

THE IHS PRIMARY CARE PROVIDER

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



January 2001

Volume 26, Number 1

Well Elder's Clinic: A Model for Indian Country

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"Look upon the faces of our elders with humility. They do not have to lecture or teach to impart the energy of the creator to those who seek it." — Crosslin Smith, Traditional Healer, National Indian Council on Aging (NICOA) 2000

Introduction

The challenge of integrating preventive and early disease identification strategies into the routine care of elders caused us to implement a multidisciplinary clinic for "well elders" at the Fort Peck Service Unit, which began in February 2000.

As better clinical information emerges and advances in diagnosis and treatment occur related to geriatric care, primary care providers are called upon to offer increased amounts of preventive services, early disease identification, screening, and health education to our elders. In the conventional and customary episodic care model, preventive services sometimes suffer in all age groups, and sometimes only acute and previously diagnosed chronic problems may be addressed. Primary care providers from varying backgrounds may have significant differences in their emphasis on, belief in, or understanding of the need for preventive services for elders. Inconsistent geriatric skills among providers may also act as a variable when trying to assure consistent geriatric care.

Our Well Elders Clinic was modeled loosely on the successful Well Child Clinic in place at our Indian Health Service facility in Fort Peck, Montana. The process that evolved sought to target common geriatric problems or syndromes and those health conditions for which evidence-based guidelines have been generated. Where possible we incorporated existing, commonly employed, validated geriatric screening instruments. Utilizing a designated "Well Elders Nurse," appointments with a physician and other health disciplines are coordinated. Standardized Patient Care Component (PCC) overprints are utilized to document the results of the physician encounter.

The Process

The Elders Clinic nurse calls each elder in advance to discuss what the clinic will offer them and schedules them accordingly. This may include assisting them to arrange transportation if necessary. Well Elders Clinics are scheduled in our Poplar, Montana facility on Thursday mornings, and on Wednesday mornings in our Wolf Point Clinic. This scheduling allows the clinics to be scheduled simultaneously with our Well Child Clinics. At these times, multiple disciplines are available to participate, including Dental, Optometry, Audiology, Podiatry, Exercise Physiology, Dietary, Laboratory, and Public Health Nursing. Scheduling of appointments with the other disciplines is coordinated with the elders, but may not necessarily occur on the same day, depending on appointment availability and the desires of the elder. Most elders seem to prefer not to spend more than two to three hours at the clinic at any one time.

The clinic is open to all elder patients, but priority is given to those over 65 and those age 55 and over with significant chronic disease. The clinic's goal is to offer all elders at least one evaluation every year.

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Patients are scheduled every 45 minutes, with a total of 5 openings per clinic, per provider. This schedule should allow the service unit to offer an annual evaluation to all individuals over age 60. Currently only one provider, who is board certified in Geriatrics, offers the preponderance of care to the patients in the Well Elders Clinic. Patient choice of provider is, however, honored when possible.

A standardized overprinted "Geriatric PCC" is utilized for documentation (see Figure 1). A "Functional Assessment PCC" (see Figure 2), and a "Mental Status PCC" (Figure 3), are also completed by the provider during the patient encounter.

Laboratory tests performed on each patient include a complete blood count, chemistry profile, urinalysis, thyroid stimulating hormone level, lipid profile, vitamin B-12 level, and prostate specific antigen (PSA) in men. Laboratory studies are not performed if they have been done in the preceding 12 months, unless some other indications to do them exist. A resting 12-lead EKG (electrocardiogram) is also done unless one has been performed in the preceding 12 months.

The findings of the evaluation are discussed with the patient, or with family if the elder so prefers. Changes in medications or therapies are reviewed, and appropriate follow up is scheduled. Referrals are made based on indications for mammography (up to age 70), bone densitometry, diabetes team, cardiac rehabilitation, physical therapy, and other providers.

Preliminary Impressions

After the first six months of offering our Well Elders Clinic, we have seen slightly more than 50 patients. The most difficult problem encountered has been to convince the elders of the benefits that this clinic has to offer them. More than 65% of those elders contacted have refused the offer of an appointment. Many

elders have for their entire life been exposed only to episodic care, with the exception of the females who have received Papanicolaou smears and breast exams. The concept of a preventive visit is a new and untested issue for the elders of our service unit. Yet, of those elders who did schedule a visit, the average length of time since they had last seen a provider was only 40 days (range 6 to 3144 days).

Despite the fact that generally our elders have been seen frequently by providers (averaging more than 10 encounters per year), and that in the recent past, a substantial number of new diagnoses had been added and/or changes in medications or therapy had been made, over 70% of the patients evaluated through the clinic had a new diagnosis of a chronic problem or condition added. Likewise more than 70% of patients seen through the clinic have had their medications modified. The most common new diagnoses made, in order of frequency, were the following: balance disorders including parkinsonism, benign prostatic hypertrophy, urinary incontinence, affective disorders, osteoporosis, hearing or visual complaints, dementia, and dental problems.

System issues identified thus far include the following: a need for funding for a dedicated clinic coordinator and case manager, an enhanced database other than the RPMS (Resource and Patient Management System) now in use, a significant need for expanded funding for and availability of dentures for the elderly, and a need for expanded, barrier-free housing and assisted living facilities for elders in our community.

Although our numbers are small and our data are not statistically significant, there are some important lessons that can be gleaned from our preliminary experiences. We are anxious to hear from any other sites in Indian Country that have implemented similar approaches. □

Figure 1. Geriatric PCC Ambulatory Encounter Record

The form is titled "PCC AMBULATORY ENCOUNTER RECORD" and is for a "GERIATRIC VISIT". It includes fields for Date, Arrival Time, Clinic, and Appointment type. A "PROBLEM LIST UPDATE" section allows for adding, removing, or moving problems. The main body of the form is a grid where the provider marks 'Y' or 'N' for various conditions: Hearing, Vision, Dentition, Nutrition, Sleep, Continence, Prostatism, Digestion, Mobility, Falls, Pain, Affect, Cognition, Subst Abuse, Abuse/Neglect, Skin, Sexual Function, HEENT, Neck, Lungs, Heart, Abdomen, Extremities, Feet, Pulses, Genitalia, Skin, Neuro, Breast, Rectal, Pelvic, Eye Exams, Audiology, Dental, Nutrition, Foot Eval, CBC, SMAC, UA, TSH, B12, and Lipid Prof. There are also sections for vital signs (B/P, WT, HT, HEAD, VISION-UNCORRECTED, VISION-CORRECTED) and lab orders (HCT, UA, HCG, BS-FBS-R, CBC).

