



Quarterly *highlights*

The California Area IHS reports its accomplishments during the second 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

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

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

Division of Environmental Health Services (DEHS)

In October 2015, the California Area IHS Injury Prevention program announced the availability of mini-grants to Tribal and urban Indian healthcare programs for the purchase of bicycle helmets, child safety seats, and smoke detectors. In 2016, nearly \$33,000 in funding will be distributed to 13 Tribal and urban Indian healthcare programs. Contract modifications are in process and award letters will be issued shortly.

LCDR Molly Madson is in the process of initiating an injury prevention project in collaboration with the Yurok Suicide Prevention Task Force that is focused on reducing access to lethal means as an intervention strategy. This is a proven strategy that has been empirically proven to reduce the number of suicide deaths. When combined with safe gun storage training and behavioral health counseling, the project initiated by Lcdr Madson will significantly enhance the effectiveness of the Task Force's efforts. Intervention devices designed to restrict access to firearms, such as trigger locks, will be distributed in collaboration with UIHS Social Services. UIHS Social Services will identify and refer Yurok families for receipt of the intervention devices provided by the project as well as training in gun storage best practices.

DEHS is committed to ensuring an institutional environmental health officer will join the Office of Public Health (OPH) team during biannual program reviews of Title I tribal healthcare facilities in the California Area. Participation by institutional environmental health staff helps to ensure issues pertaining to occupational health and safety as well as environmental compliance are thoroughly assessed as part of the program review process. The first joint site assessment that included a representative from DEHS occurred in March at Greenville Rancheria.

Tribal General Equipment Awardees

Awardees for Tribal General Equipment funds were announced including the Southern Indian Health Council, Riverside-San Bernardino County Indian Health, and Feather River Tribal Health programs for a combined \$772,000. Tribal General Equipment funds are awarded for new or expanded tribal health program space.

Sustainability Project Awards

The Northern Valley Indian Health program was awarded \$49,000 in sustainability funding to support a project to retrofit existing lighting with energy efficient light emitting diodes (LED) lighting.



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

Division of Sanitation Facilities Construction (DSFC)

Each year at this time, the DSFC Program collaborates with Tribes to update the Sanitation Deficiency System (SDS), which is an inventory of water, sewer, and solid waste needs for existing Indian homes and communities. Under the Indian Health Care Improvement Act, the IHS is required to maintain inventories of sanitation deficiencies, to prioritize those deficiencies, and to annually report them to Congress for funding. Typically, the California Area receives \$2-3 million each year for sanitation projects to address these needs.

Due Dates and Timeline

The table represents a summary of critical due dates and a typical timeline of important activities related to SDS.

Date/Timeline	Activity
February 1 to June 1	District staff review, develop, and update SDS projects and consult with Tribes
June 1 to June 30	District Engineer reviews SDS data
July 1	District Engineer submits SDS to Area Office
July 1 to July 31	Area Office reviews SDS data
August 1	Area Office submits SDS to Headquarters
August 1 to December 31	Headquarters reviews, requests additional supporting information, finalizes SDS annual update, and performs official snapshot report for Congress.
January 1 to April 1	Based on SDS data, Headquarters provides Regular Fund allocation to Area Offices, and Area Offices fund projects from the SDS list (e.g. create PDS projects).

Tribal Consultation

IHS staff provide support to Tribes in order to develop, sort, and prioritize SDS projects. This is accomplished by a variety of means including field visits, site investigations, meetings with utility and environmental directors, and presentations to the Tribal Council. Documentation of the Tribe's priorities is required, and is submitted with the SDS projects. The general process to consult with Tribes to share, review, and update the annual SDS data is summarized below.

Step 1 (February 1—March 1)

Announce the annual SDS update to Tribes, and provide Tribal Input Form (for new deficiencies) and current portfolio of existing SDS projects.

Step 2 (March 1—April 1)

Coordinate follow-up communication with Tribe to review proposed and existing SDS projects, initially discuss Tribal priorities, intended method to communicate Tribal priorities, and conduct initial reconnaissance.

Step 3 (April 1—May 1)

Update SDS projects and adjust SDS scores accordingly based on Tribal input and other information from field visits and Tribally-provided documentation.

