

2011 Annual Report

Nashville Area Indian Health Service



In Loving Memory...

Charlene Willis Billie

January 21, 1957 – September 8, 2011



Charlene Willis Billie was born on January 21, 1957, to Grady and Pearl Hickman Willis, at the old Indian Health Hospital in Philadelphia, Mississippi. She attended Choctaw Central High School from 1973–1976. She attended East Central Vocational Training at Pearl River in 1983–1984. She lived in Fort Polk, Louisiana from 1977–1978. Charlene returned to the Pearl River community to be employed by the Mississippi Band of Choctaw Indians from 1978–1983 as a secretary for the Property and Supply Department. In June 1976 she married Mr. Larry Billie, a Nashville Area Office IT Specialist. She and Larry were married for 35 years. She is survived by her husband, two daughters and 10 grandchildren.

Charlene moved to Nashville, Tennessee in 1984 to work as a secretary for the Indian Health Service. She served the Nashville Area Office with honor and dedication for over 27 years.



NASHVILLE AREA INDIAN HEALTH SERVICE

711 Stewarts Ferry Pike
 Nashville, Tennessee 37214
 (615) 467-1500 • (866) 447-6261
www.ihs.gov/Nashville
www.facebook.com/IHSNAO

In partnership with American Indian and Alaska Native peoples,

Our Mission...

Raise the physical, mental, social and spiritual health of American Indian and Alaska Natives to the highest level.

Our Goal...

Assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation...

Uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures and to honoring and protect the inherent sovereign rights of Tribes.

Table of Contents

Executive Summary	
Area Director	5
Deputy Area Director	6
Chief Medical Officer	7
Director's Award Winners	8
Meeting IHS Priorities	
Renew and strengthen our partnership with Tribes.	9
Reform the Indian Health Service.	15
Improve the quality of and access to care.. . . .	21
Make all our work accountable, transparent, fair and inclusive.	27
Improve Customer Service.	37
Division Summaries	
Catawba Service Unit	41
Mashpee Wampanoag Health Service Unit	45
Micmac Service Unit.	47
Unity Healing Center	51
Tribal Activities (OTA).	53
Chief Medical Officer (CMO)	55
Public Health (OPH).	57
Environmental Health & Engineering (OEHE)	63
Extramural Awards & Agreements (DEAA).	71
Information Resources Management (DIRM)	73
Technical Support (DTS)	77
Financial Management (DFM)	81
Who We Serve	
Area Map	83
Area Tribes, Nations & Partners.	84
Urban Indian Health Programs	89
Federal Direct Care Service Units	90
Executive Staff Bios	91
Acronym Glossary	97
Contact List.	99



Area Director



*Martha Ketcher, MBA, HCM
Acting Area Director*



2010 IHS Director's Award Recipient

The Nashville Area Indian Health Service, the most geographically diverse Area within the Indian Health Service (IHS), has as its top priority delivering the highest quality health care to the Native Americans we serve. In our pursuit of promoting delivery of quality health care to the 29 Tribes/Nations and 52,000 Native Americans we serve, we have embarked on new technologies such as tele-health (tele-psychiatry and tele-dermatology), the electronic health record, Facebook, and a completely revised Nashville Area website (www.ihs.gov/Nashville). We also helped promote increased access to the high quality health care that is being provided throughout the Area, first by opening a new federally-operated comprehensive outpatient facility in Massachusetts, followed by expanding Contract Health Service (CHS) priorities to allow patients to seek advanced specialty care (resulting in a 47% increase in services provided through CHS).

We have aligned our projects and initiatives with our Agency missions and priorities to ensure success and promote the IHS mission *“to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.”*

Our Agency priorities, upon which our work is based, are as follows:

1. To renew and strengthen our partnership with Tribes.
2. To bring reform to IHS.
3. To improve the quality of and access to care.
4. To make all of our work transparent, accountable, fair and inclusive.

Our commitment to renew and strengthen our partnerships with Tribes include the housing of a new CHS program for the Tuscarora Nation of New York, staffing of the health clinic in Massachusetts, and partnering with the United South and Eastern Tribes (USET) to expand the knowledge of the Indian Health Care Improvement Act (IHCA) Re-Authorization. To address the second Agency priority to bring reform to the IHS, we have worked to reduce the hiring time of federal hires, promoting improved recruitment and retention of quality healthcare providers and administrators. We have improved the quality of and access to care with the expansion of CHS priorities from Level I (emergency, “life or limb”) services to Level III services, allowing patients to undergo surgical procedures, receive eyeglasses and advanced dentistry services. We have also addressed this Agency priority through an emphasis on ensuring federal suitability for health care providers through validation of Office of the Inspector General (OIG) exclusion lists. Finally, to make our work transparent, accountable, fair, and inclusive, we publish this annual report and provide periodic updates to both our internal and external customers.

We hope you find our 2011 Annual Report both informative and beneficial. We welcome any feedback you may have. On behalf of all of the staff of the Nashville Area Indian Health Service, I would like to thank you for your support of our programs in 2011, and we look forward to another great year in 2012!

Deputy Area Director

In 2011, Dr. Tim Ricks served as the Acting Deputy Area Director until August, when Captain Scott Helgeson took over the role. The role of the Deputy Area Director is multi-faceted—in addition to overseeing the day-to-day activities of the Area Office operating divisions, the Deputy Area Director also assists in budget formulation, process improvement, and enacting the vision of the Area Director.

To improve transparency and accountability, in 2011 the Acting Deputy Directors:

1. Developed a SharePoint site to store critical management documents such as meeting agendas, action items, project reports, and division and service unit accountability dashboards
2. Developed and helped distribute the 2010 Nashville Area Annual Report, the first such report from the Area in several years
3. Developed a Critical Functions Matrix to inform staff of critical Area functions, primary and backup personnel who carry out those functions, and where additional cross-training is needed
4. Developed a 30-page Commonly Used Acronym directory to improve communications both internally and externally to our customers
5. Developed standard performance plan measures for all Area IHS staff, to promote accountability, transparency, innovation, and creativity.

The Acting Deputy Area Directors were also involved in improving business processes within the Area Office including:

1. Developed an employee orientation checklist for new employees
2. Developed and distributed a “Welcome to the Nashville Area” presentation to orient both guests and new employees to the operations of the Nashville Area
3. Created an emergency contact list for division directors and senior leaders of the Area
4. Oversaw “Frequently Asked Question” fact sheets on GovTrip authorizations and vouchers, use of IT equipment, travel, and computer maintenance, all designed to better inform customers of these issues to reduce confusion
5. Oversaw the Policy Review Team, designed to improve and standardize policies and procedures in the Nashville Area.

Other activities designed to streamline efficiency of operations included development of standardized meeting agendas, creation of a funding modification tracking form to reduce delays in providing contract modifications to Area Tribes, and oversight of a management team reviewing all Area operations in anticipation of a 2012 review by the IHS.

Most importantly, the Acting Deputy Area Directors were involved in the development and analysis of the 2010 Customer Satisfaction Survey for the Nashville Area. This survey, sent out to both internal and external customers, provided great feedback to the Nashville Area on current activities while at the same time providing a roadmap to improving customer service and delivery of high quality services to the Tribes we serve in the future. Customer service, through improving transparency and accountability, improving business processes, and improving and maximizing efficiency of operations were the cornerstone of our activities in 2011 and will continue to be at the forefront in 2012.

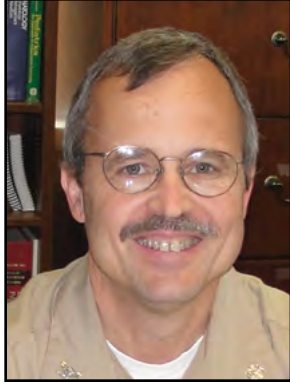


Captain Scott Helgeson
Acting Deputy Area Director
September 2011–present



Captain Tim Ricks, DMD, MPH
Acting Deputy Area Director
May 2010–August 2011

Chief Medical Officer



Captain Harry Brown, MD
Chief Medical Officer

The Nashville Area Office of Public Health fully supports the mission of the Indian Health Service to raise the physical, mental, spiritual, and social health of American Indian and Alaska Native people to the highest level by providing clinical expertise and consultation to the 29 Tribes in the Nashville Area.

This past year saw site visits to nearly all the Tribes in the Nashville Area by members of the Office of Public Health to provide direct assistance to their clinical programs. Whether it was nursing, dental, medical, behavioral health, pharmacy, health statistics, or Meaningful Use of the Electronic Health Record, the Nashville Area Office of Public Health was always available to help our Tribes meet their goals of providing top quality health care. There were nine facilities in the country that met all 21 GPRC clinical indicators in 2011; four of those nine were in the Nashville Area (Catawba, Micmac, Oneida, and Passamaquoddy Indian Township). This clearly shows the dedication of the Nashville Area Office of Public Health to seeing that quality of healthcare is a priority.

One of the many services that the Office of Public Health provides is continuing professional education; this past year there were conferences held for dental, behavioral health/substance abuse, and medical providers in the Nashville Area.

Another focus of the Office of Public Health has been continuous quality improvement. The Nashville Area Improvement Support Team has provided support to the seven Nashville Area sites that were participating in the Indian Health Service Improving Patient Care (IPC-3) initiative.

In the coming year the Nashville Area Office of Public Health will continue to focus on providing the best clinical consultation to our Tribes to help them continue to make strides in improving health care and the patient's experience of that care.

IHS Director's Award Winners

Five Nashville Area employees and teams were recognized for their exemplary performance and dedication to the mission of the Indian Health Service: RADM Richie Grinnell received the Public Health Service Meritorious Service Medal for his continuous period of leadership in the Nashville Area; Gina Blackfox received a Customer Service Award on behalf of the Nashville Area Office First Impressions Team for their efforts in improving customer service in the Nashville Area; Martha Ketcher received an Award for Excellence for her leadership and dedication to the Nashville Area; LCDR Tonya Cornwell received a Service Award for her service as Acting Chief Executive Officer for the Catawba Service Unit; and LCDR Allen Bollinger received the Project TRANSAM Team Award on behalf of the TRANSAM Team for their continued efforts in transferring assets throughout Indian Country.

They received their awards at the 2010 IHS Director's Award Ceremony on June 29, 2011 at the National Museum of the American Indian (NMAI) in Washington, DC.



2011 IHS Director's Award Winners, from left: Former Nashville Area Director and current Albuquerque Area Director RADM Richie Grinnell, Nashville Area Division of Technical Support Director Gina Blackfox, Nashville Acting Area Director Martha Ketcher, Catawba Service Unit Chief Executive Officer LCDR Tonya Cornwell and TRANSAM Coordinator LCDR Allen Bollinger.

Renew and strengthen our partnership with tribes.

PRIORITY ONE: RENEW AND STRENGTHEN OUR PARTNERSHIP WITH TRIBES.

