DEPARTMENT of HEALTH and HUMAN SERVICES

Indian Health Service

FY 2011 Online Performance Appendix

Introduction

The FY 2011 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services's (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information Report. These documents are available at http://www.hhs.gov/budget/.

The FY 2011Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2009 Annual Performance Report and FY 2011 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Summary of Performance and Financial Information Report summarizes key past and planned performance and financial information.

Transmittal Letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

I am pleased to present the Indian Health Service (IHS) fiscal year (FY) 2011 Congressional Justification and Online Performance Appendix. This budget request provides our most fully integrated and transparent performance budget to date and supports the goals and objectives of the Department of Health and Human Services. Consistent with the Government Performance and Results Act of 1993, this budget justification includes the FY 2011 Annual Performance Plan and the FY 2009 Annual Performance Report with FY 2010 and FY 2011 performance targets provided.

This budget renews and strengthens our partnership with Tribes in the following ways: by aligning the Agency's health funding budget to reflect Tribal priorities, such as diabetes, cancer, behavioral health, and cardiovascular disease; introducing and implementing administrative and operational reforms directed towards more efficient care coordination and funding program requirements; and improving health care quality and access. It is the commitment of IHS staff to achieving these objectives that is the Agency's greatest asset.

For FY 2011, the IHS provides a comprehensive set of performance measures that reflect essential health services with evidence-based linkages to improved health outcomes. The automated monitoring of these performance measures from the local to the national level provides the IHS and our stakeholders with information to assess ongoing progress towards the following Agency-wide goals:

IHS Strategic Goals:

- Build and sustain healthy communities.
- Provide accessible, quality health care.
- Foster collaboration and innovation across the Indian Health System.

Effective administration and oversight of clinical, staff, and financial resources is essential to meeting the health care needs of American Indian and Alaska Native (AI/AN) people. And while the IHS has succeeded in reducing overall mortality for our population by 28 percent over the past 30 years, this progress is offset by a trend of growing disparities in mortality rates between the AI/AN population and our country's population overall during the same period. Our FY 2011 budget request represents the commitment of the IHS and our stakeholders to the Agency's mission by working to meet the health care needs of AI/AN people more efficiently and effectively.

To the best of my knowledge, the performance data reported by IHS for inclusion in the FY 2011 Online Performance Appendix is accurate, complete, and reliable.

/Yvette Roubideaux/
Yvette Roubideaux, M.D., M.P.H.
Director

Table of Contents

Summary of Performance Targets and Results

Indian Health Service (IHS)

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2006	34	33	97%	27	82%
2007	51	49	96%	41	84%
2008	58	51	88%	38	75%
2009	60	49	82%	41	84%
2010	57	0	0%	0	0%
2011	53	0	0%	0	0%

CLINICAL SERVICES: HH&C, CHS, Dental, Mental Health, Alcohol and Substance Abuse.

The following measures are overarching measures that are accomplished through several programs and activities in the IHS Services budget.

Measure	FY	Target	Result
31: Childhood Weight Control: Proportion of children, ages 2-5 years, with a BMI of 95 percent or higher. IHS - All *(Outcome)*	*2011*	N/A	N/A
	2010	24%	N/A
	2009	N/A	25% (No Target Long-Term Measure)
	2008	24%	24% (Target Met)
	2007	24%	24% (Target Met)
	2006	Set Baseline	24% (Baseline)
31: Tribally Operated Health Programs *(Outcome)*	*2011*	N/A	N/A
	2010	24%	N/A
	2009	N/A	24% (No Target Long-Term Measure)
	2008	25%	25% (Target Met)
	2007	25%	25% (Target Met)
	2006	Set Baseline	25% (Baseline)

Unique Identifier	Data Source	Data Validation
31	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

There was no FY 2009 target for this long-term measure. In FY 2009, 25% of children ages 2-5 had a BMI at or above the 95th percentile, up from 24% in each of the previous three years. For FY 2010 and FY 2012 the long-term target is 24%.

Rates of overweight among American Indian and Alaska Native children exceed the national averages. Children who are overweight tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. One major result of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children. In order to address this problem of childhood obesity, the IHS has created a guidance document "Promoting a Healthy Weight in Children in Youth" with specific best practices strategies covering BMI assessment, breastfeeding, patient health education, counseling, and community strategies. This guidance, along with provider toolkits, has been distributed widely across the IHS provider network.

Measure	FY	Target	Result
TOHP-2: Number of designated annual clinical performance goals met. *(Outcome)*	*2011*	16/17	N/A
	2010	16/17	N/A
	2009	14/17	15/17 (Target Exceeded)
	2008	14/17	14/17 (Target Met)
	2007	13/16	14/16 (Target Exceeded)
	2006	11/13	10/13 (Target Not Met)

Unique Identifier	Data Source	Data Validation
TOHP-2	Clinical Reporting System (CRS)	CRS Software Testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. TOHPs met 15 out of 17 annual clinical performance targets. In FY 2010 the target is to meet 16 out of 17 measures and in FY 2011 the target is to meet 15 out of 17 measures, which is ambitious. Meeting the majority of evidence-based clinical performance measures directly contributes to the IHS mission of improving the health status of AI/ANs.

Measure	FY	Target	Result
28: Unintentional Injury Rates Unintentional Injuries mortality rate in AI/AN population. (*Outcome*)	*2012*	94.0	Dec 2016
	2008	94.0	Dec 2012
	2007	94.0	Dec 2011
	2006	94.0	Dec 2010
FAA-3: Unintentional Injury Rates: Unintentional Injuries mortality rate in AI/AN population.	*2012*	90.5 (2016)	Dec 2016

Unique Identifier	Data Source	Data Validation
28	National Center on Vital Health Statistics	IHS Division of Program Statistics
FAA-3	National Center on Vital Health Statistics	IHS Division of Program Statistics

Due to the four year data lag of reporting as well as the nature of measuring system-wide clinical and public health interventions in a population, this measure was categorized as a long term measure in FY 2009, with the next performance accountable year being FY 2012. Therefore, there are no FY 2009 – FY 2011 targets for this long-term measure. There is annual accountability up to FY 2009. The agency methodology is to report last actual results. If a rate is maintained or reduced, the measure is met or exceeded; if the rate increases, the measure is not met. The last actual result becomes the future years' target with the ultimate goal of reducing unintentional injury mortality.

The overarching performance goal for this measure is to reduce unintentional injury mortality in the AI/AN population. The FY 2003 result was 94.8 (CY 2002-2004) and the FY 2004 result was 94.0 (CY 2003-2005); therefore the measure was exceeded. Future targets are adjusted to 94.0, with the performance goal of reducing

unintentional injury mortality in the AI/AN population. The most reasonable explanation for the drop in the mortality rate is the fact that the age-adjusted mortality rate for AI/ANs from motor vehicle accidents has decreased dramatically through the years for these same timeframes. Motor vehicle accidents encompass the largest number of deaths for all unintentional injuries therefore it is reasonable to assume that motor vehicle accident mortality is "driving" the age-adjusted rate downward.

The long term 2012 target for IHS Federal sites only is to achieve an unintentional injury mortality rate of 90.5. The last actual result for FY 2004 (CJ 2003-2005) was 90.5. The same overarching methodology applies to this measure.

Measure	FY	Target	Result
21: Patient Safety: Percent of patient falls in an IHS-funded facility in persons age 65 and older as a result of taking high risk medication. (*Outcome*)	*2011*	TBD	N/A
	2010	Baseline	N/A

Unique Identifier	Data Source	Data Validation
21	WebCident patient safety adverse event reporting system deployment records	Adverse event report submissions and program site reviews

The risk of harm to elderly patients as a result of falls is well documented. A list of medications which put the elderly at higher risk for falls has been developed by HEDIS. These medications should be limited or not provided to the elderly. By tracking and trending the use and sharing data with healthcare providers with the aim of reducing orders for these meds to the elderly, we believe morbidity and mortality can be prevented in patients. IHS undertook a revision of this measure during FY 2009. The revised measure is to track the percentage of patient falls in an IHS-funded facility in persons age 65 and older as a result of high-risk medication use. A baseline rate for this measure will be reported in FY 2010.

Hospitals and Health Clinics & Contract Health Services

The following measures are accomplished primarily through the activities and programs of Hospitals & Health Clinics and Contract Health Services, both of which support the provision of clinical care.

Measure	FY	Target	Result
5: Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. IHS-All [1] *(Outcome)*	2011	N/A/55.4%	N/A
	2010	N/A/54%	N/A
	2009	N/A/47%	N/A/50% (Target Exceeded)
	2008	Set Baseline/40%	NA/50% (Target Exceeded)
	2007	61%/Set Baseline	62/40% (Baseline)
	2006	68/50%	61%/55% (Target Exceeded)

[1] First figure in results column is Diabetes audit data; second is CRS.

Measure	FY	Target	Result
5: Tribally Operated Health Programs *(Outcome)*	2011	40.0%	N/A
	2010	39%	N/A
	2009	33%	36% (Target Exceeded)
	2008	28%	35% (Target Exceeded)
	2007	Set Baseline	28% (Baseline)
	2006	48%	52% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
5	Clinical Reporting System (CRS); annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance Review of site submissions

The FY 2009 CRS target for nephropathy (kidney disease) assessment was met and exceeded. In FY 2009 50% of patients were screened based on the 2006 Diabetes Standards of Care, which require an estimated glomerular filtration rate (GFR- a measure of the kidney's ability to filter blood) and quantitative urinary protein assessment; the previous standard required a positive urine protein test or any microalbuminuria test. The FY 2008 rate was also 50%. However, the FY 2009 target was 47%, 3 percentage points lower than the FY 2008 result, so the 2009 target was exceeded. The change in screening standards was adopted for CRS data in FY 2007 following three years of improving rates based on the previous standard. (Between FY 2004 and FY 2006 the CRS rate rose from 42% to 55%) Tribal involvement, collaboration with other Federal agencies, and community emphasis all contributed to measure improvement. The 2010 performance target is to achieve a rate of 54%, an increase of 4 percentage points over the FY 2009 result. In FY 2011, the target increases to 55.4%.

Diabetes Audit data based on these new requirements for an estimated GFR and a quantitative urinary protein assessment was deemed not reliable by the Diabetes program and no Audit result is available for this measure for FY 2009 or FY 2008. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2010 and FY 2011 audit targets have not yet been determined, due to the need to review data reliability issues that arose in FY 2008.

Measure	FY	Target	Result
20: Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). *(Outcome)*	2011	100%	N/A
	2010	100%	N/A
	2009	100%	100% (Target Met)
	2008	100%	100% (Target Met)
	2007	100%	100% (Target Met)
	2006	100%	100% (Target Met)

Unique Identifier	Data Source	Data Validation
20	Reports from hospitals and clinics	JCAHO and AAAHC web sites

The FY 2009 target for this measure was met. IHS maintained 100 percent accreditation of all IHS hospitals and ambulatory clinics. The 100 percent accreditation target has been met consistently over the last four years, which is important because accreditation contributes both directly and indirectly to improved clinical quality and is essential for maximizing third-party collections. The local IHS multidisciplinary team approach to accreditation and ongoing quality management, with guidance and support from Area staff, has been the mainstay of success in maintaining this rate. This is one of the most demanding measures to meet, given the growing clinical quality of care assessments that are required as well as issues related to health facilities maintenance and renovation that are critical to accreditation. The FY 2010 and FY 2011 targets are to maintain 100% accreditation at all IHS-operated hospitals and outpatient clinics (excluding tribally operated facilities).

Measure	FY	Target	Result
6: Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. IHS - All *(Outcome)*	2011	56.4%	N/A
	2010	55%	N/A
	2009	47%	51% (Target Exceeded)
	2008	49%	50% (Target Exceeded)
	2007	49%	49% (Target Met)
	2006	Set Baseline	52/49% (Baseline)[2]
6: Tribally Operated Health Programs	*2011*	52.3%	N/A
	2010	51%	N/A
	2009	46%	48% (Target Exceeded)
	2008	48%	48% (Target Met)
	2007	48%	48% (Target Met)
	2006	50%[3]	48% (Target Not Met)

Unique Identifier	Data Source	Data Validation
6	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for retinopathy screening was met and exceeded. During FY 2009, the proportion of patients with diabetes that received an annual diabetic retinal exam increased from 50% in FY 2008 to 51%. Measure results have been relatively stable over the past four years; until FY 2006, results were only reported from pilot sites, but starting in FY 2007, results represent all sites. The FY 2010 target is to achieve a rate of 55% percent, and in FY 2011 the target for this measure is 56.4%.

Diabetic eye disease is a leading cause of blindness in the United States. Early detection of diabetic retinopathy (DR) is a fundamental part of the effort to reduce visual disability in diabetic patients. Meeting performance

[2] For FY 2006, two numbers were required and reported: first figure represents results at designated sites, second is results for all sites. FY 2006 target is to maintain at designated pilot sites and establish baseline at all sites. Since FY 2007, examination rates at designated pilot sites have not been reported separately.

