DEPARTMENT of HEALTH and HUMAN SERVICES

Indian Health Service

FY 2012 Online Performance Appendix

Introduction

The FY 2012 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 2012 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information (SPFI). These documents are available at http://www.hhs.gov/budget/.

The FY 2012 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2010 Annual Performance Report and FY 2012 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS SPFI 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

The FY 2012 Online Performance Appendix (OPA) conforms to the requirements of the Government Performance and Results Act of 1993 (GPRA), by including the FY 2012 Annual Performance Plan and the FY 2010 Annual Performance Report, as well as the FY 2011 and FY 2012 performance targets. The Indian Health Service (IHS) has performed an assessment of the completeness and reliability of the performance data in the OPA.

To the best of my knowledge, the performance data reported by IHS for inclusion in the FY 2012 OPA is accurate, complete, and reliable.

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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
2007	51	49	96%	41	84%
2008	58	51	88%	38	75%
2009	60	53	88%	45	85%
2010	62	55	89%	31	56%
2011	42	0	0%	0	0%
2012	46	0	0%	0	0%

CLINICAL SERVICES: H&HC, 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)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	24%	25% (Target Not Met)
	2009	N/A	25% (No Target Long-Term Measure)
	2008	24%	24% (Target Met)
	2007	24%	24% (Target Met)
31: Tribally Operated Health Programs *(Outcome)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	24%	24% (Target Met)
	2009	N/A	24% (No Target Long-Term Measure)
	2008	25%	25% (Target Met)
	2007	25%	25% (Target Met)

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

The FY 2010 target for this measure was not met. In FY 2010, the percentage of children ages 2-5 with a BMI at or above the 95th percentile was maintained at the FY 2009 rate of 25%. This is a long-term measure and will be reported in FY 2013.

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)*	*2012*	13/17	N/A
	2011	13/17	N/A
	2010	16/17	10/17 (Target Not Met)
	2009	14/17	15/17 (Target Exceeded)
	2008	14/17	14/17 (Target Met)
	2007	13/16	14/16 (Target Exceeded)

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

The FY 2010 target for this measure was not met. TOHPs met 10 out of 17 annual clinical performance targets. The FY 2011 and FY 2012 targets are to meet 13/17 measures which are ambitious goals. 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[1]. (*Outcome*)	*2012*	93.8	Dec 2016
	2007	93.8	Dec 2012
	2006	93.8	Dec 2011
	2005	94.0	93.8
FAA-3: Unintentional Injury Rates: Unintentional Injuries mortality rate in AI/AN population[2].	*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. The FY 2012 target is 93.8. 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. The FY 2005 result of 93.8 (CY 2004-2006) exceeded the target of 94.0. Future targets are adjusted to 93.8 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*)	*2012*	Under Construction	N/A
	2011	Under Construction	N/A
	2010	Baseline	3.6% (Baseline)

[1] Targets and results are expressed as age-adjusted rates per 100,000 population
[2] Targets and results are expressed as age-adjusted rates per 100,000 population

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

In FY 2010, this measure changed to the percent of patient falls in an IHS-funded facility in persons age 65 and older as a result of taking high risk medication. The FY 2010 target was to set a baseline and the result was 3.6%. 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 revised this measure in FY 2009 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. This measure is targeted for elimination in FY 2011 because there is insufficient evidence that a reduction of these medications as a single intervention will reduce the risk of fall or fall-related injury in the elderly. A new patient safety measure will be developed to replace the discontinued measure.

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 [3] *(Outcome)*	*2012*	35%/53.2%	N/A
	2011	35%/51.9%	N/A
	2010	N/A/54%	35%/55% (Target Exceeded)
	2009	N/A/47%	N/A/50% (Target Exceeded)
	2008	Set Baseline/40%	NA/50% (Target Exceeded)
	2007	61%/Set Baseline	62/40% (Baseline)
5: Tribally Operated Health Programs *(Outcome)*	*2012*	41.5%	N/A
	2011	40.5%	N/A
	2010	39%	43% (Target Exceeded)
	2009	33%	36% (Target Exceeded)
	2008	28%	35% (Target Exceeded)
	2007	Set Baseline	28% (Baseline)

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

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 2010 CRS target for nephropathy (kidney disease) assessment was met and exceeded. In FY 2010 55% 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 change in screening standards was adopted for CRS data in FY 2007 following three years of improved rates based on the previous standard. Tribal involvement, collaboration with other Federal agencies, and community emphasis all contributed to measure improvement. The FY 2010 result is a 5 percentage point increase over the FY 2009 rate of 50%. The FY 2011 performance target is to achieve a rate of 51.9%, a decrease of 3.1 percentage points over the FY 2010 results. In FY 2012, the target is 53.2%.

The FY 2010 Diabetes Audit result for nephropathy assessment was 35%. For FY 2008 and FY 2009, 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 these two years. CRS and Audit data are based on different collection methods and exclusion criteria. There was no audit target for FY 2010. The FY 2011 and FY 2012 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)*	*2012*	100%	N/A
	2011	100%	N/A
	2010	100%	100% (Target Met)
	2009	100%	100% (Target Met)
	2008	100%	100% (Target Met)
	2007	100%	100% (Target Met)

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

The FY 2010 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 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 2011 and FY 2012 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)*	*2012*	51.4%	N/A
	2011	50.1%	N/A
	2010	55%	53% (Target Not Met but Improved)
	2009	47%	51% (Target Exceeded)
	2008	49%	50% (Target Exceeded)
	2007	49%	49% (Target Met)
6: Tribally Operated Health Programs	*2012*	46.5%	N/A
	2011	45.4%	N/A
	2010	51%	48% (Target Not Met)
	2009	46%	48% (Target Exceeded)
	2008	48%	48% (Target Met)
	2007	48%	48% (Target Met)

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

The FY 2010 target for retinopathy screening was not met, but the result was an improvement over the FY 2009 rate. During FY 2010, the proportion of patients with diabetes that received an annual diabetic retinal exam increased from 51% in FY 2009 to 53%, but did not meet the FY 2010 target of 55%. The FY 2011 target is to achieve a rate of 50.1% and the FY 2012 target is 51.4%.

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 targets for FY 2011 will be challenging with 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 2012, 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)*	*2012*	57.1%	N/A
	2011	55.7%	N/A
	2010	60%	59% (Target Not Met)
	2009	59%	59% (Target Met)
	2008	59%	59% (Target Met)
	2007	60%	59% (Target Not Met)
7: Tribally Operated Health Programs	*2012*	57.1%	N/A
	2011	55.7%	N/A
	2010	61%	59% (Target Not Met)
	2009	60%	60% (Target Met)
	2008	61%	60% (Target Not Met)
	2007	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 2010 target for this measure was not met. In FY 2010 the proportion of eligible women who have had a Pap screen within the previous three years was 59 percent, unchanged from FY 2009. 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 improved quality of life for AI/AN women. The FY 2011 target for this measure is to achieve a rate of 55.7% and the FY 2012 target is to achieve a rate of 57.1%.

To meet the FY 2011 and 2012 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)*	*2012*	48.8%	N/A
	2011	46.9%	N/A
	2010	47%	48% (Target Exceeded))
	2009	45%	45% (Target Met)
	2008	43%	45% (Target Exceeded)
	2007	41%	43% (Target Exceeded)
8: Tribally Operated Health Programs *(Outcome)*	*2012*	48.1%	N/A
	2011	46.2%	N/A
	2010	49%	49% (Target Met)
	2009	47%	47% (Target Met)
	2008	45%	47% (Target Exceeded)
	2007	44%	45% (Target Exceeded)

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

The FY 2010 target for this measure was met and exceeded. In FY 2010, the proportion of eligible women who have had mammography screening within the previous two years was 48 percent, a 3 percentage point increase from FY 2009. In FY 2011 the target is to achieve a rate of 46.9% and in FY 2012, the target is to achieve a rate of 48.8%.

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 2011 and 2012 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)*	*2012*	38.2%	N/A
	2011	36.7%	N/A
	2010	36%	37% (Target Exceeded)
	2009	29%	33% (Target Exceeded)
	2008	26%	29% (Target Exceeded)
	2007	22%	26% (Target Exceeded)
9: Tribally Operated Health Programs *(Outcome)*	*2012*	39.3%	N/A
	2011	37.8%	N/A
	2010	39%	40% (Target Exceeded)
	2009	32%	36% (Target Exceeded)
	2008	29%	32% (Target Exceeded)
	2007	26%	29% (Target Exceeded)

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

The FY 2010 target for this measure was met and exceeded. In FY 2010, the proportion of eligible patients who have had appropriate colorectal cancer screening was 37 percent, an increase of four percentage points above the FY 2009 rate of 33 percent. The increase reflects increased provider and patient awareness of the value of regular screening. The FY 2011 target is to achieve a rate of 36.7% and the FY 2012 target is to achieve a rate of 38.2%.

