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Accuracy of Using PCC Data for Measuring BP Control in Individuals with Diabetes

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GPRA measures, stemming from the Government Performance and Results Act of 1993, are reports that are required of the Indian Health Service (IHS) to assure that our agency is appropriately using its budgeted funding to provide a high quality of care to American Indians and Alaska Natives. This article is another in a series[1, 2] reporting results from the GPRA Pilot Study, a study designed to investigate whether or not data already contained in the Patient Care Component (PCC), the primary clinical component of RPMS (Resource and Patient Management System), IHS's healthcare information system, could be used to perform GPRA measurements with acceptable accuracy. These data either are already or could be exported to a national database from which the measurements could be derived, thus reducing reporting burdens on Areas and local programs. This article reports the results of the analysis of a performance measure to assess using data in a national database which were exported from PCC to measure the adequacy of blood pressure control in individuals with diabetes.

Methods

In this study, a sample of approximately 200 women between the ages of 18 and 65 who were diabetic (we used these criteria so the sample could be used simultaneously for an analysis of another measure) were selected at each of five identified facilities using data from the Headquarters (HQ) ORYX system, a national IHS database for local facilities participating in the Indian Health Performance Evaluation System. HQ ORYX data are derived from the data routinely exported from the PCC to the national level.

We then gathered pertinent information from the HQ ORYX system (demographics, date of visit, systolic and diastolic blood pressures), on all visits for each of these individuals during a specific 12-month study period. Detailed listings of these visits and associated information were provided to the manual chart reviewer. The individuals' charts were pulled and manually reviewed to determine if a blood pressure was obtained during any visit during the study time period and, if so, those values were recorded. The blood pressure data for each individual were then analyzed and a median BP was calculated separately from the HQ and then from the chart data.

A "Best Available" median blood pressure was also calculated as follows: if a chart blood pressure existed for a visit those values were preferentially used to calculate the "Best Available" median; if a chart blood pressure was not present for a given

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visit but one was present in HQ data, those values were used. We determined if the median blood pressures for an individual were "in control" (systolic BP <130 and diastolic BP <85), or not, for each individual. Separate determinations on whether or not an individual's blood pressures were in control were made using the medians from HQ, Chart, and "Best Available" data. Finally, for each facility we determined how many individuals' blood pressures were in control, calculating a separate number using HQ, Chart, and Best Available data.

Results

The numbers of individuals with diabetes whose blood pressures were in control at each of the five facilities are shown in Table 1. The numbers of individuals for whom there was agreement in the determination of whether or not they were "in control" are shown in Table 2. In particular this table shows that the determinations from HQ versus chart data were discordant for 15 of the 1002 individuals. Since the discordances were in one direction for 8 individuals and the other direction for 7, the net discordance between the two methods was only 1.

Table 1. Numbers of individuals with diabetes whose blood pressures were in control

	Number of Individuals	HQ Data		Chart Data		Best Available Data	
		#	%	#	%	#	%
Facility A	198	107	54.05	108	54.5%	108	54.5%
Facility B	199	45	22.6%	44	22.1%	44	22.1%
Facility C	171	99	57.9%	98	57.3%	98	57.3%
Facility D	233	95	40.8%	95	40.8%	95	40.8%
Facility E	201	60	29.9%	60	29.9%	60	29.9%
Overall	1002	406	40.4%	405	40.4%	405	40.4%

Table 2. Agreement in determinations of an individual's blood pressure control based on HQ versus chart data

Are an Individual's Blood Pressures "In Control?"				
		Chart Data		
		Yes	No	
HQ Data	Yes	438	8	446
	No	7	549	556
		445	557	1002

Conclusions

Our data show that there is remarkable agreement between HQ data derived from the PCC and the written chart data on whether or not the blood pressures of any given individual with diabetes are "in control" as well as with the overall measure of the numbers of individuals with well-controlled blood pressures at each facility. We suspect that there are at least two primary reasons for this. First, blood pressure is a measurement that tends to be accurately and reliably recorded in the PCC.

