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The Innovations in Planned Care Collaborative: Focus on Leadership and Community Engagement

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The Chronic Care Initiative (CCI), an IHS health initiative, is working to transform our system of care for clinical prevention and management of chronic conditions through the Innovations in Planned Care (IPC) collaborative.[1] Thirty-eight sites representing IHS, tribal, and urban clinics participate in IPC. These sites have been building improvement capacity into their systems of care and using measurement to guide improvement efforts. The changes that are used in the collaborative can be organized by the Chronic Care Model[2] (Care Model) and are sequenced in the IPC change package to guide and focus improvement work.

The Care Model captures and defines the essential features of a care system that focuses on the nature of the relationship between the health care system and those it is designed to serve. The Care Model for the Indian health system (Figure 1) framework reflects the same essential features of the original Chronic Care Model, but has undergone revisions to emphasize the important concept of community. The community surrounds the health care organization and cares deeply about every aspect of their health care system. In the IPC collaborative, the community informs, participates in, and supports the improvement work. Another essential aspect of this Care Model is that the health care organization makes every effort to weave improvement efforts into the fabric of the organization so that it is embedded in the organization's mission.

The IPC change package sequence recognizes the importance of engaging the health care organization leadership and the community early in the process of quality improvement. A recommended first step in the IPC collaborative is to engage leadership by identifying a sponsor in the health care organization who will embrace their role as a supporter of the improvement work. This person plays an integral role in making decisions and changes when the improvement work indicates a change is needed. An equally important first step is to involve and engage the community to give the community a voice in what is happening in their health care system.

Spotlight on Sells Service Unit

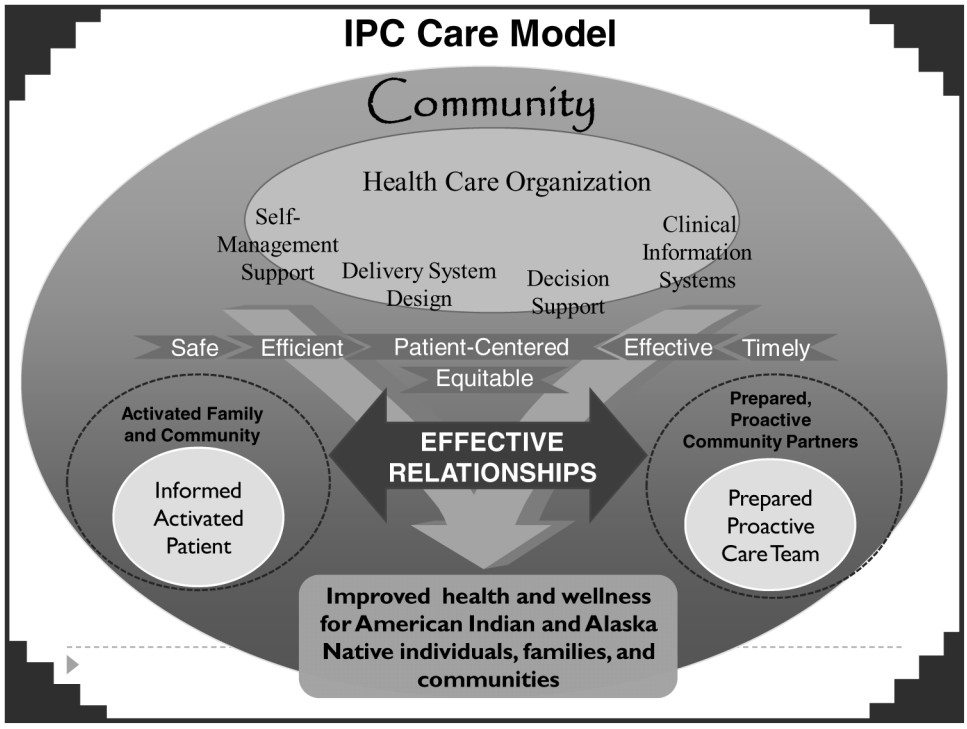
Sells Service Unit (SSU) is located within the Tohono O'odham Nation, the second largest reservation in the US. SSU operates four facilities: Sells Hospital, San Xavier Health Center, Santa Rosa Health Center, and San Simon Health Center. The quality improvement work is focused on the health centers. The aim of SSU is to create a system-wide, *patient centered* environment of care focused on improving health and quality of life through a multidisciplinary approach. The priorities are to create a medical home, improve access to care, and achieve patient centered care.

"Get on the Bus Towards Improvement"

The IPC collaborative work is creating a common language, direction, and focus for all staff, administrative and clinical.

In this Issue...

Figure 1. The Care Model for the Indian Health Service Innovations in Planned Care (IPC) Collaborative



SSU has engaged leadership and staff through a "Get on the Bus" campaign, and has engaged community members through participation in community events, working proactively with their legislative council, and engaging community partners. The Sells Service Unit Executive Staff and service unit staff were the key organizers for the "Get on the Bus" event. The event aimed to show employees that they are valued and to thank them for their hard work and commitment to patient care. Employee surveys in November 2007 identified that some areas of concern were staff morale, leadership, work stress, staff attitude, and lack of recognition for good work. SSU launched the "Get on the Bus" campaign in an effort to improve the workplace culture with an initial staff retreat. For one day, leadership suspended as many services as possible, which allowed 340 employees to participate in the retreat and learn about IPC improvement work.

In the "Get on the Bus" metaphor, the SSU Chief Executive Officer serves as the bus driver and the employees are the passengers. Together, the bus is moving towards creating the best health care system possible. The kick-off provided employees with the following message: "Remember that purpose is the ultimate fuel for our journey through life. When we drive with a purpose, we won't get tired or bored. Also remember that you have only one ride through life so give it all you've got, and enjoy the ride."[3]

Community Connection

IPC leadership and the core improvement team at SSU are unique in that they have active participation from community members on their core team. Community members and partners are invited to monthly collaborative meetings in order to share ideas and engage in productive dialogue. Partnerships have developed with local, tribal, and other community coalitions and programs to address disparities in care delivery and improve care management.

The Tohono O'odham Health and Human Services Department is one tribal program that has successfully worked to establish a collaborative partnership. Their goal is to create a Tohono O'odham Health Care Delivery System without differentiating between IHS and the tribe. The Tohono O'odham Behavioral Health (TOBH) program participates in training sessions on IPC work and recently finished a mural painting initiative with local youth. Murals were painted in the patient education and meeting areas and at "The Healing Rain House" at the San Xavier campus to recognize the integration of mind, body, and spirit. The blessing and dedication were open to the community.

Further community support is shown through participation in events such as the Health and Wellness Fair, Rodeo Days, and Women's Wellness Day. The collaborative also uses the local KOHN weekly radio program on health to educate community members.

Spotlight on Eastern Aleutian Tribes, Inc.

Eastern Aleutian Tribes (EAT) was formed in 1991 by six regional tribes working together to improve health care. In 1999, EAT expanded service delivery to include the communities of Adak and Whittier. Currently there are seven tribes represented by appointed tribal leaders within the Board of Directors, which provides direction to support the organization's goal of improved health service delivery. The seven primary directors and seven alternate directors all live in their communities and use EAT's clinics for their health care. With the administrative office located in Anchorage, Alaska, EAT serves a permanent population of an estimated 3,315 people, with an additional seasonal population of 8,000 during fishing seasons.

