



# Quarterly

## highlights

The California Area Office (CAO) reports its accomplishments during the fourth quarter of FY 2011, 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

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

#### **Budget Formulation**

At the past Annual Tribal Leaders' Consultation Conference, tribal leaders requested that the CAO present and describe the IHS budget formulation process in a more meaningful manner. In response to this request, the Area Director sponsored a WebEx meeting for all California tribal government leaders on September 9. The Webinar equipped tribal government officials with information about the IHS budget process, GPRA measures, and current assessments of unmet need. California tribal government leaders will be able to use this information when making budget recommendations and setting health priorities for FY 2014. Tribal budget formulation for FY 2014 is scheduled for December 14, 2011 in Sacramento at the Moss Federal Building.

### *To reform the IHS...*

#### **IHS Headquarters Reviews**

The IHS/CAO Sanitation Facilities Construction (SFC) and Health Facilities Engineering (HFE) programs were reviewed by two IHS Headquarters "Area Consult" review teams. During the SFC review, the team visited three on-going sanitation projects at Tule River Reservation, Big Sandy Rancheria, and Santa Rosa Rancheria. The HFE team reviewed:

- Riverside/San Bernardino County Indian Health's plans to expand their health center on the Morongo Reservation in Banning
- Proposed property for the southern California Youth Regional Treatment Center (YRTC) near Hemet
- Proposed property for the northern California YRTC in Yolo County near Davis
- Lake County Tribal Health/IHS Joint Venture Project in Lakeport
- Shingle Springs Rancheria Health Center/Small Ambulatory Program

No deficiencies or weakness were identified by either review team.

#### **Internal Finance Reform**

With the start of FY 2012 on October 1, the IHS/CAO operates a full function finance and accounting department. Previously, the Albuquerque Area Office processed all California payments and submitted them to Treasury for disbursement. During the fourth quarter of FY 2011, the Albuquerque Area Office transferred the cash management operation to the CAO. This involved 6-8 months of planning and intense training for CAO staff; the transfer process is now complete. This change means that the CAO has full control over the processing of IHS payments to tribal and urban Indian healthcare programs and submits payments directly to the U.S. Treasury for disbursement. The benefits of this change to our stakeholders is quicker turnaround time for IHS payments, greater local control over the quality and accuracy of these transactions, and improved external customer service.

## Inside...

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

Budget Formulation..... 1

### *To reform the IHS*

IHS Headquarters Reviews..... 1

Finance Reform..... 1

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

Division of Environmental Health Services ..... 2

Injury Prevention Program ..... 2

Early Childhood Caries GPRA Dental Challenge..... 2

Youth Regional Treatment Centers..... 2

Planning for Healthcare Facilities..... 2

Government Performance and Results Act (GPRA) Quality Improvement Strategies ..... 3

Training for Tribal Water System Operators ..... 3

Improving Patient Care Initiative ..... 3

Electronic Health Records Installed ..... 4

Annual IHS Nurse Leaders in Native Care Conference..... 4

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

Section 508 of the Rehabilitation Act ..... 4

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

### **Division of Environmental Health Services**

The mission of the CAO Division of Environmental Health Services (DEHS) is to reduce environmentally related diseases and injuries through prevention. The DEHS provides evaluation services for food safety, safe drinking water, healthy homes, children's environmental health, institutional environmental health, injury prevention, air quality, epidemiology, vector control, and solid waste management. The DEHS staff completed the following activities to identify and address environmental health hazards and risks that are often associated with disease and injury in tribal communities:

- Collected and tested 8 water samples
- Conducted 97 facility surveys (e.g. clinics, casinos, Head Start programs)
- Investigated 4 public health complaints
- Provided tribes technical assistance with environmental health issues in 41 situations
- Conducted 7 food safety and general injury prevention trainings

### **Injury Prevention Program**

The Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) is an IHS Headquarters' initiative that provides multi-year funds to tribes and tribal organizations to hire full-time injury prevention coordinators to develop programs based on best practices in injury prevention. The funded programs in California include the California Rural Indian Health Board, Tule River Indian Health Clinic, Indian Health Council, and Greenville Rancheria.