Step 4 (May 1—June 1)

Coordinate follow-up communication with Tribe to review significant updates to SDS projects and obtain finalized priorities.

Step 5 (June 1—July 1)

Attach documentation of Tribal project priorities to each associate SDS project.

Improve the IHS...

Health Information Exchange, Patient Portal, and Data Exports

The Resources & Patient Management System (RPMS) electronic health record (EHR) is having all of the growing pains that most EHRs are having. Meaningful Use deliverables, such as health information exchange connectivity, and patient portals that allow for access to patient information, are coming soon.

RPMS is ahead of the pack in many respects:

- All but one California tribal healthcare program using RPMS is completely ready to begin implementing the patient health record (PHR) and secure email messaging for patients.
- While other expensive commercial off-the-shelf (COTS) EHRs struggle to provide data to the IHS National Data Warehouse, RPMS' reporting capability allows for easy reporting. In fact, the CAO completes the reports for several California Area healthcare programs. In addition, the CAO exports data for many programs using expensive COTS systems, but they must maintain an RPMS database for reporting purposes.
- CAO is planning to offer simplified managed care reporting capability through the RPMS EHR platform. California healthcare programs will soon be able to access a report that can be submitted to managed care entities.

The CAO is listening to the concerns of California tribal and urban Indian healthcare programs and is working on usability issues. The CAO is determined to improve RPMS and ensure funding is spent on health care, not software.

SNOMED and ICD-10

IHS has incorporated Systematized Nomenclature of Medicine (SNOMED) into the RPMS EHR. The introduction of SNOMED has proven difficult for some health programs who prefer to enter ICD-10 codes directly. This is considered by IHS to defeat the purpose of SNOMED, which codes clinical data as it is inputted.

EHR Release 18 will introduce "conditional" maps. This is the first of several releases that will leverage data already collected during a patient encounter. When a provider selects a Purpose of Visit, the conditional maps will derive an ICD-10 code. EHR Release 19 will add more conditional maps.

The California Area IHS is committed to providing powerful EHR software at the lowest cost and the highest level of professional support.

Improve the quality of and access to care...

Personal Health Record

CAO staff have worked diligently over the last year to prepare for roll-out of the RPMS Personal Health Record (PHR) to adult patients at Tribal and urban Indian healthcare programs in California.

The PHR encourages patients to engage more actively 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

Patients can learn about the RPMS PHR and register for a **FREE** PHR account at <https://phr.ihs.gov>. After registering for a PHR account, clinic staff will verify the patient's identity and link their account.

Patients are responsible for safeguarding their protected health information (PHI) by maintaining their user name, password, and health information in a safe and secure manner.

Patients can learn more about HIPAA Privacy at <http://www.hhs.gov/hipaa/for-individuals/index.html>.

Immunization Data Exchange

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. CAIR offers a health information exchange (HIE) web application that allows immunization data transmission to a state immunization registry through a secure gateway. Since CAIR exchanges data with many stakeholders, providers, hospitals, laboratories, local health jurisdictions and federal agencies, Tribal healthcare programs that interface with CAIR will have access to immunization records for patients receiving care outside of their clinic. The CAO is advancing towards the goal of 90% of programs electronically exchanging immunization data with a state-based immunization registry by the end of FY 2016. To date, two San Diego County-based healthcare programs are registered for electronically exchanging immunization data with CAIR's San Diego Immunization Registry (SDIR), and one of these programs is actively exchanging data with that registry. Seventeen additional California Area healthcare programs are registered with CAIR and have "Simple Message Mover" Transport set-up and configured. Ten of these programs are in the testing phase and one program is in the production phase of the process.

Nutrition Education

The California Area IHS promoted networking and collaboration with nutrition/dietitian updates and the initiation of virtual meetings. In fostering the sharing of what works, registered dietitians are supported in using their thorough understanding of metabolism and nutrition science to help clients increase their knowledge about healthy eating habits.

Physical Activity

The California Area IHS, in partnership with the Just Move It campaign, continued to promote physical activity. To help kick-off the annual Just Move It campaign, twenty-five participants joined the annual fun run/walk during the Annual Tribal Consultation in March.

