



# Quarterly

## highlights

The California Area IHS reports its accomplishments during the first quarter of FY 2015, 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...*

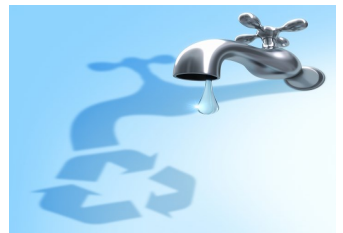
### Division of Environmental Health Services

On December 9-11, the Division of Environmental Health Services held an Intermediate Injury Prevention course in the California Area Office. This particular course centered on use of injury data to guide community injury prevention efforts with a focus on basic data collection and analysis, use of available web-based injury data, advanced evaluation methodologies, and new approaches to development of injury intervention strategies. The target audience for this course included community health representatives, medical providers, tribal health directors, environmental health personnel, and injury prevention advocates. Approximately 20 public health professionals and community members from communities across Indian country attended this California Area sponsored course.

### Division of Sanitation Facilities Construction

During the first quarter of FY 2015, the Operations & Maintenance (O&M) Program continued to assist with the implementation of CAO's emergency drought response that began with the Governor's drought declaration at the beginning of the year. Division of Sanitation Facilities Construction (SFC) Staff performed the following activities:

- identified at-risk water systems
- monitored tribal water sources
- worked with tribes on developing drought contingency plans, water conservation methods, and leak detection activities
- provided field assistance with emergency drought-related projects
- coordinated with the Governor's Office of Planning & Research to acquire drought toolkits for 16 Tribes at no charge
- procured and distributed emergency equipment to each field office for use by the tribes



In compliance with the requirements of the Safe Drinking Water Act to assure the sustainable availability of safe drinking water on Indian land, the O&M Program provided two training classes for tribal water operators. One class was a review course in preparation for taking the State water treatment operator certification exam. The other class was a technical assistance class in advanced electrical controls. The Native American Water Masters Association offered additional training for tribal water operators at an October meeting in southern California, where O&M staff made a presentation on reading water meters, a basic required skill but one that many operators lack.

Collection of data for the Tribal Utility Capacity and Sustainability Initiative that begun in 2011 is being finalized. Staff continue to provide technical assistance to tribal water operators through site visits, telephone consultations, and the O&M Program's Small Asset Replacement Project. For questions regarding the SFC O&M Program, please call Luke Schulte at 916-930-3945.



## *To reform the IHS...*

### **VistA Imaging**

Twenty-three California tribal health clinics use the Resource and Patient Management System (RPMS) electronic health record (EHR). All of these clinics now also use VistA Imaging to scan and/or import documents and photos. Use of VistA Imaging software allows our clinics to incorporate all relevant documentation in the patient's electronic health record helping to improve healthcare quality while reducing cost.

### **Privacy**

The HIPAA Privacy Rule gives patients specific rights to privacy of their protected health information (PHI). There are eighteen (18) specific elements of protected health information including patient name, telephone number, email address, social security number,

health plan beneficiary numbers, and even vehicle identifiers (including license plate number). Be sure to safeguard protected health information – your own and others. Visit [hhs.gov](http://hhs.gov) to learn more about your privacy rights.

### **Meaningful Use (MU)**

The EHR financial incentive program known as MU encourages eligible providers to improve quality of care through meaningful use of a certified electronic health record (EHR). Stage 2 MU brings increased requirements for providers including engaging patients in their healthcare management. Two methods for this include a patient portal and secure electronic messaging.

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

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

The IHS/CAO GPRA team hosted the annual Area GPRA Coordinators' Conference via an Adobe Connect webinar on December 3-4, 2014. Day one of the two-day conference was offered to Area GPRA Coordinators and performance measure leads. Day two of the conference was offered to staff from all tribal healthcare clinics. Over 75 IHS, tribal, and urban Indian healthcare program staff attended the virtual event and discussed:

- 2014 GPRA Results
- 2015 Measure Targets
- Clinical Reporting System (CRS) Update
- GPRA Data Mart Overview
- Updates from Measure Leads
- Hepatitis C

To assist California tribal and urban Indian healthcare programs to achieve and meet 2015 GPRA performance measure targets, during the first quarter of FY 2015, the IHS/CAO:

- Hosted two GPRA collaborative webinar sessions for California sites to share best practices and discuss improvement strategies. During the October webinar, American Indian Health & Services Corporation (Santa Barbara) presented on their GPRA improvement work through "GPRA Olympics". They also presented on how they attained National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level II Recognition. Congratulations, Santa Barbara! The November webinar focused on childhood immunizations and featured staff from Feather River Tribal Health, Inc., which is one of the highest performing California sites for the Childhood Immunizations measure.
- Hosted a national Clinical Reporting System (CRS) webinar training session on December 16 for all IHS, tribal, and urban Indian healthcare programs. The training explained how to run GPRA/GPRAMA reports, patient lists, forecast reports, and how to update medication and lab taxonomies.