[3] FY 2005 results reported to OMB in program assessment submission are the established baseline for TOHP.

targets for FY 2010 will be challenging in the face of increases in diabetes prevalence and the steadily increasing optometry program vacancy rates. IHS will face these challenges by improving performance through heightened attention to DR, disseminating best practices of high performing sites, and continued expansion of the IHS-JVN Tele-ophthalmology program. With increased funding in FY 2010 and FY 2011, IHS will be in a better position to address these challenges.

Measure	FY	Target	Result
7: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. IHS - All *(Outcome)*	2011	61.5%	N/A
	2010	60%	N/A
	2009	59%	59% (Target Met)
	2008	59%	59% (Target Met)
	2007	60%	59% (Target Not Met)
	2006	60%	59% (Target Not Met)
7: Tribally Operated Health Programs	2011	62.5%	N/A
	2010	61%	N/A
	2009	60%	60% (Target Met)
	2008	61%	60% (Target Not Met)
	2007	61%	61% (Target Met)
	2006	61%	61% (Target Met)

Unique Identifier	Data Source	Data Validation
7	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met. In FY 2009 the proportion of eligible women who have had a Pap screen within the previous three years was 59 percent, unchanged from FY 2008. Results for this measure have been consistent over the past four reporting years. Regular screening with a pap smear lowers the risk of developing invasive cervical cancer by detecting pre-cancerous cervical lesions that can be treated. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up. Pap screening contributes to reduced mortality rates, treatment costs, and quality of life of AI/AN women. In FY 2010 the target for this measure increases to 60% based on increased funding and increases to 61.5% in FY 2011.

To meet the FY 2010 and 2011 targets, IHS will continue to encourage the use of RPMS electronic tools to more efficiently and effectively identify and schedule patients eligible for screening. These include a Clinical Reporting System (CRS) function that links patient lists with the scheduling package, iCare case management software, the women's health package, and Electronic Health Record reminders.

Measure	FY	Target	Result
8: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. IHS - All *(Outcome)*	2011	49.9%	N/A
	2010	47%	N/A
	2009	45%	45% (Target Met)
	2008	43%	45% (Target Exceeded)
	2007	41%	43% (Target Exceeded)
	2006	41%	41% (Target Met)
8: Tribally Operated Health Programs *(Outcome)*	*2011*	50.2%	N/A
	2010	49%	N/A
	2009	47%	47% (Target Met)
	2008	45%	47% (Target Exceeded)
	2007	44%	45% (Target Exceeded)
	2006	44%	44% (Target Met)

Unique Identifier	Data Source	Data Validation
8	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met. In FY 2009, the proportion of eligible women who have had mammography screening within the previous two years was 45 percent, unchanged from FY 2008. In FY 2010 the target increases to 47% based on increased funding, and the FY 2011 target is 49.9%.

Biennial mammogram screening of women between the ages of 50 and 69 has been shown to be a cost effective way to decrease the breast cancer mortality rate. Regular mammography screening can reduce breast cancer mortality by 20 to 25 percent. AI/AN women diagnosed with breast cancer have lower 5-year survival rates in comparison to white women, mainly because their cancers are less likely to be found in earlier stages. It is because of this disparity that breast cancer screening remains an IHS priority. This measure has made steady progress over the past four reporting years.

To meet the FY 2010 and 2011 targets IHS will continue to encourage the use of RPMS electronic tools to more efficiently and effectively identify and schedule patients eligible for screening. These include a new Clinical Reporting System (CRS) function that links patient lists with the scheduling package, the new iCare case management software, the women's health package, and Electronic Health Record reminders.

Measure	FY	Target	Result
9: Colorectal Cancer Screening Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. IHS - All *(Outcome)*	*2011*	38.8%	N/A
	2010	36%	N/A
	2009	29%	33% (Target Exceeded)
	2008	26%	29% (Target Exceeded)
	2007	22%	26% (Target Exceeded)
	2006	Set Baseline	22% (Baseline)
9: Tribally Operated Health Programs *(Outcome)*	*2011*	40.0%	N/A
	2010	39%	N/A
	2009	32%	36% (Target Exceeded)
	2008	29%	32% (Target Exceeded)
	2007	26%	29% (Target Exceeded)
	2006	Set Baseline	26% (Baseline)

Unique Identifier	Data Source	Data Validation
9	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. In FY 2009, the proportion of eligible patients who have had appropriate colorectal cancer screening was 33 percent, an increase of four percentage points above the FY 2008 rate of 29 percent. The increase reflects increased provider and patient awareness of the value of regular screening. In FY 2010 the target increases to 36% based on increased funding, and in FY 2011 the target is 38.8%

Colorectal cancers are the third most common cancer in the United States, and are the third leading cause of cancer deaths. Colorectal cancer rates among the Alaska Native population are well above the national average and rates among American Indians are rising. Improving timely detection and treatment of colorectal cancer screening will reduce undue morbidity and mortality associated with this disease.

Measure	FY	Target	Result
TOHP-4: Years of Potential Life Lost (YPLL) in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs (*Outcome*)	*2012*	55.3 (2015)	N/A
	2004	N/A	64.4

Unique Identifier	Data Source	Data Validation
TOHP-4	2000 Census bridged-race file; mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics

This measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. The most current

available data for Tribally-Operated Health Programs (TOHP) is from FY 2004, with a rate of 64.4 per population of 100,000. The long-term target for this measure is to reduce the YPLL in the American Indian/Alaska Native (AI/AN) populations served by tribal health programs to 55.3 by 2012, which will be reported in 2015.

Measure	FY	Target	Result
FAA-2: Years of Potential Life Lost in American Indian/Alaska Native population *(Outcome)*	*2012*	62.3 (2015)	N/A
	2004	N/A	80.4

Unique Identifier	Data Source	Data Validation
FAA-2	IHS service population data; 2000 Census bridged-race file; Mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics

This measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. The most current data available for Federally-Administered (FAA) programs is for FY 2004, with a rate of 80.4 per population of 100,000. The long-term target for this measure is to reduce the YPLL in the American Indian/Alaska Native (AI/AN) populations served by federally administered programs to 62.3 by 2012, which will be reported in 2015.

Measure	FY	Target	Result
24: Combined (4:3:1:3:3:1:4) Childhood immunization rates[4]: AI/AN children patients aged 19-35 months. In 2010 this measure will add the Varicella vaccine to the basic series that is required and in 2011 Pneumococcal conjugate will be added. IHS - All *(Outcome)*	*2011*	82.0%	N/A
	2010	80%	N/A
	2009	78%	79% (Target Exceeded)
	2008	78%	78% (Target Met)
	2007	78%	78% (Target Met)
	2006	Set Baseline	78% (Baseline)[5]
24: Tribally Operated Health Programs *(Outcome)*	*2011*	77.9%	N/A
	2010	76%	N/A
	2009	72%	75% (Target Exceeded)
	2008	72%	72% (Target Met)
	2007	74%	72% (Target Not Met)
	2006	54%	74% (Target Exceeded)

[4] Varicella was added to the series of childhood immunizations the agency reports on in FY 2010 and Pneumococcal conjugate vaccine was added for FY 2011. Prior to FY 2010, the agency reported on the 4:3:1:3:3 series of vaccinations.

[5] National Immunization Report results were 80%. For FY 2006 set a baseline for CRS Immunization Measure and reported final National Immunization Reports as well.

Unique Identifier	Data Source	Data Validation
24	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. In FY 2009, the percentage of children ages 19-35 months receiving the recommended vaccine series (4:3:1:3:3) was 79 percent, an increase of one percentage point over the FY 2008 rate. The FY 2010 target is to achieve a rate of 80 percent. This target is ambitious, given that immunizations are relatively high-cost procedures and reaching the measure target relies on provider coordination of care and follow-up by patients. Additionally, in FY 2010 the Varicella vaccine will be added to the basic series that is required to meet the measure, and in FY 2011 the Pneumococcal conjugate will be added. The FY 2011 target is 82.0%.

Routine immunizations represent a cost-effective public health measure that significantly improves the health of children by preventing a number of serious illnesses and associated treatment costs. The Healthy People 2010 goal is 90 percent coverage for all routine immunizations for children aged 19-35 months and 80 percent coverage for the combined (4:3:1:3:3) series of vaccinations. The combined series includes coverage with 4 doses of Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), 3 doses of Inactivated Poliovirus (IPV), 1 dose of Measles, mumps and rubella vaccine (MMR), 3 doses of Hepatitis B and 3 doses of Haemophilus influenzae type b conjugate vaccine (Hib). In FY 2010 the combined series will also require one dose of Varicella and in FY 2011 the series will require 4 doses of Pneumococcal conjugate (PCV), which will align with the Centers for Disease Control and Prevention (CDC) standards.

Childhood immunizations are a high priority for IHS. The agency will work to meet the FY 2010 and FY 2011 targets by encouraging use of the RPMS immunization package to identify immunizations that are due for each patient, sharing data with state immunization registries, and collaborating with local health agencies to assure availability of vaccines.

Measure	FY	Target	Result
FAA-E: Hospital admissions per 100,000 service population for long term complications of diabetes in federally administered facilities.[6] *(Efficiency)*	*2011*	N/A	N/A
	2010	130.7	Sept 2012
	2009	130.7	Sept 2011
	2008	130.7	Sept 2010
	2007	169.6	132.0 (Target Exceeded)
	2006	152.5	171.3 (Target Not Met)

Unique Identifier	Data Source	Data Validation
FAA-E	National Health Disparities Report	IHS Division of Program Statistics

Reporting for this measure has a two-year time lag and FY 2009 data will not be available until September 2011. This measure tracks hospitalization admissions per 100,000 service population for long term complications of diabetes in federally administered activities. The FY 2009 target for this measure is 130.7 per 100,000, and the target for FY 2010 is to maintain this admission rate. Rates from FY 2006-2007 reflect a decline in hospital

[6] FY 2005 data, the data systems were switched from Legacy NPIRS to National Data Warehouse. FY 2004 data was recalculated for the new baseline year for comparability. There were also methodology changes for tribal hospitals to reflect changes in ownership and to correct geographic errors.

admissions for long-term complications of diabetes. The FY 2007 result, 132.0 admissions per 100,000 service population, exceeded the measure target. A lowered rate is the goal for this measure. FY 2008 results have not yet been reported. This measure is designed to demonstrate the overall effectiveness of diabetes management by documenting the reductions in costly in-patient care, which indirectly reflects improved patient care efficiency in the face of increasing rates of diabetes in AI/AN populations.

Measure	FY	Target	Result
FAA-1: Children ages 2-5 years with a BMI at the 95th percentile or higher. *(Outcome)*	*2011*	N/A	N/A
	2010	24%	N/A
	2009	23.2%	24.7% (Target Not Met)
	2008	23.2%	23.9% (Target Not Met)
	2007	23.2%	24% (Target Not Met)
	2006	Set Baseline	23.2% (Baseline)

Unique Identifier	Data Source	Data Validation
FAA-1	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was not met. The target was to reduce the rate of children ages 2-5 with a BMI at or above the 95th percentile from 23.9 to 23.2. The result was 24.7%. Results from FY 2006-2009 show a gradual, small increase in the proportion of children, ages 2 – 5 years, with a BMI at or above the 95th percentile. The FY 2010 target for this measure is to reduce this rate to 24%.

Measure	FY	Target	Result
TOHP-3: Percentage of AI/AN patients with diagnosed diabetes served by tribal health programs that achieve ideal blood sugar control. *(Outcome)*	*2011*	N/A	N/A
	2010	N/A	N/A
	2009	N/A	34% (No Target Long-term Measure)
	2008	N/A	34% (No Target Long-term Measure)
	2007	N/A	33% (No Target Long-term Measure)
	2006	N/A	33% (No Target Long-term Measure)

Unique Identifier	Data Source	Data Validation
TOHP-3	Clinical Reporting System (CRS)	CRS Software Testing; quality assurance review of site submissions

There is no annual target for this measure; the result for FY 2009 is 34%. Past trends for this measure show a stable rate for 3 years, followed by an increase of one percentage point from FY 2007 to FY 2008. This is a long-term measure to increase the proportion of patients with ideal blood sugar control to forty percent in 2014,

reportable in 2014. Further analysis will be available at that time. This performance measure will reduce the cost of diabetic care while improving health outcomes, in addition to improving the health status of AI/ANs.

Measure	FY	Target	Result
16: Domestic (Intimate Partner) Violence Screening**:** Proportion of women who are screened for domestic violence at health care facilities. IHS-All *(Outcome)*	2011	57.3%	N/A
	2010	53%	N/A
	2009	42%	48% (Target Exceeded)
	2008	36%	42% (Target Exceeded)
	2007	28%	36% (Target Exceeded)
	2006	14%	28% (Target Exceeded)
16: Tribally Operated Health Programs *(Outcome)*	2011	49.3%	N/A
	2010	45%	N/A
	2009	36%	40% (Target Exceeded)
	2008	30%	36% (Target Exceeded)
	2007	24%	30% (Target Exceeded)
	2006	10%	24% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
16	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. In FY 2009, the proportion of women who are screened for domestic violence (DV) was 48 percent, an increase of 6 percentage points above the FY 2008 rate of 42 percent. The increase can be attributed to increasing provider awareness of the importance of screening, as well as improved documentation. The FY 2010 target is to increase the screening rate to 53% based on increased funding, and the FY 2011 target is to increase to 57.3%.

