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The Honorable Tom Bliley
Chairman, Committee on Commerce
House of Representatives

The Honorable William F. Goodling
Chairman, Committee on Education
and the Workforce
House of Representatives

The Honorable William M. Thomas
Chairman, Subcommittee on Health
Committee on Ways and Means
House of Representatives

Subject: The Results Act: Observations on the Department of Health and Human Services' Fiscal Year 1999 Annual Performance Plan

As requested by the Speaker of the House, the Majority Leader, and several committee chairmen of the House of Representatives, we have reviewed the Department of Health and Human Services' (HHS) performance plan for fiscal year 1999, which was submitted to the Congress in February 1998. The criteria for our assessment were the Government Performance and Results Act of 1993 (the Results Act) and its legislative history; the Office of Management and Budget's (OMB) guidance on developing annual performance plans (Circular A-11, part 2); our February 1998 guidance for congressional review of the plans;[1] and our evaluators' guidance for assessing annual performance plans.[2]

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[1]Agencies' Annual Performance Plans Under the Results Act: An Assessment Guide to Facilitate Congressional Decisionmaking (GAO/GGD/AIMD 10.1.18, Feb. 1998).

[2]The Results Act: An Evaluator's Guide to Assessing Agency Annual Performance Plans (GAO/GGD 10.1.20, Apr. 1998).

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In summary, HHS' annual performance plan, which consists of a short HHS-wide overview and 13 individual agency plans, contains a great deal of valuable information to inform the Congress about how HHS intends to accomplish its mission. Many parts of the plan, however, could better fulfill the Results Act's purpose of ensuring that the Congress, the public, and HHS officials have the information they need to assess whether HHS programs are achieving intended results. In particular, more HHS agencies could consistently set measurable performance goals, provide information about how they will coordinate with each other and other performance partners to achieve related goals, identify the resources they need to accomplish their goals, and discuss how they intend to address problems with their performance data.

Successful implementation of the Results Act is as difficult as it is important, especially for a department with HHS' wide, diverse, and complex responsibilities. This is the first performance plan that HHS has produced, and it is clearly the product of a great deal of thoughtful work. We expect that as HHS gains experience, future performance plans will build upon this initial effort and become increasingly useful to the Congress, the public, and HHS itself.

The HHS performance plan provides a picture of many aspects of HHS' intended performance, but not a complete picture across the Department. Most of the individual agency plans provide at least some concrete performance goals with appropriate measures to track progress toward meeting the goals. Future performance plans would be more useful and better meet the purposes of the Results Act if HHS made greater use of outcome measures, which it indicates it plans to do, and if more agencies clearly linked their performance goals with HHS' strategic goals and program activities.

HHS' plan could be more informative in discussing how HHS' strategies and resources will help accomplish its performance goals.[3] Only some of the agencies indicate what strategies they intend to use. Furthermore, HHS has missed the opportunity to address the HHS-wide management challenges that it acknowledged in its strategic plan. For example, the performance plan discusses neither HHS-wide information technology resources needed to

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[3]The Results Act prescribes that the performance plan discuss the operational processes, skills, technology, and resources an agency will employ to achieve its performance goals. We and OMB use the term "strategies" when discussing the operational processes, skills, and technology component of this requirement.

improve performance nor a comprehensive strategy for addressing the "year 2000" problem.

Finally, the plan could provide better assurance that the information used to measure HHS' performance will be credible. For example, both the strategic and performance plans point out that the absence of reliable data from HHS' many performance partners is a critical problem, and our past work has identified limitations in several key data sources that HHS uses to manage its programs. HHS' agencies vary in the extent to which they include required information on data verification and validation. Additionally, while HHS and many of its agencies include thoughtful discussions of data limitations, they often do not say how they will address these problems.

HHS' PERFORMANCE PLAN PROVIDES A PARTIAL PICTURE OF INTENDED PERFORMANCE ACROSS THE AGENCY

The HHS performance plan provides a great deal of information about the Department's intended performance during the coming fiscal year. Some portions of the plan are more successful than others, however, in meeting the Results Act requirement to include performance goals and measures that are objective, measurable, and quantifiable. While a few HHS agencies provide a fairly complete picture of their intended performance, most provide only part of the required information, and a few provide little helpful information. HHS' performance plan would be more useful if its performance goals were more consistently linked with its mission, strategic goals, and program activities in its budget request. Furthermore, HHS could substantially improve its plan by consistently acknowledging the crosscutting nature of many programs and discussing coordination among its own agencies and with other agencies that work toward related program goals.