Secondly, omitted data or data errors, even when they occur (and they did to a small extent), are less likely to skew the final calculation for this measure. This measure looks at a series of values, calculates a median, and then applies a cut-off standard to that median. Even if some of the data are omitted (e.g., if there were actually 10 blood pressures obtained during the set period and 3 are "lost"), as long as there is reasonable consistency between individual values (all values are so similar that omitting some did not change the median) or, if not, if the omitted data are at least randomly distributed (there is no bias in the kinds of values that are omitted), the median is less likely to be sufficiently altered so that a median that was below the cut-off is now above or visa versa. Then, even if the determination for some individuals was altered, in a population measure, any such misclassification of individuals is unlikely to affect the overall measure for the population as long as there is no consistent bias in how individuals are misclassified. Erroneously recorded values, just like omissions, are similarly unlikely to significantly skew the overall population measure.

We therefore conclude that certain measures are more likely to be highly accurate, even with some data omissions or erroneous values. A key characteristic of these kinds of measures are that they are derived by looking at multiple values or episodes, especially if they tend to be consistent over a period of time (e.g., blood pressure control, obesity), rather than single episodes (e.g., mammograms, immunizations). By carefully choosing measures, accurate information about clinical care can be obtained from less than perfect databases.

Limitations to the conclusions of this study include that this study only provides some of the first formal and rigorously studied, empiric data we have on this specific question. In addition, results and conclusions are based on data from only five facilities. As we begin to use PCC data for these kinds of measures, we need to continue to evaluate more and different kinds of data and measure their accuracy, in an ongoing fashion, at multiple and even more varied facilities.

Acknowledgements

The authors would like to thank Danny Macias and Karen Carver, PhD for their assistance in providing the HQ data and to Lois Boyd for her assistance in entering study data during analysis. □

References

1. Griffith SP, Garrett MD, Ramsey P. Accuracy of Using PCC Data for Measuring Childhood Obesity. *The IHS Provider*. 2001;26:37-9.
2. Griffith SP, Ramsey P. Accuracy of Using RPMS Data for Measuring Pap Screening Rates. *The IHS Provider*. 2001;26:89-91.

The Annual Business and Educational Conference for Advanced Practice Nurses and Physician Assistants

Judy Whitecrane, CNM, Nurse Midwife, Phoenix Indian Medical Center, Phoenix, Arizona

The annual Advanced Practice Nurse (APN)/Physician Assistant (PA) conference was held in Scottsdale, Arizona, on June 4-8, 2001. It included a day and a half of business meetings for APNs followed by three days of continuing education sessions.

The purpose of this yearly meeting is to provide a low cost opportunity for Indian Health Service, tribal, and urban program (I/T/U) APNs and PAs to conduct business meetings and accrue continuing education hours. This article will summarize the APN business meeting events.

The newly appointed APN Chief Clinical Consultant, Ursula Knoki-Wilson, CNM, from Chinle, Arizona, was introduced. She serves as the representative of the APNs to the medical administration and advocates on behalf of APN clinical concerns from the field. Judy Whitecrane, CNM, Phoenix, Arizona, represents APN nursing and administrative concerns to the National Council of Nurses (NCON). She facilitated the business meeting and gave the morning address on "Changes in Indian Health Care delivery Systems," describing the current size of the I/T/U health systems, and then examining decentralization, self-determination, and residual IHS functions. Organizational charts were used to emphasize the current I/T/U structure and the importance of APN representation in both nursing administration through the National Council of Nurse (NCON) and in the medical administration through the Chief Clinical Consultants group

The first day's session also included an important discussion of APN salary issues. Given the variety of hiring personnel systems, including Commissioned Corps, Civil Service, tribal and urban employers, and contract sources, there is wide variation in APN salaries. However, with few exceptions, even the highest paid I/T/U APNs are below median private sector levels, while the lowest salaries are at markedly substandard levels. An important Civil Service salary initiative currently under consideration by The National Council of Nurses (NCON) would include APNs. It is hoped that if Civil Service salaries are increased, other hiring entities would feel compelled to do the same.

Two presentations on unusual APN roles included Salt River Clinic administrator Steve Thompson, FNP, from Scottsdale, Arizona, and Dr. Jodi Pelusi, FNP, the National Cancer Institute's Special Population Network grant coordinator. Dr. Pelusi presented a new breast examination technique called "mammocare" as well as informing and updating attendees on Native American cancer facts.

