

THE IHS PRIMARY CARE PROVIDER

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



June 2001

Volume 26, Number 6

Accuracy of Using RPMS Data for Measuring Pap Screening Rates

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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. The GPRA Pilot Study was designed to study whether or not data already contained in clinical components of RPMS (Resource and Patient Management System), IHS's healthcare information system, could be used to perform GPRA measurements with acceptable accuracy, thus reducing reporting burdens on Areas and local programs. To do this, the study was structured to allow us to compare manual reviews of a facility's paper charts with analyses using data contained within the RPMS. This article reports the results of the analysis of a performance measure to assess the Papanicolaou (Pap) screening rate at one of the study sites (a medium-sized facility that primarily delivers outpatient care).

Methods

In this study, a sample of 185 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) was selected at the identified facility using the PCC (Patient Care Component) application. We then gathered pertinent information from the Headquarters (HQ) ORYX system (demographics, date of visit, ICD diagnostic and procedure codes), on all visits for each of these patients during the nine month study time period, July 1, 1998 through March 31, 1999 (chosen for technical reasons related to the availability of exported data at HQ). A

detailed listing of these visits was provided to the manual chart reviewer.

The patients' charts were pulled and manually reviewed to determine if there was confirmed evidence of a Pap smear (an actual paper Pap report) during any visit during the study time period. The HQ data were then analyzed to determine if there was any indication in the ICD diagnostic and procedure codes that a Pap smear had been performed. In addition, a reviewer individually searched the PCC and Lab Package to determine if there was any indication in either that a Pap had been performed within the same time period. The determinations, using each of the four sources individually, of whether or not a Pap had been performed for each patient during the study time period, were then compared.

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Finally each patient's data were carefully reviewed and verified by an experienced clinician (in many instances the chart was re-reviewed) and a determination was made as to whether or not he believed there was credible evidence that a Pap had actually been performed. This was used as the gold standard and was termed in our results as "best available."

Results

The number of patients who had a Pap within the study period as determined by each of the methods as well as the gold standard review are shown in Table 1, and the number who would have been missed by each is shown in Table 2. Of note, the

Table 1. Number of denominator patients who had a Pap between 7/1/98 and 3/31/99 (Total # of Patients = 185)

Data Source	#	%
According to HQ database (using ICD diagnoses and procedure codes)	29	15.7%
According to chart reviews	50	27.0%
According to local Lab Pkg data	67	36.2%
According to PCC data (Qman search for Pap)	70	37.8%
According to best available data (verified data from any of the four sources)	69	37.3%

Table 2. Percentage of patients with Paps between 7/1/98 and 3/31/99 missed (or overcounted)

Data Source	#	%
HQ data (ICD diagnoses and procedure codes)	40	58.0%
Chart reviews	19	27.5%
Local Lab Package data	2	2.9%
Local PCC data (Qman search for Pap lab test)	-1	-1.4%

methods which best approximated the gold standard were PCC (overestimated the rate by 1.4%) and the Lab Package (underestimated the rate by 2.9%). PCC found 19 patients who had Paps who were not found by chart review. Sixteen had their Paps performed at outlying clinics that maintain separate charts, for one patient the paper report was missing from her chart, and two were "historical," Paps done at non-IHS sites. Two patients had Paps erroneously recorded in the PCC. The Lab Package and the chart review each identified one patient who had had a Pap that was not entered into PCC (the PCC visit for that lab test was erroneously deleted).

During our re-reviews, we found 8 Pap reports that were probably not in the chart at the time of the original review (the re-reviews were conducted over a year after the original chart reviews), but may have been missed in the original review. We chose to include these additional Paps in the numbers we report

for the results for the chart review method (enhancing the actual accuracy of that method) and thus for the comparisons with the other methods.

Using the Lab Package to identify patients who had had a Pap during the designated study period was found to be 97% sensitive and 100% specific (Table 3). PCC was found to be 99% sensitive and 98% specific (Table 4).

