



# 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

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

### **Budget Formulation**

California tribal government officials met on December 14 for an IHS tribal consultation on IHS budget formulation, and to set health priorities for the FY 2014 appropriation. Using televideo conferencing technology, 21 tribal government leaders participated at the Moss Federal Building in Sacramento and from these five remote satellite locations:

- IHS OEH&E Redding Field Office
- Indian Health Council, Inc. (Valley Center)
- Lake County Tribal Health Consortium (Lakeport)
- Toiyabe Indian Health Project (Bishop)
- United Indian Health Services, Inc. (Arcata)



Stacy Dixon, Tribal Chairman for Susanville Indian Rancheria, and California Area Rep. to the IHS Budget Formulation Team, speaks to tribal leaders at the California Area Office as well as to televideo conference participants at five locations in northern and southern California

IHS/CAO staff described the Contract Health Services (CHS) Program, the recent Government Accountability Office investigation and findings on CHS, and current assessments of unmet need. Reports on data (clinic) performance under the Government Performance and Results Act (GPRA) and from the Office of Environmental Health and Engineering set the stage for budget formulation discussions.

### **Santa Rosa Rancheria (Lemoore)**

The IHS/CAO is completing design and tribal solicitation for a \$1.3 million water and sewer system improvement project. The project will construct 9,000 lineal feet of water main, two sewage lift stations, and will provide improved services to 800 tribal members.

### **Campo Band of Mission Indians**

The IHS/CAO completed pre-final inspection of the Campo uranium treatment facilities. It consists of 5,000 feet of water main, pump house, and treatment equipment to remove contaminants using an anion exchange resin. The total cost was \$875,000 and the improvements ensure safe and reliable drinking water to 145 tribal members.

### **Yurok Tribe (Klamath)**

The IHS, EPA, and ARRA funded multiple projects that allowed for the installation of three remote tribal community water systems that derive their water supply from creek intakes. These projects utilized innovative solutions for sites that are off the electrical power grid. The Yurok Tribe is now in compliance with EPA reporting requirements for surface water systems. Monitoring this information also reduces the risk of public health threats for over 200 tribal members.

### **Tule River Reservation**

The Tule River tribal construction crew continues to install large diameter sewer main and manhole facilities for the sewer collection system project valued at \$5 million. The project's greatest challenge is installation of sewer main in 14-foot deep subsurface rock conditions. The Tribe has installed 12,000 lineal feet of sewer main and 55 manholes that will serve 350 tribal members.

### **Coyote Valley Reservation**

The IHS/CAO initiated a collaborative project between the Coyote Valley Tribe, Consolidated Tribal Health Project, and the town community of Calpella that would mitigate the health and environmental threats caused by their failed community wastewater systems. This multi-million dollar project will serve the healthcare clinic (currently undergoing expansion), small businesses, and all tribal homes. Raw sewage would flow to an upgraded wastewater treatment facility operated by the Calpella Water/Wastewater District.

### **Institutional Environmental Health**

The IHS/CAO finalized a plan to evaluate employee and patient exposure to nitrous oxide in healthcare facilities. Acute and/or chronic exposure to nitrous oxide is a health risk to employees and patients, resulting in dizziness, difficulty breathing, headache, nausea, and fatigue. There is evidence that over-exposure can also affect reproductive health and body muscle/tissue. The goal of this project is to evaluate all aspects of nitrous oxide use, provide recommendations, technical assistance, training programs,

engineering controls, and safety policies. Participation in this project is voluntary and available to all tribal healthcare facilities in California.

### **Operation and Maintenance (O&M)**

The IHS/CAO provided a water treatment certification course for nine tribal utility operators in Ukiah November 15-17. The course was designed to enhance the O&M capabilities of tribes, maintain sage water supplies, and protect public health. Two course participants were certified as water system operators by the State of California, Department of Health Services.

### **Injury Prevention**

The IHS/CAO provides technical assistance and oversight to four tribal injury prevention grant recipients, funded by the IHS Tribal Injury Prevention Cooperative Agreement Program. These interventions and activities are considered "best practices" in the field of injury prevention:

- California Rural Indian Health Board, Inc. met with cities, counties, and tribal health programs to established injury prevention partnerships
- Tule River Tribe distributed 200 child safety seats to tribal members at safety seat check points on the Tule River Indian Reservation
- Indian Health Council, Inc. distributed more than 40 bicycle helmets at two bicycle rodeos at the Pala Youth Center in Pala and on the San Pasqual Indian Reservation
- Greenville Rancheria Tribal Health Program assessed 24 homes for elder fall injury risks

## *To reform the IHS...*

### **Implementation of ICD-10-CM**

The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (known as "ICD-10-CM") is a medical classification list for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury of diseases, as published by the World Health Organization (WHO). ICD-10-CM is already used in almost every country in the world, except the United States. The IHS and tribal/urban Indian healthcare programs still rely on ICD-9-CM. The conversion towards ICD-10-CM from ICD-9-CM allows for better analysis of disease patterns and treatment outcomes. These same details will make the initial patient claim easier for third party payers to understand and reimburse. Many improvements have been made to coding in ICD-10-CM. For example, a single code can report a disease and its current manifestation. ICD-10-CM will affect information technology and software.

