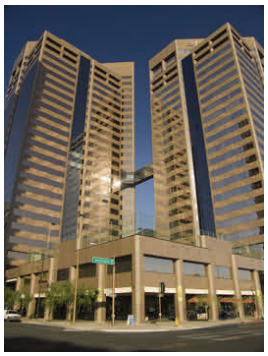
INDIAN HEALTH SERVICE

Phoenix Area Monthly Newsletter

"Committed to Patient Care"



August 2012 Issue

Domestic Violence Initiative: Why it Matters

The Domestic Violence Prevention Initiative (DVPI) is a national demonstration pilot program providing domestic violence and sexual assault prevention and intervention resources in Native communities. The DVPI recommends the development of evidence-based models representing culturally appropriate prevention and treatment approaches to domestic violence and sexual assault from a community-driven environment.

Domestic Violence is one of the most underreported crimes in our American Indian and Alaska Native communities. According to the Centers for Disease Control and Prevention, 39% of AI/AN women have experienced intimate partner violence. Domestic violence in our communities is higher than the national average. Indian Health Service (IHS) continues to address domestic violence by improving the quality of and access to care for our patients. IHS is encouraging outreach and advocacy programs to expand the Domestic Violence and Sexual Assault Pilot Project already in operation.

Expansion of Services

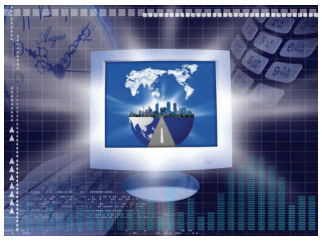
The Indian Health Service (IHS) DVPI goal is to cultivate domestic violence and sexual assault advocacy in the form of response and services within American Indian (AI/AN) communities by improving healthcare partnerships with tribal and local domestic violence and sexual assault advocacy services. DVPI programs received a three year monetary award to address the domestic violence.

IHS released three year funding for Domestic Prevention programs, August 1, 2010. The programs in the Phoenix Area include: **Native Health**, the urban program in Phoenix, AZ; **Salt River Pima Maricopa Indian Community** Program in Scottsdale, AZ; **Hualapai Tribal Domestic Violence Program** in Peach Springs, AZ; and **Ute Tribal Victims of Crimes Department** in Ft. Duchesne, Utah.

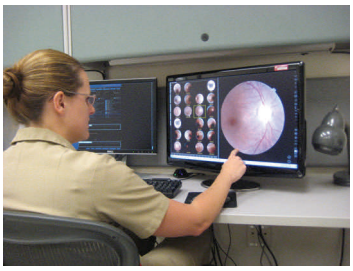
Successful DVPI Programs

Recently The Salt River Pima Indian Community (SRPMIC) DVPI program was nominated for National Behavioral Achievement Award in "The Community Mobilization in Domestic Prevention" category. The SRPMIC collaborated with Tribal Courts, Tribal Prosecutor, Behavioral Health Service, Senior Citizens and Social Service to revise parts of the Domestic Violence codes. SRPMIC DVPI Program continues to provide health education classes and webinars for Tribal employees, elders, and Salt River Public Schools on domestic violence. **Hualapai Tribal Domestic Violence Program** in Peach Springs is also working with Tribal Law Enforcement, Tribal Courts, and Tribal Prosecutors in the revision of Domestic Violence codes. **The Ute Tribal Domestic Violence Program** is participating in the Tribal multi-disciplinary team meetings and working toward forming a Sexual Response Team for their community.

Telehealth: Extension of Traditional Practice



Telemedicine is the use of electronic communication and information technology to provide clinical services to patients across a distance. Telehealth is a term that is often used interchangeably with telemedicine, and includes both clinical and administrative health care functions. Telemedicine is not a separate medical specialty, but rather is a set of new health care tools that improve the access, quality, and cost efficiency of health care. It does this through the use of special tele–communication methods linking a patient and provider physically located at different sites. In recent years many Indian Health Service (IHS) and Tribal facilities have implemented a range of diverse telehealth projects. While not all sites have become active in telehealth, IHS and respective Tribal Leaders agree the expansion of Telemedicine will bring improved care to many patients, particularly those who cannot travel long distances for health care services. New implementations of telemedicine health care services require careful planning.



