

APRIL—JUNE, 2014

INDIAN HEALTH SERVICE/CALIFORNIA AREA OFFICE



Quarterly

highlights

The California Area Office (CAO) reports its accomplishments during the third quarter of FY 2014, in alignment with the agency's four 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...

Environmental Health Services

The Division of Environmental Health Services staff completed 102 environmental health surveys in tribal communities. Environmental health surveys were completed at:

- Food service facilities (76)
- Convenience stores (1)
- Head Starts/daycares (7)
- Community buildings (2)
- Senior centers (2)
- Swimming pools (3)
- Food warehouses (2)
- Hotels (2)
- Indian gaming facilities (1)
- Tribal health programs (6)



Division of Environmental Health Services staff (L to R): Ben Purcell, Sarah Snyder, John Fluette, Lisa Nakagawa

During these environmental health surveys, IHS/CAO staff identified approximately 154 risks or deficiencies. Thirty-Five of the identified environmental risks were immediately corrected at the site. Recommendations were provided to facility operators in order to resolve the identified issues.

Environmental health surveys were completed for the following tribes:

- Barona (21)
- Berry Creek (1)
- Colusa (8)
- Cold Springs (1)
- Elk Valley (5)
- Greenville (4)
- Hoopa (7)
- Jackson (6)
- Karuk (5)
- La Jolla (1)
- Manchester (2)
- Mooretown (2)
- Pala (7)
- Rincon (2)
- Round Valley (3)
- San Pasqual (4)
- Sherwood (2)
- Shingle Springs (13)
- Table Bluff (2)
- Trinidad (4)
- Yurok (2)



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

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

As of the third quarter of FY 2014, the California Area has met the targets for 8 of the 22 GPRA/GPRAMA performance measures, and is within range of meeting one additional measure.

To assist California tribal and urban Indian healthcare programs to achieve and meet FY 2014 GPRA targets, during the third quarter of FY 2014, the IHS/CAO:

- Hosted a collaborative webinar session on April 10 for California sites to share best practices and discuss improvement strategies for the Retinopathy measure. An estimated 20 healthcare program staff participated in this session.
- Hosted a webinar training session on June 12 for all California tribal and urban Indian healthcare programs. Fifteen healthcare program staff participated in the webinar to learn and discuss:
 - California's 2014 3rd quarter GPRA results
 - Moved or Going Elsewhere (MOGE) criteria
 - FY 2015 training and resource needs
- Presented "GPRA 101/Using the Clinical Reporting System to Improve GPRA Performance" on May 21 at the Annual Providers' Best Practices & GPRA Measures Continuing Medical Education in Sacramento. An estimated 40 healthcare program staff participated in this session.
- Conducted individual site GPRA training sessions in June for Shingle Springs Tribal Health Program and Tule River Indian Health Center. The trainings served as an introduction to GPRA/GPRAMA and included FY 2014 measure logic, individual site results, Clinical Reporting System (CRS) tools, GPRA best practices, and GPRA resources.

To assist tribal and urban Indian healthcare programs nationwide to achieve and meet FY 2014 GPRA targets, during the third quarter of FY 2014, the National GPRA Support Team at the California Area Office:

- Hosted two national webinar training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs. The webinars discussed comprehensive cardiovascular disease assessment and blood pressure control. More than 85 tribal and urban Indian healthcare program staff participated in each of these sessions.
- Hosted a national webinar training session on June 13 for urban Indian healthcare programs regarding end of year improvement strategies. An estimated 26 urban Indian healthcare program staff participated in this session.

All of the California and national webinar sessions were recorded and posted on the IHS/California Area GPRA/GPRAMA Portal, located here: <http://www.ihs.gov/california/index.cfm/member-portal/california-area-gpra-gprama/gpra-toolkit/>

Annual Providers' Best Practices & GPRA Measures Continuing Medical Education

The IHS/CAO hosted the annual "Providers' Best Practices & GPRA Measures Continuing Medical Education" event on May 20-21 in Sacramento. More than 200 physicians, mid-level practitioners, nurses, and clinic support staff attended this event. The IHS/CAO hosted a one-day pre-event workshop on May 19 to evaluate the role of nurses and behavioral health staff in the provision of quality healthcare. The continuing medical education offered IHS-sponsored training that meets state clinic licensure requirements:

- 22 physicians received 277.5 CMEs
- 42 nurses earned 885.5 contact hours
- 11 mental health professionals earned 132 CEUs
- 13 dietitians earned 167 CPEUs
- 4 health information management professionals earned 22 CEUs

Annual California Tribal/Urban Diabetes Day

The IHS/CAO hosted a "Diabetes Day" for all California tribal and urban Indian diabetes program staff on May 22. Approximately 83 diabetes coordinators, physicians, mid-level practitioners, nurses, and clinic support staff attended this one-day event. Up to 6 IHS-sponsored credits/hours/units were offered to physicians, nurses, dietitians, and mental health professionals. Many of California's healthcare programs gathered the evening before the event to meet and share displays or poster boards. This was well-attended and everyone reported it was very helpful in the evaluations. All participants were eager to work together.

VistA Imaging

Twenty-two California tribal healthcare clinics use the Resource & Patient Management System (RPMS) electronic health record (EHR). Twenty-one of these programs use VistA Imaging to scan and/or import documents. The CAO VistA Imaging Coordinator provides ongoing support to these programs.

Chapa-De Indian Health Program is preparing to implement VistA Imaging with a target deadline of September 2014. The CAO Coordinator is working with Chapa-De staff to support the implementation process.

Meaningful Use

The Centers for Medicare & Medicaid Services (CMS) financial incentive program is now in Stage 2 with increased requirements. Indian Health Service plans to release a recertified EHR in late August 2014. The new EHR will enable eligible providers to qualify for Stage 2 meaningful use payments.



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

CAO Outreach

The IHS/CAO is aware that there are a lot of moving parts to health information technology, and that health programs have committed themselves to a significant slate of tasks as they roll out their electronic medical records programs and attempt to satisfy all of the associated “meaningful use” requirements. The IHS/CAO is dedicated to the support of this effort and offers the following resources:

- **Weekly Office Hours**

Each Thursday, IHS/CAO Clinical Application Coordinator Steve Viramontes facilitates a lively discussion among technicians and clinicians. These sessions are well attended. To receive an invitation, contact Steve Viramontes via e-mail at steve.viramontes@ihs.gov.

- **Site Managers Newsletter**

Each Friday, the IHS/CAO sums up the events and topics of the week with an HTML newsletter. Members of the IHS/CAO information technology (IT) staff and clinical application support team offer snippets of wisdom, shards of brilliance, friendly reminders, and favorite recipes. The newsletter is distributed to the RPMS site managers and program directors at California tribal and urban Indian healthcare programs.

- **Site Managers Portal**

Highlights from the *Weekly Office Hours* are reported in the *CAO Site Managers Newsletter*, and the newsletter points the users to the *Smoke Signals* forum in the *CAO Site Managers Portal* where discussion can be continued. Other features of the portal are the *CAO Site Managers Toolkit*. New video tutorials are on the way!

- **Ticket Management System (TMS)**

The IHS/CAO offers tribal and urban Indian healthcare programs a web-based system for submitting help tickets. Ever wonder how many times your program has requested technical assistance from the IHS/CAO? You can find out with a convenient one-click web report.

The IHS/CAO has met the deadline for tribal, federal, and urban Indian healthcare program system user security assurance. Virtually all of those who access IHS resources in the California Area have completed their annual Information System Security Awareness training.

The IHS/CAO has assured that the Area office and all of those tribal and urban Indian healthcare programs that host their own *Resource Patient Management System (RPMS)* patient records databases have access to the Ensemble 2012.2.5 System Management Training. *Ensemble* is the software that is used by IHS to manage these systems.

The IHS/CAO is setting the table for successful implementation of the new 2014 EHR by establishing a training environment for tribal and urban users of the RPMS EHR to become prepared for this new system.

The success of a public health system depends on good data. Population health and satisfaction of meaningful use requirements depend on this. The IHS/CAO is proud to report that all RPMS servers in California are now completely setup to automatically transmit exports on their own. The RPMS database generates an export file for all of the major health software packages, pulling data from the database in which healthcare program staff enter on a regular basis. Up until now, IHS/CAO IT staff would manually transmit the monthly export files only for those RPMS databases housed on a separate server than the CAO Regional RPMS server. This required a lot of steps to complete this task on a monthly basis for each external RPMS server. The IHS/CAO IT staff has eliminated this drain on limited IT staff resources.

