THE IHS PRIMARY CARE PROVIDER

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Implementing A New Case Management Tool: The Diabetes Patient Care Summary

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The Resource and Patient Management System (RPMS) is used at many facilities serving Native Americans. Despite the power of a system that links the pharmacy, lab, diagnostic test results, and outpatient clinical encounters, it is often underutilized by providers as a tool for case management.

The utility of a flowsheet documenting annual follow-up needs and changes in certain parameters (such as lab results, blood pressure, or weight) over time has been well-established. Unfortunately, according to our chart audit results in Alaska, the paper diabetes flowsheet was infrequently used by primary care providers. Patients often had several different incomplete versions at different health care facilities. The Community Health Aide, the primary care physician, and the Diabetes Team consultants in Anchorage all possessed isolated pieces of information. There were difficulties in maintaining timely communication about exams and patient education that had been done, medication changes, and at times, lab tests or immunizations were performed unnecessarily because of the inadequate local data base.

The value of an "electronic flowsheet," created using the RPMS, that would be automatically updated and that used shared data across facilities, was compelling.

A template existed in the standard RPMS package but it did not fit all of the identified needs of the Alaska team. In practice, this flowsheet often generated several pages of medication information and many blank spaces, as providers had not been trained in PCC documentation specifics. Using Alaska Native Medical Center (ANMC) as the alpha test site, the Alaska Area Diabetes Team pilot tested several formats of the flowsheet before arriving at the example seen in Figure 1. This flowsheet captures laboratory information only, with examinations, patient education, and other key data documented on the Diabetes Patient Care Summary (Figure 2). Medications are listed on the Action Profile (APRO), as well as on the Adult Regular Health Summary. Of note, glucose values are excluded from the flowsheet in order to maintain a succinct summation of annual labs.

A template for the Diabetes Patient Care Summary (DPCS) also preexisted, but the Alaska team inserted several additional prompts. Incorporation of the DPCS into the Adult Regular Health Summary was a multidisciplinary effort. Stumbling blocks included the identification of the appropriate taxonomies for laboratory data, and coordination with Medical Records data entry personnel to ensure that provider documentation was in a standard language that could be encoded using RPMS mnemonics.

Cimarron Medical Informatics was contracted to coordinate the laboratory taxonomies statewide so that flowsheet information could be shared among facilities. The MultiFacility Integration (MFI) process in Alaska allowed for the automatic sharing of immunization, vital signs, demographic, and diagnoses data.

This project is one of many in Alaska benefiting from MFI. MFI is a module of RPMS that is used only in the Alaska Area. MFI creates a master patient index of all patients in the

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system. It also creates a state-wide database of encounters from all RPMS (and eventually, non-RPMS) sites in the Area. MFI automatically sends copies of encounters for a patient at one facility to all other facilities that have a record for the same patient; these data are then incorporated into each local RPMS database and are available through all the standard data retrieval modules. When fully implemented in Alaska, it will include 7 hospitals, 5 physician health centers, 24 physician assistant/nurse practitioner health centers, 26 State of Alaska Public Health Nurse health centers (where most of our immunizations are given), and 180 Community Health Aide health centers. Of the one million patient encounters that occur each year, about 75% are now routinely available through MFI.

One of the issues uncovered by years of diabetes chart audits was the fact that diabetes was often not addressed during visits for other medical problems. We felt that it was important that the flowsheet and the DPCS be automatically generated at every patient encounter. There is no separate Diabetes Health Summary in use at our facility, nor special Diabetes PCC forms. The flowsheet and DPCS comprise the last two pages of the Adult Regular Health Summary for any patient who has diabetes on his or her active problem list.

Immunizations given in the villages by Community Health Aides or by itinerant providers were often documented on the local chart but not on a PCC form for RPMS entry. Even when PCC forms were sent to Medical Records from such field clinics, they were filed in charts but not entered electronically into the RPMS.

At our facility, medical records personnel varied in their knowledge of the coding possibilities for entries on the PCC. Health factors, historical information, and patient education elements were, at times, not entered even though they had been written in the record in the correct, standardized manner by medical providers.

Concurrently, and unaware of our efforts, another department modified the PCC form to assure that JCAHO (Joint Commission on Accreditation of Health Care Organizations) requirements for documentation of patient education were met, but they did so in a manner that made the information inaccessible to the medical records data entry personnel. Many departments had also developed specially designed PCC forms to suit clinician needs, but all such forms lacked certain elements, and altogether they made data entry an increasing challenge. All told, more than 40 different PCC forms are used at our facility.

Data entry has improved after a few training sessions were offered, but this remains an ongoing quality improvement project. The Diabetes Team felt that accuracy of medical records was critical to provider acceptance before an attempt was made to spread the documentation process.

It became apparent early in the process that there was a significant training need for health care providers. Many indicated that they had had little or no orientation to the PCC system. Lack of knowledge of simple documentation issues, such as how to add diabetes to the problem list, or how to record special examinations, interfered with the accuracy of the Health Summary, as well as the DPCS.

At ANMC, most PCC forms contain checkboxes along the right margin for elements such as breast, rectal, and pelvic examinations. Checkboxes for certain special examinations (such as the Complete Diabetes Foot Exam) were added to the PCC, but still, information was missed when providers checked boxes but failed to initial them. Several options for documentation are being pursued. At ANMC, mammogram information is picked up from the Radiology Package, and Papanicolaou smears are entered into the electronic record when results are reported by laboratory, rather than on the day of the exam.

A workgroup was developed to standardize the logic used in the PCC system for all facilities using RPMS. It has been a stepwise process with some bumps along the way. For example, initially a diabetic eye examination was considered to have been completed only when a provider specifically documented the exam as "done" when a data entry mnemonic (EX 03) was entered. Unfortunately, providers viewed this as a dual documentation requirement, and resisted it. In an attempt to capture information in another manner, the diabetic eye examination field was linked to the eye clinic code number, but this had an unanticipated result: eye examinations were automatically documented in RPMS for any eye clinic appointment, even when, for example, "DNKA" (Did Not Keep Appointment) was entered as the Purpose of Visit! Logic that links the Diabetic Eye Examination to any eye clinic or eye provider code, excluding "DNKA," "refraction only," and "conjunctivitis" encounters is the strategy currently in place. Ongoing challenges include capture of events (for example, laboratory tests, immunizations, examinations) at other facilities, such as private offices, Community Health

Figure 1. Alaska Area Diabetes Team Flow Sheet

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------------------------- FLOWSHEETS (max 1 year) ---------------------