The IHS/CAO has convened a multi-disciplinary team to implement ICD-10-CM at tribal and urban Indian healthcare programs. The CAO ICD-10-CM Implementation Team, in collaboration with the California Rural Indian Health Board, will



conduct trainings that will help healthcare program staff transition to ICD-10-CM.

### **Data Security**

The IHS/CAO is enhancing the security of the data that we host and store for tribal and urban Indian healthcare programs. The core of this effort is the implementation of "Continuous Monitoring," a new set of operating procedures that allow us to protect and respond to threats and intrusions with much more agility. Working with the IHS security team at the national level, CAO has implemented a robust patching system that protects against malicious codes and operating system misconfigurations. At the national level, intrusion detection allows for real-time response to network threats.

### **Federal Employees Health Benefits (FEHB)**

The U.S. Office of Personnel Management announced that Indian tribes, tribal organizations, and urban Indian organizations may purchase FEHB coverage for their employees beginning in Spring of 2012. The earliest effective date of coverage for these employees is May 1, 2012. Tribes, tribal organizations, and urban Indian organizations may also purchase FEHB coverage effective after this date.

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

### **Youth Regional Treatment Centers (YRTCs)**

On October 28, 2011, Deganawidah-Quetzalcoatl University (D-QU), California's only Tribal university, agreed to revert 12 acres in Yolo County to the Federal government, on which the IHS/CAO will establish the northern California YRTC. D-QU's agreement to revert 12 acres to the Federal government successfully concluded 9 months of negotiations between IHS/CAO and D-QU. D-QU submitted a letter to the General Services Administration (GSA) requesting that 12 of the approximately 320 acres it holds in trust are returned to the Federal government. Pursuant to the Federal Property Transfer Act, IHS/CAO will pay fair-market value for the 12 acres. GSA will transfer the funds directly from IHS to the U.S. Treasury, and then transfer the 12 acres to IHS. IHS/CAO could own the 12-acre site in FY 2012.

In October 2011, IHS/CAO concluded 2 years of due diligence on the future site of the southern California YRTC in Riverside County (Taylor Ranch). After IHS purchases Taylor Ranch, IHS/CAO will conduct a Tribal event to dedicate the land for the new YRTC. IHS/CAO will begin to design the southern California YRTC in FY 2012.

On December 23, the President signed the final FY 2012 appropriation bill into law, authorizing \$2 million specifically for design and site grading of the southern California YRTC. The total budget for design and construction of the two YRTCs is approximately \$39 million. Design and construction of the YRTCs could be completed 18-24 months after approval of funding.

### **Improving Patient Care (IPC) Initiative Virtual Learning Session**

The IHS/CAO hosted the Improving Patient Care (IPC) Virtual Learning Session #4 on October 25-27 in Sacramento. Three of the four California IPC 3 sites [Riverside/San Bernardino County Indian Health (Banning), Lassen Indian Health (Susanville), and K'ima:w Medical Center (Hoopa)] attended this event. Healthcare providers reported that attending the learning session together in Sacramento permitted better collaboration with the other programs. It also accelerated improvements in the "learn all, teach all" environment. Healthcare program staff were able to recognize their strengths and provide innovative ideas to each other. The CAO Improvement Support Team was present to coach as needed.



Riverside/San Bernardino County Indian Health Improvement Team

### **Maintenance & Improvement**

These maintenance & improvement projects are currently underway:

- Karuk Tribe solicited vendors to provide a new/replacement modular clinic in Orleans
- Santa Ynez Tribal Health Program purchased an existing building for a behavioral health clinic. Opening of the clinic is pending renovation work
- Toiyabe Indian Health Project, Inc. is renovating and converting the vacated dialysis center into administrative space
- Northern Valley Indian Health, Inc. moved into their new dental clinic in Red Bluff and completed a clinic expansion in Chico
- Greenville Rancheria Tribal Health Program purchased a new dental clinic in Red Bluff and renovation is expected to be completed in May 2012
- Quartz Valley Tribal Health Program is completing improvements to their building ventilation system and installing a new emergency generator
- Hoopa Valley Tribe has a new Emergency Medical Services building. Construction of a new ambulance port is scheduled for completion by March 2012
- Consolidated Tribal Health Project, Inc. is planning a phased expansion of the health center
- Feather River Tribal Health purchased a building in Yuba City to provide medical services. Renovation is on-going and should be completed by July 2012
- Central Valley Indian Health, Inc. designed a replacement health facility and construction will begin in April 2012

