Quarterly *highlights*

The California Area Office (CAO) reports its accomplishments during the fourth quarter of 2012, aligned to the four IHS agency priorities:

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

Inside...

To renew and strengthen our partnership with tribes...

Food Safety
On December 12, the Division of Environmental Health Services (DEHS) staff provided technical assistance and support to the United Auburn Indian Community to host the "Best of Sacramento 2012 Party", a charitable event that supported the local March of Dimes. Three DEHS staff members conducted food safety surveys of 28 itinerant food vendors and recommended improvements in overall food safety. If you are interested in food safety, contact Gordon Tsatoke at 916-930-3927 or Gordon.Tsatoke@ihs.gov.

Injury and Elder Falls Prevention
The Division of Environmental Health Services partnered with the California Rural Indian Health Board and the California State Department of Public Health, Safe and Active Communities Branch to host a two-day *Tai Chi: Moving for Better Balance* course in Sacramento on November 6-7. Tai Chi is a Center for Disease Control and Prevention (CDC) evidence-based intervention for elder fall prevention which consists of eight slow and steady movements to strengthen muscles and improve balance. Sixteen participants representing 4 tribal healthcare programs earned their Tai Chi Instructor Certificates by attending this course. The instructors continue to practice Tai Chi and are planning to conduct local routine courses for their communities this summer.

**La Jolla Reservation Western Well Integration Project**
IHS completed construction of the La Jolla Western Well Integration Project that replaced an existing wood framed pump house with a new fire resistant concrete block building. IHS installed 1,6000 feet of 4-inch water main, 2,000 feet of buried electrical cable, a backup generator, new pump controls for two of the three existing wells, and integrated the new pump controls into a previously installed master control panel. The 4-inch water main connects existing Well #1 and Well #2 to the treatment building and replaced an old pipe which experienced constant leaks. To ease the operation of the water system, the pump controls for all three drinking water wells are now centrally located in the main treatment building. The generator is equipped with an automatic transfer switch that provides a source of electricity to all three wells and the treatment building in the event of loss of local electrical power. The project was constructed for $239,985 and serves 75 Indian homes that depend on the Western Water System on the La Jolla Indian Reservation.

To reform the IHS...

IHS/CAO Portal System

The IHS/CAO has launched a new component of the CAO website that is creating excitement among our staff and those that we serve. This is the IHS/CAO Portal System, and it can be found by pressing the large orange button on our home page at www.ihs.gov/california.
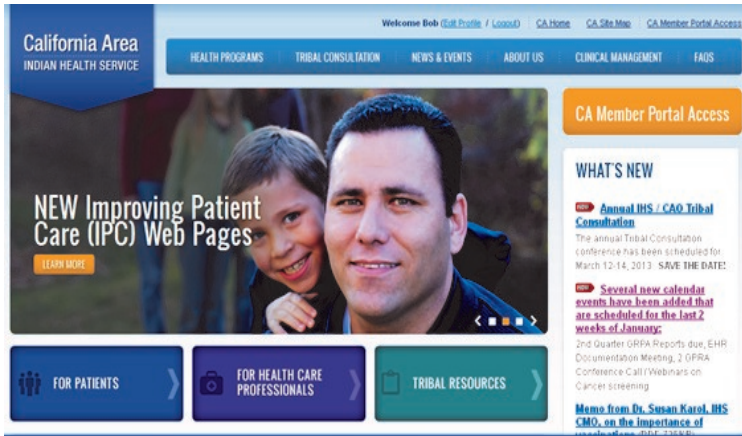
The IHS/CAO Portal System is:

- A content management system (CMS) that allows us to set up mini-communities of stakeholders and subject matter experts. It utilizes a common management framework so that the public website and private portals are within the same management environment
- A platform for delivering inexpensive and internally created "curriculum" or instructional videos of 5 minutes or less
- A set of communities of users with a common interest: GPRA coordinators, electronic health record technologists, nurses, environmental engineers, behavioral health professionals, meaningful use coordinators, etc.
- A helpdesk
- A library
- Open source and license free
- Extensible and portable—new online mini-communities can be created and/or retired with ease

The IHS/CAO Portal System is innovative because it:

- Repurposes open source software to extend its functionality
- Fills a gap between federal information systems and our public website
- Creates a collaborative environment which can include both federal and non-federal stakeholders and subject matter experts
- Reduces travel expenses and time away from work

With the passage of the Affordable Care Act (ACA), the IHS has encouraged tribal and urban Indian healthcare programs to implement a certified Electronic Health Record (EHR) and achieve its meaningful use. The rollout of EHR in the California Area required a dramatic increase for the technical assistance and support from the IT CAO staff. The IHS/CAO supports tribal and urban Indian healthcare programs, but does not have federally-operated direct care hospitals and clinics. Therefore, CAO has a relatively small staff and budget. In addition, this is a time of heightened threats to federal information systems, particularly to health information. Information security mandates have expanded. The same two individuals at the IHS/CAO that at one time were responsible for security at a handful of federal offices are now responsible for assuring security for thousands of individuals at more than 40 distinct organizations over a vast geographic area. The underpinning of that effort requires end user education to mitigate risk.