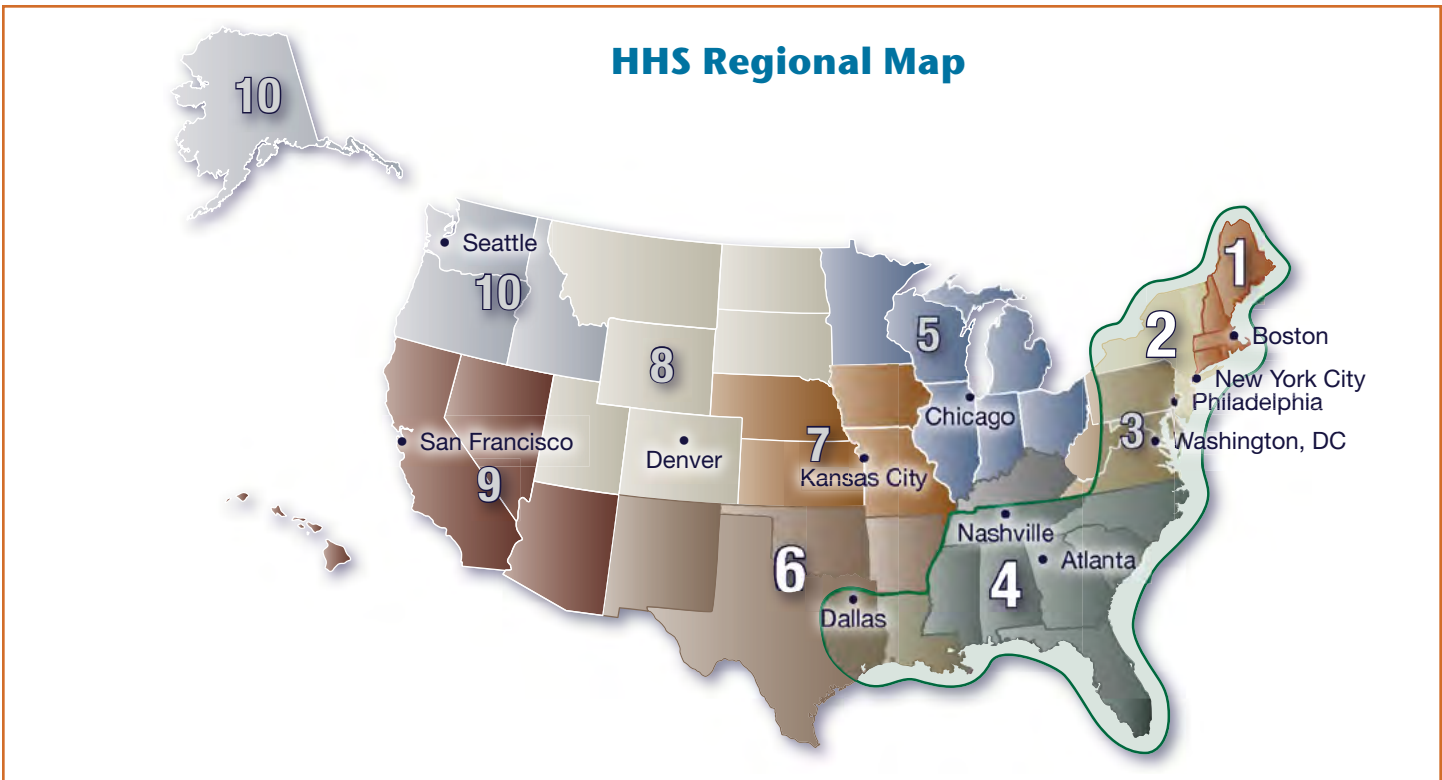
Renewing and strengthening our partnership with Area Tribes was achieved through multiple Tribal consultation sessions at the Area, regional and agency levels, advancing partnerships with United South and Eastern Tribes (USET), supporting newly federally recognized Tribes, and assuring Tribal participation in the budget formulation process. Leadership and multiple staff members attended, presented updates and received consultation from our Area Tribes at three annual meetings of USET. In addition, partnerships with USET were advanced in the areas of Electronic Health Record (EHR)—supporting Meaningful Use (MU)—as well as operation and maintenance of Tribal sanitation facility utility systems. For the second straight year, the Nashville Area and USET organized a Tribal Utility Sustainability Summit which brought together 130 Tribal utility professionals to share best practices and receive training that will be used to maintain operator certification.



From left: Former Nashville Area Director and current Albuquerque Area Director RADM Richie Grinnell, Nashville Acting Area Director Martha Ketcher and IHS Director Dr. Yvette Robideaux at USET Annual Meeting & Expo in Choctaw, Mississippi.

Consultation

Consultation was completed on a revised Area policy implementing the Sanitation Deficiency System (SDS). The revised policy successfully incorporated Tribal concerns, provided additional guidance in areas that were previously vague, and established a higher threshold for required planning documents supporting projects entered into SDS. The consultation process also identified a proposed change where no Tribal consensus was achieved and thus was not carried through to the final policy. In January, the Nashville Area hosted a Tribal Consultation session on Centrally Paid Expenses (Assessments) and Public Law (PL) 86-121 Project Funding Agreements. These issues were elevated as issues of concern by our PL 93-638 Title I and Title V Tribes. The Nashville Area has now begun negotiating the associated assessment line item costs into buyback agreements. In February, the Nashville Area hosted a Listening Session with the Office of Information Technology (OIT) and several Nashville Area Tribes. During this session, Tribal staff shared many creative ideas for ways to structure the Headquarters OIT shares for maximum participation and benefit by the Tribes. The Nashville Area has continued working with OIT staff to identify various follow up activities, share further Tribal staff comments, and create a timeline for further consultation.



The Nashville Area collaborates with multiple HHS Regional Partners. (Adapted from the HHS Regional Office Map.)

Advancing Partnerships

In April, the Nashville Area hosted the IHS Director’s Listening Session with 12 Tribes and USET represented. The Director provided updates to the Tribes on several topics, including the 2011 budget status, budget formulation and agency priorities. Two follow-up items were noted, one of which was the release of a “Dear Tribal Leader” letter by the Office of Personnel Management (OPM) regarding Tribal eligibility for Federal Employee Health Benefits (FEHB), the second item related to National Indian Health Board (NIHB) shares. The Tribal representatives stated they were very pleased with the informative and personal nature of the session. Regional Tribal consultation sessions were held in March with Health and Human Services (HHS) Regions I, II and IV. Nashville Area executive leadership attended these sessions and facilitated follow-up activities. These sessions highlighted issues that included:

- » Allowing healthcare providers to practice on Tribal lands in emergencies
- » Identification of Substance Abuse and Mental Health Services Administration (SAMHSA) liaisons to be located in each HHS Regional Office
- » Work of the Secretary’s Tribal Advisory Council
- » Tribal-State relationship challenges and successes
- » The Affordable Care Act (ACA)
- » HHS grants and other federal funds that may be difficult for smaller Tribes to secure
- » Co-pay under HHS regulations
- » Data access and sharing
- » Networking among various HHS departments including Medicaid



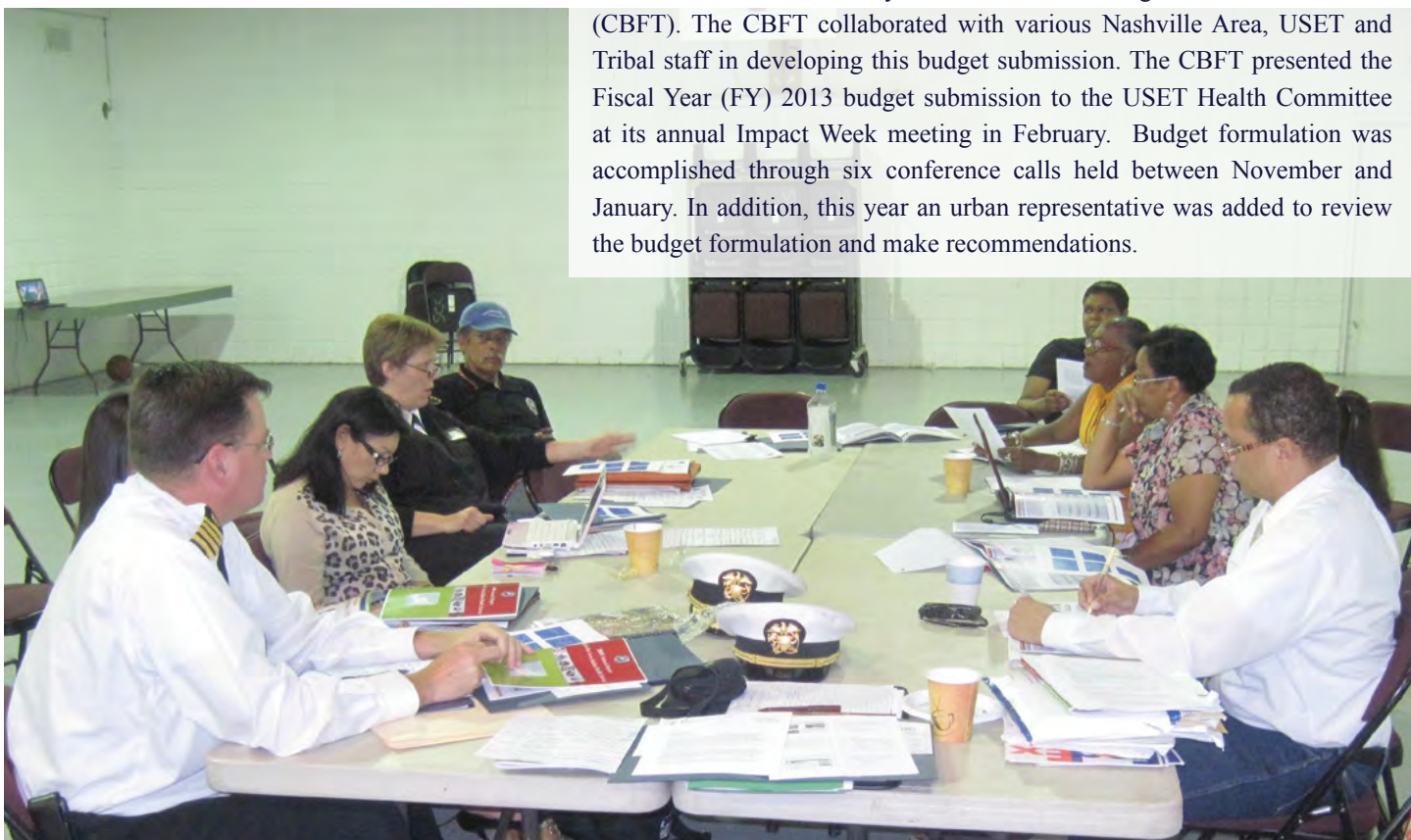
Nashville Area participants at the 2010 Listening Session with Dr. Robideaux in Atlanta, Georgia.

Shinnecock Nation

Since the federal recognition of the Shinnecock Indian Nation in 2010, the Area Director has worked to establish a relationship, collect data, conduct a needs and infrastructure assessment, and establish points of contact. A Nashville Area team led by the Acting Area Director, traveled to Southampton, NY for a first-ever meeting with the Nation in July. The Nation was impressed with the ability of the Nashville Area to immediately deliver environmental health services on this visit and share comprehensive information on the next steps in securing contract health and other IHS services. The Nashville Area has established a work plan for the next phase of the project including future site visits and a budget submission. The work-to-date by the Nashville Area to establish services for a newly federally recognized Tribe has established credibility, mutual trust and respect, and built a firm foundation for a strong partnership from this point forward.

Budget Formulation

Completion of the 2013 Budget Submission was completed via WebEx conference call in January with the Core Budget Formulation Team (CBFT). The CBFT collaborated with various Nashville Area, USET and Tribal staff in developing this budget submission. The CBFT presented the Fiscal Year (FY) 2013 budget submission to the USET Health Committee at its annual Impact Week meeting in February. Budget formulation was accomplished through six conference calls held between November and January. In addition, this year an urban representative was added to review the budget formulation and make recommendations.



First-ever meeting with the Shinnecock Indian Nation in Southampton, New York.

Reform the Indian Health Service.

PRIORITY TWO: REFORM THE INDIAN HEALTH SERVICE.

Indian Health Care Improvement Act

The Area Director was successful in bringing reform to the Nashville Area through implementing applicable provisions of the Indian Health Care Improvement Act (IHCIA) and ACA into Title I contracts and Title V compacts, implementing Tribal priorities related to consultations and funding formulas, implementing internal staff priorities related to human resources and financial management, and improving the unmet need and business practices related to Contract Health Services (CHS).

The Nashville Area implemented the majority of the IHCIA and ACA provisions in fiscal year (FY) 2010, shortly after the passage of the law. However, due to multi-year agreements some Tribes did not seek the opportunity to negotiate until FY 2011. In FY 2011, the Nashville Area conducted negotiations with seven tribes, which will incorporate between five and twelve provisions of the IHCIA. These provisions include, but are not limited to medical transportation costs, mental health workers licensing requirements, liability for payment, continuing education for Tribal employees, and traditional health care practices.



IHS Director Dr. Yvette Robideaux at the National Indian Health Board's 28th Annual Consumer Conference in Anchorage, Alaska.

Tribal Consultation

The Nashville Area has acted to implement Tribal priorities for internal reform with a strong focus on increasing Tribal consultations at the area, regional and agency levels, and improving area policies and processes related to funding distribution formulas. Two specific examples of how reform was implemented lies with the successful consultation processes held in regard to a revised policy implementing the Sanitation Deficiency System (SDS) and the Nashville Area process for allocating centrally paid expenses. The Nashville Area consulted with Tribes on these issues during USET meetings, through Area Director Letters and a special workshop held in Nashville in January 2011. The outcome was that the Tribes were active partners in developing and improving policies and new procedures related to the allocation of project funds addressing sanitation deficiencies and for assessments of centrally-paid expenses such as moving, information technology and human resources costs.



