



JULY—SEPTEMBER, 2013

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE



Quarterly

highlights

The California Area Office (CAO) reports its accomplishments during the fourth quarter of FY 2013, in alignment with the four 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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Dr. Roubideaux, IHS Director, and Margo Kerrigan, IHS/CAO Director, at Northern California Youth Regional Treatment Center Land Dedication, July 2013

To renew and strengthen our partnership with tribes...

Sanitation Facilities Construction

The IHS awarded the following construction contracts from July through September:

- IHS procurement contract awarded to Duke Sherwood Construction for the Colusa Community Sewer Improvements project for \$957,693
- Tribal procurement contract awarded to the Tule River Tribe for the Tule River Wastewater Treatment Plant project for \$2,964,382
- Tribal procurement contract awarded to ST Rhoades & Construction, Inc. for the Cold Springs Community Water System Improvements project for \$676,205
- Tribal Force Account Award awarded to Smith River Rancheria for the North Indian Road Sewer Connection for \$64,950
- Tribal procurement contract awarded to Solid Rock Construction Inc. for the Trinidad Water Improvements for \$257,990
- Tribal Procurement contract awarded to White Bear Construction for the Pit River - XL Rancheria Community water main extension project for \$82,900
- Tribal Procurement contract awarded to WWW Construction Inc. for the Susanville - Herlong water service tie-in project. IHS portion: \$296,900
- Awarded an Emergency well drilling contract to the Enterprise Rancheria, Kruze Well Drilling, \$19,000
- Tribal Procurement contract awarded to Roger Cook Construction for the Quartz Valley Shackleford Creek Water System distribution and tank for \$284,393
- Tribal Procurement contract to Heard Plumbing for the Fort Bidwell second Community Well Tie-in project and Emergency Watermain Repair for \$26,147
- Tribal Force Account Award to the Pit River Tribe for the XL Rancheria Community On-site Sewer Systems project for \$58,587
- Award an Emergency Tribal Procurement Contract to Northstate Electrical and Controls for lighting strike – Susanville for \$11,780

To renew and strengthen our partnership with tribes...cont'd.

Digital Storytelling

The IHS/CAO assists tribal and urban Indian healthcare programs and Indian communities build capacity to create digital stories and host digital storytelling workshops. The following digital storytelling activities occurred during the fourth quarter of FY 2013:

- In July, the Community Wellness Forum in Sacramento presented a screening of digital stories at an evening reception
- In August, Kima'w Medical Center (Hoopa) co-facilitated a workshop with Anav Tribal Health Clinic (Quartz Valley)
- In October, the California Indian Conference included a plenary session on digital storytelling which featured digital stories created by California tribal members

Digital stories are included as part of conference presentations, wellbriety events, breast cancer awareness events, and clinic-community and clinic-clinic hosted workshops.

To reform the IHS...

Affordable Care Act Update

The IHS/CAO places great emphasis on Affordable Care Act (ACA) activities. The IHS/CAO encourages and supports the use of the IHS ACA Business Plan Template. The key intent of this tool is to prepare tribal and urban Indian facilities with critical information needed for effective implementation of the ACA. These efforts go beyond widely accepted, internal clinic functions. It is also of paramount importance to clearly understand the implications of new rules and programs developed by the local community and governments at the county and state levels. As outlined in the Business Plan Template, this includes assessing the impact of Medicaid expansion and potential competitors. For example, a clinic facing considerable competition will need to consider developing a marketing plan in addition to improving basic patient care functions. It is also essential to identify and court potential partners as it may not be feasible to operate in the new environment without support from others. The potential impacts on revenue need to be monitored as well. IHS funding can only be used after other avenues have been exhausted. Fortunately, there are some new paths to explore that could serve to enhance revenues. These include Medicaid expansion and the possible enrollment of patients in the developing health insurance market places. Finally, it is critical to recognize that data reporting requirements continue to merit special attention. In the not-too-distant future, the need to objectively demonstrate quality of care will become increasingly important as competition becomes more intense. The future holds considerable promise. The IHS/CAO looks forward to working with tribal and urban Indian facilities as they venture into this new environment.

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

Diabetes Program Update

The IHS/CAO hosts training webinars every other month for California's 37 diabetes programs. During the third quarter of FY 2013, Victor Montori, MD, MSC, Professor of Medicine and Director of the Health Care Delivery Research Program, Mayo Clinic, presented shared decision-making approaches for patients living with chronic illnesses such as diabetes. He also explained how to utilize diabetes medication cards as a tool. The goal is to partner with patients to improve their health rather than to dictate their care.

The IHS/CAO reviewed the first two cycles of California Area Special Diabetes Program for Indians (SDPI) Community-Directed grants for FY2014. CAO staff participate in SDPI planning about upcoming diabetes trainings and relevant grant application materials. Jamie Sweet, RN is IHS/CAO's new diabetes contractor and will assist with SDPI grants.