This includes involving key stakeholders to achieve better understanding of current and future health care needs for American Indians and Alaska Natives. (AI/AN) Awareness of telehealth opportunities and challenges and collaborative program planning is also critical in providing essential telemedicine health care services locally and in rural areas.

Technology

Telemedicine is not an IT program, but depends heavily on IT services. Technology infrastructure and planning are essential components in the development and implementation of proper telemedicine services. It is important to recognize and understand how telecommunications work together with providers and patients to optimize the delivery of health care. Collectively, the telemedicine software and hardware, electronic health record (EHR), and the communication network is termed health information technology (HIT). HIT provides the umbrella framework that supports core clinical services, including telemedicine, and provides for the comprehensive management of health information across computerized systems and its secure exchange between providers, patients, and other participants important to the health care process. Indian Health Service offers a secure HIT enterprise solution that support heath care in Indian country and is evolving to accommodate telemedicine. Phoenix Area Indian Health Service recently established the IT infrastructure, and data lines, to all areas, supporting telemedicine services for patient care.

Telehealth care in conjunction with EHR offers measurable improvements in health indicators. Use of the EHR in health care has become the standard of care and is fundamental to improving the quality and safety of health care service delivery. Since the EHR uses primarily textual information and telemedicine frequently uses images, special applications are needed to link the two. The IHS EHR does this using an application called Vista Imaging that makes clinical images available to providers using the IHS EHR.

Convenient Access to Telemedicine Services

The Phoenix Area IHS has hosted telemedicine services for over a decade. These include tele-consultative services as well as live (real-time) services using video conferencing technology.

The IHS Joslin Vision Network (JVN) is a telemedicine program that leads the way in prevention of blindness among AI/AN patients with diabetes. The mission of IHS/JVN Teleophthalmology Program is to reduce vision loss due to diabetic retinopathy among AI/AN by achieving accepted standards of care using telemedicine. The IHS-JVN provides accurate and cost effective annual diabetic retinal exams to AI/AN. The JVN technology uses a digital camera with special computer software that transmits health information and photographs of patient's eye to the JVN Reading Center located in Phoenix, AZ. Specially trained eye doctors at the Reading Center identify the level of diabetic retinopathy and presence of non-diabetic eye disease and provides management recommendations for the patient in a report that is sent to the patients primary care doctor.

Lisa Moser, Public Health Nutritionist, provides telenutrition services to the Yavapai Apache Health Center (YAHC) one day a month from her office in the Phoenix Indian Medical Center. Prior to implementing telenutrition Lisa commuted three hours round trip to provide this services at YAHC. Using telemedicine services to see patients allows more frequent more efficient patient care without the usual time consuming and expensive travel that add little or no additional value to the service.

Tele-behavioral health care is another telemedicine service that is being provided in the Phoenix Area, and is promoting and advancing behavioral health practice in Native communities. It is currently provided at Desert Visions & Nevada Skies Youth Wellness Centers; Whiteriver Hospital; Hopi Health Care Center, and Phoenix Area. Connecting remote patients from these facilities to behavioral health providers through telemedicine has resulted in a substantial increase in access to high quality care.

Hopi Health Care was one of five sites selected to participate in implementing Arizona Department of Health Services teledentistry model and technology program. This past year the teledentistry School Based Preventive Program delivered dental care to 88% of elementary students on the Hopi Indian Reservation . The teledenistry program traveled to elementary schools providing screening examinations and preventive treatment to children. The teledentistry model has many advantages: increased access to care; reduced transportation costs; reduced time out of school; and treatment in a familiar, less threatening environment. The lessons learned from the pilot project are the scope of practice associated with teledentistry; staffing shortage; and billing practices. Activities to continue these efforts will include developing an advisory committee to address barriers and challenges for the teledentistry practice.