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

### **Improving Patient Care (IPC)**

Congratulations to the following California healthcare programs:

- American Indian Health & Services Corporation (Santa Barbara) for achieving National Commission for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Level III recognition. Level III is the highest level of PCMH recognition.
- K'ima:w Medical Center for achieving Joint Commission on Accreditation of Healthcare Organizations (JCAHO) PCMH certification
- Sacramento Native American Health Center for achieving Accreditation Association for Ambulatory Health Care (AAAHC) PCMH certification

During the first quarter of FY 2015, the California Area IHS:

- Reviewed accreditation during routine site visits at one urban Indian healthcare program (Sacramento Native American Health Center) and one tribal healthcare program (Tuolumne Me-Wuk Indian Health Center)
- Offered technical assistance to California's IPC5 and QILN teams
- Participated in all IPC5 pre-work calls and action period calls
- Hosted 3 California Area Collaborative webinars to spread IPC improvement tools, allow IPC sites to share their successes, and plan individual site trainings
- Developed an education support plan to assist sites in starting IPC through engaged leadership, team selection and development, conducting efficient meetings, and effective communication to enhance improvement efforts



**IMPROVING PATIENT CARE**  
IMPROVING THE QUALITY OF AND ACCESS TO CARE



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

### **Youth Regional Treatment Center**

At the Southern Youth Regional Treatment Center a preconstruction meeting was held on October 21, 2014 with Cox Construction Company and IHS project management, contracting, and engineering staff from the Division of Engineering Services and the Californian Area Office. The preconstruction meeting resulted in issuance of the Notice to Proceed effective November 3, 2014 and a corresponding construction completion date of December 18, 2015.

Cox Construction began mobilizing in mid-November 2014 in preparation for the start of construction activities that began in early December 2014. Planning and construction activities through the end of December 2014 included storm water permitting, planning of underground utilities with local utility providers, demolition of several existing structures, and rough grading at the construction site.

### **Drought Support Activities**

Water well assessments were completed for three tribal health facilities whose sole source of potable water are individual water wells. These water well assessments will be used as a base line for future reference in monitoring the impact of the California drought conditions as well as assist with developing contingency plans in the event of reduced or loss of potable water supplies.

### **Tribal Health Program Health Facilities Construction**

The Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) completed renovation of a 33,000 square foot facility in Grand Terrace with beneficial occupancy issued in December 2014. The Grand Terrace facility replaces the existing San Manuel Indian Health Clinic and will be the new administrative home for RSBCIHI. Opening ceremonies are scheduled for late January 2015 and patient services beginning in February 2015.





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

### **Healthcare Program Directors Meeting**

On October 22-23, 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 Area Tribal Advisory Committee (CATAC) Meeting. The meeting provided updates on IHS/CAO activities and provided a forum for discussion of relevant issues and concerns. The agenda included one full day of topics related to the new certified Resource & Patient Management System (RPMS) electronic health record (EHR) in addition to the following topics:

- Youth Regional Treatment Centers – North and South Updates
- Naming of the Youth Regional Treatment Centers
- Post-YRTC Continuing Care
- Update on California Indian Health Care Issues
- Department of HealthCare Services Update
- Office of Public Health (OPH) Update
- Office of Environmental Health & Engineering (OEHE) Update
- California Rural Indian Health Board, Inc. (CRIHB) Options



### **Budget Formulation for FY 2017**

Tribal consultation with tribal governments is the foundation of the IHS budget formulation process. The IHS California Area budget formulation forum for FY 2016 began with tribal consultation held on December 15 in Sacramento. The following health priorities were recommended by the duly-elected tribal officials:

- **Obesity/Diabetes + Complications (Dialysis)** - The national rate of diabetes for AI/ANs is 16.1%. Congress authorized Special Diabetes Program for Indians (SDPI) grant funds to fight diabetes. Tribal and urban Indian healthcare programs use these funds to offer education, self-management support, clinical, and specialty care for AI/AN patients battling diabetes. This priority was ranked #2 for FY 2016 by tribal officials.
- **Contract Health Services (CHS)** funds are used to purchase hospital and emergency care, physician specialty services, outpatient healthcare, laboratory, dental, radiology, pharmacy, transportation services, and other health services in the private sector. The California Area is 100% compacted and CHS dependent as there are no IHS-operated hospitals or clinics. The California Area under utilizes the CHEF because tribal healthcare programs have difficulty meeting the \$25,000 threshold. This priority was ranked #1 for FY 2015 by tribal officials.
- **Behavioral Health** includes prevention and treatment of chemical dependence and depression. Psychiatric and psychological services are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness. This priority was ranked #3 for FY 2016 by tribal officials.
- **Northern and Southern California Youth Regional Treatment Centers (YRTCs)** will provide culturally appropriate chemical dependence treatment services to American Indian/Alaska Native (AI/AN) youth, ages 12-17. For the southern California YRTC, in 2011, the IHS purchased a 20-acre site in Riverside County, near Hemet, and began the design phase. In the north, the IHS purchased a 12-acre site in Yolo County, near D-Q University. This priority was ranked #5 for FY 2016 by tribal officials.
- **Methamphetamine and Suicide Prevention/Domestic Violence Prevention** projects promote the development of innovative evidence-based and practice-based models to address methamphetamine abuse, suicide, and domestic violence, and sexual assault in Indian Country. The IHS currently provides funding based on a competitive process.



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