Congratulations...

Operator of the Year

Donald James, operator of the Howonquet Community Water System at Smith River Rancheria, was selected as the first Inter Tribal Council of Arizona (ITCA) Tribal Water/Wastewater Operator of the Year in August 2013. The Smith River Rancheria's Natural Resources Department nominated him for his outstanding contributions to the operation, maintenance, and protection of the Rancheria's drinking water and wastewater systems.



Mr. James is the Tribe's Chief Plant Operator for both the tribal water system and the wastewater system. Mr. James continues to go over and above his assigned job duties and is an enthusiastic and dedicated employee. He is responsible not only for the daily operation of both facilities, but also responds to countless alarms at all hours of the day without complaint.

Mr. James is an ITCA-certified tribal wastewater collection operator 3 and wastewater treatment operator 2, as well as a State of California-certified water treatment level 3 and distribution level 2 operator. He is a Smith River Rancheria tribal member and is also involved in his tribal community as a voluntary firefighter and in tribal cultural committees that plan activities.

The IHS/CAO is preparing for the 2014 diabetes audit by reviewing RPMS and WebAudit reports and draft audit instructions. The National IHS Diabetes Audit Committee regularly solicits comments from CAO based on the quality of the Area's diabetes data.

Just Move It—2013 California Challenge

The 2013 Just Move It California Challenge supports tribal and urban Indian healthcare programs with prevention strategies that increase physical activity. The national goal is to have one million indigenous natives moving and sharing what works at the community level. To date, IHS/CAO has assisted over 28 California tribal and urban healthcare programs to implement Just Move. Partners share success stories at <http://www.justmoveit.org>, which supports the First Lady's Let's Move! Initiative (<http://www.letsmove.gov>).

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

Youth Regional Treatment Centers

Design development drawings and specifications were reviewed with the architect on July 2. Upon completion of the review, the architect was given the approval to start the construction drawing, the last phase of designing the southern youth regional treatment center. A design review was scheduled for October 7-8, but had to be postponed as a result of the partial federal government shutdown. Currently scheduled to be completed in February, the design completion will likely be delayed.

On July 16, the future site of the northern youth regional treatment center site was dedicated. About 120 people were in attendance, most of whom were tribal officials. The IHS/CAO was honored that Dr. Roubideaux, IHS Director, was present in person and gave the keynote address at the dedication. The dedication featured dancers and speakers from other tribal and federal venues.

On September 19, a geotechnical engineer started the soils study. This work will provide information needed for foundation design of the northern youth regional treatment center.

Division of Environmental Health Services (DEHS)

DEHS staff conducted four institutional environmental health surveys at California Indian healthcare programs. Of these four surveys, three surveys were nitrous oxide evaluations in dental clinics. The objectives of these surveys are as follows:

- Investigate the condition of equipment used in the administration of nitrous oxide to patients during dental procedures
- Observe the practices used by dental staff in setting up the equipment
- Inspect all system components for operational integrity and possible nitrous oxide leaks
- Make recommendations that ensure the use of safe nitrous oxide delivery processes

IHS offered approximately 12 recommendations to dental clinics during these surveys to improve safe nitrous oxide delivery processes. Findings and recommendations were based on guidance outlined by the National Institute for Occupational Safety and Health in Publication 94-100 - "Controlling Exposures to Nitrous Oxide During Anesthetic Administration".



DEHS staff inspecting nitrous oxide equipment

Health Facilities Engineering Projects

Two new clinics have been constructed and are providing healthcare services. Central Valley Indian Health, Inc. opened their new clinic across the street from the hospital in Clovis in September. The 19,000 sq. ft. clinic has 10 exam rooms and 8 dental operatories.

The Karuk Tribe constructed a new 5,000 sq. ft. medical clinic in Orleans. The open house was held September 23. This clinic will provide medical and behavioral health services to the residences in the Orleans area.

Community Wellness

In July, the IHS/CAO participated in the Community Wellness Forum. This was a partnership event with the California Division of the American Cancer Society, UC Davis Health System, UC Los Angeles Center for American Indian/Indigenous Research, Northern CA Indian Development Council, CA REACH Grantees, and Healthy Native Communities Partnership. It was held on the UC Davis Medical System campus. Participants included CA tribal and urban Indian community members and those caring for them. The national American Cancer Society provided a pre-forum training on the Circles of Life initiative. The focus of the forum was wellness, what works, and sharing and learning between the seven partners.