Figure 2. Functional assessment PCC

IHS-803 (10/96) P.L. 96-511 N.A.

PCC AMBULATORY ENCOUNTER RECORD

Date _____
 Arrival Time _____ AM _____ PM
 Clinic _____
 Appt. _____ Walk-in _____

PROBLEM LIST UPDATE
 (Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
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PROVIDERS

PRIMARY PROVIDER

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AFFIL.

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DIS.

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **FUNCTIONAL STATUS**

SUBJECTIVE / OBJECTIVE	NEEDS					TOBACCO USE	ENV	CTQ			
	INDEP	HELP	DEP	TOBACCO	NEVER						
ADL's						S	1	3	5	6	7
Toileting						C	2	4			
Bathing											
Dressing											
Transfers											
Feeding											
Continence											
IADL's											
Finances											
Cooking											
Hskping/Chores											
Medications											
Transportation											

CHANGE IN FUNCTIONAL STATUS: Same Improvement Decline

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

Cause: _____ Place: _____

Additional Documentation, Use IHS 45-3 Continuation Sheet

OTHER: _____

AFFIL.

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DIS.

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **MINI-MENTAL STATE QUESTIONNAIRE**

SCORE	ORIENTATION	REGISTRATION	ATTENTION AND CALCULATION	RECALL	LANGUAGE
5	(Year) (Season) (Date) (Day) (Month)				
5	(State) (County) (Town) (Building) (Floor)	Name three objects	Serial 7's (Stop after 5 answers)	Recall 3 objects above	Name a pencil and a watch
3	Registration	Attention and Calculation	-or- Spell "WORLD" backwards	Language	Repeat "No ifs, ands, or buts"
5					Follow a 3-step command
3					Read and obey "Close your eyes"
1					Write a sentence
1					Copy intersecting pentagons
30	Total				

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

AFFIL.

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DIS.

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **FUNCTIONAL STATUS**

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OTHER: _____

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **MINI-MENTAL STATE QUESTIONNAIRE**

SCORE	ORIENTATION	REGISTRATION	ATTENTION AND CALCULATION	RECALL	LANGUAGE
5	(Year) (Season) (Date) (Day) (Month)				
5	(State) (County) (Town) (Building) (Floor)	Name three objects	Serial 7's (Stop after 5 answers)	Recall 3 objects above	Name a pencil and a watch
3	Registration	Attention and Calculation	-or- Spell "WORLD" backwards	Language	Repeat "No ifs, ands, or buts"
5					Follow a 3-step command
3					Read and obey "Close your eyes"
1					Write a sentence
1					Copy intersecting pentagons
30	Total				

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

Figure 3. Mental status PCC

IHS-803-1A (11/97) P.L. 96-511 N.A.

PCC AMBULATORY ENCOUNTER RECORD

Date _____
 Arrival Time _____ AM _____ PM
 Clinic _____
 Appt. _____ Walk-in _____

PROBLEM LIST UPDATE
 (Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active
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PROVIDERS

PRIMARY PROVIDER

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **MINI-MENTAL STATE QUESTIONNAIRE**

SCORE	ORIENTATION	REGISTRATION	ATTENTION AND CALCULATION	RECALL	LANGUAGE
5	(Year) (Season) (Date) (Day) (Month)				
5	(State) (County) (Town) (Building) (Floor)	Name three objects	Serial 7's (Stop after 5 answers)	Recall 3 objects above	Name a pencil and a watch
3	Registration	Attention and Calculation	-or- Spell "WORLD" backwards	Language	Repeat "No ifs, ands, or buts"
5					Follow a 3-step command
3					Read and obey "Close your eyes"
1					Write a sentence
1					Copy intersecting pentagons
30	Total				

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

AFFIL.

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DIS.

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INITIALS / CODE

TEMP _____ PULSE _____ RESP _____

CHIEF COMPLAINT **FUNCTIONAL STATUS**

SUBJECTIVE / OBJECTIVE	NEEDS					TOBACCO USE	ENV	CTQ			
	INDEP	HELP	DEP	TOBACCO	NEVER						
ADL's						S	1	3	5	6	7
Toileting						C	2	4			
Bathing											
Dressing											
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Continence											
IADL's											
Finances											
Cooking											
Hskping/Chores											
Medications											
Transportation											

CHANGE IN FUNCTIONAL STATUS: Same Improvement Decline

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

Cause: _____ Place: _____

Additional Documentation, Use IHS 45-3 Continuation Sheet

OTHER: _____

AFFIL.

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SCORE	ORIENTATION	REGISTRATION	ATTENTION AND CALCULATION	RECALL	LANGUAGE
5	(Year) (Season) (Date) (Day) (Month)				
5	(State) (County) (Town) (Building) (Floor)	Name three objects	Serial 7's (Stop after 5 answers)	Recall 3 objects above	Name a pencil and a watch
3	Registration	Attention and Calculation	-or- Spell "WORLD" backwards	Language	Repeat "No ifs, ands, or buts"
5					Follow a 3-step command
3					Read and obey "Close your eyes"
1					Write a sentence
1					Copy intersecting pentagons
30	Total				

Injury? Yes No If yes, Date: _____ ETOH Related Employ. Rel.

Comprehensive Geriatric Assessment in the Real World — the World of Indian Health

Bruce Finke, MD, Coordinator, IHS Elder Care Initiative, Zuni, New Mexico

Over the last two decades, comprehensive geriatric assessment (CGA) has become an accepted component of quality geriatric services.¹ What is comprehensive geriatric assessment? It is a multidisciplinary process by which an elder is evaluated in a variety of ways, with the aim being to identify health and functional problems or risks, and then developing, implementing, and monitoring a plan to address those problems or risks. The overall effort is aimed at improving quality of life and function for the elder.

