



# Quarterly *highlights*

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Area Director

The California Area IHS reports its accomplishments during the fourth 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

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

### **Taking Control of Your Diabetes**

The CAO collaborated with Northern Valley Indian Health to host the Taking Control of Your Diabetes (TCOYD) Conference for American Indians/Alaskan Natives (AI/ANs) and their families. This one-day conference occurred on August 27 at the Rolling Hills Resort and Casino in Corning. Approximately 300 AI/AN persons with diabetes and/or family members attended. One attendee reported, "Now that I have attended TCOYD, I will make better decisions about my life." Another attendee reported, "Attending TCOYD has made me want to change my lifestyle for me and my family."



TCOYD participants exercising to video

### **Special Diabetes Program for Indians**

The Tribal Leaders Diabetes Committee (TLDC) met in Scottsdale, AZ on September 22-23 immediately following the National Indian Health Board (NIHB) meeting at the Talking Stick Resort. Ms. Rosemary Nelson, Primary TLDC Representative, and Ms. Dominica Valencia, Alternate TLDC Representative, represented California at the meeting. During the meeting, Ms. Nelson reported on the work California is doing for the SDPI grants and diabetes education. Ms. Nelson also provided an urgent message to the California Area Tribal Advisory Committee (CATAC) on the FY 2018 Budget for SDPI continuation, urging Tribal leaders to support legislation to renew SDPI.

### **Diabetes Empowerment Education Program**

The CAO is partnering with the Health Services Advisory Group (HSAG) to access free evidence-based peer educator training, Diabetes Empowerment Education Program (DEEP), for AI/AN community members and clinical staff. DEEP is a Medicare-approved Diabetes Self-Management Education program for people with prediabetes or diabetes. Increasing access to DEEP is essential to ensure that people with diabetes and prediabetes can acquire the knowledge and skills necessary to reduce complications resulting from diabetes, such as kidney failure, amputation, vision loss, heart failure, and stroke. This training opportunity was shared with all 37 California SDPI grantees during an August webinar.

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

Each of the following trainings will permit up to 25 participants:

- Redding Rancheria Indian Health in Redding on November 8-10, 2016
- Consolidated Tribal Health in Ukiah on January 18-20, 2017
- Sonoma County Indian Health Project TBD in 2017
- Chapa-De Indian Health Program TBD in 2017

### **General Environmental Health Services**

During the fourth quarter of fiscal year 2016, IHS/CAO Division of Environmental Health Services (DEHS) staff completed 130 environmental health surveys of tribal facilities and three dog bite investigations. In addition, DEHS staff offered the following environmental health trainings:

- Blood Borne Pathogen Training at the Round Valley Indian Health Clinic
- Introduction to Indoor Air Quality Training at the Round Valley Indian Health Clinic
- Food Handler's Training to individuals operating food stands at the Hoopa Sovereign Day event
- Food Handler's training to the staff of the Redding Rancheria Head Start
- Food Handler's Training to the staff of Pinoleville Head Start

### **Injury Prevention Mini-Grant Program**

The IHS/CAO Injury Prevention Program announced the availability of mini-grants to Tribal healthcare programs for use in the purchase

of bicycle helmets, child passenger safety seats, and smoke detectors on October 14. The applications were significantly revised to clarify the eligibility and application submission and review process. Additionally, the application was changed to an electronic fillable PDF format to enhance the ease by which a Tribal healthcare program may complete and submit an application. The new application has been distributed electronically to California Area tribal healthcare program directors and injury prevention stakeholders. Completed applications are due December 16, 2016.

### **Update on the California Drought and Planning Now for Future Events**

While the days have cooled and October has already had a few rain events, the California drought still persists. From 2012 to 2015, California recorded its driest four-year period of statewide precipitation, and in 2016 many regions remained in drought conditions. The current conditions reported by the U.S. Drought Monitor indicates that over 40% of California is at extreme or exceptional drought (see map on right for additional details).