Leadership Engagement

EAT's Executive Director communicates frequently with the board by distributing monthly memos as well as at quarterly board meetings where board members receive written and verbal updates on the IPC. In addition, EAT's quarterly publication, "Aleutian Connection," highlights the latest IPC efforts and devotes one page to focus on a community member who is involved and engaged with improving the quality, safety, and effectiveness of their care. The board members also defined their priorities for improving the quality of care. They chose to focus on dental, diabetes, and cancer as their top health issues. They also will be monitoring employee and patient satisfaction.

A Commitment to Community

EAT's Improvement Team aims to "Work together to promote healthy communities." The team set their guidance to be community and patient focused by following three principals:

- All work we do will be patient focused.
- We will empower patients by involving patients and families in their care plans.
- We will join forces with the community.

Leadership is engaged in this effort. The Executive Director is vested in the work of IPC, incorporating the entire organization into each aspect of the care model and actively participating in the IPC training. The Director of Operations holds a "huddle" with providers three times a week. These informative 15-minute sessions give medical and behavioral health staff an opportunity to share what is going well and offer solutions for what is not going well at their clinics.

As the health care organization communicates in the clinic setting, it also reaches out to the community. EAT hosts community appreciation potlucks, designed to celebrate the many collaborative efforts to highlight healthy lifestyle choices. The potlucks provide an opportunity to explain how EAT is changing the way they provide care in their clinics and how IHS, tribal, and urban health programs can work together to improve the health of Alaska Natives.

EAT also holds annual community meetings at each site with active participation from the Leadership Team, including the Executive Director, Director of Operations, Human Resources Coordinator, Clinical Information Coordinator, and Community Health Aide Program (CHAP) Director. They plan to expand question and answer time during these meetings to give the community greater opportunity to share concerns and to increase time spent at each site.

Another recent outreach effort involved the Sand Point School, local vendors, and the Sand Point Police Department when EAT sponsored the first "Aleutian Olympics: Spring Games 2009" in Sand Point, Alaska. The Aleutian Olympics is only one of numerous efforts to garner community involvement in improving the health of residents of the Aleutian Chain. In June 2009, EAT is launching a Walking Incentive Program, encouraging participation of staff as well as community members in reducing the risk of coronary heart disease, cancers, and type 2 diabetes. EAT will provide pedometers and tracking logs for the campaign.

Conclusion

The framework of the IPC collaborative recognizes and reflects the essential role that leadership and community play in improvement of the health care system. Sells Service Unit and the Eastern Aleutian Tribes, Inc. have both demonstrated the impact of partnering with the community and having the leaders of their organization actively engaged and involved in the work in propelling improvement forward at their sites. The "Get on the Bus" campaign and collaborative effort in the mural paintings ignited excitement in both employees and the community at Sells. EAT has used active information sharing and open communication with their Tribal Board of Directors and community members and the hosting of potlucks and community events to keep leadership and community engaged.

Although taking different approaches, both Sells and EAT effectively demonstrate recognition of the importance of having leaders and community members involved in local improvement work and effective strategies to accomplish this significant change concept.

How can you engage your leadership and your community? We would love to hear your ideas! Contact Nancy Kuchar at *nancy.kuchar@ihs.gov*.

References

1. Kuchar NL, Finke B, Cobb N, et al. The Indian Health Service Chronic Care Initiative: Innovations in Planned Care for the Indian health system. *The IHS Primary Care Provider*. 2009 Apr: 112-114.
2. Wagner EH. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998; 1(1):2-4.
3. Gordon J. *The Energy Bus: 10 Rules to Fuel your Life, Work, and Team with Positive Energy*. Hoboken, New Jersey: John Wiley & Sons, Inc., 2007.

Innovations in Planned Care

Rae Ann Meisenheimer, RN, Diabetes Program Nurse Manager and Nurse Care Manager for Dr. Brett Gray, Amo Salina Health Center, Cherokee Nation Health Systems, Tahlequah, Oklahoma

Innovations in Planned Care (IPC) and the utilization of iCare reminders have had a significant impact on the quality of care that patients receive at the Cherokee Nation Amo Salina Health Center, one of the pilot sites for IPC. Although the change did not happen overnight, it did happen, and the change was for the better.

I remember when I was asked to be on the IPC committee. I thought, "Sure I can do this. Why not, it's only a committee. They'll meet once a month or maybe once every three months." Let's just say I had no idea what I had volunteered to do! It is a lot of work at first. At the IPC meetings and teleconferences we attended, we heard phrases such as "max-packing," "working at the top of licensure," "pulling work away from the provider," "care team/care team roles," "pre-visit planning," "cycle time," "empanelment," and more. One of the major tools in achieving all of this was, and still is, the use of iCare and its reminders.

The iCare reminders have helped with driving up our cancer screening rates, our intake screenings and, although it is not a part of GPRA or our diabetes audit, it has helped improve diabetic screening rates for our high risk population. iCare is a quick reference for adult immunization status. It is a quick "go to" resource that nearly replaces, or at least speeds up, pre-visit audits done by the team case manager. It has also refined data entry efforts, which has improved the cancer screening rates for breast, cervical, and colon cancer.

iCare is a useful and essential tool. It has helped improve patient outcomes for all disease types and helped us get out of the "disease silo" where we focused on just one disease, e.g., diabetes.

We started out small at the Amo Health Center in Salina, Oklahoma, with just the patients on Dr. Brett Gray's panel, a panel we set up with the use of iCare. After we had refined how to use iCare, we then began to spread the use of iCare to other teams at the center. The Amo Health Center has over 31,000 charts, and a population base that is growing daily. The panels I manage with the use of iCare are the Diabetes panel of around 800 patients, Dr. Gray's panel of 680, and that of a recently added provider, Dr. Johnston, with a panel of 150 patients. Without the use of iCare, this would be nearly impossible. We do not have EHR, so doing manual chart audits would be a very time consuming process that would be necessary but not cost effective.

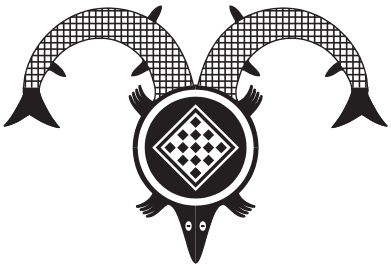
iCare provides "flags" for what is due and when it is due, making it easy to concentrate on what needs to be addressed by either the nurse or the provider at the visit. Recalling the first reminders I printed out, there were a lot of yellow exclamation point triangles, meaning this particular item was due or past due. This was both very disappointing and disturbing, as I felt we did a good job of caring for our patients. We took those reports for each patient, and put them in every patient's chart who had an appointment that day with a provider. We "max-packed" each visit every chance we received. This meant if a female patient came in for an appointment and needed her wellness exam, immunizations, colon cancer screen, intake screens, or anything else, we did it *all* while she was there.

Yes, it was time consuming at first, and we were always running late (last team to go to lunch, last team to go home at the end of each day), but it paid off and has been worth every hour we spent on it. Our patient outcomes have improved. Our patients are more satisfied with the care they are receiving. Our cancer screenings, which were already above the national average at 75%, are now in the 90% range. Now when we review the iCare sheets, we don't have a page full of the yellow exclamation point triangles. Not only have our colon cancer screening rates improved, so have our intake bundle rates, from 78% to 90%. Depression screening improved from 85% to 99%. The immunization rate for adult patients over age 65 for pneumonia vaccine is at 100%. Diabetes Comprehensive Care rose from 60% to 80%. Not only have the performance measures in patient care improved, but our office visit cycle times have decreased from 140-160 minutes per visit to about 50 minutes per visit (cycle times are measured from the time the patient checks in, goes through a complete visit and ancillary services, including picking up their medications, until they check out).

