

July—September, 2012

Indian Health Service/California Area Office



Quarterly

highlights

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

La Jolla Reservation Western Well Integration Project

The final inspection for the La Jolla Reservation Western Well Integration Project was held on August 22. The project replaced an existing wood framed pump house with a new fire resistant concrete block building and installed 1,600 feet of water main, 2,000 feet of buried electrical cable, a backup generator, new pump controls for existing wells, and integrated the new pump controls into a previously installed Master Control Panel. The new water main connects the two wells to the treatment building and replaces an old pipe which experienced constant breaks. To ease the operation of the water system, the pump controls for all three drinking water wells are now centrally located at the main treatment building. The generator is equipped with an automatic transfer switch which provides a source of electricity to all three wells and the treatment building in the event of loss of local electrical power. The cost of the project was \$239,985 and now serves 75 homes located on the Western Water System on the La Jolla Indian Reservation with safe drinking water.

Obesity Prevention with American Cancer Society

IHS/CAO collaborated with the American Cancer Society (ACS) California Division to support their Obesity Prevention in Diverse Communities project, by assisting with a planning meeting on August 22. This project stems from the significant association between obesity and some cancers. Poor diet, obesity, and physical inactivity are possibly responsible for one of every three cancer deaths, just as many as those caused by tobacco use. UC Davis Medical Center hosted the August planning meeting for 17 individuals representing tribal and urban Indian healthcare programs, social advocacy groups, government and non-profit organizations, and university partners. The recommendations will help to build strategic plans to address overweight and obesity in the American Indian/Alaska Natives (AI/ANs) living in California. The findings will also help ACS establish an AI/AN Community Advisory Team, which was suggested during a March workgroup session.

IHS National Combined Councils Meeting

The IHS/CAO Nurse Consultant served as co-leader for the planning and facilitation of the IHS-sponsored 2 1/2 day National Combined Councils (NCC) Meeting held July 10-12 in Rockville, Maryland. This meeting was held to integrate interdisciplinary national council work around the following five areas identified by the IHS Director: recruitment and retention, workforce development, quality and accreditation, prescription drug abuse, and contract health services. Over the course of the first two meeting days, each council met individually as well as in cross-council work, in order to identify plans with goals, expected outcomes, and timelines. On the third day, the NCC membership came together to present and receive feedback from IHS Combined Councils members and IHS Director on proposed workgroup plans. The IHS Director announced at this meeting that two NCC Meetings will be held in FY 2013; one in January that offers accredited continuing education and one in July to continue the cross-council work begun at the July 2012 session.

To reform the IHS...

Operation and Maintenance Inventory Initiative

During the past year, the Escondido District Office (EDO) implemented an initiative to conduct a complete inventory of all Tribes' water wells, well controls, treatment buildings, water storage tanks, and distribution systems. The purpose of this initiative is to increase the sustainability of tribal drinking water systems to ensure the protection of public health, the federal investment, water quality, and sustainable communities. This data is uploaded and stored within the Operation and Maintenance Data System section of the web-based data program, Sanitation Tracking and Reporting System (STARS).

The EDO developed a comprehensive and user-friendly form to aid in the process of data collection. The form breaks down the water system into small detailed portions and guides the engineer through the process. For example, it notes the make and model of every well pump within the system and the year it was installed. To date, the EDO has gathered and uploaded data from 50% of the tribal water systems located within the Escondido District.

Environmental Health Services Hosts Annual Workshop

On September 24-28, the Office of Environmental Health and Engineering (OEHE) held its annual workshop in Sacramento. Approximately 18 professional engineers, five environmental health specialists, and 17 administrative/support staff from the DEHS, Health Facilities Engineering, and Sanitation Facilities Construction Programs attended the workshop at the CAO. The workshop was also attended by Mr. Gary Hartz, Director of the IHS OEHE. Meeting highlights included program updates by staff; program staff meetings to enhance services to tribes, and activities that focused on improving program communication and teamwork.

