

INDIAN HEALTH SERVICE/ CALIFORNIA AREA OFFICE



UPDATE

May 19, 2014



CONTRACT SUPPORT COSTS UPDATE

PATIENT COMPLAINTS

Margo Kerrigan, MPH
Area Director

2014 CALIFORNIA HEALTH PROFILE

Travis Coleman

Indian Self-Determination Program Manager

Survey Monkey

CAO Health Profile 2014

*1. Please identify:

Tribe/Organization

Address

City

State

Zip Code

Email Address

Phone Number

Fax Number

Website Address

2. List Board Members:

A. Chairperson

B. Vice Chairperson

C. Secretary

D. Treasurer

E. Others

Thank you to those programs who have already responded!

Greenville
Round Valley
Shingle Springs
Tule River Indian Health
Table Mountain Rancheria
Hoopa Valley Tribe, K'ima:w
Medical Center
Consolidated Tribal Health
Lake County
MACT
American Indian Health
San Diego American
Northern Valley
Native American

Central Valley
Chapa-De
Sacramento Native
Mathiesen Memorial
Tuolumne Me-Wuk
Feather River
Sonoma County Indian Health
Project
Karuk
Bakersfield
Native American
Susanville
Santa Ynez
Southern

YRTC UPDATE

Dawn Phillips, RN, CDE

Area Behavioral Health Consultant

2014 YRTC Update

- Southern Property:
 - Construction funds are at the Area Office
 - Ground breaking around August 1st
- Northern Property:
 - Design funding was in the President's budget for FY 2015



YRTC Fiscal Year 2014

- September 2013:
 - 26 youths have been admitted for residential treatment
 - 11 Tribal healthcare programs have referred youths
 - 16 males and 10 females
 - First drug of choice: alcohol
 - Second drug of choice: alcohol/THC

YRTC Fiscal Year 2014

- September 2013:
 - 10 or 38% have diagnosed co-occurring disorders
 - 7 or 26.9% have thoughts or planning suicide
 - 2 youths have attempted suicide
 - 12 or 46% have legal problems
- YRTC Costs at **\$ 1,048,718**

Medi-Cal and Out-of-State YRTCs

State of California Department of Health Care Services has agreed, as of 2/10/14, to reimburse for American Indian adolescents who are in inpatient treatment facilities and are members of Medi-Cal.

Arizona: Desert Visions

Nevada: Nevada Skies

Massi Wyatt, PsyD, Clinical Director
775-352-6847



FY 2014 Q3 GPRA UPDATE

Christine Brennan
Area GPRA Coordinator

2014 Q3 GPRDA Dashboard				13	2014 Q3
	California Area	California Area	National		
DIABETES	2014 Q3	2013 Final	2014 Target	Results - California Area	
Diabetes Dx Ever	11.0%	10.8%	N/A	N/A	
Documented A1c	80.7%	85.7%	N/A	N/A	
Good Glycemic Control	47.7%	51.5%	48.3%	Within Range	
Controlled BP <140/90	59.5%	64.5%	64.6%	Not on Track	
LDL Assessed	61.8%	71.9%	73.9%	Not on Track	
Nephropathy Assessed ^a	39.9%	61.3%	Baseline	On Track	
Retinopathy Exam	41.2%	50.2%	58.6%	Not on Track	
DENTAL					
Dental Access	37.0%	41.2%	29.2%	On Track	
Sealants	14.0%	13.7%	13.9%	On Track	
Topical Fluoride	27.3%	30.0%	26.7%	On Track	
IMMUNIZATIONS					
Influenza 65+	56.0%	57.5%	69.1%	Not on Track	
Pneumovax 65+ ^a	77.2%	83.9%	Baseline	On Track	
Childhood IZ	52.8%	62.2%	74.8%	Not on Track	
PREVENTION					
Pap Screening ^a	44.2%	54.8%	Baseline	On Track	
Mammography Screening	40.3%	42.6%	54.7%	Not on Track	
Colorectal Cancer Screening	28.3%	30.8%	35.0%	Not on Track	
Tobacco Cessation	33.0%	37.4%	45.7%	Not on Track	
Alcohol Screening <small>(FAS Prevention)</small>	47.4%	56.1%	65.9%	Not on Track	
DV/IPV Screening	48.7%	57.9%	64.1%	Not on Track	
Depression Screening	50.7%	57.2%	66.9%	Not on Track	
CVD-Comprehensive Assessment	30.8%	38.6%	51.0%	Not on Track	
Prenatal HIV Screening	67.1%	70.6%	89.1%	Not on Track	
Childhood Weight Control ^b	23.4%	24.6%	N/A ^b	N/A	
Breastfeeding Rates	55.1%	43.0%	29.0%	On Track	
Controlling High Blood Pressure	55.1%	N/A	Baseline	On Track	
^a Measure logic revised in FY 2014				Measures On Track = 8	
^b Long-term measure as of FY 2009, next reported in FY 2016				Measures Within Range = 1	
				Measures Not on Track = 13	
Measures in red are GPRAMA measures					