HHS' Performance Plan Is Uneven in Defining Expected Performance

Many parts of the HHS performance plan provide a succinct and concrete statement of expected performance for subsequent comparison with actual performance, but others do not. Most of the individual agency plans provide at least some appropriate and quantifiable performance measures to track progress toward performance goals. Including outcome goals whenever possible, instead of output or process goals, would best fulfill the purposes of the Results Act. HHS and its agencies acknowledge that future performance

plans should include more outcome goals, and they indicate that they have begun the effort to develop them.

The Centers for Disease Control and Prevention (CDC) performance plan is one of the agency plans that includes numerous concrete performance goals combined with precise outcome measures. For example, one goal is to reduce the incidence of congenital syphilis, and the associated performance measure is the reduction of the incidence of congenital syphilis in the general population from the 1995 rate of 39 per 100,000 live births to less than 30 in 1999. In addition, some program areas in the CDC plan explain very well why certain goals have process or output measures rather than outcome measures. The section on chronic disease prevention, for example, notes that health outcome measures for chronic disease prevention are difficult to define for a number of reasons, including the long latency period of chronic diseases, such as cancer and heart disease.

The National Institutes of Health (NIH) plan, in contrast, has goals that are often too broad or general to be useful in assessing NIH's accomplishments. For example, one goal is to "maintain the pipeline of individuals interested in pursuing research careers," and one of the associated performance measures is the numbers of applications NIH receives and awards it makes for certain research training grants, fellowships, and career development awards. However, the plan neither provides baseline information nor indicates how many such applications and awards are needed to meet the goal of "maintaining the pipeline."

For the most part, the individual agency plans in HHS' overall plan contain both program areas with concrete, measurable goals and indicators as well as areas that either completely lack goals or objective measures or list goals and measures that are of little use in tracking program accomplishments. For example, the Health Services and Resources Administration (HRSA) plan includes many goals that are succinct, concrete, and measurable, such as the HIV/AIDS program's goal of increasing the number of clients receiving Ryan White CARE Act-funded services from an estimated 384,900 in 1996 to 413,700 in 1999. In contrast, although one goal of HRSA's health professions program is to "prepare an appropriate number of health professionals necessary to provide and support primary care," the plan does not specify what an appropriate number is. Without this information, it will be difficult to measure progress toward achieving this goal.

The Agency for Health Care Policy and Research (AHCPR) plan is another example of a plan that is only partially successful in providing appropriate

goals and measures. The plan articulates six main performance goals, each with multiple objectives, which together describe a concerted effort to promote greater efficiency and quality of care in the U.S. health care system. However, the plan does not provide specific measures to track performance. For example, although one goal is to make "significant contributions through the creation of new knowledge," the plan does not indicate how the agency will determine whether projects funded for this purpose have in fact generated new knowledge or what contributions such projects may have made to the health care system. Although the agency has as a separate goal evaluating the effectiveness and impact of AHCPR research, these evaluations are not linked to the assessment of progress toward other goals.

More Financial Management Goals Would Improve the Plan

When financial management issues are closely related to accomplishing an agency's mission, the agency's performance plan should include goals related to improving the reliability and timeliness of financial data. The Health Care Financing Administration's (HCFA) work involves financial management issues, and its plan includes the goal of receiving a qualified opinion on its financial statement in fiscal year 1999, which would be an improvement over the disclaimer of opinion it received in fiscal year 1996. The Indian Health Service (IHS) includes as one of its goals implementation of the Managerial Cost Accounting Standard. Other agencies' plans could also have benefited from including goals of a financial nature. For example, an audit of the Administration for Children and Families' (ACF) fiscal year 1997 financial statement found several financial accountability deficiencies, which were reported in the HHS consolidated financial statement audit. ACF's deficiencies included its inability to reconcile its Fund Balance with the Department of the Treasury's account as well as its inability to provide in a timely manner a detailed listing of its accounts payable and undelivered orders, which totaled $13.9 billion in fiscal year 1997.