Regulation/Barriers

Meeting the needs of patients in rural areas can sometimes be challenging. Regulations play a key role in project planning of implementation of telehealth services. When considering telehealth services some important elements to consider are clinician credentialing and privileging, and 3rd party billing for telehealth services. Recent CMS and Joint Commission changes have made the privileging process easier, but reimbursement remains problematic depending upon the payer and the location. Another problem area that can be associated with any new programmatic implementation is support of project planning and start-up funding. Below are additional barriers common to telehealth programs that must be consider before implementation:

- **Underdeveloped telecommunication infrastructures**-Phoenix Area recently established data lines to assist with core functions of telehealth services.
- **Project Planning**-ongoing dialogue, identifying models of care, measurements of performance improvement
- **Sustainability and Change-**financial understanding and sustainability is critical
- **Evaluation-**Patient and Health Satisfaction
- **Regulatory compliance - CMS, AAAHC, TJC, etc.**

Telehealth care programs can be sustainable and useful adjuncts to patient care for most health care facilities in both rural and urban areas to improve access to high quality cost efficient care. Implementation of successful telehealth service programs requires careful planning and consideration the numerous recognized challenges. The Phoenix Area IHS can assist in this planning and connect interested facilities to local and national experts.

Helen Stafford

Ms. Helen Stafford joined the Office of Health Programs as the Deputy Director of Clinical and Preventive Services. Ms. Stafford comes to us from the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage, Alaska, where she served as the Injury Prevention Program Coordinator managing and directing statewide injury prevention activities in collaboration with Alaska Native village communities. Additionally, she also served as the Administrative Officer for the Department of Environmental Health and Engineering Executive Management Group. She received a Master's Degree in Education from Harvard University and a Bachelor's in Social Work from the University of Alaska in Anchorage.

Phidell Bordeaux

Phidell Bordeaux joined the Phoenix Area Indian Medical Center, as a Human Resource Specialist, Compensation, May 21, 2012. Phidell comes to us from Phoenix Indian Medical Center where she worked as a Lead Contact Representative. She received her Master's Degree in Healthcare Administration. Phidel's hobbies include: running, hiking, swimming, and playing sports. She is learning the Human Resources business model and learning new job duties.

Breanne Erickson

Breanne Erickson joined Phoenix Indian Medical Center, as an Human Resources Assistant, Classification, June 4, 2012. She comes to us from Gatestone and Company International where she worked as a Human Resource Assistant. Breanne has an Associate of Arts in Business Administration. Breanne moved from Alaska two years ago and welcomes the heat. Breanne is working on learning classification and archiving position descriptions.

Kyle Maguire

Kyle Maguire joined the Phoenix Area Human Resources as a Human Resource Assistant, Classification, June 18, 2012. She previously work for The USDA Forest Service, and Department of Interior Special Trustee for American Indians. Kyle enjoys working for Indian Health Service and is excited to assist in classification.

Damiana Mitchell

Damiana Mitchell joined the Phoenix Area Human Resources team, as a Human Resource Specialist, Compensation, June, 2012. She comes to us from San Xavier Health Clinic, Tucson, AZ where she worked as a Contact Representative. Damiana is working on Title 38 contracts and familiarizing herself with Human Resources processes.

Donita Lomatska

Donita Lomatska joined the Phoenix Area Human Resources as Human Resource Assistant, June 4, 2012. Donita previously worked at Gallup Indian Medical Center where she worked as a Human Resource Assistant.

What you Need to Know About the Affordable Care Act

The Affordable Care Act provides American Indians and Alaska Natives greater access to quality and affordable health care, and includes permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). The IHCIA extends current law and authorizes new programs and services with Indian Health Service (IHS), tribal health programs operated under P.L. 93-638, and urban Indian health programs (collectively referred to as I/T/U).

Three Key Changes

The goal of Health Care Reform is to guarantee access to medical insurance to millions of Americans. The law will build on the current U.S. health insurance system in three ways. The Health Care Reform law will: (1) stop poor practices of insurance companies, for example, impose protections to guard against unreasonable rates; (2) make insurance affordable by establishing a new insurance marketplace, while providing tax credits for individuals and families who will need assistance; (3) bring down the cost of health coverage for families and businesses, while also reducing the federal deficit.

