



THE IHS PRIMARY CARE PROVIDER



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ACC/AHA Dyslipidemia Guideline Review

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In February 2014, the Indian Health Service (IHS) National Pharmacy and Therapeutics Committee (NPTC) convened to review the November 2013 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. This is the first update to the National Heart, Lung, and Blood Institute's Adult Treatment Panel (ATP III) recommendations in ten years.

Epidemiology

Heart disease and stroke, respectively, represent the second and seventh leading causes of death in the American Indian and Alaska Native population. Dyslipidemia is a common and important major risk factor for the development of atherosclerotic cardiovascular disease (ASCVD).

Scope of the Cholesterol Treatment Guideline

The November 2013 cholesterol treatment guideline focuses almost exclusively on a strategy of fixed-dose statin therapy for both the primary and secondary prevention of atherosclerotic cardiovascular disease. Unlike ATP III, it is not intended as a comprehensive approach to management of lipid disorders.

Treatment Strategy

In a departure from prior guidelines, the expert panel found no clinical evidence to support popular strategies for lipid management based upon statin dose titration or treatment targets. Specifically, the panel concluded that "treat to target"

or "lower (cholesterol) is better" strategies are not supported by the evidence. In addition, evidence was felt to be lacking regarding the use of non-statin pharmacologic treatment modalities for risk reduction for atherosclerotic cardiovascular disease. The panel did endorse lifestyle modification as a fundamental intervention both before and during statin treatment for at-risk persons. The NPTC notes that cholesterol treatment guidelines from other organizations, including the American Diabetes Association (ADA), still support cholesterol treatment targets.

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Major Statin Benefits Groups

The ACC/AHA panel defined four primary and secondary prevention groups for whom evidence was felt to support statin therapy and for whom relative risk reduction of ASCVD was felt to outweigh the risks of adverse statin effects. They are as follows:

Secondary Prevention

1. Persons with clinical ASCVD (age < 75 years).

Primary Prevention

2. Persons with LDL cholesterol > 189 (age > 20 years).
3. Persons with diabetes mellitus and LDL cholesterol 70 - 189 (age 40 - 75 years).
4. Persons with LDL cholesterol 70 - 189 and calculated 10-year risk of ASCVD > 7.4% using new Pooled Cohort Equations (age 40 - 75 years).

Risk Calculation

Pooled Cohort Equations, available for use at *my.americanheart.org/cvriskcalculator* were formulated for the guideline using four cohorts including African-American and non-Hispanic White study participants. Risk variables include age, total and HDL cholesterol, systolic blood pressure (treated or untreated), diabetes mellitus, and current smoking status. The new risk calculator is intended for the calculation of ASCVD risk in the primary prevention statin-benefit subgroups.

Controversy About Risk Estimation

When applied to certain external cohorts for validation in the primary prevention subgroups, the risk calculator is known to overestimate risk by as much as double. Internal validation cohorts did not include American Indian or Alaska Native patients. The NPTC reviewed the controversial aspects of risk calculation, with input from IHS subject matter experts, and concluded that the potential for risk overestimation in the IHS service population was generally not clinically significant. The new Pooled Cohort Equations were deemed superior to other risk calculation methods including the Framingham and the Strong Heart calculators. This was based, in part, on health disparities in the service population. The NPTC endorses the use of the new Pooled Cohort Equations for risk calculation of ASCVD in the primary prevention subgroups for the IHS service population.

