



Office of Clinical and Preventive Services
Division of Clinical and Community Services



GPRA Measures: Making an Impact

2019

**NATIONAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE



Diane Leach
GPRA Coordinator
Office of Public Health Service/Indian Health Service
Rockville, MD

Tina Tah, RN/BSN, MBA
Senior Nurse Consultant, Public Health Nursing
Division of Nursing Service/Indian Health Service
Rockville, MD

CAPT Andrew Hunt, MSW, LICSW
Acting Deputy Director
Division of Behavioral Health /Indian Health Service
Rockville, MD

Joe W. Law
Health Promotion/Health Education
Portland Area Indian Health Service
Portland, OR

What do the GPRA and GPRAMA laws require?

GPRA: Government Performance and Results Act of 1993

GPRAMA: GPRA Modernization Act of 2010

Diane Leach
GPRA Coordinator
OD/OPHS/IHS

The laws require that agency performance be integrated with the Federal Budget

- In an era of decreasing federal budgets, *strategic* performance reporting strengthens the Agency's request to Congress for funding AND it demonstrates good stewardship of federal dollars.
- Laws and Circular requiring performance integration with budget:
 - Government Performance & Results Act of 1993 (GPRA);
 - GPRA Modernization Act of 2010 (GPRAMA);
 - OMB (Office of Management and Budget) Circular No. A-11, Preparation, Submission, and Execution of the Budget
- IHS and other federal agencies fully implemented GPRA in 1997. That's 22 years of GPRA and GPRAMA reporting!

GPRA/MA Reporting in IHS

- In FY 2018 IHS reported on 71 GPRA measures across 20 IHS budget lines.
- There were the familiar 26 clinical GPRA measures, but what about the other 45 GPRA measures?
- Those measures are associated with other IHS activities across IHS budget lines. Examples of the variety of measures include
 - Office of Urban Indian Health Programs (4),
 - Office of Environmental Health & Engineering (6),
 - Indian Health Professions (7),
 - Purchased/Referred Care (2),
 - Tribal Epidemiology Centers (2)

IHS GPRA Measures

- Each GPRA measure has a measure owner who is also the subject matter expert for that measure.
- The measure owner is the person who develops new measures, retires old measures, and modifies existing GPRA measure logic. For example, when new clinical standards of care are published, one measure may be retired and replaced with measure language that reflects the new standard of care (in 2019 mammography screening extends the age range of screening from 50-64 years to 50-74 years to reflect new standards of care).
- Measure changes are all done within the context of preparing the budget.
- With the exception of the 26 clinical GPRA measures, each measure owner calculates measure targets and results.
- These 3 programs will review their programs and their measures with you today: Public Health Nursing (PHN), Health Education (HE), and Community Health Representatives (CHR).

PHN, HE, and CHR GPRA Measures

- The PHN Program has one GPRA measure: 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.
- The Health Education Program has one GPRA measure: Number of visits with Health/Patient Education.
- The CHR Program has three GPRA measures:
 - Number of patient contacts,
 - CHR patient contacts for Chronic Disease Services, and
 - Number of CHRs trained.



Office of Clinical and Preventive Services
Division of Clinical and Community Services



2019

**NATIONAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE

Public Health nursing Program

GPRA Measure – Public Health Nursing Program

August 29, 2019

**Tina Tah, RN/BSN, MBA
CAPT (ret), USPHS**

Senior Nurse Consultant, Public Health Nursing
Indian Health Service

Division of Nursing Service/Office of Clinical and Preventive Services
Rockville, MD



objectives

- Describe how the PHN Program's performance is integrated with the Federal Budget
- Describe the value and impact of the PHN data mart in support of the PHN GPRA
- Describe the PHN data mart's support of measureable program outcome

Indian health service

- **Our Mission:** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level
- **Our Vision:** healthy communities and quality health care systems through strong partnerships and culturally responsive practices
- **Strategic goals:**
 - The PHN Program aligns with the IHS Strategic Plan FY 2019-2023 by supporting the goal to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people

Increase access to quality health care services

- The PHNs are BSN prepared RNs
- An extension and support transitioning of care into the community
- PHN Home visits and follow up referrals:
 - Prenatal, infants, and pediatrics
 - High risk families and infants
 - Elders
 - Targeted follow up: Decreasing hospital readmissions
- Wellness and primary, secondary, and tertiary prevention
 - Health education, health screening, chronic care disease care & care coordination
 - Immunization clinics within and outside facilities
 - Community screening and education
 - Community centers, wellness centers, vendor sites, schools, correctional facilities, health fairs, chapter houses
 - Communicable disease surveillance and follow up
 - Case management and coordination of health and social services at local, county, state levels

meeting the health care needs of communities & Tribes



Phn gpra measure

The PHN Program has one GPRA measure:

The 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.

OUTPUTS / OUTCOMES

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
23 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. (Outcome)	FY 2018: 329,980 Target: 381,314 (Target Not Met)	381,314	381,314	Maintain

Federal budget

- **DHHS fiscal year and IHS PHN budget justification**
 - Outcome measures of performance (PHN program)
 - The total number of PHN activities captured by the PHN Data mart system with an emphasis on primary, secondary, & tertiary prevention activities to individuals, families & community groups.
 - Bottom line, every year the PHN Program has a targeted performance measure (PHN GPRA Measure)

Phn performance & gpra

- **DHHS fiscal year IHS PHN budget justification**

- IHS budget is a transparent performance budget
 - Supports the goals & objectives of DHHS and the Agency
- Automated monitoring of PHN performance measures provides stakeholders, consumers, & Congress with information to assess ongoing progress in providing & meeting the health care needs of AI/AN people more efficiently & effectively.
 - PHN Data mart

Annual DHHS budget justification reports includes the IHS PHN budget & program accomplishments

PHN performance measures and description

The budget justification report can be found on the IHS website under Budget Formulations:
<https://www.ihs.gov/BudgetFormulation/>



**DEPARTMENT OF
HEALTH AND HUMAN
SERVICES**

**Fiscal Year
2020**

Indian Health Service

*Justification of
Estimates for
Appropriations Committees*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Indian Health Service
 Services: 75-0390-0-1-551
PUBLIC HEALTH NURSING

(Dollars in Thousands)

	FY 2018	FY 2019	FY 2020	
	Final	Annualized CR	President's Budget	FY 2020 +/- FY 2019
BA	\$84,043	\$85,936	\$92,084	+\$6,148
FTE*	193	193	193	0

* FTE numbers reflect only Federal staff and do not include increases in tribal staff.

Authorizing Legislation 25 U.S.C. 13, Snyder Act; 42 U.S.C. 2001, Transfer Act; Indian Health Care Improvement Act (IHCIA), as amended 2010

FY 2020 Authorization Permanent

Allocation Method Direct Federal, P.L. 93-638 Tribal Contracts and & Compacts, Tribal Shares, Grants

PROGRAM DESCRIPTION



PHN DATA MART

The screenshot shows the homepage of the Indian Health Service (IHS) CHN/PHN Data Mart. The page features a navigation menu on the left with options like 'Home', 'Reports', and 'UHC Manual'. The main content area is titled 'Community Health Nursing/Public Health Nursing (CHN/PHN) Data Mart' and includes a 'Login' section, a 'Mission' statement, and a 'Services' section listing various reports such as Activity Reports, BPH Reports, Dementia Reports, GPR Reports, Hospital Readmissions, and Million Hearts.

Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

CHN/PHN Data Mart

Community Health Nursing/Public Health Nursing (CHN/PHN) Data Mart

Login
You are currently logged in.
[Click here to Logout](#)

Mission
The mission of the Indian Health Service is to raise the health status of the American Indians and Alaska Native people (AI/AN) to the highest possible level. The Indian Health Performance Evaluation System (IHPEES) supports that mission by providing access to data and information to important health services provided to American Indians and Alaska Natives served by the Community Health Nursing/Public Health Nursing program, Indian Health Service. By providing access to national and regionally aggregated data, the Indian Health Service now has immediate access to data that can be used to report and track important health issues relating to "Indian country". The data can also be used for advocacy purposes.

The IHPEES program utilizes the electronic export processes in place to move data from local health care organizations where treatment is provided and on to National Programs. The IHPEES program utilizes the National Data Warehouse (NDW) containing patient level encounters from both Resource Patient Management System (RPMS) sites as well as non-RPMS sites that have migrated to the industry standard HL7 formats required by the NDW project to receive, process and load data.

The goal of this IHPEES application is to accurately reflect the scope of services provided by the Community Health Nursing/Public Health Nursing program and its contribution to many national public health programs. The application is also designed to provide immediate access to data/information to appropriate Community Health Nursing/Public Health Services, clinicians, and staff for assessment, improvement, and

Services
The CHN/PHN Data Mart provides the following reports:

Activity Reports

- Activity Code
- Home Visit Graphs

BPH Reports

- Total BPH PHN, PP, NB Visits
- Top Patient Education Codes Documented for PHN, PP, NB Visits

Dementia Reports

- Total Dementia Patients Summary
- Total Dementia PHN Follow-Up Visits
- Top Patient Education for PHN Dementia Follow-Up Visits
- Top ICD9/10 for PHN Dementia Follow-Up Visits

GPR Reports

- GPR Screenings

Hospital Readmissions

- All Hospital Discharges Top 25 ICD9/10 PPOV
- PHN Follow-Up Visits within 30 Days of Discharge
- PHN Follow-Ups Top 25 ICD9/10 (within 30 Days)
- PHN Follow-Ups Top 25 Patient Education (within 30 Days)

Million Hearts

- Million Hearts PHN Contributions
- Top Patient Education for Tobacco Cessation

The screenshot shows the 'Report Options' page of the Indian Health Service (IHS) CHN/PHN Data Mart. The page displays a list of report categories and their corresponding report types. The categories include Activity Reports, BPH Reports, Dementia Reports, GPR Reports, Hospital Readmissions, ICD9 Reports, Million Hearts, Patient Education Reports, and STI Reports. The 'Report Options' section is expanded, showing a list of report types and their descriptions.

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

CHN/PHN Data Mart

Report Options

Report Type: Activity Reports

Report Type: BPH Reports

Report Type: Dementia Reports

Report Type: GPR Reports

Report Type: Hospital Readmissions

Report Type: ICD9 Reports

Report Type: Million Hearts

Report Type: Patient Education Reports

Report Type: STI Reports

Report Type: Activity Reports

1. Home Visit Graphs
2. Home Visit Graphs

BPH REPORTS

1. Total BPH PHN, PP, NB Visits
2. Top Patient Education Codes Documented for PHN, PP, NB Visits

DEMENTIA REPORTS

1. Total Dementia Patients Summary
2. Total Dementia PHN Follow-Up Visits
3. Top Patient Education for PHN Dementia Follow-Up Visits
4. Top ICD9/10 for PHN Dementia Follow-Up Visits

GPR REPORTS

1. GPR Screenings

HOSPITAL READMISSIONS

1. All Hospital Discharges Top 25 ICD9/10 PPOV
2. PHN Follow-Up Visits within 30 Days of Discharge
3. PHN Follow-Ups Top 25 ICD9/10 (within 30 Days)
4. PHN Follow-Ups Top 25 Patient Education (within 30 Days)

ICD9 REPORTS

1. Top 25 ICD9 Report

MILLION HEARTS

1. Million Hearts PHN Contributions
2. Top Patient Education for Tobacco Cessation
3. Top Patient Education for Blood Pressure
4. Top Patient Education for Sodium Reduction

PATIENT EDUCATION REPORTS

1. Patient Education Report

STI REPORTS

1. STI Diagnosis by ICD Codes
2. STI Screenings by CPT Codes

Phn PRODUCTIVITY REPORT

The screenshot displays the CHN/PHN Data Mart and Reporting System interface. The browser address bar shows the URL: <https://www.ihs.gov/NonMedicalPrograms/ihspe/phin/index.cfm?module=phin&option=reports>. The page title is "CHN/PHN Data Mart and Reporting System".

CHN/PHN Activity Reports

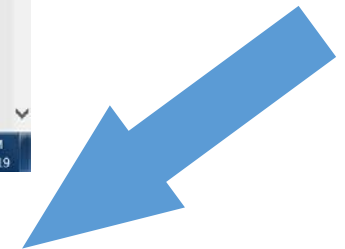
Report Options

- Report Type: 1: Activity Code
- Clinic 9: Clinic 9 Visits Only
- Location: ALL IHS AREAS - IHS NATIONAL
- Date Filter: GPRA Year Fiscal Year Date Range
- GPRA Year: GPRA 2020, GPRA 2019, GPRA 2018, GPRA 2017