A fully approved and enforceable Drought Contingency Plan (Plan) is one of the best tools a Tribal water utility has at its disposal to limit impacts of droughts. A Plan is created for a specific Tribal community's water system and provides a framework for planning and response actions based on incremental triggering criteria. For example, a triggering condition of a change in the well's water level

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## *Improve the IHS...*

### **Recent Electronic Health Record (EHR) Enhancements**



The IHS/CAO has been working diligently to enhance usability issues that have been on hold because of Meaningful Use requirements. These enhancements are significant and include mostly those that clinical staff have requested, including:

- Purpose of visits (POV) now include conditional mappings when extracting ICD-10 codes that take into account the patient's age at the time of the visit, sex, BMI, trimester, and with or without abnormal findings

- POV search results allow frequently used terms to be more accessible, placing them toward the top of the returned list of choices
- The Integrated Problem List (IPL) has the most new functionality. In an effort to remove clutter from the problem list, there are now tabs for different categories of problems, including inactive, episodic, chronic, and routine/admin, to name a few. These tabs only display if there are problems in that category. Providers can customize which tabs display when they open the IPL for a patient visit as well as which columns display
- There is now the ability to automatically reassign problem statuses based on default terminology for chronic, routine/admin, and social/environmental. There is another site configurable parameter that will automatically move episodic problems to the inactive tab after a site-determined time period
- New "Edit Today's POVs" button in the IPL and Visit Diagnosis component brings up the POV dialog box where providers may edit one or more POVs at once
- Can now select multiple problems at once and change the status, add comments, and change priority

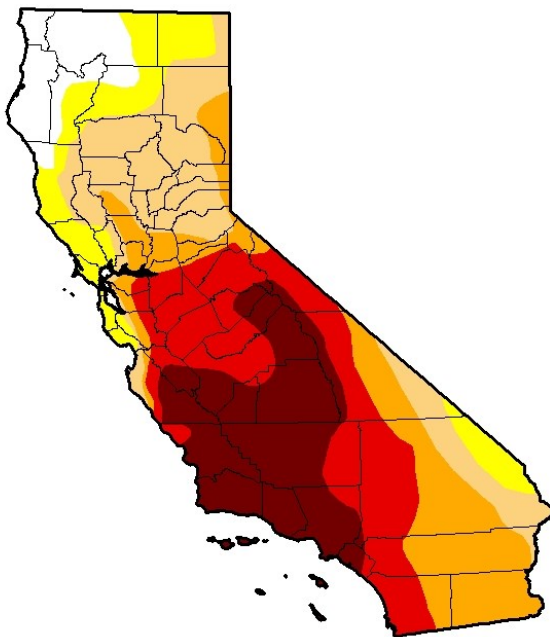
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by a specified depth would initiate a response action for water demand reduction best management practices, such as mandatory customer water use limits. The overall goal of the Plan, and the contingency planning process, is to facilitate rapid emergency response.

Over the past few years, there has been an increase in Tribal Drought Contingency Plans. Currently, nine Tribal water systems from four different Tribes have fully approved Plans that are in use, and 34 Tribal water systems from 25 different Tribes have draft Plans. The IHS/CAO Division of Sanitation Facilities Construction (DSFC) will coordinate and collaborate with Tribes on finalizing draft Plans and initiating new Plans. DSFC has developed a template Plan that Tribes can adopt and modify, and is located on the Area's website at: <https://www.ihs.gov/california/index.cfm/offices/oehe/dsfc/drought-2016/> Many water agencies in California have stated that the drought may be a "new normal". Because of this, California's success or failure in responding to future drought emergencies will be determined by what is done now (when the drought is not so severe), and not by what is done when the extreme drought has occurred (when the rivers and tanks are empty).

## U.S. Drought Monitor California



**October 18, 2016**

(Released Thursday, Oct. 20, 2016)

Valid 8 a.m. EDT

Drought Conditions (Percent Area)

	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
<b>Current</b>	7.77	92.23	81.12	61.80	42.80	21.04
<b>Last Week</b> 10/11/2016	0.00	100.00	83.59	62.27	42.80	21.04
<b>3 Months Ago</b> 7/19/2016	0.00	100.00	83.59	59.02	42.80	21.04
<b>Start of Calendar Year</b> 12/29/2015	0.00	100.00	97.33	87.55	69.07	44.84
<b>Start of Water Year</b> 8/27/2016	0.00	100.00	83.59	62.27	42.80	21.04
<b>One Year Ago</b> 10/20/2015	0.14	99.86	97.33	92.27	71.08	46.00

### Intensity

<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> D0 Abnormally Dry	<span style="background-color: red; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> D3 Extreme Drought
<span style="background-color: orange; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> D1 Moderate Drought	<span style="background-color: darkred; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> D4 Exceptional Drought
<span style="background-color: #ffcc00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> D2 Severe Drought	

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.