DIABETIC ANMC FLOWSHEET
             HbA1c    LIPIDS       URINE          BUN        LFTs
  ---------------------------------------------------------------------
  01/12/00  :10.7 H :           :              :UREA=45   : AST=11
            :       :           :              :H         : ALT=7
            :       :           :              :CREA=4.0  :
 ---------------------------------------------------------------------------
  06/21/99  :9.6 H  :CHO=246 H  :URINE PR=500 :UREA=34   :ALT=18
            :       :TRI=707 H  : H            :H         :AST=14
            :       :HDL=39     :              :CREA=2.8  :
            :       :LDL=canc   :              : H        :
  ---------------------------------------------------------------------
  04/05/99  :       :           :URINE PR=500 :CREA=2.3  :AST=14
            :       :           : H            : H        :ALT=16
            :       :           :              :UREA=34   :
            :       :           :              :H         :
  ---------------------------------------------------------------------
  03/24/99  :8.3 H  :           :              :CREA=2.4  :
            :       :           :              : H        :
            :       :           :              :UREA=36   :
            :       :           :              :H         :
  ---------------------------------------------------------------------
  02/19/99  :       :           :              :CREA=2.7  :ALT=22
            :       :           :              : H        :
            :       :           :              :UREA=37   :
            :       :           :              :H         :
  ---------------------------------------------------------------------
  02/10/99  :10.0 H :           :              :CREA=2.5  :AST=16
            :       :           :              : H        :ALT=20
            :       :           :              :UREA=29   :
            :       :           :              :H         :
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Aide clinics (which often use the RPMS system, but whose encounters are often not data-entered by medical records), or tribal health clinics not using RPMS. There is need for revision of the "rectal exam" prompt to reflect current recommendations for colorectal cancer screening.

Documentation of historical information (e.g. updating records to include immunizations or examinations done at an outside facility) may be accomplished by writing in the lower right hand corner of the standard IHS PCC (under "Procedures/Exams/Patient Education") the appropriate mnemonic. For example an eye examination performed at a private facility could be documented as "HEX 03 <date>." A flu shot given in a community setting would be written as "HIM influenza <date>." Although the PCC Documentation Manuals indicate that historical information may be documented by writing the date done next to the appropriate checkbox, it was our experience that such information was often incorrectly entered as the date of the appointment, and not the historical date achieved.

Although the challenges at times have seemed daunting, the DPCS has been worth the effort. The days of multiple, incomplete paper flowsheets are gone. The "foot exam I" documentation in Anchorage appears on the DPCS in any other hospital in Alaska that uses RPMS, and is accessible to Health Aides in the village community.

The laboratory flowsheet can be modified to suit individual site needs. The DPCS contains prompts for "next due" and suggestions to providers such as "consider microalbumin testing." The underutilization of ACE inhibitors, and aspirin for coronary artery disease prophylaxis were identified as issues in Alaska. The impact of the DPCS prompts for these medical interventions will be assessed with upcoming audits. The Diabetes Team has added specific items to the standard menu of Patient Education topics routinely coded into RPMS. A modular system of 18 patient education topics (such as Urinary Tract Infection prevention, or periodontal disease) has been created to standardize information taught. Each module begins with three stated objectives and ends with three follow-up questions to assess patient understanding, to measure the patient level of knowledge. These modules are compatible with multiple different patient education tools (pamphlets, videos, group classes) but offer continuity and uniformity of objective measurement of knowledge recall.

Figure 2. Diabetes Patient Care Summary

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AGE:  37      Sex:  M         Date of DM Onset: Jun 15, 1985 (Problem List)
DOB:  Oct 05, 1962
Last Height:  67 inches       Jan 14, 1998
Last Weight:  267 lbs         Dec 08, 1999  BMI: 43.8
Tobacco Use:  NO, DOES NOT USE TOBACCO

HTN documented (Dx):  Yes    ON ACE I or ARB: Yes  Dec 08, 1999
Aspirin Use (in past yr):  Yes

Last 3 BP:  147/83     Dec 08, 1999
            163/80     Sep 01, 1999
            162/86     Jul 12, 1999

In past 12 months:
Diabetic Foot Exam:       Yes   Jul 12, 1999 (Diabetic Foot Exam, Complete)
Diabetic Eye Exam:        Yes   Apr 26, 1999 (Diabetic Eye Exam)
Dental Exam:              Yes   Oct 15, 1999
Rectal Exam (age>40):     N/A
   (Females Only)
   Pap Smear:             N/A
   Breast exam:           N/A
   Last Mammogram:        N/A

DM Education Provided (in past yr):
   DM MODULE 1             Oct 05, 1999
   DM-COMPLICATIONS        May 03, 1999
   DM-DIET                 Jul 12, 1999

Immunizations:
Flu vaccine in past year: Yes   Oct 22, 1999
Pneumovax ever:           Yes   Jan 06, 1997
Td in past 10 yrs:        Yes   Sep 26, 1993

Last PPD Reading:         0     Oct 16, 1998
Last TB Status Health Factor:

Laboratory (most recent):
EKG                                    Feb 19, 1999
Urine Protein:            500          Jun 21, 1999
Microalbuminuria:         canc         Jun 04, 1998
HbAlc:                    10.7         Jan 12, 2000
Creatinine:               4.0          Jan 12, 2000
LDL Cholesterol:          canc
Triglycerides:            707          Jun 21, 1999


DEMO PATIENT           DOB: 00/00/0000   Chart #ANMC 12345


*** END CONFIDENTIAL PATIENT INFORMATION -- FEB 2,200010:21 AM  [ccm] *******
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The DPCS is immediately useful in the primary care setting. The DPCS "no" entries can be highlighted with a yellow marker before the patient sees the medical provider. Standing order protocols may be set in place for immunization administration, laboratory test ordering, or specialty clinic referral by case managers, or indeed, anyone involved with the patient s care.

A Diabetes Management System (DMS), created by Cimarron Medical Informatics, is being pilot tested at multiple Alaskan sites. This case management system uses a preprogrammed set of reports to generate lists of patients overdue for the annual items indicated by the PCC. This proactive approach can create "to do" lists by primary care provider, village community, or for an entire facility's active patient registry.

The DMS also has the capability of abstracting audit information for individuals or cohorts of patients. It is hoped that this audit will replace at least portions of the current manual audit performed annually throughout IHS. The audit feature is currently in use in rapid cycle Quality Improvement initiatives.

For further information on the RPMS Diabetes Case Management System, the laboratory flowsheet, or the DPCS, contact Jane Kelly, MD, Alaska Area Diabetes Consultant at (907) 729-1126; or Bill Mason, Cimarron Medical Informatics, at (520) 615-0689. □

Get an Edge on Managed Care

Managed care has revolutionized healthcare delivery and financing in the United States. While this revolution has created many benefits, it has further complicated an already complex industry. In 1997, the Academy for Healthcare Management was established to assist managed care professionals in enhancing their understanding and knowledge of the industry.