A great many models have been described, and a number of those models have been studied, with different studies showing positive outcomes for the process in improving quality of life, improving or slowing the decline of function, decreasing inappropriate prescribing, or enhancing diagnostic accuracy.² Campion has also described the positive effect of this process on the local health care system itself, in terms of improved overall geriatric care.³

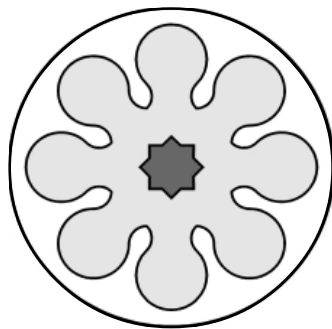
An IHS workgroup in the early 1990s recognized CGA as an important step in developing a competent system of geriatric

care in the Indian health care system.⁴ But translating new models of health care delivery described in the literature to the unique settings in which we practice is not easy. What we can create in our particular setting often does not look like what we have read about. Even translating from one Indian health care site to another can be difficult. We have differing resources, differing cultures, and differing geographies.

In this issue of *THE PROVIDER* (“Well Elder’s Clinic: A Model for Indian Country”; *THE IHS PROVIDER*, Volume 26, Number 1, pages 1-3, January 2001), Dr. Hendrickson describes one model of CGA, in its early stages, in Fort Peck, Montana. Other models of CGA are in place or in development in Southern Colorado Ute, Yakima, Santa Fe, Zuni, and elsewhere. Each of these models translates the process differently. Can these efforts be a guide to others in making this translation?

The IHS Elder Care Initiative is collaborating with the New Mexico Geriatric Education Center (NMGEC) to develop a manual of comprehensive geriatric assessment in Indian Country. We will take advantage of the work of Dr. Hendrickson and others who have developed a variety of models for CGA in Indian health care settings. The manual will describe these programs and provide the tools and processes they use. We plan to have the manual completed by June 2001, and intend to use it in the special half day session at the New Mexico Geriatric Education Center (NMGEC) Summer Geriatric Institute devoted to developing comprehensive geriatric assessment in Indian health care settings.

In everyday clinical practice, we work hard to translate between languages and cultures to provide quality health care. With comprehensive geriatric assessment we must extend that process to translate an innovative model of care to Indian health care settings in order to bring state-of-the-art care to American Indian and Alaska Native elders. □



References

1. American Geriatrics Society, Public Policy Committee: Comprehensive geriatric assessment. *J Am Geriatr Soc.* 1989;37(5):473-474. (found also at <http://www.americangeriatrics.org/products/positionpapers/cga.shtml>)
2. Stuck AE et al. Comprehensive geriatric assessment: a meta-analysis of controlled trials. *Lancet.* 1993;342:1032
3. Campion EW. The value of geriatric interventions. *N Engl J Med.* 1995;332(20):1376-8
4. Health S, Ornelas R, Marquart C. An action plan for American Indian and Alaska Native elders. *The IHS Primary Care Provider.* May 1993;18(5):81-86

Recent Updates in the Health Maintenance Reminders Section of the PCC Health Summary

Stanley P. Griffith, MD, Medical Informaticist, Information Technology Support Center, IHS, Albuquerque, New Mexico; William B. Mason and Lori Butcher, Cimarron Medical Informatics, Tucson, Arizona

Several changes have recently been completed in the Health Maintenance Reminders section of the Patient Care Component (PCC) Health Summary, changes that we hope will make these reminders significantly more useful to you. In particular, those reminders have been updated so that their default settings are consistent with the most recent recommendations of the U.S. Preventive Services Task Force (USPSTF) and, secondly, those defaults can now be modified in useful ways at each individual PCC site so that you can locally define what they should be. In this article we will review those changes in more detail so that you will be aware and can use this tool as effectively as possible.

Updated Standards

The first major change in the reminders is that the defaults have been updated. For those parameters specifically addressed by the USPSTF, the defaults are consistent with their latest recommendations (version 2.0). In instances where the PCC had an existing health reminder that the USPSTF does not currently recommend for routine use, that reminder is turned off in the default distribution but is still available to you if locally you wish to turn it on. For those reminders not specifically addressed by the USPSTF, we followed the recommendations of other appropriate groups (e.g., the Advisory Committee on Immunization Practices for immunizations) or consulted with an IHS Chief Clinical Consultants (CCC) (e.g., William Green, MD, Pediatrics CCC, on some of the childhood reminders) to determine a widely accepted and appropriate standard. But whether or not you agree with each and every one of these default standards, the second major change, the ability to customize these reminders locally, will allow you to readily modify any of these defaults to your preferences.

Local Customization

The second major change in the Health Reminders section is that the PCC will allow you to customize existing reminders to fit your locally determined standards. First, you can turn on a reminder that has been turned off in the default distribution merely by changing a site parameter as described below. Simi-

larly, one that has been turned on can be turned off. For example, while a Pap reminder is turned on in the default distribution, the reminder for a pelvic exam has been turned off. If your site would still like this reminder to be displayed in your Health Reminders sections, you can accomplish this by turning the default on as described below.

Secondly, any of the existing reminders can be modified locally within the parameters of age-range, frequency, and sex. For example, in the default package, the mammography reminder is set to look for an annual mammogram in females between the ages of 50 and 69, inclusively. If your site would prefer that it look for an annual mammogram between 40 and 49 and then every other year between 50 and 74, you can do so by modifying the age-range and frequency parameters as described below.

Diabetes-Specific Reminders

Another change in this new version is that all of the diabetes-specific reminders for patients with diabetes have been removed from the general Health Reminders section, but retained in the special Diabetes Supplement to the Health Summary. The diabetes screening reminder (screening patients who are not known to have diabetes to see if they do) has been left in the general Health Reminders section, although it is turned off in the default distribution. This change removes unnecessary duplication, decreasing the size of the printed health summary.