This measure is designed to identify and assist AI/AN women who experience domestic violence. Screening identifies women at risk for DV and refers these individuals for services aimed at reducing the prevalence and impact of domestic violence.

Measure	FY	Target	Result
25: Adult Immunizations: Influenza: Influenza vaccination rates among adult patients aged 65 years and older. IHS-All *(Outcome)*	2011	61.5%	N/A
	2010	60%	N/A
	2009	62%	59% (Target Not Met)
	2008	59%	62% (Target Exceeded)
	2007	59%	59% (Target Met)
	2006	59%	58% (Target Not Met)
25: Tribally Operated Health Programs *(Outcome)*	2011	58.4%	N/A
	2010	57%	N/A
	2009	57%	56% (Target Not Met)
	2008	55%	57% (Target Exceeded)
	2007	54%	55% (Target Exceeded)
	2006	54%	53% (Target Not Met)
26: Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients aged 65 years and older. IHS-All *(Outcome)*	2011	85.1%	N/A
	2010	83%	N/A
	2009	82%	82% (Target Met)
	2008	79%	82% (Target Exceeded)
	2007	76%	79% (Target Exceeded)
	2006	72%	74% (Target Exceeded)
26: Tribally Operated Health Programs *(Outcome)*	2011	78.9%	N/A
	2010	77%	N/A
	2009	77%	76% (Target Not Met)
	2008	73%	77% (Target Exceeded)
	2007	69%	73% (Target Exceeded)
	2006	63%	69% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
25 26	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions; immunization program reviews

The FY 2009 target for the Influenza Vaccination measure was not met. In FY 2009, the influenza vaccination rate among adult patients aged 65 years and older decreased by 3 percentage points to 59%. The FY 2010 target is to increase the rate to 60% percent and the FY 2011 target is 61.5%. These targets are ambitious, given the challenges of ensuring vaccinations, such as provider coordination of care, cost of vaccines, and patient follow up.

The FY 2009 target for the Pneumococcal Vaccination measure was met. In FY 2009, the Pneumococcal vaccination rates among adult patients aged 65 years and older was maintained at 82%. Measure results for Pneumococcal vaccination have steadily improved in the past few years. This is due to increased provider awareness of the measure, improved documentation, and targeted prevention campaigns. The FY 2010 target is to increase the rate to 83% and the FY 2011 target is 85.1%. These targets also reflect the challenges of ensuring vaccinations mentioned above.

Vaccination of the elderly against Pneumococcal disease is one of the few medical interventions found to improve health and save on medical costs. Increasing Pneumococcal vaccination rates will provide significant improved health and quality of life among this patient population.

Measure	FY	Target	Result
33: HIV Screening**:** Proportion of pregnant women screened for HIV. *(Outcome)*	*2011*	78.9%	N/A
	2010	77%	N/A
	2009	75%	76% (Target Exceeded)
	2008	74%	75% (Target Exceeded)
	2007	65%	74% (Target Exceeded)
	2006	55%	65% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
33	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for the Prenatal HIV measure was met and exceeded. In FY 2009, the prenatal HIV screening rate was 76%, a 1 percentage point increase over the FY 2008 rate of 75%. Although this measure showed large increases in previous years due to higher provider awareness of the clinical guidelines and improved documentation, there was less dramatic improvement in the past two years. The main obstacle to further improvement is the fact that many sites refer all prenatal patients out for care, and primary care providers do not always receive documentation of HIV testing. The FY 2010 target is to achieve a rate of 77 percent, and the FY 2011 target is to achieve a rate of 78.9%.

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. Timely detection and treatment of HIV in pregnant women significantly reduces the potential for transmission and associated treatment costs.

Measure	FY	Target	Result
FAA-4: Breastfeeding Rates: Proportion of infants 2 months old (45-89 days old) that are exclusively or mostly breastfed *(Outcome)*	*2011*	31%	N/A
	2010	33%	N/A
	2009	28%	33% (Target Exceeded)
	2008	Set Baseline	28% (Baseline)

Unique Identifier	Data Source	Data Validation
FAA-4	Clinical Reporting System(CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. The target was to maintain the proportion of infants 2 months old (45-89 days old) that are exclusively or mostly breastfed at Federally Administered programs at the FY 2008 baseline result of 28%. The FY 2009 result was 33%. The FY 2010 target is 33% and the FY 2011 target is 31%. These targets are still ambitious given that more sites will be reporting feeding data in the coming years. At present, the sites reporting infant feeding data are those with the most comprehensive breastfeeding patient support and have providers with experience in clinical documentation of infant feeding, which requires the use of a tool within the CRS software. Sites that do not have comprehensive breastfeeding support programs generally have lower rates of exclusive breastfeeding; as these sites begin to enter more infant feeding data, the national rate for exclusive breastfeeding is likely to drop. The targets, if maintained, will exceed the current rate of exclusive breastfeeding for all racial and ethnic groups as documented in Healthy People 2010. There is evidence that breastfeeding contributes to lower rates of infectious disease, asthma, and Sudden Infant Death Syndrome, and is associated with lower childhood obesity rates.

Health Information Technology

The following measures are accomplished primarily through the activities of the Office of Information Technology in support of the provision of clinical care.

Measure	FY	Target	Result
RPMS-E1: Average days in accounts receivable for hospitals. *(Efficiency)*	*2011*	TBD	N/A
	2010	TBD	N/A
	2009	Set Baseline	65
RPMS-E2: Average days in accounts receivable for small ambulatory clinics. *(Efficiency)*	*2011*	TBD	N/A
	2010	TBD	N/A
	2009	Set Baseline	64

Unique Identifier	Data Source	Data Validation
RPMS-E1 RPMS-E2	Accounts Receivable Package in the Resource and Patient Management System (RPMS)	OIT quality assurance

These new efficiency measures track the average number of days in accounts receivable in hospitals and the average number of days in accounts receivable for small ambulatory clinics. In FY 2009 a baseline of 65 days was recently established for hospitals and a baseline of 64 days was recently established for small ambulatory clinics. The Office of Information Technology is collaborating with the Office of Resource Access and Partnership (ORAP) to establish targets for FY 2010 and FY 2011. Significant efforts are being made within IHS to improve the accuracy and timeliness of all activities within the revenue cycle, in order to ensure that all appropriate billable services are identified and that claims are generated and actively managed until payment is received. This measure describes the amount of time that passes between the actual date of service and the actual date upon which payment for that service is received by Federally-operated hospitals and small ambulatory clinics. The overall objective of the measure is to reduce this time.

Measure	FY	Target	Result
RPMS-7: Number of patients with clinical images captured or displayed for use in the Resource and Patient Management System (RPMS) Electronic Health Record. *(Outcome)*	*2011*	216,135	N/A
	2010	196,486	N/A
	2009	Set Baseline	178,624

Unique Identifier	Data Source	Data Validation
RPMS-7	Vista Imaging Report in EHR in the Resource and Patient Management System (RPMS)	OIT quality assurance

This new measure will track the number of patients with clinical images captured or displayed for use in the Resource and Patient Management System (RPMS) Electronic Health Record. The ability to review images such as X-rays in the Electronic Health Record will increase the utility of the Electronic Health Record to providers by providing a complete patient record in one location, thus contributing to better patient care. The number of patients with clinical images captured or displayed was established in FY 2009, with a result of 178,624 patients. In FY 2010 the target is to increase the number of patients with clinical images captured or displayed by 10% over the baseline, and the FY 2011 target is to increase by another 10%.

Measure	FY	Target	Result
RPMS-2: Derive all clinical measures from RPMS and integrate with EHR[7]. *(Outcome)*	*2011*	65 Measures/12 IHS Areas	N/A
	2010	63 Measures/12 IHS Areas	N/A
	2009	61 Measures/12 IHS Areas	61 Measures/12 IHS Areas (Target Met)
	2008	59 Measures / 12 IHS Areas	59 Measures / 12 IHS Areas (Target Met)
	2007	41 Measures / 12 IHS Areas	41 Measures / 12 IHS Areas (Target Met)
	2006	38 Measures / 12 IHS Areas	41 Measures / 12 IHS Areas (Target Exceeded)

Unique Identifier	Data Source	Data Validation
RPMS-2	RPMS data; Office of Information Technology (OIT) records	RPMS software; OIT program reviews

The FY 2009 target to derive 61 clinical measures from the Resource and Patient Management System (RPMS) and integrating the Electronic Health Record (EHR) in all 12 Areas was met. This measure is designed to improve the quality of care through the use of appropriate technology and to improve passive extraction of clinical performance data from RPMS health information system. The FY 2010 target is to assure that 63 clinical performance measures based on RPMS data can be reported by CRS software, and in FY 2011 the target will increase to 65 clinical performance measures. Increasing the number of medical conditions that can be tracked using the Clinical Reporting System (CRS) allows clinicians to provide better patient care. Standardized extraction of clinical data assures comparability between providers, facilities, and is consistent with other Federal agencies.

[7]Note on display: The first item represents the number of clinical measures and the second represents the number of Areas (Clinical Measures/Area).

Dental

Measure	FY	Target	Result
12: Topical Fluorides[8]: Number of American Indian and Alaska Native patients receiving at least one topical fluoride application. *(Outcome)*	*2011*	139,033 patients	N/A
	2010	136,978 patients	N/A
	2009	114,716 patients	136,794 patients (Target Exceeded)
	2008	107,934 patients	120,754 patients (Target Exceeded)
	2007	95,439 patients	107,934 patients (Target Exceeded)
	2006	85,318 patients	95,439 patients (Target Exceeded)
13: Dental Access: Percent of patients who receive dental services. *(Outcome)*	*2011*	27.0%	N/A
	2010	27%	N/A
	2009	24%	25% (Target Exceeded)
	2008	25%	25% (Target Met)
	2007	24%	25% (Target Exceeded)
	2006	24%	23% (Target Not Met)
14: Dental Sealants: Number of sealants placed per year in AI/AN patients. *(Outcome)*	*2011*	261,789 sealants	N/A
	2010	257,920 sealants	N/A
	2009	229,147 sealants	257,067 sealants (Target Exceeded)
	2008	245,449 sealants	241,207 sealants (Target Not Met)
	2007	246,645 sealants	245,449 sealants (Target Not Met)
	2006	249,882 sealants	246,645 sealants (Target Not Met)

Unique Identifier	Data Source	Data Validation
12 13 14	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

[8] The FY 2005 measure target included both number of applications and number of patients. Prior to FY 2005 this measure calculated increase in number of individuals with access to fluoridated water.

The FY 2009 target for topical fluorides was met and exceeded. In FY 2009 136,794 patients received at least one topical fluoride application, an increase of 16,040 patients over FY 2008 results. Since FY 2005 the number of patients has increased steadily by about 10,000-12,000 patients per year; however, due to the continuing high vacancy rates for dental positions, it is difficult to predict performance in a given year. The FY 2010 target is to increase the number of patients to 136,978 and the FY 2011 target is to increase the number of patients to 139,033.

Patients who receive at least one fluoride application have fewer new caries, reducing cost of subsequent dental care and improving oral health.

The FY 2009 target for dental access was met and exceeded. In FY 2009, 25 percent of patients received dental care, maintaining the rate from FY 2008. Because the FY 2009 target was lower than the FY 2008 result, the result exceeded the target. The target for FY 2009 was 24%. In FY 2010 the target for dental access increases to 27% based on increased funding, and on-going efforts to address dental vacancies. The FY 2011 target is also 27%. These targets are ambitious, given the challenges of ensuring continued access to dental services, with high provider vacancy rates.

The FY 2009 target for sealants was met and exceeded. In FY 2009 a total of 257,067 sealants were placed in patients, an increase of 15,860 from the FY 2008 result of 241,207 sealants. The FY 2010 target is 257,920 and the FY 2011 target is 261,789, reflecting a slight increase.

The dental program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Mental Health

Measure	FY	Target	Result
29: Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals *(Outcome)*	*2011*	1,726 completed reporting forms	N/A
	2010	1,700 completed reporting forms	N/A
	2009	1,678 completed reporting forms	1,687 completed reporting forms (Target Exceeded)
	2008	1,758 completed reporting forms	1,598 completed reporting forms (Target Not Met)
	2007	1,603 completed reporting forms	1,674 completed reporting forms (Target Exceeded)
	2006	Set Baseline	1,603 completed reporting forms (Baseline)

Unique Identifier	Data Source	Data Validation
29	Extraction of data from Resource and Patient Management System (RPMS)	Division of Behavioral Health reviews

The FY 2009 target for this measure was met and exceeded. The target was to increase the completion of suicidal behavior reporting forms from 1,598 in FY 2008 to 1,678 in FY 2009. The number of forms completed

increased to 1,687. The suicide surveillance measure has evolved from the FY 2004 target of deploying a suicide reporting form into the behavioral health package to integrating the form into the Resource Patient Management System in FY 2005 to setting a baseline level of use in FY 2006. The suicide surveillance tool captures data related to a specific incident of suicide, such as date and location of act, method, contributing factors, and other useful epidemiological information. Local and national reports can be sorted by a number of different variables including the number of suicide events by sex, age, community, tribe, and others. In FY 2010 the target is to increase to 1,700 forms completed. In FY 2011 the target is to increase 1.5% to 1,726 forms completed.