Nashville Acting Deputy Area Director CAPT Scott Helgeson at a Tribal Project Funding Agreement Consultation for Sanitation and Facilities Construction in Nashville, Tennessee.

PRIORITY TWO: REFORM THE INDIAN HEALTH SERVICE.

Human Resources

The Nashville Area leadership, managers and Human Resources (HR) team have improved performance of HR management by hiring new staff, improving communications and incorporating additional training. Cascading elements into all supervisors' Performance Measurement Appraisal Programs (PMAPs), and process mapping and tracking have reduced actual hiring times by 6.2% and increased the number of positions filled by nine. The Nashville Area and Southeast Region (SER) HR team continue to lead the IHS in the number of vacancy announcements posted on USA Jobs. The Nashville Area leadership recruited and filled a SER HR Specialist vacancy in late FY 2010 and established a second position that is currently advertised. The status of all pending HR actions is provided during monthly Nashville Area Division Director meetings as a method of improving communications. The Area Director has actively engaged Quality Improvement (QI) concepts into HR processes. A local spreadsheet tracking tool, modified from an Office of Personnel Management (OPM) tool, is used to track progress in achieving the OPM-based 80-day hiring model.



Nashville Area Human Resources Specialist O.J. King at the USET Annual Meeting & Expo in Choctaw, Mississippi.

Financial Management

Under the direction of the Area Director, the Nashville Area Division of Financial Management (DFM) implemented the use of a budget template and conducted quarterly budget meetings with the managers to review the status of their budgets. The DFM staff has participated in 15 trainings and forums to stay up-to-date on any new and/or improved processes. The Area Director also oversaw three training sessions that included the Service Unit Chief Executive Officers (CEO) in January, April and August 2011. Indicators of exceptional utilization and knowledge of Unified Financial Management System (UFMS) are found in the current UFMS dashboard indicators showing 97% for suspense file reconciliations—*second in all Areas*—and 99% of invoices paid on time—*first in all Areas*.

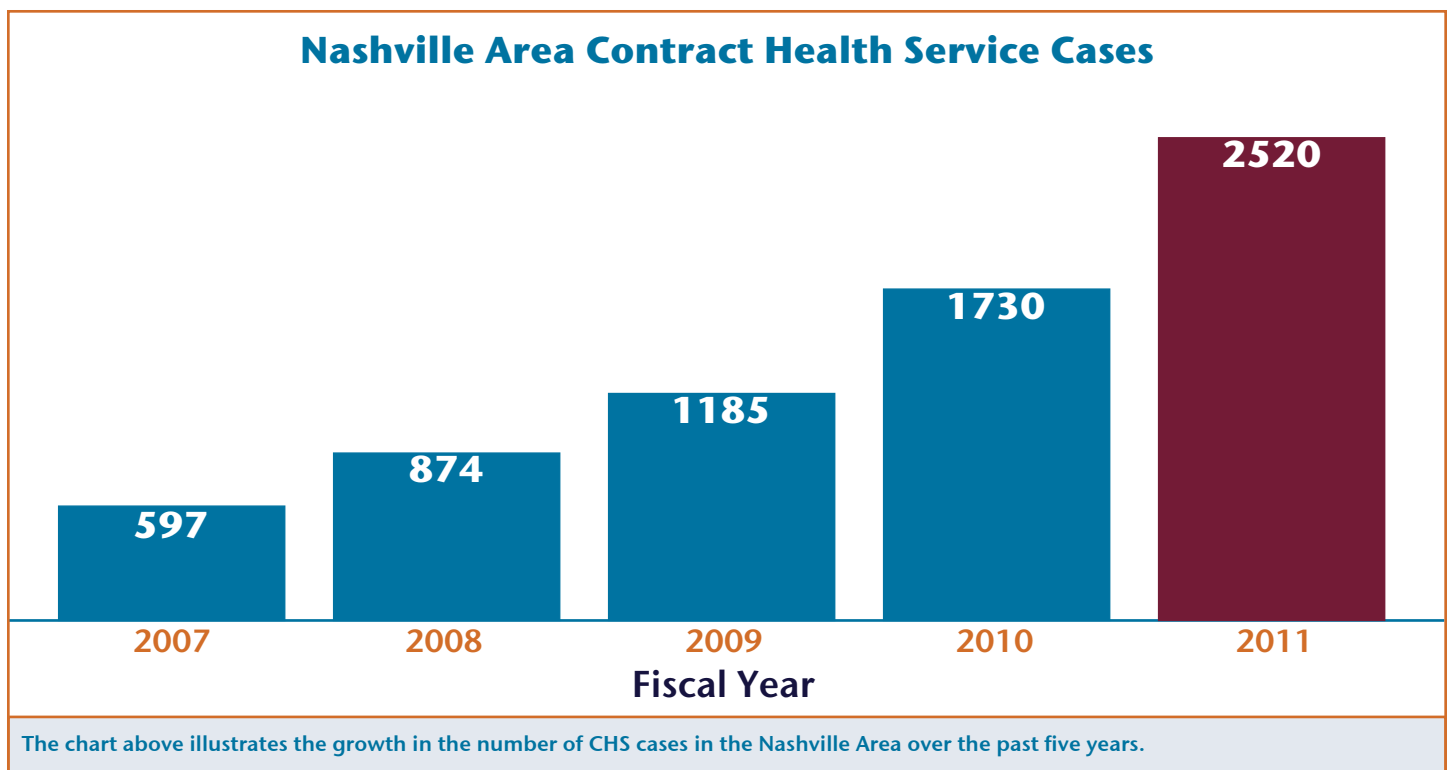


Nashville Area Division of Financial Management Staff at an Area General Staff Meeting in Nashville, Tennessee.

PRIORITY TWO: REFORM THE INDIAN HEALTH SERVICE.

Contract Health Service

The Nashville Area improved upon the annual gathering of unmet Contract Health Service (CHS) needs by supplementing the annual Denial and Deferral lists with an estimate of the amount of Tribal funds that supplemented CHS funds. In order to improve and support current business practices, there has been regular contact with IHS, Tribal and Urban CHS programs to update staff on regulations, provide software updates, share best practices, communicate Catastrophic Health Emergency Fund (CHEF) budget availability and status reports, and promote Government Performance and Results Act (GPRA). The overall Area GPRA measure for CHS payments has improved from 69 days in GPRA year 2010 to 59 days in GPRA year 2011. In January, the Nashville Area issued a letter to all federal CHS programs directing them to uniformly implement several practices to improve tracking of fund balances, improve the GPRA indicator, and pay close attention to the priority system. The Area Director also issued a letter expanding the services covered by CHS from only Level I to Levels I through III. The Nashville Area held a CHS Consultation Listening and Best Practices Session via webinar in March. A best practice of monthly reconciliations of the Contract Health Service Management Information System (CHSMIS) and UFMS was by adding an element to PMAPs for applicable staff.



improve the quality of and access to care.

PRIORITY THREE: IMPROVE THE QUALITY OF AND ACCESS TO CARE.

The Nashville Area Director has led the Area's effort to improve the quality of and access to care through a commitment to:

- » Accreditation
- » Participation in the Improving Patient Care Initiative
- » Assurance of a competent workforce
- » Collaboration with the Veterans' Administration (VA)
- » Preparation of programs to meet Meaningful Use (MU) requirements
- » Encouragement of programs to participate in the National Health Service Corps (NHSC) program

Accreditation

Currently, all direct clinical programs in the Nashville Area are fully accredited. The Unity Healing Center received three-year Joint Commission accreditation in February 2011. Additionally, Micmac Service Unit and Catawba Service Unit received three-year accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) in January 2009 and July 2009 respectively.



All direct clinical programs in the Nashville Area are fully accredited.

Improving Patient Care Initiative

Under the leadership of the Nashville Area Director, the Nashville Area has embraced the principles of the IHS Improving Patient Care (IPC) initiative. Seven Nashville Area sites are participating in IPC-3, including two direct programs and five Tribal programs. The Nashville Area Improvement Support Team (NA-IST), which is sponsored by the Area Director, has taken steps to actively support these sites. Each site has three members of the NA-IST assigned as advisors. The NA-IST held a strategic planning session in June 2011 to be better prepared for the tracking and analysis of measures of Area sites. The NA-IST is one of the most organized and effective Improvement Support Teams in all of the Areas, as evidenced by their presentations at national meetings and requests for consultation by other improvement support teams.

Competent Workforce

Human Resource Specialists have conducted a thorough search in the Office of Inspector General (OIG) exclusion list worksite on all new federal hires and contractors prior to entry to duty in FY 2011. All employment and background verification requirements are met and in compliance with the pre-employment suitability requirements. Credentialing and privileging are achieved through governing board oversight of the federal sites, with the Area Director serving as the Chair of these boards. Tribal programs have been encouraged to adopt credentialing and privileging policies as well.



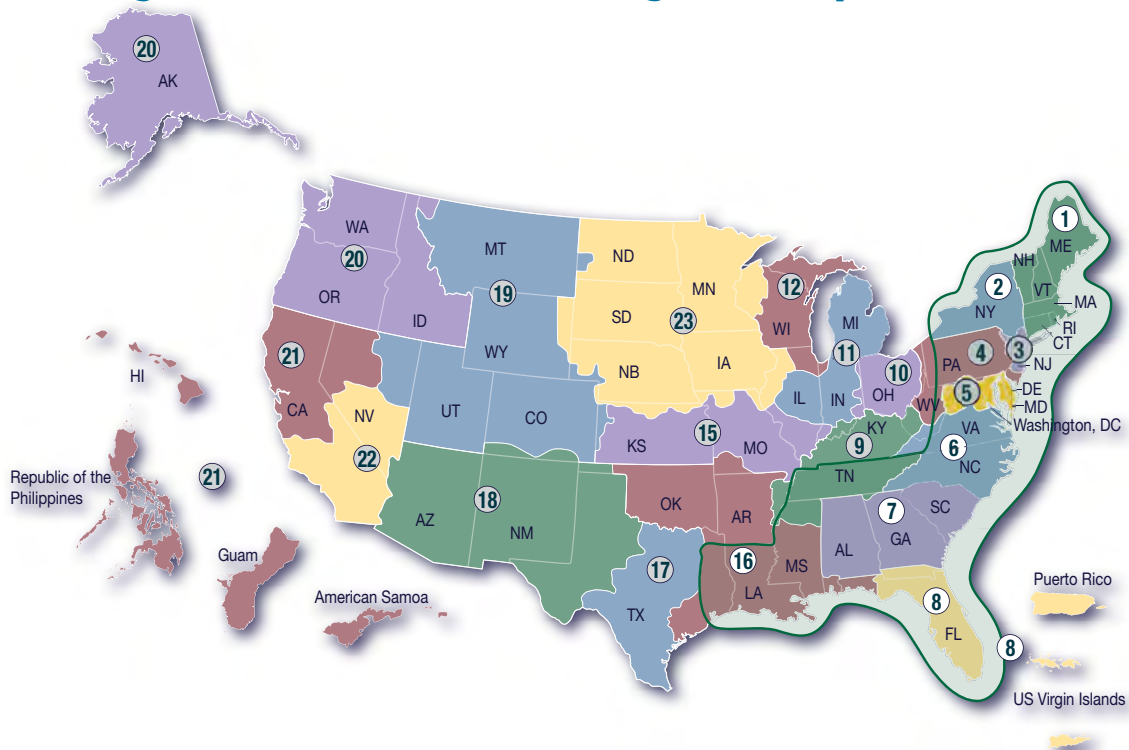
Nashville Area IPC-3 participants at IPC-3 Learning Session 1 in Tucson, Arizona.

PRIORITY THREE: IMPROVE THE QUALITY OF AND ACCESS TO CARE.