### Author:

Eric Luebbehusen

U.S. Department of Agriculture



<http://droughtmonitor.unl.edu/>

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- If a problem is currently on the problem list and a provider tries to set it as today's POV from the IPL search, a pop-up edit dialog opens for the provider to edit the pre-existing problem instead of just receiving a message that states that the problem already exists
- Laterality is now available for diagnosis that is required for billing
- New calendar controls for more flexibility in entering dates
- The ability to add brief obstetrics notes for prenatal problems

The IHS/CAO encourages program staff to participate in ongoing training for the Resource & Patient Management System (RPMS) and electronic health record (EHR). Clinics who participate in the ongoing resources that IHS offers are the ones who are the most successful with RPMS EHR. There is always something new to learn, and as staff become proficient in the tools that they use, they will become more efficient and less frustrated by them. This, in turn, allows them to provide even better care to their patients. The IHS/CAO offers an informal training opportunity every Thursday afternoon, "Office Hours". During these Adobe Connect sessions, RPMS site managers and clinical applications coordinators

(CACs) are updated on current information and given the opportunity to ask specific questions. It is a great way to collaborate with the IHS/CAO and other clinics.

## Division of Environmental Health Services (DEHS) Operating Guidelines

In September, the IHS/CAO DEHS revised its Division Operating Guidelines for the survey process. The revised guidelines include:

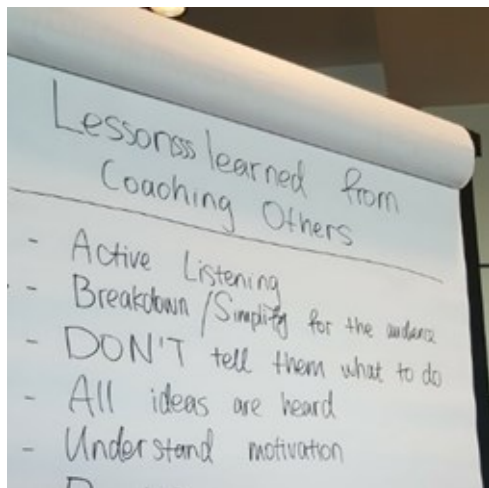
- Instructions for determining the authority/authorities having jurisdiction over a Tribal facility
  - Deadlines for preparing survey reports
  - Internal review of survey reports
  - Distribution of survey reports
  - Use of corrective actions plans
  - Issuance of food sanitation certificates by IHS/CAO DEHS staff
- The guideline is expected to be finalized and go into effect in November 2016.



## Improve the quality of and access to care

### Improving Patient Care—Made Simple

The IHS/CAO seeks to improve the quality of and access to care by developing the Area Improvement Support Team (IST), which is dedicated to assisting California Tribal and urban Indian healthcare programs. The first Improving Patient Care—Made Simple (IPC-MS)



IHI Coaching training notes

training was held and hosted at the CAO on August 2-4, 2016. The following three healthcare programs participated in the training: Tuolumne Me-Wuk Indian Health Center (Tuolumne), Pit River Health Service (Burney), and Lake County Tribal Health Consortium (Lakeport). The IPC-MS training is a nine-month California collaboration supported by the CAO IST in cooperation with the National IPC team, committed to partnering with all Tribal, urban and IHS service units in achieving their Patient Centered Medical Home (PCMH) recognition status for improved patient care and access to care.

Two CAO IST members are enrolled in the Institute for Health Care Improvement (IHI) Improvement Coach Professional Development Program. This training is timely as the current IPC-MS teams embark on their quality improvement journeys and need coaching at the beginning. This individualized coaching will enhance the groundwork needed to establish a culture of quality improvement in each medical clinic.

