

JANUARY—MARCH, 2012

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE



Quarterly *highlights*

The California Area Office (CAO) reports its accomplishments during the second quarter of FY 2012, 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

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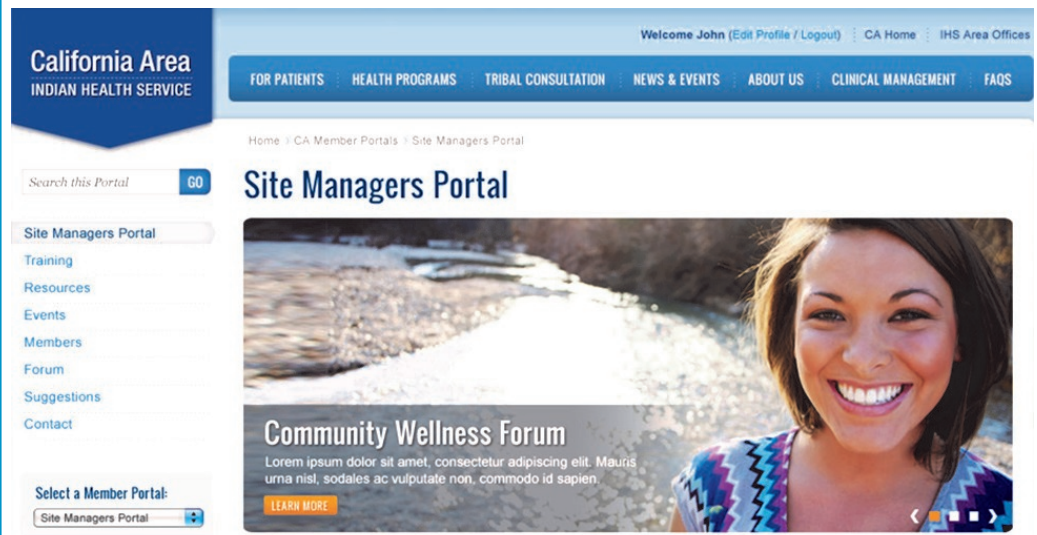
To renew and strengthen our partnership with tribes...

IHS/CAO Website Portal System

The IHS/CAO is always looking for ways to improve customer service, and technology is our best tool. The IHS/CAO is currently developing a “portal” that will launch from the upcoming remodeled IHS/CAO website. A portal is a website that functions as a point of access to comprehensive information. This portal provides a way for IHS clinical and technical experts to reach out to tribal government officials and tribal and urban Indian healthcare staff. This portal system will allow subject matter experts from various disciplines to meet and exchange information. There will be a special portal with information for tribal government officials. The following features will also be included in the portal:

- Contact information for all portal members (subject matter experts)
- Frequently asked questions
- Knowledge (data) base sections
- Easy one-stop access to documents and forms
- On-line meeting capabilities
- On-line training modules

The first portal to be launched will be the IHS/CAO RPMS Site Managers’ Portal. Using the RPMS Site Managers’ portal as a model, the IHS/CAO will be create future portals for various clinical disciplines such as behavioral health, dental, nursing, and diabetes. We look forward to the launch of the IHS/CAO website portal system in June 2012.



IHS/CAO RPMS Site Managers Portal homepage

Uranium Water Treatment System for Campo Band of Mission Indians

On March 23, the Campo Band of Mission Indians held a dedication ceremony for a new water treatment plant to remove uranium and iron from drinking water supplies served by the Old Campo Community. Construction of the uranium water treatment plan was funded by the Indian Health Service and the Environmental Protection Agency (EPA) under the American Recovery & Reinvestment Act of 2009.



Margo Kerrigan, IHS/CAO Director, joined the dedication ceremony and explained the health impact and benefit of removing uranium from the drinking water system. Negative health effects from ingesting uranium in drinking water include chemical damage to the kidneys, and exposure to uranium over a long period of time may increase the risk of cancer. Most people will not have any symptoms and the effects are reversible once the consumption of excess uranium stops. Twenty-nine existing Indian homes are connected to Old Campo Water System.

Jonathan Rash, Escondido District Engineer, offered instructions on the operation of the treatment plant at the dedication ceremony. Results to date show consistent removal of uranium below the detection level of 2 ug/L.