Nursing Continuing Education

In conjunction with the 2014 California Area Providers' Best Practices & GPRA Measures Continuing Medical Education, the IHS/CAO hosted a Pre-Conference Nursing Continuing Education Day on May 19. The agenda included presentations on the following topics:

- Maternal, Infant, and Early Childhood Home Visitation Model-Based Programs Panel, which featured representatives from the American Indian Infant Health Initiative, Nurse Family Partnership, and the Family Spirit Program
- Immunizations improvement, which was offered by the IHS National Immunization Program Manager
- Team Building – Overcoming Burn-Out and Compassion Fatigue and Leading the Way in Healthcare Improvement
- Leading the Way in Healthcare Improvement

In recognition of the value of both internal and external agency expertise, presenters were selected from IHS, tribal, and state-based healthcare organizations for their subject matter expertise and interest in partnering to improve health outcomes for American Indian/Alaska Native people. The IHS/CAO partnered with the IHS Clinical Support Center, an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-A), to offer up to 28 hours of continuing education. Forty-two California nurses earned a total of 885.5 contact hours for their attendance.

The IHS sponsored the 2014 Nurse Leaders in Native Care Conference (NLiNC) entitled “Nurse Leaders: Strategies to Improve Patient Safety and Quality of Care” on June 17-19. The IHS/CAO Nurse Consultant represented the California Area on the planning committee and as a session moderator. Based on post-conference evaluations, the 2014 NLiNC Conference was a huge success.

Upwards of 320 nurses, 14 of whom were from California tribal (9), urban (4) and IHS (1) facilities, attended. This conference included presentations on topics essential to nurses working within the IHS System, including:

- Nursing Quality and Safety
- Tuberculosis Update 2014: Epidemiology, Diagnosis and Treatment
- Tackling Recidivism and Readmissions: Empower and Engage Your Organization
- South Dakota PHN Billing Model
- Hospital Quality and Safety-Emergency Severity Index
- Nursing Recruitment and Retention
- Shared Governance in Nursing

Thanks to the efforts of the IHS Clinical Support Center, an accredited provider of ANCC Accredited Continuing Nursing Education, nurse attendees had the opportunity to earn up to 6.2 continuing education hours each.

Immunization Performance Improvement

On May 1, the IHS/CAO hosted the one-day IHS Office of Information Technology (OIT) RPMS Immunization 101 Training. A total of 14 staff participated in the training, including 9 nurses and 4 para-professional immunization staff from the following tribal and urban Indian healthcare programs:

- Chapa-De Indian Health
- Consolidated Tribal Health
- Lassen Indian Health
- Northern Valley Indian Health
- Round Valley Indian Health
- Sacramento Native American Health Center
- Sonoma County Indian Health Project
- Tuolumne Me-Wuk

The IHS/CAO was a satellite setting for this hands-on training. Based on the post-training evaluations, the course met the intended purpose of “improving competencies related to use of the RPMS Immunization Package for immunization practice, data management, and reporting.”



Tribal water systems at highest risk due to drought conditions:

Updated June 20, 2014 – Updates will be made as conditions change and information becomes available.