Conclusions

Our data showed that at this one facility both the PCC and the Lab Package are highly sensitive and specific sources for information on whether or not a Pap was performed. Our data also confirmed the information from a previous, related study on childhood obesity; chart reviews conducted just at this one facility and not including chart reviews at all chart-maintaining sites within this facility's service unit missed a significant number of Paps. In fact, even the "enhanced" chart reviews at this one facility alone underestimated the number of patients who actually did have a Pap within the designated study period by 28% (Table 2). Pragmatically, this has important implications for how we perform outcome measures for GPRA, ORYX, and other initiatives. Although we could consider just using the PCC or Lab Package as a "record locator" to identify all charts for the selected patients at the various chart-maintaining sites within a service unit (and beyond), all charts would then have to be manually reviewed, something that would likely be prohibitively resource intensive.

Limitations to the conclusions of this study include the fact 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 one facility with its specific circumstances (Lab Package implemented, outside Pap tests recorded in that Package) and only on the data elements and measure studied. Our study did not exhaustively search for Paps performed by outside healthcare

Table 3. Comparison of Lab Package record of Pap versus best available data

Lab Package Data	Best Available Data		Total
	Yes	No	
Yes	67	0	67
No	2	116	118
Total	69	116	185
Sensitivity			97.1%
Specificity			100.0%
Positive predictive value			100.0%
Negative predictive value			98.3%

Table 4. Comparison of PCC record of Pap versus best available data

PCC Data	Best Available Data		Total
	Yes	No	
Yes	68	2	70
No	1	114	115
Total	69	116	185
Sensitivity			98.6%
Specificity			98.3%
Positive predictive value			97.1%
Negative predictive value			99.1%

systems; we only were able to identify those outside Paps already noted in our various records systems. Finally, our manual chart reviewer looked for data in the paper chart with a PCC report in hand and her findings were enhanced by what we found during the re-reviews. Thus the chart review we used for comparison in this study likely overestimated to a significant degree what would have been the accuracy of a more typical manual chart review performed alone.

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 varied facilities.

Acknowledgements

The authors would like to thank Carol Schurz for her assistance in verifying data for this study, Lois Boyd for her assistance in entering the data into the computer, Danny Macias and Karen Carver, PhD, for their assistance in providing the HQ data, and Patricia Osborne and Shawn Tennyson for their assistance early during the study. □

University of Nebraska Medical Center College of Nursing Offers Master's Degree via Distance Learning to Nurses in Indian Country

The Health Systems Nurse Specialist (HSNS) program at the University of Nebraska Medical Center (UNMC) College of Nursing prepares nurses for advanced practice leadership positions in nursing. All HSNS courses are offered via distance delivery to nurses in their homes and communities. This delivery enables nurses to obtain their master's degree without leaving their employment positions.

The HSNS program is an innovative, population-based, systems-focused curriculum that prepares graduates with the knowledge and skills to work with communities and health care systems in delivering care to multiple populations. Special attention is given to develop critical thinking and cultural competence. HSNS is a proven curriculum that offers opportunity for nurses to specialize in one of three areas: community health nursing (CHN), nursing administration (NA), or nursing informatics (NI).

According to members of the Aberdeen Area Council of Nurse Administrators, the healthcare systems within Indian country need nurses with advanced practice leadership knowledge and skills in these specialty areas (CHN, NA, and NI). The UNMC College of Nursing faculty is coordinating with the Aberdeen Area Council to make information about the HSNS curriculum available to nurses through their Area.

The HSNS curriculum is available to both full time and part time students. Full time students usually complete the program in two years; part time students may take up to five years to complete the program. A post master's certificate is available for nurses who already have their MSN. Graduates meet course requirements to take certification exams in their specialty area

(CHN, NA, or NI).

Information about the HSNS master's program is available at www.unmc.edu/HSNS/; information about the UNMC community and the college of nursing is available at www.unmnc.edu. Inquiries about Native American scholarships and non-resident tuition waiver may be made to Dani Eveloff at (800) 626-8431, ext. 5184; e-mail develoff@unmc.edu. □



Dentist Use of the Internet

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Editor's note: Every effort was made to verify the accuracy of the website addresses and their descriptions. However, given the rapid change that characterizes the Internet, we cannot guarantee that every site is correct or current. We hope our readers will understand.