2014 Q3 California Area GPRA Results

- 9 of 18 measures with comparable 2013 data decreased in performance compared to 2013 Q3:

Measure	2014 Q3 Result	2013 Q3 Result	% Decrease
Childhood Immunizations	52.8%	55.7%	2.9%
Controlled BP <140/90	59.5%	62.1%	2.6%
Good Glycemic Control	47.7%	50.1%	2.4%
DV/IPV Screening	48.7%	50.9%	2.2%
Influenza 65+	56.0%	57.9%	1.9%
Alcohol Screening (FAS Prevention)	47.7%	49.2%	1.8%
LDL Assessed	61.8%	63.5%	1.7%
CVD Comp. Assessment	60.8%	31.6%	0.8%
Dental Access	37.0%	37.7%	0.7%

2014 Q3 California Area GPRA Results

- 9 of 18 measures with comparable 2013 data increased or maintained performance compared to 2013 Q3:

Measure	2014 Q3 Result	2013 Q3 Result	% Increase
Breastfeeding Rates	55.1%	45.5%	9.6%
Prenatal HIV Screening	67.1%	64.6%	2.5%
Sealants	14.0%	12.0%	2.0%
Mammography Screening	40.3%	39.4%	0.9%
Retinopathy Exam	41.2%	40.4%	0.8%
Topical Fluoride	27.3%	26.6%	0.7%
Colorectal Cancer Screening	28.3%	28.2%	0.1%
Tobacco Cessation	33.0%	33.0%	0.0%
Depression Screening	50.7%	50.7%	0.0%

2014 Measures in Danger of Not Being Met

Measure	Difference between 2013 Q3 and 2013 Final	Difference between 2014 Q3 and 2014 Target	Difference between 2014 improvement needed and 2013 improvement seen
Prenatal HIV Screening	6.0%	22.0%	16.0%
Childhood IZ ^a	6.5%	22.0%	15.5%
Influenza 65+	-0.4%	13.1%	13.5%
CVD-Comprehensive Assessment ^a	7.0%	20.2%	13.2%
Alcohol Screening <small>(EAS Prevention)</small>	6.9%	18.5%	11.6%
Mammography Screening	3.2%	14.4%	11.2%
Depression Screening	6.5%	16.2%	9.7%
DV/IPV Screening	7.0%	15.4%	8.4%
Tobacco Cessation ^a	4.4%	12.7%	8.3%
Retinopathy Exam	9.8%	17.4%	7.6%
Colorectal Cancer Screening ^a	2.6%	6.7%	4.1%
LDL Assessed	8.4%	12.1%	3.7%
Controlled BP <140/90 ^a	2.4%	5.1%	2.7%
Good Glycemic Control ^a	1.4%	0.6%	-0.8%
Sealants ^a	1.7%	-0.1%	-1.8%
Topical Fluoride- Patients ^a	3.4%	-0.6%	-4.0%
Dental Access	3.5%	-7.8%	-11.3%
Breastfeeding Rates ^a	-2.5%	-26.1%	-23.6%
Nephropathy Assessed	9.4%	Baseline	Baseline
Pneumovax 65+	-0.2%	Baseline	Baseline
Pap Screening ^a	0.5%	Baseline	Baseline
Controlling High Blood Pressure	N/A	Baseline	Baseline
Childhood Weight Control ^b	0.006	N/A	N/A

DIABETES UPDATE

Helen Maldonado, PA-C
Area Diabetes Consultant

Special Diabetes Program for Indians

- Congress authorized an extension of 1 year
- Funded until September 30, 2015
- TLDC recommended continuation
- Class Deviation has been applied for

“New” Best Practices

- Best Practices are being revised
- Currently there are 20 BPs
- New BPs will align closer with the Diabetes Audit
- Removing community and supportive type BPs