Breakout sessions devoted to identifying APN barriers to practice from the field reported to the group and developed a work plan for the coming year. The two representatives, Ursula Knoki-Wilson, CNM, and Judy Whitecrane, CNM, will lead the work plan. The goals for the coming year are as follows: 1) disseminate information about APN models of care and productivity across Indian Health; 2) provide support to APNs in clinical and administrative settings; 3) advocate on behalf of APN salary issues and working conditions; 4) increase APN participation on administrative I/T/U boards and committees; and 5) provide collegial support to one another, especially those in remote and rural areas.

The hard work of the Clinical Support Staff in planning this conference and the monetary support of headquarters Nursing Branch are gratefully acknowledged.

All APNs and PAs are encouraged to attend this valuable meeting next year. It will be held June 3-7, 2002 in Scottsdale, Arizona. □

South Dakota State University College of Nursing Announces an Internet Master of Science Degree Program

The South Dakota State University (SDSU) College of Nursing has instituted an Internet-based Master of Science (MS) degree program in nursing. Students may choose from the following tracks: Family Nurse Practitioner, Nurse Educator, Nurse Administrator, or Clinical Nurse Specialist. All classes are asynchronous online courses in WebCT software. Students will be required to make very few visits to the Brookings, South Dakota campus, and clinical preceptors will be made available to students as close to their home towns as possible.

South Dakota State University has an outstanding record of educating nurses in isolated areas, including reservations. SDSU was named among the top five Midwest regional public universities for the last four consecutive years by *U.S. News and World Report*. As South Dakota's land grant university, the mission of SDSU includes outreach services to populations who cannot travel to Rapid City or Brookings.

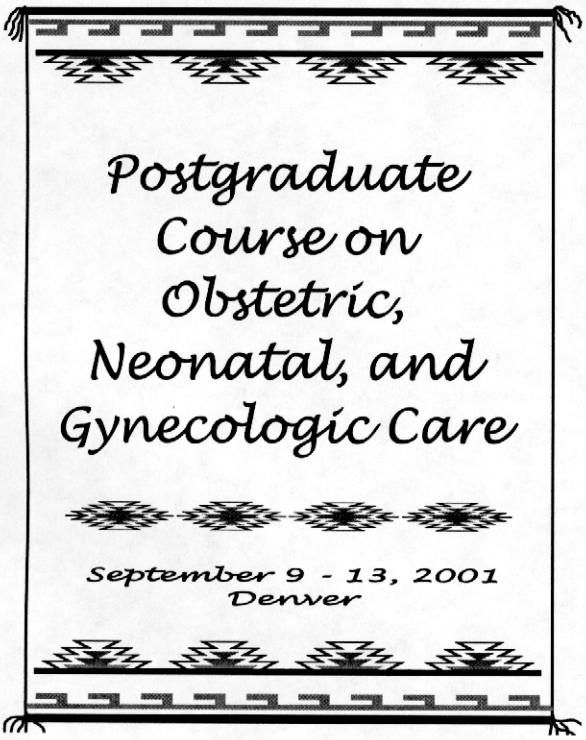
This fully accredited master's degree program was designed for place-bound students who cannot travel and who need to work part time while they earn their degree. Students from all over the upper Midwest are currently enrolled in the accredited degree program. Some scholarships and traineeships are available.

Classes are offered one per semester over four years. The deadline for applications is March 1st for fall admissions. Call the department toll-free for additional information at (888) 216-9806; or e-mail *Sheila_Stotz@sdstate.edu*. For information regarding the program, visit *http://www3.sdstate.edu/Academics/CollegeOfNursing/* and click on "Graduate Nursing" to view the sequence of course work. □

PHS Physician Mentoring Program

The Physician Professional Advisory Committee (PPAC) to the Surgeon General is initiating a voluntary mentoring program for new and junior Commission Corps (CC) physicians. Initially this program will be limited to Commissioned Officers (CO), but the plan is to expand it to Civil Service PHS physicians in the future. The goal of the program is to promote professional growth and career development. New and junior physicians (protégés) with less than two years of service can be matched with more senior physicians (mentors) by agency, geographic area, or discipline.