The Internet is rapidly transforming our economy, our society, and the Indian Health Service as an organization. Technology is changing day by day, making it very difficult for everyone to keep abreast of the latest developments taking place in the world around us. Staying ahead of this change will be a vital issue for everyone in the Public Health Service. For example, every week, two websites, www.FEDtechnology.com, and www.e.gov provide you with the latest developments, trends, and decisions that affect you and your career. The following article will offer some suggestions for everyone, and for dentists in particular about Internet sites that may be of interest.

For many dentists and other health care providers, the Internet has changed how information flows into and out of the office. Here are some of the interesting sites I have found that you might share with co-workers at your hospital or health care facility:

www.physiciansite.com, www.boardcertifieddocs.com, www.searchpoint.com. These groups do physician credentialing. As such, they can be a valuable source for gathering information about new or *locum tenens* doctors. There is no need for an individual trying to scramble and find copies of licenses, diplomas, or previous hospital privileges. All this information can often be obtained from these sites.

<http://www.apohealth.com/>, <http://www.e-dental.com/>, <http://www.dentaldepot.com/>, www.supplies.medsite.com. These sites are for on-line purchasing of medical and/or dental supplies.

www.eclaims.com, www.zirmed.com, www.dentrix.com. These sites file insurance claims over the Internet. It would be ideal if the receptionist could file these claims directly, instead of going through a separate billing

department. As a result there would be an increase in the number of billings, and an increase in revenue for each department.

Internet Health Care (<http://www.faulknergray.com/>), *Health Data Management* (www.hdm.fgray.com), and *Health Care Informatics* (<http://www.healthcare-informatics.com/>) are magazines dealing directly with issues in the e-health care world.

www.doody.com, www.quintpub.com. Each provide a list of dental and medical books for sale to health care providers.

www.accordant.com, www.lifemetrix.com. These sites offer advice about chronic disease management.

www.virtualmedicalgroup.com, www.cpri.org, www.riseinc.com. These sites provide patient records over the Internet. Many of our patients visit several Indian Health Service facilities and private hospitals throughout their lifetime. It would be nice if all their data could be compiled on just one health summary.



www.dental-locums.com, www.forestirons.com, www.mednational.com. Is your clinic looking for contract help? These sites are responsible for speeding and enhancing recruitment of physicians and dentists.

www.compaq.com/healthcare, www.coachorg.com/publications. Data Security for health information systems may be examined at these sites.

www.ditonline.com, www.axolotl.com. Check out drug interactions at either of these.

www.iscribe.com, www.palmdmd.com. Check the accuracy of your prescription on a palm pilot.

www.confer.com/11, www.firstdatabank.com. Software for case diagnosis. It would be ideal if there were a laptop computer in every operator to access this kind of information.

Specifically For The Dentist, Try These Sites

<http://www.nadl.org/>. This is a site for problems with your prosthetic lab cases.

www.dentalfear.org. Provides information to help your apprehensive patients.

www.oncology.com, www.quitsmoking.no-smoking.org, www.oralcancer.org. These are excellent sites for your tobacco cessation committee to review.

<http://www.nohic.nidcr.nih.gov/>. This is the National Oral Health Information Clearinghouse, a resource for patients with special needs.

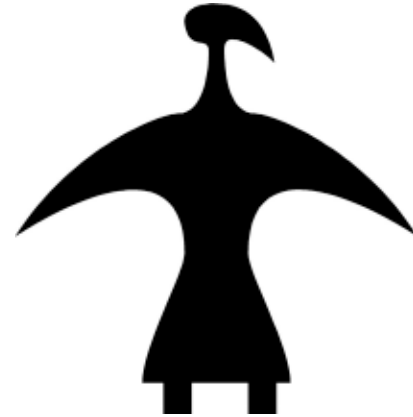
www.osap.org, www.osha.gov. OSAP and OSHA sites are concerned about infection control and safety issues for your practice.

www.braces.org. American Association of Orthodontists On-line. Orthodontists are now recommending initiating treatment at age seven years.