Health and Safety Facility Surveys

The Division of Health Facilities Engineering partnered with the Division of Environmental Health Services to provide health and safety facility surveys to the Chico clinics of Northern Valley Indian Health and Santa Ynez Tribal Health Program. This collaborative effort enhances the review process by providing both environmental health and engineering expertise. The safety

surveys also provide the tribal healthcare programs with a better understanding of available IHS/CAO resources and improves our working relationship.

Healthcare Facilities Construction Projects

The following healthcare facility construction projects were ongoing during the second quarter of FY 2012:

- Karuk Tribe solicited for vendors to provide a new/replacement modular constructed clinic at Orleans
- Chapa-De Indian Health Program, Inc. contracted with a consultant to evaluate building deficiencies (i.e. window and roof leaks at their Auburn clinic)
- Santa Ynez Tribal Health Program purchased a building for a behavioral health clinic, which is pending renovation work
- Toiyabe Indian Health Project, Inc. renovated the vacated dialysis center into administrative space in Bishop
- Greenville Rancheria Tribal Health Program purchased a new dental clinic in Red Bluff and expects to open in May
- Quartz Valley Tribal Health Program is in the design phase for improvements to their building ventilation system and a new backup generator
- Consolidated Tribal Health Project, Inc. is in the planning stages for a phased expansion construction project in Ukiah
- Feather River Tribal Health, Inc. purchased a building in Yuba City to provide medical services, and it will be renovated this summer
- Central Valley Indian Health, Inc. in Clovis designed a replacement clinic, with construction to begin in the spring
- All ARRA construction projects and equipment purchases have been completed

Epidemiology

The Division of Environmental Health Services (DEHS) staff received notification of a laboratory confirmed case of Legionnaires with possible origination at a facility in a tribal community. Following notification, the CAO immediately offered technical assistance to the facility manager to ensure that the facility's Legionella risk reduction plan was adequate and still in place. At this time, the DEHS awaits request for assistance from the tribal facility operator for further investigation. Of note, this case-patient could have been exposed to Legionnaires elsewhere. This investigation is ongoing.

To reform the IHS...

IHS Jobs Website

The IHS Jobs Website is a great recruitment tool for IHS, tribal, and urban Indian healthcare programs seeking qualified applicants to these job vacancies. The recently revamped IHS Jobs website is up and running at full speed. When a Tribe decides to fully contract for its recruitment services (line item #124 previously provided by IHS) under the Indian Self-Determination & Education Assistance Act (ISDEAA), the tribal healthcare program no longer is able to use the IHS Jobs website as IHS has no responsibility to provide recruitment assistance associated with those funds. The bottom line is, if a Tribe wants to use the IHS Jobs website for recruiting purposes, they must have left their line item #124 shares with IHS, or enter into a buy-back agreement. For further information on this, please contact Travis Coleman at travis.coleman@ihs.gov or (916) 930-3981 X319, or Jeanne Smith at jeanne.smith@ihs.gov or (916) 930-3981 X335.

To reform the IHS...(cont'd)



International Statistical Classification of Diseases, 10th Revision (ICD-10)

The Department of Health and Human Services (HHS) recently announced intent to delay the ICD-10 compliance date for certain healthcare entities, and will announce a new compliance date. The ICD-10 National Team and the IHS/CAO continues towards a goal of California tribal and urban Indian healthcare programs being 100% compliant by October 1, 2013. The IHS/CAO is completing Phase 1 (October 2011—May 2012) of the ICD-10 implementation process through ICD-10 awareness, impact assessment, training plans, and RPMS preparedness.

Environmental Health Staff Exchange with Canada

The IHS/CAO Division of Environmental Health Services (DEHS) participated in an environmental health staff exchange with Health Canada's First Nations, Inuit, and Aboriginal Health Branch on February 27 - March 9. Andrea Germann is an Environmental Health Specialist who provides environmental health services to the First Nations people in Edmonton, Alberta, Canada. During the staff exchange, Ms. Germann worked with IHS/CAO DEHS staff and conducted food service surveys, community institutional environmental health surveys, solid waste assessments, and community water system surveys. All staff involved in the exchange appreciated the professional dialogue and sharing of knowledge in the field of environmental health. The DEHS especially appreciated having a short-term employee with an external perspective on the delivery of environmental health services in native communities. Though the exchange has ended, DEHS staff continue to correspond with Ms. Germann to maintain relationships that benefit tribal communities.