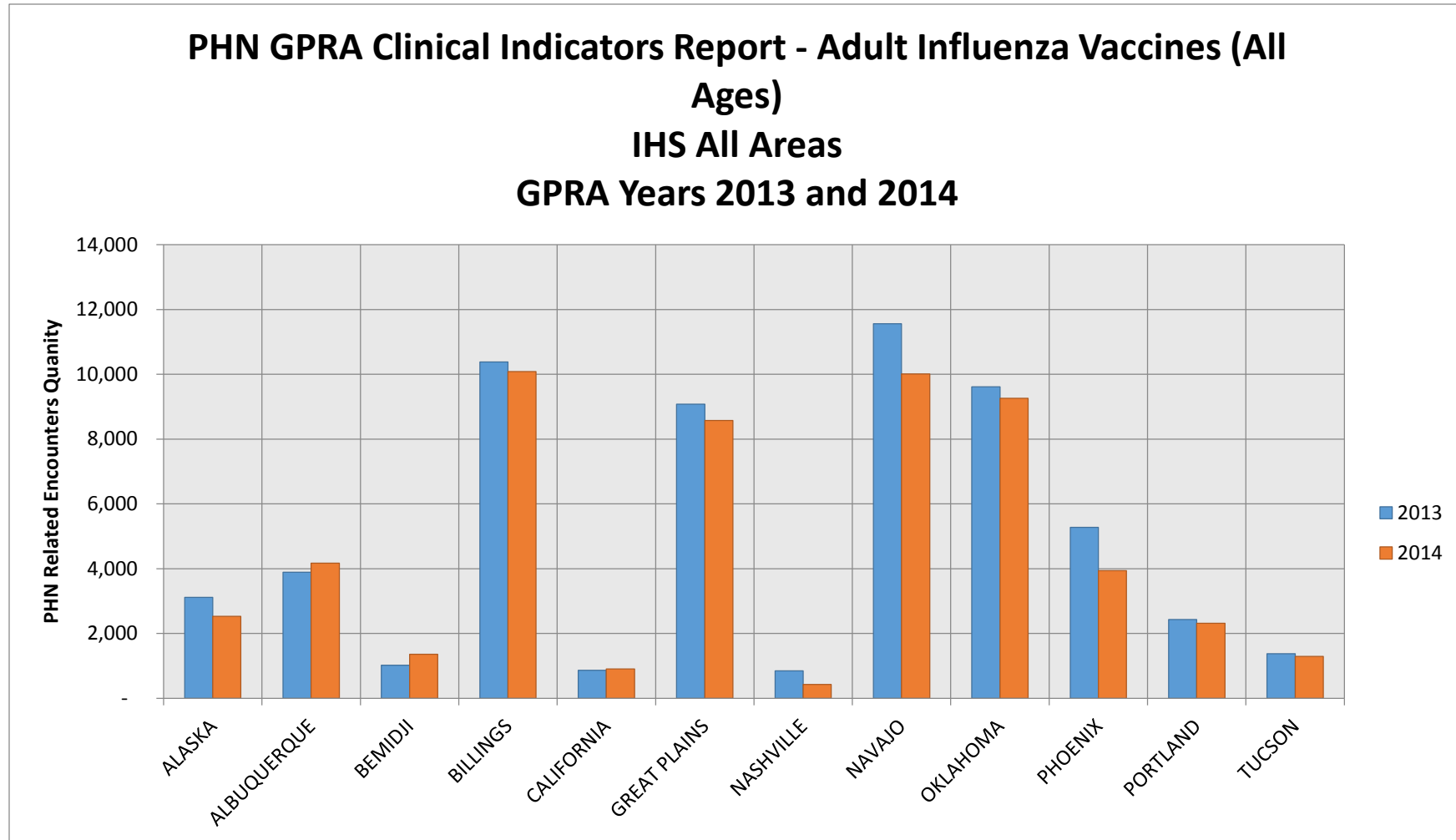
Generate Report

Activity Report
All Areas
GPRA Year 2017

Location	Activity Code			Total
	Home Visit	Other Visit	Not Found	
ALASKA	0	32,380	0	32,380
ALBUQUERQUE	5,184	13,657	867	19,708
BEMIDJI	4,553	9,945	205	14,703
BILLINGS	2,458	39,438	77	41,971
CALIFORNIA	85	3,075	2	3,142
GREAT PLAINS	9,100	69,820	2,363	81,283
NASHVILLE	350	7,039	16	7,405
NAVAJO	9,624	33,596	6,677	49,897
OKLAHOMA	1,855	21,152	1,104	24,111
PHOENIX	3,907	24,990	1,606	30,503
PORTLAND	3,954	9,638	200	13,792
TUCSON	2,306	19,482	252	22,040
Overall	43,356	284,210	13,369	340,935



PHN Activity

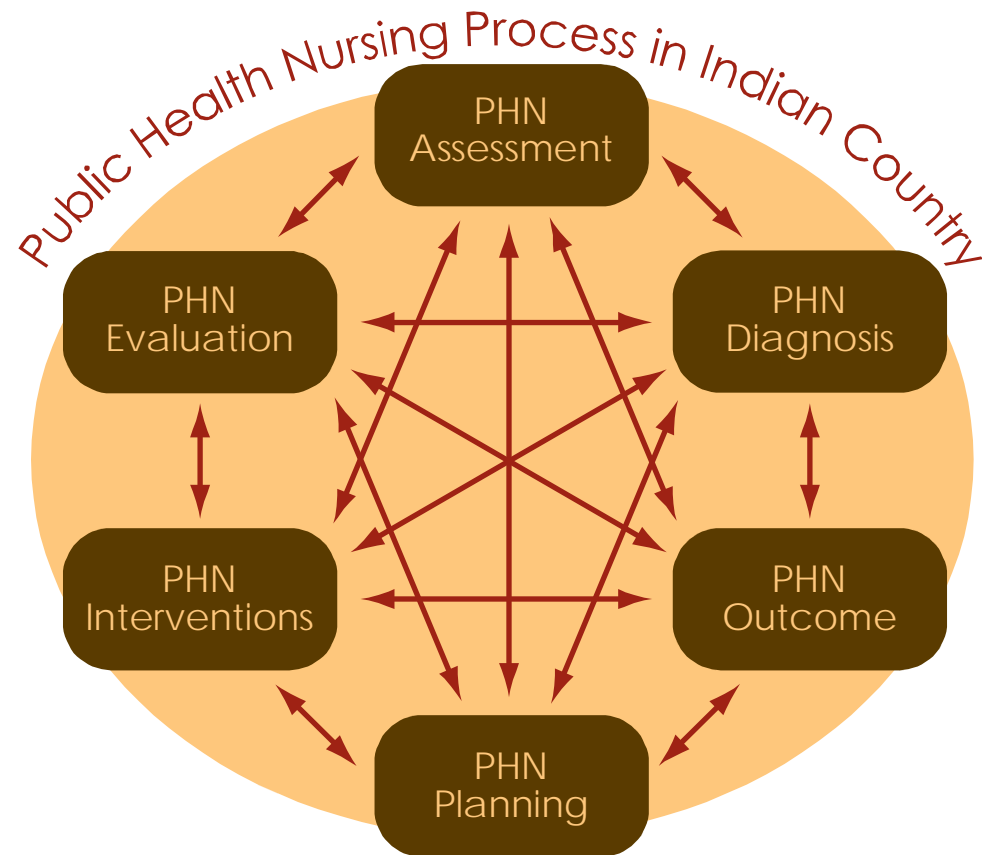


Based on data from RPMS data search, 10/24/14



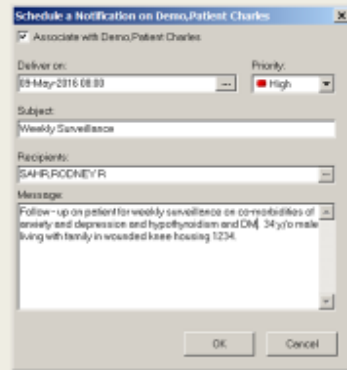
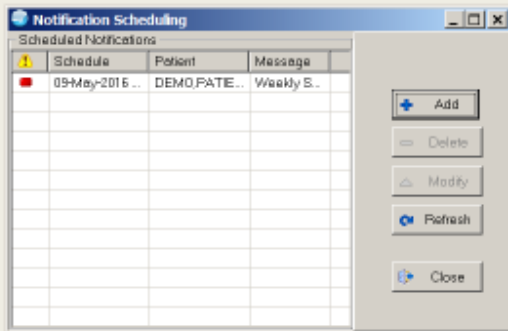
Documentation

The nursing process (assessment, diagnosis, planning, intervention, evaluation), the framework of nursing practice, shall be applied and documented in nursing practice.



