#	Key Outcomes	FY 2004 Actual	FY 2005 Actual[1]	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	FY 2010 Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.										
HCFC-1	**Diabetes: Ideal Glycemic Control:** Proportion of patients with diagnosed diabetes with ideal glycemic control.	N/A	32/47	32	30/58	30	33/73	33	32	32
		N/A	N/A	6	42/23	44	43/34	43	42	42
		N/A	N/A	33	29/16	30	32/30	32	31	31
		15	N/A	Exempt	N/A	15	38/24	38	37	37
		N/A	24	Exempt	N/A	24	23/28	23	23	23
		21	N/A	Exempt	N/A	21	41/35	41	40	40
HCFC-2	**Pap Smear Rates:** Proportion of eligible women who have had a Pap screen within the previous three years.	N/A	65/41	65	62/43	62	61/47	61	60	60
		N/A	N/A	32	36/25	37	38/24	38	37	37
		N/A	N/A	58	55/14	56	56/15	56	55	55
		58	N/A	Exempt	N/A	58	60/2	60	59	59
		N/A	61	Exempt	N/A	61	61/10	61	60	60
		73	N/A	Exempt	N/A	73	72/17	72	71	71
HCFC-3	**Mammogram Rates:** Proportion of eligible women who have had mammography screening within the previous two years.	N/A	41/52	41	44/60	44	48/77	48	47	47
		N/A	N/A	44	47/33	48	49/33	49	48	48
		N/A	N/A	32	22/28	23	38/38	38	37	37
		43	N/A	Exempt	N/A	43	82/8	82	80	80
		N/A	30	Exempt	N/A	30	28/21	28	27	27
		66	N/A	Exempt	N/A	66	62/17	62	61	61
HCFC-4	**Alcohol Screening (FAS Prevention):** Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	N/A	3/39	4	35/39	35	33/39	33	33	33
		N/A	N/A	5	29/11	30	69/12	69	69	69
		N/A	N/A	50	18/9	19	40/11	40	40	40
		0	N/A	Exempt	N/A	1	60/4	60	60	60
		N/A	9	Exempt	N/A	9	40/9	40	40	40
		6	N/A	Exempt	N/A	6	67/14	67	67	67
HCFC-5	**Combined* immunization rates for AI/AN children patients aged 19-35 months[2]:** Immunization rates for AI/AN children patients aged 19-35 months.	N/A	79/12	Baseline	98	98	93	93	92	92
		N/A	N/A	Baseline	100	100	85	85	84	84
		N/A	N/A	Baseline	94	95	74	74	73	73
		26	N/A	Exempt	N/A	26	86	86	85	85
		N/A	88	Exempt	N/A	Baseline	84/13	84	83	83
		66	N/A	Exempt	N/A	Baseline	95	95	94	94
HCFC-6	**Influenza vaccination rates among adult patients aged 65 years and older.**	N/A	65/66	65	67/74	67	62/95	62	61	61
		N/A	N/A	46	60/23	61	64/26	64	63	63
		N/A	N/A	49	58/18	59	68/18	68	67	67
		41	N/A	Exempt	N/A	41	72/-6	72	71	71
		N/A	69	Exempt	N/A	69	68/17	68	67	67
		93	N/A	Exempt	N/A	93	91/24	91	90	90

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual[1]	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	FY 2010 Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Increase proportion of patients with diagnosed diabetes with ideal blood sugar control (A1c<7) within 7 years of opening a new facility, achieving a 10 percent increase by 2010. Reduce the YPLL rate within 7 years of opening a new facility, achieving a 10 percent decrease by 2010.										
HCFC-7	**Pneumococcal vaccination rates among adult patients aged 65 years and older.**	N/A	67/66	70	77/74	77	81/95	81	80	80
		N/A	N/A	24	55/23	56	78/26	78	77	77
		N/A	N/A	53	52/18	53	75/18	75	74	74
		42	N/A	Exempt	N/A	42	87/-6	87	86	86
		N/A	83	Exempt	N/A	83	84/17	84	83	83
		90	N/A	Exempt	N/A	90	97/24	97	96	96
HCFC-8	**Tobacco Cessation IInterventionIntervention[2,3]:** Proportion of tobacco-using patients that receive tobacco cessation intervention.	N/A	4/38	Baseline	1	3	1	1	1	1
		N/A	N/A	Baseline	3	5	9	9	9	9
		N/A	N/A	Baseline	13	15	14	14	14	14
		12	N/A	Exempt	N/A	Baseline	40	40	40	40
		N/A	6	Exempt	N/A	Baseline	1	1	1	1
		16	N/A	Exempt	N/A	Baseline	14	14	14	14

Measures are reported by facility in ascending order (i.e. Facility A, B, C, D, E, F).

[1] *First figure in results column is performance measure results; second is increased access from baseline.*

[2] *Rate changes prior to 2006 are not comparable due to CRS logic changes; increase in access rates could not be calculated.*

[3] *In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use. Prior to 2004, measure was Support local level initiatives directed at reducing tobacco usage.*

The IHS Health Care Facilities Construction (HCFC) funds are to provide access to a modern health care delivery system with optimum availability of functional, well-maintained IHS and tribally operated health care facilities. The construction of new facilities should improve clinical quality and increase access to health care services. These services are necessary to maintain and promote the health status and overall quality of life for the residents of the communities that surround the new healthcare facility.

The group of measures above outline clinical performance and access to care for eight clinical performance areas including: diabetic Glycemic control, cancer screening (breast and cervical), Alcohol screening to prevent Fetal Alcohol Syndrome, Tobacco Cessation and immunizations (childhood and adult). These are rate-based measures which contain a numerator and a denominator; trends demonstrate that maintaining the rate-based measure is difficult when the denominator increases significantly on an annual basis. Overall trends for these measures show moderate improvement but variations across facilities and across measures are noted. The varied results across measures can be attributed to the high cost of measures such as Glycemic control, cancer screenings, and tobacco cessation. In addition, increases in access to care have been observed for all measures and are not unique to one individual facility. For most of the facilities the number of patients tracked in the measures (e.g. the number of diagnosed diabetics) has substantially increased, due to better access and thus growth in the overall patient population. Due to inflation of the service population, clinical results can have an artificial appearance of declining performance. With that said, over inflation of the service population can dilute the true performance result (i.e. the overall number of patients being served has increased). In the above tables, the first number shows the rate achieved for the specific clinical measure; the second result shows the increase in access to care from a baseline in areas where facilities are constructed. The relative maintenance of targets is ambitious because the demand for services and cost of care are increasing, and maintaining the targeted *proportion* of patients actually represents a significant increase in the *number* of patients served. All in all, the biggest attribute noted for these performance measures are the vast gains in access to quality healthcare across all topic areas outlined above.