What are the benefits for American Indians and Alaska Natives

The Affordable Care Act (ACA) can benefit all American Indians and Alaska Natives (AI/AN) and Tribes. Eligible AI/AN can still use I/T/U to receive health care services. If tribal members are covered by health insurance, they may be able to receive services outside the I/T/U system for necessary services not provided within the I/T/U system. ACA provides new insurance protections, a stronger Medicaid, and stronger Medicare system. Respective Tribes can purchase reduced cost insurance under the ACA for employees and Tribal members.

Health Insurance Exchanges

The law creates Exchanges which can be Federally-Facilitated, State-Based, or administered through State Partnerships which are available in 2014. Individuals and small businesses can purchase health insurance coverage giving families and small businesses the ability to shop for quality insurance option that fits their needs.

American Indians and Alaska Natives who purchase health insurance on the individual market through an Exchange do not have to pay co-pays or other cost-sharing if their income does not exceed 300 percent of the poverty level, roughly $66,000 for a family of four in 2010 ($83,000 in Alaska).

Members of American Indian and Alaska Native Tribes are exempt from individual responsibility assessments; which means that there is no penalty if tribal members do not purchase health insurance through the Exchanges. American Indians and Alaska Natives are also able to obtain health insurance through the Exchanges in any given month as opposed to during the annual open enrollment period.

The value of health services/ benefits from IHS-funded health programs or Tribes will be excluded from an individual's gross income so it cannot be taxed starting with benefits and coverage provided after the date of enactment (http://www.nihb.org). Currently, Nevada and Utah have established Exchanges. Arizona has not decided whether it will pursue a State-Based, State Partnership Exchange, or allow the Federal Government to facilitate the Exchange for Arizona. The Arizona Governor will provide Arizona's intention to the Federal Government by November 2012.

Medicaid Expansion

The Affordable Care Act also provides the authority to expand Medicaid coverage starting in 2014 to individuals with incomes up to 133% of the federal poverty level (about $30,000 for a family of four), providing affordable, comprehensive health insurance coverage to some of the most vulnerable Americans (http://www.nihb.org). States have the discretion to expand their Medicaid programs to cover individuals up to 133%. At this time, Arizona, Nevada, and Utah have not indicated whether or not they will expand Medicaid. More American Indians and Alaska Natives will be eligible for the Medicaid program in states that choose to expand eligibility. This will allow for the I/T/U to seek third party revenue for covered services they provide to Medicaid members and for the Medicaid members to obtain coverage for services that are available outside of I/T/U facilities.

Reauthorization of IHCIA

The Affordable Care Act makes the reauthorization of IHCIA permanent and authorizes new programs and services for Urban, Tribal programs and IHS. The reauthorization of IHCIA embraces many changes and improvements necessary to accomplish the delivery of health services to American Indians and Alaska Natives including:

(1) expansion of many IHCIA programs, including programs for long-term care, community health, behavioral health, diabetes treatment and prevention, and the treatment of communicable and infectious diseases;

(2) authorization of care to be provided in alternative settings, including convenient care centers, mobile health stations, and permanent modular buildings; and,

(3)augmentation of IHS's ability to provide care through the purchase of insurance and by facilitating third party recovery for services provided or paid for by IHS.

Implementation of the IHCIA Reauthorization will take significant planning, coordination, consultation, and collaboration necessary to implement many of the IHCIA provisions, especially those with new or expanded authorities for I/T/U. For more information on **how the Indian Health Care Improvement Act Reauthorization helps American Indians and Alaska Natives, click here** http://www.ihs.gov/PublicAffairs/DirCorner/docs/Fact_Sheet.pdf.

Phoenix Area Webinar Schedule

August

Telemedicine: Technology to Delivery of Care

August 15: Telehealth care programs can be sustainable and useful adjuncts to patient care. This session will provide an overview of Telemedicine program services.

Overview of The Indian Health Care Improvement Act

August 21: The learning session will provide an overview of The Indian Health Care Improvement Act-Reauthorization specific to benefits, exemptions, and key provisions of the Indian Health Care Improvement Act.