Veterans Health Administration Collaboration

In early 2011, a table was developed to list all of the nearest Veterans Integrated Service Network (VISN) headquarters, Veterans Health Administration (VHA) Medical Centers and Outpatient Clinics for each IHS facility in the Nashville Area. Nashville Area Tribes are served by six different VISNs. In order to facilitate increased service to Native American veterans in Rhode Island and Massachusetts, the Nashville Area Chief Medical Officer (CMO) met with executive and clinical leadership at the Providence VA Medical Center (VAMC) in May 2011. This meeting resulted in new outreach activities by the VA to improve access with the Narragansett and Mashpee Wampanoag Tribes. In addition, two Nashville Area Tribes (Choctaw and Cherokee) applied for and were accepted to participate in a grant program that extends palliative care training to the IHS by the VHA. This was the result of Nashville Area’s Eldercare Consultant working directly with the VHA on this program. The Nashville Area Emergency Management Coordinator has been participating on the national IHS/VHA implementation workgroup for emergency management.

Veterans Integrated Service Network Regional Map



The Nashville Area collaborates with multiple VISN Regional Partners. (Adapted from the VISN Regional Map.)

Electronic Health Record & Meaningful Use

The Nashville Area has 20 Tribes (3 federal and 17 Tribal sites) that provide direct patient care services. Inpatient Computerized Provider Order Entry (CPOE) has been implemented in two hospitals (100% of sites) in the Nashville Area. Computerized Provider Order Entry in outpatient settings has been implemented with seven Nashville Area Tribes (35% of sites). An additional 10 Tribes (50% of sites) are ready to implement CPOE in the near future. Another three Tribes (15% of sites) are currently scheduled for EHR on-site setups to move towards CPOE to assist in improving quality, safety, efficiency and reducing disparities in the Nashville Area.

Since October 2010, the Nashville Area Office of Public Health (OPH), Department of Information Resource Management (DIRM), and the Office of Information Technology (OIT) Deployment Team have collaborated to conduct the Nashville Area EHR site visits at two federal sites and seven tribal sites to prepare for MU. Meaningful Use Overviews and Assessments have been provided to each tribe currently utilizing EHR as well as other Tribes in the EHR implementation process to assist them in understanding the Centers for Medicare and Medicaid Services (CMS) Meaningful Use of EHR incentive program requirements.



Statistician Kristina Rogers and EHR Coordinator CDR Robin Bartlett at the USET Annual Meeting & Expo in Choctaw, Mississippi.

PRIORITY THREE: IMPROVE THE QUALITY OF AND ACCESS TO CARE.

National Health Service Corps

At the direction of the Nashville Area Director, the Nashville Area Chief Medical Officer (CMO) made a presentation to Nashville Area Tribes in May of 2011 to inform them of the benefits available to them as participating sites in the National Health Service Corps (NHSC). This presentation informed them of the recruitment and loan repayment opportunities. Prior to 2011, only seven Nashville Area Tribes were signed up as NHSC sites. By the summer of 2011, there were 28 Tribes signed up as participants.



Chief Medical Officer CAPT Harry Brown, MD at the USET Annual Meeting & Expo in Choctaw, Mississippi.

Make all our work accountable, transparent, fair and inclusive.

The Area Director was successful in bringing an enhanced level of transparency and accountability to the Nashville Area through:

- » Exceeding property management requirements
- » Ensuring third party collections are reported using the online ORAP tool
- » Ensuring sound budget management
- » Completing ARRA projects
- » Meeting all GPRA measures
- » Proactively addressing potential investigative issues
- » Establishing a culture of strong communications with staff

Property Management

Property requirements were delivered to all local Asset Control Representatives in February and responsibilities were cascaded into appropriate employee PMAPs. New Area policies covering property management responsibilities, use of fleet vehicles and property receiving were drafted. The Nashville Area Personal Property Staff completed the annual inventory utilizing the Property Management Information System (PMIS) ahead of schedule. Three Reports of Survey were completed, signed by the Area Director and submitted to Headquarters Property in August 2011 well ahead of schedule. In addition, one-hundred percent of hand receipts were verified for accuracy.



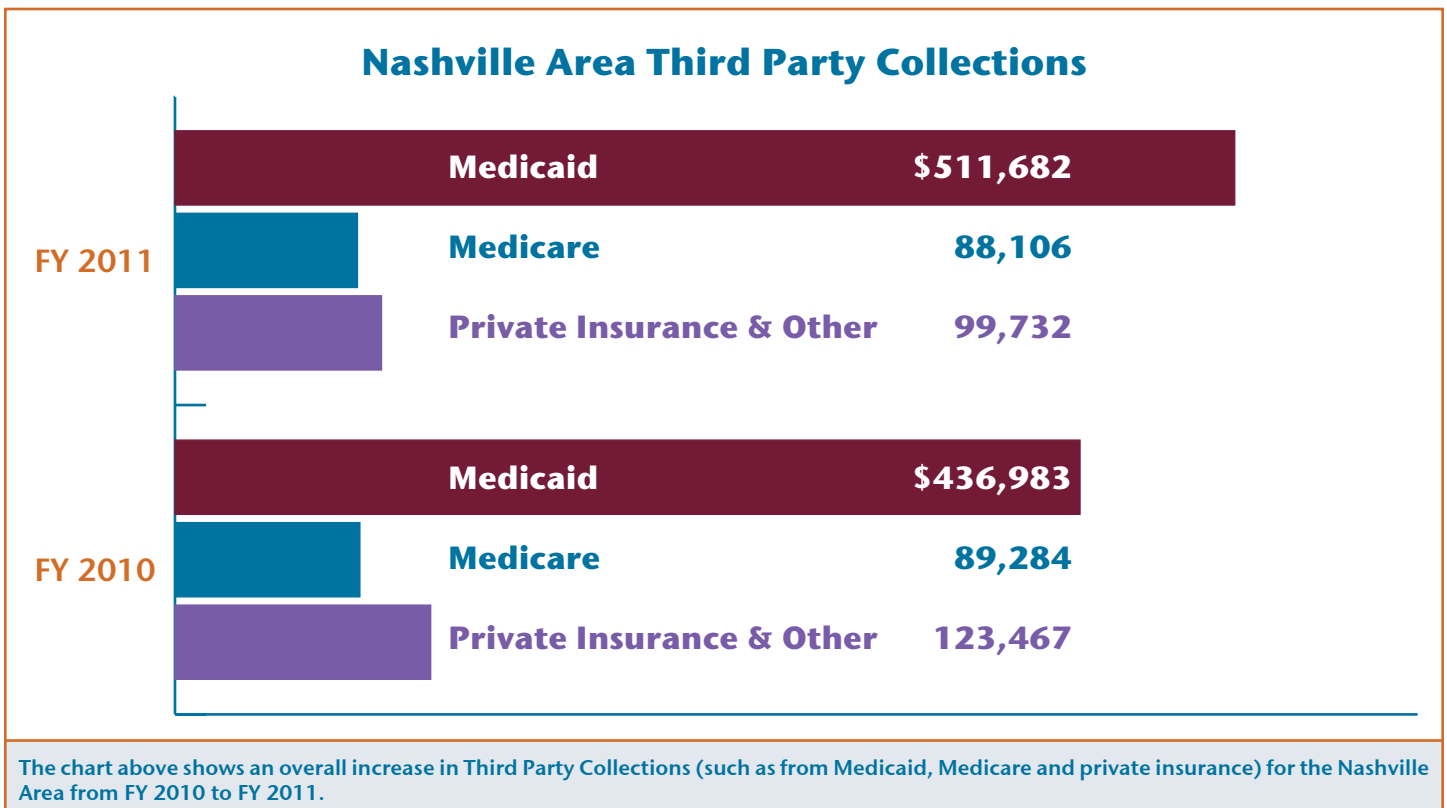
TRANSAM Coordinator LCDR Allen Bollinger at the Nashville Area Office Intersystem Summit in Nashville, Tennessee.

Third Party Collections

One-hundred percent of service units reported data on third party collections using the Office of Resource Access and Partnerships (ORAP) on-line reporting tool. Currently, there are two corrective actions in place pertaining to the ORAP online reporting tool which will address all reported deficiencies. Compliance within the time frames as stated in the Accounts Receivable (A/R) policy will be realized.

Budget Management

The Nashville Area makes timely payments to Tribes and vendors to ensure the support and delivery of health care. Quarterly budget meetings with Service Unit Directors and Division Directors were held to ensure that all were staying within budget. Discoverer reports were used to determine which of the unliquidated documents were valid, and staff took appropriate actions to close out or cancel any open documents. The Nashville Area has reduced the number of journal vouchers (JV) processed in FY 2011 by 88% by utilizing the G-Batch process, in efforts to ensure exceptional audit reports. For cash reconciliation, the number of reconciled schedules increased by two percent from the end of FY 2010, and unreconciled schedules decreased by two percent due to a strong focus on monthly reconciliations.



ARRA Projects

Thirty-three of 42 American Reinvestment and Recovery Act (ARRA) sanitation, medical equipment and maintenance projects are fully complete at this time with award recipients submitting final reports online at www.federalreporting.gov. As projects are completed, summary sheets are assembled documenting the need that the project addressed, the completed facility and the population served. The Nashville Area continues to provide technical assistance to Area Tribal recipients to assure 100% compliance with recipient reporting requirements. Total disbursements (outlays) of all Area ARRA funds currently stand at 86%, which exceeds the Agency outlay target of 85%.

GPRA Measures

The Area had a total of four health sites that met 21 out of 21 Government Performance and Results Act (GPRA) measures, including 100% of the Nashville Area operated health care facilities. To achieve these successes, monthly updates were provided, which included distribution of GPRA report cards, detailed listings of numerators/denominators, recommendations and guidance on ways to improve GPRA performance, and the distribution of general GPRA information. For comparison, in GPRA year 2010, only five programs nationally met all 21 GPRA measures with three of those in the Nashville Area. In GPRA year 2011, four of nine sites in the nation that met all the GPRA clinical indicators were in the Nashville Area.



Statistician Kristina Rogers at the USET Annual Meeting & Expo in Choctaw, Mississippi.

Year-In-Review Preparation

The Area Director has proactively taken steps to prepare for the 2012 management review. On six occasions during the year, the Area Director and Division Leadership met to discuss and develop an action plan on the IHS Internal Management Review Tool. A 42-page management review tracking tool has been developed. This tool is designed to prepare for the Area’s external review in July 2012. All divisions have participated in this project, with the goal to identify perceived weaknesses or deficiencies and address them through corrective action plans. In addition, service unit and divisional dashboards have been created to provide enhanced accountability of all divisions and service units in the Area. These dashboards are designed to show monthly progress toward meeting objectives and also proactively demonstrate accountability in anticipation of future management review guidelines.



Nashville Area supervisors at a Management Review Team Meeting in Nashville, Tennessee.

PRIORITY FOUR: MAKE ALL OUR WORK ACCOUNTABLE, TRANSPARENT, FAIR AND INCLUSIVE.