Immunization Improvement

On October 1, the California Department of Public Health (CDPH) launched the Health Information Exchange (HIE) Gateway, a secure web application to register and manage public health data exchanges with stakeholders, providers, hospitals, laboratories, local health jurisdictions, and federal agencies. The IHS/CAO is promoting the data exchange and offers technical assistance to California healthcare programs that are exchanging public health data electronically through the CDPH HIE Gateway with the California Immunization Registry (CAIR) and to the San Diego Immunization Registry (SDIR). On July 24, the IHS/CAO Immunization Coordinator met virtually with SDIR staff to discuss data exchange updates for tribal healthcare programs geographically based in San Diego County and eligible for electronic data exchange with SDIR. Currently, two of the four San Diego County based tribal and urban Indian healthcare programs are registered for electronic data transfer through RPMS. Data exchange offers the potential for improved patient care and may result in additional resources for Meaningful Use and ACA health insurance plan incentives.

Improving Patient Care (IPC) Initiative

The IHS/CAO actively participated in the IPC Learning Session 5 hosted by the National IPC Team on September 10-12. The virtual learning session offered five tracks on enhancing access and continuity; providing self care support and community resources; using data for improvement; tracking, managing, and coordinating care; and, leading change. IPC cycle 4 is nearing an end and IHS/CAO staff along with the National IPC Team are assessing each California healthcare program participating in the IPC initiative regarding their success testing and implementing changes to promote improved quality of care. Sites interested in joining IPC cycle 5 can apply now until November 12. E-mail caoist@ihs.gov for more information.

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

Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA)

In FY 2013, California Area tribal healthcare programs met 3 of 13 GPRA performance measures with specific targets and comparable previous year data, and improved on 8 of these 13 measures. The following performance measures experienced the largest absolute percentage improvements over FY 2012 results:

<u>Measure</u>	<u>Improvement</u>
Depression Screening	7.5%
Alcohol Screening	5.5%
Nephropathy Assessed	2.6%
Influenza 65+	2.6%
Domestic Violence Screening	2.4%

In FY 2013, California Area urban Indian healthcare programs improved on 7 of 10 GPRA performance measures with specific targets and comparable previous year data. The following measures experienced the largest absolute percentage improvements over FY 2012 results:

<u>Measure</u>	<u>Improvement</u>
Pneumovax 65+	11.2%
Nephropathy Assessed	5.1%
Influenza 65+	4.8%
Prenatal HIV Screening	4.5%
Depression Screening	2.8%

Congratulations to the top two tribal healthcare programs that met all GPRA/GPRAMA measures in FY 2013. Sonoma County Indian Health Project (Santa Rosa) met all 22 measures reported by tribal programs and American Indian Health & Services (Santa Barbara) met all 17 measures reported by urban programs. Well done!

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 from July through August. GPRA Coordinators requested the following topics to be included in future trainings/conferences/calls:

- Electronic health record
- Clinical Reporting System reports
- Cultural resistance to vaccinations
- Basic GPRA training
- Engaging providers/working as a team
- Best practices from other California tribal and urban healthcare programs
- "More of the same"

In addition, the IHS/CAO GPRA team held the first quarter webinar session for California GPRA coordinators and other staff to discuss GPRA results and performance improvement activities. The first webinar was held on September 12, 2013 and an estimated 33 tribal and urban Indian healthcare providers participated. The webinar featured a presentation by Susan Ducore, Area Nurse Consultant and Immunization Coordinator

regarding best practices for the Influenza 65+ immunization GPRA measure. The webinar also covered these topics:

- FY 2013 California Area GPRA results/FY 2014 targets
- FY 2014 GPRAMA/budget measure logic changes
- FY 2013 California GPRA coordinators' survey results CAO initiatives for improving GPRA performance in FY 2014
- Best practices at high-performance GPRA healthcare programs
- Resources for new GPRA coordinators

The 2nd quarter webinar will be held December 12, 2013 at noon. The 3rd quarter webinar will be held March 13, 2014 at noon. The IHS/CAO GPRA team also hosts monthly collaborative webinars featuring quality improvement topics and strategies relative to California tribal and urban Indian healthcare programs. Each California tribal and urban healthcare program is encouraged to have at least one representative trained through the webinars.



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

Healthcare Program Directors Meeting

The IHS/CAO conducted its semi-annual meeting with tribal and urban Indian healthcare program directors on September 17-18 in Sacramento. The meeting provided updates on IHS/CAO activities and provided a forum for discussion of relevant issues and concerns. The following topics were included on the agenda for the meeting:

- Clinic Preparation for Affordable Care Act Implementation
- Strategies to Facilitate healthcare for dual-eligible (American Indian veterans)
- Electronic Health Record/Vista Imaging
- Meaningful Use
- National Indian Regional Extension Center - California
- Health Information Exchange
- ICD-10
- Patient Centered Medical Home
- Special Diabetes Program for Indians
- Youth Regional Treatment Center Risk Pool
- Emergency Preparedness
- Telehealth Network
- Department of HealthCare Services (State of California)
- Government Performance and Results Act
- California Rural Indian Health Board Care/Options



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