IHS Headquarters hosted the national TIPCAP annual conference in Rockville, Maryland on June 29-30. IHS Grants Management staff, the Centers for Disease Control and Prevention, and Safe Kids made presentations. Tribal and urban Indian healthcare programs can reduce motor vehicle injuries and elder falls by:

- Establishing community injury prevention coalitions
- Building partnerships with external organizations such as state, local, and tribal governments
- Providing injury prevention trainings
- Assessing home fall risk and conducting seat belt surveys
- Providing tribal communities with personal protective equipment (i.e. child safety seats, bicycle helmets)

### **Early Childhood Caries GPRA Dental Challenge**

Early Childhood Caries (ECC), or early childhood tooth decay, is an infectious disease that can start as early as an infant's teeth erupt. ECC can progress rapidly and may have a lasting detrimental impact on a child's health and well-being. The 1999 Oral Health Survey of American Indian and Alaska Native dental patients found that 79% of children between the ages of 2-5 years had experienced dental caries, and 68% of this age group had untreated decay at the time of the dental examination. To address this serious health problem, the California Area Dental Consultant in partnership with the California Dental Support Center, established an ECC Government



Tribal injury prevention coordinators at their annual meeting in Rockville, MD with the IHS Director  
(Pictured from left to right: Barbara Hart (CRIHB), Julie Adams (CRIHB), Dr. Roubideaux, Adrianna Gibson (Tule River), and Lisa Nakagawa (IHS/CAO))

Performance and Results Act (GPRA) Challenge to improve screening for ECC and prevent further tooth decay.

The Challenge provides a cash incentive to tribal and urban Indian healthcare programs that meet each of the three GPRA dental measures (access, sealants and fluoride) for young children 0-5 years old. The IHS/CAO established targets for each tribal and urban Indian healthcare program based on their respective active user population for the 0-5 age group. Reduction in the incidence of ECC has a life-long positive impact on the oral health of young children.

### **Youth Regional Treatment Centers**

Under the leadership of the IHS Director and the perseverance of IHS Headquarters' executive staff, in March 2011 the U. S. House Committee on Appropriations authorized the CAO to expend up to \$2,700,000 to purchase land for construction of the northern and southern California Youth Regional Treatment Centers (YRTC's). The YRTC's, once constructed, will offer inpatient residential treatment for adolescents age 12-17 and their families.

The proposed purchase of the northern YRTC site, a 12 acre parcel on the land that D-Q University holds in trust in Yolo County near Davis, has broad support from tribal leaders throughout California. Negotiations with D-Q University continue as the IHS/CAO awaits a decision from the D-Q University Board of Trustees to revert the 12-acre parcel held in trust back to the U.S. General Services Administration for sale and transfer to the IHS. IHS/CAO is also evaluating alternate sites for the YRTC in northern California, should the D-Q property experience unforeseen problems and fall through.

### **Planning for Healthcare Facilities**

The Division of Health Facilities Engineering (HFE) conducted orientations and interviewed California healthcare program directors, revealing plans for 11 replacement healthcare facilities,

12 new facilities, and 5 facility expansions within the next five years. The new Shingle Springs clinic opened October 3. In July, HFE initiated facility condition assessments and energy audits for all tribal healthcare program facilities. The assessment updates the building deficiencies list in the IHS Health Facilities Data System and provides a basis for future tribal healthcare facility improvement projects. The building inspections portion of the surveys will be completed in October. The final reports will be distributed back to the tribal healthcare programs in December.

