

# IHS FY 2013, 2014, 2015 PERFORMANCE (GPRAMA & Budget) MEASURES –Urban Programs

Table 1-1: GPRAMA Measures

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
<p><b>Diabetes: Good Glycemic Control:</b> Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than (&lt;) 8.0).</p> <p>GPRAMA measure beginning in FY 2013.</p> <p>Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes with Ideal Glycemic Control (A1c less than (&lt;) 7.0).</p>	<p>Set Baseline Result: 49.1% Met</p>	<p>Achieve target rate of 48.3% Result: 47.1% Not Met</p>	<p>Achieve target rate of 47.7%</p>	<p>Ann Bullock OCPS/DDTP 828-497-7455</p>
<p><b>Depression Screening:</b> Percentage of adults ages 18 and over who are screened for depression.</p> <p>GPRAMA measure beginning in FY 2013</p>	<p>Achieve target rate of 58.6% Result: 53.4% Not Met</p>	<p>Achieve target rate of 66.9% Result: 55.4% Not Met</p>	<p>Achieve target rate of 64.3%</p>	<p>Beverly Cotton OCPS/DBH 301-443-4754</p>
<p><b>Childhood Immunizations:</b> 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).</p> <p>GPRAMA measure beginning in FY 2013.</p> <p>Prior to FY 2013, this measure tracked the combined immunization rates (4:3:1:3:3:1:4) for AI/AN patients aged 19-35 months.</p>	<p>Set Baseline Result: 38.5% Met</p>	<p>Achieve target rate of 74.8% Result: 39.0% Not Met</p>	<p>Achieve target rate of 73.9%</p>	<p>Amy Groom OPHS/Epi 505-248-4226</p>

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Urban Programs

<b>Performance Measure</b>	<b>FY 2013 Target</b>	<b>FY 2014 Target</b>	<b>FY 2015 Target</b>	<b>Measure Lead</b>
<p><b>CVD Prevention:</b> Comprehensive Assessment: Percentage of active CHD patients who have a comprehensive assessment for all CVD-related risk factors.</p> <p>GPRAMA measure beginning in FY 2013</p> <p>Prior to FY 2013, this measure tracked the percentage of active IHD patients who have a comprehensive assessment for all CVD-related risk factors.</p>	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Chris Lamer OIT/HQ 615-669-2747
<p><b>Accreditation:</b> Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).</p> <p>GPRAMA measure beginning in FY 2013</p>	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Tina Conners ORAP/BOE 301-443-2418
<p><b>TOHP-SP. Tribal Consultation:</b> Implement recommendations from Tribes annually to improve the Tribal consultation process.</p> <p>GPRAMA measure beginning in FY 2013.</p>	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Gayle Riddles OD/PFCG 301-443-7261

Table 1-2: RPMS/CRS Budget Measures

<b>Performance Measure</b>	<b>FY 2013 Target</b>	<b>FY 2014 Target</b>	<b>FY 2015 Target</b>	<b>Measure Lead</b>
<p><b>Diabetes: Blood Pressure Control:</b> Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (&lt;) 140/90).</p> <p>Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (&lt;) 130/80).</p>	Set Baseline Result: 64.7% Met	Achieve target rate of 64.6% Result: 66.1% Met	Achieve target rate of 63.8%	Ann Bullock OCPS/DDTP 828-497-7455