HHS Could More Consistently Link Its Mission, Goals, and Activities

HHS has generally met the Results Act requirement to establish performance goals for all program activities in its budget.[4] Some agency plans have made a

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[4]The term "program activity" refers to the listings of projects and activities in the appendix to the Budget of the United States Government. Program activity

particularly strong effort to help readers link program goals with program activities. IHS, for example, aggregates its program activities into four categories for which it has performance measures, and the plan contains a table to help the reader link program activities with the four categories. Similarly, ACF aggregates its program activities into several categories to which it applies performance goals and measures. ACF's plan also contains a useful table displaying goals and related program activities. In contrast, the plans of CDC and HRSA do not show a clear relationship between program activities and performance goals.

Linking HHS' annual performance goals with the goals in its strategic plan would help HHS better measure its progress toward its six long-term strategic goals. The individual agency plans provide these linkages to varying degrees. In addition, the overall performance plan's lack of any HHS-wide goals adds to the difficulty of linking HHS' expected performance during the next year with its strategic goals and objectives.

CDC and ACF are examples of agencies that have tried to provide these linkages in their plans. CDC links its annual performance goals to the HHS strategic goals and includes a discussion of its own strategic goals and the programs and strategies that relate to them. ACF provides a matrix linking its goals with HHS strategic goals and objectives. Although the HRSA plan directly links some of its programs with elements of the HHS strategic plan, the HRSA plan does not mention a number of activities that, according to the strategic plan, are instrumental in meeting HHS' strategic objectives. For example, although one of HHS' strategic objectives is to increase the number of HRSA-supported community health centers that provide home care to the elderly, the HRSA performance plan does not mention this objective. Similarly, the strategic plan specifies that HRSA will help achieve the strategic objective of reducing tobacco use by incorporating education and outreach activities into its community-based prevention and primary care programs. Yet HRSA's plan does not mention any related outreach or education goals for its Health Centers or Maternal and Child Health programs.

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structures are intended to provide a meaningful representation of the operations financed by a specific budget account.

HHS' Plan Does Not Adequately Address the Need for Crosscutting Efforts

Accomplishing many HHS-wide strategic objectives requires the concerted efforts of at least two HHS agencies; moreover, some objectives require collaboration with other federal agencies that have related strategic or performance goals. HHS' performance plan could be more useful if it provided more discussion of the need for both internal and external coordination. Often HHS agencies working toward the same strategic objective do not have related goals and measures to help assess progress toward their objectives. While the plan has a general discussion of HHS' need to coordinate with other federal departments as well as with state, local, and private partners, delineating crosscutting efforts falls to the individual agencies, and their discussions vary in completeness.

A few agency plans include enlightening discussions of coordination. The Food and Drug Administration (FDA), for example, often provides specific information about how it will coordinate with other HHS agencies to achieve related goals. However, most agencies either fail to consistently address coordination for all the programs that require it or hardly discuss it at all. The Substance Abuse and Mental Health Services Administration's (SAMHSA) plan has a general discussion of the need for coordination and lists many agencies and organizations with which SAMHSA will work. That discussion, however, is the sole reference to coordination in the plan, and the reader receives no information about how the agency will coordinate with others to achieve specific program goals. The ACF plan sometimes fails to acknowledge the need for coordination between its own programs. For example, although the child care component of ACF's plan includes the goal of increasing the number of Head Start programs that work with child care services to improve quality of care, the Head Start component has no related goal.

The importance and potential value of coordination are well illustrated by HCFA, whose operations and activities involve a great deal of work with other federal agencies, including several within HHS, as well as with state governments and private organizations. Coordination is critical to ensure that eligible beneficiaries receive appropriate treatment and care. In some instances, HCFA's plan does discuss coordination needs, such as efforts to work with CDC, FDA, NIH, and Medicare Peer Review Organizations to increase the percentage of Medicare beneficiaries receiving screening mammograms. In other instances, however, the coordination discussion could be more specific. For example, in discussing its goal to improve access to care for Medicare beneficiaries who do not have supplemental insurance, HCFA

mentions external parties, such as the advocacy community and the need to work with states, but does not specify coordination plans or discuss coordination with other HHS agencies, such as the Administration on Aging.