SDPI Distribution

- Director working with the TLDC on recommendations
- If current data is used; User Pop and Diabetes Prevalence rate, California funding will decrease
- Requirement of two documented visits in 1 year (FY 2007)
- Recommendations available soon

Diabetes Management System Designed for Public Health

- A Diabetes Register
- A Diabetes Flow Sheet
- Monitoring and prompting of health maintenance reminders
- Automated Diabetes Audit Report

iCare

- GUI into RPMS patient data
- Custom patient panels
- Facilitates provider review
- Population, community, and patient perspective views
- Improved management of breast, cervical, colon, and skeletal health procedures

Other RPMS Packages

- Case Management package:
 - Allow health care teams the resource to design and develop generic or customized Registers for a specific targeted patient population
- CRS (GPRA)
 - Allows health care teams to create reminder lists for each patient for health care screenings and health care maintenance

PRC UPDATE & THIRD-PARTY BILLING

Toni Johnson
IT Specialist

Purchased/Referred Care (PRC)

- Formerly called Contract Health Services
- Official with passage of FY 2014 appropriations
- No program or policy changes
- Transition to new name

Dollar and Sense



Third Party Billing and Accounts Receivable

- Fully integrated with RPMS EHR
 - No double data entry
 - No annual maintenance or support fees
- Fully HIPAA 5010 compliant
 - Electronic claims and payment posting
 - On track for implementation of ICD-10
- Local control of tables and parameters
 - Manage your own configurations

Dollar and Sense

Third Party Billing and Accounts Receivable

- Future Enhancements
 - Claim Editor Graphical User Interface
- Technical Support
 - Area Subject Matter Expert with 20+ years experience



ICD-10 UPDATE

Michelle Martinez
Area ICD-10 Coordinator

ICD-10 Delay

- Implementation Date **10/01/2015**

“On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.”

- RPMS software development and testing will continue on schedule for Meaningful Use 2014 changes and will have an extended testing and implementation window for ICD-10 changes.

Use the Delay to Prepare

- Providers – Clean up the problem list
- Audit clinical documentation for gaps and engage physicians in documentation clarity
- Improve physician/coder query process
- Consider dual coding to gain ICD-10 proficiency
- Use historical data to predict the impact of potential productivity and revenue decreases
- Address visit, coding and billing backlogs
- Adjust coder trainings as needed

Training – Provided by the CAO

- Clinical Documentation: Providing Clarity for ICD-10 & SNOMED Webinars
 - Part #1: Date: Wednesday, May 7, 2014 – **36 Participants**
 Time: 12:00pm – 1:30pm PST
 This session will include an overview of SNOMED and the ICD-10 coding system.
 - Part #2: Date: Wednesday, June 11, 2014
 Time: 12:00pm – 1:30pm PST
 This session will focus on coding scenarios to improve documentation clarity.
- Elsevier Online Training – Medical Terminology, Anatomy & Physiology, ICD-10-CM/PCS

Training – Provided by OIT

- IHS Clinical Rounds:
 - **April 10, 2014:** SNOMED CT® and the New Integrated Problem List – **over 200 participants**
 - **May 22, 2014:** Integrated Problem List – Documenting and Coding Common Conditions
 - **June 12, 2014:** Integrated Problem List – Documentation and Coding Challenges

RPMS EHR UPDATE

A collaborative effort by the
California Area Health Information, Network &
Technical Services (CALHINTS) Team

Overview

CALHINTS: Who We Are

Brief History of HIPAA, HITECH, and Meaningful Use (MU)

MU and EHR Satisfaction

Cost Comparison

CAO Support

RPMS EHR Recertification Update

The Future of RPMS

Immunization Data Exchange

California Area Health Information, Network & Technical Services *CALHINTS*

- The CALHINTS acronym embodies the whole California Area OPH team that supports Indian Health clinic programs as they endeavor to maintain electronic health information networks across the state and Nationwide.