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Urban Programs

<b>Performance Measure</b>	<b>FY 2013 Target</b>	<b>FY 2014 Target</b>	<b>FY 2015 Target</b>	<b>Measure Lead</b>
<b>Diabetes: LDL Assessment:</b> Percentage of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).	Achieve target rate of 68.0% Result: 65.2% Not Met	Achieve target rate of 73.9% Result: 68.3% Not Met	Achieve target rate of 71.8%	Ann Bullock OCPS/DDTP 828-497-7455
<b>Diabetes: Nephropathy Assessment:</b> Percentage of patients with diagnosed diabetes assessed for nephropathy.  (As of FY 2014, the measure requires an estimated GFR AND a UACR - not dipstick-during the report period.)	Achieve target rate of 64.2% Result: 52.6% Not Met	Set Baseline Result: 53.5% Met	Achieve target rate of 60.0%	Ann Bullock OCPS/DDTP 828-497-7455
<b>Diabetes: Retinopathy:</b> Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Mark Horton PIMC 602-263-1200 ext 2217
<b>Dental Access:</b> Percent of patients who receive dental services.	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Timothy Lozon OCPS/DCPS 301-443-0029
<b>Dental Sealants:</b> Percentage of patients ages 2-15 with at least one or more intact dental sealant.  Prior to FY 2013, this measure tracked the number of sealants placed per year in AI/AN patients.	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Timothy Lozon OCPS/DCPS 301-443-0029
<b>Topical Fluorides:</b> Percentage of patients ages 1-15 who received one or more topical fluoride applications.  Prior to FY 2013, this measure tracked the number of AI/AN patients receiving one or more topical fluoride applications.	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Timothy Lozon OCPS/DCPS 301-443-0029
<b>Adult Immunizations: Influenza:</b> Influenza vaccination rates among adult patients age 65 years and older.	Achieve target rate of 62.3% Result: 40.2% Not Met	Achieve target rate of 69.1% Result: 43.1% Not Met	Achieve target rate of 67.2%	Amy Groom OPHS/Epi 505-248-4226

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Urban Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
<p><b>Adult Immunizations: Pneumovax:</b> Percentage of adults age 65 and older with a dose of pneumococcal vaccine after the age of 65 or a dose within the past five years.</p> <p>Prior to FY 2014, this measure tracked the percentage of patients, age 65 years and older with a pneumococcal vaccination documented ever.</p>	<p>Achieve target rate of 84.7%</p> <p>Result: 51.2% Not Met</p>	<p>Set Baseline</p> <p>Result: 54.5 % Met</p>	<p>Achieve target rate of 85.7%</p>	<p>Amy Groom OPHS/Epi 505-248-4226</p>
<p><b>Cancer Screening: Pap Screening Rates:</b> 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 five years.</p> <p>Prior to FY 2013, this measure tracked the percentage of women age 21-64 who have had a Pap screen within the previous three years. In FY 2013, this measure tracked the percentage of women age 25-64 who have had a Pap screen within the previous four years.</p>	<p>Set Baseline</p> <p>Result: 47.3% Met</p>	<p>Set Baseline</p> <p>Result: 41.6% Met</p>	<p>Achieve target rate of 54.6%</p>	<p>Carolyn Aoyama DNS/OCPS 301-443-1492</p>
<p><b>Cancer Screening: Mammogram Rates:</b> Percentage of eligible women who have had mammography screening within the previous two years.</p>	<p>Achieve target rate of 49.7%</p> <p>Result: 20.5% Not Met</p>	<p>Achieve target rate of 54.7%</p> <p>Result: 26.6% Not Met</p>	<p>Achieve target rate of 54.8%</p>	<p>Carolyn Aoyama DNS/OCPS 301-443-1492</p>
<p><b>Cancer Screening: Colorectal Cancer Screening Rates:</b> Percentage of patients age 50-75 who have had appropriate colorectal cancer screening.</p> <p>Prior to FY 2013, this measure tracked the percentage of patients, age 50-80 who have had appropriate colorectal cancer screening.</p>	<p>Set Baseline</p> <p>Result: 15.2% Met</p>	<p>Achieve target rate of 35.0%</p> <p>Result: 17.1% Not Met</p>	<p>Achieve target rate of 35.2%</p>	<p>Don Haverkamp NCCDPHP 505-248-4422</p>