While the Behavioral Health-Management Information System was deployed widely in FY 2007, there were few additional sites added in FY 2008. Moreover, because this measure tracks forms completed, it is difficult to tell whether a decrease reflects lower usage of a form, or fewer events to record. The FY 2008 target was increased based on the FY 2007 performance results; however, targets for this measure are difficult to set, as it is also contingent on broader trends within the AI/AN communities.

Accurate and timely data captured at the point of care provides important clinical and epidemiological information. Completion of forms should provide more complete information about the incidence of suicidal ideation and attempts as well as completions, which will provide far more accurate data to national policy makers and will allow interventions to be evaluated for effectiveness in ways not previously possible.

Measure	FY	Target	Result
18: Behavioral Health[9]: Proportion of adults ages 18 and over who are screened for depression. IHS-All *(Outcome)*	*2011*	57.3%	N/A
	2010	53%	N/A
	2009	35%	44% (Target Exceeded)
	2008	24%	35% (Target Exceeded)
	2007	15%	24% (Target Exceeded)
	2006	Set Baseline	15% (Baseline)
18: Tribally Operated Health Programs *(Outcome)*	*2011*	45.3%	N/A
	2010	41%	N/A
	2009	29%	35% (Target Exceeded)
	2008	21%	29% (Target Exceeded)
	2007	14%	21% (Target Exceeded)
	2006	Set Baseline	14% (Baseline)

Unique Identifier	Data Source	Data Validation
18	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

In FY 2009 the targets for this measure were met and exceeded. In FY 2009, 44% of patients age 18 and older were screened for depression, an increase of 9 percentage points over the FY 2008 rate of 35%. This measure

[9] Prior to 2006 this measure tracked the number of programs reporting minimum agreed-to behavioral health-related data to warehouse.

has seen significant increases in results from the baseline result of 15% in FY 2006. Higher screening rates reflect increasing provider awareness of the importance of universal screening for depression among adults. The FY 2010 target is to increase the rate to 53% and the FY 2011 target is 57.3%. This is a lower-cost screening measure with potential high return on investment.

Depression is often an underlying component contributing to suicide, accidents, domestic/intimate partner violence, and alcohol and substance abuse. Early identification of depression will contribute to reducing their incidence, as well as allow providers to plan interventions and treatment to improve the mental health and well-being of AI/AN people who experience depression.

Alcohol and Substance Abuse

Measure	FY	Target	Result
10: RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). *(Outcome)*	*2011*	100%	N/A
	2010	100%	N/A
	2009	100%	91% (Target Not Met)
	2008	100%	91% (Target Not Met)
	2007	100%	91% (Target Not Met)
	2006	100%	100% (Target Met)

Unique Identifier	Data Source	Data Validation
10	Youth Regional Treatment Center reports	Review by Division of Behavioral Health

The FY 2009 target of 100% accreditation of all Youth Regional Treatment Centers was not met. As in FY 2008, all but one facility continued to be accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF) and two are State-certified. The FY 2010 and FY 2011 targets are to achieve a 100 percent accreditation rate for all YRTCs.

IHS continues to collaborate with tribal programs regarding licensure and accreditation issues. Strong recommendations to continue with the accreditation process are always a top priority within the program, and the agency is confident that the facility will meet the required certification standards of the appropriate health accreditation authority.

Measure	FY	Target	Result
11: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. IHS-All *(Outcome)*	*2011*	56.1%	N/A
	2010	55%	N/A
	2009	47%	52% (Target Exceeded)
	2008	41%	47% (Target Exceeded)
	2007	28%	41% (Target Exceeded)
	2006	12%	28% (Target Exceeded)
11: Tribally Operated Health Programs *(Outcome)*	*2011*	48.9%	N/A
	2010	48%	N/A
	2009	41%	45% (Target Exceeded)
	2008	37%	41% (Target Exceeded)
	2007	27%	37% (Target Exceeded)
	2006	12%	27% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
11	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

In FY 2009 the target for this measure was met and exceeded. In FY 2009 the proportion of women screened for alcohol to prevent Fetal Alcohol Syndrome (FAS) increased by 5 percentage points, from 47% in FY 2008 to 52% in FY 2009. This measure has seen significant increases in results since FY 2005, due to increased provider awareness, and an agency emphasis on behavioral health screening. The FY 2010 target is to increase the rate to 55% and the FY 2011 target is 56.1%. Alcohol Screening is a lower-cost screening measure with potential high return on investment.

Heavy drinking during pregnancy can cause significant birth defects, including FAS. FAS is the leading known, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of FAS. Continued increases in screening rates for this measure will have a significant impact on AI/AN communities.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Contract Health Service

Measure	FY	Target	Result
CHS-1: Average days between Service End and Purchase Order (PO) issued.	*2011*	74 days	N/A
	2010	78 days	N/A
	2008	Baseline	86 days

Unique Identifier	Data Source	Data Validation
CHS-1	Fiscal Intermediary payment records	Review of Fiscal Intermediary quality management reports

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above by providing funds to purchase services that are not available at the IHS or Tribal facility. The IHS Contract Health Services (CHS) program supplements and complements direct care and other health care resources available to eligible AI/ANs. The CHS provides payments to community healthcare providers in situations where: there is no IHS or Tribal direct care facility in a designated service area; the direct care facility does not provide the required health care services; the facility has more demand for services than it has capacity to provide; and/or the patient taken to the nearest Emergency Services facility.

The CHS program contracts with a Fiscal Intermediary (FI) to process and pay claims on behalf of IHS beneficiaries. When an IHS patient is referred outside the IHS system for care, there are several steps to ensure the claim is paid. The first step is the IHS facility issues a purchase order (PO), which is an obligation by the Federal government to pay for services. Once a PO is issued, the FI can begin processing the claim and coordinate the benefits with all third party payers and ultimately pay the provider.

The focus of this new measure is to decrease the average number of days from end of service to when a purchase order is generated, which will help maintain current business relationships with non-IHS healthcare providers. It also has the potential to generate alternate providers who may not currently do business with IHS because of payment issues, leading to greater patient access to care. Payment improvements will ensure IHS provides continued access to essential health care services. The program will use FY 2008 (86 days) as the baseline year. The FY 2010 target is to achieve an average of 78 days between service end and purchase order generation, which is a reduction of 4 days; the FY 2011 target is to achieve an additional 4 day reduction to 74 days.

Special Diabetes Program for Indians

Measure	FY	Target	Result
Diabetes: A1c Measured[10]: Proportion of patients who have had an A1c test. IHS-All *(Outcome)*	*2011*	N/A	N/A
	2010	N/A	N/A
	2009	N/A	80% (No Target; Provided for Context)
	2008	N/A	79% (No Target; Provided for Context)
	2007	N/A	79% (No Target; Provided for Context)
	2006	N/A	79% (No Target; Provided for Context)

[10] There is no measure or goal; this information is provided for context.

Measure	FY	Target	Result
Tribally Operated Health Programs *(Outcome)*	*2011*	N/A	N/A
	2010	N/A	N/A
	2009	N/A	78% (No Target; Provided for Context)
	2008	N/A	76% (No Target; Provided for Context)
	2007	N/A	77% (No Target; Provided for Context)
	2006	N/A	77% (No Target; Provided for Context)
1: Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c > 9.5). IHS-All[11] *(Outcome)*	*2011*	19/16.0%	N/A
	2010	19/16%	N/A
	2009	19/18%	19/18% (Target Met)
	2008	19/16%	18/17% (Target Not Met)
	2007	18/15%	19/16% (Target Not Met)
	2006	18/15%	18/16% (Target Not Met)
1: Tribally Operated Health Programs *(Outcome)*	*2011*	13.0%	N/A
	2010	13%	N/A
	2009	15%	15% (Target Met)
	2008	13%	14% (Target Not Met)
	2007	12%	13% (Target Not Met)
	2006	12%	13% (Target Not Met)

Unique Identifier	Data Source	Data Validation
1	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

There is no target for the Diabetes: A1c Measured measure; results are provided for context only. The FY 2009 CRS target for Diabetes: Poor Glycemic Control was met. In FY 2009, the proportion of patients with diabetes with poor glycemic control (A1c>9.5) was 18%, an increase of one percentage point over FY 2008 results. This represents a decline in performance. However, because the FY 2009 target was lower than the FY 2008 result, the target was still met. The FY 2009 audit result was 19%, a 1 percentage point increase over the previous year's result, which is a decline in performance. CRS and Audit data are based on different collection methods and exclusion criteria. In FY 2010 the CRS target is 16%, a relative 11% improvement from the FY 2009 result;

[11] First figure in results column is Diabetes audit data; second is CRS.

the FY 2011 target is 16.0%. Reducing the number of poorly controlled diabetics is strongly associated with decreasing the incidence of costly diabetic complications and mortality. This measure has been difficult to meet in previous years because it is a high cost measure due to the necessity of frequent medical visits, medications, and laboratory testing for blood sugar control.

Measure	FY	Target	Result
2: Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c <7.0). IHS-All[12] *(Outcome)*	*2011*	36/33.8%	N/A
	2010	36/33%	N/A
	2009	39/30%	36/31% (Target Exceeded)
	2008	38/31%	39/32% (Target Exceeded)
	2007	37/32%	38/31% (Target Not Met)
	2006	36/32%	37/31% (Target Not Met but Improved)
2: Tribally Operated Health Programs *(Outcome)*	*2011*	36.9%	N/A
	2010	36%	N/A
	2009	32%	34% (Target Exceeded)
	2008	33%	34% (Target Exceeded)
	2007	33%	33% (Target Met)
	2006	33%	33% (Target Met)

Unique Identifier	Data Source	Data Validation
2	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2009 CRS target for Diabetes: Ideal Glycemic Control was met and exceeded. In FY 2009, the proportion of patients with diabetes with ideal glycemic control was 31%, a decrease of one percentage point from FY 2008 results. However, because the FY 2009 target was lower than the FY 2008 result, the target was still met. In FY 2009, 36% of patients diagnosed with diabetes in the Diabetes Audit had achieved ideal glycemic control. This was a three percentage point decrease from the FY 2008 audit result. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2010 CRS target is to increase the proportion of patients with ideal glycemic control to 33% based on an increase in funding; the FY 2011 target is 33.8%.

[12] First figure in results column is Diabetes audit data; second is CRS.

The Special Diabetes Program for Indians has demonstrated positive outcomes showing steady improvements, quantitatively and qualitatively, over a three year period. The FY 2009 results also demonstrated a decrease in ideal glycemic control similar to IHS-All trends. By increasing the number of diabetics in ideal glycemic control, complications of diabetes are reduced, thus improving the health status of the AI/AN population.

Measure	FY	Target	Result
3: Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). IHS-All[13] *(Outcome)*	*2011*	36/41.0%	N/A
	2010	36/40%	N/A
	2009	36/36%	36/37% (Target Exceeded)
	2008	38/39%	36/38% (Target Not Met)
	2007	38/37%	38/39% (Target Exceeded)
	2006	36/37%	38/37% (Target Met)
3: Tribally Operated Health Programs *(Outcome)*	*2011*	40.0%	N/A
	2010	39%	N/A
	2009	34%	35% (Target Exceeded)
	2008	38%	36% (Target Not Met)
	2007	37%	38% (Target Exceeded)
	2006	36%	37% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
3	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2009 CRS target for Diabetes: Blood Pressure Control was met and exceeded. In FY 2009, the proportion of patients with diabetes with blood pressure control was 37%, a decrease of one percentage point from FY 2008 results. However, because the FY 2009 target was lower than the FY 2008 result, the target was still met. In FY 2009, 36% of patients diagnosed with diabetes in the Diabetes Audit had achieved blood pressure control. CRS and Audit data are based on different collection methods and exclusion criteria. This is a high-cost measure, which requires frequent medical visits, frequently requires multiple medications, patient compliance, lifestyle adaptation, laboratory testing and monitoring. In FY 2010 the target for this measure is 40% based on an increase in funding; the FY 2011 target is 41.0%.

[13] First figure in results column is Diabetes audit data; second is CRS.

Measure	FY	Target	Result
4: Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). IHS-All[14] *(Outcome)*	*2011*	74/70.7%	N/A
	2010	74/69%	N/A
	2009	75/60%	74/65% (Target Exceeded)
	2008	74/61%	75/63% (Target Exceeded)
	2007	76/60%	74/61% (Target Exceeded)
	2006	72/53%	73/60% (Target Exceeded)
4: Tribally Operated Health Programs *(Outcome)*	*2011*	69.7%	N/A
	2010	68%	N/A
	2009	58%	64% (Target Exceeded)
	2008	58%	61% (Target Exceeded)
	2007	58%	58% (Target Met)
	2006	49%	58% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
4	Clinical Reporting System (CRS); Annual Diabetes care and outcome audit	Comparison of CRS and audit results; CRS software testing; quality assurance review of site submissions

The FY 2009 CRS target for Diabetes: LDL Assessed was met and exceeded. In FY 2009, the proportion of patients with diabetes with LDL assessed was 65%, an increase of two percentage points over FY 2008 results. The FY 2009 target was lower than the FY 2008 result. In FY 2009, 74% of patients diagnosed with diabetes in the Diabetes Audit had their LDL assessed. CRS and Audit data are based on different collection methods and exclusion criteria. Assessment of LDL is a high-cost measure requiring frequent medical visits and laboratory testing. The FY 2010 CRS target is 69%, based on an increase in funding; the FY 2011 target is 70.7%.

