



IHS Acute Care Registry

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Statistics we are familiar with



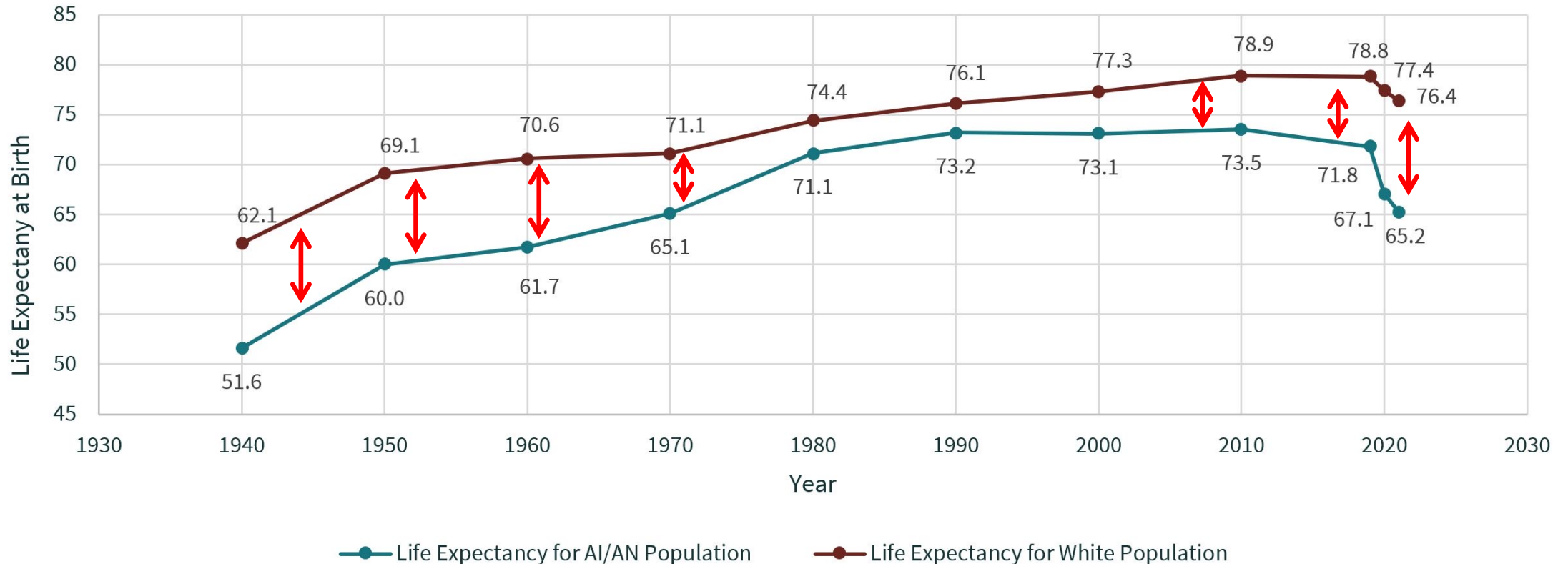
American Indian and Alaska Native...

- *adults are 1.5 times more likely to be diagnosed with diabetes*
- *adults are 40% more likely to suffer from obesity*
- *adults are almost twice as likely to have, and 2-3 times as likely to die from stomach cancer*
- *children are almost twice as likely to have asthma*

Closing the Lifespan Gap



Historic Life Expectancy (at Birth) for AI/AN and White Populations* in the United States by Decade