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
	2005	N/A	63.8
	2004	N/A	63.9
	2003	N/A	62.2

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 2005, with a rate of 63.8 per 1,000 persons under 65 years. 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
	2005	N/A	80.9
	2004	N/A	80.1

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 2005, with a rate of 80.9 per 1,000 persons under 65 years. 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: 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[4] *(Outcome*	*2012*	76.5%	N/A
	2011	74.6%	N/A
	2010	80%	79% (Target Not Met)
	2009	78%	79% (Target Exceeded)
	2008	78%	78% (Target Met)
	2007	78%	78% (Target Met)

[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.

Measure	FY	Target	Result
24: Tribally Operated Health Programs *(Outcome)*	*2012*	73.5%	N/A
	2011	71.7%	N/A
	2010	76%	76% (Target Met)
	2009	72%	75% (Target Exceeded)
	2008	72%	72% (Target Met)
	2007	74%	72% (Target Not Met)

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

The FY 2010 target for this measure was not met. In FY 2010, the percentage of children ages 19-35 months receiving the recommended vaccine series (4:3:1:3:3:1) was 79 percent. In FY 2010, Varicella vaccine was added to the basic series that is required to meet the measure. It is notable that the FY 2010 rate was maintained at the FY 2009 rate even with the addition of the Varicella vaccine. The FY 2011 target is to achieve a rate of 74.6 percent. This target is very 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 2011, 4 pneumococcal vaccines will be added to the basic series that is required to meet the measure. The FY 2012 target is 76.5 percent.

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 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), one dose of Varicella, and 4 doses of Pneumococcal conjugate (PCV), consistent with Centers for Disease Control and Prevention (CDC) standards.

Childhood immunizations are a high priority for IHS. The agency will work to meet the FY 2011 and FY 2012 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. *(Efficiency)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	130.7	Sept 2012
	2009	130.7	185.8 (Target Not Met)
	2008	130.7	160.2 (Target Not Met)
	2007	169.6	132.0 (Target Exceeded)

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 2010 data will not be available until September 2012. This measure tracks hospitalization admissions per 100,000 service population for long term complications of diabetes in federally administered activities. The FY 2010 target for this measure is 130.7 per 100,000, and the targets for FY 2011 and FY 2012 are TBD. Rates from FY 2008-2009 reflect an increase in hospital admissions for long-term complications of diabetes. The FY 2009 result, 185.8 admissions per 100,000 service population, did not meet the measure target. A lowered rate is the goal for this measure. This increase is likely due to IHS shutting down or converting three inpatient facilities that were not serving close to capacity, and increasing beds in inpatient facilities that needed them. 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)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	24.0%	25.5% (Target Not Met)
	2009	23.2%	24.7% (Target Not Met)
	2008	23.2%	23.9% (Target Not Met)
	2007	23.2%	24% (Target Not Met)

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

The FY 2010 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 24.7 to 24.0. The result was 25.5%. Results from FY 2007- FY 2010 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 2011 and FY 2012 targets for this measure are TBD.

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)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	N/A	35% (No Target, Long-term Measure)
	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)

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 2010 is 35%. Past trends for this measure show a small but gradual increase from 33% in 2007 to 35% in 2010. 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, thereby 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)*	*2012*	52.8%	N/A
	2011	52.8%	N/A
	2010	53%	53% (Target Met)
	2009	42%	48% (Target Exceeded)
	2008	36%	42% (Target Exceeded)
	2007	28%	36% (Target Exceeded)
16: Tribally Operated Health Programs *(Outcome)*	*2012*	44.5%	N/A
	2011	44.5%	N/A
	2010	45%	44% (Target Not Met but Improved)
	2009	36%	40% (Target Exceeded)
	2008	30%	36% (Target Exceeded)
	2007	24%	30% (Target Exceeded)

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

The FY 2010 target for this measure was met. In FY 2010, the proportion of women who were screened for domestic violence (DV) was 53 percent, an increase of 5 percentage points above the FY 2009 rate of 48 percent. The increase can be attributed to increasing provider awareness of the importance of screening, as well as improved documentation. The FY 2011 and FY 2012 targets are to achieve a screening rate of 52.8%.

This measure is designed to identify and assist AI/AN women who experience domestic violence. Screening identifies women at risk for DV so that these individuals can be referred 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)*	*2012*	59.9%	N/A
	2011	58.5%	N/A
	2010	60%	62% (Target Exceeded)
	2009	62%	59% (Target Not Met)
	2008	59%	62% (Target Exceeded)
	2007	59%	59% (Target Met)
25: Tribally Operated Health Programs *(Outcome)*	*2012*	58.0%	N/A
	2011	56.5%	N/A
	2010	57%	60% (Target Exceeded)
	2009	57%	56% (Target Not Met)
	2008	55%	57% (Target Exceeded)
	2007	54%	55% (Target Exceeded)
26: Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients aged 65 years and older. IHS-All *(Outcome)*	*2012*	81.3%	N/A
	2011	79.3%	N/A
	2010	83%	84% (Target Exceeded)
	2009	82%	82% (Target Met)
	2008	79%	82% (Target Exceeded)
	2007	76%	79% (Target Exceeded)
26: Tribally Operated Health Programs *(Outcome)*	*2012*	77.3%	N/A
	2011	75.4%	N/A
	2010	77%	80% (Target Exceeded)
	2009	77%	76% (Target Not Met)
	2008	73%	77% (Target Exceeded)
	2007	69%	73% (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 2010 target for the Influenza Vaccination measure was met and exceeded. In FY 2010, the influenza vaccination rate among adult patients aged 65 years and older increased by 3 percentage points to 62%. The FY 2011 target is to achieve a rate of 58.5% and the FY 2012 target is 59.9%. 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 2010 target for the Pneumococcal Vaccination measure was met and exceeded. In FY 2010, the Pneumococcal vaccination rates among adult patients aged 65 years and older increased by 2 percentage points to 84%. 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 2011 target is to achieve a rate of 79.3%, and the FY 2012 target is 81.3%. 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)*	*2012*	75.4%	N/A
	2011	73.6%	N/A
	2010	77%	78% (Target Exceeded)
	2009	75%	76% (Target Exceeded)
	2008	74%	75% (Target Exceeded)
	2007	65%	74% (Target Exceeded)

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

The FY 2010 target for the Prenatal HIV Screening measure was met and exceeded. In FY 2010, the prenatal HIV screening rate was 78%, a 2 percentage point increase over the FY 2009 rate of 76%. 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 last few 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 2011 target is to achieve a rate of 73.6%, and the FY 2012 target is 75.4%.

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)*	*2012*	29.3%	N/A
	2011	28.6%	N/A
	2010	33%	26% (Target Not Met)
	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 2010 target for this measure was not met. 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 2009 rate of 33%. The FY 2010 result was 26%. The FY 2011 target is to achieve a rate of 28.6%% and the FY 2012 target is 29.3%. In FY 2010, two main factors contributed to a lowered rate. First, more sites began entering infant feeding data into the infant feeding data collection tool in RPMS, the source of the data for this measure. Many of the sites that began to use the tool do not have comprehensive breastfeeding support programs in place, and therefore have lower breastfeeding rates. This lowered the national average. Also, one large Federal program with a very comprehensive breastfeeding support program came under tribal management in FY 2010 and is therefore no longer part of the data set for this measure. In 2009, patients from this program comprised 14% of the breastfeeding denominator, and the program had a breastfeeding rate of almost 60%; not surprisingly, the removal of this program from the data set had a significant downward effect on the overall national rate. The FY 2011 and FY 2012 targets are ambitious given that even more sites will be reporting feeding data in the coming years. 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)*	*2012*	62	N/A
	2011	62	N/A
	2010	64	63 Target Exceeded
	2009	Set Baseline	65
RPMS-E2: Average days in accounts receivable for small ambulatory clinics. *(Efficiency)*	*2012*	59	N/A
	2011	59	N/A
	2010	62	59 Target Exceeded
	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

The FY 2010 targets for these measures were met and exceeded. These 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 2010, the average number of days in accounts receivable for hospitals was 63 and the average number of days for small ambulatory clinics was 59. These results are an improvement over the FY 2009 baseline results of 65 days for hospitals and 64 days for small ambulatory clinics. The FY 2011 and FY 2012 targets are 62 days for hospitals and 59 days for small ambulatory clinics. 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)*	*2012*	424,222	N/A
	2011	368,888	N/A
	2010	196,486	307,407 (Target Exceeded
	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 measure tracks 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 in FY 2010 was 307,407 patients, a 72% increase from the FY 2009 baseline results of 178,624 patients. Twenty-seven new sites using VistA Imaging were added in FY 2010. In FY 2011 the target is to increase the number of patients with clinical images captured or displayed to 368,888 and the FY 2012 target is to increase the number of patients to 424,222.