PHN data must be collected in a comprehensive & accurate fashion to support the overall reporting of the agency's performance and provide data for the PHN budget justification on an annual basis

Case Management and Surveillance Notification Tickler system



PHQ9 Depression Screening



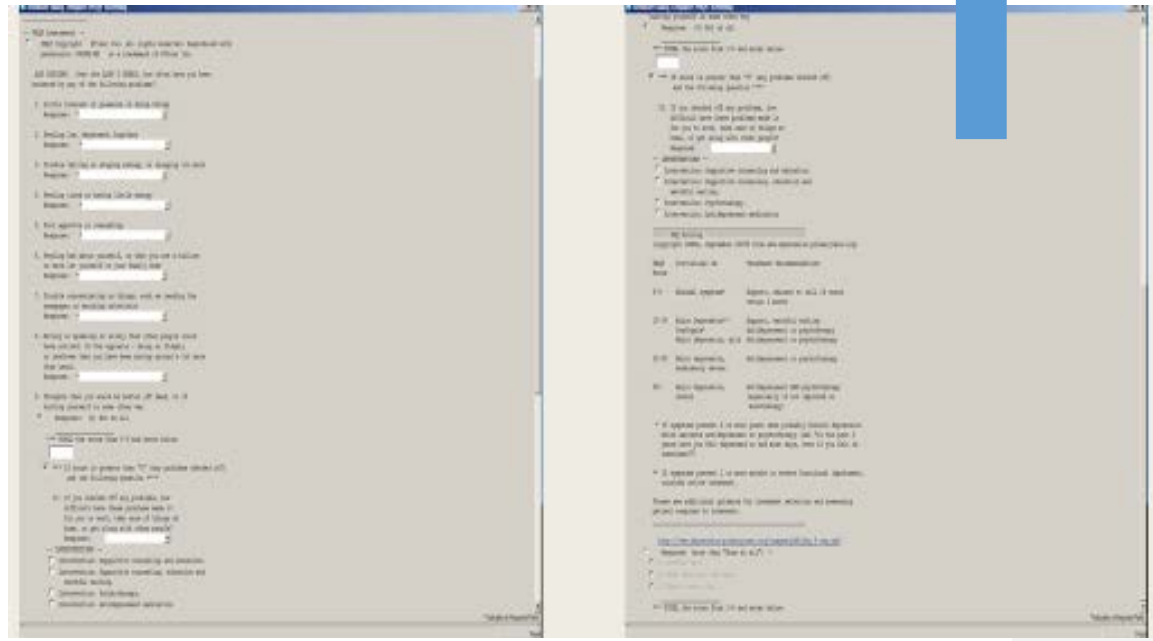
quality improvement capability

PHN activity from PHN process to practice

- PHN data mart reports are available to support quality improvement activity;
- PHN data mart reports are available to improve PHN practice such as documentation and follow up; and,
- PHN data mart reports can be used to report productivity outcome to better meet the health care needs of AI/AN communities for improved care services.

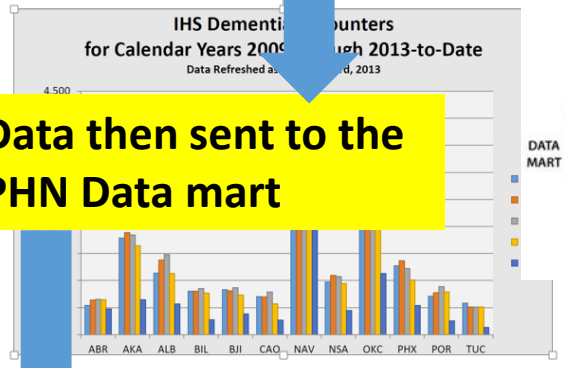
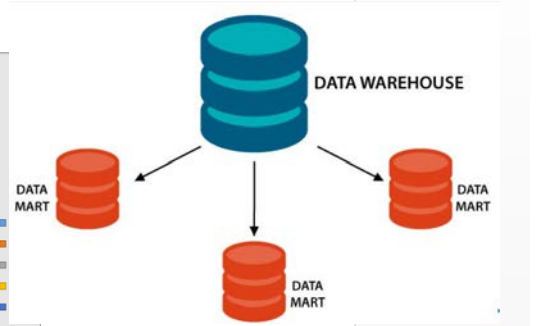
Flow of data

PHN DOCUMENTATION OF CARE IN EHR



Data sent from facility to the National data warehouse

Data then sent to the PHN Data mart



Data mart with PHN productivity reports and outcome



Questions?





Office of Clinical and Preventive Services
Division of Clinical and Community Services



2019

**NATIONAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE

Health Education

Joe Law, Klamath/Siletz/N. Cheyenne
Acting Health Education Consultant
Portland Area Indian Health Service



Health Education

- 1921: The Snyder Act: legislation enacted by Congress providing permanent authorization for appropriations in the area of Indian health care.
- 1934: The first Supervisor of Health Education was appointed.
- 1954: The Transfer Act: acknowledged the obligation of the US to provide health care to “Indian” people

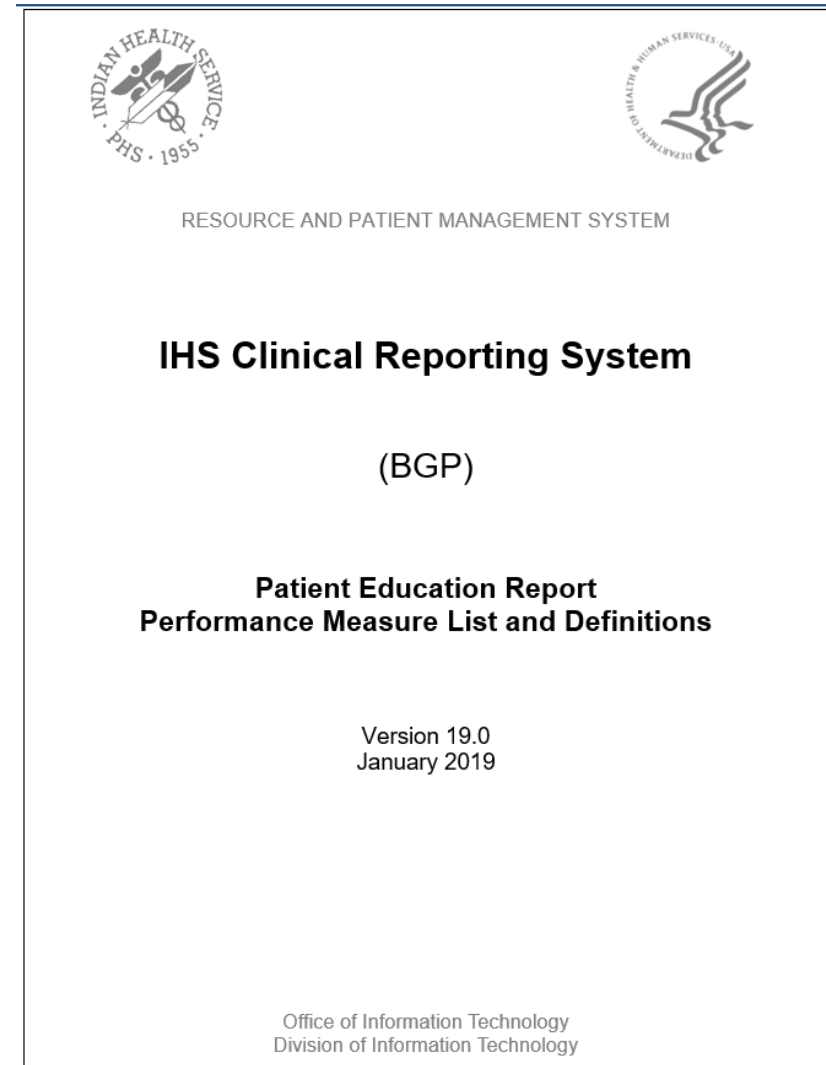
Health Education

- **Mission:** I/T/U Health Education Programs provide assistance to American Indian/Alaska Natives in the determination and improvement of their health status incorporating cultural beliefs, practices and traditions.
- **Goals:** I/T/U Health Education Programs assist American Indians and Alaska Natives to adopt healthy lifestyles; to assist in the selection and use of health care resources and services; to assist leadership in the advocacy for health care; and to influence policy and planning on health education issues.
- “Health Education is the prevention arm of the Indian Health Service”