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

Youth Regional Treatment Center (YRTC) Update

The IHS/CAO is completing its due diligence prior to purchasing the site for the northern California YRTC, 12 acres near D-Q University in Yolo County. Pending the results of a recent IHS feasibility study and cost analysis, IHS will purchase the 12-acre site. The General Services Administration (GSA), the current owner, appraised the site in March, and is offering it to IHS at the appraised, fair market value. GSA will transfer the purchase funds directly from IHS to the U.S. Treasury. If IHS purchases the 12-acre site in 2012, IHS could begin to design the northern California YRTC in FY 2013, pending Congressional appropriation and funds availability.

On March 9, the IHS/CAO conducted "Dedication of the Land" at the future site of the southern California YRTC in Riverside County. Traditionalist Annie Hamilton of the Mountain Cahuilla Band of Mission Indians led the ceremony. Bird singers, also from the Mountain Cahuilla Band, performed. Featured speakers included Robert Smith, Chairman of the Pala Band of Mission Indians; Johnny Hernandez of the Iipay Nation of Santa Ysabel; and, Margo Kerrigan, IHS//CAO Director. Approximately 50 tribal officials, tribal health program staff, and community members attended the dedication.

IHS has obligated \$1,996,800 to design the southern California YRTC. A team of engineers from IHS/CAO and Headquarters is reviewing several bids from architectural firms and will select a contractor by September 2012. The contractor will have eight months to complete the design.

Health Facilities Condition Surveys

The Division of Health Facilities Engineering completed all health facilities condition surveys and energy audits. This included 29

healthcare programs with 107 buildings. Final reports will be distributed in April. The reports will be reviewed with each tribal healthcare program to prioritize future maintenance and improvement projects.

GPRA Modernization Act of 2010

On January 4, 2011, President Obama signed Public Law 111-352, the GPRA Modernization Act of 2010 (GPRAMA), strengthening the Government Performance & Results Act of 1993 (GPRA). GPRA requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. Prior to the FY 2013 budget, each agency prepared a performance report which contained that agency's GPRA measures. The IHS will report on 22 clinical GPRA measures through 2012. Beginning in FY 2013, one performance plan and performance report will be created for all of HHS, which will include GPRAMA data for all agencies within the department. As a result, the IHS will report on six GPRAMA measures:

- Ideal Glycemic Control (A1c < 7.0)
- Childhood Immunizations (Age 19-35 Months)
- Depression Screening
- Comprehensive Cardiovascular Disease Assessment
- Accreditation
- Implement recommendations from Tribes annually to improve the Tribal consultation process

The remaining GPRA measures will continue by being classified as "budget measures" to be reported nationally in the IHS annual budget request. Budget measures will still be monitored quarterly and will have annual targets. Tribal healthcare programs are expected to continue to monitor all clinical measures and submit quarterly reports to the California Area Office.

Behavioral Health GPRA Challenge

In January, the IHS/CAO invited tribal and urban Indian healthcare programs to submit short proposals on how they were improving performance on the GPRA behavioral health (BH) screening measures. The three behavioral health screening measures include:

- Depression screening for all adults over the age of 18
- Alcohol screening for women ages 15-44 years old
- Domestic/Intimate Partner Violence screening for women ages 15-40 years old

As part of the IHS/CAO challenge, each tribal and urban Indian health program described local activity on how they would improve BH screening measures and implement 1-2 best practices such as universal screening and screening within medical and dental departments. Each clinic was required to appoint and provide the name of the GPRA Behavioral Health Coordinator. The behavioral health challenge was selected because screening rates within the California Area were significantly lower than other IHS areas. The GPRA depression screening rate for FY 2011 was 46% as compared to the national IHS rate of 56.5%. Eleven tribal and urban Indian healthcare programs submitted proposals. The programs will be awarded based on performance after the FY 2012 GPRA results are obtained.