September

Medicaid: Overview and Impact on Indian Health Services

September 26: This webinar will provide a forum of discussion on: Eligibility and Benefits Payments to Health Plans & Providers; Managed Care vs. Fee-for-Service Delivery; Protections for AIAN (Cost Sharing, etc.); IHS/638 Reimbursement; State Authorities Approved by CMS (Medicaid and CHIP State Plans and Medicaid Waiver); Federal and State Policy Changes (Legislation, Regulations, Guidance); and Consultation with Tribes and I/T/U.

October

Domestic Violence

October (TBD): This webinar will provide an Overview of the Domestic Violence Prevention Initiative program.

November

Diabetes

November 7: Diabetes is one of the most serious and devastating health problems in the United States, especially for AI/AN people, who suffer from among the highest rates of diabetes in the world. In some American Indian and Alaska Native communities, diabetes prevalence among adults is as high as 60%. In this session will be an overview of Diabetes and services in the Phoenix Area.

9th Annual Behavioral Health Training

The Phoenix Area Behavioral Health Program and Indian Health Service (IHS) Clinical Support Center sponsored the 9th Annual Phoenix Area Behavioral Health Training July 24-26, 2012 in Tempe, Arizona. A top priority in Indian Health Service is promoting and advancing behavioral health integrative practices in Native communities. A welcome prayer was initiated by David Atkins, Director, Phoenix Area IHS Substance Abuse Program and opening remarks were led by Dorothy Dupree, Area Director. The conference was well attended by IHS/Tribal/Urban Programs and State agencies. The presentations, workshops, and breakout sessions provided training in the advancement of behavioral health practice and mental health issues in American Indian and Alaska Native (AI/AN) communities. To address the growing epidemic of alcohol, substance abuse, substance abuse and mental health issues in Native communities topics included: Prescription Drug Abuse; Pain Management; Dialectical Behavioral Therapy; Suicide Prevention; and Weaving Native American Practice and Western Practice. The diversification of IHS/Tribal/Urban Programs provides opportunities in working together, communicating, and information sharing. Participants shared knowledge, experiences and skills to address issues of alcohol, substance abuse, mental health issues, and cultural competency.

Phoenix Area Behavioral Health Training was an opportunity to work together on the needs of the communities, it serves.

DeepSee Technology

The Phoenix Area Indian Health Service (PAIHS) Office in Phoenix, Arizona, oversees the delivery of health care to approximately 140,000 Native Americas in Arizona, Nevada, and Utah. The PAIHS continues to improve their level of care to patients by improving technology systems to keep up with evolving regulations and requirements in our hospitals and clinics.

Phoenix Area is developing a Business Intelligence web application to create management dash boards and reports from most up-to-date demographic, health-related, third party payment, financial, and administrative data. This system will empower the management by giving them the most needed statistical, financial and operational performance information at their fingertips. Starting in 2012, hospital executives must prepare for scheduled provisions of the Affordable Care Act, which include payments linked to quality outcomes and value-based purchasing programs. This application will support meeting those ACA provisions.

DeepSee is the Business Intelligence tool from Inter System , the RPMS database vendor. This product is capable of accessing RPMS data as well as the external data repository of AHCCCS data of the American Indian and Alaska Native (AI/AN) population will help monitor the demographic, economic and health-related information about the AI/AN receiving health care services from the IHS. This data will monitor changes of regulations and their impact on AI/AN patients, and mitigate the identified problems by managing resources accordingly. Providing access to RPMS CHS data, UFMS financial data, AHCCCS eligible and FI payment data will also deliver a complete view of how to make services more affordable and accessible to AI/AN.

This tool increase the accessibility to data from multiple source and provides great opportunity see data through multiple dimension for the management to make prudent and informed decision.

This application is scheduled to go production in October 2012.

