Quarterly *highlights*

The California Area IHS reports its accomplishments during the fourth quarter of FY 2014, in alignment with the agency's four 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

Inside...

To renew and strengthen our partnership with tribes…

Environmental Health Services

The Division of Environmental Health Services staff completed 106 environmental health surveys in tribal communities. Environmental health surveys were completed at:

- Food service facilities (85)
- Swimming pools (6)
- Convenience stores (3)
- Head Starts/daycares (3)
- Senior centers (3)
- Food warehouses (2)
- Tribal health programs (2)
- Community buildings (1)
- Hotels (1)

During these environmental health surveys, California Area IHS staff identified approximately 223 risks or deficiencies. Twenty-three of the identified environmental risks were immediately corrected at the site. Recommendations were offered to facility operators to resolve all identified issues.

Environmental health surveys were completed for the following tribes:

- Big Valley (1)
- Blue Lake (9)
- Colusa (2)
- Covelo (3)
- Coyote Valley (1)
- Jackson (16)
- Laytonville (1)
- Manchester (2)
- Pala (8)
- Redding (4)
- Rincon (20)
- Rumsey (4)
- Sycuan (5)
- United Auburn (2)
- Viejas (28)

Transitions

CAPT Richard Wermers retired in August 2014 from the U.S. Public Health Service with over 29 years of service. Mr. Wermers has accepted a new position as a civil service staff engineer with the Indian Health Service in Rockville, MD.

CDR Paul Frazier was selected to replace Mr. Wermers as Director, Division of Health Facilities Engineering., Office of Environmental Health & Engineering

Mr. Preston Dohi reported for duty as a Staff Engineer with the Division of Health Facilities Engineering in August 2014.

To reform the IHS...

Improving Patient Care (IPC)

The Area Director ensures that the California Area IHS is focusing on promoting the IPC program. Through intense recruitment efforts of staff, there are eleven new sites participating in IPC, Cycle 5. Of the four Quality and Innovation Learning Network (QILN) programs in California, one is accredited by the Joint Commission and one is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

In addition, the California Area IHS reviewed accreditation during routine site visits at four urban Indian healthcare programs (Oakland, Sacramento, San Diego, and Santa Barbara) and at four tribal programs (Shingle Springs, Tule River, Pit River, and Toiyabe).

During the fourth quarter of FY 2014, the California Area IHS:
- Conducted four site visits to California tribal and urban Indian healthcare programs to offer IPC tools and improvement training
- Offered technical assistance to California's IPC5 and QILN teams

- Participated in all IPC5 pre-work calls and action period calls
- Began to spread IPC tools and improvement concepts to the California Diabetes programs via webinars
- Hosted informational sessions for all California IPC5 sites immediately following each pre-work call
- Began developing an education support plan to assist sites in getting started in IPC5 through engaged leadership, team selection and development, developing efficient meetings, and effective team communication to enhance improvement efforts
- Conducted a survey of IPC5 programs to best determine their training needs as well as identify successes and barriers while participating in IPC5
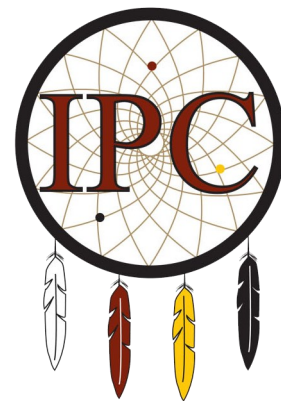
To improve the quality of and access to care...

Digital Storytelling

The California Area IHS remains committed to advancing digital storytelling capacity building through workshops and presentations. During the three-day introductory workshops participants incorporate story development, record narration, integrate editing, and finalize a 2-3 minute video. This is achieved by integrating the participatory workshop process developed by Healthy Native Communities Partnership, which combines traditional storytelling with modern-day technology. Digital storytelling is supporting Native communities amplify their unique voices for wellness.

Just Move It—2014 California Challenge

Since 2006, the California Area has partnered with the Just Move It campaign to promote physical activity and sharing of local success stories. The California partners help support the campaign goal to get one million indigenous natives moving, by being part of the 73,270 participations. Over 28 tribal and urban partners have received technical support in using the Just Move It website to learn how to start an activity, share information about ongoing programs, contribute stories, and enter information into the Just Move It calendar.

