

APRIL—JUNE, 2012

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE



# Quarterly *highlights*

The California Area Office (CAO) reports its accomplishments during the second quarter of 2012, in accordance with the four IHS priorities:

1. To renew and strengthen our partnership with tribes
2. To reform the IHS
3. To improve the quality of and access to care
4. To make all our work accountable, transparent, fair, and inclusive



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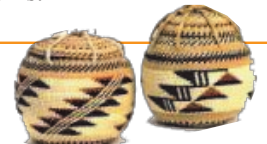
## *To renew and strengthen our partnership with tribes...*

### Epidemiology

Two confirmed cases of Legionnaire's Disease at a tribal facility in California were recently reported to the California Department of Public Health and the Centers for Disease Control and Prevention (CDC). Legionnaire's Disease is characterized by severe pneumonia, headache, and a dry cough. The IHS Division of Environmental Health Services (DEHS) contacted the facility and met with them to discuss this issue and determine a course of action to complete the epidemiological investigation. The facility hired an independent consultant who met with the tribal government and the DEHS on May 30 to complete their on-site epidemiological investigation. The consultant focused on the internal water distribution system to determine high risk areas where Legionnaire's Disease may amplify. Once the risk assessment is completed, he will develop a water sampling strategy and set a future date to return and take samples to send to the lab for analysis. Water samples are currently scheduled for early July with 90 samples estimated. The Tribe has invited the IHS to stay involved in the on-going evaluation process.

### Public Health Animal Control

The IHS DEHS, Indian Health Council, and U.S. Army veterinary staff in San Diego hosted the annual Rabies Vaccination Clinic on June 18-20 for the following San Diego County tribes: LaJolla, Rincon, San Pasqual, Pauma, Pala, Los Coyotes, Mesa Grande, and Santa Ysabel. Approximately 143 animals were vaccinated for rabies at no cost to the tribal members. Army veterinary staff have been invited back to conduct an on-site spay and neuter clinic for tribal members because the problem of stray unvaccinated animals on the reservations causes public health and safety concerns.



## *To reform the IHS...*

### Improving Patient Care (IPC) Initiative

The IHS/CAO conducted one IPC site visit at Riverside/San Bernardino County Indian Health, Inc. (RSBCIHI). The IHS/CAO interacted with and coached clinic staff leadership engagement with the health board, chief executive officer, chief operating officer, chief financial officer, department directors, and improvement care team. Collaborating with the Improvement Support Team (IST) of the Alaska Area and their leadership via Adobe Connect, RSBCIHI's leadership was able to ask questions and understand the importance of authentic engagement in the IPC transformation. Overall, the IPC site visit was well-received and participants evaluated it as 'overall beneficial'.

## *To improve the quality of and access to care...*

### **Youth Regional Treatment Center (YRTC) Update**

In FY 2012, IHS received Congressional authorization and funding to design the southern California YRTC. In March 2012, the southern YRTC entered its design phase. IHS can spend up to \$1,996,800 to design the southern YRTC. In 2012, several architectural firms expressed interest in designing the southern YRTC. Subject matter experts from IHS Headquarters and IHS/CAO reviewed and ranked the firms' qualifications. In September 2012, IHS Headquarters will finalize a contract with one of the firms. The firm will have 8 months to complete the design.

In 2011, IHS/CAO selected the site for the northern California YRTC (12 acres near D-Q University in Yolo County). Before IHS/CAO requests IHS Headquarters to approve the site purchase, IHS must complete its due diligence. In May 2012, IHS hired a contractor to determine if it is feasible to construct the YRTC on the 12-acre site. The contractor examined:

- traffic safety
- water sufficiency and quality
- habitat for endangered and threatened flora and fauna
- cultural significance
- hazardous materials
- rainfall drainage on, and around, the site

The contractor made several recommendations for IHS to consider during design and construction. The IHS/CAO is assessing the potential costs to implement the contractor's recommendations.