Initially, the PPAC is recruiting senior CC physicians who are willing to serve as mentors. A senior CC physician is one with over five years of experience in the PHS and who is at the grade of 0-5 or above. A description of the program and a mentor application form is available at *www2.IHS.gov/ppac/Mentoring_Intro_page.htm*. Information and applications can also be obtained through CAPT Dean Effler, 401 Buster Rd. Toppenish, Washington 98948; telephone (509) 865-2102, Ext. 224; or e-mail *usphsmentor@prodigy.net*. □



TARGET AUDIENCE

This course is directed to primary care providers, including physicians, clinical nurses, nurse practitioners, nurse midwives, and physician assistants caring for women and infants in Indian Health Service settings and tribally-operated health care facilities.

COURSE DESCRIPTION

The curriculum is designed to encourage a team approach to the care of women and their newborns, with a strong emphasis on the realities and limitations of care in the rural, isolated settings that are common to many Indian health facilities. The text gives a clinically-oriented approach to care in facilities where the nearest specialist may be 50 to 800 miles away. Like the course focus and text, the faculty for the course is experienced with care in the Indian health setting.

CONTINUING EDUCATION CREDIT

The sponsors include the American College of Obstetricians and Gynecologists (ACOG), the Indian Health Service (IHS), and the IHS Clinical Support Center. The ACOG is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The IHS Clinical Support Center is accredited as a provider of continuing education for nurses by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. This course has been designed in accordance with the standards of the ACCME and the ANCC.

REGISTRATION

The number of participants for the course is limited. Tuition, travel, and per diem expenses are the responsibility of the attendee or the sponsoring Indian health program. ***Send your completed registration form to*** Sandra Dodge, CNP, IHS Division of Clinical & Preventative Services, Parklawn Building Room 6A-44, 5600 Fishers Lane, Rockville, MD 20857 (phone: 301-443-1840; fax: 301-594-6213 or 6135).

POSTGRADUATE COURSE ON OBSTETRIC, NEONATAL, AND GYNECOLOGIC CARE

(Please type or print)

PA CNM
MD/DO RN
NP _____ Other _____

Name _____
Last First Type Specify

Work Address _____

Home Address _____

Telephone (Work) _____ (Home) _____ (Fax) _____

Service unit/health facility name _____ Social Security Number _____

Please register me for the postgraduate course to be held September 9-13, 2001. I have checked the appropriate registration boxes below:*

IHS employee: Physician $200 Other health professional $150

I am not employed by IHS: Tribally-employed physician $350 Other health professional employed by tribe $250
Physician not employed by IHS or tribe $450 Other professional not employed by IHS/tribe $350
Resident $350

* Employees of tribes that have not withdrawn their tribal shares should use the IHS scale. If you are uncertain of share status, verify with Sandra Dodge.

Space is limited. Applications received after session is filled will be placed on alternate list.
Do NOT send fee payment until notified of placement in course.

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.*

Pediatrician
Claremore, Oklahoma

The Claremore PHS Indian Hospital is seeking a pediatrician to join three other pediatricians already on staff. This is a full time position; night call is taken at home and covers Emergency Department consultation, admissions, and nursery duty. A level 1-2 nursery and pediatric subspecialty referrals and consultation are available 20 miles away.

Claremore is a rapidly growing community near a major metropolitan area (Tulsa) with convenient access to scenic recreational and cultural opportunities; good schools and a college are found in the town.

Send a CV to Paul Mobley, DO, Clinical Director. Claremore PHS Indian Hospital, 101 South Moore, Claremore, Oklahoma 74017-5091; telephone (918) 342-6433; or fax CV to (918) 342-6517.

Family Practice Physician/Internist/Internist-Pediatrician
Cherokee Indian Hospital, Cherokee, North Carolina

The Cherokee Indian Hospital is seeking a board certified primary care physician to immediately join our staff. We are a JCAHO accredited, small, rural, Federal hospital serving over 10,000 members of the Eastern Band of Cherokee. We provide emergency room, ambulatory, and sub-acute inpatient care with a wide array of specialty services. We work collaboratively with the Cherokee tribe to improve community services and have begun a state-of-the-art wound care and diabetes center. We have an outstanding staff of ten board certified physicians and four mid-level providers, and we need a committed, talented physician who is interested in serving this community for some time.

We are located adjacent to the Great Smokies National Park in beautiful western North Carolina. Outdoor activities are plentiful; the community is wonderful, and the southern living is good. If you are interested, please contact Mary Anne Farrell, MD, MPH, Clinical Director, at (828) 497-9163, ext. 390; or by e-mail at *maryanne.farrell2@mail.ihs.gov*.