### **Training for Healthcare Program Staff**

The IHS/CAO sponsored four workshops regarding medical billing/coding and the RPMS Immunization Package at the Moss Federal Building in Sacramento:

- Intermediate/Advanced Medical Billing and Coding Workshop for 18 tribal participants on October 25-27
- RPMS Immunization Package for 1 urban health program and 7 tribal participants on November 8
- Basic Medical Billing and Coding Workshop for 4 urban Indian healthcare programs and 18 tribal participants on December 1
- Intermediate/Advanced Medical Billings and Coding workshop for 4 urban Indian healthcare programs and 20 tribal participants on December 13-15

### **Health Facilities Surveys and Audits**

The IHS/CAO completed the investigation phase of the California Area-Wide Health Facilities Condition Surveys and Energy Audits. This included 29 healthcare programs with 107 buildings. Final reports will be published in January 2012.

## Meaningful Use (MU)

The CAO, in partnership with the State of California, the American Indian/Alaska Native (AI/AN) National Regional Extension Center (REC) and healthcare program leadership, prequalified tribal healthcare programs for the state Medicaid EHR Financial Incentive program. The CAO also led the effort to register California tribal and urban healthcare programs with the AI/AN National REC. The CAO provides technical assistance to program staff in their MU efforts, and frequently offers MU training opportunities.

## Digital Storytelling

In October, the IHS/CAO hosted a three-day Digital Storytelling workshop at the San Diego American Indian Health Center for seven tribal healthcare program staff. Digital Storytelling is a low-cost way to promote social change and action by sharing first-person narrative combined with digital media. The workshop trained participants on combining storytelling with modern-day technology. All participants were invited to share their stories on the Voices of Native Community website, where stories from similar workshops around the country are shared. This was the eighth Digital Storytelling workshop hosted by the IHS/CAO.

During the 26th Annual California Indian Conference on October 28, Northern Valley Indian Health hosted a session titled “Story Medicine: It Is When We Tell Our Story That the Healing Begins”. The session highlighted 24 digital stories created by local California Indian natives. Each of the 2-3 minute videos covered a range of contemporary topics important to California Indians, including personal growth, recovery, health, and the importance of family and cultural preservation.

## IPC/GPRA Site Visit to Sonoma County Indian Health

The IHS/CAO has been focused on providing technical assistance to California tribal and urban Indian healthcare programs and promoting their eventual participation in IPC. On December 9, a team from the Office of Public Health made a four-hour presentation to the Sonoma County Indian Health Project, Inc. (SCIHP) during their annual All Staff Meeting. There were

approximately 150 staff and health board members present, who learned about IPC and the tools to transform their healthcare system. Interaction and participation by SCIHP staff and board made this visit valuable and enjoyable. The IHS/CAO also reviewed individual healthcare program GPRA performance as a benchmark of the quality of healthcare.

## Improving GPRA Clinic Performance

The IHS/CAO GPRA team hosted two national WebEx trainings to improve clinic performance on the Pap Screening GPRA measure and the quality of healthcare at tribal and urban Indian healthcare programs. The WebEx series covered these topics:

- Epidemiology of cervical cancer in Indian country
- Guidelines for cervical cancer screening in adults and adolescents
- Benefits and risks of HPV vaccine and HPV DNA testing

These presentations are available to view here:

<http://www.ihs.gov/california/Universal/PageMain.cfm?p=623>.

The IHS/CAO GPRA Team hosted “open office hours” on October 28 and November 18 for healthcare program staff to ask questions, share concerns with the Team, and share best practices with other healthcare program staff about immunizations. As a result of the November 18 “office hours”, four strategies were distributed via email to California GPRA Coordinators to improve both adult and childhood vaccination rates.

On December 16, the IHS/CAO GPRA team met virtually with California GPRA Coordinators to discuss 2011 GPRA results and performance improvement activities. Based on the number of conference phone lines in use, an estimated 23 tribal and urban Indian healthcare programs participated on this call. The WebEx featured a presentation by Merin McCabe from American Indian Health & Services Corporation (Santa Barbara) who described the methods that her healthcare program uses to meet GPRA targets, such as cleaning taxonomies, running reports, recalling patients, preparing for patient visits, and rewarding providers.

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

### FY 2011 Close Out of Financial Operations

The IHS/CAO successfully closed out financial operations for FY 2011. An all-inclusive annual report—currently under development—will include FY 2011 financial summaries. We look forward to sharing this annual report with the California Tribes.



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