Simplification of Statin Treatment and Monitoring

The ACC/AHA expert panel found little evidence for risk of hepatic dysfunction or myopathy in statin treated patients, except for those with known predisposing comorbid conditions or who are on medications with known potential for interactions with statins (especially those competing for metabolism via the cytochrome P450 isoenzyme CYP3A4). The panel also found no evidence for dose titration of statins to reach a specific treatment target. This should greatly simplify

The Indian Health Service, National Pharmacy and Therapeutics Committee Formulary Brief: Therapeutic Thoughts

The mission of the National Pharmacy and Therapeutics Committee (NPTC) is to raise the health of American Indians and Alaska Natives by increasing access to highly effective medications through robust formulary management and education of clinicians within the Indian health system. The committee is comprised of a physician chairperson and a pharmacist vice-chair, and practicing physicians and pharmacists from Indian Health Service (IHS) and tribally operated Indian health system facilities. The committee includes one member from each of the IHS Areas as well as representatives from various sized facilities to ensure diversity. Each quarter, the NPTC will publish one of our formulary briefs from the most recent NPTC meeting. For more information about the NPTC, including access to other formulary briefs, updates, and monographs, please visit the NPTC website.

therapy by guiding providers to use a fixed dose statin of appropriate intensity (see links) for the selected treatment group and by limiting the need for routine lab monitoring.

De-emphasizing the Use of Non-statin Medications

The guideline panel reviewed randomized controlled trials (RCTs) evaluating non-statin used as monotherapy or in combination with statin therapy and could find no data supporting the routine use of non-statin drugs combined with statin therapy to further reduce ASCVD events. The addition of non-statin to statin therapy has not demonstrated additional ASCVD prevention benefit in RCTs. Adherence to lifestyle and to statin therapy should be re-emphasized before considering the addition of a non-statin drug in patients who have a less-than anticipated therapeutic response on statins. When non-statin drugs are added to statin therapy, preference should be given to non-statin cholesterol-lowering drugs shown to reduce ASCVD events in RCTs. The current guideline focused only on treatments proven to reduce ASCVD events. Once further RCT data becomes available for non-statin therapy, questions regarding the treatment of hypertriglyceridemia with non-statin, the use of non-HDL-C in decision-making, and whether on-treatment markers such as Apo B, Lp(a), and TGY are useful in guiding treatment may be answered.

Findings

There is strong clinical evidence for the use statins in the primary and secondary prevention of ASCVD in appropriate patients. The NPTC modified the National Core Formulary (NCF) to include both moderate and high intensity statins. The NTPC added the high intensity statin atorvastatin at the 40mg to 80 mg doses. This modified the NCF to currently include two low and moderate intensity statins with both cytochrome P450 and non-CYP3A4 metabolism, as well as one high intensity statin for use as clinically indicated according to the new cholesterol treatment guideline. Non-statin therapy was also modified with the removal of gemfibrozil and the addition of “fibrin acid derivative - any product” to the NCF.

If you have any questions regarding this report, please contact the NPTC at IHSNPTC1@ihs.gov. For more information about the NPTC, please visit the NPTC website.

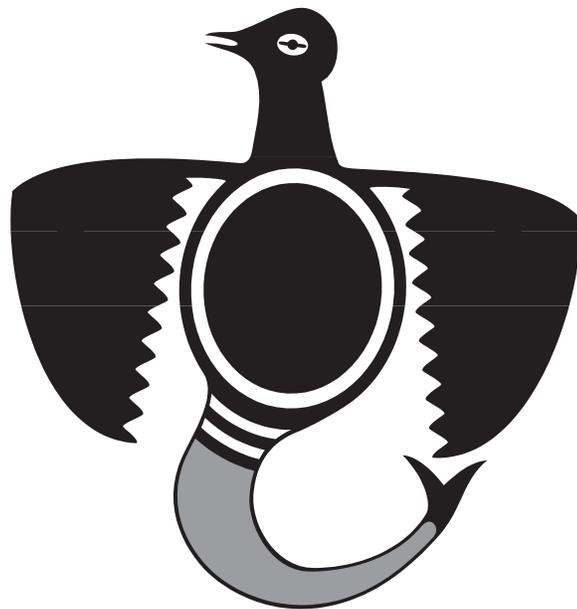
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The 19th Annual Elders Issue

The May 2014 issue of THE IHS PROVIDER, to be published on the occasion of National Older Americans Month, will be the nineteenth annual issue dedicated to our elders. Indian Health Service, tribal, and Urban Program professionals are encouraged to submit articles for this issue on elders and

their health and health care. We are also interested in articles written by Indian elders themselves giving their perspective on health and health care issues. Inquiries or submissions can be addressed to the attention of the editor at the address on the back page of this issue.

