

## FY 2005, 2006, 2007 GPRA MEASURES

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<b>TREATMENT MEASURES</b>				
<b>Diabetes Group</b>				
<b>1. Diabetes: Poor Glycemic Control:</b> Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [outcome]	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level.	During FY 2007, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<b>2. Diabetes: Ideal Glycemic Control:</b> Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<b>3. Diabetes: Blood Pressure Control:</b> Address the proportion of patients with diagnosed diabetes that have achieved blood pressure control. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
<b>4. Diabetes: Dyslipidemia Assessment:</b> Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) over the FY 2005 level.	During FY 2007, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) to 59% as measured by CRS and 76% as measured by the Diabetic audit.	Kelly Acton, OCPS/DDTP, 505-248-4182
<b>5. Diabetes: Nephropathy Assessment:</b> Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2006 level.	Kelly Acton, OCPS/DDTP, 505-248-4182

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<b>6. Diabetic Retinopathy:</b> Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.	During FY 2007, maintain the proportion of patients with diagnosed diabetes at all sites who receive an annual retinal examination at the FY 2006 level.	Mark Horton PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
<b>Cancer Screening Group</b>				
<b>7. Cancer Screening: Pap Smear Rates:</b> Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.	During FY 2007, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2006 level.	Nat Cobb, OPHS/Epi, 505-248-4132
<b>8. Cancer Screening: Mammogram Rates:</b> Address the proportion of eligible women who have had mammography screening within the last 2 years. [outcome]	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	During FY 2007, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2006 level.	Nat Cobb, /OPHS/Epi, 505-248-4132
<b>9. Cancer Screening: Colorectal Rates:</b> Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	During FY 2007, maintain the rate of colorectal screening for clinically appropriate patients ages 50 and older at the FY 2006 level.	Nat Cobb, /OPHS/Epi, 505-248-4132

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
<b>Alcohol and Substance Abuse Group</b>				
<b>10. RTC Improvement/Accreditation:</b> Assure quality and effectiveness of Youth Regional Treatment Centers. [output effective 05]	<b>RTC Accreditation:</b> During FY 2005, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100% accreditation either through CARF or a comparable accreditation process.	<b>RTC Accreditation:</b> During FY 2006, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	<b>RTC Accreditation:</b> During FY 2007, maintain 100% accreditation rates for the Youth Regional Treatment Centers that have been in operation for 18 months or more, either through CARF, or a comparable accreditation process.	Wilbur Woodis, OCPS/DBH, 301- 443-6581
<b>11. Alcohol Screening (FAS Prevention):</b> Address screening for alcohol use in appropriate female patients. [outcome]	During FY 2005, increase the screening rate for alcohol use in female patients 15 to 44 over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44.	During FY 2007, increase the screening rate for alcohol use in female patients ages 15 to 44 to 8%.	Wilbur Woodis, OCPS/DBH, 301-443-6581
<b>Oral Health Group</b>				
<b>12. Fluoridated Water:</b> Address access to optimally fluoridated water for the AI/AN population. [outcome]  <b>In 2005, changes to Fluorides: Address American Indian and Alaska Native patients' access to topical fluorides.</b>	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level.	During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
<b>13. Dental Access:</b> Address the proportion of patients who obtain access to dental services.  EFFICIENCY MEASURE	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	During FY 2007, maintain the proportion of patients that obtain access to dental services at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
<b>14. Dental Sealants:</b> Address the number of sealants placed per year in American Indian and Alaska Native patients. [outcome]	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	During FY 2007, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2006 level.	Patrick Blahut, OCPS/DOH, 301-443-1106

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<b><u>15. Diabetes: Dental Access:</u></b> Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	Eliminated in FY 2006	Eliminated in FY 2006	Patrick Blahut, OCPS/DOH, 301-443-1106
<b>Family Abuse, Violence, and Neglect Indicator</b>				
<b><u>16. Domestic (Intimate Partner) Violence Screening:</u></b> Address the proportion of women who are screened for domestic violence at health care facilities. [outcome]	During FY 2005, the IHS will maintain the screening rate for domestic violence in female patients ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in female patients ages 15 through 40.	During FY 2007, increase the screening rate for domestic violence in female patients ages 15 through 40.	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038