Preventive Health: Public Health Nursing, Health Education, Community Health Representatives, and Immunization Alaska

Public Health Nursing

[14] First figure in results column is Diabetes audit data; second is CRS.

Measure	FY	Target	Result
23: Public Health Nursing[15]: 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)*	*2011*	436,450	N/A
	2010	430,000	N/A
	2009	427,700	428,207 (Target Exceeded)
	2008	449,085	415,945 (Target Not Met)
	2007	Set Baseline	427,700 (Baseline)

Unique	Data Source	Data Validation
23	Extraction of data from Resource and Patient Management System	Data verification by Public Health Nursing

The FY 2009 target for this measure was met and exceeded. In FY 2009, 428,207 public health activities were captured by the PHN data system. In FY 2010 the target is to increase the number of activities by 0.4 percent over the FY 2009 result to 430,000. In FY 2011 the target increase is 1.5% to 436,450. PHN clinical activities will continue to focus on and address health disparities, and at the same time provide access to health care services in the community. This myriad of activities contributes towards an overall improvement in health outcomes in the AI/AN population.

This measure is dependent on funding and vacancy rates for PHNs and involved travel outside clinics. This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Health Education

Measure	FY	Target	Result
32: Tobacco Cessation Intervention[16]: Proportion of tobacco-using patients that receive tobacco cessation intervention. IHS-All *(Outcome)*	*2011*	27.7%	N/A
	2010	27%	N/A
	2009	21%	24% (Target Exceeded)
	2008	16%	21% (Target Exceeded)
	2007	12%	16% (Target Exceeded)
	2006	Set Baseline	12% (Baseline)

[15] Prior to FY 2006 this measure tracked the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing.

[16] In FY 2004 and FY 2005 this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

Measure	FY	Target	Result
32: Tribally Operated Health Programs *(Outcome)*	*2011*	22.6%	N/A
	2010	22%	N/A
	2009	17%	19% (Target Exceeded)
	2008	12%	17% (Target Exceeded)
	2007	10%	12% (Target Exceeded)
	2006	Set Baseline	10% (Baseline)

Unique Identifier	Data Source	Data Validation
32	Clinical Reporting System(CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. In FY 2009, 24 percent of tobacco-using patients received tobacco cessation intervention, exceeding the target by 3 percentage points. The increase is due to growing provider awareness of the measure, and improved data entry for patient education and counseling. In FY 2004 and FY 2005, this measure tracked the number of patients screened for tobacco use. In FY 2006 the focus of the measure changed from screening the number of users to intervening in order to reduce the number of smokers. The FY 2010 target is to increase the percentage of tobacco-using patients receiving tobacco cessation intervention to 27%; the FY 2011 target is 27.7%.

The use of tobacco represents the second largest cause of preventable deaths for American Indian and Alaska Native people. Lung cancer is the leading cause of cancer death among AI/ANs. Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is a significant risk factor for this disease. Increasing the number of patients receiving tobacco cessation intervention will reduce the number of patients who smoke, contributing to a reduction in morbidity and mortality.

Measure	FY	Target	Result
30: CVD Comprehensive Assessment[17]: Proportion of Ischemic Heart Disease patients who have a comprehensive assessment for all CVD-related risk factors. *(Outcome)*	*2011*	33.8%	N/A
	2010	33%	N/A
	2009	30%	32% (Target Exceeded)
	2008	30%	30% (Target Met)
	2007	Set Baseline	30% (Baseline)
	2006	44%	48% (Target Exceeded)

[17] In FY 2005 and FY 2006, this measure tracked the proportion of patients ages 23 and older who receive blood cholesterol screening. Prior to FY 2005 measure was: Number of community-directed pilot cardiovascular disease (CVD) prevention programs. In FY 2007, this measure was changed to track the proportion of patients with IHD who were assessed for five CVD-related risk factors.

Measure	FY	Target	Result
30: Tribally Operated Health Programs *(Outcome)*	*2011*	29.7%	N/A
	2010	29%	N/A
	2009	25%	28% (Target Exceeded)
	2008	24%	25% (Target Exceeded)
	2007	Set Baseline	24% (Baseline)

Unique Identifier	Data Source	Data Validation
30	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The FY 2009 target for this measure was met and exceeded. In FY 2009, 32% of IHD patients had a comprehensive assessment for five CVD-related risk factors (Blood Pressure control, LDL assessed, tobacco cessation, lifestyle counseling, and BMI assessed), an increase of 2 percentage points over the FY 2008 rate. In FY 2005 and FY 2006 this measure tracked proportion of patients ages 23 and older who received blood cholesterol screening. The FY 2010 target is to increase the proportion of patients with a comprehensive assessment to 33%; the FY 2011 target is 33.8%.

The Improving Patient Care Program (IPC), assists in promoting overall CVD prevention and case management. Assuring that patients are appropriately screened for risk factors and receiving patient education is essential given the increasing rates of cardiovascular disease in the AI/AN population.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Community Health Representatives

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Immunization Alaska

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Urban Indian Health Program

Measure	FY	Target	Result
UIHP-E: Cost per service user in dollars per year. *(Outcome)*	*2011*	$1,152	N/A
	2010	$1,097	N/A
	2009	$1,045	July 2010
	2008	$805	$995 (Target Not Met)
	2007	$767	$698 (Target Exceeded)
	2006	$601	$737 (Target Not Met)

Measure	FY	Target	Result
UIHP-1: Percent decrease in years of potential life lost. *(Outcome)*	*2013*	51.7	Due 2017
	2009	51.7	Due 2013
	2003	Baseline	51.7
UIHP-2: Percent of AI/AN patients with diagnosed diabetes served by urban health programs that achieve ideal blood sugar control[18]. *(Outcome)*	*2011*	TBD	N/A
	2010	Baseline	N/A
	2009	39%	36% (Target Not Met)
	2008	37%/39%	39%/42% (Target Exceeded)
	2007	38%/41%	37%/39% (Target Not Met)
	2006	Maintain	38%/41% (Target Not Met)
UIHP-3: Proportion of children, ages 2-5 years, with a BMI of 95 percent or higher.[19]. *(Outcome)*	*2013*	TBD	N/A
	2010	Baseline	N/A
	2009	N/A	20%
	2008	N/A	19%/14%
	2007	N/A	28%/17%
	2006	N/A	25%/29%

[18]Beginning in FY 2009, reported urban results are from CRS. Prior to FY 2009 the first number reported represents results from urban facilities conducting an audit of 100% of charts, the second result is from urban facilities conducting an audit of a sample of charts.

[19] Beginning in FY 2009, reported urban results are from CRS. Prior to FY 2009, the first number reported represents results from urban facilities conducting an audit of 100% of charts, the second result is from urban facilities conducting an audit of a sample of charts.

Measure	FY	Target	Result
UIHP-6: Increase the number of diabetic AI/ANs that achieve ideal blood pressure control. *(Outcome)*	*2011*	28%	June 2012
	2010	28%	June 2011
	2009	28%	June 2010
	2008	Set Baseline	28%
UIHP-7: Number of AI/ANs served at Urban Indian clinics. *(Outcome)*	*2011*	48,515	N/A
	2010	47,611	July 2011
	2009	46,724	July 2010
	2008	Baseline	45,853
	2007	N/A	76,359 (Historical Actual)
	2006	N/A	74,104 (Historical Actual)

Unique Identifier	Data Source	Data Validation
UIHP-E	Universal Data System (UDS)	Office of Urban Programs
UIHP-1	2000 Census bridged-race file; mortality data from CDC National Center for Health Statistics.	IHS Division of Program Statistics.
UIHP-2 UIHP-3	Clinical Reporting System (CRS).	CRS software testing; quality assurance review of site submissions.
UIHP-6	Annual Diabetes care and outcome audit	Comparison of CRS and audit results; quality assurance review of site submissions
UIHP-7	UCRR; data source changes to UDS beginning in 2008	Office of Urban Programs

The FY 2009 result for the UIHP-E measure will be available in 2010. The OUIHP has adopted the Universal Data System (UDS) as the data-reporting instrument for the Urban Indian health programs. This has replaced the old Urban Common Reporting Requirements (UCRR) report that has been used for data reporting by the Urban programs since the 1990s. With this change, the data reported is a more accurate representation of the services provided by the Urban programs. The actual cost per user per year for FY 2008 was $995. The target for FY 2008 was $805. This increase reflects the accurate data and is a baseline for the new reporting system. Future targets reflect a five percent increase per year, taking into account annual increases for medical inflation, population growth, and pay costs (which average five percent annually).

This UIHP-1 measure is long term and does not have annual targets. Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. A Baseline result of 51.7 years was established in 2003. The targets for FY 2009 and FY 2013 are to maintain the baseline result of 51.7 years.

The UIHP-3 measure to decrease obesity rates in children is a long-term measure with a target of 19% of children with a BMI at or above the 95th percentile in FY 2010 and in FY 2013. In FY 2009, the result for this measure was 20% for sites reporting via CRS. Prior to 2009, the rates reported represented sites performing sample and 100% audits of records. The resulting fluctuation in rates from year to year was due to the varying audit methodology at urban facilities not using CRS/RPMS. Beginning in FY 2010, all urban programs will be

reporting via CRS, which will standardize reporting. Due to many urban programs making the transition to CRS in FY 2010, the FY 2010 target is to set a baseline for this measure. It will be important to continue to monitor this rate and to implement best practices strategies for BMI assessment, breastfeeding, patient health education, counseling, and community strategies.

The UIHP-2 and UIHP-6 measures both track measures related to patients with diabetes. UIHP-2 tracks the number of American Indians and Alaska Natives that have achieved ideal blood sugar control. In FY 2009 the target of 39% for this measure was not met. The percent of patients who achieved ideal blood sugar control was 36% for sites reporting via CRS. Beginning in FY 2010, all urban programs will be reporting via CRS, which will standardize reporting. The FY 2010 target is to set a baseline for this measure. This measure is difficult to meet because it is a high-cost measure, which requires frequent medical visits, frequently requires multiple medications, patient compliance, lifestyle adaptation, laboratory testing and monitoring The UIHP-6 measure is to track the number of diabetic American Indians and Alaska Natives that achieve blood pressure control. The FY 2008 baseline result for this measure was 28%. FY 2009 results will not be available until June 2010. The FY 2009 and 2010 targets are to maintain the rate at 28%.

The UIHP-7 annual measure tracks the number of AI/ANs served at Urban Indian clinics. FY 2008 established a baseline of 45,853 patients. Results for FY 2009 will be reported in July 2010 and results for FY 2010 will be reported in July 2011. This data will be derived from a new UIHP data system.

Indian Health Professions

Measure	FY	Target	Result
42: Scholarships: Proportion of Health Professional Scholarship recipients placed in Indian health settings within 90 days of graduation. *(Outcome)*	*2011*	78%	N/A
	2010	75%	N/A
	2009	69%	67% (Target Not met)
	2008	52%	61% (Target Exceeded)
	2007	42%	47% (Target Exceeded)
	2006	32%	37% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
42	Scholarship program data system	Clinic employment records

The FY 2009 target for this measure was not met. For FY 2009, the proportion of scholarship recipients placed in Indian health settings within 90 days of graduation was 67%. Over the past five years, the placement rate has been steadily increasing, from 30 percent in 2005 to 67 percent in 2009. The FY 2010 target is to achieve a placement rate of 75%, and the FY 2011 target is 78%.

Improving the placement rate of scholarship recipients has a major impact on meeting the staffing needs at hard-to-fill sites and helping to address high vacancy rates for nurses and dentists. Filling these vacancies will help improve the health care delivery system at I/T/U facilities.

This program contributes to the Hospital and Health Clinics (H&HC) measures listed above.

Critical Management & Performance Infrastructure: Tribal Management, Direct Operations, Self-Governance, Contract Support Costs.

Measure	FY	Target	Result
TOHP-1: Percentage of TOHP clinical user population included in GPRA data. *(Outcome)*	*2011*	78%	N/A
	2010	78%	N/A
	2009	74%	73% (Target Not Met)
	2008	76%	73% (Target Not Met)
	2007	78%	76% (Target Not Met)
	2006	77%	77% (Target Met)

Unique Identifier	Data Source	Data Validation
TOHP-1	IHS Service Population data	Area planners and statisticians

The FY 2009 target for this measure was not met. For FY 2009, the percentage of TOHP clinical user population included in GPRA data was 73%. The FY 2009 target for this measure was to increase the percentage of the Tribally Operated Health Programs (TOHP) clinical user population included in GPRA data by 1 percentage point over the FY 2008 rate of 73 percent. The target for FY 2010 and FY 2011 is 78%.

In FY 2008 and FY 2009, non-RPMS data systems were introduced at additional locations. Standards for data integration are being developed for new data systems so that targets for this measure can be met. Increasing the reporting of clinical user information among TOHPs is a high priority.