Measure	FY	Target	Result
RPMS-2: Derive all clinical measures from RPMS and integrate with EHR[5]. *(Outcome)*	*2012*	65 Measures/12 IHS Areas	N/A
	2011	65 Measures/12 IHS Areas	N/A
	2010	63 Measures/12 IHS Areas	65 Measures/12 IHS Areas (Target Exceeded)
	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)

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

The FY 2010 target to derive 63 clinical measures from the Resource and Patient Management System (RPMS) and integrating the Electronic Health Record (EHR) in all 12 Areas was met and exceeded. 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 2011 and FY 2012 targets are to assure that 65 clinical performance measures based on RPMS data can be reported by CRS software. 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.

Dental

Measure	FY	Target	Result
12: Topical Fluorides: Number of American Indian and Alaska Native patients receiving at least one topical fluoride application. *(Outcome)*	*2012*	135,604 patients	N/A
	2011	135,604 patients	N/A
	2010	136,978 patients	145,181 patients (Target Exceeded)
	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)

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

Measure	FY	Target	Result
13: Dental Access: Percent of patients who receive dental services. *(Outcome)*	*2012*	23.0%	N/A
	2011	23.0%	N/A
	2010	27%	25% (Target Not Met)
	2009	24%	25% (Target Exceeded)
	2008	25%	25% (Target Met)
	2007	24%	25% (Target Exceeded)
14: Dental Sealants: Number of sealants placed per year in AI/AN patients. *(Outcome)*	*2012*	257,261 sealants	N/A
	2011	257,261 sealants	N/A
	2010	257,920 sealants	275,459 sealants (Target Exceeded)
	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)

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

The FY 2010 target for topical fluorides was met and exceeded. In FY 2010, 145,181 patients received at least one topical fluoride application, an increase of 8,387 patients over FY 2009 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 any given year. The FY 2011 target is to decrease the number of patients to 135,604 and the FY 2012 target is to maintain the number of patients at 135,604.

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

The FY 2010 target for dental access was not met. In FY 2010, 25 percent of patients received dental care, maintaining the rate from FY 2009, but missing the FY 2010 target of 27%. In FY 2011 and FY 2012 the targets for dental access are to achieve a rate of 23.0%. 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 2010 a total of 275,459 sealants were placed in patients, an increase of 18,392 from the FY 2009 result of 257,067 sealants. The FY 2011 and FY 2012 targets are to place 257,261 sealants.

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)*	*2012*	1,807 completed reporting forms	N/A
	2011	1,784 completed reporting forms	N/A
	2010	1,700 completed reporting forms	1,908 completed reporting forms (Target Exceeded)
	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)

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

The FY 2010 target for this measure was met and exceeded. The target was to increase the completion of suicidal behavior reporting forms from 1,687 in FY 2009 to 1,700 in FY 2010. The number of forms completed increased to 1,908. 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 2011 the target is to complete to 1,784 forms and in FY 2012 the target is to complete 1,807 forms.

While the measure target was met and exceeded, IHS has identified factors contributing to the underutilization of the suicide reporting form, and is taking steps to improve usage. The funding provided under the Consolidated Appropriations Act of 2008 and the Omnibus Appropriations Act of 2009, which combined, provide $16,391,000 for Methamphetamine and Suicide Prevention Initiative (MSPI) programs nationally will help to improve usage of the form. Specifically, the cooperative spending agreements call for providers to utilize the IHS suicide reporting forms as a reporting criterion for suicide prevention and/or treatment programs.

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: Proportion of adults ages 18 and over who are screened for depression. IHS-All *(Outcome)*	*2012*	51.9%	N/A
	2011	51.9%	N/A
	2010	53%	52% (Target Not Met but Improved)
	2009	35%	44% (Target Exceeded)
	2008	24%	35% (Target Exceeded)
	2007	15%	24% (Target Exceeded)
18: Tribally Operated Health Programs *(Outcome)*	*2012*	45.4%	N/A
	2011	45.4%	N/A
	2010	41%	45% (Target Exceeded)
	2009	29%	35% (Target Exceeded)
	2008	21%	29% (Target Exceeded)
	2007	14%	21% (Target Exceeded)

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

In FY 2010 the target for this measure was not met, but the result represented significant improvement over the FY 2009 rate. In FY 2010, 52% of patients age 18 and older were screened for depression, an increase of 8 percentage points over the FY 2009 rate of 44%, but below the FY 2010 target of 53%. This measure 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 2011 and FY 2012 targets are 51.9%. 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: YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). *(Outcome)*	*2012*	100%	N/A
	2011	100%	N/A
	2010	100%	81% (Target Not Met)
	2009	100%	91% (Target Not Met)
	2008	100%	91% (Target Not Met)
	2007	100%	91% (Target Not Met)

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

The FY 2010 target of 100% accreditation of all Youth Regional Treatment Centers was not met. In FY 2010, 81% of YRTCs were accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), or were State-certified. In FY 2010, two facilities were not accredited due to internal infrastructure challenges. Both facilities are in the process of seeking CARF accreditation. The FY 2011 and FY 2012 targets are to achieve a 100 percent accreditation rate for all YRTCs.

IHS is committed to providing the necessary technical assistance needed in order to assist these two facilities in obtaining CARF accreditation. 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 facilities 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)*	*2012*	52.6%	N/A
	2011	51.7%	N/A
	2010	55%	55% (Target Met)
	2009	47%	52% (Target Exceeded)
	2008	41%	47% (Target Exceeded)
	2007	28%	41% (Target Exceeded)

Measure	FY	Target	Result
11: Tribally Operated Health Programs *(Outcome)*	*2012*	45.9%	N/A
	2011	45.0%	N/A
	2010	48%	48% (Target Met)
	2009	41%	45% (Target Exceeded)
	2008	37%	41% (Target Exceeded)
	2007	27%	37% (Target Exceeded)

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

In FY 2010 the target for this measure was met. In FY 2010 the proportion of women screened for alcohol to prevent Fetal Alcohol Syndrome (FAS) increased by 3 percentage points, from 52% in FY 2009 to 55% in FY 2010. This measure has seen significant increases in results in recent years, due to increased provider awareness, and an agency emphasis on behavioral health screening. The FY 2011 target is to achieve a rate of 51.7% and the FY 2012 target is to achieve a rate of 52.6%. 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.	*2012*	74 days	N/A
	2011	76 days	N/A
	2010	78 days	82.1 days (Target Not Met, but Improved)
	2009	82 days	110.2 days (Target Not Met)
	2008	Baseline	86 days

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

The FY 2010 target for this measure was not met, but the result represented significant improvement over the FY 2009 result. In FY 2010, the average days between service end and purchase order issued was 82.1 days, a reduction by 28 days from the FY 2009 result of 110.2 days. A reduction in the number of days is the goal of this measure. 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 is 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 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 FY 2011 target is to achieve an average of 76 days between service end and purchase order generation and the FY 2012 target is to achieve an average of 74 days.

