



Quarterly *highlights*

Beverly Miller, M.H.A., M.B.A.
Area Director

The California Area IHS reports its accomplishments during the third quarter of FY 2016, in alignment with the agency's four priorities:

1. Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs
2. Improve the IHS
3. Improve the quality of and access to care
4. Ensure that our work is transparent, accountable, fair and inclusive

Inside...

Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs

Division of Environmental Health Services	1
Hoopa Battle of the Belts	1
Injury Prevention Funding	2
Northern Valley Indian Health	2
Taking Control of Your Diabetes	2

Improve the IHS

Personal Health Record	2
Purchased/Referred Care Rates	2
RPMS EHR Improvements	2

Improve the quality of and access to care

Immunization Data Exchange	3
Immunization Committee Representation	3
Vaccines for Adults Program	3
Retinal Screening for Diabetic Retinopathy	3
Advances in Video Conferencing Technology	4
Annual California Area Dental Conference	4
GPRA/GPRAMA Update	4
Annual Providers' Best Practices & GPRA Measures Continuing Medical Education	4
Improving Patient Care—Made Simple	4
Annual California Tribal/Urban Diabetes Day	5
Special Diabetes Program for Indians	5
Desert Sage Youth Wellness Center Update	5

Ensure that our work is transparent, accountable, fair and inclusive

Healthcare Program Directors Meeting	6
--	---

Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs...

Division of Environmental Health Services (DEHS)

During the third quarter of FY 2016, the California Area DEHS:

- Completed 99 environmental health surveys of Tribal facilities
- Performed investigations into three foodborne illness complaints directed at Tribal food service operations, one pest control complaint involving a business operating on Tribal property, and one dog bite
- Provided technical assistance to food service venues pertaining to HACCP plans drafted for a reduced oxygen packaging process and the preparation of sushi
- Performed a legionella risk assessment at the Bear River Casino Resort
- Delivered two food handler trainings for 13 individuals

DEHS also prepared risk summary sheets for approximately one dozen Tribal food service facilities in the California Area that received a higher than average score on their shellfish risk assessment performed in Fall 2015. The risk sheets summarize the basis of the risk score assigned to the facility and offer recommended strategies to reduce the public health risk associated with serving raw shellfish. In June, DEHS staff distributed the risk sheets to the Tribal food service facilities to encourage the venues to alter the manner by which they are sourcing and offering shellfish to their customers.

IHS/CAO DEHS partnered with veterinarians from the U.S. Army Veterinary Corps stationed at Miramar Marine Corps Air Station in San Diego to deliver a rabies and neutering clinic during the week of June 20 for tribes served by Indian Health Council. A total of 180 dogs were administered rabies vaccine and 26 dogs were surgically neutered during these clinics.

Hoopa Battle of the Belts

The IHS/CAO successfully encouraged the Hoopa Student Leadership Class to participate in the Battle of the Belts program designed to increase seatbelt usage amongst teens by invoking school spirit and pride into the seatbelt use marketing message. Over the course of May and June, the Hoopa Student Leadership Class performed seatbelt observational surveys. A total of 100 drivers were observed while passing through an intersection on Orchard Road near the Hoopa Valley Elementary School. The students established a baseline usage rate of 73% for drivers in the Community. During FY 2017, the Hoopa Student Leadership Class will implement marketing and other campaign efforts with a goal to increase seatbelt usage rates amongst Hoopa teens to a rate that is comparable to those observed amid the general population of teens in Northern California. At last report, 97% of Northern California teen drivers were observed using their seatbelt.



(Continued on page 2)

Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs... cont'd.

Injury Prevention Funding

The contract modifications and award letters for the California Area Injury Prevention mini-grant program have been processed and distributed. The project proposal and associated contract modification for a Suicide Intervention Special Project in the Weitchpec community has also been processed. The project focuses on providing trigger locks and gun safes to Weitchpec families in an effort to reduce access to lethal means. The IHS/CAO is collaborating with United Indian Health Services to plan the implementation of this project.

