



OCT 27 2009

TO: Area Directors
Chief Medical Officers
Chief Executive Officers

FROM: IHS Chief Medical Officer

SUBJECT: Exclusion of Patient Refusals from Government Performance and Results Act (GPRA) Clinical Measure Results for National Performance Reporting

Beginning with fiscal year 2009, patient refusals of screenings, procedures, or immunizations will no longer count toward meeting clinical GPRA measures for national performance reporting. This decision follows careful Agency study of the issue as well as consideration of comments from a number of Indian Health Service (IHS), Tribal, and Urban clinic staffs. Fifteen of the twenty-one clinical GPRA measures include patient refusals as part of the numerator logic. The fifteen measures are retinopathy assessment; dental care access; dental sealant and dental fluoride applications; tobacco cessation intervention; adult influenza, adult pneumovax, and violence/intimate partner violence, depression, prenatal HIV, and alcohol (fetal alcohol syndrome prevention) screenings.

While eliminating refusals represents a departure from historical practice, there are several important reasons to make this change now. First, the IHS is currently the only Federal agency allowing refusals to be counted in measure logic. By excluding refusals, IHS measure logic will more closely align with existing measure sets used in quality reporting. There is growing emphasis on aligning measures to allow comparisons between health care organizations. The variable use of refusals across IHS programs and Areas, combined with the difficulty of translating how refusals impact clinical outcomes, is the second reason to exclude refusals from performance results.

The original rationale for counting refusals toward GPRA measures was to account for time spent educating and consulting patients and to get initial buy-in from providers for the GPRA reporting process. However, IHS performance management and quality measurement is a continually evolving process, and we have refined measure logic over the years since the initial reporting of GPRA measure results. Excluding refusals from measure results is part of that evolution, demonstrating a proactive approach to quality improvement and ensuring that Agency performance measures reflect the quality of care provided.

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While refusals will no longer be included in national performance reporting, refusal data can provide useful information for local health care delivery sites to use in quality improvement efforts. Therefore, local IHS sites will still have the opportunity to track refusal rates by running a local Selected Measures Report from CRS, the clinical reporting system used to generate GPRA reports.

If you have questions, please feel free to contact CAPT Francis Frazier, GPRA/Program Assessment Coordinator, IHS Headquarters, at (301) 443-4700 or at Francis.Frazier@ihs.gov.

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