The General Services Administration (GSA) has set the fair market value of the 12-acre site, based on its 2012 appraisal. In July 2012, GSA will disclose to IHS the exact purchase price. To complete the property transfer, Federal regulations require GSA to collect the funds from IHS and deposit the entire amount into the U.S. Treasury.

IHS could begin to design the northern California YRTC as early as FY 2013, if IHS receives Congressional authorization in 2012. IHS will seek Congressional authorization to adapt the design of the southern YRTC for use in the north so IHS could save money. While the two facilities will be functionally similar, IHS will design them to address the unique cultural and environmental characteristics of northern and southern California.

Congress has not yet authorized IHS to construct the southern YRTC and to design and construct the northern YRTC. The total IHS budget to design and construct the California YRTCs is approximately \$37.5 million. So far, Congress has authorized IHS to spend \$4.7 million. Therefore, to complete the facilities, IHS needs Congressional authorization to spend an additional \$32.8 million. It will cost approximately \$10 million per year to operate facilities (\$5 million per YRTC).

### **Institutional Environmental Health Inspections**

The IHS Division of Environmental Services (DEHS) conducts environmental health and safety inspections of tribal healthcare facilities on a regular basis. During these inspections, the DEHS recognized the need for nitrous oxide exposure monitoring for tribal dental clinic personnel currently utilizing nitrous oxide during certain dental procedures. The DEHS collaborated with the IHS Oklahoma Area and arranged hands-on training for three California Area environmental health officers from IHS district and field offices. During the training and evaluation of the tribal dental program, the DEHS staff identified and confirmed a substantial leak in the nitrous system at one tribal healthcare facility that was possibly over-exposing the dental staff. The DEHS informed the dental program manager of the issue and it was corrected immediately. The DEHS remains available to address and evaluate nitrous oxide exposure at tribal dental programs.

### **Division of Health Facilities Engineering**

The following healthcare facility construction projects were on-going during the second quarter of 2012:

- Karuk Tribe contracted with a vendor to provide a new 5,000 square foot clinic at Orleans
- Chapa-De Indian Health Program, Inc. has nearly completed a building evaluation to identify the causes of leaks in the exteriors of their buildings in Auburn (i.e. window and roof leaks)
- Santa Ynez Tribal Health Program purchased a building for a behavioral health clinic, which is pending renovation
- Greenville Rancheria Tribal Health Program is planning to open their new dental clinic in Red Bluff in January 2013
- Quartz Valley Tribal Health Program is in the design phase for improvements to their building ventilation system and is installing a new backup generator
- Consolidated Tribal Health Project, Inc. is in the planning stages for a phased expansion construction project. Phase one started with relocating the business office into leased space in Ukiah
- Feather River Tribal Health's Yuba City clinic will start renovation this summer
- Central Valley Indian Health, Inc. in Clovis designed a replacement clinic and construction will begin as soon as local officials approve the construction plans
- Round Valley Indian Health is installing a modular building to allow them to demolish older modular buildings that no longer meet safety codes
- Redding Rancheria's new facility is being renovated for a fall opening

The IHS/CAO shared information and resources from the 2nd Weight of the Nation Conference with California tribal and urban Indian healthcare programs. The Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity hosted this event on May 7-9 in Washington, D.C. This forum highlighted the prevention and control of obesity through policy and environmental strategies. The conference also highlighted the following intervention settings for obesity prevention:

- early care and education
- states, tribes, and communities
- medical care
- schools
- workplaces



At the Weight of the Nation Conference, 1200 public health policy makers and health professionals gathered in Washington D.C. to assess where we are as a nation on the challenge of addressing obesity. Pictured above is a visually mapping graphic facilitation created for conferees.

A banner with a yellow background and a brown top border. The text "Digital Storytelling Workshop" is in large, bold, dark blue letters. Below it, "Sharing Stories can Lead to Social Change and Community Action" is in smaller, bold, black letters. At the bottom, the question "Who is telling your story?" is written in a cursive font, with a row of colorful, stylized pencils or pens behind it.