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

GPRA is a law that mandates Federal agencies to submit annual performance reports to Congress. The IHS reports on 19 healthcare quality performance measures tracked by individual IHS and tribal programs. While IHS met all of these performance measures nationally in FY 2011, the average performance at California tribal programs was minimally satisfactory. California tribal programs only met 8 of 19 clinical performance measures and performed below the national average on 14 of the 19 performance measures listed below:

- Poor Glycemic Control (A1c > 9.5)
- Ideal Glycemic Control (A1c < 7.0)
- Controlled Blood Pressure (<130/80)
- Dyslipidemia (Cholesterol) Assessed
- Nephropathy (Kidney Disease) Assessed
- Retinopathy (Eye Disease) Exam
- Access to Dental Services
- Influenza Vaccination for Patients Age 65+
- Pneumovax Vaccination for Patients Age 65+
- Childhood Immunizations (Age 19-35 Months)
- Cervical Cancer Screening
- Breast Cancer Screening
- Colorectal Cancer Screening
- Tobacco Cessation
- Alcohol Screening (Fetal Alcohol Syndrome Prevention)
- Domestic/Intimate Partner Violence Screening
- Depression Screening
- Cardiovascular Disease Assessment
- Prenatal HIV Screening

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 September. GPRA Coordinators requested the following two topics to be included in future trainings/conferences/calls:

- Ways to configure electronic health record reminders to alert specific staff members about patients that need to be screened
- Patient-centered best practices to ensure all patients are screened appropriately

In addition, the IHS/CAO GPRA team has scheduled quarterly WebEx sessions to discuss GPRA results and performance improvement activities. The first WebEx session was held on September 26, 2011 and an estimated 40 tribal and urban Indian

healthcare providers participated. The WebEx featured a presentation by Julie Ramsey from Central Valley Indian Health, which met 17 of 19 measures in FY 2011. Ms. Ramsey described the methods that the healthcare program uses to track patients who are screened and immunized. The WebEx also covered these topics:

- FY 2011 California Area GPRA results/FY 2012 targets
- FY 2012 California GPRA coordinators' survey results
- CAO initiatives for improving GPRA performance in FY 2012
- Strategies for improving GPRA performance

The 2<sup>nd</sup> quarter WebEx will be held December 16, 2011 at 10:00 A.M. and the 3<sup>rd</sup> quarter WebEx will be held March 5, 2012 at 10:00 A.M. Each California Indian healthcare program is encouraged to have one representative on the WebEx. The IHS/CAO GPRA team also hosts "open office hours" during the alternate months with no GPRA Coordinators' WebEx, providing an opportunity for program staff to ask interim questions.

## **Training for Tribal Water System Operators**

The IHS/CAO sponsored a training course titled, "Pumps and Pumping Systems" in Ukiah on July 26-28. Thirty-two tribal water system operators and three IHS staff attended the 24-hour training course which focused on the types of pumps used in water and wastewater treatment systems. The event also offered technical hands-on training to tribal water operators working in northern California.

## **Improving Patient Care Initiative**

The IHS/CAO hosted the Improving Patient Care (IPC) Virtual Learning Session #3 on July 12-14 in Sacramento at the CAO. Two of the four California IPC 3 sites (Riverside/San Bernardino County Indian Health and Sacramento Native American Health Center) attended this event. Participants reported that attending the session allowed for maximum

participation and learning without distractions. This learning session provided an opportunity for the CAO Improvement Support Team (IST) to improve their coaching skills.

The IHS/CAO has been focused on providing technical support to California tribal and urban Indian healthcare programs and promoting participation in IPC by visiting one or two healthcare programs per quarter. On August 9-10, a team from the Office of Public Health provided technical assistance to the Karuk Tribe (Happy Camp) and Feather River Tribal Health (Oroville) to train on IPC and how to transform healthcare systems. The IHS/CAO also reviewed GPRA performance as a benchmark of the quality of healthcare. Administrative leadership and governing board members attended both exit conferences.