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

As of the second quarter of FY 2016, the California Area has met the targets for 9 of the 24 GPRA/GPRAMA performance measures, and is within range of meeting four additional measures. Of the 9 measures that have been met as of 2nd quarter, 6 of those measures have baseline targets in FY 2016, meaning all health programs will meet those measures this year.

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

- Hosted a California Area webinar session on March 8 for California tribal and urban Indian health programs. The webinar featured FY 2016 California Area 2nd Quarter GPRA results, updates on CAO FY 2016 improvement strategies, and a presentation from Northern Valley Indian Health Program sharing their HIV Screening and Retinopathy successful practices. Twenty-five California healthcare program staff attended the session.
- Hosted three national webinar training sessions for all IHS, tribal, and urban Indian healthcare programs. On January 7, the training session focused on the new HIV Screening Ever measure. On February 4, the IHS Division of Diabetes Director presented on the new Statin Therapy in Diabetics measure. On March 3, the National GPRA Support Team provided a GPRA 101: Introduction to GPRA training session.

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

Desert Sage Youth Wellness Center Update

Construction of the Desert Sage Youth Wellness Center is almost complete. Major construction milestones completed include resident building interior finish work, fiber optic cable from Sage Road, liquid propane gas storage tanks and plumbing, exterior PVC wood siding, asphalt parking lot surfaces, and exterior walking trail and concrete sidewalks. Due to unexpected construction issues, the estimated construction completion date was extended to early May 2016.

The CAO has offered positions to three key staff (Psychologist, Nurse Supervisor, and Facilities Manager). The CAO will hire an Administrative Officer and an Intake/Aftercare Coordinator soon. All of these senior managers will start in June 2016 and will work on policies for their particular departments as well as hire their staff. The remaining positions should be posted in July.

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

Mr. Mark Espinosa, Health Systems Administrator, is conducting outreach to communities. On February 13, Mr. Espinosa hosted an informational booth at the Stockton Pow-Wow. On March 2, Mr. Espinosa presented to the Yurok, Karuk, and Hoopa tribes at a joint conference on Rehabilitation and Wellness in Klamath. On March 9, Mr. Espinosa provided an update on the progress of the facility and aftercare evaluation project during the Annual Tribal Consultation. On March 11, the CAO hosted a tour of the Desert Sage facility for over 50 people.

The CAO encourages all communities to learn about the Desert Sage Youth Wellness Center in preparation for the opening of the facility in late Fall 2016. Mr. Espinosa is available to present to your organization or community. For more information, contact Mark Espinosa at mark.espinosa@ihs.gov or visit <http://www.gov/california/index.cfm/yrtc-project/>.



Desert Sage Pictures Above (Clockwise from left): Courtyard, Cultural Building, Gym/Education Building , Landscaping & Sidewalk

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

Annual Financial Reports for FY 2014 and FY 2015

To provide tribal governments and tribal and urban Indian healthcare programs with a complete accounting of the IHS/CAO budget, IHS published the FY 2014 and FY 2015 IHS/CAO Annual Reports. In addition to fiscal year financials, the Annual Report features details about IHS/CAO programs, services, and accomplishments. The reports were provided to all attendees at the California Area Annual Tribal Consultation in Alpine on March 8-10. All IHS/CAO Annual Reports are available at <http://www.ihs.gov/california/index.cfm/tribal-consultation/resources-for-tribal-leaders/tribal-consultation-resources/>.

2015 California Area GPRA Report

The IHS/CAO publishes an annual California Area Report with GPRA performance results of all California Area tribal and urban Indian healthcare programs. This enables the programs to compare their own performance against that of other programs, against their own prior year performance, and against the Area average. The report includes additional information about the clinical importance of the measures as well as a trend graph of the progress made on the measures nationally. The 2015 California Area Report will be available to all healthcare program staff at the California Providers' Best Practices & GPRA Measures Continuing Medical Education Conference in Sacramento on May 9-12. To request a copy, e-mail the National GPRA Support Team at caogpra@ihs.gov.



Indian Health Service/California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706
(916) 930-3927
<http://www.ihs.gov/California/>