New Requirements for Physician Assistant Maintenance of Certification

Beginning with the cohort of physician assistants who are recertifying in the current (2014) year, a new maintenance of certification process will replace the old system. The recertification examination will be required every ten years from now on, rather than the current six years. The other substantial change is that of the 100 hours of CME required every two years (50 hours of it Category 1), 20 of these hours must be earned via AAPA-accredited Performance Improvement CME (PI-CME) and/or self-assessment activities. Each PA will transition to the new system in the year their current recertification cycle ends. For example, those who recertified in the 2010 – 2012 cycle will not transition until the 2018 – 2020 cycle. For more information, please go to the

website for the American Academy of Physician Assistants (www.aapa.org).

There are two additional, and significant, ramifications of this change. First, PAs will no longer be able to claim *AMA Category 1 Credit*[™] to meet all of their Category 1 requirements. All PI/SA CME must be accredited by the AAPA (the other 30 hours of required Category 1 credit may be accrued by claiming *AMA Category 1 Credit*[™]). Second, those who offer CME and who include PAs in their target audience will need to apply directly to the AAPA for accreditation of their activities if they are to meet the PI/SA requirements. AAPA has also compiled lists of acceptable PI and SA activities.



Our Apologies

We apologize for the delay in the production of this issue. Constraints on funding at the end of the fiscal year made it impossible to complete the preparation of the issue until now.

We will catch up with our usual monthly publishing schedule as soon as possible. We are currently accepting submissions for the April issue.

Webinar Series Honoring:

National Native HIV/AIDS Awareness Day

March 28, 2014

Overall Learning Objectives

- Review the epidemiologic trends of HIV infected Native Americans in the U.S. as it relates to the Care Continuum.
- Review treatment options available through the Indian Health Service System of Care.
- Review the effects of Substance Use/Abuse in people living with HIV.
- Review productive options for people living with HIV & specifically American Indians/Alaska Natives.



Register Now!

In honor of the annual **National Native HIV/AIDS Awareness Day (NNHAAD)**, the **Texas/Oklahoma AIDS Education & Training Center (TX/OK AETC)** in collaboration with the **National Native American AIDS Prevention Center (NNAAPC)** & the **Urban Inter-Tribal Center of Texas**, will host this **FREE** one-day online educational training on **March 28, 2014!** CEs are available!

Sessions will feature an interactive, web-based approach to learning! Participants will be able to view slides, hear audio, interact with presenters, chat, and answer polling questions. Pick-and-choose trainings of interest! Click on the button below to receive notifications on this webinar series!

Register!



Texas/Oklahoma
AIDS Education & Training Center



Available Topics

Click on the boxes below to view more information!

HIV & AIDS in AI/AN Populations in the US:

Epidemiology Review & Discussion of continuum of care challenges
Pascale Wortley, MD, MPH & Lamont Scales

HIV & Meith

Andrew Moore, LPC

Methamphetamine & HIV in the Native American Population

Lawrence McGlynn, MD

Smoking & HIV Infection: Time for Action

John T. Brooks, MD

Indian Health Services National Core Formulary:

Antiretrovirals

Heather Huenteliman, PharmD, BCPS, CDR, USPHS

Oh Baby! Pregnancy & HIV

Elizabeth Saltonstall, MD

FREE Continuing Education Credits are available for this webinar series. Please see below for details.

MEDICAL, NURSING, & PHARMACY:

Joint Accreditation Statement:

This activity has been planned and implemented by VHA and Texas/ Oklahoma AIDS Education and Training Center (AETC) for the advancement of patient care. VHA Inc. is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

Designation Statement:

Each module of this educational activity is designated for 1 continuing education contact hour/credit. Participants are not required to attend every module of this activity to be awarded contact hours/credit. You will receive a certificate of completion or statement of credit for continuing pharmacy education for the modules you attend.