This we owe to IPC, learning how to use iCare, and learning how to pull work away from the provider. Everything the provider used to do, thought about doing, or had the nurse do after they had seen the patient, is now done before the provider enters the room. Now, the focus can be on the patient's complaints or what the patient feels is important at that visit.

Not only has the use of iCare helped with patient care, it is also used to track referrals and has tools to provide patients with wellness handouts and letters. iCare can be used to track the status of national measures and how your selected panel is doing regarding meeting those measures. We use it at Amo Health Center to provide each provider with their panel measures. These are also printed out and posted for the patients and other staff to see. iCare shows you where you need to focus and why.

Planned Care and the use of iCare is a lot of work at first, but it does work. Our proof is in our panel measures, patient outcomes, and satisfaction. Based on our outcomes success, iCare and IPC are currently being spread to the remaining Cherokee Nation health centers and to the Cherokee Nation WW Hastings Hospital. IPC and iCare were not met with open arms. We are all creatures of habit and don't like change, especially when it means we might have to work just a little harder. The transition has gone relatively well, all care teams are utilizing iCare for pre-visit planning, and the patient outcomes have improved. Really, that is why we all do what we do and why we are here: for the patient.

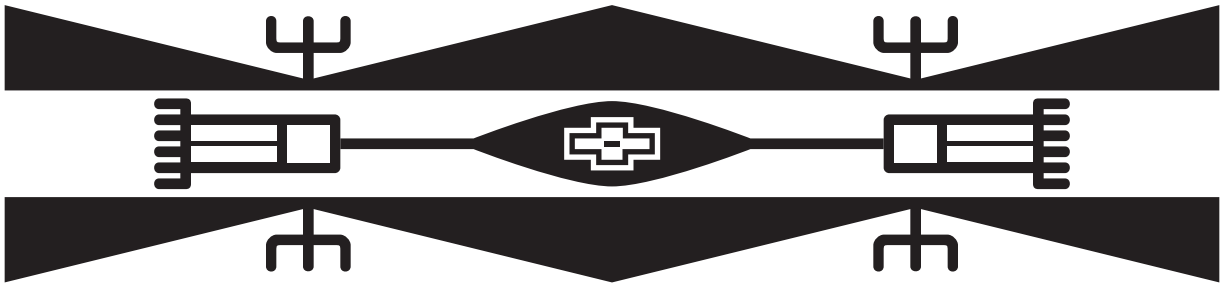


Sources of Needs Assessment Data That Can Be Used to Plan CE Activities

The new focus in planning continuing education activities is the identification of gaps in provider knowledge, competence, or performance that can be addressed with your activity. Ideally, these gaps should apply specifically to the American Indian and Alaska Native population and the providers who serve them. Where can you obtain data that help you identify these gaps? From time to time, we will publish items that either give you such data or show you where you can find them. When you are asked about the sources of your needs assessment data in your CE planning process, it will be easy enough to refer to these specific resources.

Here are some additional references related to last month's topic, Injury Prevention:

1. Wallace LJD, Smith RJ: Injury prevention in the Indian Health Service: A role for primary care providers. *The Provider*. 1992;17(11):194-198.
2. Mace SE, Gerardi MJ, Dietrich AM, et al. Injury prevention and control in children. *Ann Emerg Med*. 2001 Oct;38(4):405-14.
3. Smith GS: The physician's role in injury prevention: beyond the U.S. Preventive services task force report. *Journal of General Internal Medicine* 1990; 5 (*Supplement 2*):S67-S73.



Developing and Implementing Drug Diversion Prevention Strategies at an Indian Health Service Facility

Katie J. McKillip, PharmD, LT US Public Health Service, Pharmacy Practice Resident, Gallup Indian Medical Center, Gallup, New Mexico; and Cindy Smith, PharmD, MPH, CAPT US Public Health Service, Director of Pharmacy, Gallup Indian Medical Center

Introduction

Nearly seven million Americans are abusing prescription drugs -- more than the number who are abusing cocaine, heroin, hallucinogens, Ecstasy, and inhalants, combined. Those seven million were just 3.8 million in 2000, an 80 percent increase in just six years. Specifically, the misuse of painkillers represents three-fourths of the overall problem of prescription drug abuse, with hydrocodone being the most commonly diverted and abused controlled pharmaceutical in the US. In fact, opioid painkillers now cause more drug overdose deaths than cocaine and heroin combined. With the growing problem of prescription drug abuse, there is also a growing need to find ways to reduce drug diversion at medical facilities.

Gallup Indian Medical Center (GIMC) is an 85-bed hospital in Gallup, New Mexico, on the edge of the Navajo Reservation, located about 25 miles from the Arizona/New Mexico border. The workload at Gallup is one of the largest in the Indian Health Service, with 250,000 outpatient encounters and 5,000 inpatient admissions annually. GIMC has the largest staff of all Navajo Area IHS facilities. Specific strategies and additional safeguards were introduced to GIMC's current system for prescribing and distributing potential drugs of abuse with the goal of combating the escalating problem of prescription drug abuse in the Native American population.

Methods

To insure that all medical providers, nurses, pharmacists, and other essential patient care advocates are all informed about patients on chronic use narcotics, a universal controlled substance agreement (see supplementary appendix) was developed to be placed in the patients' charts. The agreement was printed on bright yellow colored cardstock paper and placed in the patient information section of the chart to help insure that providers are able to easily identify a patient on a controlled substance agreement. By signing and initialing after each statement, the patient agrees to abide by those guidelines set forth in the agreement. Examples of these guidelines include receiving controlled medications from one provider and no other facility, giving a blood or urine sample when requested to test for medications, and refraining from unseemly behavior when requesting medication. The final draft was presented at staff meetings for pharmacy, orthopedics, internal medicine, family medicine, the urgent care clinic, and the emergency room (ER), so all providers would be aware of its use.

The next step was to form a Pain Review Committee to help enforce guidelines, give recommendations on hospital policy regarding narcotic prescriptions and their use, and review problem patients in violation of their agreement in order to devise a collaborative treatment plan. A champion was solicited: a physician with either previous experience sitting on a pain review committee or one who cared about the issue of drug diversion and abuse and who had personal interest in the problem. The initial committee had two pharmacists, a behavioral health physician who specialized in addiction, an urgent care physician, an internal medicine physician and nurse, an emergency room nurse, and a patient care advocate. The committee met monthly for one hour to discuss current narcotic issues and review any hard to manage patients on chronic use narcotics. Treatment plans for patients in violation of their pain agreement have included referral to behavioral health, a switch in medication, a tapering of medication, or recommendation that the patient no longer receive chronic use narcotics at the facility. The primary care provider (PCP) for each patient being presented was also invited to the meeting in order to gain input into the patient's case and to add the support of the PCP in adhering to the treatment plan. Patients reviewed by the board were designated by anyone sitting on the committee or by PCPs, who were educated about the committee meetings during the staff meetings and presentation of the universal pain agreement.

Finally, access to both the New Mexico and Arizona prescription monitoring databases needed to be established in order to assess who may be obtaining additional narcotics outside of the medical facility. Patients found to be acquiring narcotics elsewhere would be found in violation of their pain agreement and brought up for review by the pain review committee. Pharmacists in the pharmacy-run Pain Clinic periodically checked their patients (all of whom were on pain agreements) against both databases.