Northern Valley Indian Health

Northern Valley Indian Health completed a six-phase major renovation and remodel project at the Willows Health Center to improve the environment of care, safety, accessibility, patient flow, and building operations. The phased project was necessary to minimize the impact of construction activities while still maintaining health care services in dental, general medical, administration, and reception areas of the health center. Northern Valley Indian Health also completed remodeling of their Chico Prenatal and Dental Clinic. The 9,000 square foot remodeling project included increasing dental services by adding eight new operatories of which three are enclosed.

Taking Control of Your Diabetes

The California Area Diabetes Consultant is collaborating with Northern Valley Indian Health to host the upcoming Taking Control of Your Diabetes (TCOYD) conference for American Indians/Alaskan Natives (AI/AN) and their families. This one-day conference will take place in Corning, CA at the Rolling Hills Resort and Casino on August 27 with an estimated attendance of 250–300 Native community members. TCOYD has been educating and motivating diabetes communities in cities around the country since 1995 through their conferences developed specifically for people living with diabetes. At these day-long programs, they assemble an all-star group of diabetes experts who will ignite motivation, offer hope, and change your life with diabetes forever. They are a not-for-profit organization whose sole purpose is to improve the lives of people with diabetes through education.



Improve the IHS...

Personal Health Record

Patients at California Tribal and Urban clinics are encouraged to register for their **FREE** Personal Health Record (PHR) at <https://phr.ihs.gov>.

The PHR encourages patients to actively engage in healthcare decisions by providing access to:

- Patient lab results
- Patient medication list
- Patient immunizations

Patients can also use the PHR to:

- Save an electronic copy of their healthcare information
- Share their health information with a caregiver or family member
- Send and receive secure messages with their healthcare team

Concerned about privacy? Learn more at <http://www.hhs.gov/hipaa/for-individuals/index.html>.

Purchased/Referred Care (PRC) Rates

The Indian Health Service (IHS) is implementing a new regulation that gives the IHS, Tribal and urban Indian health programs the ability to cap payment rates at a "Medicare-like rate" to physician and other non-hospital providers and suppliers who provide services through the Purchased/Referred Care program. These rates will be known as Purchased/Referred Care rates.

The regulation applies to IHS-operated Purchased/Referred Care programs and urban Indian health programs, as well as Tribally-operated programs, but only to the extent the Tribally-operated programs opt-in to the requirements. The opt-in option does not apply to urban Indian programs because those are funded through contracts or grants with IHS.

The Purchased/Referred Care program funds primary and specialty health care services that are unavailable at IHS or Tribal health care facilities and are therefore purchased from private health care providers. This can include hospital and outpatient care, as well as physician, laboratory, dental, radiology, pharmacy and transportation services.

The new regulation also establishes payment rates that are consistent across federal health care programs, aligns payment with inpatient services and enables the IHS, Tribal and urban Indian health programs to expand beneficiary access to medical care. For more information on the PRC Rates, visit https://www.ihs.gov/chs/index.cfm?module=prc_rate_info

California Area IHS is available to assist California Tribal programs with PRC Rate implementation. Contact Toni Johnson at 916-930-3981 x354 or by email at toni.johnson@ihs.gov.

Resources & Patient Management System (RPMS) Electronic Health Record (EHR) Improvements

The IHS is improving the RPMS EHR. EHR Release 19 features many enhancements, including a number of Integrated Problem List (IPL) improvements that have been requested. The IHS is also working on improving reporting through the EHR. Currently, RPMS is loaded with data, but it is difficult to extract information, such as in the form of reports. For this reason, some sites have made the decision to move to an expensive "commercial-off-the-shelf" (COTS) product. The IHS is aware of this issue. The CAO Data Visualization project seeks to solve the problem and is working on a way to present whatever information one might require from RPMS in the form of easy-to-read dashboards, in addition to canned and custom reports. To support this project, the IHS/CAO is gathering data from your staff. Please complete the short questionnaire to let us know what sort of reports would be most useful to you:

<https://www.surveymonkey.com/r/2016RPMS>.