www.dentalstudents.com. A quick reference booklet for dental prescription writing published by University of Pacific Dental School every year in August.

www.andent.net. *The Dental Computer* newsletter is published quarterly. It reviews dental software and hardware.

www.ivanhoe.com. Medical breakthroughs found on Ivanhoe Broadcast News include some interesting



dental articles on treatment of canker sores and fighting cavities without fluoride.

www.prsdentaltravel.com. Visit here to see how you can combine continuing education and overseas travel with friends and family.

www.dentist.ch. This is the site for the Swiss Society for Computer Assisted Dentistry. Interact with your foreign colleagues in a study club.

www.dentalce.umn.edu. The University of Minnesota Dental School. You can register on-line for their CE courses. They also have a CD-ROM on the skull to help you refresh your anatomy.

www.dentaleditors.org. The American Association of Dental Editors.

www.webdental.com. Dental database; the world's premiere dental resources from a directory of dentists to do research on a topic.

www.dentaltown.com. An on-line community of dental professionals helping each other with today's new technology and materials.

www.adsahome.org. American Dental Society of Anesthesiology. Meetings, articles, and patient information on nitrous oxide, conscious sedation, and pharmacology.

<http://fluoride.oralhealth.org>. National Center for Fluoride Policy and Research. Publisher of an on-line fluoride newsletter.

www.pitt.edu/~aaphd. American Association of Public Health Dentistry.

www.iadr.com. International Association of Dental Research and International Conference of Oral Biology.

www.icd.org. International College of Dentists. A non-profit organization providing funding for and organization of international dental projects.

www.fdi.org.uk. World Dental Federation. Provides WHO oral health profiles by country and publishes a monthly International Dental Journal. They represent over 700,000 dentist worldwide.

www.ydw.org. The Young Dentist Worldwide. To promote the needs and interests of dentists out of dental school less than 12 years.

www.odont.ku.dk. Multimedia learning in odontology from the School of Dentistry, University of Copenhagen, Denmark.

<http://www.ihs.ox.ac.uk/cebd>. Evidence based dentistry is being used by more and more insurance companies to justify payment of treatments of dental care.

<http://www.dundee.ac.uk/eadph>. The EADPH (European Association of Dental Public Health) publishes a

quarterly journal with the British Association for the study of Community Dentistry called "Community Dental Health."

www.derweb.co.uk/bscd/bsjour.html. British Society for Computer Associated Learning. Promotes development of computer assisted learning in dentistry through publication of dental educational software.

<http://www.dentalmuseum.umaryland.edu/>. On your next trip to Rockville, Maryland, why not visit the National Museum of Dentistry in Baltimore.

www.communident.com. Dental patient education and motivational multimedia materials.

www.currentdentistry.com. Canadian dentist website with continuing dental education credit from "Current Practice" newsletter.

www.mymedline.com/dent. DENTAL GATE is a time saving custom MEDLINE search tool for dentistry. Incidentally in Pub Med of MEDLINE there is Journal Browsers link where you can access a list of dental journals and their publishing company's home page; the address is <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>.

www.laserdentistry.org. The Academy of Laser Dentistry.

www.artoral.be. *Dental Portfolio*, an oral pathology atlas from Belgium.

www.e-dental.com/store/display-books.asp. A 5-minute consultation on dental diseases.

www.newmentor.com. New Mentor Series of endodontics treatment.

www.ada.org/adapco/adapco.html. Monthly dental journal from the American Dental Association. Issues from 1990 to 1998.

www.nohic.nidcr.nih.gov/forms/fullreport.html. The Surgeon General's report on oral health.

www.brooks.af.mil/dis/aboutdis.htm. Dental Investigation Service. The military's evaluation of dental products. This CD-ROM is mailed three times a year.

nnd40.med.navy.mil/ndsbethesda. Naval postgraduate dental school website. Also lists US Army and USAF sponsored CE.



www.healthstreet.com. Is your clinic looking to contract with a local dental specialist or general dentist? This site will provide a list of providers in your area.

www.dentistrytv.com/dtc/default.asp. The Dentistry Channel offers continuing dental education via satellite and videotapes.