Results

The universal pain agreement is now being used in patients' charts and has increased physician awareness in Urgent Care and the ER as to who may not be eligible for additional narcotics. It has also increased pharmacy awareness, so that screening pharmacists may alert the PCP if a patient on the agreement receives additional narcotics. Many patients have been assessed at the pain review committee meetings and are following their recommended treatment plans. Physician membership in and understanding about the pain review committee also continues to grow. Pharmacists continue to use the statewide prescription monitoring programs periodically and when specific patients are suspected of receiving outside prescriptions for narcotics.

Discussion

It is difficult to determine the magnitude of the effect of all efforts made to reduce drug diversion, and there are always ways to improve upon existing strategies. Future efforts may be made to find a way to alert providers regarding which patients are on pain agreements when there is no paper chart available. One possible suggestion is to have a diagnostic code indicating that the patient is on a pain agreement.

Conclusion

With prescription drug abuse and misuse on the rise, medical facilities will always be looking for new ways to help combat the problem. Implementing a universal pain agreement, instituting a pain review committee, and gaining access to a statewide prescription monitoring program are all ways in which medical facilities can begin to address the problem of drug diversion.

References

1. US Drug Enforcement Administration. *Fact Sheet: Prescription Drug Abuse -- a DEA Focus*. Available at *http://www.usdoj.gov/dea/concern/prescription_drug_fact_sheet.html*
2. Indian Health Service Area Offices and Facilities. Navajo Area - Gallup. Available at *http://www.ihs.gov/FacilitiesServices/AreaOffices/Navajo/index.cfm?module=nao_hcc_gallup*

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Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work

Gallup Indian Medical Center Controlled Substance Agreement

The purpose of this agreement is to prevent misunderstanding about the medicines you will be taking for pain control and other health concerns. This is also an agreement that tells the guidelines you agree to follow as a patient at GIMC. By signing this agreement and initialing after each statement, you are saying that you understand and agree to follow the guidelines while you are a patient followed at GIMC and failing to do so may result in termination of therapy.

1. I agree to keep my healthcare appointments. If I can't keep an appointment I will call the clinic and ask to reschedule. If I miss two appointments in a row without calling, I may lose the right to receive narcotic medications at GIMC. _____
2. I will talk openly with my doctor and the pharmacist about my pain and other health concerns and work with them to develop a treatment plan. This plan may include other therapies besides medicine. I agree to follow all the recommendations in my pain treatment plan. _____
3. I will tell my doctor or pharmacist about new medicines or medical conditions, or any changes in my medicine or medical conditions along with any side effects I am experiencing from any of the medications I am taking. This includes any herbal or traditional medicine. _____
4. I will not get pain relief medicines or narcotics, controlled stimulants, or anti-anxiety drugs from any other doctor, pharmacy, or facility. I acknowledge that receiving duplicate medications may endanger my health. The only exception is an emergency situation, which I will disclose to my doctor at my next appointment. _____
5. I will not use any illegal drugs such as marijuana, cocaine, heroin, etc. _____
6. I will not, under any circumstances, share, sell, or trade my medicine with anyone. _____
7. I will take care not to lose or misplace my medication. I understand that lost, stolen, or ruined medicine will not be replaced. _____
8. I agree that I will take the medicine as directed and I will not take it more often than prescribed. If I take medicine more often than prescribed then I will run out before my next prescription is filled and I may be without medicine for a period of time. I also realize that unseemly or rude behavior (such as repeated requests for early refills) will not be tolerated. _____
9. I understand that my medicines will be filled or refilled only during regular pharmacy and clinic hours, and not after hours or on weekends. My prescriptions will not be refilled until the day they are due. If I am having problems that require changes in my medicine, I will contact the pharmacist or doctor so they can make adjustments if needed. _____
10. I agree that I will give a urine or blood sample at any time if asked by my healthcare provider in order to tell if I am taking my medication properly. Positive testing for illegal drugs will result in discontinuation of therapy. _____
11. I will bring in all unused or discontinued pain medications when requested. _____
12. I will allow my provider to share information concerning this agreement with other healthcare facilities as necessary to ensure my safe and proper care. I am aware the state controlled substance database will be checked periodically to verify my use of controlled substances. _____

Patient Name (Print)	GIMC Chart Number	Witness	Date
Patient Signature	Date	Physician	Date

SAVE THE DATE

*** Challenges in Indian Health Care ***
*** Health Care Budgets & Financing ***
*** Data and Information Technology ***
*** Law ***
*** Integrity and Ethics ***
*** Negotiation ***

Session One: March 15 - 19, 2010
Session Two: April 19 - 23, 2010
Session Three: May 24 - 28, 2010

You can be a part of the 2010 Class of the Executive Leadership Development Program (ELDP)!

The purpose of the Executive Leadership Development Program is to provide a forum where participants learn new skills and encounter different approaches to reduce barriers, increase innovation, ensure a better flow of information and ideas, and lead change. The goal is to provide essential leadership training and support for Indian health care executives, whether they work in Federal, tribal, or urban settings.

Look for the registration material in January on *http://www.ihs.gov/nonmedicalprograms/eldp/* .

ELDP Coordinators:
Gigi.Holmes@ihs.gov* and *Wesley.Picciotti@ihs.gov

This is a page for sharing "what works" as seen in the published literature, as well as what is being done at sites that care for American Indian/Alaskan Native children. If you have any suggestions, comments, or questions, please contact Steve Holve, MD, Chief Clinical Consultant in Pediatrics at sholve@tcimc.ihs.gov.

IHS Child Health Notes

Quote of the month

"Discovery consists of seeing what everybody has seen and thinking what nobody has thought."

Albert von Szent-Gyorgi

Articles of Interest

Orenstein SR, Hassall E, Furmaga-Jablonska W, et al. Multicenter, double-blind, randomized, placebo-controlled trial assessing the efficacy and safety of proton pump inhibitor lansoprazole in infants with symptoms of gastroesophageal reflux disease. *J Pediatr*. 2009 Apr;154(4):514-520.

This carefully constructed trial compares lansoprazole in infants with regurgitation and feeding-associated crying. Inclusion criteria included symptoms commonly thought to be reflux induced. Formal diagnostic tests were not required for entry. Standard doses of medication were used. Clinical improvement in feeding-associated crying was 44% in both the acid blockade group and the placebo group. The authors noted an increase in respiratory infections in the group receiving medication.

Editorial Comment

The use of PPIs in infants has increased four-fold in the past five years without any clear indication that gastroesophageal reflux disease (GERD) has increased in frequency or severity. The assumption has been that feeding associated crying is due to acid reflux and that reduction of acid would reduces symptoms. This appears not to be the case.

An accompanying commentary in the *Journal of Pediatrics* notes that, given the demonstrated ineffectiveness of medication for feeding associated crying, PPIs have become the modern equivalent of "take two aspirin and call me in the morning." We would do better to counsel patients on non-pharmacologic treatments such as swaddling, feeding upright, and smaller, frequent feedings.