Diabetes

The IHS/CAO offered an educational track for the California Special Diabetes Program for Indians (SDPI) grantees to become more successful at improving access and quality of care to their patients. The educational series included the following topics:

- Technology and Tools in the Clinic (e.g. Continuous Glucose Monitoring, Retinal Screening Techniques)
- Diabetes Case Management (e.g. managing registry of patients with diabetes, incorporating support staff in diabetes case management)
- Leadership (e.g. evaluating your program using the Assessment of Chronic Illness Care tool)
- Integrated Health Care/Patient-Centered Care (e.g. Imbedded Therapist Model in primary care, measuring data associated with patient care)

The annual Diabetes Care and Outcomes Audit year (January to December 2011) has ended. Now, technical assistance and training is continuously being offered to assist the California tribal and urban Indian healthcare programs to “clean up” their data in preparation to submit their data via the Web Audit, which is due May 1, 2012.

Digital Storytelling

Storytelling is an integral part of native tradition. Digital storytelling combines tradition with modern-day technology in a cost-effective way. On February 13-15, the IHS/CAO participated in a Digital Storytelling II workshop hosted by and held at United American Indian Involvement, Inc. (UAI), and facilitated by Healthy Native Communities Partnership. The Digital

Storytelling II workshop assisted participants in developing digital stories focusing on a program, project, or community. UAII graciously invited two tribal programs and two urban programs to participate in the workshop. On February 21-23, IHS/CAO facilitated a Digital Storytelling I workshop at Riverside/San Bernardino County Indian Health, Inc. The Digital Storytelling I workshop focused on first-person stories. The participants created seven digital stories and learned skills which can be used to promote social change and action. These workshops aim to build capacity within tribal and urban Indian healthcare programs to use digital storytelling to support community wellness.

Just Move It! Initiative

Tribal Leaders engaged in the Just Move It 2012 California Challenge during the Tribal Leaders’ Consultation with a Fun Run/Walk on March 7. Just Move It! Is an IHS wellness challenge for Indian country. The 2K noncompetitive event was made possible by Indian Health Council, Inc., and included 77 participants ranging in age from 8 to 70 years and an average age of 47 years. This annual wellness challenge strives to support tribal and urban programs’ physical activity initiatives, encourages sharing success stories on www.justmoveit.org, and supports the First Lady’s Let’s Move! Initiative (www.letsmove.gov).

Improving Patient Care Initiative

The Improving Patient Care (IPC) Initiative is a IHS-wide effort that will reduce health disparities among American Indians and Alaska Natives by 2015. The IHS/CAO conducted two site visits to non-IPC programs: Sonoma County Indian Health and Northern Valley Indian Health, Inc. The IHS/CAO interactively presented performance improvement strategies and introduced the IPC initiative to over 100 staff, including clinic leadership and health boards. The site visits were welcomed and rated as “overall beneficial”. The IHS/CAO actively participated in the California Area virtual site visits hosted by the National IPC Team. The two IPC virtual site visits were conducted with K’ima:w Medical Center (Hoopa) and Sacramento Native American Health Center, Inc. The IHS/CAO’s presence on the virtual site visit provided support to these IPC sites while providing vital input to the National IPC Team. In addition, the IHS/CAO expanded its Improvement Support Team to include individuals from within our Health Facilities Engineering office. This positions the IHS/CAO to assist tribal and urban Indian healthcare programs to optimize patient flow, communication, and teamwork.

Obesity Prevention

The IHS/CAO along with ten tribal and urban Indian healthcare program staff attended a one-day planning meeting in March focusing on obesity prevention. The California Division of the American Cancer Society hosted the event. They are meeting outcomes to assist in building their strategic plan aimed at addressing overweight and obesity in specific populations, including American Indians/Alaska Natives. Poor diet, obesity, and physical inactivity may be responsible for one of every three cancer deaths, which is just as many as those caused by tobacco use. This meeting and others that will take place throughout the

county will aid the American Cancer Society with meeting their national objective of decreasing the prevalence of overweight and obesity.