HHS' performance plan's treatment of tobacco use is another example of a missed opportunity to clarify how numerous HHS programs will coordinate their efforts to accomplish a shared goal. HHS' strategic plan incorporates the President's stated goal of reducing smoking among young people by 50 percent by 2003. According to the strategic plan, HHS' strategy for achieving this objective involves research support by NIH; prevention activities by CDC, IHS, and HRSA; enforcement efforts by FDA; and technical assistance to states by SAMHSA. Of all the agencies that are supposed to contribute to this effort, only FDA and IHS acknowledge in their plans the need to coordinate with other agencies. For example, although SAMHSA has a goal related to helping states reduce tobacco sales to minors, its plan does not indicate that SAMHSA will coordinate with FDA, which also has goals related to reducing tobacco sales.

HHS COULD STRENGTHEN DISCUSSIONS OF STRATEGIES AND RESOURCES

We found that HHS' performance plan could benefit from more comprehensive discussions of how HHS' strategies and resources will help achieve its goals. As the Results Act requires, some of the agencies describe their strategies for achieving their performance goals; others, however, give no indication of how they intend to achieve their goals. The act also requires performance plans to communicate the types of resources agencies will need to accomplish their goals. HHS agencies' discussions of their resource needs vary. Some agencies identify their resource needs in either the performance plan or the budget justification; other agencies make no mention of the resources they need to accomplish their goals.

Performance plans can provide additional context for their discussions of strategies and resources by acknowledging the anticipated effects of external factors. HHS agencies often do not mention external factors that can influence the accomplishment of their goals. Plans that do acknowledge external factors seldom discuss how the agency would mitigate these potential effects.

The Plan's Links Between Strategies and Results Could Be Improved

HHS' performance plan describes strategies for achieving intended performance goals only in part. Most of this information is in the individual agency plans, which vary in the quality of their discussions. CDC, for example, generally discusses strategies for accomplishing its strategic goals, and individual objectives often have strategies imbedded in them. To illustrate, one of CDC's objectives is to reduce the incidence of foodborne illness. The strategy to achieve the goal is to enhance local, state, and federal ability to conduct epidemiologic and laboratory surveillance and response, research, prevention and control activities, and training. Similarly, the goal of reducing the incidence of congenital syphilis is linked with three specific strategies involving screening and treatment of pregnant women.

SAMHSA's plan, on the other hand, lacks sufficient information about the agency's strategies for meeting its performance goals. About 80 percent of SAMHSA's budget is distributed to states through two block grants and two formula programs, and states have considerable discretion in how they use these funds. SAMHSA's goals tend to be process- and output-oriented, related to activities such as managing the block grant application process, monitoring grantees, and providing technical assistance to grantees and constituency groups. One goal for the Center for Mental Health Services, for example, is to improve grantee satisfaction with technical assistance activities related to the Community Mental Health Services Block Grant. However, SAMHSA provides no information about what strategies it will use to improve satisfaction with technical assistance. To further illustrate, one Center for Substance Abuse Treatment performance measure is to increase the portion of block grant applications received electronically. There is no discussion, however, of the technology and skills needed to increase the number of applications received electronically.

The achievement of HHS' performance goals can be influenced by a number of external factors, such as emerging economic, social, and technological trends and the actions of state and local governments. The degree to which HHS' agency plans discuss external factors varies. Some agencies, while acknowledging external factors, do not discuss how they will ameliorate the effects of such factors. For example, FDA has a goal to enhance the safety of the nation's food supply by having 25 percent of the states adopt the Food Code, which contains federal advice on food safety regulation. The plan provides no discussion, however, of the level of cooperation that is expected from the states or of obstacles that may arise in dealing with numerous state

governments. Similarly, while ACF's plan recognizes the role of states in child support enforcement, it does not mention how ACF plans to deal with varying levels of effort by states, such as the slower pace at which some states are improving enforcement.

The HHS Plan Does Not Consistently Connect Resources to Strategies

Often an agency's ability to achieve a specific performance goal depends on the availability of resources to execute the strategy to accomplish the goal. Strategies may require implementing new information systems, acquiring staff with certain skills, providing skills training, or investing in new capital. HHS' individual agency plans vary in the amount of information they provide on the type of resources needed to achieve performance goals. For example, in some cases, resource information is included in the plan's discussion of the agency's goals. In other cases, agencies provide the information only in their budget justifications and generally do not explicitly link resources with the strategies to accomplish performance goals. In some instances, agencies have provided no information on the resources needed to accomplish their goals.