Culture of Strong Communication

The Area Director has led and established a culture of strong and transparent communications through:

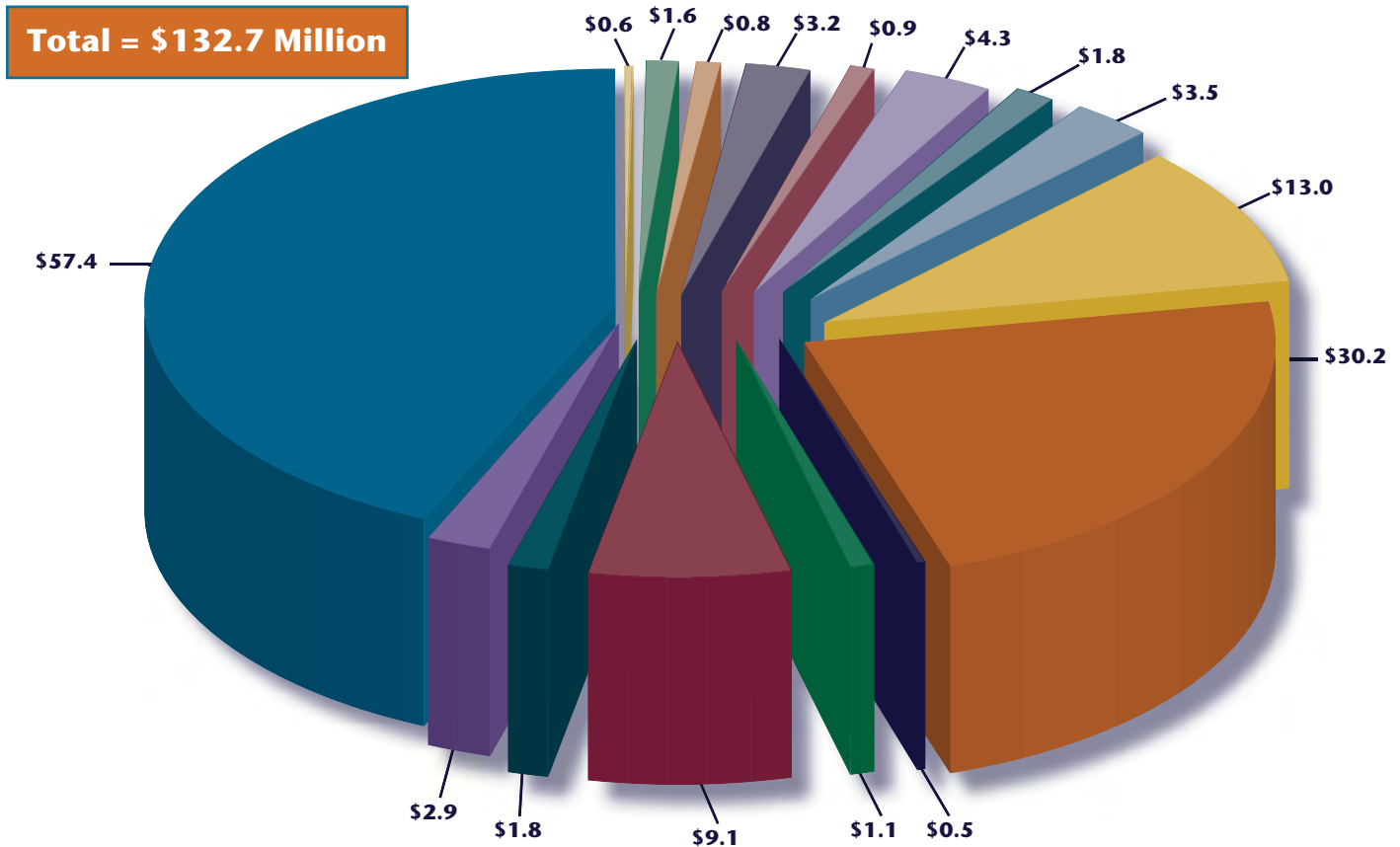
- » Quarterly general staff meetings where presentations include budget transparency, ongoing projects and process improvements
- » Monthly Division Director meetings
- » Mandating monthly staff meetings in every operating division
- » Delivering quarterly email briefings to staff and Tribes
- » Developing Frequently Asked Questions sheets
- » Mandating quarterly email briefings from Service Unit CEOs to Tribal Leadership
- » Developing a SharePoint site that contains division and service unit dashboards, management review materials and project reports from all 50+ “project champions”.



Nashville Area employees at a General Staff Meeting in Nashville, Tennessee.

Where Our Money Comes From

Recurring Base in millions

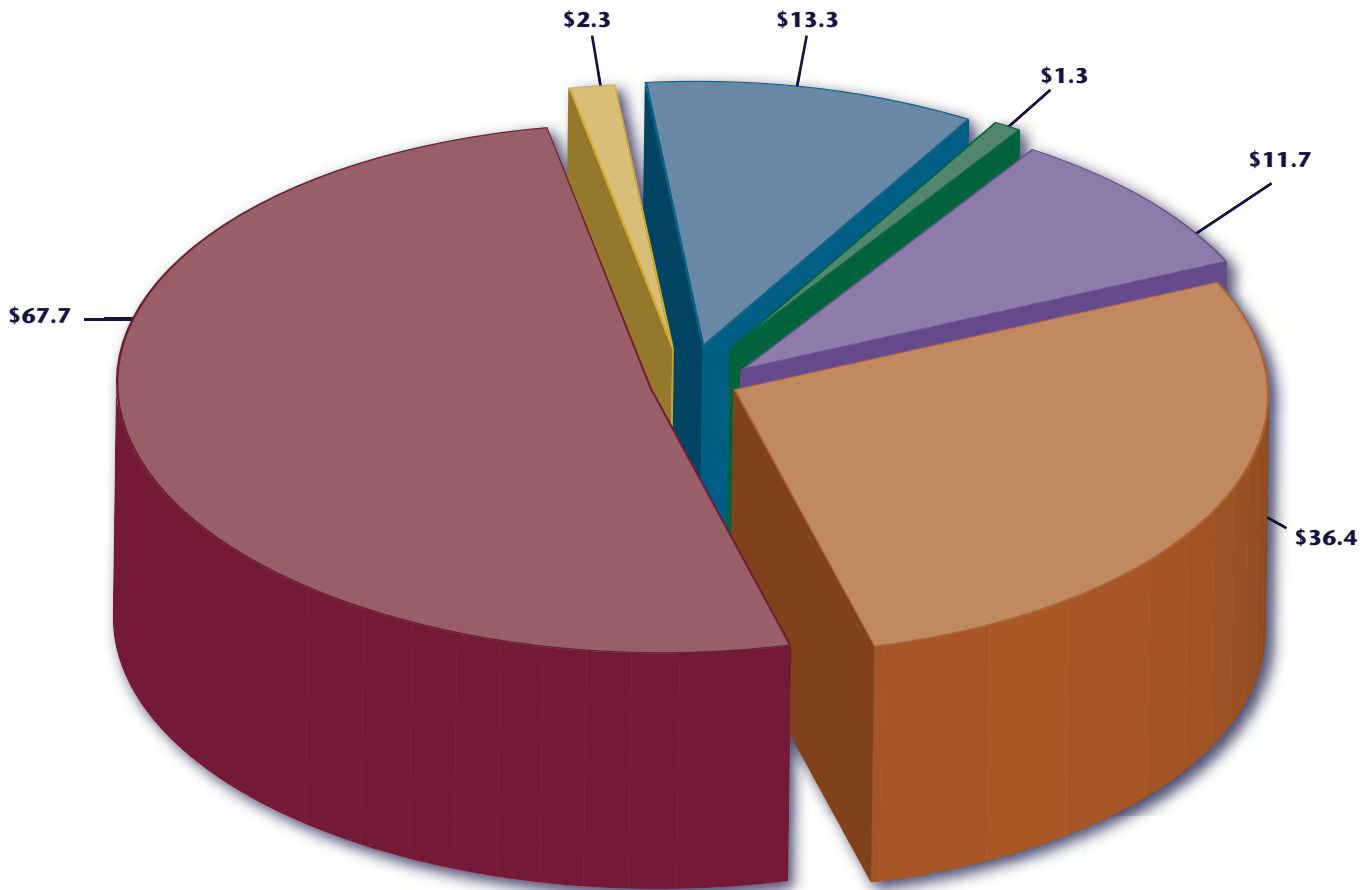


Activity	Amount (in millions)	Recurring Base
Hospital & Clinic	\$57.4	\$57,414,557.00
Equipment	0.6	615,647.00
Maintenance & Improvement (M&I)	1.6	1,635,900.00
Facilities	0.8	786,099.00
Environmental Health Services (EHS)	3.2	3,210,365.00
Urban	0.9	918,398.00
Direct Contract Support Cost (DCSC)	4.3	4,282,360.00
Direct Operations	1.8	1,785,368.00
Capital Human Resources (CHR)	3.5	3,486,988.00
Indirect Costs	13.0	13,050,570.00
Contract Health Services (CHS)	30.2	30,183,183.00
Health Education	0.5	518,787.00
Public Health Nursing (PHN)	1.1	1,084,739.00
Alcohol & Substance Abuse	9.1	9,091,507.00
Mental Health	1.8	1,776,299.00
Dental	2.9	2,885,614.00
Total	\$132.7	\$132,726,381.00

Where Our Money Goes

Area Annual Recurring Budget in millions

Total = \$132.7 Million



Activity	Amount (in millions)	Amount
■ Self Governance (Title V)	\$67.7	\$67,740,612.00
■ Maintenance, Improvement & Equipment (MI&E)	2.3	2,251,547.00
■ Area Office	13.3	13,308,462.00
■ Urban Programs	1.3	1,306,095.00
■ Service Units (Clinics/Regional Youth Treatment Centers)	11.7	11,719,719.00
■ 638 Title I	36.4	36,399,947.00
Total	\$132.7	\$132,726,382.00

Where Our Money Goes

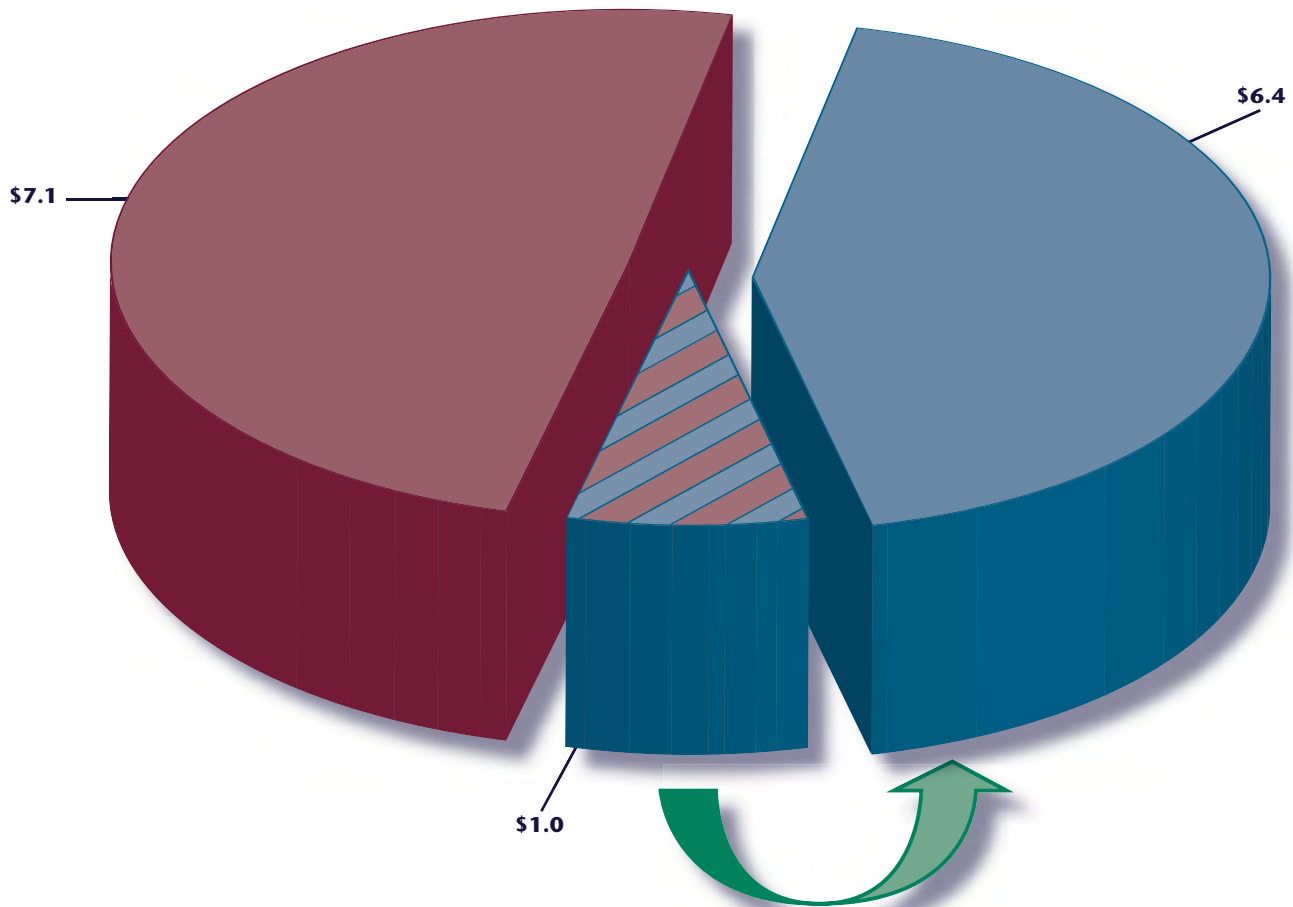
Area Operating Budget

in millions

**Total = \$13.3 Million
includes new tribes**

\$7.1 million is identified for shares and assumed by Tribes.