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Urban Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
<p><b>Tobacco Cessation Intervention:</b> Percentage of tobacco-using patients that receive tobacco cessation intervention.</p> <p>Prior to FY 2013, this measure did not include tobacco users who had quit in the numerator.</p>	<p>Set Baseline Result: 33.9% Met</p>	<p>Achieve target rate of 45.7% Result: 38.2% Not Met</p>	<p>Achieve target rate of 46.3%</p>	<p>Dayle Knutson ABR/WNB 605-462-6155</p>
<p><b>Alcohol Screening:</b> Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.</p>	<p>Achieve target rate of 61.7% Result: 53.7% Not Met</p>	<p>Achieve target rate of 65.9% Result: 55.3% Not Met</p>	<p>Achieve target rate of 66.7%</p>	<p>Marcy Ronyak OCPS 301-443-1870</p>
<p><b>Domestic (Intimate Partner) Violence Screening:</b> Percentage of women who are screened for domestic violence at health care facilities.</p>	<p>Achieve target rate of 58.3% Result: 50.1% Not Met</p>	<p>Achieve target rate of 64.1% Result: 52.6% Not Met</p>	<p>Achieve target rate of 61.6%</p>	<p>Beverly Cotton OCPS/DBH 301-443-4754</p>
<p><b>HIV Screening:</b> Proportion of pregnant women screened for HIV.</p>	<p>Achieve target rate of 82.3% Result: 66.1% Not Met</p>	<p>Achieve target rate of 89.1% Result: 65.3% Not Met</p>	<p>Achieve target rate of 86.6%</p>	<p>Lisa Neel OCPS 301-443-4644 ext. 4305</p>
<p><b>Childhood Weight Control:</b> Percentage of children ages 2-5 years with a BMI at the 95th percentile or higher.</p>	<p>Achieve target of 24.0% Result: 19.9% Met</p>	<p>Long-term measure, no target for FY 2014. (Will be reported in FY 2016)</p>	<p>Long-term measure, no target for FY 2015. (Will be reported in FY 2016)</p>	<p>Lorraine Valdez OCPS/DDTP 505-248-4182</p>
<p><b>Breastfeeding Rates:</b> Percentage of patients at who, at the age of 2 months, were either exclusively or mostly breastfed.</p> <p>Prior to FY 2013, this measure tracked breastfeeding rates at Federal facilities only.</p>	<p>Set Baseline Result: 50.0% Met</p>	<p>Achieve target rate of 29.0% Result: 11.1% Not Met</p>	<p>Achieve target rate of 29.0%</p>	<p>Tina Tah OCPS 301-443-0038</p>
<p><b>Public Health Nursing:</b> 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.</p>	<p>Not a measure for Urban Programs</p>	<p>Not a measure for Urban Programs</p>	<p>Not a measure for Urban Programs</p>	<p>Tina Tah OCPS/OD 301-443-0038</p>
<p><b>Suicide Surveillance:</b> Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals</p>	<p>No specific target for Urban Programs</p>	<p>No specific target for Urban Programs</p>	<p>No specific target for Urban Programs</p>	<p>Beverly Cotton OCPS/DBH 301-443-4754</p>

IHS FY 2013, 2014, 2015 Performance (GPRA) Measures – Urban Programs

Performance Measure	FY 2013 Target	FY 2014 Target	FY 2015 Target	Measure Lead
<p><b>Controlling High Blood Pressure (Million Hearts Measure):</b> Percentage of patients 18 to 85 years with diagnosed hypertension who have a BP less than 140/90</p> <p>Federal and Tribal health programs will begin reporting on this measure in FY 2014</p>	N/A	Not a measure for Urban Programs	Not a measure for Urban Programs	Chris Lamer OIT/HQ 615-669-2747
<p><b>YRTC Improvement/Accreditation:</b> Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).</p>	Not a measure for Urban Programs	Not a measure for Urban Programs	Not a measure for Urban Programs	Ais Murray OCPS/DBH 301-443-1539