



2010 GPRA Measure Targets & Impact of Refusal Elimination

Program Directors Meeting
Sacramento, CA
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2 GPRA Developments in 2010

- Targets are higher
 - Most measure definitions same
 - Childhood immunizations changed
 - Varicella added to combination
 - No new baseline; target increased
- Refusals are eliminated
 - Impacts all except 5 Diabetes and 2 Dental:

Poor Glycemic Control	Nephropathy
Ideal Glycemic Control	Sealants
Blood Pressure Control	Fluorides
LDL Cholesterol	



2010 Target Increases

- Previous years
 - Maintain or minimal increase on a few select measures
- This year
 - All measure targets increased over 2009 performance
 - Increases range from 1% to 9%

2010 GPRA Measure Targets

	National 2009-Final	National 2009 Target	National 2010 Targets	Increase/Decrease from 2009 Results
DIABETES				
Diabetes Dx Ever	12%	N/A	N/A	N/A
Documented A1c	80%	N/A	N/A	N/A
Poor Glycemic Control	18%	18%	16%	-2%
Ideal Glycemic Control	31%	30%	33%	2%
Controlled BP <130/80	37%	36%	40%	3%
LDL Assessed	65%	60%	69%	4%
Nephropathy Assessed	50%	47%	54%	4%
Retinopathy Exam	51%	47%	55%	4%
DENTAL				
Dental Access	25%	24%	27%	2%
Sealants	257,067	229,147	257,920	853
Topical Fluoride- Patients	136,794	114,716	136,978	184
IMMUNIZATIONS				
Influenza 65+	59%	62%	60%	1%
Pneumovax 65+	82%	82%	83%	1%
Childhood IZ	79%	78%	80%	1%
PREVENTION				
Pap Screening	59%	59%	60%	1%
Mammography Screening	45%	45%	47%	2%
Colorectal Cancer Screening	33%	29%	36%	3%
Tobacco Cessation	24%	21%	27%	3%
Alcohol Screening (FAS prevention)	52%	47%	55%	3%
DV/IPV Screening	48%	42%	53%	5%
Depression Screening	44%	35%	53%	9%
CVD-Comprehensive Assessment	32%	30%	33%	1%
Prenatal HIV Screening	76%	75%	77%	1%
Childhood Weight Control	25%	N/A	24%	-1%



2010 Elimination of Refusals

- Rationale for elimination
 - EO 13410 requires “harmonized” measures
 - Other national benchmarks exclude refusals
 - IHS had no refusal definition
- Process and timeline for elimination
 - FY 2008
 - Developmental measures without refusals tracked
 - FY 2009
 - Developmental measures w/o refusals analyzed
 - GPRA Measures Steering Committee proposes elimination
 - Proposal circulated to field
 - Proposal and comments presented to IHS leadership
 - IHS CMO approves change



Impact on 2009 Results

- Refusals removed from national result
 - rates dropped 1% or less except for:
 - Mammograms (2%)
 - Pneumovax (2%)
 - Influenza (6%)
- Area and Site results still included refusals



Concerns - GPRA 2010

- 2009 CA refusal rates higher than national rates
 - Influenza – (8%)
 - Mammograms – (7%)
 - Pap smears – (5%)
 - Retinopathy, Pneumovax, CRC screen – (3%)
 - Tobacco Cessation, Depression, Prenatal HIV – (1%)
- 2010 targets higher
- Current CRS version still includes refusals in GPRA report

2009 California GPRA Results

DIABETES	California Area 2009 Final	California Area 2008 Final	National 2009 Target	California Area Final Results
Diabetes Dx Ever	11%	10%	N/A	N/A
Documented A1c	82%	82%	N/A	N/A
Poor Glycemic Control	16%	15%	18%	MET
Ideal Glycemic Control	37%	38%	30%	MET
Controlled BP <130/80	35%	36%	36%	NOT MET
LDL Assessed	70%	70%	60%	MET
Nephropathy Assessed	52%	54%	47%	MET
Retinopathy Exam	56% (53%)	50%	47%	MET
DENTAL				
Dental Access	42% (42%)	40%	24%	MET
Sealants	14,081	10,811	229,147	N/A
Topical Fluoride- Patients	8,925	7,392	114,716	N/A
IMMUNIZATIONS				
Influenza 65+	62% (54%)	59%	62%	MET
Pneumovax 65+	81% (78%)	79%	82%	NOT MET
Childhood IZ	77% (77%)	66%	78%	NOT MET
PREVENTION				
Pap Screening	56% (51%)	52%	59%	NOT MET
Mammography Screening	50% (43%)	49%	45%	MET
Colorectal Cancer Screening	33% (30%)	23%	29%	MET
Tobacco Cessation	23% (22%)	20%	21%	MET
Alcohol Screening (FAS)	41% (41%)	25%	47%	NOT MET
DV/IPV Screening	48% (48%)	43%	42%	MET
Depression Screening	40% (39%)	30%	35%	MET
CVD-Comprehensive Assessment	44% (44%)	38%	30%	MET
Prenatal HIV Screening	62% (61%)	49%	75%	NOT MET



Recommendations

- Review FY 2009 dashboards
- Alert all staff responsible for GPRA to changes
 - Distribute 12/20 email that includes instructions for:
 - Locating refusal information in CRS reports
 - Running patient lists with refusal information
 - Requesting dashboards and assistance
- Track measure performance regularly
- Extract and analyze refusal information regularly
- Use refusal information to improve care



Use Refusal Information to Foster Improvements

- Identify reasons for high rates by measure
 - Survey staff
 - Survey patients who have refused
 - Refusal information included on patient lists
- Address reasons when possible
 - E.g., transportation
- Improve patient education



Questions??

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