Measure	FY	Target	Result
TOHP-E: Tribally Operated Health Programs: Hospital admissions per 100,000 diabetics per year for long-term complications of diabetes. *(Efficiency)*	*2011*	N/A	N/A
	2010	135.7	Sept, 2012
	2009	135.7	Sept, 2011
	2008	135.7	Sept 2010
	2007	148.2	137.1 (Target Exceeded)
	2006	163.4	149.7 (Target Exceeded)

Unique Identifier	Data Source	Data Validation
TOHP-E	National Health Disparities Report	IHS Division of Program Statistics

The FY 2009 target for this measure is to achieve a rate for hospital admissions of 135.7 per 100,000 diabetics per year for long term complications of diabetes; it will not be reported on until September 2011. There is a two-year reporting lag for this measure and data now available for FY 2006 and FY 2007 show a decrease in the

rate. Further trend analysis will be available after FY 2007 and FY 2008 results are available. The FY 2010 target is to achieve a rate of 135.7. This measure is not reported in FY 2011. The FY 2011 target is pending. This measure is designed to demonstrate the overall effectiveness of diabetes management by documenting the reductions in costly in-patient care, which indirectly reflects improved patient care efficiency in the face of increasing rates of diabetes in the AI/AN population.

Facilities: Sanitation Facilities Construction, Healthcare Facilities Construction.

Sanitation Facilities Construction (SFC)

Measure	FY	Target	Result
(35) SFC-1: Sanitation Improvement: Number of new or like-new and existing AI/AN homes provided with sanitation facilities. *(Outcome)*	*2011*	21,500	N/A
	2010	21,811	N/A
	2009	37,500[20]	45,325 (Target Exceeded)
	2008	21,800	21,811 (Target Exceeded)
	2007	23,000	21,819 (Target Not Met)
	2006	22,000	24,090 (Target Exceeded)
(35A) SFC-2: Percent of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. *(Outcome)*	*2011*	37%	N/A
	2010	37%	N/A
	2009	43%[21]	32% (Target Not Met)
	2008	35%	42% (Target Exceeded)
	2007	35%	45% (Target Exceeded)
	2006	20%	35% (Target Exceeded)

Unique Identifier	Data Source	Data Validation
(35) SFC-1	SFC Sanitation Deficiency System (SDS) and Project Data System	Program site inspection
(35A) SFC-2	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

The FY 2009 target for this measure was exceeded. 45,325 homes were provided with sanitation facilities (water, sewage disposal, and/or solid waste water) in FY 2009. This increase from the 21,811 homes provided with sanitation facilities in FY 2008 was due to an increase in funding provided in the American Recovery and

[20] The FY 2009 target was increased from the original target of 21,500 to 37,500 homes as a result of additional funds provided in the ARRA.

[21] This target was increased by one percentage point over the previous target as a result of additional funds provided in the ARRA.

Reinvestment Act (ARRA) of 2009. In FY 2010 the target for this measure is to attain the FY 2008 result of 21,811. The FY 2010 target reflects the challenge of providing homes with sanitation facilities given the need for adjustments for inflation. Since the program funds projects using a priority system that balances cost with health need and tribal wishes, the more cost-effective projects are more likely to be funded first, leaving more expensive projects for future funding. Population served is also based on the aggregation of projects funded in partnership with other agencies, and funding from other agencies has been reduced. The FY 2011 target is 21,500 homes.

The FY 2009 target of achieving 43 percent of existing homes served by the program was not met. The FY 2009 rate was 32 percent. The FY 2010 target is to achieve a rate of 37 percent and the FY 2011 target is 37 percent. The target reflects the challenge of providing homes with sanitation facilities given that the projects chosen for funding are chosen through a priority system that balances cost with health need and tribal wishes. The projects with the highest health need or deficiency level are typically more costly to construct and do not always rank as the highest priority.

SFC projects provide resources for building and sustaining healthy communities through disease prevention; achieving parity in access by attempting to increase the number of AI/AN homes with potable water to 94 percent by 2015; providing compassionate quality health care through the provision of sanitation; and embracing innovation through prevention activities and increased partnerships with other federal agencies, states and tribes. These facilities will provide safe drinking water supplies and adequate waste disposal facilities that are essential preconditions for most health promotion and disease preventions efforts, as well as being a major factor in the quality of life of Indian people.

Measure	FY	Target	Result
SFC-E: Track average project duration from the Project Memorandum of Agreement (MOA) execution to construction completion. *(Efficiency)*	*2011*	4.0 yrs	Apr 2012
	2010	4.0 yrs	Apr 2011
	2009	4.1 yrs	Apr 2010
	2008	4.0 yrs	3.7 yrs (Target Exceeded)
	2007	3.9 yrs	4.1 yrs (Target Not Met)
	2006	4.1 yrs	3.6 yrs (Target Exceeded)

Unique Identifier	Data Source	Data Validation
SFC-E	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

This efficiency measure will not have a FY 2009 result until April 2010. Previous trends show a slight decrease in the average project duration from the Project Memorandum of Agreement execution to construction completion from 3.8 years FY 2005 to 3.6 years in FY 2006, but an increase to 4.1 years in FY 2007. In FY 2008, there was again a slight decrease to 3.7 years. The FY 2009 target is to attain a project duration of 4.1 years and the FY 2010 and FY 2011 targets are to attain a project duration of 4.0 years. Program strategies have been implemented to ensure these projected targets are maintained at a minimum. Any reduction in the length of time a project takes to complete will yield cost savings in both construction inflation costs and project related staffing costs, allowing the program to provide more services to more homes, thus improving water quality and sanitation facilities for the population served.

Measure	FY	Target	Result
SFC-3: Percentage of AI/AN homes with sanitation facilities[22]. *(Outcome)*	*2011*	N/A	N/A
	2010	90%	N/A
	2009	N/A	88% (No Target; Long term Measure)
	2008	N/A	90% (No Target; Long term Measure)
	2007	N/A	89% (No Target; Long term Measure)
	2006	N/A	88% (No Target; Long term Measure)

Unique Identifier	Data Source	Data Validation
SFC-3	SFC Sanitation Deficiency System (SDS) and Project Data System	Sanitation Facilities Construction Program site inspections

This long term measure does not have associated targets until 2010. The FY 2010 target is 90 percent. The percent of AI/AN homes with sanitation facilities had increased slightly each year from 88% in FY 2006 to 90% in FY 2008. FY 2009 was the first year in several where there was a slight decrease in the percentage of homes with potable water. The FY 2009 result was 88%, a 2 percentage point decrease from the FY 2008 result.

Healthcare Facilities Construction (HCFC)

Measure	FY	Target	Result
36: Health Care Facility Construction: Number of health care facilities construction projects completed. *(Outcome)*	*2011*	1 project	N/A
	2010	1 project	N/A
	2009	1 project	1 project (Target Met)
	2008	1 project	0 projects[23] (Target Not Met)
	2007	2 projects[24]	3 projects (Target Exceeded)
	2006	3 projects	3 projects (Target Met)

Unique	Data Source	Data Validation
36	Health Facilities Construction Project Data System	Health Facilities Construction Program site inspections

The FY 2009 target for this measure was met with one project completed. The FY 2010 and FY 2011 targets are also to complete one project.

[22] Long Term Measure; no targets until 2010.

[23] The FY 2008 result is 0 because one project was completed ahead of schedule and one project was delayed due to 638 Tribal contract negotiations.

[24] Target and result numbers reflect the number of construction projects being tracked for performance purposes. However, because the projects vary dramatically in terms of complexity, cost, and timeline, these numerical targets alone do not provide a meaningful picture of the work represented by this measure. A complete list of projects for any given year is available upon request.

Measure	FY	Target	Result
HCFC-E: Health Care Facilities Construction: Percent of health care facilities construction projects completed on time. *(Efficiency)*	*2011*	100%	N/A
	2010	100%	N/A
	2009	100%	100% (Target Met)
	2008	100%	N/A
	2007	100%	100% (Target Met)
	2006	100%	100% (Target Met)

Unique Identifier	Data Source	Data Validation
HCFC-E	Health Facilities Construction Project Data System	Health Facilities Construction Program site inspections

The FY 2009 target for this measure was met. There was no result to report for this measure in FY 2008 because of the two projects originally planned, one project was completed ahead of time and reported in FY 2007 and the second project was delayed until a later year due to 638 Tribal contract negotiations. The FY 2009 target was to once again achieve the rate of 100 percent. The program will continue to implement strategies that have previously proven successful in meeting performance targets. Facility construction projects completed in a timely manner contribute towards increased access to health services and improved health outcomes. In FY 2010 and FY 2011 the targets for this measure are to maintain a rate of 100%.

Measure	FY	Target	Result
HCFC-E: Energy consumption in Leadership in Energy and Environmental Design (LEED) certified IHS health care facilities compared to the industry energy consumption standard for comparable facilities. *(Outcome)*	*2013*	Set Baseline	N/A

Unique Identifier	Data Source	Data Validation
HCFC-E	Health Facilities Construction Project Data System	Health Facilities Construction Program

In FY 2013, the existing measure will be replaced. The new measure will be energy consumption in Leadership in Energy and Environmental Design (LEED) certified IHS health care facilities compared to the industry energy consumption standard for comparable facilities. The FY 2013 target will establish a baseline.

Measure	FY	Target	Result
HCFC-1: Diabetes Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control[25]. *(Outcome)*	*2011*	26.7	N/A
	2010	26	N/A
	2009	30	24/102 (Target Not Met)
	2008	33	31/88 (Target Not Met)
	2007	30	33/73 (Target Exceeded)
	2006	32	30/58 (Target Not Met)
	2011	48.2	N/A
	2010	47	N/A
	2009	43	45/52 (Target Exceeded)
	2008	43	44/43 (Target Exceeded)
	2007	44	43/34 (Target Not Met)
	2006	6	42/23 (Target Exceeded)
	2011	28.7	N/A
	2010	28	N/A
	2009	26	26/244 (Target Met)
	2008	32	27/224 (Target Not Met)
	2007	30	32/30 (Target Exceeded)
	2006	33	29/16 (Target Not Met)
	2011	39.0	N/A
	2010	38	N/A
	2009	39	36/37 (Target Not Met)
	2008	38	40/30 (Target Exceeded)
	2007	15	38/24 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-1: Diabetes Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control[26]. *(Outcome)*	*2011*	26.7	N/A
	2010	26	N/A
	2009	28	24/55 (Target Not Met)
	2008	23	29/41 (Target Exceeded)
	2007	24	23/28 (Target Not Met)
	2006	Exempt	N/A
	2011	33.8	N/A
	2010	33	N/A
	2009	30	31/48 (Target Exceeded)
	2008	41	31/37 (Target Not Met)
	2007	21	41/35 (Target Exceeded)
	2006	Exempt	N/A
	2011	23.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	23 (Baseline)
	2011	30.8	N/A
	2010	30	N/A
	2009	25	28/37 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	25 (Baseline)
	2011	30.8	N/A
	2010	30	N/A
	2009	38	28/16 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	38 (Baseline)

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

Measure	FY	Target	Result
HCFC-2: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years[27]. *(Outcome)*	*2011*	67.7	N/A
	2010	66	N/A
	2009	62	65/53 (Target Exceeded)
	2008	61	63/51 (Target Exceeded)
	2007	62	61/47 (Target Not Met)
	2006	65	62/43 (Target Not Met)
	2011	40.0	N/A
	2010	39	N/A
	2009	38	38/23 (Target Met)
	2008	38	39/24 (Target Exceeded)
	2007	37	38/24 (Target Exceeded)
	2006	32	36/25 (Target Exceeded)
	2011	48.2	N/A
	2010	47	N/A
	2009	44	46/263 (Target Exceeded)
	2008	56	45/242 (Target Not Met)
	2007	56	56/15 (Target Met)
	2006	58	55/14 (Target Not Met)
	2011	65.6	N/A
	2010	64	N/A
	2009	60	63/4 (Target Exceeded)
	2008	60	61/5 (Target Exceeded)
	2007	58	60/2 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-2: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years[28]. *(Outcome)*	*2011*	63.6	N/A
	2010	62	N/A
	2009	61	61/15 (Target Met)
	2008	61	62/10 (Target Exceeded)
	2007	61	61/10 (Target Met)
	2006	Exempt	N/A
	2011	83.0	N/A
	2010	81	N/A
	2009	80	80/25 (Target Met)
	2008	72	81/21 (Target Exceeded)
	2007	73	72/17 (Target Not Met)
	2006	Exempt	N/A
	2011	54.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	54 (Baseline)
	2011	55.4	N/A
	2010	54	N/A
	2009	54	53/11 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	54 (Baseline)
	2011	54.3	N/A
	2010	53	N/A
	2009	52	52/7 (Target Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	52 (Baseline)