**Digital Storytelling Workshop**  
Sharing Stories can Lead to Social Change and Community Action  
*Who is telling your story?*

Storytelling is a native tradition. Digital storytelling combines that tradition with modern-day technology (visual aides) in a low cost, effective way. California tribal and urban Indian healthcare programs offer workshops that provide an introduction to digital storytelling and supporting community wellness. The California Area is building its capacity to help Indian tribes and communities tell their stories. Several tribal and urban Indian healthcare programs are independently facilitating workshops for their respective communities. The workshops incorporate a process developed by Healthy Native Communities Partnership that gives participants new tools and teaches them to create personal digital stories. On April 19 -22, IHS/CAO facilitated a Digital Storytelling I workshop with tribal staff at the Susanville Indian Rancheria. Six participants created their first digital stories. In July, workshops are scheduled at Indian Health Center Santa Clara Valley and Fresno Native American Health Project. In California, Indian healthcare programs and their communities are using these digital stories to promote social change and action.

The IHS/CAO participated in the 2nd week of the 2012 Health Native Community Fellowship on June 15-22. A team from Quartz Valley along with nine other teams from around the country, are working to build effective community change and leadership skills. The year-long fellowship imparts an understanding of group processes and interpersonal skills to engage communities and organizations to take collective actions towards solutions in their community. Emerging leaders are invited to apply and the deadline for online letters of interest for the 2013 fellowship is August 3, 2012. More information is available at <http://www.hncpartners.org/HNCP/Home.html>.

The IHS/CAO promoted the Just Move It! 2012 California Challenge during the May Medical Providers' Best Practices & GPRA Measures Continuing Education and the June Nurse Leaders in Native Care Continuing Education. The morning fun run/walks were non-competitive events promoting physical activity. The challenge supports the national goal of 1 million indigenous people moving and sharing wellness activities at the local level. This annual wellness challenge also strives to support tribal and urban Indian healthcare programs' physical activity initiatives. I encourage you to share your success stories on [www.justmoveit.org](http://www.justmoveit.org), which supports the First Lady's Let's Move! Initiative ([www.letsmove.gov](http://www.letsmove.gov)).



## *To improve the quality of and access to care...cont'd.*

### **Electronic Health Record (EHR) Support**

Healthcare providers electronically manage all aspects of patient care by using the Resource and Patient Management System (RPMS) Electronic Health Record (EHR). By eventually moving all data retrieval and documentation activities to an electronic environment, patient care activities and access to the patient's health record are able to occur simultaneously at multiple locations without depending on the availability of a paper chart.

Twenty-three tribal and urban Indian healthcare programs have upgraded RPMS to a certified EHR. Ten tribal and urban Indian healthcare programs have chosen alternative certified software systems. To help your healthcare program staff maintain an EHR, the IHS/CAO provides weekly RPMS EHR "office hours". These sessions began May 4 with a planning exercise that included staff from four urban healthcare programs and one tribal healthcare program. This is a time for all clinic programs to exchange ideas and note their progress with EHR (e.g. new functionality, lessons learned, tips and tricks). In addition, office hours include updates on new patches, Vista Imaging, Meaningful Use, lab, pharmacy, and dental interfaces.

### **VistA Imaging**

VistA Imaging is a software program that incorporates printed and electronic documents into the RPMS EHR. VistA Imaging improves patient care by making patient health information more accessible to healthcare providers.

San Diego American Indian Health Center recently began using VistA Imaging, making it the first California urban healthcare program to use it. There are an additional ten California tribal healthcare programs that use VistA Imaging:

- Feather River Tribal Health, Inc. in Oroville
- K'ima:w Medical Center in Hoopa Valley
- Lake County Tribal Health Consortium, Inc. in Lakeport
- Northern Valley Indian Health, Inc.
- Riverside/San Bernardino County Indian Health, Inc.
- Round Valley Indian Health Center in Covelo
- Santa Ynez Tribal Health Program
- Shingle Springs Tribal Health Program
- Southern Indian Health Council, Inc. in Alpine
- Tuolumne Me-Wuk Indian Health Center

The following four healthcare programs plan to begin using VistA Imaging by September 2012:

- American Indian Health & Services Corporation in Santa Barbara
- Consolidated Tribal Health Project, Inc. in Ukiah
- Lassen Indian Health Center in Susanville
- Sacramento Native American Health Center

These additional programs result in a total of fifteen programs that utilizing VistA Imaging since the California Area inception its use in 2010. The remaining eight California healthcare programs that use the RPMS EHR are expected to incorporate VistA Imaging by 2014.