Physician Assistant, Nurse Practitioner, or Physician
Yukon Kuskokwim Health Corporation; Bethel, Alaska

The Yukon Kuskokwim Health Corporation is looking for a full time physician assistant, nurse practitioner, or physician eligible for licensure in the state of Alaska to join our Village Operations Team as Director of Education. Responsibilities include the operations of Health Aide training, including basic training, advanced training, and EMS training, and ensuring its coordination with other components of the Health Aide Program. Located in the culturally rich Yukon-Kuskokwim Delta of Southeast Alaska, we support a staff of 190 Community Health Aides. Two years of clinical experience and two years in an educational setting are required. Experience with Health Aide training and distance education desirable. Grant writing, public relations, effective communication (oral and written), working knowledge of computers (Macintosh and Microsoft Office suite), and experience as an EMT or paramedic preferred. If interested, please submit a resume and cover letter to Yukon Kuskokwim Health Corporation, Attention: Dana L. Hall, Box 528, Bethel, AK 99559-0528; telephone (907) 543-6131; fax (907) 543-6143; e-mail *dana_hall@ykhc.org*.

Physician Assistant, Nurse Practitioner, or Physician
Yukon Kuskokwim Health Corporation; Bethel, Alaska

The Yukon Kuskokwim lIealth Corporation is looking for a full time registered nurse, nurse practitioner, or physician assistant eligible for licensure in the State of Alaska to join our Village Operations Team as Advanced Training Coordinator. Responsibilities include coordinating the activities of the Advanced Training Program and the delivery of the Well Child (EPSDT) Program as done by Advanced Trained Community

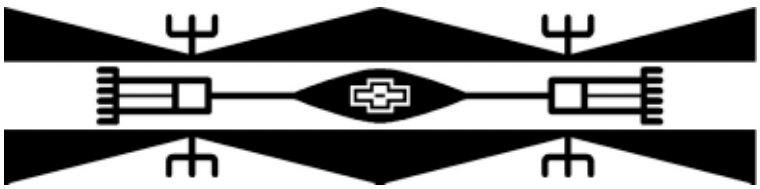
Health Aides/Practitioners in Village Clinics. Located in the culturally rich Yukon-Kuskokwim Delta of Southeast Alaska, we support a staff of 190 Community Health Aides and 48 clinics. Two years of health care experience, one-year supervisory experience, and a positive work history is required. Grant writing, budget management, public relations, effective communication (oral and written), and working knowledge of computers (RPMS and Microsoft Office suite) preferred. Ability to perform special skills (e.g., immunizations, pap smears, well child screening, etc.) is preferred. Willingness to travel to village clinics a must. If interested, please submit a resume and cover letter to Yukon Kuskokwim Health Corporation, Attention: Dana L. Hall, Box 528, Bethel, AK 99559-0528; telephone (907) 543-6131; fax (907) 543-6143; e-mail dana_hall@ykhc.org

Physician Assistant, Nurse Practitioner, or Physician
Yukon Kuskokwim Health Corporation; Bethel, Alaska

The Yukon Kuskokwim Health Corporation is looking for a full time registered nurse eligible for licensure in the State of Alaska to join our Community Health and Wellness team as Diabetes Education RN. Responsibilities include planning, organizing, and coordinating diabetes related health promotion activities, maintaining the diabetes registry, providing care management, and building sustainable systems through Health Aide training and community mini-grants. Located in the culturally rich Yukon-Kuskokwim Delta of Southeast Alaska, we support a staff of 190 Community Health Aides and 48 clinics. Completion of a program of education in nursing from an accredited school of nursing, two years of health care experience in a cross-cultural setting, data management skills, and strong oral/written communication skills required. Certified Diabetes Educator (CDE), case management skills, diabetes registry experience, and data base management skills preferred. Willingness to travel to village in small planes a must. If interested please submit a resume and cover letter to Yukon Kuskokwim Health Corporation, Attention: Amber Norgaard, Box 528, Bethel, AK 99559-0528; telephone (907) 543-6131; fax (907) 543-6143; e-mail *amber_norgaard@ykhc.org*.

