in FY 2016 this measure tracked patients age 14-46.	Achieve target rate of 66.7% Result: 66.6% Not Met	Set Baseline Result: 67.2% Met	Discontinued	N/A

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Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Universal Alcohol Screening: Percentage of patients ages 12 to 75 years who are screened for alcohol use.	N/A	N/A	Set Baseline	Walter Castle OCPS/DBH 301-443-1539
Screening, Brief Intervention, and Referral to Treatment (SBIRT): Percentage of patients who screened positive for risky/harmful alcohol use who received a Brief Negotiated Interview or Brief Intervention in ambulatory care within 7 days of a positive screen.	N/A	N/A	Set Baseline	Walter Castle OCPS/DBH 301-443-1539
Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at health care facilities. Prior to FY 2016, this measure tracked female patients ages 15-40; as of FY 2016 this measure tracks female patients ages 14-46.	Achieve target rate of 61.6% Result: 63.6% Met	Set Baseline Result: 65.3% Met	Achieve target rate of 65.3%	Terry Friend OCPS/DBH 301-443-1870
Depression Screening: Percentage of patients age 12-17 who are screened for depression.	N/A	N/A	Set Baseline	Miranda Carman OCPS/DBH 301-443-0468
Antidepressant Medication Management: Acute Treatment: Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 84 days (12 weeks).	N/A	N/A	Set Baseline	Kevin Brooks OCPS/ DBH 301-443-1820
Antidepressant Medication Management: Continuous Treatment: Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 180 days (6 months).	N/A	N/A	Set Baseline	Kevin Brooks OCPS/ DBH 301-443-1820

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Performance Measure	FY 2015 Target	FY 2016 Target	FY 2017 Target	Measure Lead
Prenatal HIV Screening: Percentage of pregnant women screened for HIV.	Achieve target rate of 86.6% Result: 86.6% Met	Discontinued	Discontinued	N/A
HIV Screening Ever: Percentage of patients who were ever screened for HIV.	N/A	Set Baseline Result: 41.9% Met	Achieve target rate of 41.9%	Brigg Reilley OPHS/EPI 646-932-6493
Childhood Weight Control: Percentage of children ages 2-5 years with a BMI at the 95th percentile or higher.	Long-term measure, no target for FY 2015. (Reported in FY 2016)	Achieve target rate of 22.8% Result: 22.3% Met	Long-term measure, no target for FY 2017. (Will be reported in FY 2019)	Ann Bullock, MD OCPS/DDTP 844-447-3387
Breastfeeding Rates: Percentage of patients who, at the age of 2 months, were either exclusively or mostly breastfed.	Achieve target rate of 29.0% Result: 35.7% Met	Achieve target rate of 35.8% Result: 35.2% Not Met	Achieve target rate of 36.4%	Tina Tah OCPS 301-443-0038
Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups.	Achieve target of 425,679 Result: 377,913 Not Met	Achieve target of 390,556 Result: TBD	TBD	Tina Tah OCPS 301-443-0038
Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals.	Increase the number of suicidal behavior report forms completed and submitted to 1,419 Result: 2,346 Met	Increase the number of suicidal behavior report forms completed and submitted to 1,798 Result: TBD	TBD	Pamela End of Horn OCPS 301-443-8038
Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18 to 85 years with diagnosed hypertension who have a BP less than 140/90.	Achieve target rate of 59.5% Result: 58.5% Not Met	Achieve target rate of 60.6% Result: 59.2% Not Met	Achieve target rate of 59.7%	Dena Wilson, MD FACC PHX/PIMC 602-263-1200
YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).	Achieve a 100% accreditation rate Result: 90% Not Met	Achieve a 100% accreditation rate Result: TBD	Achieve a 100% accreditation rate	Beverly Cotton OCPS/DBH 301-443-4754