\$6.4 million is identified to support the Area Operating Budget.



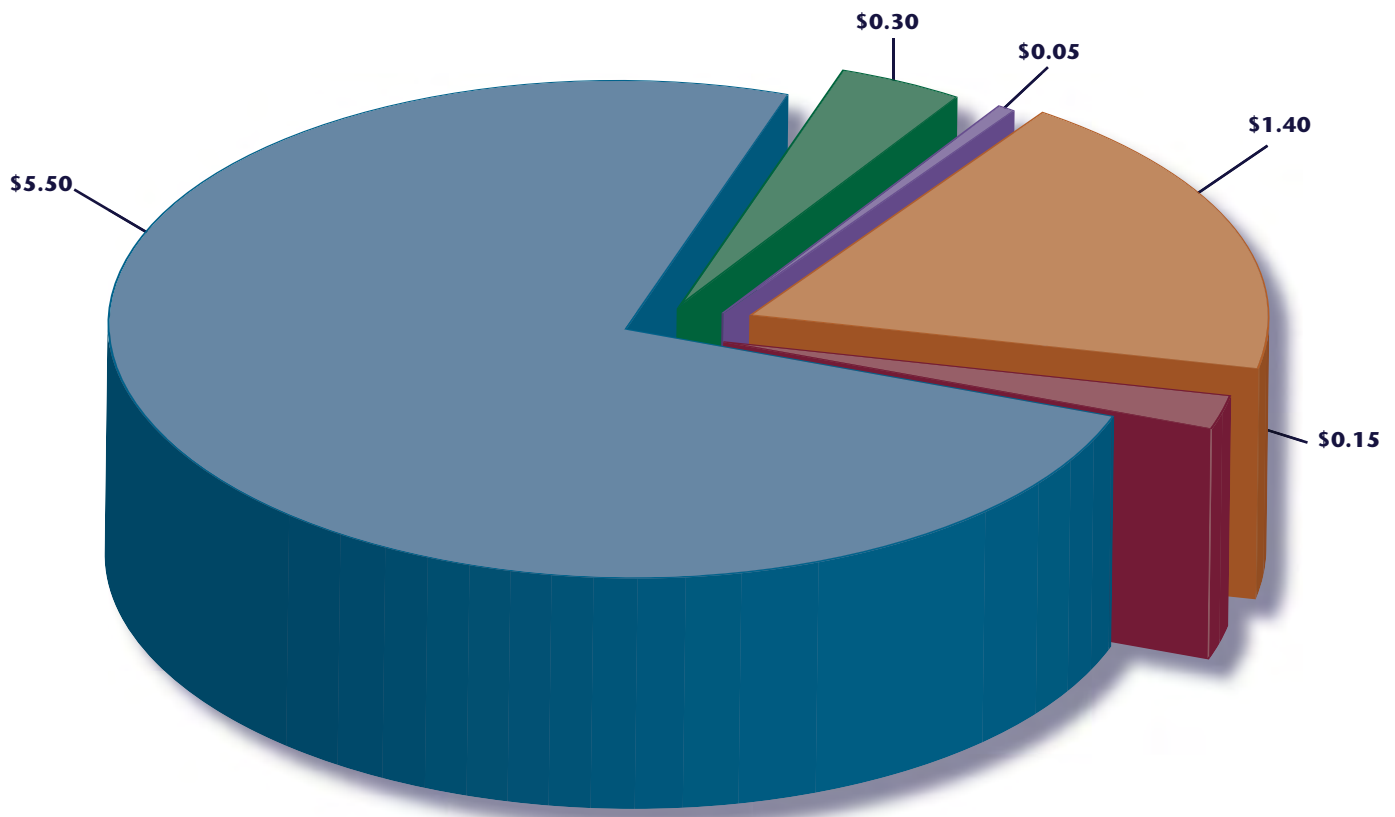
\$1.0 million is identified for shares, but returned to the Area in Buybacks to support the Area Operating Budget.

\$113.5 million or 86% of the Annual Budget goes toward 638 Contracting for Title V, Title I, Tribal Shares and Maintenance, Improvement & Equipment.

Where Our Money Goes

Line Item Operating Budget in millions

Total = \$7.4 Million



Line Item	Amount (in millions)
Personnel	\$5.50
Supplies	0.15
Other (Assessments, Lease)	1.40
Trainings	0.05
Travel	0.30
Total	\$7.40

Improve Customer Service.

The Nashville Area Indian Health Service is cutting across all Agency priorities by focusing on customer service. The Nashville Area Director has embraced this priority through direct efforts to improve internal, external and organizational customer service. In 2010, the Nashville Area created the First Impressions Team that leads customer service activities at the Area Office and the federal service units. This team has been recognized nationally in public communications by the IHS Director, and is the recipient of the 2011 Director’s Award for Customer Service.

Internal Customer Service

In FY 2011, the Area Director mandated that all FY 2011 Performance Measurement Appraisal Program (PMAP) employee performance plans include a customer service element. Additionally, the Area Director challenged all Nashville Area Divisions to carry out a customer service activity during the year. Employees at the NAO and Service Units were fully engaged in activities that demonstrated both “good” and “bad” examples of customer service. The First Impressions Team led these demonstrations during quarterly general sessions and National Customer Service Week.

Additionally, the First Impressions Team provides an orientation to new employees within the Nashville Area. In FY 2011, the First Impressions Team developed an orientation handbook and distributed it to new employees, and evaluation of orientation procedures is being accomplished through a new employee survey and a 30-day post-hire survey. In November 2010, the Area OEHE conducted a successful “Employee and Customer Workshop” in Maine for the purposes of sharing best practices within the OIG program, strengthening



The IHS Director’s Customer Service Award was presented to the Nashville Area First Impressions Team in 2010 and 2011.



The nationally-recognized Nashville Area First Impressions Team, from left: Gina Blackfox, Lindsay King, O.J. King and Kristina Rogers.

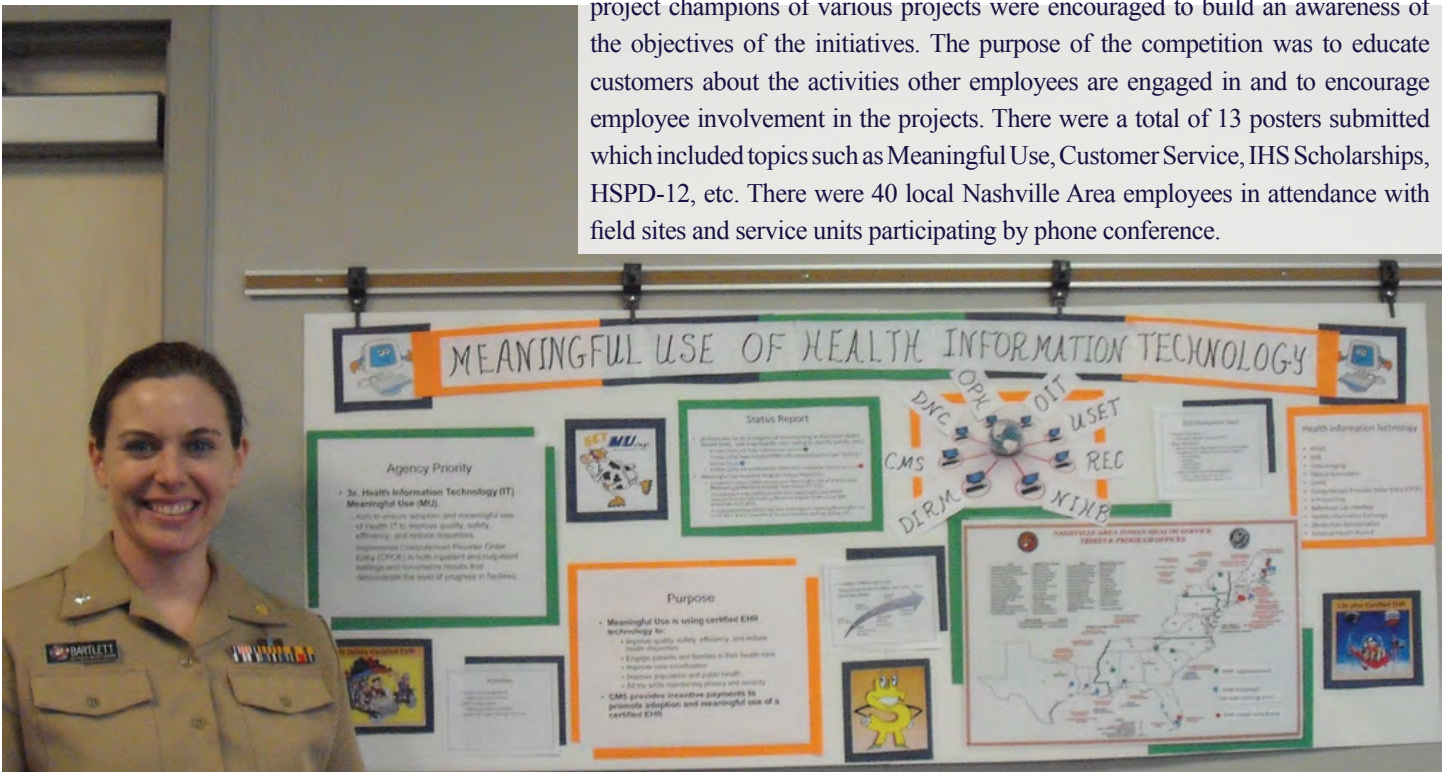
working relationships, enhancing employee safety, professional development and providing superior service to Tribal customers.

External Customer Service

In improving external customer service, the Nashville Area participated in several activities throughout FY 2011. The federal service units provided video presentations in the visitor waiting rooms with a focus on Health Education. The First Impressions Teams at both the Area Office and service units developed materials designed to welcome and orient visitors to the Office/Service Unit, and the teams continued to greet visitors and provided them with a tour of the facility. At the service unit level, the First Impressions Teams also greeted individual patients to the clinic. In October 2010, as part of National Customer Service Week, all service units and the Area Office produced promotional material and provided training on what good and bad external customer service look like.

Organizational Customer Service

Focusing on organizational customer service, the Nashville Area Director provided routine updates to all Area staff through periodic emails, quarterly general staff meetings, quarterly service unit chief executive officer meetings, and monthly division director meetings. In July 2011, the NAO held a poster contest where project champions of various projects were encouraged to build an awareness of the objectives of the initiatives. The purpose of the competition was to educate customers about the activities other employees are engaged in and to encourage employee involvement in the projects. There were a total of 13 posters submitted which included topics such as Meaningful Use, Customer Service, IHS Scholarships, HSPD-12, etc. There were 40 local Nashville Area employees in attendance with field sites and service units participating by phone conference.



CDR Robin Bartlett with her winning entry at the Nashville Area Project Champions Poster Contest.

Serving the COMMUNITY...
a record

300 people
participated in
Catawba Service Unit's
Annual Health Fair...



Catawba Service Unit, Rock Hill, South Carolina

Catawba Service Unit

Guided by the IHS priorities of renewing and strengthening partnerships, reforming the IHS, improving quality and access of care, and making all work accountable, transparent, fair, and inclusive, the Catawba Service Unit (CSU) engaged in a variety of activities and approaches in FY 2011 that resulted in significant overall improvements.

Renewing and Strengthening Partnership with Catawba

Realizing the importance of establishing and maintaining a strong working alliance with Catawba, the CSU's Chief Executive Officer made monthly and quarterly meetings between the CSU and Catawba Chief (as well as the Tribal Executive Committee) routine practice. She also made increasing the CSU's visibility within the tribal community a priority; thus, the CSU held health classes, immunization clinics, and dental and medical screenings throughout the year for all Tribal members. The CSU's annual Health Fair/Field Day, in June, saw a record number of participants — at 300! Additionally, the CSU's Chief Executive Officer enlisted the assistance of Catawba's Chief in making two high visibility presentations to the IHS community, one via a WebEx training and the second during the Direct Service Provider Conference in Nashville, Tennessee.