IHS/CAO IT staff function as trainers and the IHS/CAO is capable of hosting only 8-10 trainings per year, with a class size of twenty students. Using this method, it would take over five years to train all of the site managers in the California Area on all of the software packages they need to learn.

The IHS/CAO portal system offers a solution because now our IHS stakeholders and customers can request assistance at no cost, view instructional material, access a compendium of knowledge, and communicate with each other. The first established portal is the IHS/CAO Site Managers Portal. This is a community for those technologists and health professionals who are responsible for patient records, communications, security, and telecommunications.
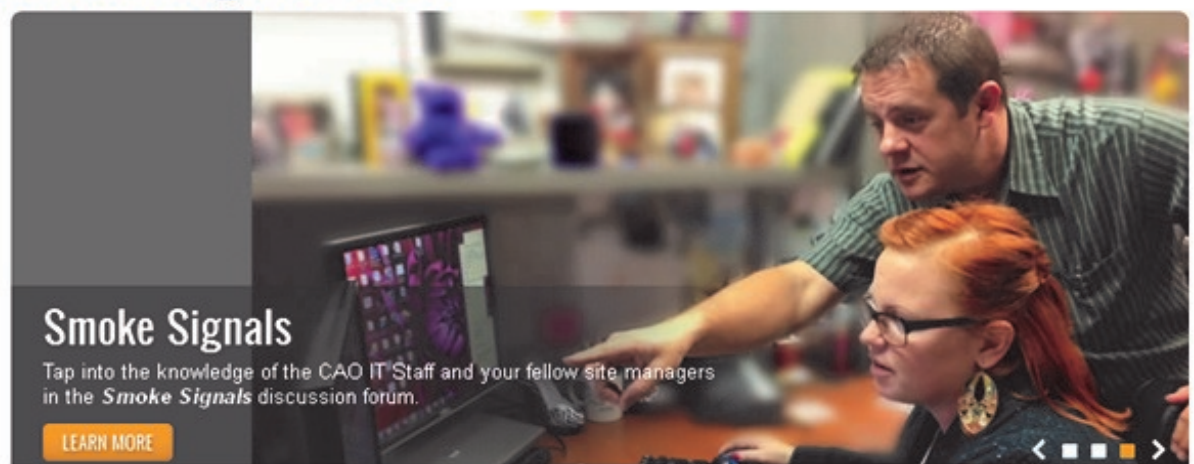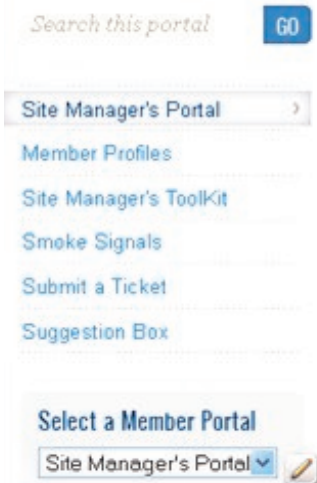
To improve the quality of and access to care…

California Youth Regional Treatment Centers (YRTCs)