In addition, the DEHS staff held a strategic planning session. The purpose of the workshop was to formulate 1-3 strategic initiatives that staff could focus on over the next 12 months to further improve environmental health services for California tribes. Strategic initiatives were developed to re-establish the overall priorities of the environmental health services program, enhance the food safety program, and improve partnerships at the federal, state, and local levels. The DEHS staff will carry out these strategic initiatives in the next in FY 2013.



Front row (L to R): Gary Hartz, OEHE Director, IHS and Ed Fluette, OEHE Associate Director, IHS/CAO
Back row (L to R): IHS/CAO DEHS Staff—Lisa Nakagawa, Gordon Tsatoke, Martin Smith, Brian Lewelling, and Charles Craig

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

Youth Regional Treatment Centers (YRTC) Update

In September 2012, IHS/CAO submitted its format request to IHS Headquarters to purchase the site for the northern California YRTC (12 acres near D-Q University in Yolo County). The General Services Administration (GSA) has accepted the property back into Federal inventory, and has offered it to IHS for purchase. In August, IHS/CAO completed its pre-purchase due diligence, and the Area Director has determined it is feasible to build the YRTC on the site. IHS Headquarters is reviewing IHS/CAO's request to purchase the site, and if approved, IHS could begin to design the northern YRTC in FY 2013, pending available funds.

In October 2012, an architectural contractor began to design the southern California YRTC. The contractor will have 8 months to complete the design. IHS/CAO is also designing the clinical model for the YRTCs program. IHS/CAO staff will collaborate with IHS/HQ and the contractor to ensure that the physical space is consistent with clinical model.

Congress has yet to authorized funding for IHS to construct the southern YRTC and to design and construct the northern YRTC. The total IHS budget to design and construct the California YRTCs is approximately \$37.5 million. So far, Congress has authorized IHS to spend \$4.7 million. Therefore, to complete the facilities, IHS needs a Congressional appropriation for an additional \$32.8 million.

Contract Health Services (CHS) Training

The IHS/CAO provided CHS training to 43 tribal healthcare program staff on August 13-15 in Sacramento. The agenda topics included CHS staff core competencies and roles & responsibilities, opportunities for improved communication and training for external CHS vendors, customer service, Catastrophic Health Emergency Fund, Medicare-like Rates, and CHS claims processing. Representatives from the Bureau of Indian Affairs presented information on the Certificate of Degree of Indian Blood application process and the Statement of Descent document issued to the unaffiliated California Indians. The training facilitated open discussion to encourage participants to share best practices, challenges, and lessons learned.

Digital Storytelling

The use of digital storytelling continues to expand in the California Area, assisting tribal and urban Indian healthcare programs and their patients with telling their stories. These digital stories combine traditional storytelling with modern-day video technology in an effective, low cost manner. The facilitation process was developed by Healthy Native Communities Partnership and supports a "community up" approach to wellness. These workshops teach new skills, support effective teamwork, nurture networking, and promote community to take action around positive change.

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

The digital storytelling workshops engages the community and strengthens the storyteller's and audience's individual commitment toward health and wellness. In July, IHS/CAO, in partnership with healthcare program staff, facilitated two digital storytelling workshops at Indian Health Center Santa Clara Valley and Fresno Native American Health Project. During the three-day workshops, 12 participants created their first digital stories. In July, Northern Valley Indian Health hosted a digital storytelling workshop. The community collaborative created five digital stories focusing on community-based participatory research and methods. In August, the Riverside/San Bernardino County Indian Health annual Healthy Heart Conference included a screening of 12 digital stories created by staff and community members. The stories focused on diabetes, personal health, heart health, family, and the next generation. In California, tribal and urban Indian healthcare programs are using digital storytelling as a forum to identify and confront health concerns faced by Indian communities.