The Academy was formed as an educational partnership by the American Association of Health Plans (AAHP), the Blue Cross and Blue Shield Association (BCBSA) and the Life Office Management Association (LOMA). These organizations represent over 1,000 health plans that care for more than 200 million Americans. The Academy's mission is to improve the quality of healthcare through the education of industry professionals. The Academy's education program provides a comprehensive, cutting edge curriculum and a set of credentials that distinguish managed healthcare professionals.

Designed for any level of employee who works within managed care or with managed care organizations, this self-study program enables you to earn health care industry designations while gaining valuable knowledge about managed care. A curriculum panel, composed of senior executives from health plans and other managed care organizations, assists the Academy with the development of each course, which is updated on an as needed basis to ensure that it is both current and cutting edge.

Elmer Brewster, Health Sciences Administrator in the Indian Health Service (IHS) Division of Managed Care, recently received his Professional, Academy for Healthcare Management (PAHM) designation. "I thought the course [Course AHM250] was an excellent course. [It] provided a good foundation for managed care principles and a basis for further study . . .," Brewster said.

The Academy's curriculum offers two levels of study, the Introductory program and the Advanced program. The Introductory program, which consists of a single, self-study course and examination, provides graduates with a broad and cross-functional overview of managed health care delivery, administration, and operations. It covers basic concepts and types of managed care organizations plus a comprehensive spectrum of issues such as legislation, regulations, technology, quality improvement, marketing, and ethics. The program follows the evolution of the industry, focusing on all forms of managed care, including HMO, PPO, and POS products, and specialty carve-outs. Those who successfully complete the Introductory program receive the PAHM designation.

More than 10,000 people from over 500 organizations, including health plans, consulting firms, and government and military agencies, have enrolled in the Introductory program during the Academy s first two years of operation. Katy Ciacco Palatianos, MD, MPH, Risk Management Consultant, IHS Office of Public Health, recently studied for the Introductory exam. "The AHM [250] is an important program which enables healthcare professionals to stay current [within the managed care industry]. I also believe that the Academy exam has brought camaraderie to the team at IHS. Through the formation of study groups, a team of providers and healthcare administrators can build irreplaceable, common knowledge for the entire staff. We have not found this type of program available to clinicians anywhere else in the healthcare industry."

While the Introductory program is useful for those new to the managed care industry, it is also valuable for seasoned healthcare professionals because the updated managed care information covers ever-changing issues dealing with operations, legislation, regulations and ethics. To date, almost half of the students who enrolled in the Introductory program have had six or more years of healthcare experience.

The Advanced program, a more in-depth study of managed healthcare, is available to those who have successfully completed the Introductory program. The Advanced program consists of a range of courses and exams on specific operational areas of managed healthcare. Through successful completion of all Advanced courses, you will earn the FAHM designation.

Currently, the Academy has three Advanced courses available and is continuing to develop additional Advanced courses in specific operational areas. Courses now available include:

Managed Care Organizations: Governance and Regulation
Health Plan Finance and Risk Management
Network Management in Managed Care Organizations

Through joint sponsorship with the American Association of Health Plans (AAHP), AHM 250-Managed Healthcare: An Introduction and AHM 530-Network Management in Managed Care Organizations, have been approved for Continuing Medical Education (CME) credits for physicians and for Continuing Education (CE) credits for nurses. For physician CME credits, the AAHP designates AHM 250 and AHM 530 for up to 30 hours each in category one credit toward the AMA Physician's Recognition Award. For nursing CE credits, the AAHP designates AHM 250 and AHM 530 for up to 36 contact hours each of continuing education in nursing credits. Individuals must pass the respective exams to earn CME or CE credit.

Both the Introductory and Advanced programs have easy-to-use self-study materials. This gives students the flexibility to manage their time and study the materials, and provides organizations with the materials to integrate into review programs or classroom-style training. A Test Preparation Guide, which

classroom-style training. A Test Preparation Guide, which features a detailed course outline, study tips and an interactive sample examination, also is available from the Academy.

Testing is administered in a paper-and-pencil format on two national test dates by Academy-sponsoring organizations nationwide. However, you also have the option to take computerized exams for an additional fee at a Sylvan Technology Center® located throughout the U.S. and Canada. This option provides you with flexibility and enables you to take the exam when and where it is convenient. Later this year, the Academy's new online enrollment and testing system will make it possible for organizations to administer examinations for students by computer at any time.

Harry Rosenzweig, Health Systems Specialist in the IHS Office of Public Health, felt that the Academy helped him to better understand how the industry affects his job. "We are both a provider of healthcare as well as a purchaser. Learning about managed care is helpful to both areas, [in particular regarding] negotiating contracts and helping to see that the care provided is quality care. From the provider standpoint, IHS has opportunities to enter into negotiations where we provide care on a capitated basis. A lot of principles [from the program] would be useful in that way."

For more information about the Academy and its programs and benefits, visit the Academy's website at *www.academyforhealthcare.com.* The site also features expanded information about the Advanced program, the availability of continuing education (CE) credits for professionals, and a sampling of organizations that participate in the educational programs.

Complete information can be found in the Academy's Program Information Guide, a booklet that describes the curriculum, explains the enrollment process and details the policies and procedures associated with taking the exams. For enrollment information and to receive a Program Information Guide, please contact the Academy For Healthcare Management, Office of the Registrar, 2300 Windy Ridge Parkway, Suite 600, Atlanta, GA 30339-8443; phone (800) 667-3133 or (770) 984-3700; fax (770) 984-6415. □

Native Health Research Database: A Health Planning, Evaluation, and Research Tool

Tom Kauley, Archivist, and Ruth C. T. Morris, MLS, Associate Director, University of New Mexico Health Sciences Center Library, Albuquerque, NM

The Indian Health Service (IHS) and the University of New Mexico (UNM) Health Sciences Center (HSC) have established a successful and enduring working partnership. Over the years, UNM HSC faculty and staff have worked closely with IHS staff located in Albuquerque, New Mexico to address the health needs of New Mexico's American Indian population. As the only academic health sciences center in New Mexico, the UNM HSC has developed a rich array of diverse American Indian programs. These programs include the Hispanic and Native American Center of Excellence (a program in the School of Medicine) and the New Mexico Tumor Registry Program, a Surveillance, Epidemiology and End Results (SEER) Program registry that has compiled cancer-related data on the American Indian populations in New Mexico and Arizona since 1969. A listing of major American Indian programs at the UNM HSC may be found on the their website at *http://hsc.unm.edu/*, under the heading "New Mexico Health."