Data

Programs that have moved to NextGen have been unable to migrate their patient records data from RPMS to the new system. Since programs rely on that historical data for a number of reasons, they must incur the costs of running RPMS alongside NextGen. ***The IHS/CAO highly recommends that programs do not move to another EHR product until the vendor has provided a solution to this problem.***

Unfortunately, there is no single document that lists all of the files and fields of all of the RPMS applications—there are over one-hundred different packages. The number of files and fields could number into the thousands. It may be possible to get the information out through Fileman Data Dictionary utilities, but this is tedious due to the large number of files within the database. This method of mapping to NextGen would still require validation of equivalent file and field definitions. Programs that decide to go this route should have an RPMS expert on staff or retain a contractor that can handle this sort of complexity. Those programs that have already made the switch should consider reaching out to other NextGen programs to see how they have addressed this issue.

Improve the quality of and access to care...

Immunization Data Exchange

To ensure California Tribal and urban Indian healthcare programs the opportunity to improve immunization practice and at the same time meet associated CMS meaningful use and health plan provider incentives eligibility, the CAO is working with IHS, Tribal, and state immunization program stakeholders to implement electronic immunization data exchange between Indian healthcare organizations and the California Immunization Registry (CAIR) system. With a goal of 90% participation by the end of FY 2016, the CAO is delighted to report the following progress updates:

- Two San Diego County-based healthcare programs are registered for electronically exchanging immunization data with CAIR's San Diego Immunization Registry (SDIR); one is actively exchanging data and the other is projected to be exchanging data with that registry by beginning of next quarter (commencing in July).
- Seventeen California Area healthcare programs are currently registered with CAIR and have "Simple Message Mover" Transport set-up configured; eight of these are in the testing phase and two are in the production phase of the process.
- CAIR 2.0 is slated to begin as early as fall 2016 and will allow for bi-directional, electronic data exchange between the program and the CAIR Immunization Registry. CAIR Staff presented during the May 2016 Providers' Best Practices & GPRA Measures Continuing Medical Education Conference regarding the move to CAIR 2.0 and related training required of all CAIR 2.0 users.

Immunization Committee Representation

To ensure all-age vaccines and related resources are available for prevention of vaccine preventable disease for AI/AN patients served by California Area Indian healthcare organizations, IHS/CAO continues to engage with local, state, and national stakeholders. The CAO Immunization Coordinator serves as a new member of the California Immunization Committee, an advisory group that works to inform improved immunization related communication and practice for California. In an attempt to have broader input from stakeholders, the IHS Immunization Program has formed an IHS RPMS Immunization Practice Committee. The California Area is represented on the committee by CAO Area Nurse Consultant/Immunization Coordinator and the Director of Public Health Nursing/Outreach at Northern Valley Indian Health. In addition, the Medical Director from Tuolumne Me-Wuk Indian Health Center has accepted an invitation to join the IHS RPMS Immunization Practice Committee at the beginning of next quarter.

Vaccines for Adults (VFA) Program

The following Indian healthcare programs have applied for and received approval for enrollment in the California Vaccines for Adults (VFA) Program, a program that will ensure access to 317-funded vaccines for the immunization of adults meeting VFA Program eligibility criteria:

- Native American Health Center in Oakland
- Northern Valley Indian Health in Chico and Willows
- Sacramento Native American Health Center in Sacramento
- Indian Health Center of Santa Clara Valley in San Jose
- Santa Ynez Tribal Health in Santa Ynez
- American Indian Health and Services in Santa Barbara

Retinal Screening for Diabetic Retinopathy

The IHS/CAO is assisting California tribal and urban Indian healthcare programs screen for diabetic retinopathy. Most clinics find a high rate of non-compliance with yearly eye exams for diabetic patients, but yearly eye exams are essential in order to provide timely treatment of sight-threatening complications of diabetes. Patients that are most at-risk of ocular complications tend to be patients that are noncompliant with eye exams. Compliance is almost assured by providing the exams at the time of the primary care visit, whereas there may be non-compliance when the screenings are performed on a separate visit. The IHS/CAO donated a retinal camera to Indian Health Center of the Santa Clara Valley in San Jose to assist with screening at the point of care in their expanded facility.