CAL – California Area

Hi – Health information Management

N - Network

T - Technical

S - Services & Support

Brief History Lesson

HIPAA

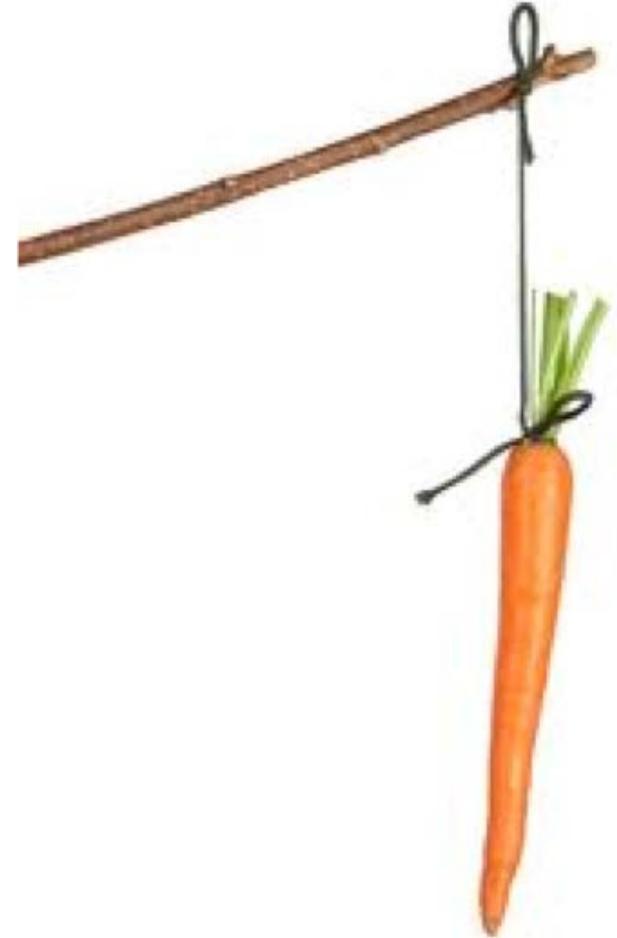
HITECH

MEANINGFUL USE

What is Meaningful Use?

EHR Financial Incentive Programs

Medicare Payment Penalties



Stages and Years of MU

Stage 1 Data Capture and Sharing

Stage 2 – Advanced Clinical Processes

Stage 3 – Improved Outcomes

Demonstrating Meaningful Use

Eligible providers must demonstrate meaningful use through use of a certified EHR to meet the following measures:

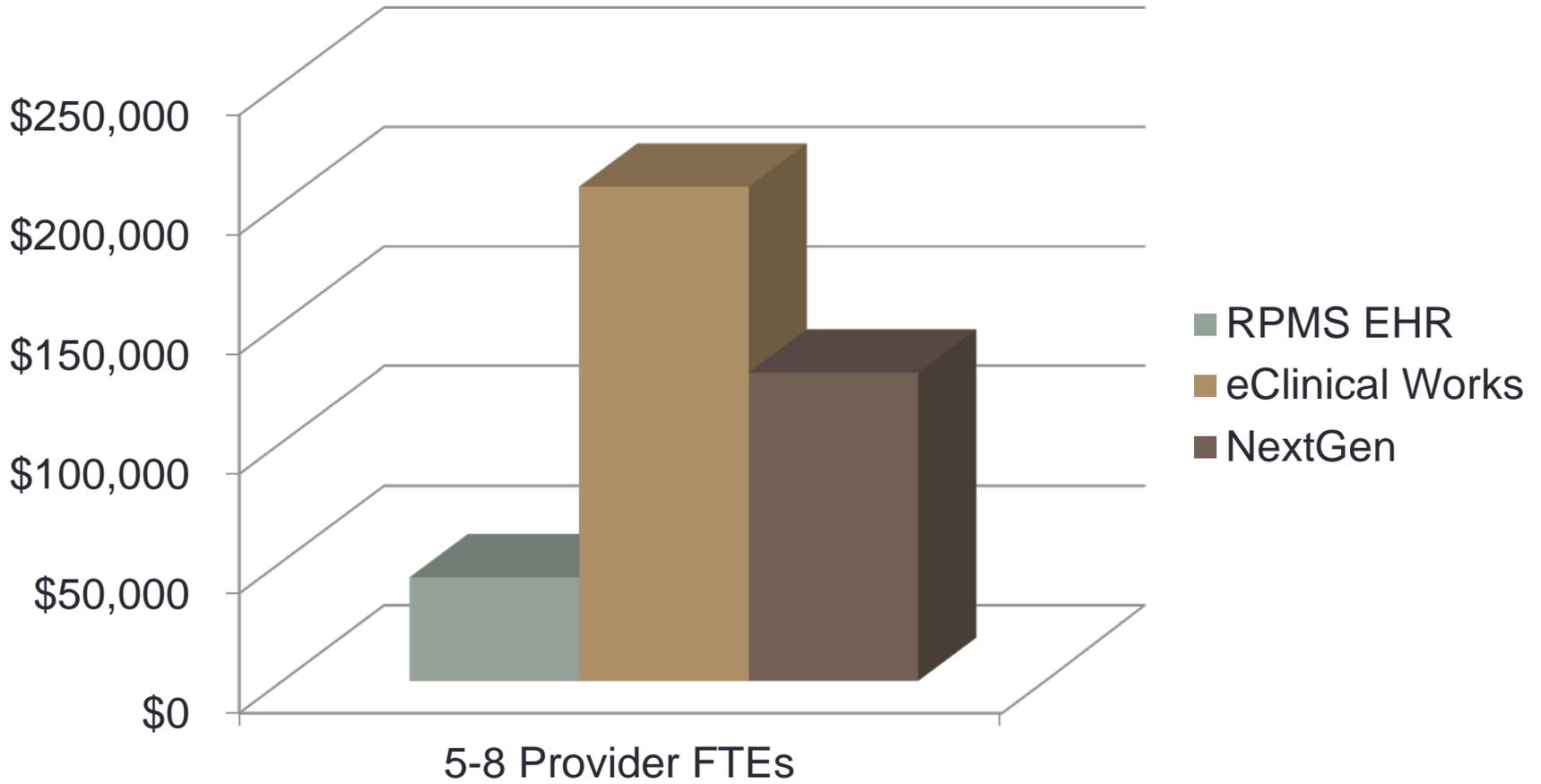
1. Core Measures
2. Menu Set Measures
3. Public Health Measures

