



Welcome to the second issue of our monthly *IPC Elements* eNewsletter. If you are interested in improving patient care — and want to learn more about the IHS program that's already having an impact on the health care of American Indians and Alaska Natives — this eNewsletter is for you! This month, we'll look at **IPC – Made Simple** and the role of the Area **Improvement Support Teams** (ISTs) while keeping you current on the progress and impact of the IPC program and other useful information.

## GETTING TO KNOW IPC

The Improving Patient Care (IPC) program seeks to support the transformation of the Indian health system by establishing Patient Centered Medical Homes (PCMHs) and developing high-performing, innovative patient-centered teams to improve the quality and delivery of care — with an emphasis on prevention and wellness.

Participating sites have already provided greater access to care, improved screening rates and clinical outcomes (early detection and treatment) and strengthened relationships between providers, patients, their families and Tribal communities. Increasing patient self-management and patient/family engagement are among the most important improvements resulting from IPC's implementation; other benefits include greater efficiency and reduced need for acute care, as well as increased satisfaction of patients and staff.

To date, 174 teams from Indian health facilities have joined the IPC movement. You should, too!

## INTRODUCING: IPC – MADE SIMPLE

IPC – Made Simple (IPC – MS) is a nine-month curriculum that teaches foundational principles of quality improvement and provides the tools you need to get patients organized and teams in place for success, from optimizing the care team to collecting, monitoring and submitting improvement data.

IPC – MS trainings will be available in every Area. IPC has revised the focus from national collaboratives to a regional model instructed by Area **Improvement Support Teams (ISTs)**. These three- to six-member interdisciplinary teams serve as lead faculty for the IPC – MS curriculum in their Areas and foster proven best practices for quality improvement.

Area IST team leads serve as liaisons between the National IPC office, the Areas and participating IPC sites. Leads also support sites at the local level.

Your IST members are highly skilled experts in quality-improvement concepts, methodologies and measurement tools; they work closely and collaboratively with IHS Area Directors committed to providing ongoing support for improvement efforts in the field. And they look forward to working with you!

***Are you interested in setting up IPC – MS training at your facility?*** Please contact your Area IST lead or Improvement Advisor [Susan Anderson](#) for details.

## MEET YOUR AREA IST LEADS

Alaska: <a href="#">Danielle Blanchard</a>	Navajo: <a href="#">Kathy Ray</a>
Albuquerque: <a href="#">Melvina Murphy</a>	Oklahoma City: <a href="#">Julie Erb-Alvarez</a>
Bemidji: <a href="#">Antonio Guimaraes</a>	<a href="#">Teresa Chaudoin</a>
Billings: <a href="#">Carol Strasheim</a>	Phoenix: <a href="#">Helen Stafford</a>
California: <a href="#">Helen Maldonado</a>	Portland: <a href="#">Jonathan Merrell</a>
Great Plains: <a href="#">Janelle Trottier</a>	Tucson: <a href="#">Open</a>
Nashville: <a href="#">Kristina Rogers</a>	
<a href="#">John Shutze</a>	

## SHOUT-OUT TO OKLAHOMA CITY AREA!

The National IPC Team wants to acknowledge the work of the Oklahoma City Area for adapting and streamlining materials in the original IPC Made Simple program and getting it started. The National Level IPC – MS was built on the work of the Oklahoma City Area and the National Team is grateful for its innovative spirit and contribution.