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<b>Information Technology Development Group</b>				
<p><b>Data Quality Improvement:</b>  <b>17.</b> Expand the automated extraction of GPRA clinical performance measures and improve data quality.</p> <p>EFFICIENCY MEASURE  effective 05</p>	<p>During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.</p>	<p>During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical reporting system) software.</p>	<p>During FY 2007, assure that all GPRA clinical performance measures based on RPMS data can be reported by CRS (clinical reporting system) software.</p>	<p>Theresa Cullen, ITSC/DIR/  OMS,  520-670-4803</p>
<p><b>18. Behavioral Health:</b> Expand the Behavioral Health Data System by increasing use of appropriate software applications. 2006 changes to: Improve behavioral health data by increasing use of RPMS behavioral health software applications and behavioral health-related functionality found in other RPMS clinical applications</p>	<p>During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 level</p>	<p>During FY 2006, establish a baseline rate of annual screening for depression in adults ages 18 and over collected from behavioral health and other RPMS software packages.</p>	<p>During FY 2007, maintain the rate of annual screening for depression in adults ages 18 and over at the FY 2006 level.</p>	<p>Wilbur Woodis, OCPS/DBH,  301-443-6581</p>
<p><b>19. Urban IS Improvement:</b>  Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system.</p>	<p>During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.</p>	<p>During FY 2006, increase the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process from 2005 levels.</p>	<p>During FY 2007, maintain the number of urban sites reporting clinical GPRA performance measures through the national clinical reporting process at 2006 levels.</p>	<p>Denise Exendine  /OD/OUIHP,  301-443-4680</p>
<b>Quality of Care Group</b>				

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<b>20. Accreditation:</b> Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2007, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Balerna Burgess, ORAP/BOE, 301-443-1016
<b>21. Medication Error Improvement:</b> Address medication errors by developing a reporting system to reduce medication errors. [outcome] <b>In 2006, changes to Medical Error Improvement: Address medical errors through development and implementation of a medical error reporting system.</b>	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas.	During FY 2007, IHS will maintain operation of a medical error reporting system at 3 areas.	Robert Pittman, OCPS/DCCS, 301-443-1190 (05 only)  Theresa Cullen, ITSC/DIR/OMS, 520-670-4803 (06-07)
<b>22. Customer Satisfaction:</b>	Eliminated in FY 2005. (subsumed by accreditation indicator)	Eliminated effective FY 2005.	Eliminated in FY 2005.	Phil Smith, OPHS 301-443-6528
<b>PREVENTION MEASURES</b>				
<b>Public Health Nursing Measure</b>				
<b>23. Public Health Nursing:</b> Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing.  EFFICIENCY MEASURE	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels.	During FY 2006, implement a data system capable of recording the time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community.	During FY 2007, establish a baseline of time spent and nature of public health activities performed by public health nurses.	Cheryl Peterson, OCPS 301-443-1840
<b>Immunization Group</b>				
<b>24. Childhood Immunizations:</b> Address rates for recommended immunizations for AI/AN children 19-35 months. [outcome]	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005.	During FY 2007, maintain the rates for recommended immunizations for American Indian and Alaska Native children 19-35 months at the FY 2006 level.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<b>25. Adult Immunizations:</b> <b>Influenza:</b> Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for influenza vaccination levels among adult patients aged 65 years and older. <b>(ON HOLD in FY 2005 due to influenza vaccine shortage).</b>	In FY 2006, maintain FY 2004 rate for influenza vaccination levels among adult patients aged 65 years and older.	In FY 2007, maintain the rate for influenza vaccination levels among adult patients aged 65 years and older at the FY 2006 level.	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
<b>26. Adult Immunizations:</b> <b>Pneumovax:</b> Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [outcome]	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among adult patients age 65 years and older.	In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.	In FY 2007, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 76%.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
<b>Injury Prevention Group</b>				
<b>27. Injury Intervention:</b> Support community-based injury prevention programs.	<b>Web-based reporting:</b> During FY 2005, develop a web-based data collection system to report injury prevention projects.	<b>Web Based Reporting:</b> During FY 2006, implement web-based data collection system to report injury prevention projects.	During FY 2007 each Area will conduct at least three community injury prevention projects and report them using the automated tracking system.	Nancy Bill, OEHE/DEHS, 301-443-0105
<b>28. Unintentional Injury Rates:</b> Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2005, reduce the mortality rate of unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce the mortality rate of unintentional injuries to no higher than the FY 2005 level.	During FY 2007, maintain the mortality rate of unintentional injuries at the FY 2006 level.	Nancy Bill, OEHE/DEHS, 301-443-0105
<b>Suicide Prevention Measure</b>				
<b>29. Suicide Surveillance:</b> Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to outcome in FY 2006]	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS.	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	During FY 2007, maintain baseline data on suicide using the RPMS suicide reporting tool.	Wilbur Woodis, OCPS/DBH, 301-443-6581
<b>Developmental Prevention and Treatment Group</b>				