Default Reminders

A summary of the reminders, their default logic, and whether or not they are turned on or off in the default distribution are shown in Table 1.

Setting Your Site Parameters

With this upgrade to the Health Summary there is a new set of options called “Health Maintenance Reminders” that is available under the Health Summary Maintenance menu.

Table 1. Health Reminders in the new version

Reminder Name	Default	Criteria
Blood Pressure	On	Every 2 years starting at age 3. If over age 21, increase to: 1) Annually if last diastolic BP between 85 and 89 inclusive; 2) Next visit if last systolic BP >139, diastolic BP >89. Cancel reminder if hypertension on the problem list.
Breast Exam	Off	This prompt will be turned off in the default package (Although turned off, default prompt is: Every year for females starting at age 20.)
Cholesterol	On	Every 5 years in men between 35-64, inclusive, females between 45-64, inclusive.
Colorectal CA Screen - Fecal Occult Blood	On	Every year starting at age 50. Cancel reminder if problem list diagnosis of colorectal cancer.
Colorectal CA Screen - Sigmoidoscopy	Off	This prompt will be turned off in the default package. (Although turned off, default prompt is: Sigmoidoscopy every 5 years starting at 50.) Turn off if sigmoidoscopy, BE, or colonoscopy within last 5 years.
Diabetes Screening	Off	This prompt will be turned off in the default package. (Although turned off, default prompt is: Every three years starting at age 18, unless a blood sugar has been recorded within the past three years; cancel prompt if diabetes is on the problem list.)
Hct/Hgb	On	At 12 months (unless done between age 9-12 months). At age 4 (unless done between ages 3-4).
Head Circumference	On	At or after birth, 2 mo., 4 mo., 6 mo., 12 mo., 18 mo., 2yrs. Cancel prompt after age 3. For example, if patient is 5 mo., check to make sure a HC was done at or after 4 mo.
Hearing Inquiry	On	Starting at age 65, every 2 years.
Hearing Test	On	At age 4 (unless done between ages 3-4).
Height	On	At or after birth, 2 mo., 4 mo., 6 mo., 12 mo., 18 mo. Then at or after age 2, 3, etc. annually to age 18. Once at or after age 18 up to 65. Annually starting again at 65.
Immunizations	On	Per the RPMS Immunization Package.
Influenza	On	Beginning on September 1 and ending on April 1: 1) every year starting at age 65, and 2) every year at any other age if patient has had a visit for any of the ICD codes in the “Surveillance Pneumococcal Risk” taxonomy.
Mammogram	On	Every year in females between ages 50 and 69, inclusive. No need to cancel if breast cancer is on the problem list.
Pap Smear	On	Every 3 years in all females starting at 18 if no history of hysterectomy. If Hx of hysterectomy, display date of last Pap and under “Due date” display this text: “Patient has had hysterectomy. Pap may be needed based on clinical assessment.”
Pelvic Exam	Off	This prompt will be turned off in the default package.
Physical Exam	Off	This prompt will be turned off in the default package. (Although turned off, default prompt is: every year starting at age 18.)
Pneumovax	On	Once 1) starting at age 65; or 2) if Problem List Dx in the “Surveillance Pneumococcal Risk” taxonomy. Repeat once, 5 years after first, if Problem List Dx in the “High Pneumococcal Risk” taxonomy or anyone over 65 who had first dose before 65.

Table 1. Health Reminders in the new version (continued)

Pneumovax Revaccination (Alaska)	Off	Once 1) starting at age 55; or 2) if Problem List Dx in the "Surveillance Pneumococcal Risk" taxonomy. Repeat once, 5 years after first, in all patients.
Rectal	Off	This prompt will be turned off in the default package. (Although turned off, default prompt is: every year starting at age 40.)
Screening for Problem Alcohol Use	On	Every year starting at 13.
Screening for Tobacco Use	On	Every year starting at 13.
Strabismus/Amblyopia Screen	On	At age 3 (unless done in previous year).
Td-Adult	On	Every 10 years starting at age 12.
Tonometry	Off	This prompt will be turned off in the default package. (Although turned off, default prompt is: every 3 years starting at age 40, then every year starting at age 60.)
Tuberculosis	On	PPD at age 4 (unless done between age 3-4) and again at age 11 (unless done between 9-11). Cancel reminder if any tuberculosis diagnosis (other than tuberculosis contact) on Problem List.
Urinalysis	Off	None. Do not prompt for urinalysis in the default package.
Visual Acuity Exam	On	Starting at age 65, every 2 years.
Weight	On	At or after birth, 2 mo, 4 mo, 6 mo, 12 mo, 18 mo, 2yr; annually after that.

The menu is displayed below:

```
*****
**           IHS Health Summary           **
** Health Maintenance Reminder Menu **
*****
                Version 2.0

OD  Display One Health Maintenance
    Reminder Description
AI  Activate/Inactivate a Health
    Maintenance Reminder
BH  Browse Health Summary
HS  Generate Health Summary
LS  Add/Modify Locally Defined HM
    Reminder Criteria
PR  Print Health Maintenance Item
    Protocols
```

At the local level the site may opt to activate or inactivate individual reminders. This is done using the "AI" option above. The user first selects the reminder and then edits the active/inactive flag appropriately. If the flag is set to active and the reminder is defined as a part of a particular type of Health Summary, it will be displayed on that summary. If the flag is set to inactive, it will not.

The second aspect of a reminder that can be modified locally is its parameters for age-range, frequency, and sex. This is done using the "LS" option. The user first selects the reminder and then specifies the gender, minimum and maximum ages, and frequency for that reminder. Multiple frequencies can be individually specified for various combinations of sex and age-ranges. These locally defined criteria are then the criteria used to generate the reminders in the Health Reminders section of the Health Summary and the default criteria are ignored.

An addendum to the PCC Health Summary user manual will accompany the patch to the software and will describe in detail how to use these options. We anticipate that document will be available in February 2001 from the Information Technology Support Center's (ITSC) web pages within the IHS Internet web site.