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

Measure	FY	Target	Result
HCFC-3: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years[29]. *(Outcome)*	*2011*	57.9	N/A
	2010	56	N/A
	2009	50	54/102 (Target Exceeded)
	2008	48	51/93 (Target Exceeded)
	2007	44	48/77 (Target Exceeded)
	2006	41	44/60 (Target Exceeded)
	2011	38.3	N/A
	2010	37	N/A
	2009	46	35/36 (Target Not Met)
	2008	49	47/25 (Target Not Met)
	2007	48	49/33 (Target Exceeded)
	2006	44	47/33 (Target Exceeded)
	2011	38.3	N/A
	2010	37	N/A
	2009	33	35/288 (Target Exceeded)
	2008	38	34/260 (Target Not Met)
	2007	23	38/38 (Target Exceeded)
	2006	32	22/28 (Target Not Met)
	2011	74.4	N/A
	2010	72	N/A
	2009	67	70/21 (Target Exceeded)
	2008	82	68/17 (Target Not Met)
	2007	43	82/8 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-3: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years[30]. *(Outcome)*	*2011*	44.5	N/A
	2010	43	N/A
	2009	35	41/36 (Target Exceeded)
	2008	28	36/27 (Target Exceeded)
	2007	30	28/21 (Target Not Met)
	2006	Exempt	N/A
	2011	78.6	N/A
	2010	76	N/A
	2009	87	74/25 (Target Not Met)
	2008	62	89/21 (Target Exceeded)
	2007	66	62/17 (Target Not Met)
	2006	Exempt	N/A
	2011	43.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	43 (Baseline)
	2011	54.8	N/A
	2010	53	N/A
	2009	34	51/19 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	34 (Baseline)
	2011	55.8	N/A
	2010	54	N/A
	2009	54	52/28 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	54 (Baseline)

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

Measure	FY	Target	Result
HCFC-4: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients[31]. *(Outcome)*	*2011*	49.9	N/A
	2010	49	N/A
	2009	45	46/40 (Target Exceeded)
	2008	33	45/39 (Target Exceeded)
	2007	35	33/39 (Target Not Met)
	2006	4	35/39 (Target Exceeded)
	2011	70.3	N/A
	2010	69	N/A
	2009	74	69/-1 (Target Not Met)
	2008	69	74/8 (Target Exceeded)
	2007	30	69/12 (Target Exceeded)
	2006	5	29/11 (Target Exceeded)
	2011	72.3	N/A
	2010	71	N/A
	2009	69	68/231 (Target Not Met)
	2008	40	69/211 (Target Exceeded)
	2007	19	40/11 (Target Exceeded)
	2006	50	18/9 (Target Not Met)
	2011	77.4	N/A
	2010	76	N/A
	2009	74	73/5 (Target Not Met)
	2008	60	74/7 (Target Exceeded)
	2007	1	60/4 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-4: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients[32]. *(Outcome)*	*2011*	58.1	N/A
	2010	57	N/A
	2009	53	54/10 (Target Exceeded)
	2008	40	53/7 (Target Exceeded)
	2007	9	40/9 (Target Exceeded)
	2006	Exempt	N/A
	2011	83.6	N/A
	2010	82	N/A
	2009	65	79/18 (Target Exceeded)
	2008	67	65/16 (Target Not Met)
	2007	6	67/14 (Target Exceeded)
	2006	Exempt	N/A
	2011	39.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	39 (Baseline)
	2011	64.2	N/A
	2010	63	N/A
	2009	13	60/9 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	13 (Baseline)
	2011	70.3	N/A
	2010	69	N/A
	2009	49	66/-1 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	49 (Baseline)

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

Measure	FY	Target	Result
HCFC-5: Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months[33] [34]. *(Outcome)*	*2011*	100.0	N/A
	2010	98	N/A
	2009	94	97 (Target Exceeded)
	2008	93	95 (Target Exceeded)
	2007	98	93 (Target Not Met)
	2006	Set Baseline	98 (Baseline)
	2011	94.3	N/A
	2010	92	N/A
	2009	96	91 (Target Not Met)
	2008	85	97 (Target Exceeded)
	2007	100	85 (Target Not Met)
	2006	Set Baseline	100 (Baseline)
	2011	91.2	N/A
	2010	89	N/A
	2009	83	88 (Target Exceeded)
	2008	74	84 (Target Exceeded)
	2007	95	74 (Target Not Met)
	2006	Set Baseline	94 (Baseline)
	2011	95.3	N/A
	2010	93	N/A
	2009	89	92 (Target Exceeded)
	2008	86	90 (Target Exceeded)
	2007	26	86 (Target Exceeded)
	2006	Exempt	N/A

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

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

Measure	FY	Target	Result
HCFC-5: Combined* immunization rates for AI/AN children patients aged 19-35 months: Immunization rates for AI/AN children patients aged 19-35 months[35] [36]. *(Outcome)*	*2011*	73.8	N/A
	2010	72	N/A
	2009	76	71 (Target Not Met)
	2008	84	77 (Target Not Met)
	2007	Set Baseline	84 (Baseline)
	2006	Exempt	N/A
	2011	88.2	N/A
	2010	86	N/A
	2009	96	85 (Target Not Met)
	2008	95	97 (Target Exceeded)
	2007	Set Baseline	95 (Baseline)
	2006	Exempt	N/A
	2011	86.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	86 (Baseline)
	2011	98.4	
	2010	96	N/A
	2009	78	95 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	78 (Baseline)
	2011	98.4	N/A
	2010	96	N/A
	2009	73	95 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	73 (Baseline)

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

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

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older[37]. *(Outcome)*	*2011*	69.7	N/A
	2010	68	N/A
	2009	66	67/130 (Target Exceeded)
	2008	62	67/111 (Target Exceeded)
	2007	67	62/95 (Target Not Met)
	2006	65	67/74 (Target Exceeded)
	2011	70.7	N/A
	2010	69	N/A
	2009	61	68/33 (Target Exceeded)
	2008	64	62/35 (Target Not Met)
	2007	61	64/26 (Target Exceeded)
	2006	46	60/23 (Target Exceeded)
	2011	62.5	N/A
	2010	61	N/A
	2009	57	60/233 (Target Exceeded)
	2008	68	58/218 (Target Not Met)
	2007	59	68/18 (Target Exceeded)
	2006	49	58/18 (Target Exceeded)
	2011	100.0	N/A
	2010	98	N/A
	2009	88	97/0 (Target Exceeded)
	2008	72	89/-5 (Target Exceeded)
	2007	41	72/-6 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older[38]. *(Outcome)*	*2011*	71.8	N/A
	2010	70	N/A
	2009	71	69/25 (Target Not Met)
	2008	68	72/20 (Target Exceeded)
	2007	69	68/17 (Target Not Met)
	2006	Exempt	N/A
	2011	98.4	N/A
	2010	96	N/A
	2009	93	95/39 (Target Exceeded)
	2008	91	94/32 (Target Exceeded)
	2007	93	91/24 (Target Not Met)
	2006	Exempt	N/A
	2011	63.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	63 (Baseline)
	2011	67.7	N/A
	2010	66	N/A
	2009	45	65/24 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	45 (Baseline)
	2011	54.3	N/A
	2010	53	N/A
	2009	60	52/39 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	60 (Baseline)

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

Measure	FY	Target	Result
HCFC-7: Pneumococcal vaccination rates among adult patients aged 65 years and older[39]. *(Outcome)*	*2011*	88.2	N/A
	2010	86	N/A
	2009	82	85/130 (Target Exceeded)
	2008	81	83/111 (Target Exceeded)
	2007	77	81/95 (Target Exceeded)
	2006	70	77/74 (Target Exceeded)
	2011	92.3	N/A
	2010	90	N/A
	2009	83	89/33 (Target Exceeded)
	2008	78	84/35 (Target Exceeded)
	2007	56	78/26 (Target Exceeded)
	2006	24	55/23 (Target Exceeded)
	2011	91.2	N/A
	2010	89	N/A
	2009	80	88/233 (Target Exceeded)
	2008	75	81/215 (Target Exceeded)
	2007	53	75/18 (Target Exceeded)
	2006	53	52/18 (Target Not Met)
	2011	100.0	N/A
	2010	99	N/A
	2009	99	98/0 (Target Not Met)
	2008	87	100/-5 (Target Exceeded)
	2007	42	87/-6 (Target Exceeded)
	2006	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-7: Pneumococcal vaccination rates among adult patients aged 65 years and older[40]. *(Outcome)*	*2011*	89.2	N/A
	2010	87	N/A
	2009	84	86/25 (Target Exceeded)
	2008	84	85/20 (Target Exceeded)
	2007	83	84/17 (Target Exceeded)
	2006	Exempt	N/A
	2011	100.0	N/A
	2010	98	N/A
	2009	95	97/39 (Target Exceeded)
	2008	97	96/32 (Target Not Met)
	2007	90	97/24 (Target Exceeded)
	2006	Exempt	N/A
	2011	92.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	92 (Baseline)
	2011	87.1	N/A
	2010	85	N/A
	2009	61	84/24 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	61 (Baseline)
	2011	89.2	N/A
	2010	87	N/A
	2009	95	86/39 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	95 (Baseline)

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

Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention[41] [42]. *(Outcome)*	*2011*	8.2	N/A
	2010	8	N/A
	2009	2	5 (Target Exceeded)
	2008	1	2 (Target Exceeded)
	2007	3	1 (Target Not Met)
	2006	Set Baseline	1 (Baseline)
	2011	41.0	N/A
	2010	40	N/A
	2009	25	37 (Target Exceeded)
	2008	9	25 (Target Exceeded)
	2007	5	9 (Target Exceeded)
	2006	Set Baseline	3 (Baseline)
	2011	29.7	N/A
	2010	29	N/A
	2009	18	26 (Target Exceeded)
	2008	14	18 (Target Exceeded)
	2007	15	14 (Target Not Met)
	2006	Set Baseline	13 (Baseline)
	2011	39.0	N/A
	2010	38	N/A
	2009	18	35 (Target Exceeded)
	2008	40	18 (Target Not Met)
	2007	Set Baseline	40 (Baseline)
	2006	Exempt	N/A

[41] In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

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

Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention[43] [44]. *(Outcome)*	*2011*	7.2	N/A
	2010	7	N/A
	2009	7	4 (Target Not Met)
	2008	1	7 (Target Exceeded)
	2007	Set Baseline	1 (Baseline)
	2006	Exempt	N/A
	2011	29.7	N/A
	2010	29	N/A
	2009	24	26 (Target Exceeded)
	2008	14	24 (Target Exceeded)
	2007	Set Baseline	14 (Baseline)
	2006	Exempt	N/A
	2011	5.0	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	5 (Baseline)
	2011	54.3	N/A
	2010	53	N/A
	2009	2	50 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	2 (Baseline)
	2011	39.0	N/A
	2010	38	N/A
	2009	11	35 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2006	Set Baseline	11 (Baseline)

[43] In FY 2005, this measure tracked the proportion of patients ages 5 and above who are screened for tobacco use.

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

Unique Identifier	Data Source	Data Validation
HCFC-1 HCFC-2	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions.
HCFC-3	Clinical Reporting System (CRS)	CRS Software testing; quality assurance review of site submissions.
HCFC-4 HCFC-6 HCFC-7	Clinical Reporting System (CRS)	CRS software testing; quality assurance reviews of site submissions.
HCFC-5 HCFC-8	Clinical Reporting System (CRS)	CRS Software testing; quality assurance reviews of site submissions.

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. New facility construction should improve clinical quality and increase access to health care. 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 groups of measures above outline clinical performance and access to care for eight clinical performance topics and include: Diabetes Glycemic control, Cancer Screening (breast and cervical), Alcohol Screening to prevent Fetal Alcohol Syndrome, Immunizations (childhood and adult), and Tobacco Cessation. Overall trends for these measures show moderate improvement but variations across facilities and across measures were noted. The high cost of glycemic control, cancer screenings, and tobacco cessation measures account for some of the variation in results across measures. In addition, increases in access to care (i.e. service population) have been observed for all measures and are not unique to one individual facility. Due to the inflation of the service population, clinical results can have an artificial appearance of declining performance. In other words, increases in the denominator (or growth of the service population) can dilute the true performance result (i.e. the overall number of patients being served has increased). 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. FY 2009, FY 2010 and FY 2011 targets correspond to National Clinical GPRA measure targets.

Measure	FY	Target	Result
HCFC-9: Percent reduction of the YPLL rate within 7 years of opening the new facility[45] *(Outcome)*	*2011*	-10%	Jan 2015
	2010	-10%	Jan 2014
	2009	-10%	Jan 2013

Unique Identifier	Data Source	Data Validation
HCFC-9	IHS service population data; 2000 Census bridged-race file; Mortality data from CDC National Center for Health Statistics	IHS Division of Program Statistics

[45]Long Term Measure; HCFC – 9 will be reported in 2013.

Because this measure reflects the patient population at the 7 year mark after opening a new facility, FY 2009 is the first year for which results will be reported. The HCFC-9 measure of Years of Potential Life Lost (YPLL) data is not available for three years and is reported four years later as the midyear of a three-year rate. Therefore, the YPLL FY 2009 result will not be reported until FY 2013.