PHARMACY: VHA Inc. designates this series for a maximum of 6.00 ACPE credit hours.

PHYSICIAN: VHA Inc. designates this live activity for a maximum of 6.00 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CEU: VHA Inc. will award CEUs to each participant who successfully completes this program. The CEU is a nationally recognized unit of measure for continuing education and training programs that meet certain criteria (1 contact hour = .1 CEU).

SOCIAL WORK:

Designation Statement:

This program was approved by the Texas State Board of Social Work Examiners (Provider #CS3814) for a maximum of 6.00 Continuing Education Hours.

Register as a Group Leader! (Deadline: March 21, 2014)

Lead a group of your colleagues at your organization!

Group Leaders will be given an incentive in appreciation of their contribution efforts.

Click on the button below to register or to view more details!

Webinar Questions? Please contact Marcos Alcorn (214.590.1150)

This flyer was made possible by AETC grant award #H4AHA00061 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). Texas/Oklahoma AIDS Education & Training Center (TX/OK AETC) operates an AIDS Education and Training Center (AETC) that strengthens the capacity of health care professionals to care for people living with HIV/AIDS through training and technical assistance. The information presented here is the consensus of HIV/AIDS specialists in TX/OK AETC and does not necessarily represent the official views of HRSA/HAB.

POSITION VACANCIES

Editor's note: As a service to our readers, The IHS Provider will publish notices of clinical positions available. Indian health program employers should send brief announcements as attachments by e-mail to john.saari@ihs.gov. Please include an e-mail address in the item so that there is a contact for the announcement. If there is more than one position, please combine them into one announcement per location. Submissions will be run for four months and then will be dropped, without notification,, but may be renewed as many times as necessary. Tribal organizations that have taken their tribal "shares" of the CSC budget will need to reimburse CSC for the expense of this service (\$100 for four months). The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

**Staff Clinician
Department of Health and Human Services,
National Institutes of Health, National Institute
of Diabetes and Digestive and Kidney Diseases,
Division of Intramural Research
Phoenix, Arizona**

The Diabetes Epidemiology and Clinical Research Section (DECRS), Phoenix Epidemiology and Clinical Research Branch (PECRB), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) conducts research in the epidemiology and prevention of type 2 diabetes, its complications, and related conditions, primarily among American Indians in the southwestern United States. The section is recruiting a staff clinician to take part in clinical research activities. The position is located in Phoenix, Arizona on the campus of the Phoenix Indian Medical Center.

The staff clinician will work in an interdisciplinary, collaborative environment and have the following responsibilities: a) medical director of the DECRS research clinics, supervising nurse practitioners and medical assistants, and overseeing clinic schedules and operations; b) principal or associate investigator of randomized clinical trials in prevention of diabetes or its complications; c) principal or associate investigator of epidemiologic investigations of type 2 diabetes and related conditions; and d) associate investigator in a randomized clinical trial of optimizing weight gain in pregnancy and effects on the mother and child. There are outstanding opportunities to collaborate with experts in epidemiology, clinical research, physiology, genetics, and biostatistics. Ample clinical, laboratory, and computing resources are available.

The position requires licensure to practice medicine in one of the United States or D.C. and board eligibility or certification, preferably in internal medicine, pediatrics, family

practice, or preventive medicine. Clinical or epidemiological research training and experience are desirable. Salary and benefits will be commensurate with experience and qualifications. Outside candidates and current federal employees (civilian or commissioned corps) are encouraged to apply.

Interested candidates may contact William C. Knowler, MD, DrPH, Chief, DECRS, c/o Ms. Charlene Gishie. To apply, please send a cover letter; CV with publications list; and names and contacts of three references to Ms. Charlene Gishie, National Institutes of Health, 1550 E. Indian School Rd, Phoenix, AZ 85014; e-mail charlene.gishie@nih.gov. The deadline to submit an application is March 7, 2014.

