

## IHS FY 2014, 2015, 2016 PERFORMANCE (GPRAMA & Budget) MEASURES –Tribal and IHS Direct Programs

Table 1-1: GPRAMA Measures

Performance Measure	FY 2014 Target	FY 2015 Target	FY 2016 Target	Measure Lead
<b>Diabetes: Good Glycemic Control:</b> Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than (<) 8.0).	Achieve target rate of 48.3% Result: 48.6% Met	Achieve target rate of 47.7% Result: 47.4% Not Met	Achieve target rate of 49.5%	Ann Bullock OCPS/DDTP 828-359-6192
<b>Depression Screening:</b> Percentage of adults ages 18 and over who are screened for depression.	Achieve target rate of 66.9% Result: 66.0% Not Met	Achieve target rate of 64.3% Result: 67.4% Met	Achieve target rate of 67.2%	Beverly Cotton OCPS/DBH 301-443-4754
<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).	Achieve target rate of 74.8% Result: 75.4% Met	Achieve target rate of 73.9% Result: 73.3% Not Met	Achieve target rate of 76.8%	Amy Groom OPHS/Epi 505-232-9966
<b>CVD Prevention: Comprehensive Assessment:</b> Percentage of active CHD patients who have a comprehensive assessment for all CVD-related risk factors.  Beginning in FY 2016, LDL Assessment will no longer be included in the Comprehensive CVD numerator	Achieve target rate of 51.0% Result: 52.3% Met	Achieve target rate of 47.3% Result: 55.0% Met	Achieve target rate of 53.3%	Dena Wilson, MD, FACC PHX/PIMC 602-263-1200

IHS FY 2014, 2015, 2016 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2014 Target	FY 2015 Target	FY 2016 Target	Measure Lead
<b>Accreditation:</b> Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities).	Maintain 100% accreditation rate Result: TBD	Maintain 100% accreditation rate Result: TBD	Maintain 100% accreditation rate	Carl Harper ORAP 301-443-1553
<b>TOHP-SP. Tribal Consultation:</b> Implement recommendations from Tribes annually to improve the Tribal consultation process.	Implement at least three additional recommendations from Tribes Result: TBD	Implement at least three additional recommendations from Tribes Result: TBD	Implement at least three additional recommendations from Tribes	

Table 1-2: RPMS/CRS Budget Measures

Performance Measure	FY 2014 Target	FY 2015 Target	FY 2016 Target	Measure Lead
<b>Diabetes: Blood Pressure Control:</b> Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than (<) 140/90).	Achieve target rate of 64.6% Result: 63.8% Not Met	Achieve target rate of 63.8% Result: 62.5% Not Met	Achieve target rate of 65.0%	Ann Bullock OCPS/DDTP 828-359-6192
<b>Diabetes: LDL Assessment:</b> Percentage of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).	Achieve target rate of 73.9% Result: 73.4% Not Met	Achieve target rate of 71.8% Result: 73.3% Met	Discontinued in FY 2016	Ann Bullock OCPS/DDTP 828-359-6192
<b>Diabetes: Statin Therapy to Reduce CVD Risk in Patients with Diabetes:</b> Percentage of patients with diagnosed diabetes who are statin therapy users.	N/A	N/A	Set Baseline	Ann Bullock OCPS/DDTP 828-359-6192
<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.)	Set Baseline Result: 60.0% Met	Achieve target rate of 60.0% Result: 62.0% Met	Achieve target rate of 61.1%	Ann Bullock OCPS/DDTP 828-359-6192

IHS FY 2014, 2015, 2016 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2014 Target	FY 2015 Target	FY 2016 Target	Measure Lead
<b>Diabetes: Retinopathy:</b> Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Achieve target rate of 58.6% Result: 59.9% Met	Achieve target rate of 60.1% Result: 61.3% Met	Achieve target rate of 61.6%	Mark Horton PIMC 602-263-1200 ext 2217
<b>Dental Access:</b> Percent of patients who receive dental services.	Achieve target rate of 29.2% Result: 28.8% Not Met	Achieve target rate of 27.9% Result: 29.2% Met	Achieve target rate of 29.3%	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.	Achieve target rate of 13.9% Result: 14.6% Met	Achieve target rate of 14.1% Result: 16.3% Met	Achieve target rate of 14.8%	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.	Achieve target rate of 26.7% Result: 27.9% Met	Achieve target rate of 26.4% Result: 29.4% Met	Achieve target rate of 28.3%	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 69.1% Result: 68.1% Not Met	Achieve target rate of 67.2% Result: 65.4% Not Met	Discontinued in FY 2016	Amy Groom OPHS/Epi 505-232-9966
<b>Influenza Vaccination Rates Among Children 6 mo to 17 years:</b> Percentage of children ages 6 months to 17 years of age who receive an influenza vaccination	N/A	N/A	Set Baseline	Amy Groom OPHS/Epi 505-232-9966
<b>Influenza Vaccination Rates Among Adults 18+:</b> Percentage of adults ages 18 and older who receive an influenza vaccination	N/A	N/A	Set Baseline	Amy Groom OPHS/Epi 505-232-9966
<b>Adult Immunizations: Pneumococcal:</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.  Prior to FY 2014, this measure tracked the percentage of patients, age 65 years and older with a pneumococcal vaccination documented ever.	Set Baseline Result: 85.7% Met	Achieve target rate of 85.7% Result: 84.9% Not Met	Achieve target rate of 87.3%	Amy Groom OPHS/Epi 505-232-9966