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<b>30. CVD Prevention: Cholesterol:</b> Support clinical and community-based cardiovascular disease prevention initiatives. [outcome]	<b>CVD Prevention: Cholesterol:</b> During FY 2005, establish the proportion of patients ages 23 and older that receive blood cholesterol screening.	During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.	<b>CVD Comprehensive assessment:</b> During FY 2007, establish the baseline proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
<b>31. Obesity Assessment:</b> Support clinical and community-based obesity prevention initiatives. [outcome]	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5%.	During FY 2006, establish the baseline proportion of children, ages 2-5 years, with a BMI of 95% or higher.	During FY 2007, maintain the proportion of children, ages 2-5 years, with a BMI of 95% or higher at the 2006 level.	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
<b>32. Tobacco Use Assessment:</b> Support local level initiatives directed at reducing tobacco usage. [outcome]	During 2005, rates of screening for tobacco use in patients will be maintained at FY 2004 rates.	During 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.	During 2007, maintain the proportion of tobacco using patients that receive tobacco cessation intervention at the baseline established in FY 2006.	Nat Cobb, OPHS/Epi , 505-248-4132
<b>HIV/AIDS Measure</b>				
<b>33. HIV Screening:</b> Support screening for HIV infections in appropriate population groups. [outcome]	<b>Prenatal HIV Screening:</b> In FY 2005, establish the baseline number of women screened for HIV in pregnancy.	<b>Prenatal HIV Screening:</b> In FY 2006, increase the proportion of pregnant female patients screened for HIV.	In FY 2007, maintain the proportion of pregnant female patients screened for HIV at the FY 2006 level.	Jim Cheek, DPHS/Epi, 505-248-4226
<b>Environmental Surveillance Measure</b>				
<b>34. Environmental Surveillance:</b> Implement automated web-based environmental health surveillance data collection system in tribal systems.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, assure that 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	By the end of FY 2007, assure that 60% more environmental health programs above FY 2006 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 29 programs in FY 2007) into WebEHRS.	Kelly Taylor, OEHE,OPHS, 301-443-1593
<b>CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS</b>				