MU and EHR User Satisfaction

	2010	2012
Satisfied with EHR technology	39%	27%
Very dissatisfied with EHR technology	11%	21%
EHRs are hard to use	23%	32%
Unable to return to pre-EHR levels of productivity	20%	32%
Would NOT recommend their EHR to a colleague	24%	39%

“EHR User Satisfaction Declines in Meaningful-Use Era”,
Robert Lowes, *Medscape*, March 6, 2013

EHR First Year Costs



What are you buying?



CAO Support

- RPMS Support
- VistA imaging
- EHR Support
- Ensemble RPMS Server Support
 - Review Console log
 - Check shadowing/mirroring if applicable and make sure It's in sync
 - Ensemble tasks are completing
 - Check Max size on databases
 - Ensemble interface productions are functioning properly
 - Review Integrity check
- RPMS/EHR patch installations
- Host Dentrix servers
- Business Office Support
- Telecommunications (network circuit) Support
- Web/portal support
- Practice Management Application Suite web server (BMW)
- RPMS Interfaces Support
 - Master Patient Index
 - ePrescribing
 - Dentrix
 - Bi-Directional Lab
 - Pharmacy Point of Sale
 - CMI Interfaces
 - State Immunization Registry

More CAO Support

Steve's Office Hours

The CAO Site Managers Newsletter

Good Afternoon, CAO Site Managers!

We hope that your programs are humming with well-tuned precision and efficiency on this spectacular spring Friday.

Special Feature

Robert Gemmell, California Area Chief Information Officer, Informations Systems Security Officer



This week we feature Steve Thibodeau, Site Manager for the Sonoma Indian Health Project. We've come to know Steve over the years as a shining example of leadership and technological acumen. Steve and the fine staff at Sonoma have tamed the wild beast that is the RPMS EHR. Steve demonstrates for us how successful a program can be when they commit to this powerful set of public health tools.

The CAO Site Managers Portal

California Area
INDIAN HEALTH SERVICE

Welcome Bob ([Edit Profile](#) / [\(2\) Open Tickets](#) / [Logout](#)) | [CA Home](#) | [CA Site Map](#) | [CA Member Portal Access](#)

[HEALTH PROGRAMS](#) | [TRIBAL CONSULTATION](#) | [NEWS & EVENTS](#) | [ABOUT US](#) | [OFFICES](#) | [FAQS](#)

Home > CA Member Portals > Site Manager's Portal

Site Manager's Portal

Search this portal

- Site Manager's Portal
- Member Profiles
- Site Manager's Toolkit
- Smoke Signals
- Submit a Ticket
- Suggestion Box

Select a Member Portal
Site Manager's Portal

Toolkit
Toolkit contains resources for RPMS, Security, National Data Warehouse, EHR, VPN, and General categories.