Map #	Tribe	County	System Name	Source (GW,SW,IC)
1	Smith River Rancheria	Del Norte	Howonquet	SW
2	Trinidad Rancheria	Humboldt	n/a	SW, IC
3	Karuk Tribe	Siskiyou	Somes Bar	SW
3	Karuk Tribe	Siskiyou	Happy Camp CSD	SW
3	Karuk Tribe	Humboldt	Orleans CSD	SW
3	Karuk Tribe	Humboldt	Orleans Mutual Wtr Co	SW
4	Yurok	Humboldt	Kepel	SW
4	Yurok	Humboldt	Wautec	SW
4	Yurok	Humboldt	Weitchpec	SW
4	Yurok	Del Norte	Klamath	GW
5	Hoopa Valley Tribe	Humboldt	n/a	SW
6	Pit River	Shasta	Montgomery	GW
6	Pit River	Shasta	XL	GW
7	Wiyot Tribe	Humboldt	n/a	GW
8	Bear River Band	Humboldt	Old Rancheria	GW
9	Grindstone Rancheria	Glenn	n/a	SW
10	Sherwood Valley	Mendocino	City of Willits	IC
10	Sherwood Valley	Mendocino	Original Sherwood Valley Rancheria	GW
11	Sherwood Valley	Mendocino	Eastside Ranch-Lockhart	GW
12	Redwood Valley Rancheria	Mendocino	n/a	SW, IC
13	Enterprise Rancheria	Butte	n/a	GW
14	Coyote Valley	Mendocino	n/a	GW, IC
15	Cortina	Colusa	n/a	GW
16	Manchester/Pt Arena	Mendocino	Pt Arena Side	GW
17	Kashia Band of Pomo India	Sonoma	n/a	SW
18	Ione Band of Miwoks	Amador	n/a	GW
19	Chicken Ranch	Tuolumne	n/a	GW
20	Tuolumne	Tuolumne	n/a	GW, SW
21	Big Sandy	Fresno	n/a	GW
22	Cold Springs	Fresno	Coyote Drive system	GW
22	Cold Springs	Fresno	Main	GW
23	Santa Rosa Rancheria	Fresno	n/a	GW
24	Tule River	Tulare	Main	SW, GW
24	Tule River	Tulare	Apple Valley	GW
25	Torres Martinez	Riverside	Clinic System	GW
25	Torres Martinez	Riverside	Avenue 64 System	GW
26	Santa Rosa Reservation	Riverside	Santa Rosa Water System	GW
27	Pauma	San Diego	n/a	GW
28	San Pasqual	San Diego	Western System District B	GW, IC
28	San Pasqual	San Diego	Main System District B	IC
29	Mesa Grande	San Diego	Main System	GW
30	Santa Ysabel	San Diego	Ortega System	GW
31	La Posta	San Diego	Upper System	GW
31	La Posta	San Diego	Lower System	GW

To reform IHS...

Immunization Registry Electronic Data Exchange Project

During this FY quarter, the California Area EHR team and the Area Immunization Program Coordinator have hosted several meetings with various representatives from the California Immunization Registry (CAIR), a developer of RPMS interfaces for immunization data exchange, and Tribal staff in preparation for assisting Tribal health programs in their efforts of electronically exchanging immunization data between RPMS and CAIR. Such stakeholder collaboration and communication is necessary since electronic exchange of immunization data is mandatory for demonstrating “Meaningful Use” and additionally has implications for improving overall public health practice. In order to demonstrate Stage 1 and/or Stage 2 meaningful use and to qualify for EHR Financial Incentives, all eligible providers are required to perform immunization data exchange with a state immunization registry.

Based on conversations with the various registry stakeholders, IHS/CAO staff have developed and distributed to CA Area Tribal and Urban healthcare organizations, detailed information outlining the required steps for electronic exchange of immunization data between RPMS and the following California registries:

- California Immunization Registry (CAIR)
- San Diego Immunization Registry (SDIR)
- San Joaquin (RIDE Immunization Registry)

IHS/CAO will accordingly act to provide RPMS vendor support to CA Area based Tribal healthcare organizations who choose to exchange RPMS immunization data with a corresponding California-based immunization registry; thereby ensuring an opportunity for these healthcare organizations to meet MU requirements.

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

Healthcare Program Directors Meeting

On May 19, the IHS/CAO conducted its semi-annual meeting with tribal and urban Indian healthcare program directors. This meeting took place in Sacramento in conjunction with the California Annual Providers’ Best Practices & GPRA Measures Continuing Medical Education. The meeting provided updates on IHS/CAO activities and provided a forum for discussion of relevant issues and concerns. The agenda included the following topics:

- Update from the Governor’s Office of Tribal Advisor
- Department of Health Care Services (State of California) Update
- Payment Reform in California
- Leading the Way in Healthcare Improvement

IHS/CAO Site Managers Newsletter

Each Friday, the IHS/CAO sums up the events and topics of the week with an HTML newsletter. Members of the IHS/CAO information technology staff and clinical application support team offer tips and friendly reminders. Although the target audience for this newsletter is the Resource and Patient Management System (RPMS) site managers at tribal and urban Indian healthcare programs, it is distributed to the healthcare program directors as well.



Visit the Site Manager’s Portal via the IHS/CAO webpage for RPMS tools and assistance!



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