On January 8, the IHS accepted title to the site for the Northern California YRTC. Located in an agricultural setting, the 12 acre site is approximately six miles west of Davis, in Yolo County. The design phase for the Southern California YRTC, located in Riverside County, started in October 2012 and is in the concepts/schematic phase, as illustrated below.   These YRTCs will provide inpatient treatment for eligible American Indian and Alaska Native youth age 12-17.
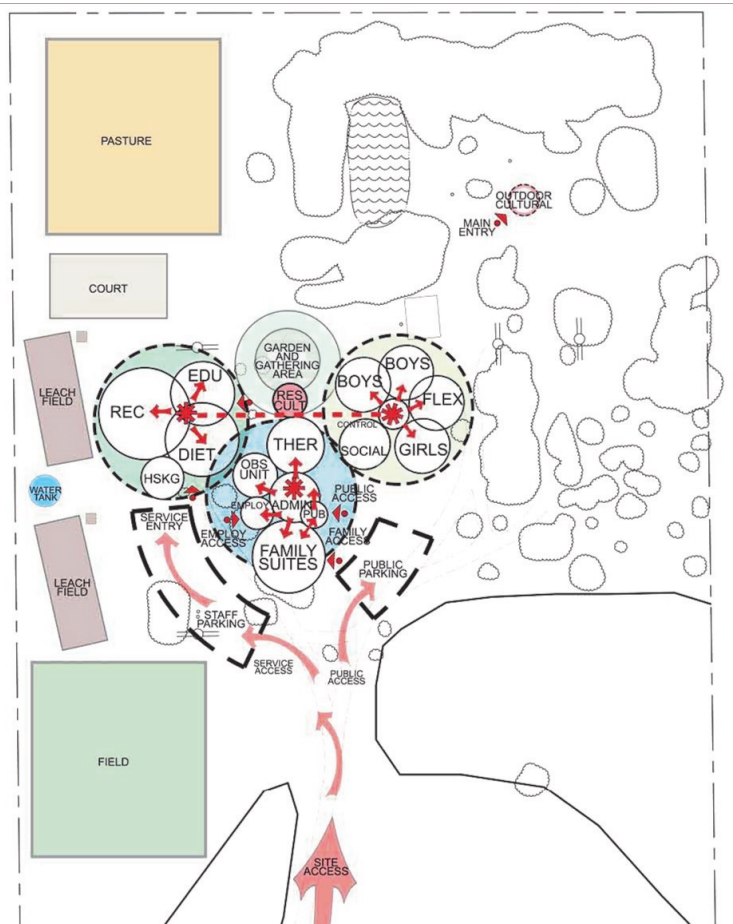
Health Facilities Construction Projects

The following healthcare facility construction projects were ongoing during the first quarter of FY 2013:

- Karuk Tribe has started construction for a new 5,000 sq. ft. clinic at Orleans
- Quartz Valley Tribal Health Program has installed a new backup generator
- Consolidated Tribal Health Project, Inc. has completed most of a phased expansion project. The business office moved into leased space in Ukiah. Subsequently, renovation work and multiple moves have transformed into 4 patient examination rooms and healthcare provider workspaces
- Feather River Tribal Health's Yuba City's renovation is scheduled for completion in February 2013
- Central Valley Indian Health, Inc. is constructing their new clinic in Clovis
- Round Valley has installed a modular building allowing them to demolish old modular buildings to improve both patient and employee safety

Government Performance and Results Act (GPRA) Quality Improvement Strategies

The IHS/CAO GPRA team hosted the annual Area GPRA Coordinators' Conference in November in Sacramento. Thirty-one Area GPRA coordinators and GPRA measure leads discussed 2012 GPRA results, updates regarding other data reporting requirements, measure standardization, and best practices to improve GPRA results.

To assist California tribal and urban Indian healthcare programs in achieving FY 2013 GPRA targets, during the fourth quarter of FY 2012, the IHS/CAO:

- Hosted a webinar training session on December 12 for all California tribal and urban Indian healthcare programs. Twenty healthcare programs participated in the webinar to discuss the Area GPRA Coordinators' Conference, the new GPRA Portal on the CAO website, and strategies for improving GPRA performance.
- Hosted two collaborative webinar sessions where California sites shared best practices and discussed improvement strategies. The October webinar focused on the Influenza (65+) Immunization measure and the November webinar focused on the diabetic Retinopathy Screening measure.
- Conducted an individual site GPRA training to Anav Tribal Health Clinic in December. The presentation included an introduction to GPRA Modernization Act (GPRAMA), FY 2013 measure logic changes, individual site results, Clinical Reporting System (CRS) tools, GPRA best practices, GPRA resources, and questions/discussion.

The IHS/CAO GPRA team also hosted two national webinar training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs. The webinars covered the GPRA measure logic changes in FY 2013 and CRS 13.0. An estimated 65 tribal and urban Indian healthcare program staff participated in these sessions. The webinars were recorded and posted on the IHS/California Area Office webpage, here: http://www.ihs.gov/california/.

Healthcare Program Directors Meeting

The IHS/CAO conducted its semi-annual meeting with tribal and urban Indian healthcare program directors in Sacramento on November 14, in conjunction with the FY 2015 Area Budget Formulation Work Session. The Innova Group presented on the feasibility of constructing regional medical centers and specialty care/ambulatory surgical centers in California. The following additional topics were included on the agenda for the meeting:

- California Telephone Access Program
- Government Performance and Results Act (GPRA) Update
- Electronic Health Record (EHR)/Vista Imaging Update
- Meaningful Use (MU)/Regional Extension Center (REC) Update
- Improving Patient Care (IPC) Initiative Update and Patient Engagement
- Immunizations Update
- New IHS/CAO Website/Portals
- Accreditation/Credentialing & Privileging

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

Immunization Performance Improvement
During November, immunization staff from each of the following California Area tribal healthcare programs received six hours of on-site and virtual immunization performance assessment and improvement training:
- Karuk Tribe
- Northern Valley Indian Health
- Riverside/San Bernardino County Indian Health
- Sonoma County Indian Health

A total of 40 healthcare providers participated in these sessions.