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
<p><b>35. Sanitation Improvement:</b> Provide sanitation facilities to new or like-new homes and existing Indian homes.</p> <p>EFFICIENCY MEASURE</p>	During FY 2005, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2007, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	James Ludington, OEHE/DSFC 301-443-1046
<p><b>35A. Sanitation Improvement</b> <b>A.</b> During FY 2006 20% of the homes served will be at Deficiency Level 4 or above as defined by 25 USC 1632.</p>	No indicator.	During FY 2006, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	During FY 2007, 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	James Ludington, OEHE/DFSC, 301-443-1046
<p><b>36. Health Care Facility Construction:</b> Improve access to health care by construction of the approved new health care facilities.</p> <p>EFFICIENCY MEASURE (effective 2005)</p>	<p>During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities:</p> <p>a. Winnebago, NE – revise method of providing Drug Dependency Unit portion of project since renovation of old structure no longer considered feasible.</p> <p>b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue planning of this satellite health center.</p> <p>c. PIMC, SW ACC, Komatke, AZ – continue planning of this satellite health center.</p>	<p>During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities:</p> <p>a. Winnebago, NE – continue providing Drug Dependency Unit portion of project.</p> <p>b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – complete planning and commence design of new satellite health center.</p> <p>c. PIMC System, SW ACC, Komatke, AZ – complete planning and commence design of new satellite health center.</p> <p>d. Barrow, AK – complete site acquisition and continue design of</p>	<p>During FY 2007, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities:</p> <p>a. Winnebago, NE – continue providing Drug Dependency Unit portion of project.</p> <p>b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue design of new satellite health center.</p> <p>c. PIMC System, SW ACC, Komatke, AZ – continue with design of new satellite health center.</p> <p>d. PIMC System, NE ACC, Scottsdale, AZ – start design of new satellite health center.</p> <p>e. Barrow, AK – continue design of</p>	Jose Cuzme, OEHE/DFPC/ 301-443-8616

Performance Measure	FY 2005 Target	2006 Target	2007 Target	Headquarters Lead
	<p>d. Barrow, AK – commence site acquisition and design of replacement hospital.</p> <p>e. Pinon, AZ – complete construction of new health center and supporting staff quarters.</p> <p>f. Red Mesa, AZ –continue construction of a new health center and supporting staff quarters.</p> <p>g. St. Paul, AK – continue construction of replacement health center and supporting staff quarters.</p> <p>h. Metlakatla, AK – continue construction of replacement health center and supporting staff quarters.</p> <p>i. Sisseton, SD –continue construction of replacement health center and supporting staff quarters.</p> <p>j. Clinton, OK – complete design and commence construction of replacement health center.</p> <p>k. Eagle Butte, SD – complete planning for replacement health center.</p> <p>l. Kayenta, AZ – complete planning of replacement health center.</p> <p>m. San Carlos, AZ – complete planning of replacement health center.</p> <p>n. Bethel, AK – complete design-build of staff quarters supporting the existing health care facility.</p>	<p>replacement hospital.</p> <p>e. Red Mesa, AZ – complete construction of new health center and supporting staff quarters.</p> <p>f. St. Paul, AK – complete construction of replacement health center and supporting staff quarters.</p> <p>g. Metlakatla, AK – complete construction of replacement health center and supporting staff quarters.</p> <p>h. Sisseton, SD – continue construction of a replacement health center and supporting staff quarters.</p> <p>i. Clinton, OK – continue construction of replacement health center.</p> <p>j. Eagle Butte, SD – commence design of replacement health center.</p> <p>k. Kayenta, AZ – prepare to commence design of replacement health center.</p> <p>l. San Carlos, AZ – prepare to commence design of replacement health center.</p> <p>m. Zuni, NM – complete design and construction of staff quarters supporting existing health care facility.</p> <p>n. Wagner, SD – continue design and construction of staff quarters supporting existing health care facility.</p> <p>o. Ft. Belknap, MT – continue design and construction of staff</p>	<p>replacement hospital.</p> <p>f. Sisseton, SD – complete construction of a replacement health center and supporting staff quarters.</p> <p>g. Clinton, OK – continue construction of replacement health center.</p> <p>h. Eagle Butte, SD – complete design and start construction of replacement health center.</p> <p>i. Kayenta, AZ – commence design of replacement health center.</p> <p>j. San Carlos, AZ – commence design of replacement health center.</p> <p>k. Wagner, SD – complete design of staff quarters supporting existing health care facility.</p> <p>l. Ft. Belknap, MT – complete design and construction of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT.</p> <p>m. Phoenix-Nevada Youth Regional Health Center (YRTC) – complete construction of this satellite YRTC.</p> <p>n. Central-Southern California YRTC – continue site acquisition.</p> <p>o. Northern California YRTC – continue site acquisition..</p> <p>p. Dental Facilities Program – using FY 2007 funding, provide additional dental units.</p> <p>q. Joint Venture Construction Program (JVCP) – negotiate JVCP</p>	