FDA is one agency that has integrated resource information into its discussions of performance goals. For example, FDA has responsibility for ensuring the safety of medical devices and has a goal to implement an electronic system for reporting medical device problems. The system, currently under development, is expected to make reporting more efficient and improve the issuance of safety alerts. FDA's performance plan describes its strategy for accomplishing this goal and provides information on the resources needed to implement the new system.

HCFA's plan connects resources to some of its goals but not to others. The resource information HCFA has provided is in the budget justification and is generally not linked with performance goals. One goal that has resource information in the budget justification is to successfully transition from multiple Medicare claims processing systems to one system for part A claims and one for part B claims. HCFA's budget justification states that $45 million will be needed in fiscal year 1999 to continue the transition to these standardized systems.

In contrast, HCFA has not provided resource information for its goal of ensuring continuity of Medicare claims payment streams through and beyond the year 2000. HCFA has provided limited information on its strategy for meeting this goal and states that it will continue to work with its Medicare

contractors and perform oversight activities directing them to achieve and verify compliance. HCFA states that it will also seek legislative change to enhance its control over contractors' systems. Missing from its strategy is any discussion about how HCFA will correct its internal systems. Neither the performance plan nor budget justification identifies resources needed to accomplish this goal. This lack of resource information may be due in part to the limited discussion of HCFA's strategy for achieving this goal.

NIH, too, has identified resources for accomplishing some of its goals in its budget justification, but not others. One NIH goal is to make progress toward the President's goal to develop an AIDS vaccine by 2007. NIH's budget justification identifies $304 million of the Office of AIDS Research's fiscal year 1999 budget request that is allocated to vaccine research. These resources, however, are not explicitly linked to the strategies the performance plan identifies for achieving this goal. Further, NIH has a performance goal to communicate the results of NIH research through four health information and education programs for the public. The strategy for achieving this goal includes implementation of the National Cancer Institute's Breast Cancer and Mammography Education Program, but NIH has not provided information on what resources are needed to achieve this goal in either the plan or the budget justification.

HHS' PERFORMANCE PLAN COULD PROVIDE BETTER ASSURANCE THAT PERFORMANCE INFORMATION WILL BE CREDIBLE

HHS' performance plan could be more thorough in assuring the Congress that HHS' performance information will be credible. The Results Act requires that performance plans include descriptions of procedures for verifying and validating the measured values of actual performance. This information is presented in the individual agency plans to varying degrees. Some agencies provide comprehensive information in their plans; others provide some of the needed information; still others provide no information on procedures for verifying and validating major data sources.

Often agencies are aware of current or potential problems with the data they plan to use to measure their performance. Performance plans can most usefully help the Congress assess the credibility of performance data if the plans acknowledge these data limitations and describe how the agency will address them. On the whole, the HHS plan recognizes data limitations that affect confidence in its performance information, but the plan does not discuss strategies to address them. Individual agencies do not always provide sufficient

information on the data limitations that will make it difficult to assess agency progress, including some data limitations we have identified in previous work.

HHS' Plan Partially Addresses the Verification and Validation of Performance Data

Parts of the HHS performance plan discuss how the agency will ensure that its performance information is sufficiently complete, accurate, and consistent. Some individual agencies have addressed this issue to varying degrees, while others have not addressed this issue at all. IHS provides a clear description of the steps it has taken or plans to take to ensure that its performance data will be credible. For example, IHS performs edit checks on health services data that are subject to recording and transmitting errors, has developed techniques to correct the miscoding of some statistical data used to measure performance, and is developing software to allow the transmission of facility-level health care data that were formerly not transmitted to the IHS central database.

While HCFA acknowledges the need to validate and verify data, it does not always indicate the steps it will take to ensure that the data are credible. For example, HCFA relies on externally provided data from its contractors, the states, and other agencies to measure achievement of some of its goals, but HCFA's plan does not discuss how these data will be verified, disclose potential problems in the data, or indicate how it will address these problems.