Patch Needed

This new version of the Health Maintenance Reminders section of the PCC Health Summary can be added to you local PCC system by installing the following patch:

PCC Health Summary (APCH) Version 2.0 patch 5

This patch will be available in February 2001 and can be obtained through your local site manager or Area Office Information Systems support personnel.

Further Help

In this article we have summarized the changes in the new

version of the Health Maintenance Reminders section of the PCC Health Summary and described how you can use them. If you have additional questions or need help, please contact Cimarron Medical Informatics, preferably by sending an e-mail copied to all four of the following addresses: *garyl@newnorth.net*, *DRuss4440@aol.com*, *sbowman@pacifier.com*, and *butcherla@aol.com*. Because of frequent travel commitments, one of those individuals will likely be able to respond more

promptly if you contact them by e-mail. If it is more convenient for you to try to reach Cimarron by telephone, you should, in turn, try Gary Lawless at (715) 358-3763, Dorothy Russell at (520) 743-3275, Steve Bowman at (360) 571-5362, and Lori Butcher at (520) 577-2146. Finally, if your question remains unresolved, please do not hesitate to contact the ITSC help desk at (505) 248-4371 or (888) 830-7280. □

Navajo Area IHS Wears New Hat in Video Arena

Gayle Williamson, Media Specialist, Four Directions Health Communications, Health Promotions, Northern Navajo, Medical Center, Shiprock, New Mexico

It's been one year since Norman Patrick Brown's video, *Ljį Biyiin*, premiered to a special Native American audience at Sundance Film Festival. A video about diabetes prevention is not the usual fare at such a prestigious gathering of film makers, critics, and film lovers. But, *Ljį Biyiin*, or "Horse Song," is not the usual film fare, and the fact that the Indian Health Service funded this video is even more remarkable. . . and commendable.

Horse Song is about Jack White, a rural, traditional Navajo man, whose puzzling health, both physical and emotional, has been a source of concern and irritation for the entire family. Jack is obstinate in his refusal to go to the Indian hospital where "all they ever do is ask you personal questions and stick things in you." But soon Jack's condition worsens. Finding out he has diabetes, Jack begins his difficult journey back to health and harmony, including denial, frustration, learning, acceptance, and

rediscovering the man he used to be and the family he loves.

The title, *Ljį Biyiin*, says a lot about Brown's lifelong commitment to making films and videos that are purely Navajo. It was shot in Cove, Arizona on the Navajo Reservation, all the actors are Navajo, and it is in the Navajo language with English subtitles. Collaborating with many health professionals at Northern Navajo Medical Center and other diabetes programs serving the Navajo Nation, Brown was able to deliver important information about diabetes while entertaining and evoking the kind of emotions that can lead to healthy lifestyle changes.

This 60 minute video was produced by Four Directions Health Communications, which is the media facility at Northern Navajo Medical Center in Shiprock, New Mexico. It is available, along with a group discussion guide, and at no charge, to any group or individual concerned about the health of their community. For more information, call Four Directions at (505) 368-6499.

Because it is uniquely Native American, and because it has English subtitles, Four Directions believes all tribes would benefit from the story of *Horse Song*. □

Magnets in the Emergency Room Revisited

Editor:

I'd like to add my voice to that of pharmacist Cynthia Carter in support of keeping magnets in the ER ("Do you Have a Magnet in Your Emergency Room?" *The IHS Provider*, Volume 25, Number 11, Page 174, November 2000). In addition to removing some superficial ocular foreign bodies, they can be valuable retrieving ferrous metallic objects from soft tissues elsewhere.

In the ER (OK, "urgent care department") at Lame Deer in Montana, we kept a powerful cylindrical magnet handy. The end fits neatly into the socket of a steel cap, which tapers into a narrow but blunt probe. This probe can be inserted along the track left by a steel air rifle "BB" until it contacts the BB with a palpable click. By wiggling the magnet while massaging the BB, it is possible to extract the small projectile without resort-

ing to a scalpel. I have also used the magnet, sometimes in concert with soft tissue X-rays, to localize sewing needles imbedded in heels. While in these cases a scalpel is sometimes necessary, I can go to the precise site where a hemostat can complete the job — with no fishing expeditions, and minimal tissue trauma.

Our clinic burned to the ground in 1996, and I haven't seen one of those intense little stainless steel magnets since. Does anyone know of a medical or technical supplier who could put us back in business? It would be an interesting (magnetic) field . . .

Jon Hauxwell, MD
Medical Officer
Area Office
Billings, Montana



Training for Cancer Support Group Leaders is Available

The IHS Epidemiology Program continues to sponsor training for American Indian and Alaska Native people interested in starting cancer support groups in their own communities. The 4½ day training format includes lecture/discussion, group simulation, and education materials. The ideal support group leader is a cancer survivor, a family member, or a close friend who has shared the cancer experience.

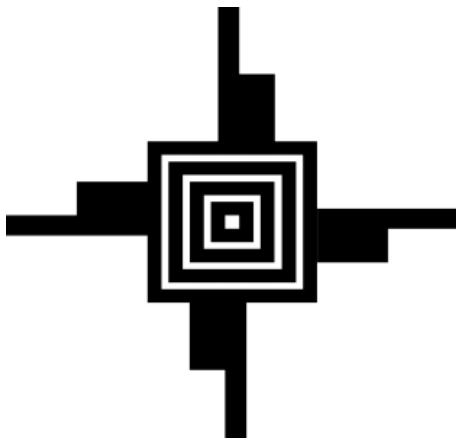
The next training is scheduled for April 23-27, 2001 in Albuquerque, New Mexico. Our program will provide reimbursement for travel, tuition, and expenses for a limited number of people. For more information, please contact Roberta Paisano by phone at (505) 248-4132; or e-mail roberta.paisano@mail.ihs.gov. □

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 on an organizational letterhead to: Editor, THE IHS PROVIDER, The IHS Clinical Support Center, Two Renaissance Square, Suite 780, 40 North Central Avenue, Phoenix, Arizona 85004. Submissions will be run for two months, 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. The Indian Health Service assumes no responsibility for the accuracy of the information in such announcements.