Recent literature on American Indian/Alaskan Native Health Michael Bartholomew, MD

Singleton R, Holve S, Groom A, et al. Impact of immunizatiosn on the disease burden of American Indian and Alaska Native children. *Arch Pediatr Adolesc Med*. 2009;163(5):446-453. *http://www.ncbi.nlm.nih.gov/pubmed/19414691?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum*

Immunizations continue to be regarded as one of the greatest public health achievements worldwide. American Indian/Alaska Native (AI/AN) populations have endured health disparities in vaccine preventable diseases with rates as high as ten times those of the general US population. Over the past quarter century, with the introduction of routine vaccinations in the AI/AN population, there have been dramatic reductions in many vaccine preventable diseases including Hepatitis A and B viruses, *Haemophilus influenza* type b, and streptococcus pneumonia. The authors of this comprehensive review describe the important impact that vaccines have had on reducing AI/AN health disparities with regard to some diseases. The article also points out that despite these successes; there are still some vaccine preventable diseases that occur at higher rates in the AI/AN population. The authors posit that these continued disparities may be related to unfavorable environmental living conditions including household crowding, lack of indoor plumbing/running water, poverty, and poor air quality. The authors concluded the following: 1) routine vaccination of AI/AN children need to be sustained, 2) monitoring immunization coverage and conducting disease surveillance is critical in the prevention of reoccurrence of vaccine preventable diseases, 3) adverse living conditions/risk factors for infectious disease need to be addressed, 4) additional causes of continued higher rates of certain infectious disease need to be investigated, and 5) studies to analyze the impact of vaccines by monitoring the long-term effectiveness of vaccination programs are essential.

H1N1 Antiviral Treatment: Weighing the Guidelines

Many IHS providers are currently being faced with children presenting with influenza-like illness (defined as a measured fever plus either cough or sore throat) who have possible novel H1N1 influenza infection. CDC has posted "Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and their Close Contacts" on the H1N1 website at *http://www.cdc.gov/h1n1flu/recommendations.htm to guide clinicians*. Briefly,

1. Clinical judgment is an important factor in treatment decisions.
2. Treatment of patients with influenza-like illness with oseltamivir or zanamivir is recommended for:

a. All hospitalized patients with confirmed, probable, or suspected novel influenza (H1N1).
b. Hospitalized and non-hospitalized patients who are at higher risk for seasonal influenza complications:
    i. Children < 5 yrs old (especially those < 2 years old)
    ii. Adults 65 years and older
    iii. Persons with the following conditions:
        1. Chronic lung disease (including asthma), cardiac, renal, hepatic, hematologic, neurologic, neuromuscular, metabolic disorders (including diabetes).
        2. Immunosuppression
        3. Pregnant women
        4. Persons <19 years on chronic aspirin
        5. Residents of nursing home and chronic care facilities

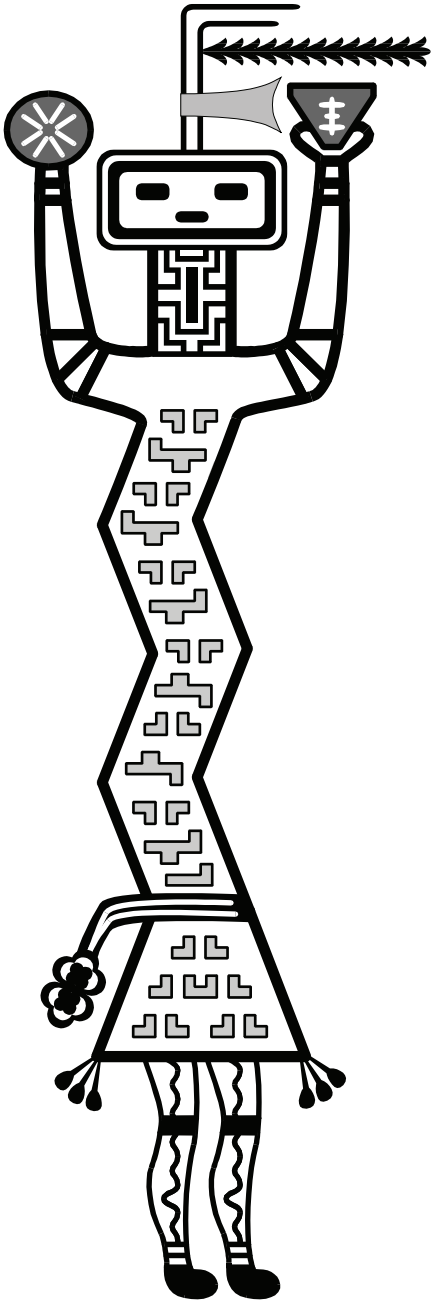
3. Post exposure chemoprophylaxis can be considered for:
    a. Close contacts of cases who are at high risk for complications from flu.
    b. Health care workers or first responders with unprotected close contact.

It is important to remember to treat for possible novel H1N1 infection in hospitalized patients, particularly the high-risk patients described above, *before* confirmation of novel H1N1 infection is back from the lab. In addition, it is now certain that the rapid influenza A test (the antigen test) is not reliable as a method to *exclude* novel H1N1 disease. Clinicians should not avoid antiviral treatment based on a negative rapid test.

Since the publication of the guidelines, CDC issued a Public Health Advisory regarding three reports (all outside of the US) of oseltamivir-resistant H1N1 at *http://www.cdc.gov/flu/weekly*. The guidelines for treatment have not been modified on the basis of these isolated cases of oseltamivir resistance. Also, on July 10 the CDC published a MMWR Dispatch describing a small case series of ten H1N1 patients with severe Adult Respiratory Distress Syndrome; nine were obese, and seven of the ten patients were extremely obese.

Locums Tenens and Job Opportunities

If you have a short- or long-term opportunity in an IHS, tribal or urban facility that you'd like for us to publicize (i.e., AAP website or complimentary ad on Ped Jobs, the official AAP on-line job board), please forward the information to *indianhealth@aap.org* or complete the on-line locum tenens form at *http://www.aap.org/nach/locumtenens.htm*.



MEETINGS OF INTEREST

Available EHR Courses

EHR is the Indian Health Service's Electronic Health Record software that is based on the Resource and Patient Management System (RPMS) clinical information system. For more information about any of these courses described below, please visit the EHR website at *http://www.ihs.gov/CIO/EHR/index.cfm?module=rpms_ehr_training*. To see registration information for any of these courses, go to *http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index*.

August 2009 Clinical Update on Substance Abuse and Dependency (Formerly known as the Primary Care Provider Training on Chemical Dependency)
August 25 - 27, 2009; Bemidji, Minnesota

This three day intensive workshop includes both didactic and experiential training. The curriculum is updated annually with the most current nursing, addiction medicine, and prevention information. This training is available to Indian health providers (physicians, physician assistants, nurses, and advanced practice nurses). Enrollment is limited to 30 providers (preferably 2 - 3 person teams from the same facility representing the various disciplines targeted). The conference site is the Hampton Inn & Suites, 1019 Paul Bunyan Drive S, Bemidji, Minnesota 56601; telephone (218) 751-3600. For more information or to register, contact Cheryl Begay at (602) 364-7777 or e-mail *cheryl.begay@ihs.gov*. To register on-line, go to the CSC website at *http://www.csc.ihs.gov*.

Training Conference on the Treatment of Trauma: "Re-Making the World of the Trauma Survivor"
October 2 - 3, 2009; Flagstaff, Arizona

Hosted by The Hopi Foundation, this cutting edge two-day conference has been organized to provide clinical and empirically based techniques and approaches to practitioners working with two sets of population groups affected by trauma: Native American war veterans, and survivors of political torture. Acknowledged world-class experts are providing the training, including Drs. Judith Herman, Maria Yellow Horse Brave Heart, Spero Manson, Richard Mollica, and Terence Keane. Innovative workshop sessions are intensive and present the subject matter in considerable depth offering dynamic, didactic, and interactive learning experiences. The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The IHS Clinical Support Center designates this educational activity for a maximum of 11 *AMA PRA Category 1 Credit(s)*™. This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives. The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity is designated 11.0 contact hours for nurses. The Arizona Psychological Association is offering up to 26 Credit Education hours for psychologists and therapists. Continuing Education Units are offered to social workers and counselors by Arizona State University. For more information and conference registration, go to the website at *www.barbarachesteraward.org* or e-mail *information@barbarachesteraward.org*.