NIDDK is a component of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS). All positions are subject to a background investigation. DHHS and NIH are Equal Opportunity Employers. (1/14)

**Family Practice Physicians (2)
Cass Lake IHS Hospital; Cass Lake, Minnesota**

Leech Lake Reservation is an open reservation located in Minnesota's Northwoods region. Towering pines fringe many of the lakes found within its boundaries. Wild rice beds, deep forests, and shimmering lakes, two of which are among the largest in the state, abound. There are approximately 1,050 square miles within the reservation, nearly all of which is within the boundaries of the Chippewa National Forest.

When you locate here, you are looking for a quality of life for both your workers and your family. That is why it will be worth your while to find out how much Leech Lake can offer with its natural beauty, friendly communities, good schools, and various civic, cultural, and historical organizations. The area also provides many quality outdoor recreational activities, from fishing and boating in the summer to nordic and alpine skiing in the winter. Though Leech Lake's natural beauty, civic attractions, and recreational activities are things to behold, they pale in comparison to the friendliness of the people of the Leech Lake area.

The population within the reservation boundaries is estimated at 91,800. Nearly fifty-eight percent are between the ages of 16 and 65. The resident American Indian population on the reservation has been estimated at 7,763 by the census. Most of the population is concentrated in eight communities dispersed across the reservation. Adjacent to the reservation, there are three major area economic centers: Bemidji, which is 13 miles to the west of Cass Lake; Grand Rapids, which lays 54 miles to the east of Cass Lake; and Walker, roughly 23 miles to the south of Cass Lake.

The Cass Lake Indian Hospital is owned and operated by

the Federal Government as a Public Health Service, Indian Health Service Facility. We have a staff of 120 employees, six of whom are physicians and five nurse practitioners; there is a contracted emergency department service. Additional services include ambulatory clinic, dental, optometry, audiology, laboratory, radiology, physical therapy, and diabetes clinic. Our Facility has 13 beds; we had 223 discharges and 1,398 patient days in FY '05. According to the most recent data, we have 99,503 outpatient visits annually, 5,612 Dental visits, and 2,763 Optometry visits; there are 20,512 registered patients. The Leech Lake Tribe operates mental health, substance abuse, podiatry, and diabetes clinics, as well as seven other clinics staffed by various professionals.

For additional information, contact Antonio Guimaraes, MD, Clinical Director (family medicine at telephone (218) 335-3200; e-mail antonio.guimaraes@ihs.gov, or Tony Buckanaga, Physician Recruiter, at telephone (218) 444-0486; e-mail tony.buckanaga@ihs.gov. (1/14)

Family Practice Physician

Pharmacist

Laboratory Supervisor

EMT Basic/Intermediate

First Responder

Environment Health Assistant

Master Social Worker

Alamo Navajo School Board, Inc.; Alamo, New Mexico

Alamo Navajo School Board, Inc., Health Division is seeking health care practitioners to come work with their dedicated staff on the Alamo Navajo Reservation. Our clinic is located 140 miles southwest of Albuquerque and sixty miles west of Socorro. We have a multiservice community health center that include medical, dental, onsite pharmacy and lab, optometry, mental health, emergency medical, aftercare, and community health education services. One focus is on diabetes awareness and prevention of the disease, which affects one in every five people in Alamo. In support of the effort, the Health Division in collaboration with the Board and Administration constructed a community wellness center. The facility has a full-size gymnasium, aerobic and weight room, classrooms, kitchen, game room, day care, and an outdoor fitness path.