www.healthstudies.com. Continuing medical and dental education via correspondence.

www.dentalhealth.org.uk. Try this site if you are looking for tooth beanie babies.

www.webmd.com. Web MD merged with The Health Network. They have a lot of interesting dental articles.

www.dentalbytes.com. *Dental Bytes* is a monthly on-line dental magazine.

www.dentistryonline.com. Dentistry on Line offers free web pages to dentists.

www.dentaladvisor.com, www.cranews.com. Dental advisor and CRA news. These sites both offer reviews on new products.

www.dentalproducts.net. Offers articles and advertisements on new dental equipment and materials.

www.dentaldigest.com. Dental Therapeutics Digest, Dental Materials Digest, Dental Digest Yellow Pages, and Dental Implant Surgical Digest are all found at this site.

One organization geared toward the computerization of dental and medical offices is the American Medical Informatics Society. They have a Dental Informatics Special Interest group that publishes a newsletter called *Megabit e*. Check out their site at <http://www.amia.org/search/fsearch.html>.

There are two books published on the subject of dental information systems. They are *Global Village of Dentistry: Internet, Intranet, and On-line Services for Dental Professionals*, and *Dental Informatics*. There are reviews of both books on www.amazon.com; check the site if you are interested in purchasing them for your facility.

For many people, Yahoo is a favorite search engine, but it may cover only 30% of what's actually on the web. Try using meta-search engines like DOGPILE (www.dogpile.com), GOOGLE (www.google.com), or others at www.mygo.com, www.search.org, www.askjeaves.com, or www.gogettem.com, each of which can give you the results of 10 to 20 search engines. The amounts of information are limitless. There is also a site called All in One Search (www.allonsearch.com), where 500 engines are searching at one time.

This is just a sample of things on the World Wide Web. Last May, I attended an e-healthcare conference in Las Vegas, Nevada, and in one presentation, the speaker reported that only 18% of the dentist in the United States use the Internet and/or e-mail in their practice. We should all try to incorporate these tools into our practice. The next International Conference on Computer Applications in the Dental Practice will be held in San Antonio, Texas, in November 2001. Look at this web site, www.mds.qmw.ac.uk/cdentcare/conf3.html#NEXTTC, for more information and summaries of abstracts from the 1999 meeting in London. Perhaps more dentists will get involved in this expanding and evolving field. The Internet is changing everything. □



THREE DAY TRAINING ON FETAL ALCOHOL SYNDROME

University of Washington School of Medicine

Training Session Dates: August 22-24, 2001

Cosponsored by the UW Fetal Alcohol and Drug Unit;
the UW FAS Diagnostic and Prevention Network; and
the Indian Health Service

Eligibility: Ten service providers working with Native Americans will be selected by the IHS Headquarters in Rockville, MD. The training session is open to professionals (physicians, psychiatrists, psychologists, social workers, nurses, teachers, CHNs, chemical dependency counselors, lawyers, judges, etc.), as well as advocates and parent activists. Costs for registration, lodging for 4 nights and most meals will be paid by the UW Fetal Alcohol and Drug Unit through a contract with the IHS. Transportation will be provided to and from the hotel to the different training sites each day. Costs for travel to and from Seattle, airport transfers, and some meals are the responsibility of the participants or their organizations.

Curriculum: This small group training session involves interacting closely with the other trainees, as well as with the training faculty. Participants should plan to attend all three full days of the training session, including hosted meals, and should plan to stay all four nights at the designated training hotel in order to facilitate group collaboration.

1. Day 1 at the Fetal Alcohol and Drug Unit: Preventing and overcoming secondary disabilities in people with FAS and FAE across the lifespan.
2. Day 2 at the Parent-Child Assistant Program: Preventing FAS with the Birth to 3 Advocacy Model for working with very high-risk mothers and their families.
3. Day 3 at the FAS Clinic: Demonstration of interdisciplinary FAS Diagnostic Clinic and relevance for community interventions, patient advocacy, and prevention.