Physician
Southern Indian Health Council; Alpine, California

Seeking board certified family practice physician with interests in pediatrics, women's health, and addiction medicine to provide primary care at an outpatient rural clinic in east San Diego county serving American Indians and the general public. Medical directorship responsibility at a nearby youth residential treatment facility. Excellent benefits. Shared call coverage. No hospital work. Loan repayment possibilities. Send CV to Robert Sablove, MD, Medical Director, Southern Indian Health Council, P.O. Box 2128, Alpine, California 91903-2128; fax (619)445-0579; e-mail *rsablove@sihc.org*.



Update on Vaccine Supplies

Amy V. Groom, MPH, National Immunization Coordinator, Centers for Disease Control and Prevention/Indian Health Service, IHS National Epidemiology Program, Albuquerque, New Mexico

Td shortage

In December 2000, Wyeth Lederle announced that they would cease production of tetanus toxoid-containing products, leaving Aventis Pasteur as the sole producer of tetanus and diphtheria toxoids (Td) in the United States. Although they are operating at full capacity, Aventis Pasteur has been unable to meet the demand for these vaccines, resulting in a shortage of TT and Td vaccines that is expected to last until mid-2002. In response to this, the Centers for Disease Control and Prevention (CDC) issued a recommendation that routine adult and adolescent tetanus booster vaccinations be deferred until the shortage has been resolved, and that Td vaccination be limited to the following groups[1]:

1. Persons traveling to a country where the risk for diphtheria is high
2. Persons requiring tetanus vaccination for prophylaxis in wound management
3. Persons who have received <3 doses of any vaccine containing tetanus and diphtheria toxoids
4. Pregnant women who have not been vaccinated with Td during the preceding 10 years.

Aventis Pasteur has begun to further limit distribution of Td vaccine in order to ensure an equitable distribution of the existing supply. All orders for Td vaccine must be made directly through Aventis Pasteur, and distribution is limited to central locations such as hospitals, emergency rooms, and public health departments. Patients seen in other locations who meet the above criteria need to be referred to these sites for Td vaccination. In order to maintain an adequate supply of Td to cover the priority populations listed above, it is imperative that all health care facilities adhere to these recommendations and only provide Td to patients who meet one of these four criteria. Further information can be found at: *http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5020a8.htm*.

Although there were also concerns related to the supply of DTaP, the two manufacturers of DTaP vaccine state that they will have a sufficient supply over the next six months for providers to continue administering the 5-dose DTaP series as recommended by Advisory Committee on Immunization Practices (ACIP). The CDC is closely monitoring the situation, and is limiting state inventory of DTaP to thirty days in order to ensure equitable distribution of the vaccine.

Delay in Influenza Vaccine for 2001-2002

Although there will be more doses of influenza vaccine available this year, there will be a delay again in the distribution of the vaccine for the 2001-2002 influenza season. In October 2000, the ACIP released recommendations prioritizing populations for the receipt of influenza vaccine in the face of inadequate supplies.[2,3] These recommendations will remain in effect for the 2001-2002 influenza season, and the ACIP is currently drafting a supplement to these recommendations that will include further guidance on the targeting of influenza vaccine. To summarize, the current recommendations are as follows

1. High risk persons (as defined in previous recommendations) and health care workers should receive vaccination in September and October.
2. Providers should continue to vaccinate patients through December.
3. Workplace vaccination sites and mass immunization clinics should be deferred until late October/ November.

This information will be published in an upcoming issue of *The Morbidity and Mortality Weekly Review (MMWR)*. For the most recent information concerning the influenza vaccine supply, go to *www.cdc.gov/nip/flu*. Additional information and assistance is available through the IHS National Immunization Coordinator, Amy Groom, at telephone (505) 248-4226; or e-mail *amy.groom@mail.ihs.gov*; or contact your IHS Area Immunization Coordinator. □

References

1. CDC Deferral of routine booster doses of tetanus and diphtheria toxoids for adolescents and adults. *MMWR*.2001;50:418,427. *http ://www.cdc.gov/mmwr/preview/mmwrhtml/mm5020a8.htm.*
2. Notice to readers: Updated recommendations from the Advisory Committee on Immunization Practices in responses to delays in supply of influenza vaccine for the 2000-2001 season. *MMWR*. 2000;49:888-92. *http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4939a3.htm.*
3. Delayed supply of influenza vaccine and adjunct ACIP influenza vaccine recommendations for the 2000-2001 influenza season. *MMWR*. 2000;49:619-22. *http://www.cdc.gov/m mwr/preview/mmwrhtml/mm4927a4.htm.*