Health Education

Performance Measure Topics: Patient Education

- The Rate of User Population Patients Receiving Patient Education; used for budget formulation.
- Rate of Time by Provider Discipline
- Rate for Top 25 Patient Education Topics
- Rate for Top 25 Patient Education Subtopics
- Rate for top 15 Provider Disciplines who Educated
- Rate of Patient Understanding of Education
- Goal Setting



Health Education

- GPRA YR: Number of Visits with any Patient Education Code

The Number of Visits with Any Patient Education Code

Page: 1

For Period: 07/01/2017 THROUGH 06/30/2019

Today's Date: 8/12/2019
Report Run Date: 8/6/2019

Location	Number of Visits		Percent of Increase/ Decrease	Percent Distribution	
	Current Year 2019	Prior Year 2018		Current Year 2019	Prior Year 2018
IHS Wide Totals					
Hospital	489,837	503,941	-2.80%	51.45%	47.57%
Health Center	365,738	440,401	-16.95%	38.41%	41.57%
Health Station	35,468	44,551	-20.39%	3.73%	4.21%
Other	26,819	15,872	68.97%	2.82%	1.50%
UNSPECIFIED	16,410	21,077	-22.14%	1.72%	1.99%
Health Location	16,272	18,827	-13.57%	1.71%	1.78%
Administration	845	3	28,066.67%	0.09%	0.00%
Alaska Village Clinic	647	14,366	-95.50%	0.07%	1.36%
Alcohol Substance Abuse Treatment Facilities	39	5	680.00%	0.00%	0.00%
Dental Clinic	28	198	-85.86%	0.00%	0.02%
Behavioral Health Facilities	8	37	-78.38%	0.00%	0.00%
Nursing Home	0	2	-100.00%	0.00%	0.00%
School Health Center	0	16	-100.00%	0.00%	0.00%
IHS WIDE GRAND TOTAL:	952,111	1,059,296	-10.12%	100.00%	100.00%

Health Education

- GPRA YR:

The Number and Percentage of Patients Receiving at Least One Patient Education Code

For Period: 7/1/2018 THROUGH 6/30/2019

Page: 1

Today's Date: 8/12/2019

User Pop Version: 106

Report Run Date: 8/6/2019

Area Name	Numbers Receiving Education		Percent of Increase/Decrease	Total Patients		Percent of Patients		Percent Distribution	
	Current Year 2019	Prior Year 2018		Current Year 2019	Prior Year 2018	Current Year 2019	Prior Year 2018	Current Year 2019	Prior Year 2018
ALASKA	4,966	16,754	-70.36%	148,784	152,155	3.34%	11.01%	0.98%	3.13%
ALBUQUERQUE	45,559	47,366	-3.81%	59,060	59,861	77.14%	79.13%	9.00%	8.84%
BEMIDJI	34,194	39,828	-14.15%	71,221	86,339	48.01%	46.13%	6.76%	7.43%
BILLINGS	37,912	39,687	-4.47%	53,563	55,683	70.78%	71.27%	7.49%	7.41%
CALIFORNIA	592	743	-20.32%	903	1,151	65.56%	64.55%	0.12%	0.14%
NASHVILLE	796	867	-8.19%	909	1,040	87.57%	83.37%	0.16%	0.16%
NAVAJO	11,207	12,108	-7.44%	15,222	17,007	73.62%	71.19%	2.21%	2.26%
OKLAHOMA	16,484	18,340	-10.12%	19,698	22,351	83.68%	82.05%	3.26%	3.42%
OUTSIDE	85,245	85,639	-0.46%	107,899	109,268	79.00%	78.38%	16.84%	15.98%
PHOENIX	8,074	8,743	-7.65%	10,909	11,966	74.01%	73.07%	1.60%	1.63%
PORTLAND	836	1,075	-22.23%	1,418	1,996	58.96%	53.86%	0.17%	0.20%
TUCSON	9,550	10,104	-5.48%	16,523	16,940	57.80%	59.65%	1.89%	1.89%
IHS TOTAL	255,415	281,254	-9.19%	506,109	535,757	50.47%	52.50%	50.47%	52.50%

Health education

- Top 25 Diagnosis IHS wide

The Top 25 Topics (Diagnoses) Documented

For Period: 10/01/2018 Through 09/30/2019

Page: 1
 Today's date: 8/12/2019
 Report run date: 8/6/2019

IHS Totals Current Year 2019			
Education Topic	Education Topic Name	Total	Percent Distribution
M	MEDICATIONS	973,565	25.89
IM	IMMUNIZATIONS	459,244	12.21
TO	TOBACCO USE	255,303	6.79
HPDP	HEALTH PROMOTION, DISEASE PREVENTION	173,105	4.60
DM	DIABETES MELLITUS	159,047	4.23
ADM	ADMISSION TO HOSPITAL	134,661	3.58
DCH	DISCHARGE FROM HOSPITAL	87,270	2.32
FLU	INFLUENZA	82,791	2.20
OBS	OBESITY	65,393	1.74
WH	WOMENS HEALTH	57,971	1.54
DVV	DOMESTIC VIOLENCE, VICTIM	52,495	1.40
PN	PRENATAL	52,168	1.39
BF	BREASTFEEDING	49,612	1.32
PM	PAIN MANAGEMENT	43,180	1.15
AOD	ALCOHOL AND OTHER DRUGS	37,868	1.01
ACC	ANTICOAGULATION	35,534	0.95
CHN	CHILD HEALTH-NEWBORN (0-60 DAYS)	34,847	0.93
ADV	ADVANCE DIRECTIVES	28,993	0.77
FALL	FALL PREVENTION	27,681	0.74
PP	POSTPARTUM	26,677	0.71
EYE	EYE CONDITIONS	25,902	0.69
BH	BEHAVIORAL AND SOCIAL HEALTH	24,674	0.66
DMC	BALANCING YOUR LIFE AND DIABETES	23,528	0.63
HTN	HYPERTENSION	23,402	0.62
FOOT	FOOT/PODIATRIC DISORDERS	21,208	0.56
IHS Total:		2,956,119	78.62