Electronic Health Record (EHR)

The following three tribal and urban Indian healthcare programs implemented and obtained end user training on the Resource and Patient Management System (RPMS) EHR:

- Toiyabe Indian Health Project, Inc. in Bishop
- Sacramento Native American Health Center, Inc.
- Sonoma County Indian Health

Lake County Tribal Health clinic in Lakeport installed EHR reminders on February 10. EHR reminders help clinic personnel focus on 14 GPRA indicators and care measures that count towards meaningful use of an EHR. The IHS/CAO is providing technical assistance to help clinics create workflows around each of the 14 GPRA indicators.

On March 12-16, the IHS/CAO collaborated with Southern Indian Health Council, Inc. (Alpine) to host a training course on the EHR Lab for Small Clinics Without a Laboratory Professional. Janna Morris and Pam Spaeth from the IHS Office of Information Management instructed on how to prepare/implement the bi-directional all bill lab interface, which was beta tested and first implemented at Southern Indian Health Council, Inc. Over the past three years, the IHS/CAO has been working with Southern Indian Health Council, Inc., Cimarron, and the IHS Office of Information Technology to complete the bi-directional all bill lab interface for Quest reference lab. This training included configuration of the lab package so it is ready for the bi-directional interface and how to use the interface. The following California tribal and urban Indian healthcare programs participated in the training:

- American Indian Health and Services Corporation (Santa Barbara)
- Santa Ynez Tribal Health Program
- San Diego American Indian Health Center
- United American Indian Involvement, Inc. (Los Angeles)

The IHS/CAO with the Regional Extension Center at the California Rural Indian Health Board co-hosted two trainings. On February 16, Amy Coapman, Clinical Applications Coordinator from Karuk Tribal Health, presented on “Clean Date” Setup Requirements in RPMS/EHR to ensure that order checks parameter settings are functioning properly. EHR order checks electronically review patient chart information to avoid adverse drug reactions due to allergies, drug to drug interactions, or age-related drug interactions. This is one of the most striking advantages to having an EHR. On March 15, Kaleb Clark, Clinical Applications Coordinator from Sacramento Native American Health Center, Inc., presented on tools to be used when sharing medical information from the RPMS/EHR. Meaningful Use guidelines require sharing medical information with patients and other medical organizations.

VistA Imaging

There are now ten California programs using VistA Imaging. The newest program to begin with VistA Imaging is Northern Valley Indian Health, Inc. where training was delivered in February 2012. Other new implementations include Round Valley Indian Health Center, Inc. and K’ima:w Medical Center; these sites received training in November 2011. Training was delivered and VistA Imaging was implemented at the Shingle Springs Tribal Health and Tuolumne Me-Wuk Indian Health Center during 2011. All of these programs are in addition to these five original programs who began using VistA Imaging during 2010:

- Feather River Tribal Health, Inc. in Oroville
- Lake County Tribal Health Consortium, Inc. in Lakeport
- Riverside/San Bernardino County Indian Health
- Santa Ynez Tribal Health Program
- Southern Indian Health Council, Inc. in Alpine

Meaningful Use

The California Meaningful Use (MU) team has been busy assisting California programs as they worked to complete state level attestations before the March 31, 2012 cut-off date. Attestation to the State of California is the final step required to qualify for the 2011 electronic health record financial incentive payment. The California MU team has also partnered with the National Indian Health Board (NIHB) Regional Extension Center (REC) in California to provide on-line webinars featuring tribal and urban Indian healthcare program staff addressing specific MU topics:

- Tim Bristol from Chapa-De Indian Health Program, Inc. presented “Setting the Clean Date”
- Amy Coapman from the Karuk Tribe presented “Using Performance Reports to Assess Progress Toward MU”
- Kaleb Clark from Sacramento Native American Health Center, Inc. presented “Third Party Security Software”.

Our team will miss Tim Campbell, CAO MU Consultant, who completed his assignment here in the IHS/CAO on March 30.