Introduction to Injury Prevention Course

Phoenix Area OEHE Environmental Health Services staff partnered with the Reno Sparks Indian Colony in hosting the IHS Introduction to Injury Prevention Course at the Reno Sparks Health Center on July 24-27, 2012. Public health practitioners from multiple disciplines serving tribes across the region attended. Injury is the leading cause of death among American Indians and Alaska Natives 1-44 years of age. The course introduced participants to the principles of effective community-based injury prevention through a combination of presentations, case histories, and group exercises. Emphasis was placed on several core topics, including: The Public Health Approach; injury data; intervention project design and implementation; program evaluation; and coalition building. If interested in attending similar courses or holding an injury prevention course in your community, contact Kenny Hicks, Area Injury Prevention Specialist at Kenny.Hicks@ihs.gov or (602) 364-5078.

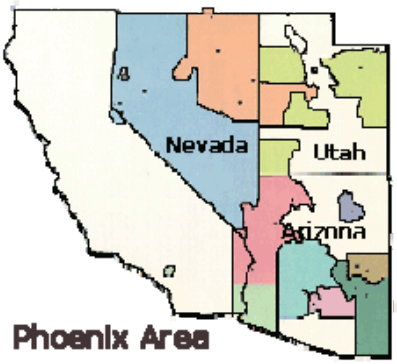
Schedule of Events and Observances

- **August - National Immunization Awareness Month**
- **IHS National Director's Awards 1-3rd**
- **Tribal Consultation Summit Denver, CO 6-8th**
- **Area Directors and Chief Medical Officers Joint Meeting 9-10th**
- **Direct Service Tribe National Meeting 14-16th**
- **Telemedicine Webinar Session-15th 10:00 a.m.**
- **Whiteriver GB -15th**
- **DVRTC GB 21st**
- **IHCIA Webinar Session-21st 9:30 a.m.**
- **IPC 4 Learning Lesson 1-Biltmore 21st**
- **ITCA Tribal Steering Committee meeting 24th**
- **Hopi GB Meeting 28th**

August 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 IHS National Director's Awards, Washington D.C.	2	3	4
5	6 Tribal Consultation Summit Denver, CO	7	8	9 Area Directors and Chief Medical Officers Joint Meeting	10	11
12	13	14 Direct Service Tribes National Meeting	15 Whiteriver GB Meeting **Telemedicine Webinar Session**: 10 a.m.	16	17	18
19	20	21 DVRTC GB Meeting, **IHCIA Webinar Session**: 9:30 a.m. IPC 4 Learning Lesson 1-Biltmore	22	23	24 ITCA Tribal Committee meeting	25
26	27	28 Hopi GB Meeting	29	30	31	

Arizona Highlights



The COSTEP Experience

The COSTEP Symposium was held August 3, 2012 at the Phoenix Area Office. The event was coordinated and facilitated by The Office of Environmental Health Office (OEHE). COSTEPS prepared a fifteen minute presentation highlighting their experience as a COSTEP.
This was a great opportunity to share meaningful work the COSTEPs participated in over the summer. The COSTEPS worked in several Tribal communities across the Southwest Region. The projects ranged from Rocky Mountain Spotted Fever Prevention, Rabies Clinic, Mosquito Trapping, Injury Prevention, Surveillance Data and Operational and Follow-up surveys, Fire Drills and Hazard Rounds, etc.

"Working in Partnership to Improve Quality and Access to Care for our Patients."

Phoenix Area Listening Session

The Phoenix Area hosted a Tribal Listening Session July 16, 2012 at the Phoenix Area Office. Dr. Yvette Roubideaux led the forum by providing the progress of IHS priorities and current topics. The remarks were followed by an open discussion with respective Tribal Leaders from surrounding Arizona, Nevada and Utah Tribes.
For individuals not able to attend the listening session Information Resource Management set-up on-site video conference units for Tribal Leaders and staff to participate in the listening session. The session was well attended.

2011 "Walk Across Mesa Event"

End of the Summer Wellness Challenge

The San Carlos Diabetes Prevention Program began of series of fun run and walks for the prevention of diabetes and obesity. The end of the summer wellness challenge called "Walk Across Mesa" and 10K challenge is scheduled for September 21, 2012, 7 a.m. to noon. Blood sugar screenings will be provided before and after the walk and run. Participants of the event will receive a T-shirt, refreshments and healthy snacks. For more information or to register please contact Isaiah Belknap or Marty Cassadore at 982-475-5363.