Reforming the IHS

The CSU examined the way they did business, and decided to make a number of changes accordingly. Some of these changes were as follows:

- » Expansion of the behavioral health program to include tele-behavioral health services and a full-time Mental Health Specialist
- » Termination of two service contracts to eliminate waste in funding
- » Resumption of the Contract Health Service Committee in compliance with IHS policies and procedures
- » Sharing of CSU resources and services, such as the Medical Provider and Medical Records Technician, with other IHS and tribal organizations.

Improving Quality of and Access to Care

The Catawba Service Unit initiated full and active participation in the IPC-3 collaborative, resulting in several positive changes. More specifically, morning huddles were instituted to optimize the care teams and make visits more patient-



Did you know?
*Catawba Service Unit
Pharmacy filled or
refilled over 34,000
prescriptions in FY 2011.*



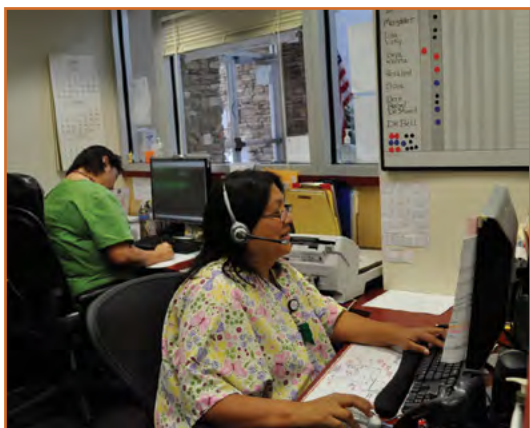
The Catawba Service Unit (CSU) is an ambulatory outpatient care facility serving the Catawba Indian Nation (Catawba) and other federally recognized American Indians and Alaskan Natives. The CSU operates a Medical Clinic, Dental Clinic, Pharmacy and Laboratory, and has a Nutritional Department. In addition, the CSU partners with a number of ancillary support entities.



centered; metrics/dashboards were implemented to track a variety of measures. For example, the CSU tracked the number of patients seen, no-show rates, patient and employee satisfaction rates, errors, and revenue generation. As a result, the number of appointments available increased from 8 to 12 per provider, and the CSU provided health care during the 9,056 patient encounters. The clinic was also redesigned to increase efficiency in providing care and redecorated to create a more welcoming environment. Relatedly, the CSU was one of only nine IHS sites in the nation to meet all 21 GPRA objectives.

Making Work Accountable, Transparent, Fair and Inclusive

The Catawba Service Unit’s activities pertaining to this IHS priority focused on improving communication between staff. For example, two communication boards (one for clinic information and one for Tribal information) were positioned outside the CSU’s entryway; employee and patient satisfaction surveys were shared with Tribal leadership and Nashville Area Office management and on communication boards; and three community members were added to the IPC-3 team.



Customer Service

To improve customer service, the First Impressions Team at the CSU led an annual Customer Service Week filled with activities and education for both staff and patients. Monthly customer satisfaction surveys were conducted and action plans were developed based on customer feedback.

Catawba Service Unit shines as a role-model and encouragement to other Nashville Area and IHS health programs!



5,660
prescriptions

were filled through

Mashpee Wampanoag
Health Service Unit's
Contract Health Service...



Mashpee Wampanoag Health Service Unit, Mashpee, Massachusetts

Mashpee Wampanoag Health Service Unit

At the beginning of the fiscal year, the IHS hired a Health System Administrator to oversee and implement full operations at the Mashpee Wampanoag Health Service Unit. The plan of operations provides for a comprehensive health care program for the Wampanoag Mashpee Tribe, including clinical, dental and behavioral health as well as continuing Contract Health Services (CHS).

In February 2011, the Mashpee Wampanoag Health Service Unit received seventeen skids of furniture and supplies to set up operations in the newly constructed facility. Also, information technology hardware and server installation was successfully completed in February. In August 2011, the Mashpee Wampanoag Health Service Unit's staff moved to occupy the site of the new federal operation, and the staff increased by 800% when compared to FY 2010!

This year, the Mashpee Wampanoag Health Service Unit entered into four CHS contracts, established relationships with approximately 200 providers, and made over 1,400 referrals. In addition, the Mashpee Wampanoag Health Service Unit staff improved CHS performance by decreasing the time it takes from time of service to purchase order authorization from 173 days in FY 2010 to 71 days in FY 2011. A new CHS program was established in February of FY 2011 that has provided approximately 60 Tribal members with eye glasses.

Indeed, this was an exciting and productive year for the Mashpee Wampanoag Health Service Unit, as its strategically planned timelines to open for operations were finally realized.



Did you know?

Sixty-seven percent of the Mashpee Wampanoag Health Service Unit staff are Tribal members.

The Mashpee Wampanoag Health Service Unit is honored to be the first federally operated facility in Massachusetts established to deliver health care to Native Americans. Organizationally, the Mashpee Wampanoag Health Service Unit is aligned with the IHS mission and values, and will focus on implementing the processes and policies necessary to yield a medical home for its Native community.

the **Micmac Service Unit**
has met *all* **21 GPRA**
indicators for
3 YEARS
in a row...



Micmac Service Unit, Presque Isle, Maine

Micmac Service Unit

MICMAC SERVICE UNIT

The Micmac Service Unit has realized significant changes this year. Contract Health Services (CHS) were expanded for Medical, Dental, and Optometry, and the Prescription Assistance Program saved over \$40,000 to CHS. Clinic staff were active participants in the Improving Patient Care-3 Program where they recruited community members to be involved in the decision making process. The Micmac Service Unit re-established the relationship with the Little Feathers Head Start (LFHS) Program where they provided head lice education, awareness, and prevention as well as screening. The Field Health Technician read to LFHS children every week. Also, the Dental Hygienist and Dental Assistant conducted dental screenings at LFHS.

The Micmac Service Unit was recognized nationally on multiple occasions as recipients of the GPRA Exemplary Team Performance for Dental Services and invited presenters at multiple National IPC Action Period calls where they shared their experiences with Self-Management, Empanelment, and the Use of Huddles.

Community Health

The Public Health Program re-established an Elder's program through Public Health Nursing Award funding which allows Micmac Service Unit to provide exercise programs twice per week, menu reviews, and program oversight. The Field Health Technician (FHT) met with Aroostook Band of Micmac (ABM) housing to plan a re-assessment of all Tribal homes to identify safety and environmental concerns. Influenza vaccinations were made available through the clinic, home visits, and walk in. In an effort to increase immunization rates in young people, the clinic gave L.L. Bean backpacks to youth receiving immunizations.

With a focus on family safety, the Micmac Service Unit distributed eight child safety seats, and conducted home visits with new mothers and new families in the community to review home child safety. In terms of family health, they distributed



Mission: To unite with Tribal Members to elevate the health status of the Micmac Tribe to the highest level possible. This will be accomplished by educating and providing services that encourage and promote responsibility for personal, family, and Tribal wellness.

Vision: To work together in unity with the Community nurturing, and preserving the mind, body, and spirit.



Healthy Baby bags, snacks and bottled water for the hiking/biking programs, and family planning materials. Additional programs and cultural activities youth included providing a positive coping skills program, crafting regalia such as moccasins, and purchasing Pow Wow Dance DVDs to teach traditional dance.

Health Promotion/Disease Prevention

The Micmac Service Unit also focused on Health Promotion/Disease Prevention by providing BP/Diabetes/Cholesterol screening at the Health Fair (held during Annual Mawiomi), promoting traditional practices, and partnered with the ABM to provide the community-focused Healthy Living Program. As part of the nutrition program, they provided vouchers to households that were redeemed for five fruits and vegetables per day.



The Micmac Service Unit successfully implemented multiple fitness programs throughout the year including:

- » Hiking/Biking Program
- » Elders Fitness Program
- » Little Feathers Head Start Gym Day Program
- » Clinic Fitness Room and Therapeutic Massage for clients



Behavioral Health

Micmac Service Unit staff were very involved in the Domestic Violence Prevention Initiative (DVPI), Methamphetamine and Suicide Prevention Initiative (MSPI), and Special Diabetes Program for Indians (SDPI). Their efforts include collaborating with the Tribe for a Community Crisis Response Team, two staff members becoming Certified Victim Advocates, reviewing the MSPI strategic plan and evaluating the project objectives, and hosting a monthly Diabetic and Pre-Diabetic Screening Day.

Did you know?
Micmac Service Unit saved Contract Health Service over \$40,000.

the **Unity Healing Center**
provided
104 supportive
follow-ups
to discharged residents ...



Unity Healing Center, Cherokee, North Carolina

Unity Healing Center

The Unity Healing Center, a Regional Youth Treatment Center (RYTC), is committed to providing quality individualized holistic care to Native American youth with substance abuse or dependence disorders, and continues to improve the quality of and access to care for AI/ANs. In FY 2011, Unity developed and implemented a tele-psychiatry program, enhanced the cultural component of the treatment program, and achieved re-accreditation from the Joint Commission.

Program Activities

In FY 2011, the program staff implemented an aggressive training plan to improve staff skills in evidence-based practices and improve the quality of the treatment program. They also achieved site visits to 12 Tribes, presented to the Health Committee, Social Services Committee and Education Committee at the USET Meeting in May and hosted the 2010 Youth Treatment Center Director’s meeting. In addition, staff and residents participated in community service projects such as the Special Olympics, implemented a garden project with residents, and made major landscaping improvements.

The Unity Healing Center looks forward to carrying out its plan for improved care and services in 2012 through integration of the Matrix Model for substance abuse treatment (Matrix is an evidence-based program that provides a strong focus on relapse prevention, family involvement and education). Unity will also continue to strengthen partnerships with Tribes through face-to-face visitation with key referring agents and expand services through the use of tele-health applications.



Did you know?
Unity Healing Center logged 50 tele-health hours this year providing rapid access to care.



Vision: The Unity Healing Center will always be committed to helping Native American youth and their families gain freedom from addiction and other life-negating problems. We will guide our clients to healthy sustainable lifestyle transformations by addressing their physical, emotional, spiritual and cultural needs through the philosophy of the 12 step program, evidence based treatments and by providing a safe haven to engage in activities that will allow them to develop their individual strengths.

the Office of

Tribal Activities

oversaw the distribution of

over

\$18,000,000.00

in Contract Support Costs...



Grass Dancer, Red Clay State Park, Cleveland, Tennessee

Office of Tribal Activities

638 Arena

As of the close of FY 2011, eight Title V compacts and funding agreements have been successfully negotiated to include applicable provisions of the Indian Health Care Improvement Act (IHCA). The Nashville Area's Office of Tribal Activities (OTA) negotiated Assessments line item buybacks, to cover the cost of centrally-paid expenses, on behalf of the Nashville Area office (NAO) and in conjunction with Tribes. The Office of Tribal Activities successfully coordinated a Tribal Consultation Session on the Project Funding Agreement (PFA), which led to the development of a revised PFA template, and developed a 638 SharePoint site to enhance communication and efficiency among the 638 Leadership Team members. Lindsay King of the Office of Tribal Activities also has stepped up to provide ongoing technical assistance to the Albuquerque Area by participating and engaging in 638 contract negotiations.



Lindsay King
Nashville Area Agency Lead Negotiator

Urban Programs

Through a collaborative effort, the Office of Tribal Activities and the Division of Extramural Awards and Activities (DEAA) successfully negotiated a contract with Native American Lifelines to re-establish an urban program to serve the urban Indian population residing in the Boston area. Services available through Native American Lifelines of Boston include out-patient substance abuse and mental health services, disease prevention and treatment services, and case management.



First Impressions Team

Ms. King also served on the First Impressions Team, which implemented a customer service initiative that became known Agency-wide. The First Impressions Team created a new employee orientation process and handbook to encourage and foster a customer service-oriented environment. The First Impressions Team was also a proud recipient of an IHS Director's Award for outstanding Customer Service.

Direct Service Tribes

Ms. King received an award from the Direct Services Tribes Advisory Committee for her work in enhancing the Tribal partnership with Direct Service Tribes served by the Nashville Area. The Office of Tribal Activities participated in an initial site visit to the Shinnecock Indian Nation reservation. The Office of Tribal Activities serves as the Phase I project lead in establishing a funding request on behalf of the Shinnecock Indian Nation for consideration in the FY 2014 budget.