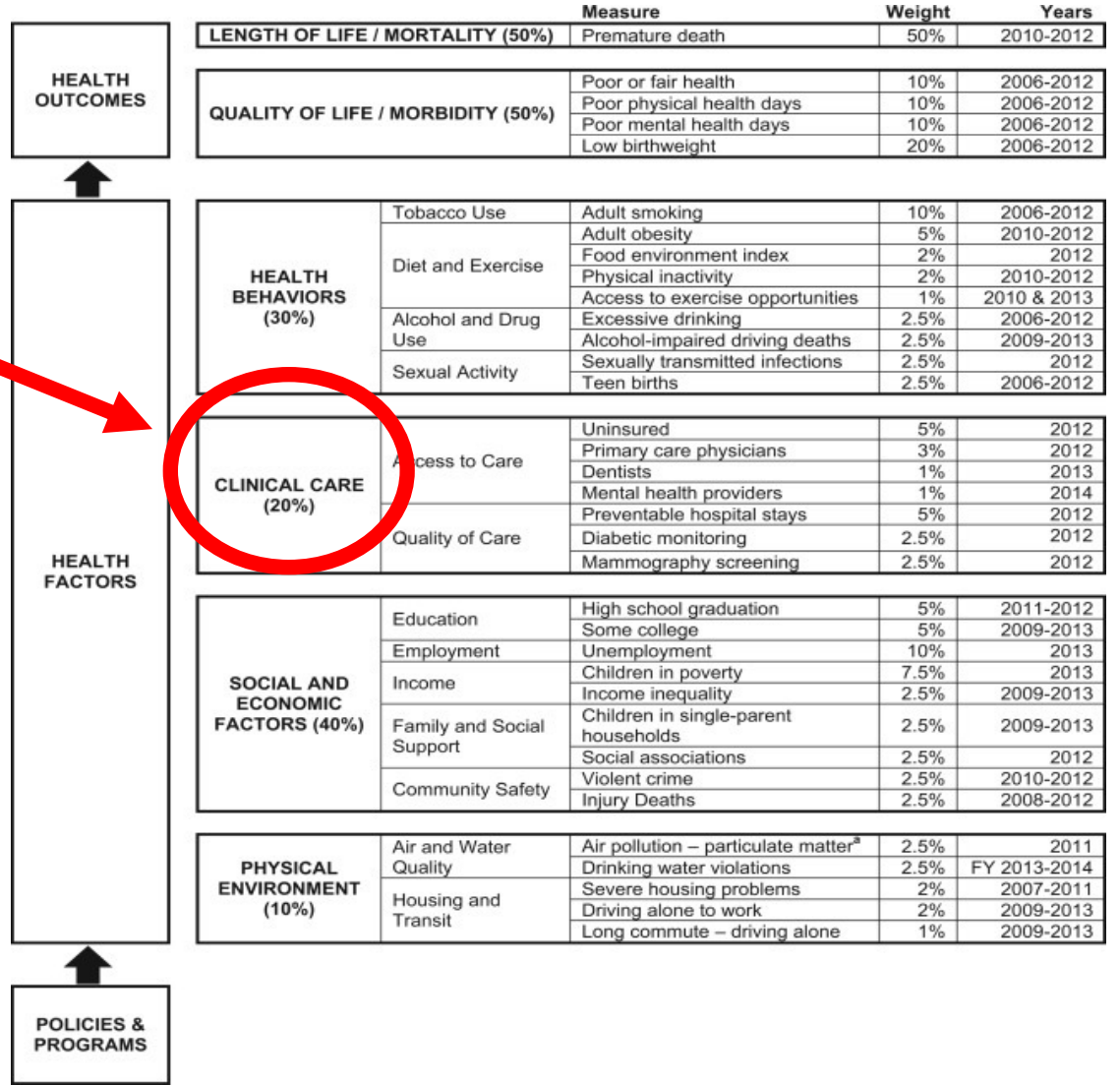
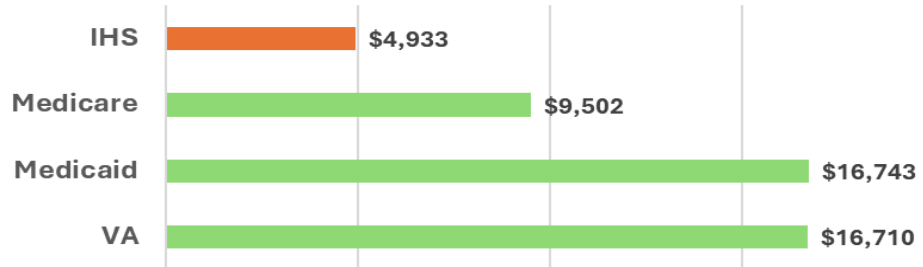


What are the levers for action?



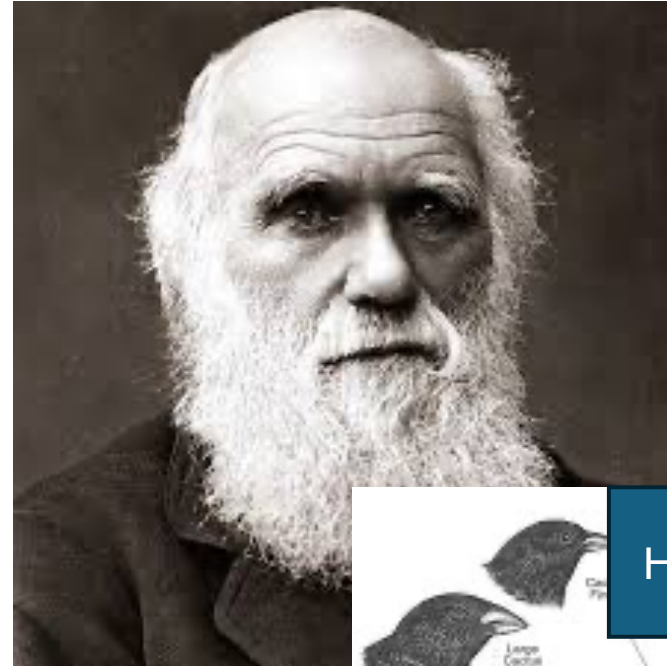
- Clinical care has been estimated to account for 20% of observed health outcomes *on a global scale*
- What is the contribution of the care IHS provides in its hospitals and clinics to the overall health outcomes of our population? Particularly in the context of our resource-strained environment:

Per Capita Spend

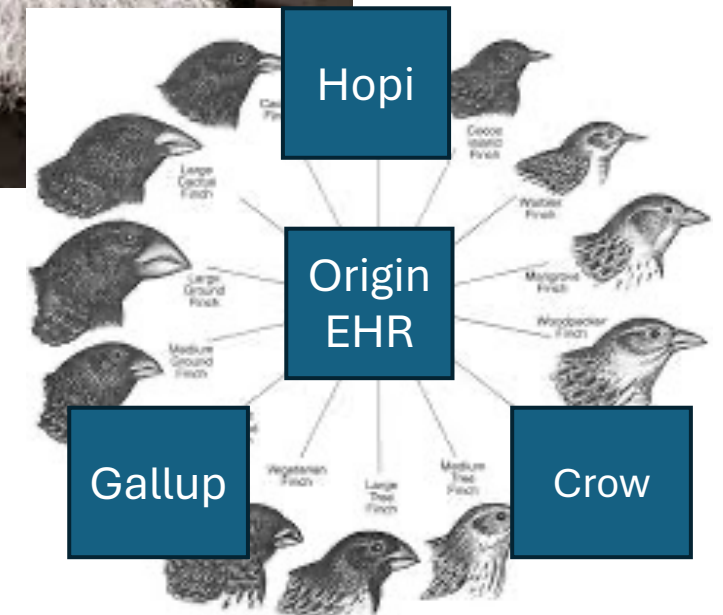


Interoperability Problem: An Evolving EHR

- To **improve** the care we provide, we must first **understand** the care we provide
- We have not historically been able to rapidly examine the medicines we give to patients, or the diagnostic tests we perform on them
- Why not?