The nation's American Indian and Alaska Native (AI/AN) population has unique demographic characteristics, which imply distinctive healthcare needs for the population and for the healthcare providers who serve them. To address these unique healthcare needs, over the last six years, the UNM Health Sciences Center Library (HSCL) has created two innovative databases: the Native Health Research Database *(http://unm.hsc.edu/nhrd/)* and the Native Health History Database *(http://unm.hsc.edu/nhhd/)* to serve as resources for the AI/AN community and the healthcare providers and agencies serving them. These databases improve access to historical information focused on AI/AN health as well as up-to-date publications from the IHS and other Federal agencies, and linkages to Medline citations. The availability of over 6,000 documents spanning more than 200 years provides an unparalleled, content-rich information resource on health and disease among American Indians.

The Native Health History Database (NHHD), created with funding from the National Library of Medicine, provides indexing and abstracting of more than 3,200 health-related documents published from 1672 to 1965. This database and its related archival collection includes field reports produced by

government officials stationed in historic Indian Territory, as well as articles published in early medical journals.

The Native Health Research Database (NHRD) was created as a partnership venture between the UNM HSCL and the IHS. The database provides bibliographic information and abstracts of health-related articles and resource documents developed primarily by IHS staff, tribal health professionals, and health care practitioners working in American Indian reservations, Alaska Native villages, and urban areas with significant AI/AN populations. NHRD entries cover a time period from approximately 1966 to the present. End users may conduct text word (e.g., "diabetes") or data field specific (e.g., "tribe = 'Navajo'") searches to produce tailored information results. The NHRD features many on-line, full-text documents and direct links to reputable American Indian and general health and wellness websites. The NHRD also provides an on-line, automated document ordering feature.

Tribal health personnel and primary care providers are encouraged to access database information and related document delivery services to support and promote development of successful AI/AN health and wellness programs. The database services may also be used to assist tribes and organizations in developing timely and successful grant proposals, and to support community-focused AI/AN health research efforts.

Future plans to guide the ongoing development of the databases include the establishment of a National Native Users Workgroup. Ongoing workgroup consultation and tribal community partnerships will provide mechanisms to evaluate UNM HSCL efforts to address the health information needs and requirements identified by American Indian communities. Offering the databases as core resources allows the Library to play a vital role in establishing and supporting tribal community health partnerships in the new millennium. To obtain additional information about the NHRD and NHHD, contact Ruth Morris at (505) 272-3857; or e-mail *rmorris@salud.unm.edu.* □

NCME Videotapes Available □

Health care professionals employed by Indian health programs may borrow videotapes produced by the Network for Continuing Medical Education (NCME) by contacting the IHS Clinical Support Center, Two Renaissance Square, Suite 780, 40 North Central Avenue, Phoenix, Arizona 85004.

These tapes offer Category 1 or Category 2 credit towards the AMA Physician's Recognition Award. These CME credits can be earned by viewing the tape(s) and submitting the appropriate documentation directly to the NCME.

To increase awareness of this service, new tapes are listed in THE IHS PROVIDER *on a regular basis.*

NCME #761

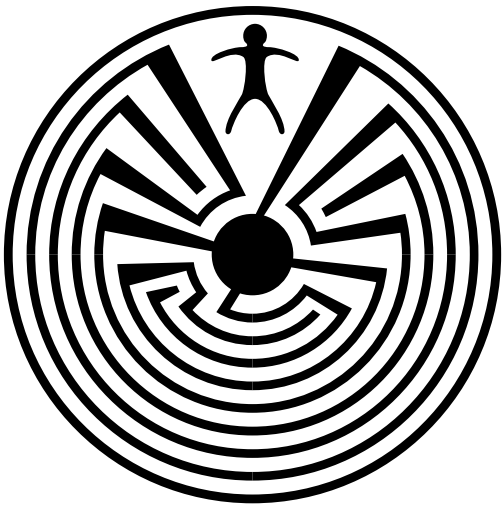
Expert Perspectives on Contemporary Clinical Issues in Hepatitis C - Part Two (60 minutes)

Important lessons regarding relapse and its prevention and treatment were learned from managing chronic hepatitis C virus (HCV) infections with monotherapy. It now appears that some of these lessons may be applicable with combination therapy. In addition, many clinicians and investigators now questions whether other populations, such as interferon nonresponders, might also benefit from combination therapy. In part two of this two-part series, you'll learn about state-of-the-art management strategies for relapsers and nonresponders. The important role of the primary care physician in managing hepatitis C is also examined.

NCME #762

Otitis Media in Children: When Parents Ask for Antibiotics (60 minutes)

Little Johnny is brought into your office with a typical case of otitis media. His mother strongly requests you give him something. Yet, about two-thirds of children get better without antibiotic therapy. Is the antibiotic really necessary? When are they most useful? In this program, Dr. Irons sorts out the pertinent information regarding the diagnosis and treatment of otitis media in children, particularly as it relates to the proper use of antibiotic therapy. With this careful overview, physicians will be able to effectively manage the Kleenex kids in their practices, meeting the needs of both the patients and their parents.



MEETINGS OF INTEREST

Colposcopy: Basic and Refresher Courses
April 10-13 (Basic) and April 12-13 (Refresher), 2000; Albuquerque, New Mexico

The Indian Health Service Cancer - Epidemiology Program announces its 2000 basic and refresher colposcopy courses. The basic course will be held April 10-13; the refresher course April 12-13. Both courses will be held in Albuquerque, New Mexico. The basic colposcopy course forms the foundation of a colposcopy training curriculum that also includes a supervised preceptorship at the service unit.

The refresher course is targeted at IHS, tribal, or urban program colposcopists desiring a review and update of colposcopy and management of lower genital tract neoplasia. It is ideal for colposcopists still in their preceptorships and those practicing colposcopists who don't have the opportunity to see a large volume of high grade dysplasia or cancer in their practices. For more information or application materials, contact Roberta Paisano, IHS Cancer Prevention, 5300 Homestead Road, NE, Albuquerque, New Mexico 87110; phone (505) 248-4132; or e-mail *roberta.paisano@mail.ihs.gov.*

CDC - Diabetes Translation Conference 2000
April 17-20, 2000; New Orleans, Louisiana

The CDC - Diabetes Translation Conference 2000 will bring together a wide constituency of local, state, Federal, territorial, and private sector diabetes partners to explore science, policy, education, and planning issues as they relate to reducing the burden of diabetes. The main constituents are the Diabetes Control Programs and their various partners. The target audience includes Federal, state, and local public health professionals; managers, directors, and executives from the affiliated health professional associations; health professional association and consultant partners in prevention and control activities and programs; managers, directors, and executives from health management organizations; physicians, nurses, nutritionists, and health educators; other non-government health professionals; representatives from special interest groups; and academic and research staff from educational institutions. Submission of papers in the following categories is encouraged: Health Systems; Surveillance Activities; Evaluation; Early Detection; Health Communication; Community Intervention; and Coordination.