### **Meaningful Use Incentives**

Twenty-two programs successfully attested for the 2011 Medi-Cal EHR Financial Incentive program. Payments to Karuk, MACT, and Santa Ynez were approved in May 2012. Total payments for California tribal and urban Indian healthcare programs are expected to exceed \$4.5 million. Healthcare programs that were not ready to begin in time for the 2011 payment are expected to register and attest for the 2012 incentive payment. Those programs that began the EHR Financial Incentive program in 2011 must submit 90 days of data and attest by December 31, 2012 in order to qualify for the second year of payment. This report of performance and clinical quality data is intended to demonstrate meaningful use of an electronic health record in improving patient care.

Tim Campbell, who served as the Meaningful Use Consultant for the California Area Office continues his work with the National Indian Health Board (NIHB) Regional Extension Center - California. The California Meaningful Use team offers a professional and technological support system to California tribal and urban Indian healthcare programs to meet Meaningful Use requirements. The team is a collaborative effort of the NIHB Regional Extension Center - California and IHS/CAO.

### **Government Performance and Results Act (GPRA) Quality Improvement Strategies**

To help focus quality improvement efforts, the IHS/CAO GPRA team surveyed the GPRA Coordinators at each tribal and urban Indian healthcare program in California in June. GPRA Coordinators identified the following creative solutions to increase GPRA results:

- Engage staff at meetings with GPRA games
- Enter data into EHR daily
- Hold monthly meetings with all providers regardless of discipline
- Partner with local organizations to offer health screenings at native gatherings
- Revise intake forms to capture data better
- Flag the charts of patients coming in for dental visits who are due for medical screenings

In addition, the IHS/CAO GPRA team has hosted quarterly WebEx sessions for all California tribal and urban Indian healthcare programs to discuss GPRA clinical results and performance improvement strategies. The third WebEx session was held on June 4 and an estimated 17 tribal and urban Indian healthcare providers participated. The WebEx featured a presentation by Sharon McClure

from Northern Valley Indian Health. Ms. McClure described the methods that the healthcare program uses to engage staff, utilize their electronic health record, involve the community, and work as a team to improve GPRA clinical measure results. The WebEx also covered these topics:

- FY 2012 California Area GPRA Results - Third Quarter
- California Area Childhood Immunization Rates by Vaccine
- CAO Strategies for Improving GPRA Performance in FY 2012

The IHS/CAO GPRA team also hosted three national WebEx training sessions to improve clinic performance and the quality of healthcare:

- Provided step-by-step demonstrations of visual Clinical Reporting System (CRS) to an estimated 79 tribal and urban Indian healthcare providers on April 20
- Described the Comprehensive Cardiovascular Disease (CVD) measure for FY 2013 as well as strategies to improve measure results to an estimated 58 tribal and urban Indian healthcare providers on May 9
- Provided immunization rates by program and by vaccine, steps to monitor rates via Immunization Package and CRS, and strategies to improve performance measure results to an estimated 72 tribal and urban Indian healthcare providers on May 30



From left to right at Annual Best Practices Conference: Dawn Phillips, Conference Moderator, Krissy Broncho, MSW, LCSW (Fort Hall Tribal Health), and Naomi Lake, LCSW (San Diego American Indian Health Center)

## Annual Medical Providers' Best Practices & GPRA Measures Continuing Education

IHS/CAO and the California Rural Indian Health Board (CRIHB) jointly hosted a continuing medical education event "Annual Medical Providers' Best Practices & GPRA Measures Continuing Education" on April 24-25 in Sacramento. More than 250 physicians, mid-level practitioners, nurses, and clinic support staff attended this event. The IHS/CAO hosted a one-day pre-conference workshop on April 23 to evaluate the role of nurses and behavioral health staff in the provision of quality healthcare. Over 60 nurses and 24 behavioral health staff from tribal and urban Indian healthcare programs attended. The IHS/CAO hosted a "Diabetes