[LEARN MORE](#)

Welcome to the California Area Office Site Manager's Portal. This is an online community for you to get in touch with the CAO IT staff, and with each other. Think of it as a work in progress - we've gotten started, but we'd like the rest of the design to be driven by you, the user. One way to jump into that conversation is through the Smoke Signals or Suggestion Box links on the left. - *The CAO IT Staff*

The CAO Ticket Management System (TMS)

Ticket Admin

Add Ticket Summary Report

Keyword Search

Search

Tickets Filter

Ticket Status

All
Not Started
Deferred

Priority

All
General Support
Issue

Technician

All
Assigned, Not
Begaye, Marcella

Report Method

All
In Person
Email

Software

All
Antivirus
AutoCAD

Technician Assignment

All
 Primary
 Secondary

Support Type

All
Administrative
Business Office

Program Name

All
Access to Health Care Services for Am
American Indian Health & Services Co

Start Date

End Date

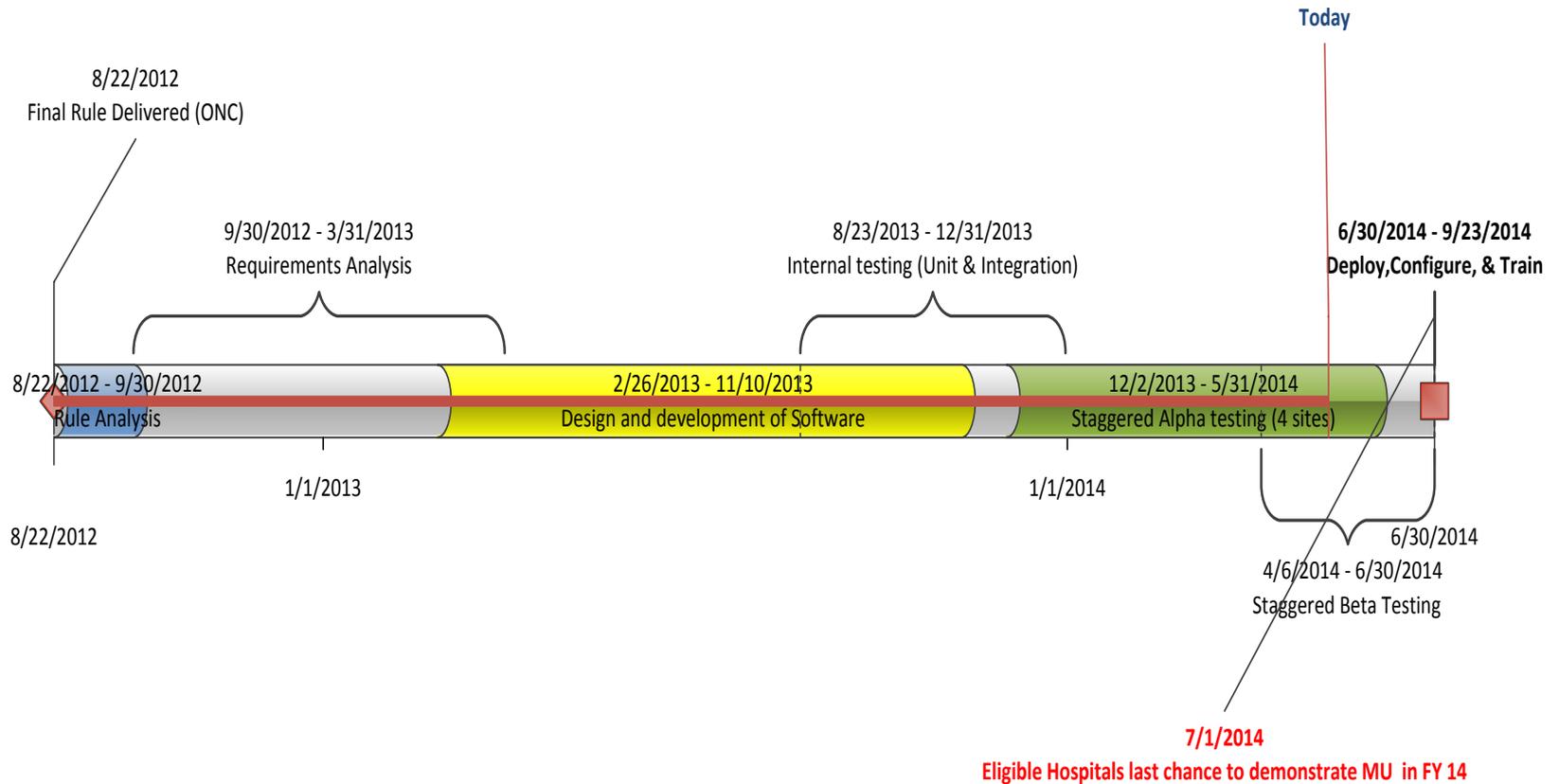
Download

Reset

Search

#	Date	Title	Program Name	Support Type	Urgency	Status	Primary Tech
2942	5/15/14	Wrong Exam put in	Southern Indian He	Administrative	General Support	Completed	Mosier, Gary
2939	5/15/14	At for BHS staff	Feather River Triba	RPMS	Important	Not Started	
2938	5/14/14	Queue print button RX	Southern Indian He	EHR	Important	Not Started	
2928	5/14/14	TOI - Meds auto expiring after one year	Toiyabe Indian Hea	EHR	General Support	Not Started	Assigned, Not
2926	5/14/14	Document Definitions	Southern Indian He	Administrative	General Support	In Progress	Martinez, Michel
2916	5/14/14	Not able to connect to VistaImaging Ser	Pit River Health Ser	Vista Imaging	Urgent	Completed	Martinez, Michel
2914	5/14/14	Pharmacy error	Feather River Triba	RPMS	Important	Completed	Martinez, Michel

Roadmap



RPMS EHR Certification Status

January 5 – 29: Certification testing completed

- All tests passed per testing body (InfoGard)
- All post-test attestation documents submitted to InfoGard for review

March 18: InfoGard submitted test results and report to ONC

May 16: ONC to complete review of documentation prior to issuing 2014

Deployment

Anticipated release date of July 1, 2014 is
at risk

Training

Training	Duration	Participants