Arizona Highlights…cont.

Office of Self Determination

PL 93-638 Funding Agreements

Office of Self Determination is currently in funding agreement negotiations for PL93-638, Title 1and Self Governance contracting. The calendar year funding agreement negotiations will began October, 2012.

Direct Service Tribes

The Direct Services Tribes Advocacy Committee will hold their 9th annual meeting August 14-16, 2012 in Tucson, AZ. The Direct Service Tribes Advisory Committee is an advisory committee to Indian Health Service Director established to provide advocacy, leadership and guidance on behalf of those tribes that received health care services directly from the Agency. The Phoenix Area representative to the Direct Services Tribes Advocacy Committee is Amanda Barrera.

Pediatric Clinic Open House

Improving patient care is a top priority for Phoenix Indian Medical Center (PIMC). The PIMC Pediatric Clinic hosted an open house June 2012 celebrating the renovation of the Pediatric Clinic. The physical space underwent structural and cosmetic changes supporting implementation of a patient-centered medical home.

The following improvements were made to the clinic: expanded to twelve patient rooms separating well and sick waiting rooms; Pediatric Pharmacy space was increased; a renovation of rooms for the team charting area; a private consultation area was created; and a breastfeeding room was established supporting the Baby Friendly Hospital Initiative. The Auxiliary staff donated paint supplies giving the Pediatric Clinic a welcoming and child friendly environment.

Indian Health Career Award

The Phoenix Indian Medical Center Auxiliary (PIMC), is a nonprofit 501(c) (3), established in 1968. The PIMC Auxiliary funds scholarships for American Indian students who are pursuing a health-related course. The Indian Health Career Awards (ICHA) Program started in 1975, as a source of funds to meet small, but significant school needs, as well as, a way to recognize achievement and further motivate student interest in health careers for American Indian Students residing in Arizona.

The award offers up to $1,000 for the spring and fall semesters. Twenty-seven scholarships were recently awarded for the fall 2012 semester, totaling $16,950. For more information regarding the Indian Health Career Award, email Roberta Arthur at roberta.arthur@ihs.gov.

Feds Feed Families Food Drive

The Phoenix Indian Medical Center (PIMC) participated in the 2012 Feds Feed Families Food Drive. PIMC employees were asked to donate nonperishable food items. PIMC collected one thousand seven hundred and thirty-eight pounds of food for St. Mary's Food Bank. Materials Management and Purchasing Department received bragging rights for this year's food drive, as they donated the greatest amount of nonperishable food items. PIMC looks forward in participating in next year's Feds Feed Families

Materials Management & Purchasing Department

Nevada Highlights

Nevada Indian Health Service and Nevada Tribal Leaders and Health Director held a second strategic planning session July 26, 2012, at the Elko Band Diabetes Center in Elko, Nevada. The first year operational plan included improvement in the following areas: training; pharmacy mail out program; improving access to mental health and substance abuse outpatient services; and coordination efforts for incarcerated patient care.

Loren Ellery, Deputy Director of Nevada Area provided an overview of the planning process and communicated considering a multiagency approach. Regional planning will occur addressing geographical distances between tribes in Nevada.

Utah Highlights

Improving the Contract Health Services (CHS) program is a top priority for Indian Health Service. Uintah and Ouray Service will hold a Contract Health Service presentation for the Tribal Business Committee in August. The presentation will cover: CHS funds; eligibility requirements; referral process; service delivery; payment process; and appeal process.

While we are working to improve our payment services, it is important to understand that IHS does not pay for all American Indian and Alaska Native who receive services in private sector. CHS must follow rules and regulations like any other health care coverage. The presentation will give insight on what we pay provide an understanding of these rules and regulations.