Measure	FY	Target	Result
HCFC-10: Percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening the new facility[46] *(Outcome)*	*2009 (Fac A)*	+10%	-14% (Target Not Met)
	2010 (Fac B)	+10%	Oct 2010
	2010 (Fac C)	+10%	Oct 2010
	2011 (Fac D)	+10%	Oct 2011
	2011 (Fac E)	+10%	Oct 2011
	2011 (Fac F)	+10%	Oct 2011
	2015 (Fac G)	N/A	Oct 2015
	2013 (Fac H)	N/A	Oct 2013
	2013 (Fac I)	N/A	Oct 2013

Unique Identifier	Data Source	Data Validation
HCFC-10	Clinical Reporting System (CRS)	CRS software testing; quality assurance review of site submissions

The HCFC-10 measure reflects the percent increase in the proportion of diagnosed diabetics demonstrating ideal blood sugar control within 7 years of opening a new facility. The FY 2009 target for this measure was not met for Facility A, which is currently the only facility that has been open for 7 years. The remaining facilities will report once they have reached the 7 year mark from their opening date. The measure does not take into account increase in patient access to the facility compared to the baseline year. For Facility A, between 2002 and 2009, there was a 102% increase in the number of active diabetic patients receiving treatment at the facility.

Critical Maintenance, Management, & Performance Infrastructure: M&I, Equipment, Facilities & Environmental Health Support

Facilities & Environmental Health Support

[46]Long Term Measure; HCFC – 10 will be reported in 2009 for Facility A and 7 years after the opening of each of the remaining facilities.

Measure	FY	Target	Result
27: Injury Intervention: Occupant protection restraint use *(Outcome)*	*2011*	Discontinued	N/A
	2010	New surveys based on FY 2009 Intervention	N/A
	2009	1 pilot/Area	1 pilot/Area (Target Met)
	2008	Survey/11 IHS Areas	Survey/11 IHS Areas (Target Met)
	2007	3 projects per Area	3 projects/12 IHS Areas (Target Met)
	2006	Web System Implemented	Web System Implemented (Target Met)

Unique Identifier	Data Source	Data Validation
27	OEHE Environmental Health Program automated tracking system.	Environmental Health Program reviews.

The FY 2009 target for this measure was met. In FY 2009, 11 Areas implemented at least one comprehensive injury prevention intervention directed at improving the motor vehicle occupant restraint rates determined in FY 2008. The FY 2010 target is to improve performance in the pilot sites based on FY 2009 interventions. In FY 2011 the target is to set a baseline for seat belt usage. In FY 2011 this measure will be re-categorized as a program level measure.

Measure	FY	Target	Result
34: Environmental Surveillance: Identification and control of environmental health risk factors *(Outcome)*	*2011*	Discontinued	N/A
	2010	New surveys based on FY 2009 Interventions	N/A
	2009	3 interventions/Area	3 interventions/Area (Target Met)
	2008	Set Baseline	12 (Baseline)
	2007	29	32 (Target Exceeded)
	2006	18	20 (Target Exceeded)

Unique Identifier	Data Source	Data Validation
34	Web-based Environmental Health Reporting system (WebEHRS)	Environmental Health Program site inspections

The FY 2009 target for this measure was met. In FY 2009, 11 Areas implemented at least 3 interventions to address the risk factors identified in FY 2008. In FY 2008, the measure was to establish a baseline of common environmental risk factors in communities in 11 IHS Areas. In FY 2009, the Areas were to begin improvement of those baseline numbers by implementing 3 interventions. Prior to FY 2008, this measure tracked the number of environmental health programs using a web-based environmental health data surveillance system (WebEHRS); that system is now in wide use. In FY 2010 the target is to improve performance in interventions, compared to baseline. The FY 2011 target is to identify a baseline rate of out of compliance risk factors in food safety surveys and implement interventions for improvement. This target covers food service establishments surveyed by IHS staff. In FY 2011 this measure will be re-categorized as a program level measure.

Discontinued Performance Measures

Measure	FY	Target	Result
RPMS-1: Develop comprehensive electronic health record (EHR) with clinical guidelines for select chronic diseases	*2009*	Eliminated	Eliminated
	2008	Comprehensive EHR	Met (Target Met)
	2007	Maintain All	Met (Target Met)
	2006	Cardiovascular	Met (Target Met)
	2005	Obesity	Met (Target Met)
RPMS-3: Number of sites to which electronic health record is deployed	*2009*	Eliminated	Eliminated
	2008	All	Met (Target Met)
	2007	40	50 (Target Exceeded)
	2006	40	40 (Target Met)
	2005	20	20 (Target Met)
UIHP-4: Increase the number of sites utilizing an electronic reporting system *(Outcome)*	*2010*	Eliminated	N/A
	2009	+ 5 sites	+ 5 sites (Target Met)
	2008	7 sites	6 sites (Target Not Met)
	2007	6 sites	9 sites (Target Exceeded)
	2006	Set Baseline	9 sites (Baseline)
21: Patient Safety[47]: Development and deployment of patient safety measurement system. (*Outcome*)	*2010*	Eliminated	N/A
	2009	84 sites	132 Sites (Target Exceeded)
	2008	74 sites	94 Sites (Target Exceeded)
	2007	7 Sites	64 Sites (Target Exceeded)
	2006	3 Areas	3 Areas (Target Met)

[47] From FY 2007 through FY 2009 this measure tracked the development and deployment of a patient safety measurement system. In FY 2006 this measure tracked the number of Areas with a medical error reporting system.

Agency Support for HHS Strategic Plan

IHS Linkages to HHS Strategic Plan

The table below shows the alignment of IHS's strategic goals with HHS Strategic Plan goals.

HHS Strategic Goals	**IHS Goal 1:** Build and sustain healthy communities.	**IHS Goal 2:** Build and sustain healthy communities.	**IHS Goal 3:** Foster collaboration and innovation across the Indian health network.
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.			
1.1 Broaden health insurance and long-term care coverage.		X	
1.2 Increase health care service availability and accessibility.		X	X
1.3 Improve health care quality, safety and cost/value.		X	X
1.4 Recruit, develop, and retain a competent health care workforce.		X	X
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.			
2.1 Prevent the spread of infectious diseases.	X	X	
2.2 Protect the public against injuries and environmental threats.	X	X	
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	X	X	X
2.4 Prepare for and respond to natural and man-made disasters.	X	X	
3 Human Services Promote the economic and social well-being of individuals, families, and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.			X
3.2 Protect the safety and foster the well being of children and youth.	X	X	
3.3 Encourage the development of strong, healthier and supportive communities.	X		X
3.4 Address the needs, strengths and abilities of vulnerable populations.	X		X
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science researchers.	X		X
4.2 Increase basic scientific knowledge to improve human health and human development.			

HHS Strategic Goals	IHS Goal 1: Build and sustain healthy communities.	IHS Goal 2: Build and sustain healthy communities.	IHS Goal 3: Foster collaboration and innovation across the Indian health network.
4.3 Conduct and oversee applied research to improve health and well-being.			X
4.4 Communicate and transfer research results into clinical, public health and human service practice.		X	X

Summary of Full Cost for IHS

(Budgetary Resources in Millions)

	Indian Health Service		
HHS Strategic Goals and Objectives	**FY 2009**	**FY 2010**	**FY 2011**
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.	**$3,685.025**	**$4,087.021**	**$4,392.936**
1.1 Broaden health insurance and long-term care coverage.			
1.2 Increase health care service availability and accessibility.	**$2,713.626**	**$3,057.682**	**$3,341.171**
Measures: (1-6) - Diabetic Care: Combined	*$ 1,559.211*	*$ 1,656.764*	*$ 1,776.045*
Measure: (7) - Cancer Screening, Pap Smear Rates	*$ 9.786*	*$ 10.404*	*$ 11.181*
Measure: (8) - Cancer Screening, Mammography Rates	*$ 2.559*	*$ 2.713*	*$ 3.106*
Measure: (9) - Cancer Screening: Colorectal	*$ 18.771*	*$ 20.624*	*$ 22.628*
Measure: (12-14) - Oral Health Care - Combined	*$ 141.936*	*$ 152.634*	*$ 161.262*
Measure: (36) - Health Care Facilities Construction	*$ 40.000*	*$ 29.234*	*$ 66.192*
1.3 Improve health care quality, safety and cost/value.	**$858.239**	**$897.072**	**$910.329**
Measure: (10) - RTC Improvement/Accreditation	*$ 19.957*	*$ 21.226*	*$ 22.103*
Measure: (18) - Behavioral Health: Depression Screening	*$ 16.901*	*$ 21.283*	*$ 24.126*
Measure: (20) - Health Care Accreditation	*$ 775.738*	*$ 790.850*	*$ 828.740*
Measure: (21) - Patient Safety	*$ 7.362*	*$ 7.444*	*$ 7.571*
1.4 Recruit, develop, and retain a competent health care workforce.	**$113.160**	**$132.267**	**$141.436**
Measure: (42) - Placement of Scholarships Recipients	*$ 37.500*	*$ 40.743*	*$ 41.413*
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist th	**$866.015**	**$950.382**	**$998.821**
2.1 Prevent the spread of infectious diseases.	**$326.432**	**$354.706**	**$374.060**
Measure: (24) - Childhood Immunizations	*$ 29.286*	*$ 31.003*	*$ 33.320*
Measure: (25) - Adult Immunizations, Influenza	*$ 8.005*	*$ 8.511*	*$ 9.147*
Measure: (26) - Adult Immunizations, Pneumovax	*$ 2.225*	*$ 2.355*	*$ 2.531*
Measure: (33) - HIV Screening in Pregnancy	*$ 1.284*	*$ 1.360*	*$ 1.461*
2.2 Protect the public against injuries and environmental threats.	**$218.506**	**$249.228**	**$265.907**
Measure: (27) - Injury Intervention	*$ 2.924*	*$ 2.953*	*$ 2.997*
Measure: (28) - Unintentional Injury Mortality Rate (Long Term Measure)	*$ 876.230*	*$ 952.800*	*$ 1,016.232*

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
Measure: (34) - Environmental Surveillance	*$ 0.186*	*$ 0.187*	*$ 0.190*
Measure: (35) - Sanitation Facilities Construction	*$ 95.857*	*$ 95.857*	*$ 97.710*
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	**$320.750**	**$346.105**	**$358.505**
Measure: (11) - Alcohol Screening (FAS Prevention)	*$ 15.978*	*$ 17.667*	*$ 18.894*
Measure: (16) - Domestic (Intimate Partner) Violence Screening	*$ 6.556*	*$ 7.568*	*$ 8.579*
Measure: (23) - Public Health Nursing Priorities	*$ 59.885*	*$ 64.071*	*$ 67.571*
Measure: (29) - Suicide Surveillance	*$ 0.111*	*$ 0.115*	*$ 0.119*
Measure: (30) - Cardiovascular Disease Prevention	*$ 435.711*	*$ 484.123*	*$ 535.802*
Measure: (31) - Childhood Weight Control (Long Term Measure)	*$ 10.348*	*$ 10.385*	*$ 10.889*
Measure: (32) - Tobacco Cessation Intervention	*$ 38.919*	*$ 45.772*	*$ 49.237*
2.4 Prepare for and respond to natural and man-made disasters.	**$ 0.327**	**$ 0.344**	**$ 0.349**
3: Human Services Promote the economic and social well-being of individuals, families and communities.			
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.			
3.2 Protect the safety and foster the well being of children and youth.			
3.3 Encourage the development of strong, healthy and supportive communities.			
3.4 Address the needs, strengths and abilities of vulnerable populations.			
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.			
4.1 Strengthen the pool of qualified health and behavioral science researchers.			
4.2 Increase basic scientific knowledge to improve human health and human development.			
4.3 Conduct and oversee applied research to improve health and well-being.			
4.4 Communicate and transfer research results into clinical, public health and human service practice.			
Total	$4,551.040	$5,037.403	$5,391.757

Disclosure of Assistance by Non-Federal Parties

No material assistance was received from non-Federal parties in the preparation of the 2011 Online Performance Appendix.

Legal and Regulatory Framework for Performance Reporting

Government Performance and Results Act (GPRA) of 1993

The Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) dictates the performance reporting requirements for Federal agencies. The complete text of GPRA is available at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=103_cong_bills&docid=f:s20enr.txt.pdf.

OMB Circular A-11: Sections 220 and 230 (August 2009)

OMB Circular A-11 provides guidance on preparing the President's Budget. Section 220 of this circular provides guidance on Preparing and Submitting Performance Budgets. Section 230 provides guidance on Preparing and Submitting the Annual Performance Report. The complete text of each of these sections is available at:

- Section 220: http://www.whitehouse.gov/omb/assets/a11_current_year/s220.pdf
- Section 230: http://www.whitehouse.gov/omb/assets/a11_current_year/s230.pdf

Compliance with Section 508 of the Rehabilitation Act of 1973

The exhibits described in this document are designed to comply with Section 508 of the Rehabilitation Act of 1973. The following links provide information on how to ensure that your agency's documents comply with Section 508 of the Rehabilitation Act of 1973.

- General Information on Section 508 at HHS: http://www.hhs.gov/web/508/index.html
- Creating an Accessible Word Document: http://www.hhs.gov/web/policies/pdfaccessibility/step2.html
- Testing Documents for Section 508 Compliance: http://www.hhs.gov/web/508/testdocuments.html