Special Diabetes Program for Indians

Measure	FY	Target	Result
Diabetes: A1c Measured: Proportion of patients who have had an A1c test. IHS-All[6] *(Outcome)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	N/A	82% (No Target; Provided for Context)
	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)

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

Measure	FY	Target	Result
Tribally Operated Health Programs *(Outcome)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	N/A	82% (No Target; Provided for Context)
	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)
1: Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c > 9.5). IHS-All[7] *(Outcome)*	*2012*	20/18.9%	N/A
	2011	20/19.4%	N/A
	2010	19/16%	20%/18% (Target Not Met)
	2009	19/18%	19/18% (Target Met)
	2008	19/16%	18/17% (Target Not Met)
	2007	18/15%	19/16% (Target Not Met)
1: Tribally Operated Health Programs *(Outcome)*	*2012*	15.8%	N/A
	2011	16.2%	N/A
	2010	13%	15% (Target Not Met)
	2009	15%	15% (Target Met)
	2008	13%	14% (Target Not Met)
	2007	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 2010 CRS target for Diabetes: Poor Glycemic Control was not met. In FY 2010, the proportion of patients with diabetes with poor glycemic control (A1c>9.5) was maintained at the FY 2009 rate of 18%, but did not meet the FY 2010 target of 16%. The FY 2010 audit result was 20%, 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

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

and exclusion criteria. In FY 2011 the CRS target is to achieve a rate of 19.4% and the FY 2012 target is 18.9%. 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 requiring 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[8] *(Outcome)*	*2012*	36/31.0%	N/A
	2011	36/30.2%	N/A
	2010	36/33%	36%/32% (Target Not Met but Improved)
	2009	39/30%	36/31% (Target Exceeded)
	2008	38/31%	39/32% (Target Exceeded)
	2007	37/32%	38/31% (Target Not Met)
2: Tribally Operated Health Programs *(Outcome)*	*2012*	33.9%	N/A
	2011	33.1%	N/A
	2010	36%	35% (Target Not Met but Improved)
	2009	32%	34% (Target Exceeded)
	2008	33%	34% (Target Exceeded)
	2007	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 2010 CRS target for Diabetes: Ideal Glycemic Control was not met, but the result was an improvement over the FY 2009 rate. In FY 2010, the proportion of patients with diabetes with ideal glycemic control was 32%, an increase of one percentage point over the FY 2009 result of 31%, but below the FY 2010 target of 33%. In FY 2010, 36% of patients diagnosed with diabetes in the Diabetes Audit had achieved ideal glycemic control, maintaining the FY 2009 audit result. CRS and Audit data are based on different collection methods and exclusion criteria. The FY 2011 CRS target is to achieve a rate of 30.2% and the FY 2012 target is 31.0%.

The Special Diabetes Program for Indians has demonstrated positive outcomes showing steady improvements, quantitatively and qualitatively. By increasing the number of diabetics with ideal glycemic control, complications of diabetes are reduced, thus improving the health status of the AI/AN population.

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

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[9] *(Outcome)*	*2012*	39/36.8%	N/A
	2011	39/35.9%	N/A
	2010	36/40%	39%/38% (Target Not Met but Improved)
	2009	36/36%	36/37% (Target Exceeded)
	2008	38/39%	36/38% (Target Not Met)
	2007	38/37%	38/39% (Target Exceeded)
3: Tribally Operated Health Programs *(Outcome)*	*2012*	35.9%	N/A
	2011	35.0%	N/A
	2010	39%	37% (Target Not Met but Improved)
	2009	34%	35% (Target Exceeded)
	2008	38%	36% (Target Not Met)
	2007	37%	38% (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 2010 CRS target for Diabetes: Blood Pressure Control was not met, but the result was an improvement over the FY 2009 rate. In FY 2010, the proportion of patients with diabetes with blood pressure control was 38%, an increase of one percentage point over FY 2009 results, but below the FY 2010 target of 40%. In FY 2010, 39% of patients diagnosed with diabetes in the Diabetes Audit had achieved blood pressure control, a 3 percentage point increase from FY 2009 audit results. CRS and Audit data are based on different collection methods and exclusion criteria. This is a high-cost measure requiring frequent medical visits, often requires multiple medications, patient compliance, lifestyle adaptation and laboratory testing and monitoring. In FY 2011 the CRS target for this measure is 35.9% and the FY 2012 target is 36.8%.

[9] 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[10] *(Outcome)*	*2012*	76/64.9%	N/A
	2011	76/63.3%	N/A
	2010	74/69%	76%/67% (Target Not Met but Improved)
	2009	75/60%	74/65% (Target Exceeded)
	2008	74/61%	75/63% (Target Exceeded)
	2007	76/60%	74/61% (Target Exceeded)
4: Tribally Operated Health Programs *(Outcome)*	*2012*	64.9%	N/A
	2011	63.3%	N/A
	2010	68%	67% (Target Not Met but Improved)
	2009	58%	64% (Target Exceeded)
	2008	58%	61% (Target Exceeded)
	2007	58%	58% (Target Met)

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 2010 CRS target for Diabetes: LDL Assessed was not met, but the FY 2010 result represented significant improvement over the FY 2009 result. In FY 2010, the proportion of patients with diabetes with LDL assessed was 67%, an increase of two percentage points over FY 2009 results, but missing the FY 2010 target of 69%. In FY 2010, 76% 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 medical visits and laboratory testing. The FY 2011 CRS target is 63.3% and the FY 2012 target is 64.9%.

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

Public Health Nursing

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

Measure	FY	Target	Result
23: Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups. *(Outcome)*	*2012*	424,203	N/A
	2011	418,759	N/A
	2010	430,000	454,679 (Target Exceeded)
	2009	427,700	428,207 (Target Exceeded)
	2008	449,085	415,945 (Target Not Met)
	2007	Set Baseline	427,700 (Baseline)

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

The FY 2010 target for this measure was met and exceeded. In FY 2010, 454,679 public health activities were captured by the PHN data system. In FY 2011 the target is to capture 418,759 activities and the FY 2012 target is to increase to 424,203. 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 as well as PHN travel to 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: Proportion of tobacco-using patients that receive tobacco cessation intervention. IHS-All *(Outcome)*	*2012*	24.3%	N/A
	2011	23.7%	N/A
	2010	27%	25% (Target Not Met but Improved)
	2009	21%	24% (Target Exceeded)
	2008	16%	21% (Target Exceeded)
	2007	12%	16% (Target Exceeded)

Measure	FY	Target	Result
32: Tribally Operated Health Programs *(Outcome)*	*2012*	22.2%	N/A
	2011	21.7%	N/A
	2010	22%	23% (Target Exceeded)
	2009	17%	19% (Target Exceeded)
	2008	12%	17% (Target Exceeded)
	2007	10%	12% (Target Exceeded)

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

The FY 2010 target for this measure was not met, but the FY 2010 result was an improvement over the FY 2009 result. In FY 2010, 25 percent of tobacco-using patients received tobacco cessation intervention, an increase of 1 percentage point over FY 2009 results, but missing the FY 2010 target of 27%. Increased performance represents growing provider awareness of the measure, and improved data entry for patient education and counseling. The FY 2011 target is to achieve a rate of 23.7% of tobacco-using patients receiving tobacco cessation intervention and the FY 2012 target is 24.3%.

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, thereby contributing to a reduction in morbidity and mortality.

Measure	FY	Target	Result
30: CVD Comprehensive Assessment: Proportion of Ischemic Heart Disease (IHD) patients who have a comprehensive assessment for all CVD-related risk factors. *(Outcome)*	*2012*	33.8%	N/A
	2011	33.0%	N/A
	2010	33%	35% (Target Exceeded)
	2009	30%	32% (Target Exceeded)
	2008	30%	30% (Target Met)
	2007	Set Baseline	30% (Baseline)

Measure	FY	Target	Result
30: Tribally Operated Health Programs *(Outcome)*	*2012*	29.0%	N/A
	2011	28.3%	N/A
	2010	29%	30% (Target Exceeded)
	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 2010 target for this measure was met and exceeded. In FY 2010, 35% 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. This was an increase of 3 percentage points over the FY 2009 rate. The FY 2011 target is to achieve a rate of 33.0% of patients with a comprehensive assessment and the FY 2012 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)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	$1,097	N/A
	2009	$1,045	February 2011
	2008	$805	$995 (Target Not Met)
	2007	$767	$698 (Target Exceeded)

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[11]. *(Outcome)*	*2012*	34.9%	N/A
	2011	34.1%	N/A
	2010	Baseline	37% (Target Met)
	2009	39%	36% (Target Not Met)
	2008	37%/39%	39%/42% (Target Exceeded)
	2007	38%/41%	37%/39% (Target Not Met)
UIHP-3: Proportion of children, ages 2-5 years, with a BMI of 95 percent or higher.[12]. *(Outcome)*	*2013*	TBD	N/A
	2010	Baseline	18% (Target Met)
	2009	N/A	20%
	2008	N/A	19%/14%
	2007	N/A	28%/17%

Measure	FY	Target	Result
UIHP-6: Increase the number of diabetic AI/ANs that achieve ideal blood pressure control. *(Outcome)*	*2012*	26.4%	N/A
	2011	25.8%	October 2012
	2010	28%	October 2011
	2009	28%	February 2011
	2008	Set Baseline	28%

[11]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.