(Continued on page 4)

Improve the quality of and access to care...cont'd.

Advances in Video Conference Technology

In the California Area, video conferencing is used for telemedicine visits, training and administrative meetings. In the past, setting up a connection was somewhat cumbersome, but the CAO is now using virtual meeting rooms setup at the Aberdeen Area IHS. CAO monthly staff meetings now include all Office of Environmental Health and Engineering (OEHE) staff at five locations around the state. The IHS/CAO also has access to a “video expressway” through the Aberdeen video conferencing bridge. The “video expressway” allows for secure video from locations outside the IHS intranet. This feature makes it easy for outside agencies, such as government or healthcare providers, to communicate via video conference with employees and/or patients.

Annual California Area Dental Conference

The IHS/CAO partnered with the California Dental Support Center to host the Annual Dental Conference for dental providers on May 2-5 in Sacramento. Over 300 dental staff (dentists, dental hygienists, and dental aides), representing over 50 tribal and urban dental clinic sites, attended the event. The conference offered continuing dental education for courses specifically selected to enhance the skills of tribal and urban Indian healthcare program dental staff.

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

The FY 2016 GPRA year ended on June 30, 2016 and GPRA reports are due to the GPRA team at the California Area Office at the end of July. Final FY 2016 GPRA results for the California Area should be available by mid-September. In May, the IHS/CAO published the FY 2015 Annual California Area GPRA Performance Report with results from all reporting California Area tribal and urban Indian healthcare programs. This report was made available to all healthcare program staff at the California Providers' Best Practices & GPRA Measures Continuing Medical Education Conference held in Sacramento May 9-12. To request a digital copy, e-mail the National GPRA Support Team at caogpra@ihs.gov.

To assist California tribal and urban Indian healthcare programs to achieve and meet 2016 GPRA performance measure targets, during the fourth quarter of FY 2016, the IHS/CAO:

- Hosted a national GPRA webinar training session on April 7 for all IHS, tribal, and urban Indian healthcare programs. The webinar focused on strategies for improving the three GPRA dental measures (Dental Access, Sealants, and Topical Fluorides).
- Hosted a California Area GPRA webinar for California Area Tribal and Urban Indian healthcare program staff on June 7 to discuss the California Area 2016 Q3 GPRA results and the FY 2017 GPRA measure logic changes. In addition, Improving Patient Care (IPC) team staff at the CAO provided a brief training on the use of Plan, Do, Study, Act (PDSA) cycles as a tool for quality improvement.

There are new measures and some changes to existing measures for the FY 2017 GPRA year. The changes to the measures are as follows:

- 2 measures are retired in FY 2017 (FY 2016 was the final reporting year):
 - Alcohol Screening (FAS Prevention)
 - Comprehensive CVD Assessment

- 6 measures are new for FY 2017:
 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (new GPRAMA measure)
 - Depression Screening 12-17 years
 - Antidepressant Medication Management (Acute Treatment)
 - Antidepressant Medication Management (Continuous Treatment)
 - Universal Alcohol Screening
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The National GPRA Support Team will host a national GPRA webinar in mid-August focusing on the measure changes for FY 2017. A flyer will be sent out to all health programs with the date and time, once that information is available.

Annual Providers' Best Practices & GPRA Measures Continuing Medical Education

The IHS/CAO and the California Rural Indian Health Board, Inc. (CRIHB) jointly hosted the annual “Providers' Best Practices & GPRA Measures Continuing Medical Education” event on May 10-11 in Sacramento. More than 350 physicians, mid-level practitioners, nurses, and clinic support staff attended this event. The IHS/CAO hosted a one-day pre-event workshop on May 9 to evaluate the role of nurses and behavioral health staff in the provision of quality healthcare and for referral to California's youth regional treatment centers. The pre-event also included a meeting for medical directors. The continuing medical education offered IHS-sponsored training that meets state clinic licensure requirements:

- 32 physicians earned 413.75 American Medical Association Physician's Recognition Award Category 1 Credits through the IHS Clinical Support Center
- 56 nurses earned 1044.25 contact hours through the IHS Clinical Support Center
- 13 mental health professionals earned 53 continuing education units through the IHS TeleBehavioral Health Center of Excellence
- 10 dietitians earned 112 continuing professional education units through the IHS Nutrition and Dietetics Training Program

Improving Patient Care—Made Simple

The CAO Improvement Support Team (IST) is dedicated to assisting California Tribal and urban Indian healthcare programs. The CAO will host the first Improving Patient Care - Made Simple (IPC-MS) training for the following three tribal healthcare programs at the John Moss Federal Building on August 2 – 4, 2016: Tuolumne Me-Wuk Indian Health Center, Lake County Tribal Health Consortium, and Pit River Health Services. In preparation for the training, the CAO IST collaborated with the Executive Director and Medical Director at the Tuolumne Me-Wuk Indian Health Center and facilitated a discussion on April 27 with their medical staff about quality improvement in health care and effective teamwork. The IPC-MS training is a nine-month California collaborative supported by the CAO IST in cooperation with the National IPC team. The goal is for participating programs to achieve Patient Centered Medical Home (PCMH) recognition for improved patient care and access to care.

(Continued on page 5)

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 12. Approximately 145 diabetes coordinators, physicians, mid-level practitioners, nurses, and clinic support staff attended this one-day event. Up to 6 IHS-sponsored credits/units were offered for this event. Many of California’s healthcare programs gathered the evening before the event to meet and share displays or poster boards.

Special Diabetes Program for Indians (SDPI)

The IHS/CAO supports the 37 SDPI grantees in California. Two contracted diabetes program and education specialists work with the Area Diabetes Consultant to provide ongoing technical assistance, including daily virtual contacts and annual in-person site visits.

Additionally, the CAO Area Diabetes Consultant (ADC):

- Attends monthly virtual National ADC meetings with the Division of Diabetes Treatment and Prevention and other ADCs
- Participates in the planning of the Annual Diabetes Care and Outcomes Audit
- Participates in the special virtual meetings concerning the data measures for the SDPI grant
- Participates in the required SDPI training webinars
- Hosts a bi-monthly educational webinar for the California SDPI grantees

A new partnership has developed between the IHS and the Health Services Advisory Group (HSAG) to provide a free evidence-based training called Diabetes Empowerment Education Program (DEEP) for AI/AN community members. This service is supported by the Centers for Medicare and Medicaid Services (CMS) and will be shared with the 37 California SDPI grantees in mid-August via webinar by the HSAG Program Coordinator.

Desert Sage Youth Wellness Center Update

In preparation for the opening of the Desert Sage Youth Wellness Center, the IHS/CAO Health Systems Administrator:

- Visited The Healing Lodge of the Seven Nations in Spokane, WA in April to obtain best practices regarding the operation of a youth regional treatment center (YRTC)
- Met with the Hemet Unified School District to discuss the education component
- Met with the Riverside County Sheriff’s Office to discuss emergency response procedures
- Presented a YRTC update and discussed plans for aftercare at the Annual Providers’ Best Practices & GPRA Measures Continuing Medical Education

On May 27, the IHS’s Division of Engineering Services issued a certificate of substantial completion to Cox Construction making the Desert Sage Youth Wellness Center the first IHS direct-service facility in the California Area. Prior to substantial completion, over 10 service contracts were issued in preparation for accepting operations and maintenance of the new facility. Contract examples include electricity, solid waste disposal, propane, pest control, as well as inspection, testing, maintenance and monitoring of fire protection and alarm systems

On June 27, the following staff started work at the facility:

- Health System Administrator
- Psychologist
- Psychiatric Nurse Supervisor
- Facilities Manager
- Administrative Office
- Administrative Support

All are encouraged to learn about the Desert Sage Youth Wellness Center. For the latest information on the construction and operations as well as recent photos, please visit the IHS/CAO website at <http://www.ihs.gov/california/index.cfm/yrtc-project/>. To arrange a presentation for your organization or community, contact Mr. Mark Espinosa via e-mail at mark.espinosa@ihs.gov.