2014 RPMS EHR Technical Training 1 <ul style="list-style-type: none"> • 2014 RPMS EHR Installation • 2014 RPMS EHR setup and configuration 	3 days (1/2 day sessions)	Area Staff-Train The Trainer <ul style="list-style-type: none"> • Area IT Support Staff • Site Managers • Area/Site CACs • Area Consultants (Pharmacy, Radiology, Lab)
2014 RPMS EHR Basic End-User Training 1 <ul style="list-style-type: none"> • Basic training on New functionality needed for Go Live • Specific Training sessions to be focused per Specialties/ Departments 	3 days (Full day sessions)	Area staff-train the trainer <ul style="list-style-type: none"> • Area/Site CACs • Area/Site MU Coordinators • Area Super User • Area Consultants (Pharmacy, Radiology, Lab, HIM)
2014 RPMS EHR Complete End-User Training 1a* <ul style="list-style-type: none"> • Full knowledge of 2014 RPMS EHR • Awareness of MU • Part 1 	3 days (Full day sessions)	Area staff, end user <ul style="list-style-type: none"> • Area/Site CACs • Area/Site MU Coordinators • Area Super User • Area Consultants (Pharmacy, Radiology, Lab, HIM) • Site Champions and End Users
2014 RPMS EHR Complete End-User Training 1b* <ul style="list-style-type: none"> • Full knowledge of 2014 RPMS EHR • Awareness of MU • Part 2 	3 days (Full day sessions)	Area staff, end user <ul style="list-style-type: none"> • Area/Site CACs • Area/Site MU Coordinators • Area Super User • Area Consultants (Pharmacy, Radiology, Lab, HIM)

What's Next?

IMMUNIZATION DATA EXCHANGE UPDATE

Susan Ducore, MSN, RN, PHN
Area Immunization Coordinator

Immunization Data Exchange

Implications

- **Improved Public Health**
 - Immunization registries are critical tools for increasing and sustaining vaccination coverage
 - Improves provider access to immunization records of all patients, AI/AN and others
- **Meets MU Incentive Requirements**
 - Use of Electronic Health Record (EHR) to exchange childhood immunization data with a State Registry is **required for MU provider funding incentives** (Stage 2)

MU: Immunization Registry Exchange Requirements

- All California Immunization Registries can accept HL7 immunization messages electronically
- All RPMS and Non-RPMS facilities choosing to attest for this measure must submit a test message to the immunization registry