[12] 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-7: Number of AI/ANs served at Urban Indian clinics. *(Outcome)*	*2012*	49,485	N/A
	2011	48,515	N/A
	2010	47,611	November 2011
	2009	46,724	February 2011
	2008	Baseline	45,853
	2007	N/A	76,359 (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 February 2011. 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 had 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 measure is targeted for elimination in FY 2011 since it is not fully representative of IHS funding or the AI/AN population being served.

The 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 rate of 51.7 per 1,000 persons under 65 years was established in 2003. The targets for FY 2009 and FY 2013 are to maintain the baseline rate of 51.7.

The target for the UIHP-3 measure to decrease obesity rates in children was met. This is a long-term measure reported in FY 2010 and then again in FY 2013. In FY 2010, the result for this measure was 18% of children with a BMI at or above the 95th percentile for sites reporting via CRS. Prior to 2009, the rate was calculated by combining data from CRS sites and non-CRS sites. The resulting fluctuation in rates from year to year was due to the varying audit methodology at urban facilities not using CRS/RPMS. Because so many urban programs made the transition to CRS reporting in FY 2010, the FY 2010 target was to set a baseline for this measure. Not all urban programs have implemented CRS reporting yet, but only data results from urban CRS sites are included in the urban data set. 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 FY 2013 target is TBD.

UIHP-2 and UIHP-6 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. Because so many urban programs made the transition to CRS reporting in FY 2010, the target was to set a baseline. In FY 2010, the result for this measure was 37%. Only data from CRS sites are included in the urban data set. This measure is difficult to meet because it is a high-cost measure requiring frequent medical visits, and often, multiple medications, patient compliance, lifestyle adaptation, and laboratory testing and monitoring. The FY 2011 target is to achieve a rate of 34.1% and the FY 2012 target is to achieve a rate of 34.9%. 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 February 2011. The FY 2009 target is to maintain the rate at 28%. The FY 2011 target is to achieve a rate of 25.8% and the FY 2012 target is 26.4%.

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 February 2011 and results for FY 2010 will be reported in November 2011. This data will be derived from a new UIHP data system. The FY 2011 target is 48,515 patients and the FY 2012 target is 49,485 patients.

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)*	*2012*	78%	N/A
	2011	78%	N/A
	2010	75%	56% (Target Not Met)
	2009	69%	67% (Target Not met)
	2008	52%	61% (Target Exceeded)
	2007	42%	47% (Target Exceeded)

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

The FY 2010 target for this measure was not met. For FY 2010, the proportion of scholarship recipients placed in Indian health settings within 90 days of graduation was 56%. Until FY 2010, the placement rate had been steadily increasing, from 30 percent in 2005 to 67 percent in 2009. In FY 2010, the rate decreased by 11 percentage points from the FY 2009 results. One difficulty in meeting this measure is that many licensure requirements often cannot be completed within a 90-day timeline; this causes a placement delay since a license is needed in order to begin the hiring process. The FY 2011 and FY 2012 targets are to achieve a placement rate of 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)*	*2012*	74%	N/A
	2011	72%	N/A
	2010	78%	74% (Target Not Met but Improved)
	2009	74%	73% (Target Not Met)
	2008	76%	73% (Target Not Met)
	2007	78%	76% (Target Not Met)

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

The FY 2010 target for this measure was not met. For FY 2010, the percentage of TOHP clinical user population included in GPRA data was 74%, a one percentage point increase over the FY 2009 rate. The FY 2010 target for this measure was to increase the percentage of the Tribally Operated Health Programs (TOHP) clinical user population included in GPRA data by 5 percentage points over the FY 2009 rate of 73 percent. The target for FY 2011 is 72% and the target for FY 2012 is 74%.

From 2008 through FY 2010, non-RPMS data systems continue to be purchased at additional tribal 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: Hospital admissions per 100,000 service population for long-term complications of diabetes. *(Efficiency)*	*2012*	N/A	N/A
	2011	N/A	N/A
	2010	135.7	Sept, 2012
	2009	135.7	92.8 (Target Exceeded)
	2008	135.7	89.3 (Target Exceeded)
	2007	148.2	137.1 (Target Exceeded)

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

The FY 2010 target for this measure is to achieve a rate for hospital admissions of 135.7 per 100,000 service population for long term complications of diabetes; it will not be reported until September 2011. There is a two-year reporting lag for this measure and data now available show a decrease in the rate from FY 2007 to FY

2008, followed by a slight increase in FY 2009. The FY 2011 and FY 2012 targets are 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.

Measure	FY	Target	Result
TOHP-SP: Implement recommendations from Tribes annually to improve the Tribal consultation process.	*2012*	Implement at least 3 recommendations annually	N/A

Unique Identifier	Data Source	Data Validation
TOHP-SP	IHS Tribal consultation documentation for the annual HHS Tribal Consultation Report and the IHS Director's Activities Database	

This new measure will track the number of recommendations from Tribes that have been implemented at IHS to improve the Tribal consultation process. Tribal consultation is one of the mechanisms by which Tribes exercise self-governance and as part of its long standing relationship with Tribal partners, IHS conducts its own consultation efforts. True consultation is an ongoing process that leads to information exchange, respectful dialogue, mutual understanding, and informed decision making. The FY 2012 target for this new measure is to implement at least 3 recommendations annually.

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)*	*2012*	15,500	N/A
	2011	18,500	N/A
	2010	21,811	18,639 (Target Not Met)
	2009	37,500[13]	45,325 (Target Exceeded)
	2008	21,800	21,811 (Target Exceeded)
	2007	23,000	21,819 (Target Not Met)

[13] 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.

Measure	FY	Target	Result
(35A) SFC-2: Percent of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	37%	39% (Target Exceeded)
	2009	43%[14]	32% (Target Not Met)
	2008	35%	42% (Target Exceeded)
	2007	35%	45% (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 2010 target for this measure was not met. 18,639 homes were provided with sanitation facilities (water, sewage disposal, and/or solid waste water) in FY 2010. In FY 2009, an increase in funding provided in the American Recovery and Reinvestment Act (ARRA) of 2009 resulted in 45,325 homes being provided with sanitation facilities, almost twice as many as is typical in a given year. The FY 2010 result 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 18,500 homes and the FY 2012 target is 15,500 homes.

The FY 2010 target of achieving 37 percent of existing homes served by the program at Deficiency Level 4 or above was met and exceeded. The FY 2010 rate was 39 percent. This measure is targeted for elimination in FY 2011.

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.

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

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

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

The FY 2010 result for this measure will not be available until April 2011. The FY 2009 target for this measure was met. The average project duration from the Project Memorandum of Agreement execution to construction completion was 3.7 years. A reduction in the project duration is the goal for this measure. The FY 2010, FY 2011, and FY 2012 targets are to attain a project duration of 4.0 years. Program strategies have been implemented to ensure these projected targets are maintained or reduced. 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[15]. *(Outcome)*	*2012*	90%	N/A
	2011	N/A	N/A
	2010	90%	91% (Target Exceeded)
	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)

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

The FY 2010 target for this long-term measure was met and exceeded. In FY 2010, the percentage of AI/AN homes with sanitation facilities was 91%. The percent of AI/AN homes with sanitation facilities has increased

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

slightly each year, with the exception of FY 2009, and FY 2010 results again show an increase. The FY 2012 target is 90%.

Healthcare Facilities Construction (HCFC)

Measure	FY	Target	Result
36: Health Care Facility Construction: Number of health care facilities construction projects completed. *(Outcome)*	*2012*	1 project	N/A
	2011	1 project	N/A
	2010	1 project	1 project (Target Met)
	2009	1 project	1 project (Target Met)
	2008	1 project	0 projects[16] (Target Not Met)
	2007	2 projects[17]	3 projects (Target Exceeded)

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

The FY 2010 target for this measure was met with one project completed. The FY 2011 and FY 2012 targets are also to complete one project.