Family Practice Physician Forest County Potawatomi Health and Wellness Center; Crandon, Wisconsin

The Forest County Potawatomi Health and Wellness Center is currently seeking a family practice physician to join our medical staff. Currently we employ one family practice physician and three nurse practitioners. We provide medical, dental, behavioral health, alcohol and drug abuse, pharmacy, laboratory, radiology, therapy, and community health services to our Native American populations as well as to tribal employees and the general public. We have recently expanded to a new 44,000 square foot clinic with state-of-the-art equipment. We offer a competitive salary, excellent benefits, and a very positive work environment. For additional information, contact Linda Helmick, Health Administrator at (715) 478-4309 or by e-mail at LindaH@jfcpotawatomi.com. CVs can be faxed to (715) 478-4499.



Physician Lower Brule Service Unit; Lower Brule, South Dakota

A physician is needed in the ambulatory care clinic (40 hrs/week) at Lower Brule, serving the medical needs of the Lakota people. Enjoy awesome Missouri River hill country and endless clear skies. Skills are needed in adult outpatient medicine, pediatrics and prenatal care. A competitive salary and possible loan repayment are offered. Fax CVs to (605) 473-5677, or call or write to Charles Radey, MD, Clinical Director, Lower Brule PHS Clinic, Box 248, Lower Brule, SD 57548; telephone (605) 473-8230. The U.S. Public Health Service is an equal opportunity employer.

Family Nurse Practitioner Registered Nurse/Site Manager Public Health Nurse Pharmacist Pharmacy Technician Staff Dentist Registered Dental Hygienist Registered Dental Assistant Registered Dietitian/Nutritionist Community Health Representative Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI); Banning, California

The Family Nurse Practitioner position requires a minimum of three years of clinical nurse practitioner experience and a current California license along with a Family Nurse Practitioner Certificate.

The Registered Nurse/Site Manager will be located at our Thermal site and requires ambulatory care, urgent care, or emergency department experience.

The Public Health Nurse will be covering the Thermal/Palm Springs area and requires a public health nursing background.

The Pharmacist will be located at our Soboba Clinic in the city of San Jacinto and requires licensing in the state of California.

The Pharmacy Technician will be located at our Highland site and requires a California state license.

The Staff Dentist will be located at our Morongo (Banning) area and will require a California State license.

The Registered Dental Hygienist will be as located at our Morongo site and must be a graduate of an accredited Registered Dental Hygienist school.

The Registered Dietitian/Nutritionist will be located at our Soboba Clinic and must possess a Bachelor's degree in Foods and Nutrition.

For additional information about these and other positions that may become available, contact Michael Absher, Human Resources Director at (909) 849-4761. CVs can be mailed to the Human Resources Office, Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI), 11555½ Potrero Road, Banning, California 92220.

**Medical Officer (Administration)
Alaska Area Office; Anchorage, Alaska**

The Alaska Area Native Health Service, Anchorage, Alaska, is recruiting for a Deputy Director, also titled, Medical Officer (Administration). This position serves as the principal advisor to the Director, Alaska Area IHS. He or she serves as the Director's expert professional and clinical management advisor on current legislative, regulatory, and/or other requirements of the Indian Health Service, the United States Public Health Service, and the Department of Health and Human

Services. This position is one of the approximately 50 Federal positions remaining in the Alaska Area. If you are interested in "Promoting the health of Alaska Native/American Indian beneficiaries by providing assistance to tribes and tribal organizations," then call Nieves Miljure at (907) 729-1305 or Rose Notti at (907) 729-1329, Human Resources Department, for further information. Job information and how to apply is also available at the Office of Personnel Management job information website at www.opm.gov, and the IHS website at www.ihs.gov.

Second NMGEC Summer Geriatrics Institute Coming Up

The Indian Health Service (IHS) Elder Care Initiative has been working with the New Mexico Geriatric Education Center (NMGEC) to develop a geriatrics conference that specifically targets the educational needs of Indian health care providers caring for elders. The second **NMGEC Summer Geriatrics Institute**, scheduled for **June 7, 8, and 9, 2001**, represents an active collaboration between the IHS and the NMGEC and is unique in its focus on Indian health care program providers.

The second Summer Geriatrics Institute is part of an ongoing series of annual conferences covering the essentials of geriatric practice. This year's conference will emphasize the interdisciplinary practice that is at the core of geriatrics, with panels addressing topics including the prevention and management of cardiac disease, stroke, and selected malignancies. One half day will be spent on management of end-organ complications of diabetes.

The conference will also include a half-day workshop, spe-

cifically for Indian health providers, covering the processes of comprehensive geriatric assessment in Indian Country. This smaller, less formal session will explore several models of geriatric assessment currently in practice in Indian health facilities. The goal of this special session is to give a firm basis for providers interested in developing geriatric assessment programs at their site. A manual on geriatric assessment in Indian Country is in development with the NMGEC and will be the basis for this workshop.

As with last year's Summer Institute, the NMGEC will provide scholarships to Indian health care providers covering all or part of the tuition.

For more information, contact Darlene Franklin, Manager of the NMGEC at (505) 277-0911 or by email at dfranklin@salud.unm.edu. You can also contact Bruce Finke, MD, Coordinator, IHS Elder Care Initiative at (505) 782-7357 or by e-mail at bfinke@albmail.albuquerque.ihs.gov. □



MEETINGS OF INTEREST

AAIP Annual Midyear Conference

February 16-18, 2001; Oklahoma City, Oklahoma

The Association of American Indian Physicians (AAIP) will be holding its 4th annual Special Issues Mid-Year conference February 16-18, 2001, entitled, "Health Promotion and Disease Prevention." This meeting will be held at the Westin Hotel in downtown Oklahoma City.

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Oklahoma Health Sciences Center College of Medicine and the Association of American Indian Physicians.

The University of Oklahoma College of Medicine is accredited by the ACCME to provide continuing medical education for physicians and designates this activity for hours in category 1 credit towards the AMA Physician's Recognition Award.

For more information go to www.aaip.com.