Training for Healthcare Program Staff

The IHS/CAO sponsored six RPMS package trainings at the Moss Federal Building in Sacramento:

- RPMS Immunization for six tribal participants on January 12
- EHR Essential Skills for Clinical Application Coordinators for ten tribal participants February 13-17
- RPMS Patient Registration for 14 tribal participants February 28-29
- RPMS Patient Care Component Data Entry I & II for five urban Indian healthcare program participants and nine tribal participants March 12-16
- Public Health Nursing RPMS Informatics for five tribal participants and two IHS participants on March 20-23
- RPMS Basic Third Party Billing and Accounts Receivable for six urban Indian healthcare program participants, eleven tribal participants, and three IHS participants on March 27-29

WebEx Trainings to Improve GPRA Clinic Performance

The IHS/CAO GPRA team hosted two national WebEx training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs in California:

- Hospitals and clinics who met all 19 GPRA measures in 2011

presented their best practices to an estimated 148 tribal and urban Indian healthcare providers on February 8

- Megan Powers, Clinical Reporting System (CRS) Lead, provided step-by-step demonstrations of CRS to an estimated 117 tribal and urban Indian healthcare providers on March 14

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

Division of Environmental Health Services (DEHS) Program Review

The DEHS participated in a program review on February 14-16. The review was conducted by CAPT Kelly Taylor, DEHS Director, IHS/Headquarters and CDR Celeste Davis, DEHS Director, IHS/Portland Area Office. The purpose of the review was to evaluate the capacity of the environmental health program in performing the Ten Essential Environmental Health Services. Of note, one tribal health program manager verbally communicated to the review team their appreciation for the high level of environmental health services provided by the program. Initial feedback from the review team was also positive. The final report from this program review is pending.

Budget Formulation for FY 2014

Tribal consultation with tribal governments is the foundation of the IHS budget formulation process. The IHS budget formulation forum for FY 2014 began with tribal consultation held on December 14 at the Moss Federal Building in Sacramento. The following priorities were recommended by the tribes:

- Northern and Southern Youth Regional Treatment Center (YRTC).** The YRTCs will provide culturally appropriate chemical dependence treatment services to American Indian/Alaska Native (AI/AN) youth ages 11-17. The IHS recently purchased the Taylor Ranch property in Riverside County for the Southern YRTC in October 2011, thus beginning the design phase. Currently, California tribal and urban Indian healthcare programs must refer Indian youth out of state for treatment. These will be the first IHS facilities to be constructed in California since the IHS was transferred to the U.S. Public Health Service in 1955.
- Contract Health Services.** The contract health services funds are used to supplement and complement other health care resources available to eligible AI/AN and include hospital care, physician services, outpatient care, laboratory, dental, radiology, pharmacy, and transportation services. This health priority was ranked tenth in importance for FY 2012.
- Indian Health Care Improvement Fund.** The Indian Health Care Improvement Fund (IHCIF) measures the resources needed by health care programs by calculating the level of need percentage relative to health insurance costs and compared to the federal Employees Health Benefits Program (FEHB). If Congress appropriates additional funding for the IHCIF, funding is increased for programs with the greatest unmet needs.
- Behavioral Health.** This health priority includes prevention of substance abuse, suicide, domestic/intimate partner violence, and depression. This priority was ranked third in importance for FY 2011-2012 and fourth in importance for FY 2008-2010.
- Health Facilities Construction Priority System Area Distribution.** The Health Facilities Construction Priority System evaluates healthcare facilities' construction needs and prioritizes recent construction projects for funding. These resources are for facilities that are in need of maintenance, modernization, or expansion to accommodate equipment and around rapidly changing health care delivery protocols.



CDR Paul Frazier, Staff Engineer, with CAPT Richard Wermers, Director of Health Facilities Engineering, and Vinay Behl, Chief Financial Officer

After the budget formulation tribal consultation in Sacramento, IHS Headquarters convened a national budget formulation meeting for all IHS areas to agree on a set of overall budget health priorities. On January 25-26, 2012, the budget formulation work group members presented tribal testimony on national budget recommendations and concerns to the HHS Secretary. California tribal government officials met on March 7-8 for the 2012 IHS/CAO Annual Tribal Consultation. On March 7, Liz Fowler, Director, Office of Finance and Accounting presented a 2012 Budget Update and the 2013 President's Budget. According to the FY 2014 budget formulation timeline, the next step is the formulation of rules-based budgets. IHS will develop its budget request per guidance from the President's Office of Management and Budget in May.



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