For more information, contact Norma Loner at (770) 488-5376 or by mail at CDC/DDT, 3005 Chamblee-Tucker Road, Atlanta, Georgia 30341-4133.

Twelfth Annual IHS Research Conference
April 24-26, 2000; Albuquerque, New Mexico

The 12th Annual Indian Health Service Research Conference will be held in Albuquerque, New Mexico. This is an opportunity for people who have seldom or never presented research results in a national meeting to do so in a friendly, supportive environment; it is also an opportunity for all of us to learn from each other. Please see the Call for Papers elsewhere in this issue.

Blending Traditional and Modern Methods of Care
April 27-28, 2000; Albuquerque, New Mexico

The 13th Annual New Mexico Indian Nurses Association National Symposium will be held at the Albuquerque Marriott Hotel in Albuquerque, New Mexico. To obtain more information or a registration form, contact Erma Marbut, RN at Crownpoint, NM at (505) 786-6262 or Rose Mason, RN, in Albuquerque at (505) 248-4047.

American Indian Kidney Conference
May 8-10, 2000; Oklahoma City, Oklahoma

This two and a half day conference will provide information on prevention of kidney disease and coping with kidney disease. The target audience is patients and families, community health providers, medical professionals, and tribal leaders. For more information, contact Jo Ann Holland, RD, CDE, Lawton IHS Hospital, Lawton, OK; phone (580) 353-0350, ext. 560.

Project Making Medicine
May 2000; Oklahoma City, Oklahoma

Project Making Medicine is recruiting Indian Health Service and tribal mental health providers and substance abuse counselors from the Alaska, Nashville, Navajo, and Billings IHS Areas to attend specialized training in the treatment of physically and sexually abused Native American children.

The Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center, through funding from the National Center on Child Abuse and Neglect and the Indian Health Service, Mental Health Division, has established a training program to provide specialized training to IHS and tribal mental health professionals in the treatment of child physical and sexual abuse. The purpose of Project Making Medicine is to increase the number of mental health providers available to serve child victims, using a "train the trainer" model. Upon acceptance into the training program, each enrollee will receive forty hours of training in treatment of child physical and sexual abuse, forty hours of training in clinical supervision and consultation, ongoing follow-up phone consultation, and one on-site visit. The program requires at a minimum a 12-month training obligation, and each person selected must make a commitment to implement a similar program at their site that will offer training, specialized treatment, and consultation.

The training is specific to Native American populations and the unique characteristics of tribal communities. Core and Consulting Faculty include traditional native healers and clinical and counseling child psychologists who have expertise

in treatment and prevention of child maltreatment in Native American communities.

Funding was established for approximately sixty mental health professionals from the twelve IHS Areas to be trained over the three year period of the project (1998-2000). Each year the IHS will select twenty professionals from four IHS Areas to participate in the training. Licensed tribal and IHS mental health professionals (PhD, LMSW, LPC) are encouraged to contact their respective IHS Mental Health Branch Chief to be considered as a nominee. Certified alcohol and drug abuse counselors who work with adolescents may also be considered.

The initial application consists of 1) a letter of intent from the applicant that includes the commitment to provide specialized services to Native American children for at least two years following completion of training; 2) a letter of commitment from their immediate supervisor stating that the applicant will be allowed to participate in the training for the duration of the program and will be supported in the requirements as outlined above; 3) a letter of support from the tribe or IHS agency stating the applicant will be allowed to participate in the training for the duration of project, that the agency supports the requirements as outlined above, and the agency will sponsor a Project Making Medicine on-site visit; 4) a copy of the applicant s current license; and 5) a curriculum vitae.

The initial training for the next cycle will be held in May and October of 2000 in Oklahoma City, OK. The deadline for applications is March 1, 2000.

For additional information regarding Project Making Medicine, please contact Dolores Subia BigFoot, PhD, or Sonja Atetewuthtakewa at 405-271-8858; or e-mail: *dee-bigfoot@ouhsc.edu.*

2000 IHS Southwest Regional Pharmacy Continuing Education Seminar
June 9-11, 2000; Scottsdale, Arizona

The largest annual meeting of Public Health Service pharmacists in the country, this continuing education seminar provides up to 14 hours of ACPE-approved pharmacy continuing education credit in a variety of areas. The agenda for the 2000 meeting will include sessions on nephrology, endocrinology, cardiology, pharmacy law, and administration, as well as sessions designed specifically for pharmacy technicians. An excellent venue for clinical and pharmacy administration updates, the seminar also provides the best networking opportunities for field pharmacists and their colleagues. It will be held at the Chaparral Suites Hotel, 5001 North Scottsdale Road, Scottsdale, Arizona 85250. 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; or e-mail: *edward.stein@mail.ihs.gov.*

Physician Assistant and Advanced Practice Nurse Meeting
June 13-16, 2000; 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 April. This year there will be a business meeting June 12-13 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 13. There will be a registration fee of $200 of those employed by compacting tribes that have not retained CSC services, 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.

Rise to the Challenge: Feel Your Power
June 12-16, 2000; Albuquerque, New Mexico

This is the annual meeting of the National Council of Nurse Administrators and is sponsored by the Navajo and Albuquerque Nurse Administrators and Nurse Educators and the IHS Clinical Support Center (the accredited sponsor).

Addressing Critical Concerns of Health Care Systems Serving American Indians/Alaska Natives
June 12-14, 2000; Albuquerque, New Mexico

This two and a half day workshop is designed to assist administrators, clinic directors, and others responsible for health care delivery systems serving American Indians and Alaska Natives in both rural and urban settings by presenting current research and best-practices information for enhancing these systems. Discussions will focus on changing workforce needs due to the evolving health care environment, strengthening system infrastructure, long-term care, improving system quality through performance measurement, administrative strategies for effective disease management and prevention, expanding system capacity through partnering, and finding resources in both the public and private sectors.