USPS: A Pediatric Odyssey. The 35th Annual Uniformed Services Pediatric Seminar

March 3-7, 2001; Louisville, Kentucky

This meeting is sponsored by the Uniformed Services (which includes the US Public Health Service) Section of the American Academy of Pediatrics, and is intended for general pediatricians and primary care providers. It will be held at the Hyatt Regency, in Louisville, Kentucky. More information about the seminar can be obtained from by going to the website www.aap.org/profed.

13th Annual Southwest Regional Behavioral Health Conference

March 12-15, 2001; Albuquerque, New Mexico

The 13th Annual Southwest Regional Behavioral Health Conference (SWRBHC), entitled "Reinforcing Best Practice Principles," sponsored by the New Mexico Department of Health, Behavioral Health Services Division, will be held March 12-15, 2001 at the Sheraton Old Town Hotel, Albuquerque, NM.

The conference offers general sessions and 32 workshops on educational and clinical approaches to prevention and treatment in mental health and substance abuse. Presentations will include Father Leo Booth on Spirituality, Guilt, and Shame; Phyllis Chelsea, In Honor of All, the inspiring story of the Alkali Lake Indian Band and how they changed a virtually 100% alcoholism rate to a 95% sobriety rate; Nadine Tafoya, Prevention Planning for Native American Tribes; Kathryn Stewart, Underage Drinking: Serious Problem-Effective Solutions; Christopher Armentano, Gambling: Is This Fun or What?; David Freeman, The Healing Potential of Family Therapy where family elders are encouraged to become mentors to the younger generation; David Powell on clinical supervision for treatment pro-



viders; Edith Springer on harm reduction; Robert DuPont and Kenneth Minkoff on dual diagnosis; Carlton Erickson and Darryl Inaba on the pharmacology of drugs; plus ethics for prevention specialists, ethics for treatment professionals, and much more. Twenty-two CEUs have been approved for counselors (NBCC Provider #5462); additional professional credit applications are pending.

For more information please contact Marian Greher or Theo Johnson, telephone (505) 856-1717; fax (505) 856-1490; e-mail swrsac@att.net; website www.health.state.nm.us.

IHS Advanced Colposcopy and Refresher Workshop

March 19-21, 2001; Albuquerque, New Mexico

This workshop is targeted towards IHS, tribal and urban program primary care providers (physicians, nurse practitioners, certified nurse midwives, and physician assistants). The course is designed for providers who have completed a basic colposcopy course or received colposcopy training during residency. The curriculum will enhance colposcopic skills and augment the understanding of management of lower genital tract disease for novice and experienced colposcopists alike. For more information or an application, contact Roberta Paisano, IHS Epidemiology Program, 5300 Homestead Road NE, Albuquerque, NM 87110; telephone (505) 248-4132; or e-mail roberta.paisano@mail.ihs.gov. The application deadline is February 21, 2001.

Executive Leadership Development Program

Session One E: March 25-29, 2001; Omaha, Nebraska

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.

The Executive Leadership Development Program will be presented in three 4½-day sessions over 12 months. Each session builds on the previous session. Participants should anticipate an intense experience to develop and practice skills to be an effective leader. Independent time is used for reading assignments or working with fellow team members on business simulations, cases, and presentations. At the end of each session, participants will receive a certificate of accomplishment from the sponsoring academic institutions. After all three sessions have been completed, participants will receive a certificate of completion from the Indian Health Service. For more information contact Elaine Alexander, ELDP Coordinator, Indian Health Service Clinical Support Center, Two Renaissance Square, Suite 780, 40 N. Central Avenue, Phoenix, Arizona 85004-4424; phone (602) 364-7777; fax (602) 364-7788; e-mail ELDP@phx.ihs.gov; Website www.ihs.gov/nonmedicalprograms/eldp.

National Conference on Pharmaceutical Care to Underserved Populations April 3-7, 2001; Chapel Hill, North Carolina

The overall goals of this conference are to review pharmacy services within sites and systems serving underserved populations and to examine critical tasks needed to include pharmacy services into programs serving underserved populations.

The sponsors of the conference are the School of Pharmacy

and Cecil Sheps Center for Health Services Research, University of North Carolina at Chapel Hill; the Bureau of Primary Health Care, Health and Resources Services Administration (HRSA); and the North Carolina Association of Pharmacists.

For more information, contact Steven Moore, National Conference on Pharmaceutical Care to Underserved Populations, School of Pharmacy Continuing Education, CB# 7360, Beard Hall, Chapel Hill, NC 27599-7360; telephone (919) 966-8138; e-mail steve_moore@unc.edu. There is a fee of \$150; continuing education credits are available.

American Indian Nursing Education Conference April 19-21, 2001; Polson, Montana

The American Indian Nursing Education Conference has been canceled.

Oral Health and Geriatric Dentistry Workshop April 24-26, 2001; Albuquerque, New Mexico

Non-dentists as well as dentists will learn about oral health issues that concern geriatric patients. Assessment tools for the non-dentist to use in the home or long term care facility will be presented. Geriatric dentistry sessions will include demonstrations on preparing dentures in your rural/field site. A visit to nursing homes will provide actual on-site assessment of dementia patients and other residents. The workshop, cosponsored by the New Mexico Geriatric Education Center and Indian Health Service, will offer geriatric dentistry CDEs and CE for non-dentists. We invite public health nurses, CHRs, and physicians with an interest in providing quality health care to geriatric patients.

Please call (505) 277-0911 for more information or to register for this workshop.



Advances in Indian Health
May 2-4, 2001; Albuquerque, New Mexico

Advances in Indian Health is offered for primary care physicians and physicians assistants who work with American Indian and Alaska Native populations at Federal, tribal, or urban sites. Medical students and residents who are interested in serving these populations are also welcome.

Both new and experienced attendees will learn about advances in clinical care specifically relevant to American Indian and Alaska Native populations with an emphasis on southwestern tribes. Opportunities to learn from experienced, career clinicians who are experts in Indian health will be emphasized. Indian Health Service Chief Clinical Consultants and disease control program directors will be available for consultation and program development.