Measure	FY	Target	Result
HCFC-E: Health Care Facilities Construction: Percent of health care facilities construction projects completed on time. *(Efficiency)*	*2012*	100%	N/A
	2011	100%	N/A
	2010	100%	100% (Target Met)
	2009	100%	100% (Target Met)
	2008	100%	N/A
	2007	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 2010 target for this measure was met. In FY 2010, 100% of health care facilities construction projects were completed on time, maintaining the FY 2009 result. The FY 2010 target was to once again achieve the rate of 100 percent. The program will continue to implement strategies that have previously proven successful in

[16] 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.

[17] 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.

meeting performance targets. Facility construction projects completed in a timely manner contribute toward increased access to health services and improved health outcomes. In FY 2011 and FY 2012 the target for this measure is 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 efficiency 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[18]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	30	24/102 (Target Not Met)
	2008	33	31/88 (Target Not Met)
	2007	30	33/73 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	47	47/45 (Target Met)
	2009	43	45/52 (Target Exceeded)
	2008	43	44/43 (Target Exceeded)
	2007	44	43/34 (Target Not Met)

[18] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

Measure	FY	Target	Result
HCFC-1: Diabetes Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control[19]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	28	31/256 (Target Exceeded)
	2009	26	26/244 (Target Met)
	2008	32	27/224 (Target Not Met)
	2007	30	32/30 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	38	42/42 (Target Exceeded)
	2009	39	36/37 (Target Not Met)
	2008	38	40/30 (Target Exceeded)
	2007	15	38/24 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	26	24/67 (Target Not Met)
	2009	28	24/55 (Target Not Met)
	2008	23	29/41 (Target Exceeded)
	2007	24	23/28 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	33	32/48 (Target Not Met but Improved)
	2009	30	31/48 (Target Exceeded)
	2008	41	31/37 (Target Not Met)
	2007	21	41/35 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	23 (Baseline)
	2012	Discontinued	N/A

[19] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

Measure	FY	Target	Result
HCFC-1: Diabetes Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control[20]. *(Outcome)*	*2011*	Discontinued	N/A
	2010	30	30/45 (Target Met)
	2009	25	28/37 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	30	38/27 (Target Exceeded)
	2009	38	28/16 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A

Measure	FY	Target	Result
HCFC-2: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years[21]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	62	65/53 (Target Exceeded)
	2008	61	63/51 (Target Exceeded)
	2007	62	61/47 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	39	46/23 (Target Exceeded)
	2009	38	38/23 (Target Met)
	2008	38	39/24 (Target Exceeded)
	2007	37	38/24 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	47	47/267 (Target Met)

[20] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

[21] First figure in results column is performance measure results; second is relative percent increase in 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[22]. *(Outcome)*	*2009*	44	46/263 (Target Exceeded)
	2008	56	45/242 (Target Not Met)
	2007	56	56/15 (Target Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	64	58/7 (Target Not Met)
	2009	60	63/4 (Target Exceeded)
	2008	60	61/5 (Target Exceeded)
	2007	58	60/2 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	62	57/22 (Target Not Met)
	2009	61	61/15 (Target Met)
	2008	61	62/10 (Target Exceeded)
	2007	61	61/10 (Target Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	81	73/19 (Target Not Met)
	2009	80	80/25 (Target Met)
	2008	72	81/21 (Target Exceeded)
	2007	73	72/17 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	54 (Baseline)
	2012	Discontinued	N/A

[22] First figure in results column is performance measure results; second is relative percent increase in 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[23]. *(Outcome)*	*2011*	Discontinued	N/A
	2010	54	49/14 (Target Not Met)
	2009	54	53/11 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	53	60/14 (Target Met)
	2009	52	52/7 (Target Met)
	2008	Exempt	N/A
	2007	Exempt	N/A

Measure	FY	Target	Result
HCFC-3: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years[24]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	50	54/102 (Target Exceeded)
	2008	48	51/93 (Target Exceeded)
	2007	44	48/77 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	37	68/41 (Target Exceeded)
	2009	46	35/36 (Target Not Met)
	2008	49	47/25 (Target Not Met)
	2007	48	49/33 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A

[23] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

[24] First figure in results column is performance measure results; second is relative percent increase 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[25]. *(Outcome)*	*2010*	37	33/288 (Target Not Met)
	2009	33	35/288 (Target Exceeded)
	2008	38	34/260 (Target Not Met)
	2007	23	38/38 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	72	70/28 (Target Not Met)
	2009	67	70/21 (Target Exceeded)
	2008	82	68/17 (Target Not Met)
	2007	43	82/8 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	43	40/47 (Target Not Met)
	2009	35	41/36 (Target Exceeded)
	2008	28	36/27 (Target Exceeded)
	2007	30	28/21 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	76	58/34 (Target Not Met)
	2009	87	74/25 (Target Not Met)
	2008	62	89/21 (Target Exceeded)
	2007	66	62/17 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	43 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	53	49/27 (Target Not Met)

[25] First figure in results column is performance measure results; second is relative percent increase 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[26]. *(Outcome)*	*2009*	34	51/19 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	54	47/41 (Target Not Met)
	2009	54	52/28 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A

Measure	FY	Target	Result
HCFC-4: Alcohol Screening (FAS Prevention): Alcohol-use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients[27]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	45	46/40 (Target Exceeded)
	2008	33	45/39 (Target Exceeded)
	2007	35	33/39 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	69	73/3 (Target Exceeded)
	2009	74	69/-1 (Target Not Met)
	2008	69	74/8 (Target Exceeded)
	2007	30	69/12 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	71	66/231 (Target Not Met)
	2009	69	68/231 (Target Not Met)
	2008	40	69/211 (Target Exceeded)

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

[27] First figure in results column is performance measure results; second is relative percent increase in 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[28]. *(Outcome)*	*2007*	19	40/11 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	76	66/6 (Target Not Met)
	2009	74	73/5 (Target Not Met)
	2008	60	74/7 (Target Exceeded)
	2007	1	60/4 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	57	68/17 (Target Exceeded)
	2009	53	54/10 (Target Exceeded)
	2008	40	53/7 (Target Exceeded)
	2007	9	40/9 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	82	80/12 (Target Not Met but Improved)
	2009	65	79/18 (Target Exceeded)
	2008	67	65/16 (Target Not Met)
	2007	6	67/14 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	39 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	63	64/14 (Target Exceeded)
	2009	13	60/9 (Target Exceeded)
	2008	Exempt	N/A

[28] First figure in results column is performance measure results; second is relative percent increase in 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[29]. *(Outcome)*	*2007*	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	69	71/5 (Target Exceeded)
	2009	49	66/-1 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A

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[30]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	94	97 (Target Exceeded)
	2008	93	95 (Target Exceeded)
	2007	98	93 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	92	85 (Target Not Met)
	2009	96	91 (Target Not Met)
	2008	85	97 (Target Exceeded)
	2007	100	85 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	89	81 (Target Not Met)
	2009	83	88 (Target Exceeded)
	2008	74	84 (Target Exceeded)
	2007	95	74 (Target Not Met)

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

[30] First figure in results column is performance measure results; second is relative percent increase in 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[31]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	93	92 (Target Not Met)
	2009	89	92 (Target Exceeded)
	2008	86	90 (Target Exceeded)
	2007	26	86 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	72	78 (Target Exceeded)
	2009	76	71 (Target Not Met)
	2008	84	77 (Target Not Met)
	2007	Set Baseline	84 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	86	95 (Target Exceeded)
	2009	96	85 (Target Not Met)
	2008	95	97 (Target Exceeded)
	2007	Set Baseline	95 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	86 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	96	88 (Target Not Met)
	2009	78	95 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A

[31] First figure in results column is performance measure results; second is relative percent increase in 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[32]. *(Outcome)*	*2011*	Discontinued	N/A
	2010	96	100 (Target Exceeded)
	2009	73	95 (Target Exceeded)
	2008	Exempt	N/A
	2006	Set Baseline	73 (Baseline)

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older[33]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	66	67/130 (Target Exceeded)
	2008	62	67/111 (Target Exceeded)
	2007	67	62/95 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	69	70/34 (Target Exceeded)
	2009	61	68/33 (Target Exceeded)
	2008	64	62/35 (Target Not Met)
	2007	61	64/26 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	61	53/250 (Target Not Met)
	2009	57	60/233 (Target Exceeded)
	2008	68	58/218 (Target Not Met)
	2007	59	68/18 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A