Second Annual Cardiovascular Disease Update
October 29 – 30, 2009; Scottsdale, Arizona

The Native American Cardiology Program will be presenting the Second Annual Cardiovascular Disease Update at the Chaparral Suites in Scottsdale, Arizona beginning midday on Thursday, October 29 running through Friday afternoon, October 30, 2009. The topic this year is "Successful Management of The Cardiovascular Patient." The conference will provide practical approaches to the evaluation and management of common cardiac conditions encountered by primary providers, including atrial fibrillation, chronic angina, heart failure, arrhythmias, acute coronary syndromes, peripheral vascular disease, and stroke. There will be no registration fee for Indian Health Service or tribal employees. The conference is directed at clinical staff with an interest in cardiovascular disease. Program and registration material will be available by August. The Indian Health Service Clinical Support Center is the accredited sponsor. For more information, please feel free to contact *lkoepke@umcaz.edu* or *bmalasky@umcaz.edu*.

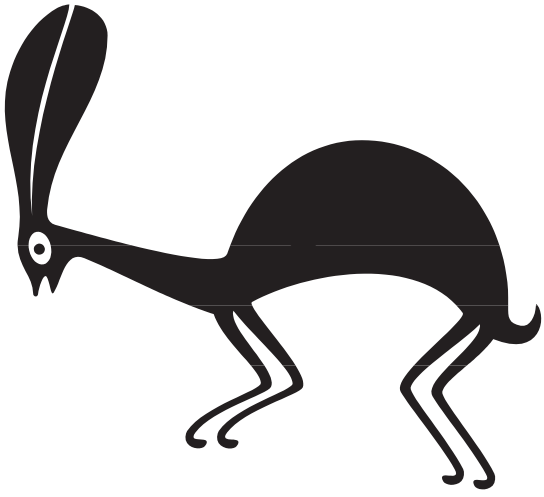
The First Annual IHS Adolescent Health Conference
November 13 - 14, 2009; Window Rock, Arizona

The Navajo Area, Kayenta Service Unit, and the Adolescent Reproductive Health Project will host the first Annual Adolescent Health Conference in Window Rock, Arizona, November 13 - 14, 2009. Hear nationally recognized speakers on topics including suicidality and mental health, obesity management, reproductive health and STDs, young men's health, caring for gay and lesbian youth, and pregnancy counseling. This conference is aimed at general pediatricians, family practitioners, physician assistants, and nurse practitioners who care for adolescents in their practices. The speakers will focus on current research and practices to help improve adolescent services to Native American youth. Registration is free; details will be found here next month. In the meantime, for more information, please contact the

conference director, Andrew Terranella, MD, at *andrew.terranella@ihs.gov*; telephone (928) 697-4203.

Where Are My Back Issues?

Due to delayed payments to some vendors that have occurred with the transition to the UFMS system, there have been problems with distribution of the mailed issues of The Provider. These have been resolved, and back issues have been mailed. We will do everything in our power to keep things current from this point on. Readers are still encouraged to take advantage of the opportunity to sign up for the listserv that gives notification as soon as the electronic version is posted on our website – usually in the middle of the month. Issues may be read in their entirety as soon as they are posted, and so no time-sensitive information will be missed. To join the listserv, go to *http://www.ihs.gov/Provider* and subscribe. You may retain your paper subscription also, if you prefer to receive issues both ways.



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.

Physician
Puyallup Tribal Health Authority; Tacoma, Washington

The Puyallup Tribal Health Authority is currently recruiting a full time physician to join a team of nine other physicians. PTHA is a tribally operated, ambulatory clinic located in Tacoma, Washington and is accredited by AAAHC, CARF, and COLA. This position will evaluate, diagnose, and treat medical, obstetric, psychiatric, and surgical diseases and emergencies as credentialed and privileged; oversee the medical evaluation, diagnosis, and treatment of patients by other medical professionals, including precepting midlevel providers as needed; perform histories, physicals, and direct the evaluation, diagnosis, and treatment of PTHA patients in local hospitals including participation in rounding schedule; make referrals to specialists as per PTHA protocol and follow-up to assure quality care; provide on-site health education and counseling to patients and staff; participate in after-hours on-call duty as scheduled; provide back-up consultation to other on-call PTHA providers as scheduled; participate in utilization review studies and quality improvement committee as assigned.

Minimum requirements include a Doctorate of Medicine or Osteopathy from an accredited institution; board certified (or eligible to sit for exam) in family practice or appropriate field; licensed to practice medicine in the state of Washington; and current certification in ACLS. PTHA offers a competitive salary, benefits, and generous time off schedule.

To apply, a PTHA employment application is required (resume optional). Please submit completed applications to the Human Resource Department prior to the closing date. Indian hiring preference by law. Telephone (253) 593-0232, ext 516; fax (253) 593-3479; e-mail *hr@eptha.com*; website *www.eptha.com*. The address is PTHA Human Resource Department, KCC bldg #4, 1st Floor, 2209 E. 32nd St. Tacoma, WA 98404. (8/09)

Family Practice Physician
Pharmacist
PHS Clinics; Wind River Service Unit, Wyoming

This is the primo IHS opportunity. Two family physicians will be retiring in January to split a position between them, leaving a hiring opportunity for this progressive and stable seven-physician group (six FP and one pediatrician). We admit patients to the Lander Regional Hospital on a 1/7 on-call basis and staff two clinics on the reservation, along with four nurse practitioners. The Wind River Reservation is home to the Northern Arapaho and Eastern Shoshone Tribes. Local cultural opportunities abound, and the medical practice is fascinating and challenging.

The physicians tend to live in Lander, which is located adjacent to the Wind River Indian Reservation. Lander was featured in Sunset Magazine as one of "The West's Twenty Best Small Towns" and has been featured in the book "Best Small Towns in America." It is located next to the Wind River Mountains, which offer a spectacular chance for world class climbing, hiking, outfitting, fishing, and hunting. Lander is progressive and is the world headquarters for the National Outdoor Leadership School. Next fall, Lander High School graduates will attend MIT, Duke, and Princeton. The IHS physicians enjoy a great relationship with the private physicians in town, and the hospital sports the latest generation MRI, CT, and nuclear medicine capabilities. This is the kind of IHS medical staff that physicians join and end up staying for ten to twenty years. Board eligible/certified applicants only, please. E-mail CV to Paul Ebbert, MD at *paul.ebbert@ihs.gov* or call him at work at (307) 856-9281 or at home at (307) 332-2721.

The Wind River Service Unit also has an opening for a pharmacist. Pharmacists at Wind River enjoy a close professional relationship with the medical staff. There is interest and opportunity for pharmacists to expand their skills into enhanced patient education and management. Interested candidates should contact Marilyn Scott at *marilyn.scott@ihs.gov* or call (307) 332-5948. (6/09)

Family Physician
Staff Dentist
Consolidated Tribal Health Project, Inc.; Calpella, California

The Native American Health Center in northern California wine country is seeking a doctor and a dentist to join our dedicated team. For twenty five years, Consolidated Tribal Health Project, Inc. has been providing health, dental, behavioral health, and community outreach services to the eight consortium tribes of Mendocino County.