This workshop is sponsored by the User Liaison Program (ULP) within the Agency for Healthcare Research and Quality (AHRQ), part of the US Department of Health and Human Services. For more information, contact Steve Seitz, User Liaison Program, AHRQ, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852; phone (301) 594-2066; *e-mail sseitz@ahrq.gov.*

The Pharmacy Practice Training Program (PPTP): A Certificate Program in Patient-Oriented Practice
June 19-22; July 17-20; or August 7-19, 2000; Phoenix, Arizona

The goal of this four-day training program for pharmacists employed by the Indian Health Service or Indian health programs is to improve the participant's ability to deliver direct patient care. This program encompasses the management of patient care functions in the areas of consultation, communication, interviewing techniques, laboratory test interpretation, conflict resolution, physical assessment, and disease state management. These techniques are taught utilizing case studies, which include role-playing and discussion. The same course is offered three times. 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; or e-mail: *edward.stein@mail.ihs.gov.*

Summer 2000 Geriatric Institute
June 29 - July 1; Albuquerque, New Mexico

The New Mexico Geriatric Education Center will offer a summer institute featuring cutting edge geriatrics presented in an interdisciplinary workshop format with emphasis on health care for American Indian Elders. Topics and presenters will reflect this emphasis on culturally appropriate geriatric care. Workshops on the following topics will be included: Geriatric Assessment, Case Management, Long Term Care, Oral Health, Rehabilitation, Disease Prevention, Health Promotion, Nutrition, Geriatric Syndromes, Palliative Care, and End-of-Life Issues. Four hands-on workshops will provide a clinical/applied learning opportunity on the following topics: Incontinence, Pressure Ulcers, Diabetic Foot Care, and Falls in the Elderly. To enhance cultural significance, an evening program at the Indian Pueblo Cultural Center with traditional food and music will feature Traditional Healers and Medicine People sharing their experience with keeping the balance of life for Indian people. Scholarships are available for IHS, tribal, and urban program health care providers.

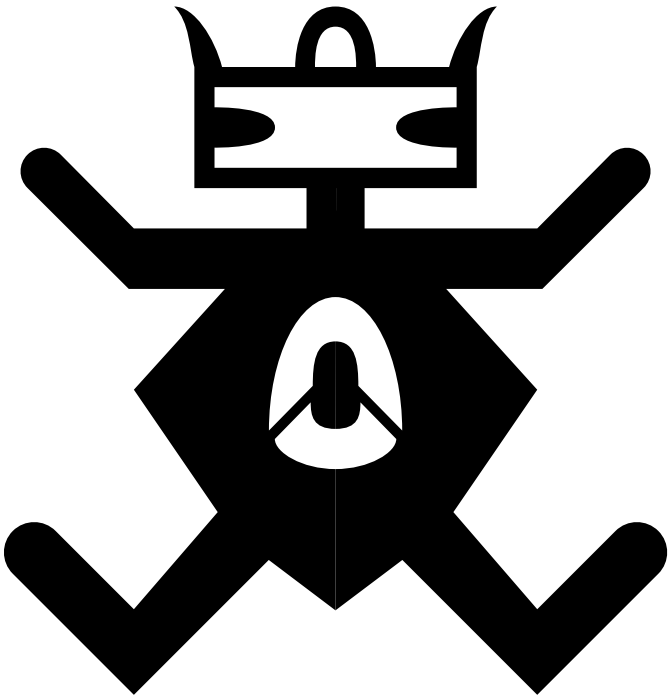
For more information, contact Darlene A. Franklin, Program Manager, NM Geriatric Education Center, University of New Mexico, 1836 Lomas Blvd NE, Albuquerque, NM 87131; telephone (505) 277-0911; fax: (505) 277-9897; or e-mail: *dfranklin@salud.unm.edu.*

Innovations in Elder Care: A Participatory Conference
August 19-22, 2000; Duluth Minnesota

Planned to run concurrently with the National Indian Council on Aging (NICOA) 2000 conference, this meeting is intended to bring together those who from throughout the Indian health care system who provide care to elders to share experiences in the development and implementation of programs to enhance care of elders. See the Call for Papers elsewhere in this issue for more information.

Cancer Training for Physicians, Nurses, Nurse Practitioners, Pharmacists, and Other Clinicians
October 2000; Location to be announced

The first Early Detection and Treatment of Cancer Conference, held in October 1999, received very positive evaluations from clinicians who attended. Breast, prostate, cervix, colorectal, and lung cancers were covered, along with behavioral aspects of smoking, and palliation and pain management, in this one-day training. Leading experts in each area presented on current issues and technology regarding each site and subject. This training emphasizes interaction between the presenters and participants. The Indian Health Service Clinical Support Center is the accredited sponsor. For more information about the coming year's program, contact Alicia Carson, Regional Training Specialist, at (503) 228-4185, ext. 27 for more information, or read about current Northwest Tribes Cancer Control Program activities at *http://www.npaihb.org/cancer/ntccp.html.*



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.

Certified Nurse Midwife
Pine Ridge, South Dakota

Pine Ridge is located in the southwest corner of South Dakota. We have two Certified Nurse Midwife (CNM) openings. We run a full scope practice with six midwives and one obstetric physician. For more information, contact Terry Friend, CNM, Pine Ridge Hospital, Box 1201 East Highway 18, Pine Ridge, South Dakota, 57770; phone (605) 867-3128; e-mail: *tfriend@pineridge.aberdeen.ihs.gov.*

Operating Room Nurses and Emergency Room Health Technicians
Phoenix Indian Medical Center, Phoenix, Arizona

If you are interested in a career that is challenging, and you want to add a new dimension to your nursing experience, then we would like you to join our team. Phoenix Indian Medical Center (PIMC) is looking for qualified, experienced, and competent nurses for our operating room. We are looking for nurses who are experienced in all aspects of perioperative care to work eight hour shifts on days and evenings, and to take call after hours and on weekends and holidays.

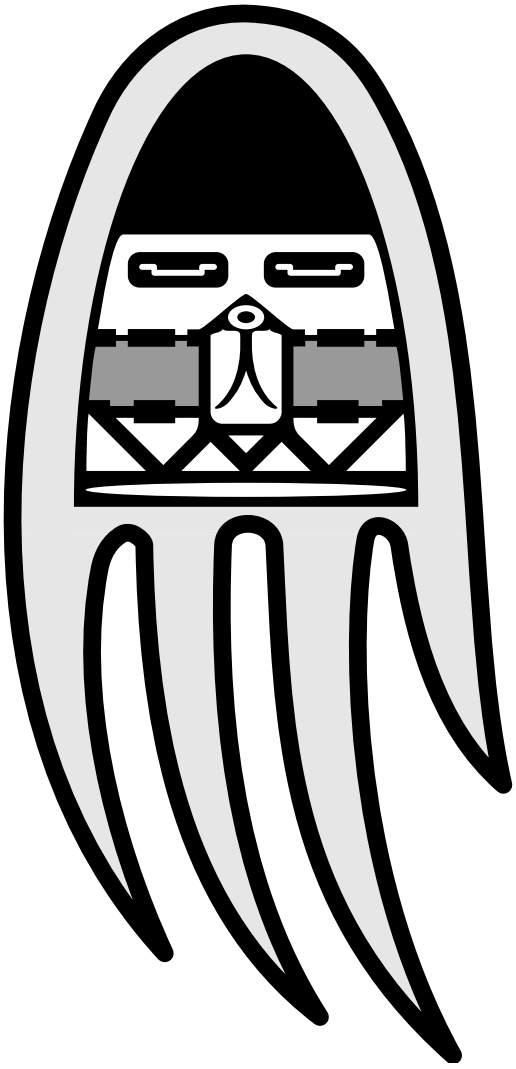
We also have positions available in our Emergency Department for experienced health technicians. As a Federal facility, we offer excellent employment benefits. Salary is based on experience and education. For more information, please contact Jeanette Yazzie, RN, Nurse Management and Program Analyst at (602) 263-1582, or Lourde Botone, Staffing Specialist, at (602) 640-2882, ext. 137.