Diabetes

The IHS/CAO provides ongoing technical assistance to the 35 California Area Community Directed Diabetes Programs. This quarter the Annual Diabetes Care and Outcomes Audit data was finalized. IHS/CAO Diabetes Audit represents data for over 6,000 AI/AN people in California. Although the number of total active patients with diabetes in California increased from 5,605 to 6,020 in FY 2012, a number of patients met improved on diabetes performance measures over FY 2011 audit results:

- 295 more patients have controlled glycemic levels ($A1c < 7.0\%$)
- 37 more patients have controlled blood pressure ($BP < 130/80$)
- 187 more patients received foot exams
- 124 more patients received eye exams
- 320 more patients have controlled LDL Cholesterol
- 488 more patients were screened for depression

IHS/CAO is focused on promoting patient/family centered care for the effective treatment of chronic illnesses, especially diabetes. United Indian Health Service in Arcata has maintained a large and bountiful community garden for several years. In season, a weekly farmer's market with recipes and samples brings community members together to share healthy foods.



Community garden maintained by United Indian Health Services in Arcata

Government Performance and Results Act (GPRA)

In FY 2012, California Area tribal healthcare programs improved on 15 of 19 measures compared to FY 2011 and met the national targets for 8 of 19 GPRA performance measures. The following measures experience the largest absolute percentage improvements:

<u>Measure</u>	<u>Improvement</u>
Prenatal HIV Screening	7.7%
Depression Screening	7.5%
Domestic/Intimate Partner Violence Screening	7.4%
Partner Violence Screening	
Alcohol Screening (Fetal Alcohol Syndrome Prevention)	5.5%
Tobacco Cessation	5.3%

In FY 2012, California Area urban Indian healthcare programs improved on 11 of 16 reported measures compared to FY 2011. The following measures experienced the largest absolute percentage improvements:

<u>Measure</u>	<u>Improvement</u>
Prenatal HIV Screening	20.6%
Childhood Immunizations	11.5%
Colorectal Cancer Screening	6.8%
Mammography Screening	6.2%
LDL Assessment	6.0%

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

- Announced and awarded the winners of the competitive performance-based challenge IHS/CAO designed and initiated at the beginning of 2012 to improve immunization rates. Six tribal healthcare programs successfully met or exceeded 2012 GPRA targets for childhood immunization rates and two tribal healthcare programs successfully met or exceeded 2012 GPRA targets for both adult influenza and pneumococcal immunization rates.
- Announced and awarded the winners of the competitive performance-based challenge IHS/CAO designed and initiated at the beginning of 2012 to improve clinical performance on three behavioral health screening measures. Eight programs submitted proposals identifying best practices they planned to implement and four tribal healthcare programs successfully increased 2012 GPRA behavioral health screening rates by 50% over 2011 GPRA results.

To assist California tribal and urban Indian healthcare programs with FY 2013 targets:

- Hosted an end-of-year webinar session on September 12 for all California tribal and urban Indian healthcare programs. Seventeen healthcare programs participated in the webinar to discuss final 2012 California Area GPRA results and CAO strategies for improving GPRA performance
- Hosted a webinar training session on August 13 featuring Dr. Robert Onders, Kodiak Area Native Association, encouraging a team-based approach to improving clinic performance and the quality of healthcare



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

Community Wellness and Nutrition

California Registered Dietitians (RDs) and Nutritionists serving tribal and urban Indian healthcare programs collaboratively shaped an August 21 meeting which provided continuing professional education, an opportunity to continue planning a potential collaborative project, networking, and program-to-program sharing. The participatory methods used for project planning necessitated this face-to-face meeting. The meeting supported the IHS Nutrition Program's goal to raise the nutritional health status of AI/ANs to the highest possible level.

Guidelines which describe medical nutrition therapy and nutrition counseling for a patient by an RD at a remote site are now being tested and evaluated. The IHS/CAO and the San Diego American Indian Health Center collaborated to create written guidelines and protocols for the delivery of telenutrition, and they were completed in April. When the test is completed in the spring of 2013, a final report will include a description of the results of the beta test, measurement of the benefits to the patient, assess the provider experience, evaluate the cost/value, and recommend ways to overcome barriers to wider implementation.