IHS Totals Prior Year 2018			
Education Topic	Education Topic Name	Total	Percent Distribution
M	MEDICATIONS	627,412	20.26
IM	IMMUNIZATIONS	369,218	11.92
TO	TOBACCO USE	205,803	6.65
DM	DIABETES MELLITUS	155,181	5.01
ADM	ADMISSION TO HOSPITAL	125,667	4.06
HPDP	HEALTH PROMOTION, DISEASE PREVENTION	103,428	3.34
FLU	INFLUENZA	94,049	3.04
DCH	DISCHARGE FROM HOSPITAL	76,549	2.47
WH	WOMENS HEALTH	52,430	1.69
OBS	OBESITY	50,732	1.64
PM	PAIN MANAGEMENT	43,497	1.40
PN	PRENATAL	43,262	1.40
DVV	DOMESTIC VIOLENCE, VICTIM	35,398	1.14
CHN	CHILD HEALTH-NEWBORN (0-60 DAYS)	34,406	1.11
ACC	ANTICOAGULATION	33,572	1.08
AOD	ALCOHOL AND OTHER DRUGS	31,576	1.02
BF	BREASTFEEDING	30,580	0.99
HTN	HYPERTENSION	29,649	0.96
V68.9		26,171	0.85
PP	POSTPARTUM	25,526	0.82
ADV	ADVANCE DIRECTIVES	24,626	0.80
SWI	SKIN AND WOUND INFECTIONS	24,442	0.79
EYE	EYE CONDITIONS	23,798	0.77
DMC	BALANCING YOUR LIFE AND DIABETES	22,443	0.72
BH	BEHAVIORAL AND SOCIAL HEALTH	21,046	0.68
IHS Total:		2,310,461	74.62

Health education

- Top 15 Documenting Providers: National Data Warehouse

Rank	Provider	Number of Education Codes Documented	Percent Distribution
1	Clinical RN	2,064,925	16.6
2	Licensed Practical Nurse	1,395,976	11.2
3	Pharmacist	1,230,634	9.8
4	MD	937,615	7.5
5	Nurse Practitioner	844,527	6.7
6	Nurse Assistant	551,548	4.4
7	Medical Assistant	543,067	4.3
8	Physician Assistant	365,118	2.9
9	Clinical Pharmacy Specialist	313,686	2.5
10	Coding/Data Entry Inactive	300,526	2.42
11	Family Practice	300,278	2.41
12	Pediatrician	282,700	2.2
13	Health Aide	251,237	2.0
14	Public Health Nurse	238,086	1.9
15	Dentist	209,602	1.6

Health Education

FY 2018										
AREAS	Total	Total including other categories ->	Hospital	Health Center	Health Station	Nursing Home	School	Other	Office	Village Clinic
	3,145,585	3,305,317	1,609,952	1,379,412	118,002	17	2,008	21,827	0	14,367
ALASKA	45,360	45,362	17,307	13,610	77					14,366
ALBUQUERQUE	206,844	212,986	81,354	112,336	11,495			1659		
BEMIDJI	194,601	207,915	67,738	115,062	11,800			1		
BILLINGS	122,652	133,653	38,794	72,100	11,693	2	16	47		
CALIFORNIA	137,233	138,340		133,248	3,985					
GREAT PLAINS (formerly ABERDEEN)	327,610	336,708	198,660	106,030	9,486			13,434		
NASHVILLE	129,383	123,277	87,187	30,279	7,856	15		4,046		
NAVAJO	532,253	571,311	415,585	85,256	31,110		299	2		1
OKLAHOMA	854,790	920,141	377,123	468,470	9071		126	0		0
PHOENIX	404,828	410,344	303,082	86,502	11,770		1,567	1,907		
PORTLAND	144,112	146,625		134,453	9,659					
TUCSON	45,919	46,655	23,122	22,066				731		

Health Education

- Currently no Health Education reporting data mart
- Not all Health Education programs have access to RPMS/EHR
- Number of Health Educators on listserv 60+; total nationwide is unknown
- Health Education suggested for elimination in FY2019 & FY2020
- National Patient Education Committee continues to work on updating Patient Education Protocols and Codes (PEPC)

Questions?

Joe W. Law-Klamath, Silez, N. Cheyenne
Acting Health Education Consultant/Health Promotion
Portland Area Indian Health Service

joe.law@ihs.gov

503.414.5597



Office of Clinical and Preventive Services
Division of Clinical and Community Services



2019

**NATIONAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE

Community Health representatives GPRA MEASUREs

CAPT Andrew Hunt, MSW
Acting Deputy Director
Division of Behavioral Health
Indian Health Service Headquarters



Community Health Representative PROGRAM

- **IHS Health Manual Chapter 16. Community Health Representative Program**
- **Mission Statement:** To provide quality outreach health care services and health promotion/disease prevention services to American Indians and Alaska Natives within their communities through the use of well-trained CHRs as mandated by Section 107 of P.L. 100-713, dated November 23, 1988.
- **Community Health Representatives Program** - is a unique community-based outreach program, staffed by a cadre of well-trained, medically-guided, tribal and Native community people, who provide a variety of health services within American Indian and Alaska Native communities
- **CHR Program Goal:** address health care needs through the provision of community-oriented primary care services, including traditional Native concepts in multiple settings, utilizing community-based, well-trained, medically-guided health care workers.

Community Health Representatives

- CHR Program was established in 1968 by Congress under the 1921 Snyder Act (25 U.S.C. 13) in response to expressed needs of AI/AN governments, organizations, and the IHS for Health Care programs to meet specific tribal health care needs.
- CHRs are tribal or Native community-based, well-trained, medically-guided, health care providers who may include traditional Native concepts in their work and are funded through IHS-CHR appropriations.
- Majority of paraprofessionals within the lower 48 are CHR'S
- Current CHR workforce in Indian Country is 1,600 representing more than 250 tribes in 12 service areas.
- Celebrating 50 years of service to our Native communities

Lines of Communication



National & Area Support Roles

Area CHR Coordinators

- Ensures that each CHR Program's Scope of Work is in compliance with the guidelines established by IHS Headquarters. (In accordance with the current rules and procedures of IHS, proposals submitted under P.L. 93-638 contracting regulations, which include a CHR component, will be reviewed by the CHR Coordinator.)
- Provides technical assistance to tribes in the development of proposals and provides periodic site visits to review program progress.
- Provides recommendations to the Area Director regarding methods of allocating and/or reallocating resources to accommodate further budget increases or decreases.

National & Area Support Roles

Area CHR Coordinators

- Develops recommendations regarding the CHR Program for the Area Contracting Officer.
- Serve as the advisor to Area and service unit program managers regarding the CHR program.
- Serves as the Project Officer on CHR contracts.
- Is responsible for submitting CHR program data as required.
- Develops Area CHR Training Budget proposals in coordination with American Indian and Alaska Native contractors. Training should be reflective and consistent with the services to be provided and as identified in the CHR contracts' Scope of Work (SOW).

IHS National CHR Program Training Continued

- Mental Health First Aid Training
 - Skill-based training to help someone who is experiencing a mental health problem or a mental health crisis. Trainees are taught how to apply the 5-step action plan in a variety of situations such as helping someone through a panic attack, engaging with someone who may be suicidal, or assisting an individual who has overdosed.
- Mental Health First Aid: Youth Training
 - Partnership with Boys & Girls Club of America
- Family Spirit Training
 - Evidence-Based and culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool-aged children across the domains of physical, cognitive, social-emotional, language learning, and self-help. The curriculum consists of 63 lessons taught from pregnancy to age 3. CHR Programs with dedicated staff working to address maternal and child health. There were 114 tribal CHRs trained from 2013 to 2017.