Alamo Navajo School Board, Inc., provides a highly negotiable and competitive salary; signing bonus; student loan assistance; housing; and an excellent benefits package that consist of a group health insurance/life insurance at no cost for employees and shared cost for dependents; 403(b) Retirement Plan and 457(b) Deferred Contribution Plan; Relocation reimbursement; 13 major holidays off; personal leave; and community wellness center access. Hiring preference will be given to Navajo and Indian Preference. For more information, please contact Hotona Secatero, Director of Personnel, at (575) 854-2543 extension 1309; or e-mail hsecatero@ansbi.org. (12/13)

Clinical Director

Family Medicine Physician

Kodiak Area Native Association; Kodiak, Alaska

The Kodiak Area Native Association (KANA) is searching for an adventurous, highly motivated physician to lead our team that is committed to patient centered care, customer service, quality improvement, and stewardship. KANA is celebrating its 48th year of providing patient and family focused health care and social services to Alaska Natives and other beneficiaries of KANA throughout Kodiak Island. KANA's award winning medical staff is comprised of four physicians who work in conjunction with two midlevel providers, dedicated nurse case managers, and ancillary staff to deliver the highest quality, team-based health care to an active user population of 2,800 patients. Integrated behavioral health and pharmacy services within the primary care setting also facilitate an advanced support system to ensure our patients' needs are met.

The spectacular scenic beauty of Kodiak Island offers a backdrop for an abundance of outdoor and family activities, including world-class fishing, hunting, wildlife viewing, kayaking, and hiking just minutes from your door. Its sometimes harsh climate is balanced by mild temperatures and unparalleled wilderness splendor that provide Kodiak's residents with a unique lifestyle in a relaxed island paradise.

KANA offers competitive compensation and an excellent employee benefits package, including medical, dental, vision, flexible spending accounts, short term disability insurance, life insurance, accidental death and dismemberment insurance, 401k with employer contribution, fitness membership, and paid time off.

If you're interested in hearing more about how you can start your journey to an adventure of a lifetime, please visit our website at www.kanaweb.org, give Lindsey Howell, Human Resources Manager, a call at (907) 486-9880, or contact our HR Department at hr@kanaweb.org. Alaska's Emerald Isle awaits you! (12/13)

Clinical Director

Family Practice Physician (2)

Physician Assistant

Family Nurse Practitioner

Clinical Nurse

Tohatchi Health Center; Tohatchi, New Mexico

Tohatchi Health Center is the quality innovation and learning network (QILN) site for Gallup Service Unit. We are located approximately 30 miles north of Gallup, New Mexico, nestled against the Chuska Mountains. Ambulatory services include family medicine, internal medicine, obstetrics and gynecology, optometry, dental, pharmacy (including anticoagulation clinic), podiatry, physical therapy, social services, public health nursing, laboratory, limited radiology, and support services. Our facility provides health care Monday through Friday, 8:00 am to 4:30 pm. Our focus is building our

medical home and supporting a patient centered health care system with the patients and communities we serve.

For more information, you can contact CDR Pamela Smiley, RN-SCN, Acting Health Systems Administrator at (505) 733-8100 or e-mail at pamela.smiley@ihs.gov. (12/13)

Primary Care Providers

Koosharem Community Health Center; Richfield, Utah

Kanosh Community Health Center; Kanosh, Utah

The Paiute Indian Tribe of Utah (PITU) has job openings for full-time mid-level practitioners at each location. The tribe operates health clinics in four communities, two of which are newly funded Community Health Centers in Richfield and Kanosh, Utah. Our outreach area encompasses 15 cities in Millard and Sevier Counties with an approximate service population of 25,311. Our goal is to provide excellent health care and services to those with economic, geographic, cultural, and language barriers. Clinical services include family medicine, prenatal and women's health care, dental, optometry, nutrition and dietetics education, and social service programs.

Richfield is located in west central Utah and lies in a valley surrounded by beautiful red rock mountains. Richfield is part of Panoramaland, and is a popular thoroughfare to several nearby national parks and forests. Kanosh is a small farming town located in Millard County; it was named in honor of the Paiute Indian Chief Kanosh. These areas have long been known for their outdoor recreational opportunities, such as hiking, fishing and hunting, mountain biking, and all-terrain vehicle events.