Phoenix Area ALL Staff Photo

The Phoenix Area Department Listing

Area Director's Office	602-364-5039	Information Resources Management	602-364-5280
Accounts Receivable	602-364-5239	Office of Environmental Health & Eng.	602-364-5069
Acquisitions Management	602-364-5012	Office of Health Programs	602-364-5179
Clinical Support Center	602-364-7777	Office of Self Determination	602-364-5354
Contract Health Services	602-364-5140	Property & Supply	602-364-5369
Commissioned Corp	602-364-5223	Quality Management	602-364-5164
Equal Opportunity	602-364-5264	Southwest Region Human Resources	602-364-5219
Finance	602-364-5093		

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ICD-10 Implementation Update

The implementation for the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) is set for October 2014. Implementing ICD-10 will affect business practices, verification of authorization of services, clinical documentation of services, and reporting and submitting claims. Phoenix Area is taking advantage of the increased time for compliance by, training providers and coding professionals, facilitating technology requirements, and becoming proficient in coding systems.

Why are we transitioning?

The ICD-10 is a medical classification list set by the World Health Organization for coding of disease, physical exam findings, patients symptoms, social circumstances, and external causes of injuries. The transition is occurring because ICD-9 codes have limited data regarding a patient's conditions and inpatient procedures. New coding system reimbursement will enhance accurate payment for services rendered and will facilitate evaluation of medical processes and outcomes.

Implementing ICD-10 is imperative in transforming our health care delivery system. ICD-10 is equipped to provide detailed patient information, clinical outcomes, accurate payment and medical processes leading to accurate quality measures, patient safety, and effective disease management and reporting. The transition to ICD-10 will require planning, resources and technology, including training and educating employees.

All aspects of care provided to a patient in the hospital or outpatient setting must be transcribed into a code. Many physicians write in the context of the medical record which never actually leaves the facility; only the codes do. The code set for ICD-10 inpatient and outpatient totals more than 150,000 codes compared to ICD-9's 24,000. ICD-10 codes minimize deficit coding choices for physicians.

ICD-10 Implementation

Phoenix Area identified an International Classification of Disease-10 (ICD-10) team. The ICD-10 team led by Marie Strom, ICD-10 Coordinator, conducts bi-weekly meetings where the progress of the Phoenix Area in meeting the timeline grid provided by the IHS ICD-10 National Steering Committee is reviewed. DaJuanna Bissonette, Health Information Management, will attend an Academy for ICD-10: Building Expert Trainers in Diagnosis and Procedure Coding and upon certification will train other coders in Phoenix Area. Dave Civic, Director Quality Management is working with Medical providers to implement a clinical documentation improvement (CDI) program. The conversion of ICD-10 will meet HIPAA mandates and collect data resulting in better outcomes of care.

IHCIA Implementation Update

The recent Indian Health Care Improvement Act reauthorization included a provision that requires IHS to confer with urban Indian organizations. The new draft policy is posted in the *Federal Register* for comment, and was sent to Tribes for consultation. A copy of the letter can be found below:
http://www.ihs.gov/PublicAffairs/DirCorner/2012_Letters/07262012_Letter_ConsultationConferringPolicy.pdf

Author: Dr. Yvette Roubideaux

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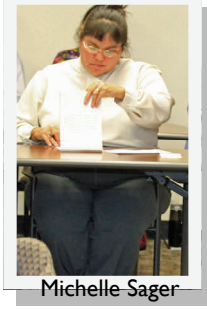
Thanks to those who provided input .

"Caught in the Act of Caring"

A smile can change the world. A smile heals the sick and conveys the passion for the work we do. Phoenix Area recognizes the dedication our employees have for patient care. Patient care not only lies in our hospitals and clinics, but also in our business departments. We are asking for you to participant in our **"Caught in the Act of Caring" collage by sending photo (s) of staff caring about the work they do: Photos can be sent to the following email address:** SWRCommunicate@ihs.gov .

Mark Downing II

Jim Williams



Michelle Sager

Stephanie Aird
Jim Williams

Patsy Jimmy

Who's that Picture?

Can you find and identify who the person is in the hidden picture? The Picture is hidden somewhere in the Newsletter. Please submit your "guess" to the following email address: SWRCommunicate@ihs.gov

June's Winner-Missy Youvella
July's Winner-Denise Henry