The Faculty: Ann Streissguth, PhD; Kieran O'Malley, MB; Theresa Grant, PhD; Sterling Clarren, MD; and others from the Fetal Alcohol and Drug Unit and the FAS Diagnostic and Prevention Network.

Application: Send a letter of application (one page or less) providing a description of your past experience related to FAS and your plans for the utilization of this training in Native American Communities. Please fax this to Dr. Echohawk at (301) 480-2151 or e-mail it to mechohaw@hqe.ihs.gov. The mailing address is:

Marlene Echohawk, PhD, Project Officer
Health Science Administrator
Alcoholism and Substance Abuse Program
IHS-ASAPB, Suite 605
12300 Twinbrook Metro Plaza
Rockville, Maryland 20852
Telephone (301) 443-2589

Deadline for application: Friday, July 27, 2001

Family Practice Residency in Indian Health

The Seattle Indian Health Board (SIHB) offers a three-year physician residency in family medicine at their Seattle, Washington location. Graduates are eligible to take the National Boards in Family Medicine.

Affiliated with the nationally acclaimed Swedish at Providence Family Medicine Residency, in-hospital training is attained at the Swedish/Providence hospital campus, and outpatient/continuity service is at the SIHB clinic located just one mile from the hospital.

Three Indian physicians are included in the SIHB faculty, consisting of four family practice physicians and one pediatrician. All are board certified in their disciplines. The curriculum includes an orientation to traditional Indian medicine and work in alcohol and substance abuse services.

Founded in 1970, the SIHB is a JCAHO accredited community health center providing medical, dental, mental health, residential and outpatient substance abuse treatment, and outreach services to a large, multi-tribal Indian community. The clinical programs are supported by a state-licensed pharmacy, a CLIA-approved laboratory, and a large WIC program. In addition, the SIHB houses the Urban Indian Health Institute, a division devoted to research and surveillance of health conditions effecting urban Indians across the nation.

For more information, contact Shannon Wiegand, MD, Residency Site Director by e-mail at shannonw@sihb.org; or Robin Snyder, Coordinator by e-mail at robins@sihb.org; telephone (206) 324-9360 extension 2619. □



Kids Into Nursing Website

Long term solutions to the nursing shortage begin with making children aware of nursing as a possible career. However, young people are hard to reach. The University of Nebraska Medical Center (UNMC) College of Nursing Health Systems Nurse Specialist (HSNS) curriculum project, recently funded by the Division of Nursing, U.S. Department of Health and Human Services, has a long range goal to interest school age youth in nursing as a career. A website targeting elementary and teenage youth is now on line.

An added bonus to developing the site has been the opportunity to have several middle school students evaluate it. Most

of the “student evaluators” are participants in a UNMC campus-wide “Kids into Health Careers Program.” Their only exposure to nursing as a career through this program occurs with this website experience. In addition to learning about multiple career possibilities in nursing, the suggestions and comments of the students have been useful in refining the website content.

If you know young people who need to be exposed to the opportunities provided by a career in nursing, ask them to check out http://www.unmc.edu/HSNS/kids_into_nursing/Default.htm. Besides factual information, there are interactive activities including games and quizzes. □

*Postgraduate
Course on
Obstetric,
Neonatal, and
Gynecologic Care*

*September 9 - 13, 2001
Denver*

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)

Name _____
Last
First

PA
 CNM
 MD/DO
 RN
 NP
 Other _____
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.**

MEETINGS OF INTEREST

2001 IHS Information Technology and Program Support Conference

July 9-12, 2001; Albuquerque, New Mexico

The Annual IHS Technology Conference is scheduled for July 9-12, 2001 at the Hilton Hotel in Albuquerque, New Mexico. The theme of the conference is “e-Health, HIPAA, Strategic Partnerships and More.” IHS staff, tribal representatives, “638” tribes, and staff from Federal/state programs and the private sector are invited to a forum where the latest developments in technology will be demonstrated, and roundtable discussions and meetings will be held on the objectives of and concerns about information system policies and issues that affect Indian health.