Family Practice Physician
Wind River Indian Reservation, Wyoming

The Wind River Service Unit has an opening for a BC/BE family physician to join a seven physician group in a non-obstetrics practice. We admit to a private hospital in Lander, Wyoming; call is 1 in 7. It is a great practice in a stunning setting. The opening is available in July 2000. For more information, call John Klinkenborg at (307) 332-7300 (work) or (307) 332- 7753 (home). CVs can be faxed to (307) 332-7464.

Family Practice Physicians
Kayenta Health Center, Kayenta, Arizona

We have two openings for Family Practice physicians at the Kayenta Health Center (KHC) on the Navajo reservation. KHC is an all ambulatory care facility with an busy 24 hour emergency room located 20 miles south of Monument Valley. Our staff is made up of 12 physicians including two internists, seven family practice doctors, two pediatricians, and one psychiatrist. Call is rotated among the 11 primary care doctors. We offer continuity clinics with opportunities to see all age ranges with a host of diagnosis. In addition, our emergency room offers the opportunity to treat a wide range of conditions while allowing the physician to perform many procedures in-house (e.g., casting, joint injections, and managing seriously ill patients). KHC is in a beautiful area in the middle of the Navajo reservation with many outdoor activities available. For information, please call Dr. Lori Loschert at (520) 697-4232; e-mail: *lori.loschert@kayenta.ihs.gov.*



Call For Papers

INNOVATIONS IN ELDER CARE

A participatory Conference

We invite you to submit a proposal for presentation at the upcoming conference, Innovations in Elder Care, a participatory conference. This conference is scheduled to run concurrently with the National Indian Council on Aging (NICOA) 2000 conference in Duluth, Minnesota, August 20-22, 2000.

The goals of the conference are to:

- Further the development and implementation of creative programs designed to enhance care for American Indian and Alaska Native Elders.
- Further develop the resource network of personnel within the Indian health care system working on issues of concern for American Indian and Alaska Native elders

The conference will achieve these goals by bringing together providers of care from throughout the Indian health care system to share experiences in the development and implementation of programs to enhance care of elders. We will learn from each other. Elders will be involved throughout this process, in the selection of programs for presentation, and as active participants in the conference. We will ask them to share their wisdom and to keep us on track. Presentations will be between 20 and 30 minutes each, including time for discussion.

While we are interested in any programs that enhance the health and well-being of our elders, we are emphasizing programs designed to improve preventive care services, reduce disability, and improve delivery of community-based long term care services.

Partial travel support may be available for presenters. All presenters will be eligible for the NICOA Patrick Stenger Award recognizing excellence and innovation in elder care programs.

The conference is sponsored by the National Indian Council on Aging, the Indian Health Service Elder Care Initiative, the North Dakota National Resource Center on Native American Aging, the Centers for Disease Control and Prevention, and the IHS Clinical Support Center (the accredited sponsor). The deadline for submission is March 20, 2000.

Please join and the Elders in August 2000 as we share our vision with each other and work to create better care for our elders.

Instructions for Preparing Abstracts

1. Use the abstract form on the next page to prepare your abstract. All copy must fit within this frame. This form may be copied.

2. Accepted abstracts will be reduced and printed in the conference program. Remember that you are producing camera-ready copy. Submit your abstract in a type size no smaller than 12-pitch typewriter or a 10-cpi font on a word processor. Single-space all copies. Do not include figures, tables, equations, mathematical signs or symbols, or references in the abstract.

3. The abstract content should be structured as follows:
   - Title of paper or program
   - Topic Relevance: specifically what problem are you trying to address. Why would other providers of services to elders want to attend this session?
     - Program/Paper Description
     - Define the problem and state what led you to undertake your study or project
     - Describe the objectives of your program or project
     - Describe the study or service population
     - Describe your methods and state why they were chosen
     - Describe your evaluation results and/or key findings or conclusions

4. Fill out the contact information; it must accompany the original abstract. Do not submit a curriculum vita or resume.

5. All abstracts should be sent to the National Indian Council on Aging, 10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111. Phone (505) 292-2001; fax (505) 292-1922; e-mail: *evagdpe@nicoa.org.*

6. Abstracts must be received by close of business, March 20, 2000.

Innovations in Elder Care

Call for Abstracts

ABSTRACT FORM

Contact Information

(Please Type)

Primary Author/Presenter: _____
(As you would like it printed in the final conference program)

Mailing Address: _____

_____

City/Zip/State: _____

Telephone Numbers: Work: ( ) _____ Fax: ( ) _____ Home: ( ) _____

E-mail Address: _____ Position/Title: _____

Send abstracts to the National Indian Council on Aging, 10501 Montgomery Blvd. NE, Suite 210, Albuquerque, NM 87111. Phone (505) 292-2001; fax (505) 292-1922; e-mail: *evagdpe@nicoa.org.*

Abstracts must be received by March 20, 2000.

Call For Papers

12th Annual IHS research Conference

The Twelfth Annual Indian Health Service (IHS) Research Conference, sponsored by the IHS Research Program and the IHS Clinical Support Center (the accredited sponsor) will be held April 24 - 26, 2000 in Albuquerque, New Mexico.

Papers are invited for oral or poster presentation in the following categories: Aging, AIDS, Alcohol and Substance Abuse, Cancer, Cardiovascular Disease, Diabetes, Environmental Health, Epidemiology, Health Care Administration, Health Promotion and Disease Prevention, Health Services Research, Injury Prevention, Mental Health, Nutrition, Oral Health, and Women's Health. Research that measures the effectiveness of innovative environmental health or health care interventions, or that involves exemplary partnerships between researchers and tribes, is especially welcome.