IHS FY 2014, 2015, 2016 Performance (GPRA) Measures – Tribal and IHS Direct Programs

<b>Performance Measure</b>	<b>FY 2014 Target</b>	<b>FY 2015 Target</b>	<b>FY 2016 Target</b>	<b>Measure Lead</b>
<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.	Set Baseline Result: 54.6% Met	Achieve target rate of 54.6% Result: 54.9% Met	Achieve target rate of 55.6%	Carolyn Aoyama DNS/OCPS 301-443-1028
<b>Cancer Screening: Mammogram Rates:</b> Percentage of eligible women who have had mammography screening within the previous two years.	Achieve target rate of 54.7% Result: 54.2% Not Met	Achieve target rate of 54.8% Result: 54.5% Not Met	Achieve target rate of 55.9%	Carolyn Aoyama DNS/OCPS 301-443-1028
<b>Cancer Screening: Colorectal Cancer Screening Rates:</b> Percentage of patients age 50-75 who have had appropriate colorectal cancer screening.	Achieve target rate of 35.0% Result: 37.5% Met	Achieve target rate of 35.2% Result: 38.6% Met	Achieve target rate of 38.7%	Don Haverkamp NCCDPHP 505-264-3173
<b>Tobacco Cessation Intervention:</b> Percentage of tobacco-using patients that receive tobacco cessation intervention.	Achieve target rate of 45.7% Result: 48.2% Met	Achieve target rate of 46.3% Result: 52.1% Met	Achieve target rate of 49.1%	Dayle Knutson GPA605-380-9263
<b>Alcohol Screening:</b> Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.  Prior to FY 2016, this measure tracked patients age 15-44; as of FY 2016 this measure tracks patients age 14-46.	Achieve target rate of 65.9% Result: 66.0% Met	Achieve target rate of 66.7% Result: 66.6% Not Met	Set Baseline	Beverly Cotton OCPS/DBH 301-443- 4754
<b>Domestic (Intimate Partner) Violence Screening:</b> Percentage of women who are screened for domestic violence at health care facilities.  Prior to FY 2016, this measure tracked patients age 15-40; as of FY 2016 this measure tracks patients age 14-46.	Achieve target rate of 64.1% Result: 63.5% Not Met	Achieve target rate of 61.6% Result: 63.6% Met	Set Baseline	Beverly Cotton OCPS/DBH 301-443-4754

IHS FY 2014, 2015, 2016 Performance (GPRA) Measures – Tribal and IHS Direct Programs

Performance Measure	FY 2014 Target	FY 2015 Target	FY 2016 Target	Measure Lead
<b>Prenatal HIV Screening:</b> Percentage of pregnant women screened for HIV.	Achieve target rate of 89.1% Result: 88.0% Not Met	Achieve target rate of 86.6% Result: 86.6% Met	Discontinued in FY 2016	Lisa Neel OCPS 301-443-4644 ext. 4305
<b>HIV Screening Ever:</b> Percentage of patients who were ever screened for HIV	N/A	N/A	Set Baseline	Lisa Neel OCPS 301-443-4644 ext. 4305
<b>Childhood Weight Control:</b> Percentage of children ages 2-5 years with a BMI at the 95th percentile or higher.	Long-term measure, no target for FY 2014. (Will be reported in FY 2016)	Long-term measure, no target for FY 2015. (Will be reported in FY 2016)	Achieve target rate of 22.8%	
<b>Breastfeeding Rates:</b> Percentage of patients who, at the age of 2 months, were either exclusively or mostly breastfed.	Achieve target rate of 29.0% Result: 35.1% Met	Achieve target rate of 29.0% Result: 35.7% Met	Achieve target rate of 35.8%	Tina Tah OCPS 301-443-0038
<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.	Achieve target of 425,679 Result: 386,307 Not Met	Achieve target of 425,679 Result: TBD	Achieve target of 390,556	Tina Tah OCPS/OD 301-443-0038
<b>Suicide Surveillance:</b> Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals	Increase the number of suicidal behavior report forms completed and submitted to 1,668 Result: 1,766 Met	Increase the number of suicidal behavior report forms completed and submitted to 1,419 Result: TBD	Increase the number of suicidal behavior report forms completed and submitted to 1,798	Beverly Cotton OCPS/DBH 301-443-4754
<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  Federal and Tribal health programs will begin reporting on this measure in FY 2014	Set Baseline Result: 59.5% Met	Achieve target rate of 59.5% Result: 58.5% Not Met	Achieve target rate of 60.6%	Cheryl Peterson OCPS/IPC 301-443-1040
<b>YRTC Improvement/Accreditation:</b> Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).	Achieve a 100% accreditation rate Result: 90% Not Met	Achieve a 100% accreditation rate Result: TBD	Achieve a 100% accreditation rate	Beverly Cotton OCPS/DBH 301-443-4754