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

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

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older[34]. *(Outcome)*	*2010*	98	86/2 (Target Not Met)
	2009	88	97/0 (Target Exceeded)
	2008	72	89/-5 (Target Exceeded)
	2007	41	72/-6 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	70	63/34 (Target Not Met)
	2009	71	69/25 (Target Not Met)
	2008	68	72/20 (Target Exceeded)
	2007	69	68/17 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	96	87/36 (Target Not Met)
	2009	93	95/39 (Target Exceeded)
	2008	91	94/32 (Target Exceeded)
	2007	93	91/24 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	63 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	66	75/28 (Target Exceeded)
	2009	45	65/24 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	53	61/36 (Target Exceeded)

[34] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

Measure	FY	Target	Result
HCFC-6: Influenza vaccination rates among adult patients aged 65 years and older[35]. *(Outcome)*	*2009*	60	52/39 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A

Measure	FY	Target	Result
HCFC-7: Pneumococcal vaccination rates among adult patients aged 65 years and older[36]. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	82	85/130 (Target Exceeded)
	2008	81	83/111 (Target Exceeded)
	2007	77	81/95 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	90	90/34 (Target Met)
	2009	83	89/33 (Target Exceeded)
	2008	78	84/35 (Target Exceeded)
	2007	56	78/26 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	89	83/250 (Target Not Met)
	2009	80	88/233 (Target Exceeded)
	2008	75	81/215 (Target Exceeded)
	2007	53	75/18 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	99	94/2 (Target Not Met)
	2009	99	98/0 (Target Not Met)

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

[36] First figure in results column is performance measure results; second is relative percent increase in access from baseline.

Measure	FY	Target	Result
HCFC-7: Pneumococcal vaccination rates among adult patients aged 65 years and older[37]. *(Outcome)*	*2008*	87	100/-5 (Target Exceeded)
	2007	42	87/-6 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	87	86/34 (Target Not Met)
	2009	84	86/25 (Target Exceeded)
	2008	84	85/20 (Target Exceeded)
	2007	83	84/17 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	98	95/36 (Target Not Met)
	2009	95	97/39 (Target Exceeded)
	2008	97	96/32 (Target Not Met)
	2007	90	97/24 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	92 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	85	84/28 (Target Not Met)
	2009	61	84/24 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	87	90/36 (Target Exceeded)
	2009	95	86/39 (Target Not Met)
	2008	Exempt	N/A
	2007	Exempt	N/A

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

Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention. *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	N/A	N/A
	2009	2	5 (Target Exceeded)
	2008	1	2 (Target Exceeded)
	2007	3	1 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	40	47 (Target Exceeded)
	2009	25	37 (Target Exceeded)
	2008	9	25 (Target Exceeded)
	2007	5	9 (Target Exceeded)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	29	22 (Target Not Met)
	2009	18	26 (Target Exceeded)
	2008	14	18 (Target Exceeded)
	2007	15	14 (Target Not Met)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	38	50 (Target Exceeded)
	2009	18	35 (Target Exceeded)
	2008	40	18 (Target Not Met)
	2007	Set Baseline	40 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	7	16 (Target Exceeded)

Measure	FY	Target	Result
HCFC-8: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive a tobacco cessation intervention. *(Outcome)*	*2009*	7	4 (Target Not Met)
	2008	1	7 (Target Exceeded)
	2007	Set Baseline	1 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	29	44 (Target Exceeded)
	2009	24	26 (Target Exceeded)
	2008	14	24 (Target Exceeded)
	2007	Set Baseline	14 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	Exempt	N/A
	2009	Exempt	N/A
	2008	Set Baseline	5 (Baseline)
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	53	45 (Target Not Met)
	2009	2	50 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A
	2012	Discontinued	N/A
	2011	Discontinued	N/A
	2010	38	46 (Target Exceeded)
	2009	11	35 (Target Exceeded)
	2008	Exempt	N/A
	2007	Exempt	N/A

Unique Identifier	Data Source	Data Validation
HCFC-1 HCFC-2 HCFC-3 HCFC-4 HCFC-5 HCFC-6 HCFC-7 HCFC-8	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 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. 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 and FY 2010 targets correspond to National Clinical GPRA measure targets. These measures are targeted for elimination in FY 2011.

Measure	FY	Target	Result
HCFC-9: Percent reduction of the YPLL rate within 7 years of opening the new facility[38] *(Outcome)*	*2012*	N/A	N/A
	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

[38]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[39] *(Outcome)*	*2009 (Fac A)*	+10%	-14% (Target Not Met)
	2010 (Fac B)	+10%	683% (Target Exceeded)
	2010 (Fac C)	+10%	-6% (Target Not Met)
	2011 (Fac D)	Discontinued	N/A
	2011 (Fac E)	Discontinued	N/A
	2011 (Fac F)	Discontinued	N/A
	2015 (Fac G)	Discontinued	N/A
	2013 (Fac H)	Discontinued	N/A
	2013 (Fac I)	Discontinued	N/A

Unique Identifier	Data Source	Data Validation
HCFC-10	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 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 2010 targets for this measure were met for Facility B but not met for Facility C, currently the only two facilities that reached their 7 year mark in FY 2010 from the opening date. The remaining facilities will report once they reach 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 C, between 2003 and 2010, there was a 256% increase in the number of active diabetic patients receiving treatment at the facility. HCFC-10 has been targeted for elimination in FY 2011.

[39]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
HCFC-11: Access to Care: Increasing access to care at completed, congressionally appropriated, priority health care facilities *(Outcome)*	*2012*	N/A	N/A

Unique Identifier	Data Source	Data Validation
HCFC-11	IHS Division of Program Statistics for OPV visits reported from the IHS User Population/Workload Mart, National Data Warehouse	IHS Division of Program Statistics

This new program assessment measure will begin annual tracking of Outpatient visits (OPV) the first full fiscal year after a facility opens. It will then sunset after four consecutive years of reporting. OPV is a workload statistic calculated at the facility level. It is reported as outpatient visits by provider type (e.g., clinic RN, pharmacist, X-ray technician, physician specialties, etc.). This access to care measure is a raw count of patient encounters seen throughout a facility. Increases in the total number of OPVs each year demonstrates increased access to health services at newly constructed facilities.

Workload reporting will begin after completion of one full fiscal year after the facility, funded by Congress from the health facilities priority list, opens.

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

Facilities & Environmental Health Support

Measure	FY	Target	Result
27: Injury Intervention: Occupant protection restraint use *(Outcome)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	New surveys based on FY 2009 Intervention	11 of 12 Areas completed surveys (Target Met)
	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)

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

The FY 2010 target for this measure was met. In FY 2010, 11 Areas completed seat belt surveys based on FY 2009 interventions. 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)*	*2012*	Discontinued	N/A
	2011	Discontinued	N/A
	2010	11 of 12 Areas will perform new surveys based on FY 2009 Interventions	12 of 12 Areas performed new surveys (Target Exceeded)
	2009	3 interventions/Area	3 interventions/Area (Target Met)
	2008	Set Baseline	12 (Baseline)
	2007	29	32 (Target Exceeded)

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

The FY 2010 target for this measure was met and exceeded. In FY 2010, 12 Areas performed new surveys based on FY 2009 interventions. In FY 2009, the measure was to implement 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. 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 2011 this measure will be discontinued.