The clinical track, designed especially for clinical providers, is scheduled from 8 am on July 11 until noon on July 12. These clinical sessions will focus on current and future technological applications, including PCC Plus, electronic disease reporting, graphical user interfaces, and emerging technologies. In addition, there will be sessions on data quality, diabetes program technology tools, and public health performance instruments. The IHS Clinical Support Center is the accredited sponsor. Additional information is available on the IHS web page at www.ihs.gov/EventsHappenings/Conferences/IHSTechConferences/TechConf2001/index.cfm.

American Indian Kidney Conference

July 11-13, 2001; Oklahoma City, Oklahoma

The National Kidney Foundation of Oklahoma and the Oklahoma American Indian Kidney Council will sponsor this second annual conference to be held at the Clarion Meridian Hotel and

Convention Center in July 2001. Information on prevention of hypertension, diabetes, and kidney disease and coping with kidney disease will be provided over the three days. The target audience included patients and their families, community health providers, medical professionals, and tribal leaders. The IHS Clinical Support Center is the accredited sponsor. For more information, contact Jo Ann Holland, RD, CDE, at the Lawton Indian Hospital, Lawton, Oklahoma; phone (580) 353-0350, extension 560.

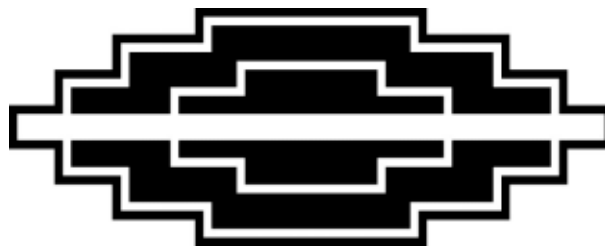
IHS Patient Education Conference

July 23-27, 2001; Cherokee, North Carolina

This conference is for all health care providers, including Medical Records, Quality Assurance, and Business Office staffs. The goals of this meeting are:

- Improved documentation of the patient education that is being provided by all providers;
- Improved documentation and coding of the patient education provided in order to better meet JCAHO standards;
- To assist facilities to increase reimbursement for patient education.

Presentations during the 3-day meeting will include empowerment of clients with chronic diseases, diabetes, or substance abuse disorders (and the subsequent documentation and coding of the patient education given); hands-on practice of documentation and coding; and presentations on meeting the JCAHO Patient and Family Education Standards, such as those for cultural and religious practices. For more information, contact any of the following IHS staff via e-mail or telephone: Becky



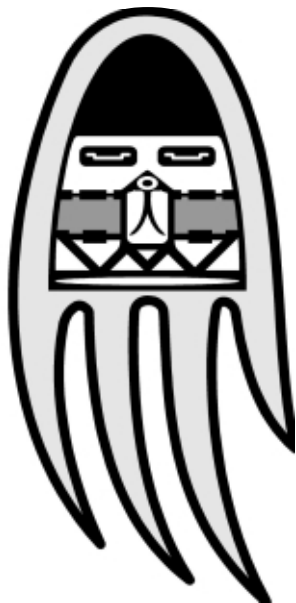
Grizzle, Zuni; Linda Lucke, Blackfeet; Joann Holland, Lawton; Willadine Hughes, Whiteriver; Wanda Lambert, Cherokee; Margaret Bolte, Yakama; Mary Ann Cook, Red Lake; or Mary Wachacha, Nashville, telephone (615) 467-1533.

The Winds Of Change, Faces Of Change, Challenges In Public Health Nursing **August 20-24, 2001; Albuquerque, New Mexico**

This Indian Health Service public health nursing specialty training conference will be held at the Sheraton Uptown Hotel in Albuquerque, NM. It is sponsored by the Albuquerque Area Indian Health Service and the Navajo Area Indian Health Service Office of Public Health Nursing. The Indian Health Service Clinical Support Center will be the accredited sponsor of this meeting.

Public health nurses from all Indian Health Service and tribal programs are invited to participate. The curriculum will focus on the "scope of work" within public health nursing, with an overview of the fundamentals of public and community health. Topics include immunization and infectious disease updates, domestic violence, renal disease, childhood obesity, fundamentals of public health practice, and improving community health care through home visitation.