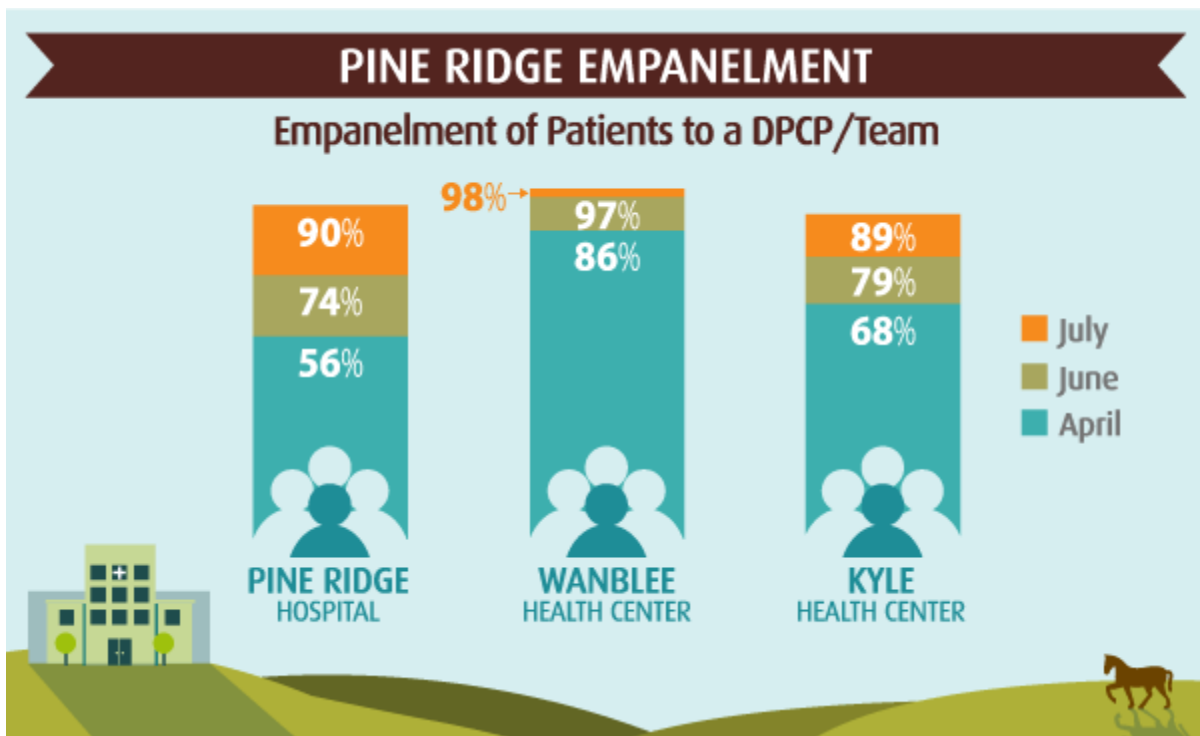
## ENSURING CONTINUITY OF CARE

Assigning patients by name to a Designated Primary Care Provider (DPCP) or care team — called “empanelment” — is a proven method to ensure continuity of care. Continuity of care is associated with reductions in appointment demand, hospitalizations, referrals, lab tests, imaging, duplication of prescriptions and missed-appointment rates.

Empanelment is essential for improving patient care. It’s also a critical step toward establishing Patient Centered Medical Homes (PCMHs) and becoming PCMH-accredited.

## IPC SUCCESS: EMPANELMENT

In early April, the Great Plains Area provided IPC – MS training to facilities in its Pine Ridge Service Unit in South Dakota and soon began seeing increases in empanelment rates. The graphic below shows the changes from April through July 2016 at Pine Ridge Hospital, Kyle Health Center and Wanblee Health Center.



## THE IPC LISTSERV

A very important IPC resource is the **IPC Listserv**. This electronic mailing list is the best way to stay up-to-date on the latest news and happenings in the world of IHS IPC. The IPC National Team uses this email list to communicate all webinar dates, links and any changes to the program. More importantly, it is a great tool for networking with other participating IPC sites and IST team members, to share ideas and to discuss a variety of topics related to improving the quality of care throughout IHS.

Are you on the **IPC Listserv**? Sign up [here](#)!

## KEEP IN TOUCH!

We hope you enjoy receiving *IPC Elements*. Please [email us](#) with questions, suggestions, success stories — or if you would like more information about how you and your leadership can implement IPC at your own facility!



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