Charles Darwin

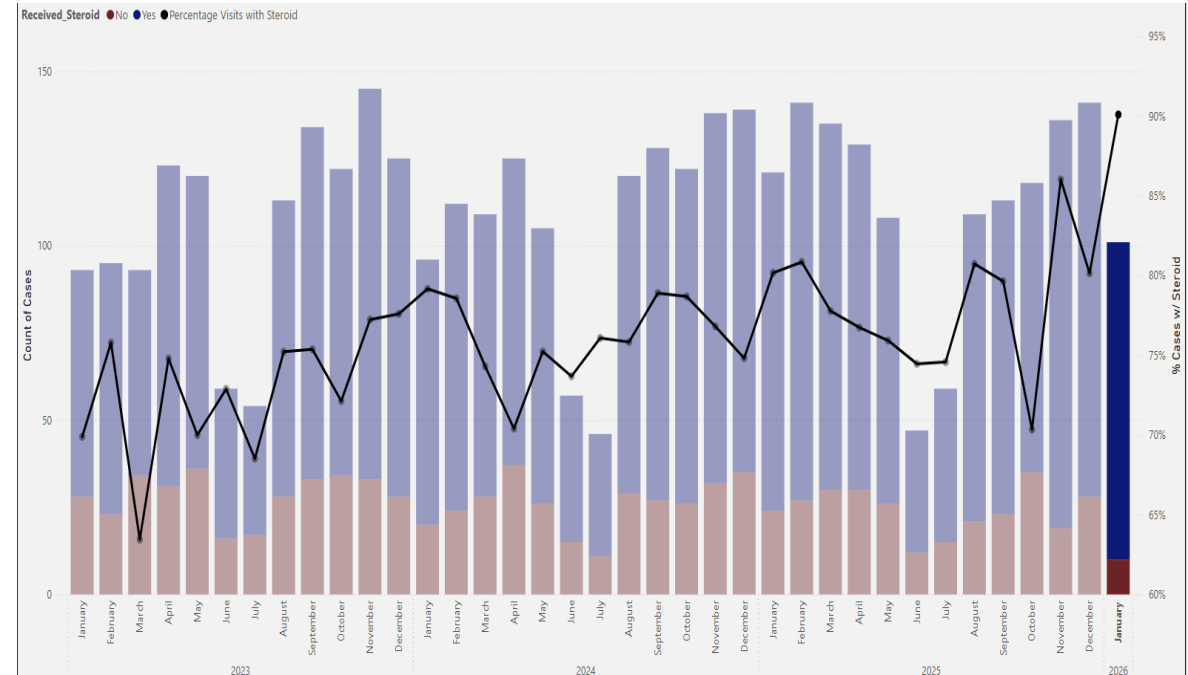


What is the Clinical Performance Registry



A platform for **analyzing clinical data** to drive **quality improvement**

- The CPR helps teams analyze clinical care data in a more usable way.
- Connecting clinical performance to patient outcomes and population health trends.



Visit 1 Date	Visit 1 Provider	Visit 1 Diagnosis	Visit 2 Date	Visit 2 Provider	Disposition	Visit 2 Diagnosis
2/20/24	SC	Nausea with vomiting, unspecified	2/22/24	MB	Transfer	Non-ST elevation (NSTEMI) myocardial infarction
6/10/24	JSH	Nausea	6/10/24	JSH	Transfer	Non-ST elevation (NSTEMI) myocardial infarction
6/24/24	JM	Nausea	6/27/24	YM	Transfer	Non-ST elevation (NSTEMI) myocardial infarction

Why this matters to frontline clinicians



The CPR seeks to work with questions teams already ask

- The CPR helps teams analyze clinical care data in a more usable way.
- Connecting clinical performance to patient outcomes and population health trends.

- Are we seeing patterns that suggest preventable complications or missed opportunities?
- Did the workflow change we implemented improve care?
- Where are the biggest gaps right now?
- What trends should we respond to before they become bigger problems?

From *Reactive* to *Proactive*



What does quality improvement look like when your data cannot talk to each other?

- Adverse Event Reports: We wait for something bad to happen, hope someone reports it, and only then we can respond. It is a purely ***reactive*** posture.
- Without the capability to aggregate data at an Area or a National level, we cannot identify trends in healthcare practice, which would allow us to become ***proactive***.
- So what do we do about it?



Clinical Performance Registry:

Acute Care Module Demonstration

Choosing the right measures: Being Comprehensive



Foundations of Care

1. Core functions
2. Integrated approach to common presentations

Reproductive and Sexual Health

3. Pregnancy and birth
4. Sexual health and family planning

Growth, development and aging

5. Nutrition, physical activity and sleep
6. Neonatal, infant, child and adolescent growth and development
7. Congenital anomalies
8. Special considerations in older people
9. Special considerations for life limiting illnesses and serious health related suffering

Noncommunicable diseases and mental health

10. Blood disorders (excluding cancers)
11. Cancers
12. Cardiovascular diseases
13. Chronic musculoskeletal disorders
14. Chronic respiratory diseases
15. Digestive diseases (see also communicable disease)
16. Endocrine, metabolic, and autoimmune disorders
17. Genitourinary disorders
18. Mental disorders
19. Child and adolescent mental health
20. Substance use disorders
21. Neurologic disorders
22. Sense organ diseases
23. Skin and hair diseases
24. Overweight and obesity

Violence and injury

25. Interpersonal violence
26. Injury

Communicable disease

27. Communicable disease (excluding NTDs)
28. Communicable disease prevention
29. Neglected tropical diseases

Example Subcategories aligned with Make America Healthy Again (MAHA)

Choosing the right measures: Input from the ground



Example from Heart Attacks (STEMI):

- Door-to-Ballon Time is one of the most commonly reported measures
- IHS facilities are not capable of performing this procedure
- Alternative: Administration of adjuncts prior to transfer

Input sought from stakeholders across the Agency:

- Chief Clinical Consultants
- Division Directors
- Council Chairs
 - Oral Health
 - Behavioral Health
- Programs
 - Pediatric Readiness
 - HOPE Committee
 - Cancer Workgroup

Corrective Actions: Impact Before Outcomes



Corrective Action Classification
Guidelines, pathways, and protocols <ul style="list-style-type: none">• implementation of pre-existing guidelines, pathways, and protocols• original development• modification
Targeted education <ul style="list-style-type: none">• rounds• conferences• journal clubs• focused reading• case presentations• newsletters• posters• videos
Peer review presentations
Action targeted at individual providers (a small component of QI) <ul style="list-style-type: none">• counseling• further training• restriction of privileges
Enhancement of resources <ul style="list-style-type: none">• facilities• equipment• communication



Questions?

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