MEETINGS OF INTEREST

Should Government Cover Traditional Indian Medicine? September 7-8, 2001; Scottsdale, Arizona

The University of Arizona College of Medicine and the Indian Health Service Clinical Support Center (the accredited sponsor) will sponsor a conference exploring the question, "Should Government Cover Traditional Indian Medicine?" in Scottsdale, Arizona, in September, 2001. Risks, benefits, and obstacles to governmental third party (Medicaid, Medicare, Indian Health Service, Veterans Administration) payment to American Indian and Alaska Native practitioners will be discussed by an expert panel. The speakers will be leaders in governmental health care delivery and policy, American Indian and Alaska Native leaders and healers, and those who have first-hand experience with projects merging traditional healing with the biomedical health care system. The target audience includes heads of agencies responsible for American Indian and Alaskan Native health care delivery and policy, and medical system finance.

The IHS Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The IHS Clinical Support Center designates this continuing education activity for up to 13¾ hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation, and designates this activity for 16.5 contact hours for nurses.

For more information, contact Carol Goldtooth-Begay at the University of Arizona College of Medicine at (520) 318-7180; e-mail *mbegay@attglobal.net*; or contact Dr. Kris Olson at *krisog2@aol.com*. Registration is limited to 500 attendees

Working Together for Diabetes Prevention: Exploring the Benefits and Challenges of Participatory Research September 12-14, 2001; Gallup, New Mexico

On September 12-14, 2001 the National Diabetes Prevention Center Southwest will be sponsoring its third annual conference in Gallup, New Mexico.

The participatory approach to prevention research requires that researchers and communities collaborate as mutual partners throughout the research process — including planning, implementation, evaluation, dissemination of results, and deriving the resulting benefits. Anyone interested in networking and sharing experiences in diabetes prevention and participatory research should attend this conference. This may include physicians, nurses, pharmacists, nutritionists, health educators, community health representatives, tribal officials, community leaders, and students.

A series of pre-conference workshops will be offered on the morning of September 12th. These interactive workshops are designed to provide an opportunity for conference participants and invited consultants to come together and discuss the benefits and challenges of designing, implementing, and disseminating their community-based prevention research projects. If

you have specific questions you would like addressed in the areas of 1) project design, 2) project implementation, 3) evaluation, or 4) sharing your results, these workshops can be tailored to better meet your needs. Send a brief description of your research project and specific questions to: National Diabetes Prevention Center Southwest, 214 E. Nizhoni Blvd., Gallup, NM 87301, Attn: LaVern Mraz; e-mail *Lmraz@salud.unm.edu*; telephone (888) 590-NDPC or (505) 863-0166.

For more information on the conference and the Call for Abstracts, please visit the NDPC website "What's New" at *http://hsc.unm.edu/ndpc*, or contact Laura Kesselman at (505) 266-0552; e-mail *kessjones@aol.com*.

UCLA Intensive Course in Geriatric Medicine and Board Review
September 12-15, 2001; Marina Del Rey, California

This is an excellent comprehensive geriatrics review with faculty who are national leaders in the field. For more information about the conference contact the UCLA Multicampus Program in Geriatric Medicine and Gerontology, attn: Catarina de Carvalho. Telephone (310) 312-0531; fax (310) 312-0546; e-mail *cprata@ucla.edu*.

In past years UCLA has offered Indian health care providers a tuition discount. We will need to provide UCLA with the names of Indian health care providers who plan to attend. If you plan to attend this conference, please contact Bruce Finke, MD, IHS Elder Care Initiative, P. O. Box 467, Zuni, NM 87327; fax (505) 782-7405; e-mail *bfinke@albmail.albuquerque.ihs.gov*.

Geriatric Medicine for the Family Physician
September 13-16, 2001; Monterey, California

This American Academy of Family Practice course is designed as a comprehensive update in geriatric medicine. For more information contact the AAFP at (800) 944-0000 or by going to their website at *www.aafp.org*.

Third Annual Diabetes Management Conference: Type 2 Update
September 14-15, 2001; Mt. Pleasant, Michigan

Diabetes is an ever spreading problem in Native Americans and the U.S. in general. This conference is aimed at improving all health care providers' knowledge of current diabetes treatment, therefore improving quality of care and outcomes for clients. Physicians and nurses are invited, as well as allied health providers (such as pharmacists, physician assistants, nurse practitioners, diabetes and health educators, and pharmacy and dental technicians) and anyone else interested in learning more about diabetes.