We are seeking two providers:

- Family Practice Physician, BC/BE, to provide direct patient care (90%) and administration (10%)
- Staff Dentist to provide comprehensive, public health oriented dental services and all general clinic services

Candidates must currently hold a California license. Qualified applicants, please fax resume, cover letter, and salary requirements to Human Resources at (707) 485-7837. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. Native American preference in hiring; all qualified applicants will be considered. For more information, please contact Annie Kavanagh at (707) 467-5685, or by e-mail at *akavanagh@cthp.org*. (6/09)

Family Medicine Physicians
Internal Medicine Physicians
Emergency Medicine Physicians
Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for board certified/board eligible family medicine, internal medicine, and emergency medicine physicians to join our experienced medical staff. The SSU 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 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 in a setting of natural splendor.

We offer competitive salary, relocation/recruitment/retention allowance, federal employment benefits package, CME leave and allowance, and loan repayment. Commuter van pool from Tucson is available for a monthly fee. For more information, please contact Peter Ziegler, MD, SSU Clinical Director at (520) 383-7211 or by e-mail at *Peter.Ziegler@ihs.gov*. (6/09)

Family Nurse Practitioners
San Simon Health Center, Sells Service Unit; Sells, Arizona

The Sells Service Unit (SSU) in southern Arizona is recruiting for a family nurse practitioner to provide ambulatory care in the recently opened San Simon Health Center and another family or pediatric nurse practitioner to provide ambulatory care in our school health program. The SSU 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 and three health centers: San Xavier Health Center, located in Tucson, the Santa Rosa Health Center, located in Santa Rosa, and the San Simon Health Center located in San Simon, 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.

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Internal Medicine/Hospitalist
Phoenix Indian Medical Center; Phoenix, Arizona

The Internal Medicine department is recruiting for a hospitalist, BC/BE in either Internal Medicine or Family Medicine, at the Phoenix Indian Medical Center; position available now. PIMC is one of the largest sites in the IHS, with over 150 multi-specialty physicians. Our five-member hospitalist group provides both general medical and intermediate level care for approximately 40 hospitalized patients. Very reasonable schedule with 40 - 45 hour weeks. Electronic Health Record is being implemented. This position would be open to either a civil service or Commissioned Corps physician. The Phoenix metropolitan area offers a variety of cultural, sports, educational, and family-oriented opportunities.

For more information, please contact/send CV to Amy Light MD, Chief of Medicine, Phoenix Indian Medical Center,

4212 North 16th Street, Phoenix, Arizona 85016. Telephone (602) 263-1537; fax (602) 263-1593 or e-mail *amy.light@ihs.gov*. (4/09)

Psychiatrist
White Earth Health Center; White Earth, Minnesota

The White Earth Health Center is currently recruiting a psychiatrist to provide psychiatric assessment for diagnosis of mental health disorders for children, adolescents, and adults and provide medication management services to children, adolescents, and adults, in an outpatient setting. The White Earth Health Center is located in central Minnesota. Enjoy four seasons filled with plenty of lakes for fishing, swimming, canoeing, skiing, skating; area fitness centers; shopping, hunting, snowmobiling, four-wheeling, clear skies, golf courses, horse trail rides.

The ideal candidate for this position will be an outgoing, energetic team player who is compassionate and focused on patient care. This individual will be working in a beautiful, modern facility. For the right candidate, we offer a competitive salary, excellent benefits, and an opportunity for loan repayment. Please contact Darryl Zitzow, PhD, LP, Director, Mental Health Department, telephone (218) 983-6325; fax (218) 983-6336); or e-mail *darryl.zitzow@ihs.gov* for further information. The mailing address is White Earth Health Center, 40520 County Highway 34, Ogema, Minnesota 56569. (4/09)

Family Practice Physician
Nurse Practitioner
Pawhuska IHS Health Center; Pawhuska, Oklahoma

The Pawhuska IHS Health Center has openings for a family practice physician and a nurse practitioner. Our facility is a JCAHO accredited, multidisciplinary outpatient clinic with medical, dental, optometry, behavioral health, an on-site lab, and pharmacy. Our medical staff enjoy regular work hours with no night or weekend call.

Pawhuska is located 55 miles from Tulsa, Oklahoma. It is home to the Osage Nation, with a rich heritage of tribal culture, oil money, and even cowboys. So if you have a passion for small town life on the plains, you may want to check us out.

Interested parties can contact Wehnona Stabler, 715 Grandview, Pawhuska, Oklahoma 74056; telephone (918) 287-4491; or e-mail to *wehnona.stabler@ihs.gov*. (2/09)

Family Practice Physician
Gallup Indian Medical Center; Gallup, New Mexico

The Gallup Indian Medical Center has an immediate opening for a family medicine physician. GIMC is one of the largest Indian Health Service sites. The IHS has great benefits packages for both Civil Service and Commissioned Corps providers. We are an NHSC scholarship and an IHS Loan Repayment site as well. The Department of Family Medicine offers the opportunity for full spectrum family medicine care. There are currently nine physicians, two physician assistants, and one pharmacist clinician in the department. Chronic disease management and prevention are the focus for continued development and expansion of this department and program. The hospital has a multi-specialty group, and family medicine physicians have inpatient privileges at GIMC as well as at the community hospital, Rehoboth McKinley Christian Hospital.

Please contact Dr. Alma Alford, Chief of Family Medicine, if you are interested in pursuing an opportunity here. The address is Gallup Indian Medical Center, 516 E. Nizhoni Blvd., P.O. Box 1337, Gallup, New Mexico 87301-1337; telephone (505) 722-1000; fax (505) 726-8740; office number (505) 722-1280 or 722-1775; e-mail *alma.alford@ihs.gov*. (1/09)

Physicians
Belcourt Comprehensive Health Care Facility; Belcourt, North Dakota

The Belcourt Comprehensive Health Care Facility is seeking experienced pediatric, emergency medicine, obstetrics and gynecology, family practice and psychiatry professionals. Belcourt is located in Rolette County in the north-central part of the state near the Canadian border in rural North Dakota. The Turtle Mountain Reservation has approximately 26,000 enrolled tribal members of the Turtle Mountain Band of Chippewa. The area consists of low rolling hills and a wide variety of trees. About 40% of the land is covered with small ponds and lakes for those who love fishing, boating, and water skiing and, in the winter, snowmobiling, ice fishing, as well as downhill skiing. We are a 27-bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, OB/GYN, Emergency Medicine, General Surgery, Behavioral Health, Mid-Level Services, Dentistry, Pharmacy, Optometry, Physical Therapy, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Physicians
Eagle Butte IHS Hospital, Eagle Butte, South Dakota

The Eagle Butte IHS Hospital is seeking experienced emergency medicine and family practice professionals. Eagle Butte is located in Dewey County in rural western South Dakota. The Cheyenne River Reservation has about 15,000 enrolled tribal members of the Cheyenne River Sioux Tribe. The mighty Missouri River borders its eastern edge, the rugged Cheyenne forms its southern border, and the Moreau River flows through the heart of the reservation. This land of

sprawling prairies and abundant waters is home to the Cheyenne River Sioux Tribe. Hunting opportunities on the Cheyenne River Reservation include elk, whitetail deer, mule deer, pronghorn antelope, duck, goose, turkey, rabbit, and prairie dog. Anglers can catch trout, walleye, salmon, large and smallmouth bass, white bass, northern pike, and catfish. The stark, solitary beauty of the prairie will amaze visitors. In some places, you can drive for miles with only nature and wildlife as company. We are a 13 bed facility with a busy clinic and a 24-hour emergency room, as well as the following services: Family Practice, Emergency Medicine, Mid-Level Services, Dentistry, Pharmacy, Optometry, and Nursing.