Community Wellness

In July, the California Area IHS participated in the Community Wellness Forum. The event was for community members and those working in partnership with them to bring about wellness and improve lives of California Native people, their families, and their communities. It promoted involvement, collective wisdom, and co-creation of solutions needed for the challenges facing our families and communities. It expanded on the success of the 2013 forum and was support by the American Cancer Society, Northern California Indian Development Council, Native American Health Center, Healthy Native Communities Partnership, and all participants. This marked the tenth wellness forum that the California Area IHS has participated in since 2005.

Pictured on left: Map of tribal and urban clinics who have participated in or hosted digital storytelling workshops

Diabetes Program Update

The California Area IHS partnered with the IHS Office of Information Technology to provide RPMS Diabetes Management System Training to tribal and urban Indian healthcare program staff on July 29-31. The Area Diabetes Consultant acted as proctor for participants that travelled to the Area Office to attend the training provided virtually from Albuquerque via Adobe Connect.

The Area Diabetes Consultant and two contractors continue to provide technical assistance and guidance to the California programs for:

- Submission of their Special Diabetes Program for Indians (SDPI) grant application
- Annual Progress Report
- Mid-Year Progress Report
- Diabetes Case Management
- Diabetes Program Management
- Diabetes Education using Diabetes Self-Management Education
- Accurate Diabetes Data Maintenance

The Area Diabetes Consultant provided timely reminders to the California Diabetes Programs on scheduled required trainings and optional clinical training webinars hosted by the IHS Division of Diabetes Treatment & Prevention.

Immunization Data Exchange

The IHS/CAO is working in partnership with California tribal and urban Indian healthcare programs to ensure they are registered to exchange data with the California Immunization Registry (CAIR) and the San Diego Immunization Registry (SDIR). The California Department of Public Health (CDPH) exchanges data with many stakeholders, providers, hospitals, laboratories, local health jurisdictions and federal agencies. To improve upon their data exchange, analysis, and reporting capabilities, CDPH has developed a secure health information exchange (HIE) web application, the CDPH HIE Gateway, to register and manage public health data submission to CDPH. Such data exchange can result in additional resources in terms of Meaningful Use and health plan provider incentives. The IHS/CAO "data exchange team" has provided healthcare programs with comprehensive guidance for registering for electronic immunization data exchange and provides ongoing updates related to future exchange opportunities. Healthcare programs geographically based in San Diego County are eligible for electronic data exchange with SDIR through use of RPMS and non-RPMS software. To date, two of the four San Diego County based healthcare programs are registered to exchange immunization data with SDIR electronically, and one of these is actively exchanging data with that registry.

Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA)

In FY 2014, California Area tribal healthcare programs met 5 of 18 GPRA performance measures with specific targets and comparable previous year data, and improved on 9 of these 18 measures. The following performance measures experienced the largest absolute percentage improvements over FY 2013 results:

Measure	Improvement
Breastfeeding Rates	12.6%
CVD – Comprehensive Assessment	3.3%
Dental Sealants	3.2%

In FY 2014, California Area urban Indian healthcare programs improved on 9 of 13 GPRA performance measures with specific targets and comparable previous year data. The following measures experienced the largest absolute percentage improvements over FY 2013 results:

Measure	Improvement
Childhood Immunizations	21.2%
Domestic Violence Screening	5.8%
Colorectal Cancer Screening	5.4%

Congratulations to the top tribal and urban Indian healthcare programs that met the most GPRA/GPRAMA measures in FY 2013 compared to other California sites. Sonoma County Indian Health Project (Santa Rosa) met 21 of 22 measures reported by tribal programs and American Indian Health & Services (Santa Barbara) met 14 of 16 measures reported by urban programs. Well done!