The CAO IST has presented to the Health Boards of Pit River Health Service (Burney) and Lake County Tribal Health Consortium (Lakeport) regarding the important role of leadership in healthcare improvement. The CAO IST also presented on the role of Health Board members to fully understand their role in patient safety and quality during the California Area Tribal Advisory Committee (CATAC) meeting in September.

### Health Promotion/Disease Prevention Program

The IHS/CAO, for the eleventh year, partnered with the Just Move It campaign to promote physical activity. The IHS/CAO held a complementary campaign that promoted the IHS Physical Activity Kit. The primary goal of the kit is to increase the time spent in moderate-to-vigorous physical activity across the lifespan, with culturally appropriate physical activities. The IHS/CAO concentrated on tobacco prevention efforts with up-to-date web-based resources and program projects. Partnerships with Tribal and

urban Indian healthcare programs helped to expand and foster health education and community wellness initiatives by focusing on addressing locally identified health needs. Ongoing networking and collaborations with registered dietitians/nutritionists in the California Area continue to support efforts to increase knowledge about healthy eating habits.



### Who should get an annual “flu” vaccination?

**The Centers for Disease Control (CDC) recommends seasonal “flu” vaccination each year for the following:**

- **All persons 6 months of age and older**, unless medically contraindicated
- **Persons identified as “High Risk” are especially at risk for severe flu illness.**
- **Healthcare Personnel**
- **Persons who live with or care for people at elevated disease risk**

### Vaccine Program

California Area Tribal and urban Indian healthcare organizations that have placed orders for seasonal influenza vaccine through the National Supply Service Center have received full allocation and are widely offering the vaccine through influenza clinics staged in clinic and community settings. The IHS/CAO is in the process of reviewing and amending the draft California Area Seasonal Influenza Plan which was developed for the past flu season. The newly signed IHS Influenza Vaccination Policy for Healthcare Personnel has been distributed to all California Area Tribal and urban Indian healthcare organizations, many of which have already implemented such policies for their staff in order to ensure vaccine coverage among personnel and reduce influenza virus transmission.

## 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. CAIR has moved to a new registry database/software, CAIR 2.0. There have been unanticipated delays that have occurred with the CAIR software shift. The IHS/CAO is working with the IHS Office of Information Technology to secure technical expertise that will ensure the training needs of Tribal and urban Indian healthcare programs are satisfied.

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

In FY 2016, California Area tribal healthcare programs, on average, improved on 14 of 16 measures with comparable data in FY 2015. Eight measures were either new for FY 2016 or had measure logic changes, so FY 2015 data is not comparable. The new measures are Statin Therapy for patients with Diabetes, Influenza vaccination age 6mo-17, Influenza vaccination 18+, and HIV Screening. The measures with logic changes are Diabetes: Controlled Blood Pressure, Domestic/Intimate Partner Violence Screening, Alcohol Screening, and CVD Comprehensive Assessment. California met the national targets for 15 of 24 GPRA performance measures. These five measures had the largest improvements:

- Nephropathy Assessed
- Depression Screening (GPRAMA Measure)
- Cervical Cancer (Pap) Screening
- Retinopathy Exam
- Controlling High Blood Pressure (MH)

California Area tribal healthcare programs met the target for 2 of 4 clinical GPRAMA measures in FY 2016:

- Good Glycemic Control
- Comprehensive CVD Assessment

In FY 2016, California Area urban Indian healthcare programs improved on 5 of 12 measures reported by urban programs with comparable data in FY 2015. These three measures had the largest improvements:

- Breastfeeding Rates
- Tobacco Cessation
- Depression Screening

Congratulations to Lake County Tribal Health Consortium, Inc. (Lakeport) who met 24 of 24 measures reported by Tribal programs in FY 2016. Well done!