Dawn Phillips, Behavioral Health Consultant, with CDR Wendy Blocker, Public Health Analyst, National GPRA Support Team Member/Improvement Support Team Member

## Electronic Health Records Installed

The IHS/CAO leads the deployment of the Resource and Patient Management System (RPMS) electronic health record (EHR) throughout California. The IHS/CAO has convened a team of experts to work with healthcare programs both remotely and on-site to ensure proper configuration and maintenance of the RPMS EHR. In addition, the IHS/CAO Meaningful Use team is ensuring that clinics meet Meaningful Use eligibility requirements to qualify for financial incentives. Five tribal healthcare programs have also integrated Vista Imaging into their RPMS EHR packages. Vista Imaging allows medical providers to import outside clinical reports such as CHS referrals or images such as x-rays for electronic review during patient examinations.

Our heroes are the tribal and urban Indian healthcare programs implementing the EHR. Clinicians and support staff have been working on a collateral basis to implement and support EHRs in addition to other daily responsibilities. Below is a list of clinics that are either using or installing the RPMS EHR package:

- American Indian Health & Services Corporation (Santa Barbara)
  - Chapa-De Indian Health Program, Inc. (Auburn)
  - Consolidated Tribal Health Project, Inc. (Ukiah)
  - Feather River Tribal Health, Inc. (Oroville)
  - K'ima:w Medical Center (Hoopa Valley)
  - Karuk Tribe of California (Happy Camp)
  - Lake County Tribal Health Consortium, Inc. (Lakeport)\*
  - Northern Valley Indian Health, Inc. (Willows)
  - Pit River Health Service, Inc. (Burney)
  - Quartz Valley Program (Fort Jones)
  - Riverside/San Bernardino County Indian Health (Morongo)\*
  - Round Valley Indian Health Center, Inc. (Covelo)
  - Sacramento Native American Health Center, Inc.
  - San Diego American Indian Health Center
  - Santa Ynez Tribal Health Program\*
  - Shingle Springs Tribal Health Program
  - Sonoma County Indian Health (Santa Rosa)
  - Southern Indian Health Council, Inc. (Alpine)\*
  - Susanville Indian Rancheria (Lassen)
  - Toiyabe Indian Health Project, Inc. (Bishop)
  - Tuolumne Me-Wuk Indian Health Center (Tuolumne)
  - United American Indian Involvement, Inc (Los Angeles)
- \*Vista Imaging installed

## Annual IHS Nurse Leaders in Native Care Conference

The California Area Nurse Consultant and ten clinic and public health nurses, representing five Tribal health programs, attended the *Nurse Leaders in Native Care Conference*. The National Nurse Leadership Council hosted the conference on August 15-19 in Albuquerque. The conference agenda included sessions on improving patient care, nurse leadership, cultural sensitivity, digital storytelling, community partnerships, disaster preparedness, and breastfeeding. The IHS Director, Dr. Roubideaux, presented "What Does IHS Look Like in the Future?" California Area nurses from tribal and urban Indian healthcare programs caucused to exchange ideas and promote best practices to improve the quality of patient care.



Sherron Prosser, Feather River Tribal Health, and Susan Ducore, IHS/CAO Nurse Consultant at Nurse Leaders in Native Care Conference

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

### Section 508 of the Rehabilitation Act

In 1998, Congress added section 508 to the Rehabilitation Act of 1973 mandating federal agencies to make their electronic and information technology accessible to people with disabilities. To support the national Healthy Weight for Life initiative, the IHS/CAO added closed captioning for the hearing impaired to six videos on the benefits of breastfeeding. The IHS/CAO also supported the national Health Promotion Initiative by adding closed captioning to an additional six videos on the benefits of physical activity and healthy lifestyles. Adding closed captioning ensures accessibility for people with disabilities and especially the hearing impaired. The IHS/CAO posts the videos on the California Area webpage as a resource for all tribal and urban Indian healthcare providers and their patients with disabilities.



Indian Health Service/California Area Office  
650 Capitol Mall, Suite 7-100  
Sacramento, CA 95814-4706  
(916) 930-3927

<http://www.ihs.gov/California/>