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 from July through August. GPRA Coordinators requested the following topics to be included in future trainings/conferences/calls:

- Childhood immunizations
- Cancer screening measures
- Childhood obesity measure
- Diabetes measures
- Patient education
- Convincing patients to get a flu shot
- Pulling iCare reports

In addition, the IHS/CAO GPRA team held the first quarter webinar session for California GPRA coordinators and other staff to discuss GPRA results and performance improvement activities. The first webinar was held on September 11 and an estimated 26 tribal and urban Indian healthcare providers participated. The webinar covered these topics:

- FY 2014 California Area GPRA results/FY 2014 targets
- FY 2014 California GPRA coordinators' survey results
- CAO initiatives for improving GPRA performance in FY 2015

The 2nd quarter webinar will be held December 11, 2014 at 10:00 am. The 3rd quarter webinar will be held March 12, 2015 at 10:00 am. The IHS/CAO GPRA team also hosts monthly collaborative webinars featuring quality improvement topics and strategies relative to California tribal and urban Indian healthcare programs.

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

Youth Regional Treatment Center Update

The contract was awarded for construction of the Southern California Youth Regional Treatment Center (YRTC). The base contract in the amount of $12,818,000 was awarded on September 26,2014 to Cox Construction Company, Vista, CA. Additional information about Cox Construction can be found at http://coxconstructionco.com/index.html. Cox Construction will have 410 calendar days to complete construction upon receipt of the Notice to Proceed. The Division of Engineering Services (DES-Dallas), in consultation with the California Area IHS, will have overall responsibility for managing the contract for construction of the Southern California YRTC. The DES-Dallas office is located in Dallas, TX and provides professional architectural, engineering, project management, and acquisition services in support of construction of new IHS facilities such as the Southern California YRTC.

VistA Imaging

Twenty-three California tribal health clinics use the Resource and Patient Management System (RPMS) electronic health record (EHR). Twenty-two of these programs currently use VistA Imaging to scan and/or import documents. The California Area IHS VistA Imaging Coordinator provides ongoing support to these programs.

Meaningful Use

The new flexibility rule issued in August allows eligible providers to attest to meaningful use in 2014 using the 2011 Certified EHR and/or the 2014 Certified EHR. The California Area IHS encouraged eligible providers to attest using the 2011 Certified RPMS EHR during 2014 since sites do not yet have access to the 2014 RPMS EHR. The IHS is currently doing a controlled release of the 2014 RPMS EHR and clinics are preparing to install the new software.

2014 Certified RPMS EHR Rollout

The RPMS EHR rollout is underway in the California Area. All associated documents have been placed on the California Area Site Managers Portal under the "EHR" section, including:

- **EHR 2014 Rollout**
  - This section will provide all information needed to install and use this powerful software.
- **Site Readiness Status**
  - This is a tracking form designed to follow program progress toward readiness for installation of the 2014 RPMS CEHR.
- **Pre-Installation—2014 RPMS CEHR**
  - This section includes pre-installation checklists and documentation for clinical and technical environmental preparation for clinic staff, site managers, clinical application coordinators, and IT staff.
- **Post-Installation—2014 RPMS CEHR**
  - This section includes information to assist clinic staff and clinical application coordinators to integrate the 2014 CEHR in their EHR environment.
- **Library**
  - This is a central document repository for the 2014 EHR rollout.
- **Training**
  - This section includes comprehensive training materials and individual training sessions for technologists and clinical personnel.
- **Manuals and Notes**
  - This section includes installation and package configuration manuals and notes.
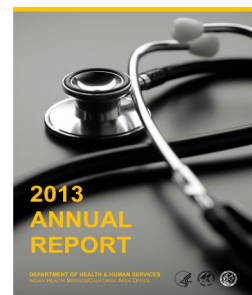
The EHR Site Managers Portal is no longer just for site managers; it is a resource for the whole RPMS EHR team!

If you have questions regarding the 2014 RPMS CEHR rollout, please feel free to contact Steve Viramontes by e-mail at Steve.Viramontes@ihs.gov or by phone at 916-806-1481.

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

Annual Financial Report for FY 2013

To provide tribal governments and tribal and urban Indian healthcare programs with a complete accounting of the California Area IHS budget, IHS published the FY 2013 California Area IHS Annual Report. In addition to fiscal year financials, the Annual Report features details about California Area IHS programs, services, and accomplishments. All past reports are available to view on the California Area IHS webpage: http://www.ihs.gov/california/index.cfm/tribal-consultation/resources-for-tribal-leaders/tribal-consultation-resources/.