For more information, contact Kimberlin K. Lawrence, Recruitment Specialist, Aberdeen Area Indian Health Service, Office of Professional Service, 115 4th Ave. SE, Aberdeen, South Dakota; telephone (605) 226-7532; fax (605) 226-7321; e-mail *kim.lawrence@ihs.gov*. (1/09)

Medical Director
Physician
Mid-Level Provider
Nimiipuu Health; Lapwai, Idaho

Caring people making a difference. Nimiipuu Health is an agency of the Nez Perce Tribe, with ambulatory health care facilities in Lapwai and Kamiah located in beautiful northern Idaho near the confluence of the Snake and Clearwater Rivers, an area rich in history, natural beauty, and amiable communities. We provide excellent benefits and opportunity for personal and professional growth. Nimiipuu Health's caring team is looking for individuals making a difference in the health care field and is now accepting applications for three positions.

Medical Director (Salary/DOE/Full-Time/Lapwai). MD or DO with current certification in family practice or internal medicine. Must have completed an internship, be board certified, with at least five years of clinical experience. Must be licensed to practice medicine in Idaho, or obtain state of Idaho license within one year of appointment. Must have BLS and ACLS certification. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain current license and certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Physician (Salary/DOE/Full-Time/Lapwai). Idaho licensed MD or DO, prefer board certified in family practice or internal medicine. Incumbent can obtain Idaho license within one year of appointment. Must have DEA number or obtain within three months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must maintain appropriate board certification, have a valid driver's license with insurable record, and will be required to pass extensive background. Closes 1/09/09. Tribal preference applies.

Mid-Level Provider (Salary/DOE/Full-Time/Lapwai). Idaho licensed FNP or PA. Incumbent can obtain Idaho license within one year of appointment. Must have BLS and obtain ACLS within six months of appointment. Knowledge of history, culture, and health needs of Native American communities preferred. Must have valid driver's license with insurable record and will be required to pass extensive background check. Closes 1/09/09. Tribal preference applies.

A complete application packet for these positions includes NMPH job application, copy of current credentials, two reference letters, resume or CV, a copy of your tribal ID or Certification of Indian Blood (CIB), if applicable. Send to Nimiipuu Health, Attn: Human Resources, PO Drawer 367, Lapwai, ID 83540. For more information call (208) 843-2271 or e-mail *carmb@nimiipuu.org*. For more information about our community and area please go to *www.nezperce.org* or *www.zipskinny.com*.

Pharmacist
Juneau, Alaska

The Southeast Alaska Regional Health Consortium has an opening for a staff pharmacist at our Joint Commission accredited ambulatory care facility located in Juneau. Pharmacists interact with medical and nursing staff to achieve positive patient outcomes and are active members of the health-care team. Prescriptions are filled using Scriptpro Robotic Systems. Responsibilities include drug selection, compounding, and dispensing, as well as P&T and other committee participation, formulary management, drug information, education, and mentoring. We also provide pharmacist managed anticoagulation monitoring services.

Experience living in beautiful southeast Alaska. Juneau is located in Alaska's panhandle on a channel of salt water 70 air miles from the open ocean. Juneau is Alaska's capital and the third largest city in Alaska (30,000 people). Vast areas of recreational wilderness and opportunity surround us. Juneau and much of southeast Alaska are located within the Tongass National forest, the largest expanse of temperate rainforest in the world.

The Southeast Alaska Regional Health Consortium is a nonprofit health corporation established in 1975 by the Board of Directors, comprised of tribal members of 18 Native communities in the southeast region, to serve the Alaska Native and Native American people of southeast Alaska. Our clinic is committed to providing high quality health services in partnership with Native people.

Successful candidates should be self motivated and committed to providing excellent patient care. This is a Commissioned Officer 04 billet or a direct hire with a competitive salary and a generous benefit package. For more information please go to *https://searhc.org/common/pages/hr/nativehire/index.php* or contact the SEARHC Human Resources office by telephone at (907) 364-4415; fax (907) 463-6605.

Applications and additional information about this vacancy are available on-line at *www.searhc.org*, or you may contact Teresa Bruce, Pharmacy Director at (907) 463-4004; or e-mail *teresa.bruce@searhc.org*.

Family Practice Physician
Pediatrician (Outpatient and Hospitalist)
Obstetrician/Gynecologist
Anchorage, Alaska

Multidisciplinary teams with physicians, master's level therapists, RN case managers, nurse practitioners and physician assistants. Integrated into the system: family medicine, behavioral health, pediatrics, obstetrics and gynecology, health educators, nutritionists, social workers, midwives, pharmacists, home health, and easy access to specialists. This integrated model also includes complementary health and traditional Native healing. Eligibility verification, insurance, and billing are handled by administrative staff.

Amazing benefits including 4 to 6 weeks of vacation, one week of paid CME time, plus 12 paid holidays. CME funding; excellent insurance coverage – malpractice, health, life, short and long term disability – and subsidized health insurance for family. Employer 401K with matching contribution to retirement, fees paid for medical license, registration, etc.

New, modern state of the art facilities. Innovative practice system featured on front page of New York Times, JAMA, etc. Clinical quality improvement team. Practice management data monthly.

We currently employ 25 family physicians, 16 pediatricians, 10 obstetrician/gynecologists, and 6 psychiatrists, and we are adding additional positions.

Anchorage is a city of 330,000, the largest city in Alaska. Lots of cultural activities including a performing arts center that hosts national and regional troops, the Anchorage Museum of Natural History, and the Alaska Native Heritage Center. Alaska is known as the land of the midnight sun, as we bask in 19.5 hours of daylight on summer solstice. Our summer temperatures reach into the upper 70s, and the landscape transforms into green trees and flower blossoms. On winter solstice, we enjoy beautiful sunrises and sunsets over snowcapped mountains, and darkness brings the possibility of breathtaking displays of the northern lights. Hundreds of kilometers of groomed, interconnected cross country ski trails in town are lit at night by artificial light and the incredible moonlight reflecting off of the snow; these trails are perfect for running and biking in the summer. There are good public schools, good community, and incredible outdoor activity opportunities.

For more specific specialty information please contact Larisa Lucca, Physician Recruiter, Southcentral Foundation; telephone (888) 700-6966 ext. 1 or (907) 729-4999; fax (907) 729-4978; e-mail *llucca@scf.cc*.

Continuing Medical Education Opportunity

1st Annual IHS Adolescent Health Conference

November 13-14, 2009

Navajo Nation Museum

Window Rock, AZ

Topics included:

- Suicide prevention
- Reproductive health
- STD prevention
- Obesity management
- Mental health
- School-based care
- Pregnancy Options
- Young Men's Health

Registration is free.

Contact: Andrew Terranella at andrew.terranella@ihs.gov

928-697-4203

Change of Address or Request for New Subscription Form

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City/State/Zip _____

Worksite: ☐ **IHS** ☐ **Tribal** ☐ **Urban Indian** ☐ **Other**

Service Unit (if applicable) _____ **Last Four Digits of SSN** _____

Check one: ☐ **New Subscription** ☐ **Change of address**

If change of address, please include old address, below, or attach address label.

Old Address _____

THE IHS PRIMARY CARE PROVIDER

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

THE IHS PROVIDER is published monthly by the Indian Health Service Clinical Support Center (CSC). Telephone: (602) 364-7777; fax: (602) 364-7788; e-mail: *the.provider@ihs.gov.* Previous issues of THE PROVIDER (beginning with the December 1994 issue) can be found on the CSC Internet home page *(http://www.ihs.gov/Provider).*

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