Day" for all California tribal and urban health program diabetes coordinators on April 26. Approximately 110 diabetes coordinators attended this one-day event. The continuing education offered IHS-sponsored training that meets clinic licensure requirements. A total of 25 American Medical Association Physician's Recognition Award Category 1 credits were offered to physicians and 25.25 contact hours for nurses through the IHS Clinical Support Center. A total of 24.25 prescribed credits were offered to family physicians through the American Academy of Family Physicians. A total of 16 credits were offered to mental health professionals through PsychoEducational Resources, Inc.



Bernadine Toya, Diabetes Nurse Educator, IHS/Albuquerque Area Office with Marcia Ruhl, Diabetes Nutritionist, Riverside/San Bernardino County Indian Health, Inc. during "Diabetes Day" on April 26

## Annual Dental Continuing Education

The IHS/CAO and the Dental Support Center at the California Rural Indian Health Board (CRIHB) co-hosted the Annual Dental Continuing Education Conference on May 14-17 in Sacramento. More than 250 dentists, dental hygienists, and dental assistants attended from California tribal and urban Indian healthcare programs. The continuing education offered 29 IHS-sponsored continuing dental education units through the IHS Clinical Support Center. The courses were designed and selected to enhance the clinical skills of dentists, dental hygienists, and dental assistants. The attendees earned over 4,000 hours of continuing dental education credits/units.

## 2012 Nurse Leaders in Native Care Continuing Education

California tribal and urban Indian healthcare program nurses partnered with the IHS National Nurse Leadership Council, IHS Clinical Support Center, and the Arizona Nurses Association to host the 2012 IHS Nurse Leaders in Native Care Continuing Education in San Diego on June 12-15. Over 100 nurses from IHS, tribal, and urban healthcare programs across the nation attended this event and registered for up to 17.5 continuing education credits to fulfill nurse licensure requirements. The conference agenda promoted the sharing of new ideas, evidence-based best practices, and a multidisciplinary team approach.



## *To make all our work accountable, transparent, fair and inclusive...*

### **CAO Training Library**

The last issue of the IHS California Area Office Quarterly Newsletter highlighted our anticipated IHS/CAO Website Portal System. This system allows the IHS/CAO to establish a discrete communication environment in which subject matter experts, stakeholders, and communities of users can share information. One of the most exciting components of the CAO Portal System is the CAO Training Library.

The IHS/CAO offers training to tribal and urban Indian healthcare program staff, including specialized training on how to optimally utilize RPMS and EHR. Historically, this training has required that health program staff travel to Sacramento for intensive instruction. This has involved expensive travel considerations and time away from work. These restrictions can be a barrier in the retention of qualified, trained staff. Plus, attendees question whether they can retain all of the information provided in one week. Training at the Area Office is limited to a conference room that can only support 20 users at a time. Even if only one representative from each site participated in the training, that would mean that, at most, only half of the programs in California could participate in the training in any given session. Add to this fact that there are over 20 “packages”, or applications, in RPMS alone. Considering the number of packages, the number of programs, and the number of training sessions that can be offered in one year, a site that receives training on one package would have to wait over five years to take that training again. In other words, when a new site manager is hired, they would have to wait several months to receive the training for his/her job duties.

In order to be more fair and inclusive when providing these trainings, the IHS/CAO has created web-based training via video instruction. Hosted within the new CAO Portal System, these instructional videos will comprise the CAO Training Library. The learning modules are short (generally 5 minutes long) and organized in such a way that a user can go directly to the information they are looking for.

EHR and RPMS video clips are currently in production. The team that is assembling these clips is comprised of local staff at the IHS/CAO. This means there is a short turn-around from concept to completion.



CAO Training Library Homepage



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