The conference will be held at the Holiday Inn Mountain View Hotel, 2020 Menaul Blvd. NE, Albuquerque, New Mexico 87107; telephone (505) 884-2511; fax (505) 881-4806. The special conference room rates are \$60.00, single occupancy. The deadline for reservations is April 14, 2001. All room rates are subject to state and local taxes which are currently 10.8125%.

For registration information please contact Kathy Breckenridge, UNM Continuing Medical Education at (505) 272-3942 or Julie Lucero, Albuquerque Area Indian Health Service at (505) 248-4016. The conference brochure will be available in January 2001. To be placed on our mailing list, please call the University of New Mexico Office of Continuing Medical Edu-

cation at (505) 272-3942. The brochure will also be available in January on our website at <http://hsc.unm.edu/cme>.

The National IHS Pediatrics Conference
May 10-12, 2001; Phoenix, Arizona

The National IHS Pediatrics Conference will be held May 10-12, 2001 in Phoenix, Arizona. The conference is intended for pediatricians and primary care providers. Topics include type 2 diabetes in children, seizures/neurology, pneumonia/infectious diseases, obesity, dysmorphology/genetics, rheumatology, and evidence-based medicine. Confirmed speakers include Michael Radetsky, Carol Clericuzio, James Jarvis, Bill Dietz, Ann Bullock, Lydia Caros, Perri Klass, Leslie Morrison, Roy Teramoto, and Ervin Lewis. The selection of the site of the conference is pending. The IHS Clinical Support Center is the accredited sponsor. Please contact Bill Green at (505) 256-4000 or Dottie Meyer at (602) 364-5175 for more information.

Physician Assistant and Advanced Practice Nurse Meeting
June 4-8, 2001; Phoenix, Arizona

This conference for physician assistants, nurse practitioners, certified nurse midwives, and pharmacist practitioners employed by the Indian Health Service or Indian health programs will offer 20 hours of discipline-specific continuing education designed to meet the needs of those providing primary care to American Indians and Alaska Natives. An agenda will be available in



March. This year there will be a business meeting June 4-5 open to all advanced practice nurses, before the beginning of the continuing education portion of the meeting, which will start at 1 pm on Tuesday, June 5. There will be a registration fee of \$200 of those employed by compacting tribes or those in the private sector. For additional information, contact the IHS Clinical Support Center, Two Renaissance Square, Suite 780, 40 North Central Avenue, Phoenix, Arizona 85004; phone (602) 364-7777; fax (602) 364-7788.

IHS National Council of Nurse Administrators (NCONA) Annual Meeting and Conference
“Embracing Change: From Policy to Practice”
June 12-15, 2001; Washington, DC

IHS nurse administrators are encouraged to attend the annual NCONA Meeting and Conference, held at the Omni Shoreham Hotel, Washington, DC, telephone (800) 843-6664. This program will take advantage of all that Washington, DC has to offer, including access to legislators and headquarters personnel, and a monument tour. Proposed topics include leadership styles, change theory, legislature affecting IHS, and Medicare funding. Make your reservations early, as rooms are limited. There will be a registration fee of \$75. Watch the National Council of Nursing (NCON) web page at <http://www2.ihs.gov/NCON/happenings.asp> for more information.

2001 IHS Information Technology and Program Support Conference
July 9-13, 2001; Albuquerque, New Mexico

The Division of Information Resources is pleased to announce that the 2001 IHS Information Technology and Program Support Conference has been scheduled for July 9-13, 2001, and at the Hilton Hotel in Albuquerque, New Mexico. The theme of the conference is “e-Health, HIPAA, Strategic Partnerships and More.”

IHS staff, tribal representatives, “638” tribes, and staff from Federal/state programs and the private sector are invited to a forum where the latest developments in technology will be demonstrated, and roundtable discussions and meetings will be held on the objectives of and concerns about information system policies and issues that affect Indian health.

A call for presenters and presentations will be made in the near future, and the agenda for the conference will be developed soon thereafter. Information about hotel reservations will also be forthcoming.

The contacts for the presentations and workshops are Shirley Lujan, telephone (505) 248-4348; Evangeline Lente, (505) 248-4413; or Jackie Atavich, (505) 248-4416.

American Indian Kidney Conference
July 11-13, 2001; Oklahoma City, Oklahoma

The National Kidney Foundation of Oklahoma and the Oklahoma American Indian Kidney Council will sponsor this second

annual conference to be held at the Clarion Meridian Hotel and Convention Center in July 2001. Information on prevention of hypertension, diabetes, and kidney disease and coping with kidney disease will be provided over the three days. The target audience included patients and their families, community health providers, medical professionals, and tribal leaders. Continuing education will be available for healthcare providers. For more information, contact Jo Ann Holland, RD, CDE, at the Lawton Indian Hospital, Lawton, Oklahoma; phone (580) 353-0350, extension 560.





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THE 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@phx.ih.s.gov. Previous issues of THE PROVIDER (beginning with the February 1994 issue) can be found at the CSC home page, www.csc.ih.s.gov.

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Opinions expressed in articles are those of the authors and do not necessarily reflect those of the Indian Health Service or the Editors.

Circulation: THE PROVIDER (ISSN 1063-4398) is distributed to more than 6000 health care providers working for the IHS and tribal health programs, to medical and nursing schools throughout the country, and to health professionals working with or interested in American Indian and Alaska Native health care. If you would like to receive a copy, send your name, address, professional title, and place of employment to the address listed below.

Publication of articles: Manuscripts, comments, and letters to the editor are welcome. Items submitted for publication should be no longer than 3000 words in length, typed, double spaced, and conform to manuscript standards. PC-compatible word processor files are preferred. Manuscripts may be received via e-mail.

Authors should submit at least one hard copy with each electronic copy. References should be included. All manuscripts are subject to editorial and peer review. Responsibility for obtaining permission from appropriate tribal authorities and Area Publications Committees to publish manuscripts rests with the author. For those who would like more information, a packet entitled "Information for Authors" is available by contacting the CSC at the address below or on our website at www.csc.ih.s.gov

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