The IHS/CAO coordinated immunization data exchange projects between two tribal healthcare programs and the California Automated Immunization Registry (CAIR). Expansion to additional tribal healthcare programs is anticipated for 2013.

Diabetes Highlights
The IHS/CAO hosts training webinars every other month for California's Diabetes programs. This fiscal year, the training and sharing focuses on strengthening relationships within communities. "Preventing Diabetes & Healing from Within: A Community Perspective" and "Patient Centered Medical Home" were two of the webinar topics held this quarter.

The IHS/CAO, in collaboration with U.C. Berkeley, provided tele-health training for retinal screening using Eye Picture Archive Communication System (PACS). Fifteen California healthcare programs and 36 individuals were trained during this quarter can now utilize Eye PACS to provide retinal screenings to their patients with diabetes. Retinal screening should be performed annually to prevent blindness from retinopathy.

Ongoing technical assistance has been provided to all diabetes healthcare programs for data quality improvement, diabetes case management, diabetes program planning, and healthcare quality improvement.

Violence Prevention
On December 8, there was a mass shooting on the Tule River Indian Reservation located in Porterville. The gunman was not American Indian, but was married to a Tule River Indian. At the request of the Tule River Indian Health Center, Inc., the IHS responded by sending experts in mental health—David Sprenger, MD, Board Certified in Adult and Child Psychiatry and Dawn Phillips, RN, Area Behavioral Health Consultant. The IHS staff collaborated with the California Rural Indian Health Board and the clinic medical and behavioral health staff. The team assessed community strengths and community needs identified by members of the health board and the clinic social worker. Later in the day, the IHS staff met with the Tule River Tribal Council officials and spoke with community members, especially parents of children who attend school with the young victims. Violence within Indian communities remains one of the greatest public health threats to American Indians. Violence causes grave and lasting harm to individuals and families. The IHS/CAO supports and collaborates with tribal and urban Indian healthcare programs to promote "universal screening" and bundling of the GPRA behavioral health measures (i.e. depression screening, alcohol and substance abuse screening, and interpersonal violence screening). The IHS/CAO recommends that tribal and urban Indian healthcare programs implement universal screening.

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

Budget Formulation for FY 2015
Tribal consultation with tribal governments is the foundation of the IHS budget formulation process. The IHS California Area budget formulation forum for FY 2015 began with tribal consultation held on November 15 in Sacramento. The following health priorities were recommended by the tribal officials:
- **Contract Health Services**. Contract health services (CHS) funds are used to purchase hospital and emergency care, physician specialty services, outpatient healthcare, laboratory, dental, radiology, pharmacy, transportation services, and other health services in the private sector. The California Area is 100% contracted/compacted and CHS dependent and there are no IHS-operated hospitals or clinics. This priority was ranked #2 for FY 2012 by tribal officials.
- **Diabetes/Obesity**. The national rate of diabetes for AI/ANs is 16.1%. Congress authorized Special Diabetes Program for Indians (SDPI) grant funds to fight diabetes. Tribal and urban Indian healthcare programs use these funds to offer education, self-management support, clinical, and specialty care for AI/AN patients battling diabetes. This priority was ranked #1 for FY 2008-2011 by tribal officials, but did not rank for FY 2012.
- **Behavioral Health**. The behavioral health funds are used for prevention and treatment of chemical dependence, suicide, domestic/intimate partner violence, and depression. Psychiatric and psychological services improve outreach education, crisis intervention, and the treatment of mental illness. This priority was ranked #3/#4 for FY 2008-2012 by tribal officials.
- **Youth Regional Treatment Centers**. YRTCs will provide culturally-appropriate chemical dependence treatment services to AI/AN youth, ages 12-17. This priority was ranked #1 in FY 2012 by tribal officials.
- **Indian Health Care Improvement Fund**. The IHCIF measures the resources needed by tribal healthcare programs by calculating its level of needed resources percentage relative to health insurance costs and compares them to the Federal Employees Health Benefits Program. If Congress appropriates additional funding for the IHCIF, IHS and tribal healthcare programs with the greatest unmet needs are funded first. This priority was ranked #3 for FY 2012 by tribal officials.