Nimkee Memorial Wellness Center and the Saginaw Chippewa Indian Tribe are pleased to present this annual update. This conference will be held in mid-Michigan at the Soaring Eagle Casino and Resort. Registration will cover the costs of all presentations and materials, meals (dinner Friday, continental breakfast and lunch on Saturday), exhibits, and continuing education credits. Lodging is available at the four star Soaring Eagle Resort at a reduced rate for the conference. For a brochure or more information, please call (800) 225-8172, ext. 54683 or email *ssowmick@sagchip.org*.

A Woman's Journey Through Wellness — The Lifetime Path
Green Bay, Wisconsin; September 26-27, 2001

This is a conference designed for women who are health care professionals or health care consumers, and who are interested in lifetime wellness. It will be hosted by the Bemidji Area IHS, and will focus on spiritual, physical, emotional, and mental aspects of wellness in women of all ages. This two-day program is meant to be educational and fun. CEUs for some presentations may be available. For further information, contact either Lisa Cornelius at (218) 444-0471; e-mail *lisa.cornelius@mail.ihs.gov*; or Jenny Jenkins at (218) 444-0488; e-mail *jennifer.jenkins@mail.ihs.gov*, both at the Bemidji Area Office.

Palliative Care and End of Life Clinical Training
September 28 - October 2, 2001; Albuquerque, New Mexico

This is a five-day, intensive, practical, clinical conference on palliative care, pain management, and end-of-life care. The experience will support physicians and nurses for national certification in hospice and palliative medicine boards. Headquarters funding will support one clinical team (either tribal or IHS) from each IHS Area, such as a physician, a nurse, and a pharma-

cist or behavioral health provider (a total of three). The goal is to develop a provider team in each Area with palliative care and end-of-life care training as a resource for that Area. Those to participate will be chosen by the Area Chief Medical Officers by August 2001. Using Area funds to support travel and per diem, Areas may nominate additional teams to participate; however, the number of participants is limited. The IHS Clinical Support Center is the accredited sponsor.

The meeting will be held in Albuquerque, New Mexico. The training will be conducted by Dr. Robert Twycross, Director of the World Health Organization Collaborating Centre on Palliative Care and the Oxford International Centre for Palliative Care. For more information, contact Judith Kitzes, MD, MPH at (505) 248-4500; e-mail *judith.kitzes@mail.ihs.gov*.

Renal Disease in Racial and Ethnic Minority Groups October 19-20, 2001; Santa Fe, New Mexico

A meeting on Renal Disease in Racial and Ethnic Minority Groups will take place, under the auspices of the American Society of Nephrology and the International Society of Nephrology, at the Eldorado Hotel, Santa Fe, NM on October 19-20, 2001. The meeting will address the following topics in plenary session: 1) The current status of renal disease in minority groups around the world; 2) Pathophysiology and etiology of renal disease in these groups: genetic and environmental considerations; 3) Screening for renal disease in areas of high prevalence: methods of disease registration and prevention strategies; 4) Dialysis and renal transplantation; 5) Health economics, social considerations, role of governments and national and international funding agencies; and 6) Consensus statement development regarding future direction

For more information please contact Andrew S. Narva, MD, FACP, Indian Health Service Kidney Disease Program, 801 Vassar Drive, NE, Albuquerque, NM 87106; e-mail *anarva@albmail.albuquerque.ihs.gov*.

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 #784

Controversies in Gastrointestinal Disease *(60 minutes)* Physicians are often called upon to evaluate and manage patients with GI disorders such as non-cardiac chest pain, heartburn, esophagitis, and ulcers related to *H. pylori* infection. Because these conditions are so widespread, and have such a profound impact on patient functioning and quality of life, they account for a tremendous utilization of healthcare resources each year. In this video, the faculty explores the challenges of accurately diagnosing these conditions and developing initial and long-term treatment plans that are comprehensive, yet cost-effective. Case studies and an open-discussion format emphasize practical, realistic approaches that highlight the debates that continue to surround assessment and care.

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THE IHS PRIMARY CARE PROVIDER

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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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