Neither does SAMHSA adequately discuss how it will ensure that the data used to gauge its progress toward its goals are complete, accurate, and consistent. SAMHSA's National Household Survey on Drug Abuse provides national estimates of drug and alcohol use prevalence, and SAMHSA plans to expand the survey to provide estimates of the prevalence of substance abuse in each of the 50 states and the District of Columbia. Despite criticisms of the accuracy of self-reported survey data that we and a recent National Institute on Drug Abuse report have raised, SAMHSA does not discuss the steps it will take to improve confidence in this major information source for monitoring drug use.[5]

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[5]See our report, Drug Abuse: Research Shows Treatment Is Effective, but Benefits May Be Overstated (GAO/HEHS-98-72, Mar. 27, 1998).

HHS' Performance Plan Recognizes Some Data Limitations but Is Silent on Others

HHS' performance plan identifies some significant data limitations and their implications for assessing the achievement of performance goals. For example, HHS' summary overview of the plan discusses HHS' reliance on its partners and stakeholders for much of the data that will serve to assess the results of HHS programs. The overview also mentions the problems stemming from HHS' use of existing data systems that were established to monitor the use of resources and to provide aggregate output data rather than to capture the outcomes of activities. Furthermore, most of the plan's discussions of data limitations do not state how HHS or its agencies plan to address these data problems that could undermine the credibility of performance data. Some individual agency plans also recognize data limitations and their implications for assessing the achievement of performance goals, but these plans' discussions of data limitations are not always comprehensive.

We found instances in which agencies did not discuss data limitations we had previously identified. FDA's plan, for example, does not mention that data limitations we observed during our work on the agency's medical device reporting system undercut the usefulness of information FDA receives on problems discovered after devices are already in use.[6] Nevertheless, FDA intends to use these reports to measure its performance in achieving its goal of improving postmarket surveillance of medical devices. For another program area, FDA states that, in collaboration with the U.S. Customs Service, it will use the Operational and Administrative System for Import Support (OASIS) database to measure performance in ensuring that safe imported products reach American consumers quickly. We have noted, however, that FDA's data systems cannot be integrated with OASIS to identify imported pharmaceutical products.[7]

ACF, too, discusses some data limitations, but not comprehensively. For example, to measure its performance, ACF's Office of Child Support Enforcement plans to use state program data. Although we have reported that

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[6]Medical Device Reporting: Improvements Needed in FDA's System for Monitoring Problems With Approved Devices (GAO/HEHS-97-21, Jan. 29, 1997).

[7]Food and Drug Administration: Improvements Needed in the Foreign Drug Inspection Program (GAO/HEHS-98-21, Mar. 17, 1998).

data are not comparable across state and local jurisdictions, there is no mention of these limitations in the plan.[8]

AGENCY COMMENTS

HHS provided us comments on a draft of this correspondence. The Department took issue with the draft's overall assessment that the performance plan only partially meets the requirements of the Results Act. HHS' position is that the plan complies with the fundamental requirements of the Results Act, conveys the performance information that is required, and can be used in conjunction with the HHS budget justification. As a result, we have taken care to distinguish between elements that are explicitly required by the Results Act and those that are suggested in related guidance and that we believe would improve the usefulness of the plan in supporting the act's emphasis on results-oriented management.

It was HHS' perception that our draft report advocated centralization of management functions and the development of HEHS-wide strategies for budgetary, management, and financial management activities. We did not intend to suggest that agency-level goals and strategies are inappropriate. We believe, however, that additionally including HEHS-wide goals, especially those that could be linked with HHS' strategic goals and objectives, would enhance the ability of the performance plan to clarify how the Department's activities during the next fiscal year will help it achieve its long-term goals--which are HEHS-wide--and to communicate how HHS is addressing its long-standing management challenges.

Finally, in its comments, HHS indicated that it intends in future performance plans to place a greater emphasis on outcome goals and measures; improve linkages between annual plans and the HHS strategic plan; and pay increased attention to crosscutting goals and measures, inside and outside HHS. The purpose of our critique was to highlight the desirability of exactly these types of actions so that HHS can work toward producing annual performance plans that (1) fully comply with the requirements of the Results Act and (2) enable HHS officials, the Congress, and the public to use the plans to help ensure that HHS accomplishes its mission and that its programs achieve their intended results.

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[8]Child Support Enforcement: Reorienting Management Toward Achieving Better Program Results (GAO/HEHS/GGD-97-14, Oct. 25, 1996).

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Marsha Lillie-Blanton

for Bernice Steinhardt
Director, Health Services Quality
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