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	<p>o. Zuni, NM –continue design and construction of staff quarters supporting existing health care facility.</p> <p>p. Wagner, SD – commence design and construction of staff quarters supporting existing health care facility.</p> <p>q. Ft. Belknap, MT – complete planning update of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT, and commence design and construction of Harlem units.</p> <p>r. Wadsworth, NV – continue design and construction of Phoenix-Nevada satellite Youth Regional Treatment Center (YRTC).</p> <p>s. Central-Southern California – complete YRTC project planning and commence site acquisition.</p> <p>t. Northern California – complete YRTC project planning and commence site acquisition.</p> <p>u. Joint Venture Construction Program (JVCP) – negotiate JVCP Agreement and issue funding for initial equipment for tribally provided and owned health center.</p> <p>t. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FYP</p>	<p>quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT.</p> <p>p. Phoenix-Nevada Youth Regional Health Center (YRTC) – continue construction of this satellite YRTC.</p> <p>q. Central-Southern California YRTC – continue site acquisition.</p> <p>r. Northern California YRTC – continue site acquisition.</p> <p>s. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FY 2003 awards. Award additional competitively selected tribally owned health center SAP projects using FY 2005 funding.</p>	<p>Agreement and issue funding for initial equipment for tribally provided and owned health center.</p> <p>r. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FY 2003 awards. Award competitively selected tribally owned health center SAP projects using FY 2007 funding.</p>	

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	2003 awards. With tribal consultation, update administration procedures and solicit FY 2005 SAP applications for tribally owned health center projects. u. Dental Facilities Program – using FY 2005 funding, provide additional dental units.			
<b>CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY INDICATORS</b>				
<b>Consultation Improvement Indicator</b>				
<b>37. Consultation Process Improvement</b>	Eliminated effective FY 2005.	Eliminated effective FY 2005.	Eliminated effective FY 2005	Dave Byington, OTP/OD, 301-443-1104
<b>Administrative Efficiency, Effectiveness, and Accountability Group</b>				
<b>38. CHS Procurement Improvement:</b> Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts obsolete.  <b>Moves to Treatment group in FY 2006.</b>	IHS will develop a new indicator for FY 2006.  Eliminated.	Eliminated effective FY 2005	Clayton Old Elk Brenda Jeanotte, ORAP/DCC, 301-443-2694
<b>39. Public Health Infrastructure</b> Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional three Area Offices.	Eliminated effective FY 2006.	Eliminated effective FY 2006	Nat Cobb, OPHS/Epi, 505-248-4132
<b>40. Compliance Plans:</b>	Eliminated in FY 2004.	Eliminated effective FY 2004.	Eliminated effective FY 2004	
<b>41. Tribal SD Process:</b>	Eliminated in FY 2004.	Eliminated effective FY 2004.	Eliminated effective FY 2004	
<b>Quality of Work Life and Staff Retention Group</b>				
<b>42. Scholarships:</b> Assess scholarship program for	During FY 2005, the IHS will increase its efficiency in placing	During FY 2006, IHS will increase its efficiency in placing	During FY07 IHS will increase its efficiency in placing Health	Jess Brien, OPHS/DHP, 301-443-2545

<b>Performance Measure</b>	<b>FY 2005 Target</b>	<b>2006 Target</b>	<b>2007 Target</b>	<b>Headquarters Lead</b>
placement and efficiency.  EFFICIENCY MEASURE.	Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline.  <b>Moves to Treatment Group in 2006</b>	Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the FY 2005 rate..  <b>Moves to Treatment Group in 2006</b>	Profession Scholarship recipients in Indian health settings within 90 days of graduation over the FY2006 rate.	