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:

- Surveyed the GPRA Coordinators at each Tribal and urban Indian healthcare program in California to help focus quality improvement efforts and assist with the planning of future trainings/conference calls
- Hosted a national GPRA webinar training session on August 23 for all IHS, Tribal, and urban Indian healthcare programs to learn about the FY 2017 GPRA/GPRAMA measure logic changes

## Sacred Oaks Healing Center Update

The IHS/CAO issued a presolicitation notice in September 2016 for design and construction of the Sacred Oaks Healing Center which will be located near Davis, CA. The presolicitation provided notice to the interested bidders that a Request for Proposals (RFP) will be issued in mid-October 2016 for a design/build, firm-fixed price construction contract to design and construct the Sacred Oaks Healing Center. Similar to the Desert Sage Youth Wellness Center, the 36,000-38,000 square foot residential treatment center will serve American Indian/Alaska Native (AI/AN) adolescents who are experiencing life struggles with alcohol and substance abuse. During the design and construction process, the IHS/CAO will emphasize sustainability goals; operational maintainability; community features; and, how the site layout, massing, and organization enhances the public and staff functions of the youth treatment environment and culturally appropriate setting. Design and construction is anticipated to commence in early 2017 with an approximate performance period of two years.

## Desert Sage Youth Wellness Center Update

In preparation for the opening of the Desert Sage Youth Wellness Center (Desert Sage), the IHS/CAO Health Systems Administrator and/or his staff:

- Attended the IHS Behavioral Health Conference in Portland, OR on August 8-11
- Met with the Southern California Tribal Chairmen's Association (SCTCA) in Escondido, CA on August 15-16 to discuss the youth regional treatment center (YRTC) Tribal Advisory Committee
- Visited the Ravens Way Regional Treatment Center in Sitka, AK on September 7-9
- Provided a tour to the Tribal Temporary Assistance for Needy Families (TANF) representatives of the SCTCA on September 16

IHS/CAO Division of Environmental Health Services (DEHS) staff have assisted the Health Systems Administrator with developing and implementing interim life safety measures. DEHS staff have also worked with Desert Sage's Safety Officer to identify institutional environmental health policy gaps and develop an emergency response plan based on a hazard surveillance assessment.

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As key leadership staff have begun employment at Desert Sage, the IHS/CAO has begun focusing on workflows and processes. Workflows have been developed for employee onboarding and resident intake. The workflows will inform the creation of electronic forms and templates for documentation of services provided to residents at Desert Sage. These efforts are focused on improving both quality of and access to healthcare to Native American youth in California.

Additionally, the IHS/CAO has participated in the following outreach activities in preparation for the opening of Desert Sage:

- Presented to the staff and Health Board at Indian Health Council on August 4
- Attended the Soboba Clinic Open House on September 1

- Conducted a Job Fair at Desert Sage on September 21
- Staffed an information booth at Native American Day at the State Capitol in Sacramento on September 23
- Presented at the Riverside/San Bernardino County Indian Health Strategic Planning meeting at Lake Arrowhead on September 29
- Distributed the second YRTC newsletter (now available online at <https://www.ihs.gov/california/index.cfm/yrtc-project/newsletters/>)

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](mailto:mark.espinosa@ihs.gov).

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

#### **Environmental Health Summary Reports**

In November, upon the adoption of the revised Division Operating Guideline for the Survey Process, the IHS/CAO Division of Environmental Health Services will implement a practice of preparing annual summary reports for each field and district environmental health program in the California Area. These reports will be distributed to Tribal healthcare program directors and other environmental health program stakeholders. These reports will summarize the environmental health services and activities delivered during the preceding calendar year and outline the goals for the program for the next calendar year. Feedback from Tribal healthcare program directors and stakeholders regarding the IHS/CAO environmental health program and its programmatic goals for 2017 is most welcome and strongly encouraged.

## New Staff

Five new staff reported for duty at the Desert Sage Youth Wellness Center on June 27th, including:

- Dr. Emily Streeter, Clinical Director
- Ms. Marla Jones, Administrative Officer
- Ms. Michelle Blackowl, Administrative Support Assistant
- CDR Maya Gripper-Carroll, Supervisory Nurse
- Mr. Michael Cadena, Facility Maintenance Supervisor



**Pictured on right** (clockwise starting from top left): Dr. Streeter, Ms. Jones, Ms. Blackowl, CDR Gripper-Carroll, Mr. Cadena



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