Government Performance and Results Act (GPRRA)

2018 IDCS RESULTS	NATIONAL TARGET	5 Months February 0307 Rpt	6 Months March 0402 Rpt	7 Months April 0508 Rpt	8 Months May 0611 Rpt	9 Months June 0709 Rpt	Target - 9 months results	10 Months	11 Months	12 Months
DENTAL										
Dental: General Access	27.20%	10.69%	12.05%	15.26%	16.85%	17.98%	9.22%			
Sealants	16.00%	8.08%	9.07%	10.53%	11.29%	11.81%	4.19%			
Topical Fluoride	30.00%	12.38%	14.29%	17.94%	19.87%	21.13%	8.87%			
DIABETES										
Controlled BP	52.30%	47.45%	48.56%	49.40%	50.91%	52.19%	0.11%			
Good Glycemic Control	36.20%	28.66%	30.64%	32.68%	34.50%	35.77%	0.43%			
Nephropathy Assessed	34.00%	22.29%	24.52%	28.74%	31.95%	34.75%	MET			
Retinopathy Exam	49.70%	24.94%	27.53%	32.56%	37.06%	40.06%	9.64%			
Statin Therapy	37.50%	44.12%	44.87%	43.41%	43.53%	43.66%	MET			
IMMUNIZATIONS										
Adult Composite	Baseline				53.64%	53.86%	MET			
Childhood Immunizations	45.60%	29.51%	31.33%	34.15%	36.61%	38.14%	7.46%			
Influenza Vaccination 18+	18.80%	16.13%	17.63%	18.83%	19.10%	19.26%	MET			
Influenza Vaccination 6 mo - 17 yrs	20.60%	16.70%	18.33%	19.94%	20.31%	20.55%	0.05%			
PREVENTION										
(Cervical) Pap Screening	35.90%	30.43%	30.76%	31.88%	32.62%	33.11%	2.79%			
Childhood Weight Control	22.60%	23.05%	23.09%	23.15%	23.10%	22.94%	-0.34%			
Colorectal Cancer Screening	32.60%	27.06%	27.60%	28.54%	29.22%	29.69%	2.91%			
Controlling High BP (MH)	42.30%	46.39%	46.78%	47.46%	48.38%	49.28%	MET			
CVD Statin Therapy	26.60%	21.53%	23.43%	24.61%	25.49%	25.73%	0.87%			
Depression Screening 12-17 yrs	27.60%	14.71%	16.64%	20.48%	22.79%	24.38%	3.22%			
Depression Screening 18+	42.20%	20.81%	23.45%	28.45%	31.25%	33.13%	9.07%			
Breastfeeding Rates	39.00%	34.95%	34.95%	34.52%	34.52%	34.43%	4.57%			
HIV Screening Ever	17.30%	22.69%	22.84%	23.57%	23.96%	24.28%	MET			
IPV/DV Screening (GPRAMA)	41.60%	18.86%	21.32%	26.12%	28.86%	30.72%	10.88%			
Mammography Screening	42.00%	31.56%	32.37%	33.92%	35.10%	36.12%	5.88%			
SBIRT	8.90%	9.08%	9.06%	9.34%	9.67%	9.99%	MET			
Tobacco Cessation	27.50%	12.88%	14.83%	18.30%	20.85%	22.49%	5.01%			
Universal Alcohol Screening	37.00%			25.73%	28.40%	30.28%	6.72%			

Division of Behavioral Health Non-Clinical GPRA Measures

- Suicide Report Forms (SRF)
- Tele behavioral Health Encounters
- Community Health Representatives

Community Health Representatives

GPRA Measures

- Exported data is paramount to DBH HQ's ability to provide an accurate reflection of the important work our CHRs do within their communities.
 1. What is that we do?
 2. How well do we do it?
 3. How are people better off ?

Community Health Representatives GPRA Measures

1. Number of Patient Contacts
2. CHR Patient Contacts for Chronic Disease Services
3. CHR Number of CHRs Trained

Community Health Representatives GPRA Measures FY 2018

Outputs/Outcomes

Measure	FY 2018
Number of Patient Contacts	FY 2018 (To-Date): 999,421 FY 2018 Target: 1,265,000
CHR Patient Contacts for Chronic Disease Services	FY 2018 (To-Date): 423,151 FY 2018 Target: 505,900
CHR Number of CHRs Trained	FY 2017: 724 CHRs Target: 600 CHRs

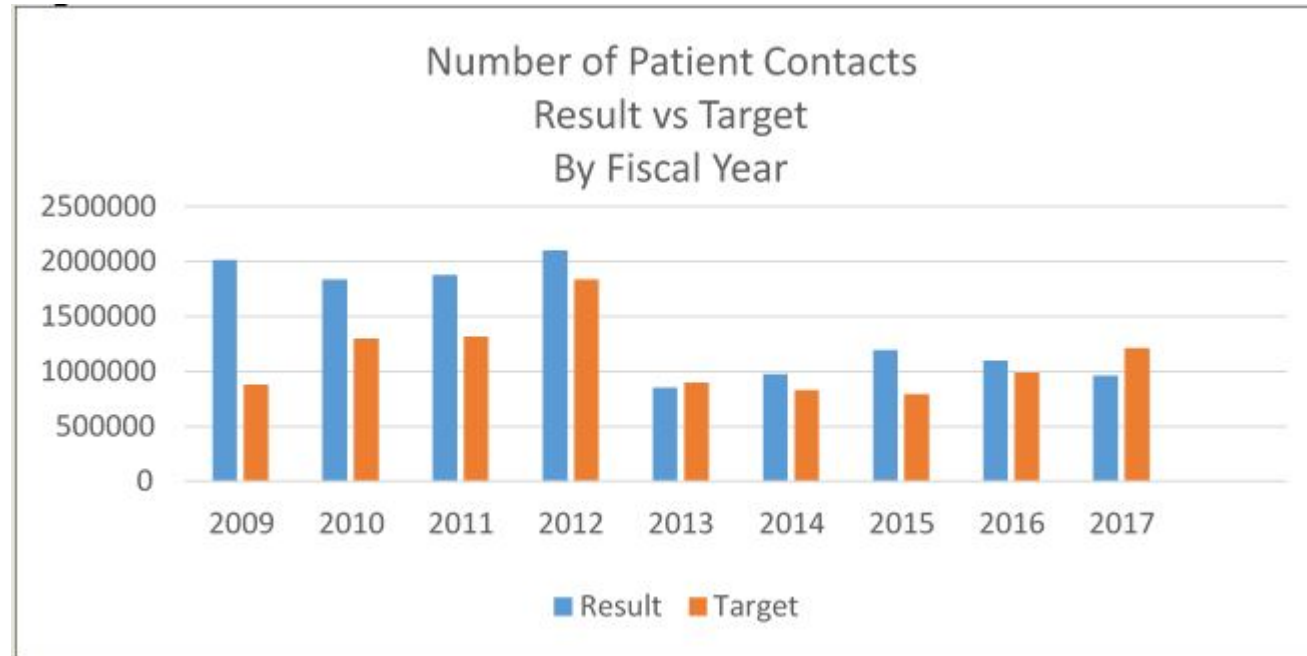
Community Health Representatives GPRA Measures FY 2019