For registration information please contact Jim Sutton, PHN, Jicarilla Service Unit, P. O. Box 187, Dulce, New Mexico 87528; telephone (505) 759-3291, ext. 245; fax (505) 759-9292; or e-mail jsutton@albmail.albuquerque.ihs.gov. The agenda will be available by late May 2001.



Third Annual American Indian Elders Conference **August 22-24, 2001; Oklahoma City, Oklahoma**

The Oklahoma Elder Care Planning Team announces the Third Annual American Indian Elders Conference entitled "Many Faces of American Indian Elders," to be presented in Oklahoma City, Oklahoma. Two goals of this conference are to emphasize healthcare for American Indian Elders and increase the attendance of participants. The target audience includes consumers (elders) and health care providers (nurses, physicians, midlevel providers, social workers, community health workers, etc.).

The meeting will cover a variety of topics such as nutrition, diabetes, pain management, cancer, dementia, exercise/Tai Chi Chuan, end-of-life care, and much more. Partners planning this conference include the Lawton Indian Hospital, Wewoka Indian Health Center, Oklahoma City Area IHS, Southwest Oklahoma Area Health Education Center, American Cancer Society, Association of American Indian Physicians, State Department of Health, Chickasaw Nation, Cherokee Nation, Cheyenne and Arapaho Tribes and the Seminole Nation.

The meeting will be held at the Clarion Meridian Hotel and Convention Center, 737 South Meridian in Oklahoma City. Mark your calendars early! Brochures will be available in June. For more information, contact Mary Jac Rauh, Cameron University at SwOKAHEC (580) 581-2284, e-mail maryjacr@cameron.edu; or Carolyn Whitecloud at (405) 951-3716, or toll-free (888) 843-2591, ext. 3716.

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 healers will be discussed by experts 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 delivery of or payment or policy for health care delivery to American Indians and Alaska Natives; and traditional healers.

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The IHS Clinical Support Center designates this continuing education activity for up to 13½ 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 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 Pre-

vention 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.

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 pharmacist 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.



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 Registered Nurse Anesthetist or Anesthesiologist Claremore, Oklahoma

The Claremore PHS Indian Hospital is seeking a certified registered nurse anesthetist or an anesthesiologist. This is a full-time position in a three member department covering two operating rooms. Night call is taken from your home and does not involve trauma or a labor epidural service. Anesthetics are provided for a wide range of both inpatient and outpatient services including general surgery, OB/Gyn, dentistry, and podiatry.

Claremore is a rapidly growing community near a major metropolitan area (Tulsa) with convenient access to scenic recreational and cultural opportunities. A warm climate and a

relaxed practice with congenial staff make this an attractive salaried position.

Send CV to Paul Mobley, DO, Clinical Director, Claremore PHS Indian Hospital, 101 South Moore, Claremore, Oklahoma 74017-509; telephone (918) 342-6433; fax (918) 342-6517.

Physician Dentist Nimiipuu Health; Lapwai, Idaho

We are located in beautiful northern Idaho near the confluence of the Snake and Clearwater rivers, an area rich in history, natural beauty, and amiable communities; outdoor recreational activities are a way of life. Consider employment with Nimiipuu Health, with our family friendly work hours and excellent benefits; moving allowance and loan repayment are also available.

The following positions are open until filled: a physician (family practice or internal medicine) located at our Lapwai, Idaho facility; a part-time dentist located at our Kamiah, Idaho facility; and a full-time dentist, located at our Kamiah, Idaho facility. Please submit a CV with application to Nimiipuu Health, Human Resources, P. O. Drawer 367, Lapwai, Idaho 83540. Telephone (208) 843-2272, ext. 2564 for more information or for information. Indian preference applies.





Change of Address or Request for New Subscription Form

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

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THE IHS PRIMARY CARE PROVIDER



THE PROVIDER is published monthly by the Indian Health Service Clinical Support Center (CSC). Telephone: (602) 364-7777; Fax: (602) 364-7788; e-mail: the.provider@phx.ihc.gov. Previous issues of THE PROVIDER (beginning with the February 1994 issue) can be found at the CSC home page, www.csc.ihc.gov.

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

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

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

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

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