Drought Update

The Drought Is Not Over

Thanks to better winter precipitation, 2016 is California's wettest year since the drought began in 2012; however, the drought has not ended. California is a big state, and an average winter in northern California does not compensate for four prior years of statewide drought. Ending a drought means having enough precipitation and runoff throughout the state to ease drought effects, and this year's precipitation will not be enough.

- Parts of Northern California remain at below-average precipitation, including parts of the Sierra Nevada.
- Although storage has recovered in most of the large Sacramento Valley reservoirs, this is not the case in the San Joaquin Valley.
- Southern California precipitation is well below average.
- Roughly one-third of southern California's urban water supply is delivered from northern rivers through the Sacramento-San Joaquin Delta. The key reservoir that holds water conveyed from the Delta is less than half full.
- Groundwater levels throughout the state dropped to historic lows during the past four years and as much as 100 feet below previous historical lows in parts of the San Joaquin Valley. One winter season will not recover this storage.
- Forecasted water year runoff in the Colorado River Basin, an important supply for southern California, is only 78 percent of average, continuing more than a decade and a half of prolonged drought conditions in this basin.

Shortages Remain

Large parts of California continue to suffer water shortages.

- The State Water Project, which supplies 25 million Californians, will deliver 60 percent of requested supplies to its water district customers this year. That is up from 20 percent in 2015 and five percent in 2014. The state's other major water project, the federal Central Valley Project, delivers water to nearly two million acres of farmland. Its irrigation district customers received no allocations in 2014 and 2015; its allocation for districts this year on the west side of the San Joaquin Valley is five percent.

- State officials are responding to ongoing water shortage emergencies with small water systems and private well owners, especially in the San Joaquin Valley. The Department of Water Resources is constructing a project to connect East Porterville residents with failed private wells to a public water system. Many of these small system and private well shortage problems will continue until groundwater storage recovers.
- Many water users in the San Joaquin Valley pumped groundwater heavily through the drought to compensate for shortages in rivers and reservoirs. In some areas, the heavy pumping accelerated the sinking of land overlying aquifers. Parts of the valley subsided more than a foot in both 2014 and 2015, increasing risks of damage to critical water infrastructure. Accelerated rates of sinking land surface will continue until surface water allocations improve.



What Will 2017 Bring?

California has been experiencing prolonged dry conditions. Seven of the nine years since 2007 have been dry. California also experienced record warmth during this time, heightening impacts to mountain snowpack and cold-water fisheries. Last year and 2014 were, respectively, the warmest and second-warmest years in 121 years of statewide average temperature records. Accurately predicting whether water year 2017 will be wet, dry, or average is beyond climate forecasters' present skills. California residents must be prepared for the possibility of a dry (and perhaps warm) 2017, and the incremental harm of another dry year on the state's already stressed water resources and water users.

Ensure that our work is transparent, accountable, fair and inclusive...

Healthcare Program Directors Meeting

The IHS/CAO conducted its semi-annual meeting with tribal and urban Indian healthcare program directors in Sacramento on May 9, in conjunction with the Annual Providers' Best Practices & GPRA Measures Continuing Medical Education. Mr. Mark Espinosa, IHS/CAO Health Systems Director, and Dr. David Sprenger, IHS/CAO Psychiatric/Addiction Medicine Consultant, presented on the intake process for the Desert Sage Youth Wellness Center as well as the therapeutic modalities utilized at the facility and establishing an infrastructure for aftercare. The following additional topics were included on the agenda for the meeting:

- Department of Healthcare Services Update
- Covered California
- Medicare/Medicaid Fraud & Abuse
- Screening for Depression, Alcohol, and Other Drugs
- Update from the Governor's Tribal Advisor
- Resources & Patient Management System (RPMS)/Electronic Health Record (EHR) Update



Indian Health Service/California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706
(916) 930-3927

<http://www.ihs.gov/California/>