Outputs/Outcomes

Measure	FY 2019
Number of Patient Contacts	FY 2019 (To-Date): 251,331 FY 2019 Target: 1,317,800
CHR Patient Contacts for Chronic Disease Services	FY 2019 (To-Date): 114,157 FY 2019 Target: 526,881
CHR Number of CHR's Trained	FY 2019 (To-Date): 390 FY 2019 Target: 616

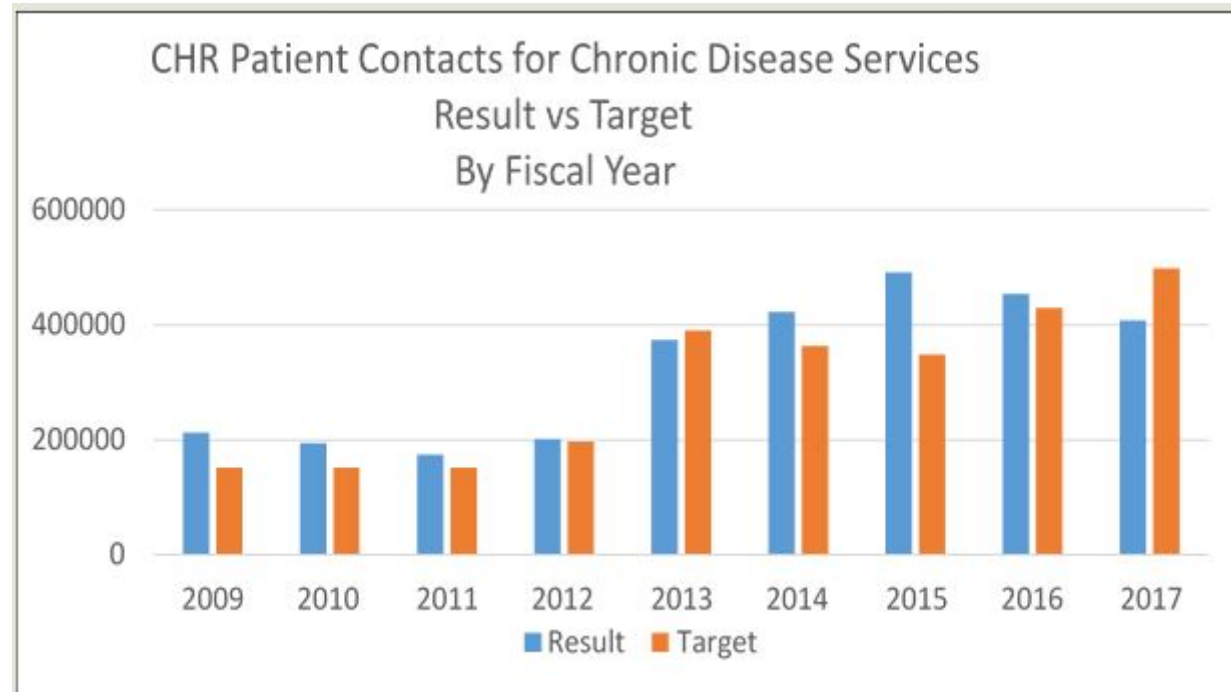
CHR Patient Contacts

Data trends fy09-fy17



CHR

Patient Contacts for Chronic Disease Services DATA TRENDS fy09-fy17



Community Health Representatives Types of Services Provided

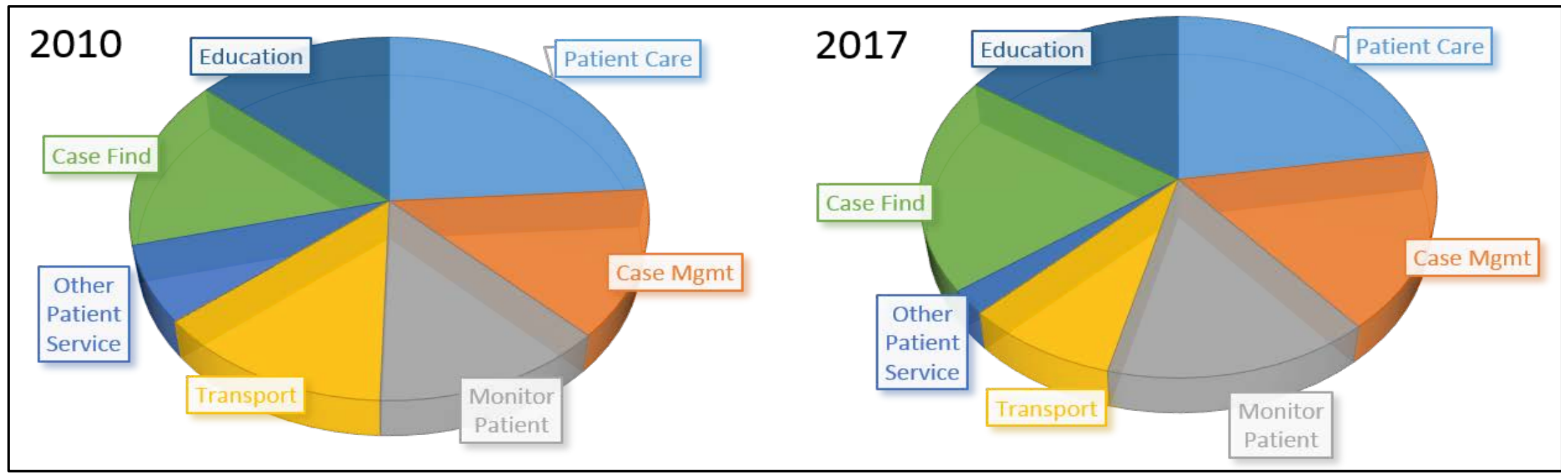


Figure 1: Top Seven Service Codes for FY 2010 and FY 2017. From IHPES, FY 2010 and FY 2017 Patient care services included 22% and 19%, Case Management was 12% and 13 %, Case Find was 14% and 16%, Patient Monitoring was 12% and 12%, Transportation services was 12% and 7%, Health Education services were 12% and 13% and finally Other Patient services made up 6% and <2%.

CHR Evaluation

- Started in 2017
- Final Report expected to be received by IHS HQ by August 2019

Questions

- What is the overall impact of CHR services in tribal communities?
- In what ways or circumstances do CHRs assist in improving clinical and health outcomes?
- Do CHRs improve access to care? If so, in what ways?
- How do CHRs reduce health care costs?
- In which ways do community members' tribal communities value the CHR program?
- How do CHRs provide culturally acceptable care?
- Why has reporting decreased?
 - Is this an actual decline in CHR services
 - Is it a lack of access to the IHS EHR due to tribes using other software?

Resources

- Kaufman & Associates, Inc. (KAI)
- Research Triangle Institute (RTI)
- IHS Contract Officer Representative – Division of Evaluation, Planning and Research
- Program Representatives (CHR Lead at DBH)
- IHS Senior Leadership

Thank you

CAPT Andrew Hunt, MSW

Acting Deputy Division Director

Division of Behavioral Health

Indian Health Service Headquarters

Andrew.hunt@ihs.gov