CA Area Immunization Data Exchange Update

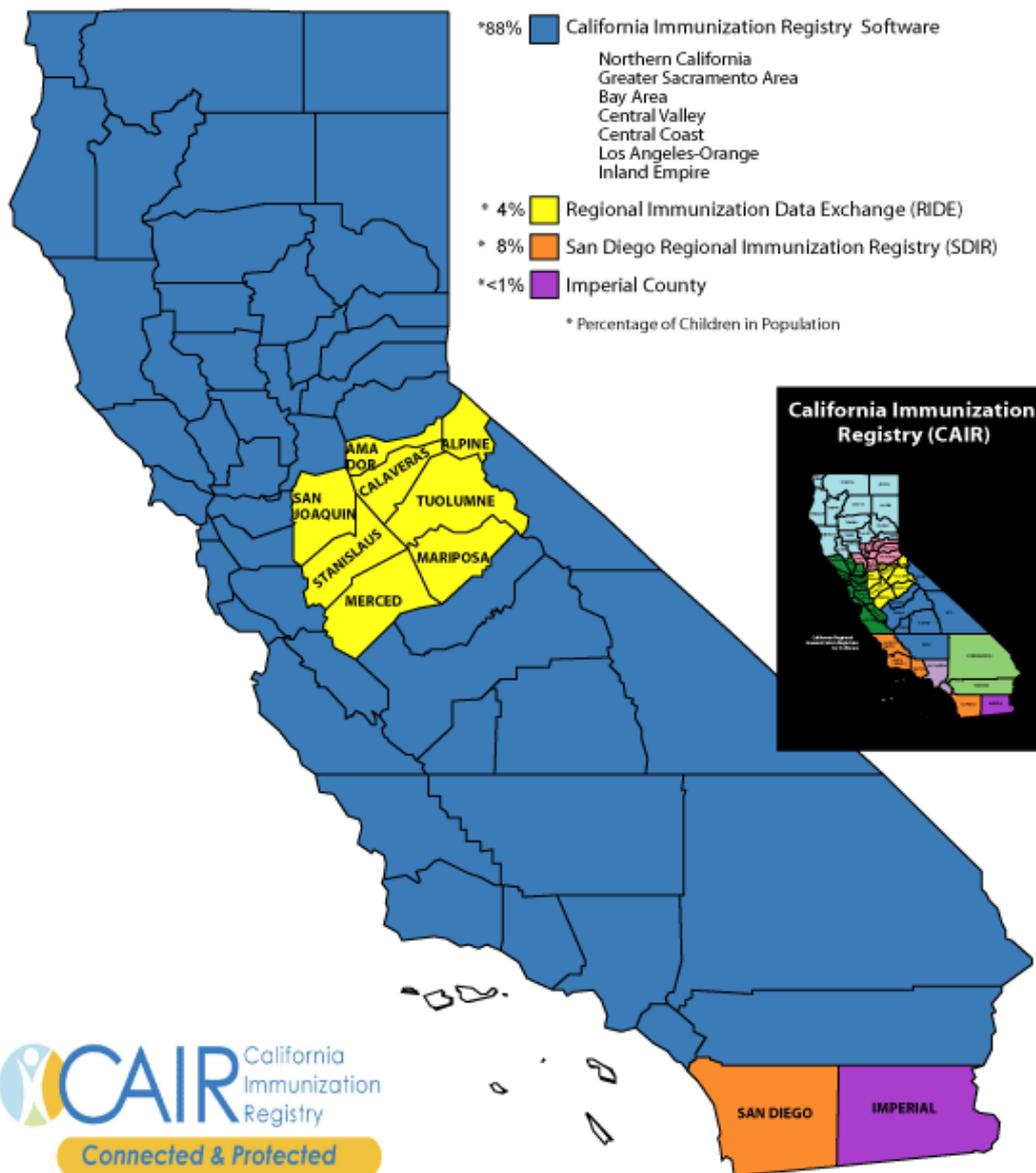
- CAO, in partnership with IHS/HQ, State and Tribal health programs has developed step-by-step instructions to guide the process of electronic data exchange
- Comprehensive instructions distributed widely to all area Health Programs - April 2014
 - Guidance is geographic region specific

Immunization Data Exchange

California Immunization Registries:

- **California Automated Immunization Registry (CAIR)**
- **San Diego Immunization Registry (SDIR)**
- **San Joaquin Valley Registry (RIDE)**

California Immunization Registry (CAIR) By Software Application



THANK YOU!