A group facilitated planning approach called "Strategies Workshop Process" or "Consensus Workshop Method" used during the RD and Nutritionists meeting on August 21

Nursing

The IHS/CAO Nurse Consultant represented the agency at a multidisciplinary stakeholders Immunization Collaboration meeting hosted by the California Department of Public Health Immunization Branch. The meeting resulted in an increased awareness of upcoming changes to significant program and funding legislation that will impact immunization programs in tribal and urban Indian healthcare programs in California.

The IHS/CAO convenes virtual meetings recurring monthly and open to all I/T/U nurses, to provide a venue for bi-directional exchange of information that is used to promote health literacy. Nursing policy prepares nurses across the Indian health system to carry out agency and department priorities that lead to improved patient outcomes.

At the invitation of the Director of the California Action Coalition, the IHS/CAO Nurse Consultant participated in a September 20 multidisciplinary stakeholders meeting to discuss partnering opportunities for improving healthcare for Californians. The California Action Coalition is tasked with the statewide implementation of the recommendations of the Institute of Medicine's Robert Wood Johnson Foundation's 2010 *Future of Nursing Report*. Twenty-five attendees representing various federal, state, local healthcare organizations, and academic institutions participated in the discussions with Dr. Susan Hassmiller of the Robert Wood Johnson Foundation during the half-day meeting.

Meaningful Use Incentives for the EHR

The next deadline for meaningful use reporting is here. Eligible providers who participated in the Medicaid Electronic Health Record (EHR) Financial Incentive program during 2011 must now demonstrate compliance with meaningful use measures. The last possible 90 day period for 2012 reporting began October 3. This data must be reported (and attested) by December 31 in order to qualify for Medicaid's year two payment.

E-prescribing is Coming to Your Indian Health Clinic!

All tribal and urban Indian healthcare clinics in California will implement e-prescribing within the next 12 months. This may have already taken place at your clinic. E-prescribing is a shift to a paperless system and a more informed way for your doctor to manage your medications.

Electronic prescribing, or e-prescribing, is the use of computer to improve the safety and efficiency of the prescribing process. Under an e-prescribing system, a care provider—such as a doctor or a nurse practitioner—uses a computer system to enter information about prescription medications that a patient needs, and then electronically transmits that data directly to the pharmacy computer.

Prescription drugs are a common part of medical treatment. Today, four out of five Americans who visit a doctor leave with a prescription. In 2007, more than 3.5 billion prescriptions were written, and that number expected to grow to more than 4 billion by 2012. Because of the high number of paper prescriptions, errors or other mistakes occur. Studies indicate that more than 1.5 million Americans are hurt each year by preventable medication errors. E-prescribing can lead to a reduction in medication errors and injuries, greater convenience for patients.

E-prescribing also makes it easier for your physician or nurse to access a complete list of your medications, and the technology alerts them to potential problems such as drug allergies or drug interactions.

The security and privacy of personal health information, whether electronic or on paper, is critically important. Concerns about privacy and security are legitimate, and the IHS takes them very seriously. E-prescribing complies with the federal and state privacy laws and HIPAA.

If you have questions about e-prescribing at your Indian healthcare program, please contact Steven Viramontes, PHN at 916-930-3981, extension 359 or e-mail steve.viramontes@ihs.gov.



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

The California Meaningful Use Team includes representatives from the IHS/CAO (Steve Viramontes and Marilyn Freeman) along with the National Indian Health Board (NIHB) Regional Extension Center—California (Tim Campbell, Rosario Arreola-Pro, and Amerita Hamlet). These individuals work together to provide professional and technological resources to California healthcare programs working to improve patient care through meaningful use of an EHR

Just Move It! 2012 California Wellness Challenge

The Just Move It California Challenge supports tribal and urban programs in their disease management or prevention efforts associated with chronic conditions impacted by inactive lifestyles. The IHS/CAO supported the 32 partnering California tribal and urban Indian healthcare Just Move It partners on efforts to encourage their communities to be more active. This annual wellness challenge aims to assist tribal and urban Indian healthcare program's physical activity initiatives and the national goal of getting 1 million indigenous people moving and sharing what works at the local level. Programs are encouraged to share success stories on <http://www.justmoveit.org>, which supports the First Lady's Let's Move! Initiative (<http://www.letsmove.gov>).