Abstracts must be received no later than close of business March 10, 2000 to be considered for review (see "Instructions for Preparing Abstracts" below). Notice of acceptance of abstracts will be mailed no later than March 27, 2000.

For abstract consultation (style, etc.), contact Louis J. Lafrado, PhD, All Indian Pueblo Council, 3939 San Pedro NE, Suite E, PO Box 3256, Albuquerque, NM 87190; (505) 856-2539; fax [same telephone number]; e-mail: *LandD@.att.net.*

Instructions for Preparing Abstracts

1. YOU SHOULD SHARE YOUR RESEARCH RESULTS WITH THE TRIBE(S) INVOLVED IN THE RESEARCH AND GET THEIR APPROVAL TO PRESENT THE RESEARCH BEFORE DOING SO.
2. All abstracts that are accepted for either oral presentation or poster presentation will be reproduced in a book of abstracts for distribution. Therefore, all abstracts should have an identical format. On the following page is a sample of that format. Please follow the directions below carefully.
3. All abstracts should be submitted in electronic format only. They may be sent as an attachment to e-mail or mailed on a PC formatted diskette, using the addresses below.
4. Use the sample abstract form on the next page as a guide for size as you prepare your abstract. All copy must fit within this frame.
5. The abstract content should be structured as follows:
   - Title [bolded]
   - Authors [first name, middle name/initial, last name] Note: Do not include degrees after the author's names. Place an asterisk before the name of the presenting author.
   - Skip one line after the Title and Authors.
   - The text of the abstract. It should be one single-spaced, continuous paragraph, with no new lines. The text should be no more than 250 words. Use a type size no smaller than 12 pitch typewriter type or a 10 cpi font in a word processor. The text should not have figures, tables, equations,mathematical signs or symbols, or references. The organization of the paragraph should be as follows:
     - a brief statement of the Purpose of, or Background to, the study;
     - a statement of the Methods used (including number of subjects and other pertinent data);
     - a summary of the Results presented in sufficient detail to support the conclusion;
     - a statement of the Conclusions reached. (It is not appropriate to state, "The results will be discussed.")
     - Bold the four headings: Purpose or Background; Methods; Results; Conclusions.
     - Skip one line after the text of the abstract.
     - Add "For further information:" in bold, followed by the primary author's full name, official title, organization, address, telephone number, fax number, and e-mail address.
6. Please also check the desired form of presentation: oral, poster, or either one.
7. Please fill out the biographical sketch on the next page and fax or mail it to the address below. Do not submit a curriculum vitae or resume.
8. Send your abstract:
   - on a diskette with the abstract in a PC-compatible WordPerfect 5.x or 6.x file, or Microsoft Word file, Rich Text Format file, or ASCII text file; or
   - as a copy in the one of the above formats as an attachment to an e-mail at the address below.
9. Abstracts must be received by close of business, March 10, 2000.
10. Authors will be notified of the acceptance or rejection of their papers no later than March 27, 2000.

All abstracts should be sent to: Research Conference Coordinator / All Indian Pueblo Council
Louis J. Lafrado, PhD
3939 San Pedro NE, Suite E, PO Box 3256, Albuquerque, NM 87190
(505) 856-2539; fax [same telephone number]; e-mail: *LandD@att.net*

Indian Health Service Research Program 12th Annual Conference

ABSTRACT TEMPLATE and BIOGRAPHICAL DATA FORM

Using "avoidable hospitalization" indicators to assess adequacy of primary care: the Indian Health Service (IHS) 1980-1990. Blessing Yazzie, Eudora Welty, *Thomas Whitehorse.

Background. Major needs in assessing care include: use existing data; and assess primary care. We used "avoidable hospitalization" indicators to assess how well IHS primary care prevented avoidable hospitalizations. **Methods.** The avoidable hospitalization indicators were: TB, pertussis, cervical cancer, rheumatic heart disease, asthma, complications of hypertension, influenza and pneumococcal pneumonia in 65+ year olds, infant gastroenteritis, otitis media, uncontrolled diabetes, lower extremity amputations, hypoglycemia, pyelonephritis, cellulitis, stomach or duodenal ulcer, and newborn hemolytic disease due to isoimmunization. The IHS inpatient database for years 1980-1990 provided the count of cases. The denominator was the IHS Service Population, derived from the 1980 and 1990 census of American Indian and Alaska Native residents in IHS service delivery areas. We accounted for changes in hospitalization practices by Observed:Expected ratios ("observed—the change of hospitalization rates for each avoidable condition from 1980 to 1990; "expected"—the change that had occurred for all hospitalizations. We calculated the all-U.S. rates using the National Hospital Discharge Survey. **Results.** Hospitalization rates for most avoidable conditions decreased more than had all hospitalizations. However, the rates of four conditions both decreased less than all, and worsened relative to the change in the US: pneumococcal pneumonia for 65+, newborn hemolytic disease, hypoglycemia, and asthma. IHS hospitalization rates for the latter two conditions had increased. **Conclusions.** The IHS should investigate the epidemiology and primary care of pneumococcal pneumonia, newborn hemolytic disease, hypoglycemia, and asthma. Avoidable hospitalization indicators may detect changes in primary care or epidemiology rapidly and with good sensitivity.

For further information: Blessing Yazzie, MD, MPH. Director, Tribal Health Program, 4300 Haxton Way, Tucson, AZ 85746-9352. 520-263-8500, fax 520-263-8516. *blessing@tribe.gov*

Biographical Sketch

(Please Type)

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_____

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Telephone Numbers: Work: ( ) _____ Fax: ( ) _____ Home: ( ) _____

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☐ Nursing ☐ Medicine ☐ Environmental Health ☐ Community Health ☐ Nutrition

☐ Behavioral/Mental Health ☐ Dentistry ☐ Epidemiology ☐ Other _____

NATIVE AMERICAN MEDICAL LITERATURE □

The following is an updated MEDLINE search on Native American medical literature. This computer search is published regularly as a service to our readers, so that you can be aware of what is being published about the health and health care of American Indians and Alaska Natives.

The Clinical Support Center cannot furnish the articles listed in this section of THE PROVIDER. *For those of you who may wish to obtain a copy of a specific article, this can be facilitated by giving the librarian nearest you the unique identifying number (UI number), found at the end of each cited article.*

If your facility lacks a library or librarian, try calling your nearest university library, the nearest state medical association, or the National Library of Medicine (1-800-272-47887) to obtain information on how to access journal literature within your region. Bear in mind that most local library networks function on the basis of reciprocity and, if you do not have a library at your facility, you may be charged for services provided.

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THE IHS PRIMARY CARE PROVIDER

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Circulation: THE PROVIDER (ISSN 1063-4398) is distributed to more than 6,000 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.ihs.gov*

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