Discontinued Performance Measures

Measure	FY	Target	Result
RPMS-1: Develop comprehensive electronic health record (EHR) with clinical guidelines for select chronic diseases	*2009*	Discontinued	Eliminated
	2008	Comprehensive EHR	Met (Target Met)
	2007	Maintain All	Met (Target Met)
	2006	Cardiovascular	Met (Target Met)
	2005	Obesity	Met (Target Met)

Measure	FY	Target	Result
RPMS-3: Number of sites to which electronic health record is deployed	*2009*	Discontinued	Eliminated
	2008	All	Met (Target Met)
	2007	40	50 (Target Exceeded)
	2006	40	40 (Target Met)
	2005	20	20 (Target Met)

Measure	FY	Target	Result
UIHP-4: Increase the number of sites utilizing an electronic reporting system *(Outcome)*	*2010*	Discontinued	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)

Measure	FY	Target	Result
21: Patient Safety: Development and deployment of patient safety measurement system[40]. (*Outcome*)	*2010*	Discontinued	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)

[40] 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: To renew and strengthen our partnership with Tribes	IHS Goal 2: In the context of national health insurance reform, to bring reform to IHS	IHS Goal 3: To improve the quality of and access to care	IHS Goal 4: To make all our work accountable, transparent, fair and inclusive
1 Transform Health Care				
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured				
1.B Improve health care quality and patient safety	X	X	X	X
1.C Emphasize primary and preventive care linked with community prevention services				
1.D Reduce the growth of health care costs while promoting high-value, effective care				
1.E Ensure access to quality, culturally competent care for vulnerable populations	X	X	X	X
1.F Promote the adoption of health information technology				
2 Advance Scientific Knowledge and Innovation				
2.A Accelerate the process of scientific discovery to improve patient care				
2.B Foster innovation at HHS to create shared solutions				
2.C Invest in the regulatory sciences to improve food and medical product safety				
2.D Increase our understanding of what works in public health and human service practice				
3 Advance the Health, Safety and Well-Being of the American People				
3.A Ensure the safety, well-being, and healthy development of children and youth				
3.B Promote economic and social well-being for individuals, families and communities	X		X	X
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults				
3.D Promote prevention and wellness	X	X	X	X
3.E Reduce the occurrence of infectious diseases	X		X	X
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies				

HHS Strategic Goals	IHS Goal 1: To renew and strengthen our partnership with Tribes	IHS Goal 2: In the context of national health insurance reform, to bring reform to IHS	IHS Goal 3: To improve the quality of and access to care	IHS Goal 4: To make all our work accountable, transparent, fair and inclusive
4 Increase Efficiency, Transparency, and Accountability of HHS Programs				
4.A Ensure program integrity and responsible stewardship of resources				
4.B Fight fraud and work to eliminate improper payments				
4.C Use HHS data to improve the health and well-being of the American people				
4.D Improve HHS environmental, energy, and economic performance to promote sustainability				
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce				
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow				
5.B Ensure that the Nation's health care workforce can meet increased demands	X		X	
5.C Enhance the ability of the public health workforce to improve public health at home and abroad				
5.D Strengthen the Nation's human services workforce				
5.E Improve national, state, and local surveillance and epidemiology capacity				

Summary of Full Cost for IHS

Summary of Full Cost

(Budgetary Resources in Millions)

	Indian Health Service		
HHS Strategic Goals and Objectives	**FY 2010**	**FY 2011**	**FY 2012**
Goal 1: Transform Health Care	**$3,646.983**	**$3,661.632**	**$4,120.260**
1.A: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured			
1.B: Improve health care quality and patient safety	**$943.307**	**$957.358**	**$978.543**
Measure: (10) - RTC Improvement/Accreditation	*$ 21.226*	*$ 21.226*	*$ 22.809*
Measure: (20) - Health Care Accreditation	*$ 890.993*	*$ 907.735*	*$ 907.735*
Measure: (21) - Patient Safety	*$ 7.444*	*N/A*	*N/A*
1.C: Emphasize primary and preventive care linked with community prevention services			
1.D: Reduce the growth of health care costs while promoting high-value, effective care			
1.E: Ensure access to quality, culturally competent care for vulnerable populations	**$2,703.675**	**$2,704.094**	**$3,141.718**
Measures: (1-6) - Diabetic Care: Combined	*$ 1,670.337*	*$ 1,670.337*	*$ 1,784.255*
Measures: (12-14) - Oral Health Care: Combined	*$ 152.634*	*$ 152.634*	*$ 170.859*
Measure: (36) - Health Care Facilities Construction	*$ 29.234*	*$ 29.234*	*$ 85.184*
Measure: (CHS-1) - Average days between service end and purchase order (PO) issued	*$ 779.347*	*$ 779.347*	*$ 948.646*
1.F: Promote the adoption and meaningful use of health information technology			
Goal 2: Advance Scientific Knowledge and Innovation			
2.A: Accelerate the process of scientific discovery to improve patient care			
2.B: Foster innovation at HHS to create shared solutions			
2.C: Invest in the regulatory sciences to improve food and medical product safety			
2.D: Increase our understanding of what works in public health and human service practice			
Goal 3: Advance the Health, Safety, and Well-Being of the American People	**$1,315.721**	**$1,317.813**	**$1,417.326**
3.A: Ensure the safety, well-being, and healthy development of children and youth			
3.B: Promote economic and social well-being for individuals, families, and communities	**$95.857**	**$95.857**	**$79.710**
Measure: (35) - Sanitation Facilities Construction	*$ 95.857*	*$ 95.857*	*$ 79.710*
3.C: Improve the accessibility and quality of supportive services for people with disabilities and older adults			
3.D: Promote prevention and wellness	**$937.764**	**$938.853**	**$1,027.498**
Measure: (7) - Cancer Screening, Pap Smear Rates	*$ 10.163*	*$ 9.594*	*$ 10.322*
Measure: (8) - Cancer Screening, Mammography Rates	*$ 2.923*	*$ 2.856*	*$ 3.118*
Measure: (9) - Cancer Screening: Colorectal	*$ 21.737*	*$ 20.933*	*$ 22.866*
Measure: (11) - Alcohol Screening (FAS Prevention)	*$ 17.503*	*$ 16.452*	*$ 17.567*
Measure: (16) - Domestic (Intimate Partner) Violence Screening	*$ 7.534*	*$ 7.506*	*$ 7.877*
Measure: (18) - Behavioral Health: Depression Screening	*$ 21.027*	*$ 20.987*	*$ 22.025*

	Indian Health Service		
HHS Strategic Goals and Objectives	**FY 2010**	**FY 2011**	**FY 2012**
Measure: (23) - Public Health Nursing Priorities	*$ 64.071*	*$ 64.071*	*$ 70.613*
Measure: (27) - Injury Intervention	*$ 2.953*	*N/A*	*N/A*
Measure: (28) - Unintentional Injury Mortality Rate (Long Term Measure)	*$ 952.800*	*$ 952.800*	*$ 1,058.371*
Measure: (29) - Suicide Surveillance	*$ 0.129*	*$ 0.121*	*$ 0.127*
Measure: (30) - Cardiovascular Disease Prevention	*$ 511.559*	*$ 482.327*	*$ 518.478*
Measure: (31) - Childhood Weight Control (Long Term Measure)	*$ 10.852*	*$ 10.418*	*$ 10.934*
Measure: (32) - Tobacco Cessation Intervention	*$ 43.950*	*$ 41.664*	*$ 44.833*
Measure: (34) - Environmental Surveillance	*$ 0.189*	*N/A*	*N/A*
3.E: Reduce the occurrence of infectious diseases	**$281.756**	**$282.760**	**$309.750**
Measure: (24) - Childhood Immunizations	*$ 28.715*	*$ 27.115*	*$ 29.182*
Measure: (25) - Adult Immunizations, Influenza	*$ 8.953*	*$ 8.447*	*$ 9.077*
Measure: (26) - Adult Immunizations, Pneumovax	*$ 2.426*	*$ 2.290*	*$ 2.464*
Measure: (33) - HIV Screening in Pregnancy	*$ 1.301*	*$ 1.228*	*$ 1.320*
3.F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	**$0.344**	**$0.344**	**$0.368**
Goal 4: Increase Efficiency, Transparency, and Accountability of HHS Programs			
4.A: Ensure program integrity and responsible stewardship of resources			
4.B: Fight fraud and work to eliminate improper payments			
4.C: Use HHS data to improve the health and well-being of the American people			
4.D: Improve HHS environmental, energy, and economic performance to promote sustainability			
Goal 5: Strengthen the Nation's Health and Human Service Infrastructure and Workforce	**$136.953**	**$136.953**	**$151.457**
5.A: Invest in the HHS workforce to help meet America's health and human service needs today and tomorrow			
5.B: Ensure that the Nation's health care workforce can meet increased demands	**$132.267**	**$132.267**	**$145.757**
Measure: (42) - Placement of Scholarship Recipients	*$ 40.743*	*$ 40.743*	*$ 42.016*
5.C: Enhance the ability of the public health workforce to improve public health at home and abroad			
5.D: Strengthen the Nation's human service workforce			
5.E: Improve national, state, local, and tribal surveillance and epidemiology capacity	**$4.686**	**$4.686**	**$5.700**
Total	$5,099.656	$5,116.398	$5,689.043

Summary of Findings and Recommendations from Completed Program Evaluations

No program evaluations were completed in FY 2010.

Disclosure of Assistance by Non-Federal Parties

No material assistance was received from non-Federal parties in the preparation of the 2012 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 (July 2010)

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