We offer an excellent benefits package that consists of a competitive annual salary, no cost health/dental/life insurance for the entire family, a 401(k) retirement plan with tribal match, 14½ paid holidays, annual (vacation) and sick leave accruals that roll over year to year, ability to earn compensatory time for time over 40 hours weekly, plus eligibility for NHSC or IHS loan repayment.

Interested candidates should submit a PITU application; CV/resume; and copies of medical license, driver's license, highest level of education achieved, and CIB (if applicable) to Paiute Indian Tribe of Utah, Attention: Kim Kelsey, 440 N. Paiute Dr., Cedar City, UT 84721. Job posting closes January 17, 2014, although the position will remain open until filled. Visit www.utahpaiutes.org to download application; call (435) 586-1112, ext. 110; or e-mail kim.kelsey@ihs.gov with questions or for more information. (11/13)

Primary Care (Internal Medicine or Family Practice) Physicians

Phoenix Indian Medical Center; Phoenix, Arizona

The Departments of Family and Internal Medicine at the Phoenix Indian Medical Center have openings for board certified/eligible outpatient family and internal medicine physicians. Our adult primary care services are provided by eleven family physicians, six internists, and two midlevel

providers. Our physicians work in multidisciplinary health care teams with the active participation of nurse care coordinators, nutritionists, pharmacists, nurses, clerks, and other staff, all of whom work together to provide a medical home for patients with chronic illnesses. We have an advanced access appointment system and have been using the Electronic Health Record for over six years. Full time 8 and 10 hour per day schedule options are available. Competitive federal salaries and benefits are available, and Commissioned Officer applicants are also welcome. Job applications should be made online at USAJOBS.gov. For more information, please contact Dr. Eric Ossowski, Family Medicine, or Dr. Dorothy Sanderson, Internal Medicine at (602) 263-1537. (10/13)

Hospitalist (Family Practice or Internal Medicine) Physicians

Phoenix Indian Medical Center; Phoenix, Arizona

The Phoenix Indian Medical Center (PIMC) is actively seeking board certified/eligible family medicine or internal medicine physicians to staff its inpatient unit. PIMC is an inpatient and outpatient facility located in downtown Phoenix that provides medical care to patients from over 40 tribes. Hospitalists typically round/admit/consult on 8 to 12 patients per shift. Typical admitting diagnoses include diabetic ketoacidosis, hepatic encephalopathy, pneumonia, asthma, pyelonephritis, and cellulitis. Specialty services available to provide consultation on the inpatient service include surgery/wound care, ENT, obstetrics and gynecology, rheumatology, infectious diseases, nephrology, orthopaedics, podiatry, and dermatology. Competitive federal salary and benefits are available, and Commissioned Officers are also welcome to apply. Interested physicians should contact Dr. Dorothy Sanderson at dorothy.sanderson@ihs.gov, or telephone (602) 263-1537, ext. 1155. (10/13)

Psychiatrist

Consolidated Tribal Health Project, Inc.; Calpella, California

Consolidated Tribal Health Project, Inc. is a 501(c)(3) non-profit, ambulatory health clinic that has served rural Mendocino County since 1984. CTHP is governed by a board comprised of delegates from a consortium of nine area tribes, eight of which are federally recognized, and one that is not. Eight of the tribes are Pomo and one is Cahto. The campus is situated on a five-acre parcel owned by the corporation; it is not on tribal land.

CTHP has a Title V Compact, which gives the clinic self-governance over our Indian Health Service funding allocation. An application for this position is located at www.cthp.org. Send resume and application to Karla Tuttle, HR Generalist, PO Box 387, Calpella, California 95418; fax (707) 485-7837; telephone (707) 485-5115 (ext. 5613). (9/13)

**Family Physician with Obstetrical Skills
Ethel Lund Medical Center; Juneau, Alaska**

The SEARHC Ethel Lund Medical Center in Juneau, Alaska is searching for a full-time family physician with obstetrical skills to join a great medical staff of 14 providers at a unique clinic and hospital setting. Have the best of both worlds by joining our practice where we share hospitalist duties and spend our remaining time in an outpatient clinic with great staff and excellent quality of life. We have the opportunity to practice full spectrum family medicine with easy access to consultants when we need them. Maintain all your skills learned in residency and expand them further with support from our tertiary care center, the Alaska Native Medical Center.