VistA Imaging

VistA Imaging is a software program that incorporates printed and electronic documents into the RPMS EHR. This program improves patient care by allowing patient health information more accessible to healthcare providers.

American Indian Health & Services began VistA Imaging during June 2012. It is the second California urban Indian healthcare program to implement VistA Imaging to San Diego American Indian Health Center. There are now twelve California clinics that use VistA Imaging:

- American Indian Health & Services Corp. in Santa Barbara
- Feather River Tribal Health, Inc. in Oroville
- K'ima:w Medical Center in Hoopa Valley
- Lake County Tribal Health Consortium, Inc. in Lakeport
- Northern Valley Indian Health, Inc. in Willows
- Riverside/San Bernardino County Indian Health in Banning
- Round Valley Indian Health Center, Inc. in Covelo
- San Diego American Indian Health Center
- Santa Ynez Tribal Health Program
- Shingle Springs Tribal Health Program in Placerville
- Southern Indian Health Council, Inc. in Alpine
- Tuolumne Me-Wuk Indian Health Center

The following five healthcare programs are expected to complete implementation of VistA Imaging during 2012:

- Consolidated Tribal Health Project, Inc. in Redwood Valley
- Lassen Indian Health Center in Susanville
- Sacramento Native American Health Center, Inc.
- Toiyabe Indian Health Project, Inc. in Bishop
- United American Indian Involvement, Inc. in Los Angeles

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

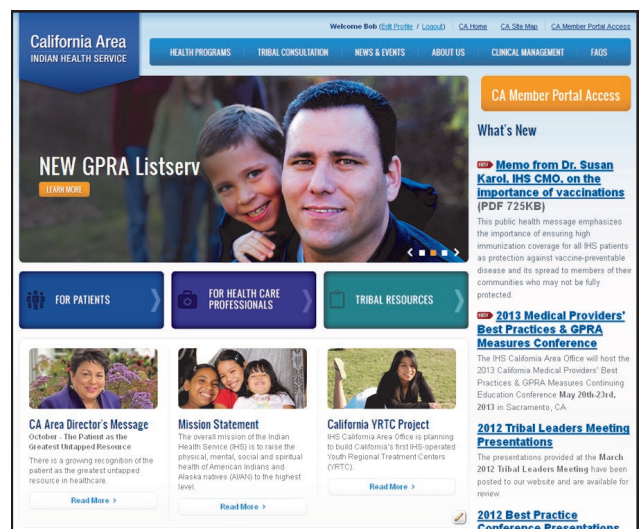
New IHS/CAO Website

The IHS/CAO is pleased to announce the launch of its website. This improvement represents not so much of a new look and feel as it does an entire rethinking of the IHS/CAO presence on the internet.

Navigation has been designed in such a way that accounts for the perspective of visitors to the site, whether they are patients or individuals searching for health information, medical providers, program directors, and tribal officials.

The new site features the dynamic presentation of new and relevant information, in such a way that keeps all the content on the pages current.

The IHS is committed to making our work accountable, transparent, fair and inclusive, and to providing premium customer service. To this end, CAO has developed the California Area Portal System, which launches from the new website. The hosted sub-portals are member access online communities that allow IHS experts to communicate directly with peers, customers, and stakeholders within their discipline or area of interest. Within the portal, members will have the ability to communicate through forums, access resources through a centralized repository, view training videos, communicate with IHS experts and other community members, and to elicit suggestions for the CAO staff to continue to improve.



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