Clinic is focused on the Patient Centered Medical Home, quality improvement with staff development from the Institute for Health Care Improvement, and using the Indian Health Service electronic medical record. Frequent CME and opportunities for growth, including teaching students and residents, and faculty status at University of Washington available to qualified staff. This is a loan repayment site for Indian Health Service and National Health Service Corps, and State of Alaska SHARP program.

Work in southeast Alaska with access to amazing winter and summer recreational activities. Live in the state capital with access to theater, concerts, annual musical festivals, and quick travel to other communities by ferry or plane. Consider joining our well-rounded medical staff at a beautiful clinic with excellent benefits. For more information contact, Dr. Cate Buley, Assistant Medical Director, Ethel Lund Medical Center, Juneau, Alaska by telephone at (907) 364-4485; e-mail cbuley@searhc.org. Position open 10/1/2013. Look us up online at www.searhc.org job vacancies. (8/13)

**Family Medicine Physician
Internal Medicine Physician
Emergency Medicine Physician
Sells Service Unit; Sells, Arizona**

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible emergency room physician, family/internal medicine physician, and physician assistants to join our experienced medical staff. The Sells Service Unit is the primary source of health care for approximately 24,000 people of the Tohono O'odham Nation. The service unit consists of a Joint Commission accredited 34-bed hospital in Sells, Arizona and three health centers: San Xavier Health Center, located in Tucson, Arizona, the Santa Rosa Health Center, located in Santa Rosa, Arizona, and the San Simon Health Center located in San Simon, Arizona with

a combined caseload of approximately 100,000 outpatient visits annually. Clinical services include family medicine, pediatrics, internal medicine, prenatal and women's health care, dental, optometry, ophthalmology, podiatry, physical therapy, nutrition and dietetics, social work services, and diabetes self-management education.

Sixty miles east of the Sells Hospital by paved highway lies Tucson, Arizona's second largest metropolitan area, and home to nearly 750,000. Tucson, or "The Old Pueblo," is one of the oldest continuously inhabited sites in North America, steeped in a rich heritage of Indian and Spanish influence. It affords all of southern Arizona's limitless entertainment, recreation, shopping, and cultural opportunities. The area is a favored tourist and retirement center, boasting sunbelt attributes and low humidity, with effortless access to Old Mexico, pine forests, snow sports, and endless sightseeing opportunities . . . all within a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 295-2481 or by e-mail at peter.ziegler@ihs.gov. (8/13)

**Mid-Level Practitioner
Health Director
Quileute Tribe; La Push, Washington**

The Quileute Tribe has a job opening for a full-time mid-level practitioner. Must be a certified physician assistant, licensed in the state of Washington, and must have a valid Washington driver's license. Submit your application, professional license, cover letter, resume and three references by August 16, 2013, although the position will be open until filled.

We are also looking for a health director, who will provide administrative direction, negotiate and administer IHS contracts, develop and administer budgets, write reports, insure HIPPA compliance, comply with ACA, manage EHR, evaluate staff, and insure third party reimbursements are done. Must have a bachelor's degree related to health administration, and two years of management experience. This position is open until filled.

Telephone (360) 374-4366 or visit our website at www.quileutenation.org for a job application and job description. Alternatively, you may contact Roseann Fonzi, Personnel Director, PO Box 279, 71 Main Street, La Push, Washington 98350; telephone (360) 374-4367; fax (360) 374-4368; or e-mail roseann.fonzi@quileutenation.org. (8/13)

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THE IHS PRIMARY CARE PROVIDER

A journal for health professionals working with American Indians and Alaska Natives



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