The Office of Tribal Activities provides support to Area Tribes/Nations by serving as a Agency Lead Negotiator for Title V programs, Contract Proposal Liaison Officer for Title I programs, Federal Liaison for the Direct Service Tribes Advisory Committee, and finally as the Area Urban Coordinator of the NAO urban programs. The OTA also constructs the tribal shares documents, contract support costs shortfall report, and coordinates buybacks on behalf of the Area.

the Nashville Area

Chief Medical Officer

made

19 VISITS to Area Tribes

to promote & support healthcare...



Office of the Chief Medical Officer

Area Activities & Accomplishments

Consistent with the IHS Director's priority of improving quality of and access to care, the Chief Medical Officer (CMO) maintained visibility in the field throughout 2011, conducting 19 site visits for technical assistance and program reviews, and providing 156 hours of clinical care to patients. Additionally, he led the Area's quality improvement support team efforts, helping to recruit seven Nashville Area sites for participation in Improving Patient Care-3 (IPC-3), and adding two additional members to the team from USET.

His emphasis on quality improvement also included the development and facilitation of Nashville Area provider trainings for continuing medical education credits, as well as utilization of the tele-health partnership with the University of Miami to improve access to dermatology care.

Serving as Acting Director of the Office of Public Health, the Chief Medical Officer recruited and filled the position of Area of Chief Nursing/HPDP vacancy. He also served as supervisor of the Manlius CHS Program (including the new Tuscarora CHS program), the Unity Healing Center, and the Catawba, Micmac, and Mashpee Wampanoag Service Units.

National Participation

The CMO's visibility reached beyond the Nashville Area, through his participation in national workgroups (he was even elected to the position of Vice-Chair of the National Council of CMOs by his peers), trainings and conferences as an invited speaker, and during regional consultation meetings and collaborations as the Nashville Area representative.

Indeed, 2011 was a busy and successful year for the Nashville Area Chief Medical Officer.

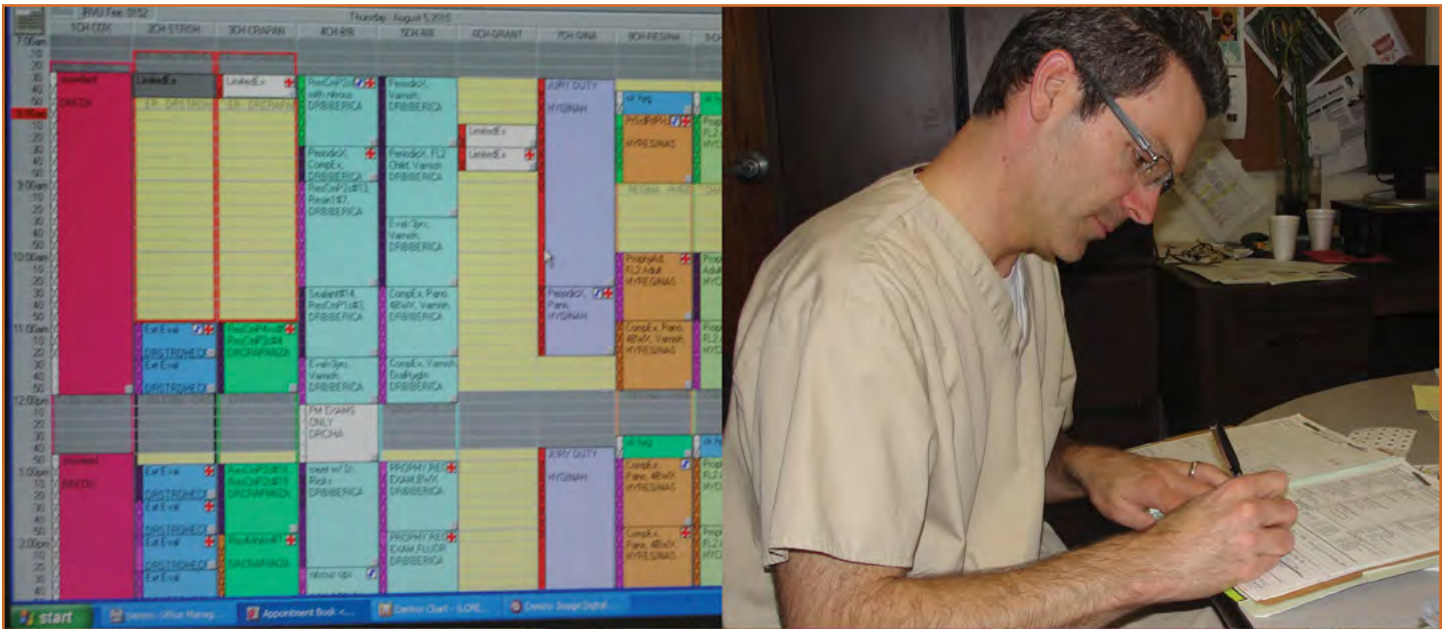


Did you know?
The Nashville Area IHS partners with the University of Miami to provide tele-dermatology services to Area Tribes.



The Office of the Chief Medical Officer (CMO) is responsible for the coordination of medical care within the Nashville Area. Directly overseeing three IHS-direct programs, the CMO also provides consultation in the areas of physician and mid-level provider recruitment, medico-legal issues, and Contract Health Services to the Nashville Area Office and IHS, Tribal, and Urban programs within the Area.

the Office of
Public Health
conducted a total of **48**
program **REVIEWS**
 at *Area* **health** programs...



Office of Public Health

The Office of Public Health (OPH) is committed to enhancing the well-being of Native Americans who confront a variety of physical, mental, social and spiritual health issues and concerns. Thus, the overall goal of the OPH is to facilitate the delivery of high quality, professional, and culturally appropriate health care through the provision of readily available and expert technical assistance, consultation, and training as needed and requested by Nashville Area Tribes and urban programs. An OPH goal is to improve the quality of the services the department provides each year. A summary of how the OPH staff used their expertise in support of the IHS mission during FY 2011 is provided below, by discipline and type.

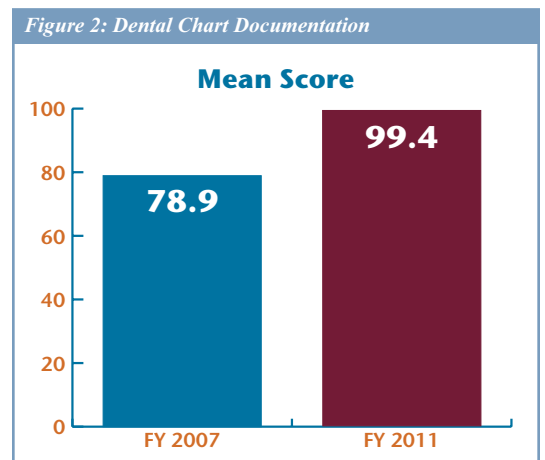
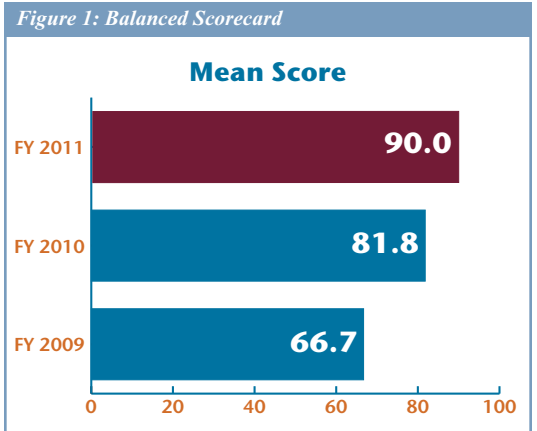
DENTAL

Program & Chart Reviews

Under the guidance of Dr. Tim Ricks, the Area Dental Officer (ADO), the Nashville Area dental program continues to grow, particularly in the areas of program review/evaluation and documentation. The first and only one of three IHS dental programs to utilize a Balanced Scorecard evaluation approach, the Nashville Area’s average program score has increased over the four years since the scorecard was first used (See Figure 1). Similarly, since 2007, the Area’s program reviews have resulted in dramatic improvement in dental chart documentation (See Figure 2).

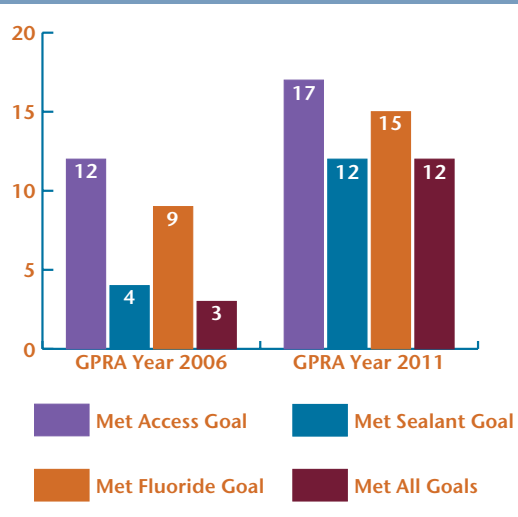
Government Performance & Results Act

Dr. Ricks has made Government Performance & Results Act (GPRA) performance a priority for the Nashville Area. Ongoing efforts to promote the dental GPRA indicators of access to care, dental sealants, and patients receiving topical fluorides, have resulted in the Nashville Area having the highest overall increase in GPRA performance over the past four years within the IHS. In GPRA year 2011, two programs, the Micmac Service Unit and the Seminole Tribe of Florida, were among the five programs receiving recognition as “Best Overall Dental GPRA Performance” in the IHS. Two other programs received honorable mention in this category, the Chitimacha



The Office of Public Health provides technical and consultative services to IHS, Tribal, and Urban health programs in the Nashville Area. Consultation and guidance are provided in the areas of oral health, behavioral health (mental health and alcohol and substance abuse), nursing, health promotion/disease prevention, community health representative support, clinical applications/electronic health record and meaningful use issues, workload and population issues, the Government Performance Results Act (GPRA), and managed care/business office functions.

Figure 3: GPRA Dental Goals

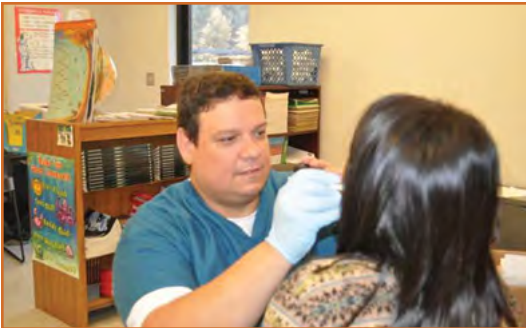


Tribe of Louisiana and the Eastern Band of Cherokee Indians. In the “Most Improved Dental GPRA Performance” category, the Coushatta Tribe of Louisiana received honorable mention. Indeed, the Area’s dental program has shown significant growth and improvement over the past five years (See Figure 3).

Training

The Nashville Area is the only IHS Area that offers regular continuing dental education to all clinical dental staff. This is done through monthly conference calls, in order to help defray costs to Nashville Area Tribes for continuing dental education and provide standardization for dental programs in the Area.

In FY 2011, the Nashville Area held 11 monthly continuing education (CE) conference calls and offered a total of 32 continuing education credits. There were 261 participants on these calls. Over the 5-year history of the Area continuing dental education program, almost 160 hours of continuing education have been provided, enough to meet all state licensure requirements (See Figure 4).



Additional training activities in which the ADO was involved in FY 2011 included presenting “From Management to Leadership at the Nashville Area Leader-to-Leader Conference; holding the Nashville Area Annual Dental Meeting with 32 participants; and serving as the invited speaker at numerous national conferences, including Advances in Indian Health, the 2011 Nashville Area Medical Conference, and the American Dental Association Conference.

Figure 4: Continuing Dental Education Program

Year	Number of Continuing Education (CE) Hours Offered		
	Monthly CE Calls	Health Summit	Total CE Offered
2007	8	21.25	29.25
2008	10	18.75	28.75
2009	11	17.75	28.75
2010	21	19.00	40.00
2011	11	21.00	32.00
Total CE	61	97.75	158.75

Did you know?

There were approximately 500,000 direct outpatient visits in FY 2011.

BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE)

Technical Assistance & Training

During FY 2011, Dr. Palmeda Taylor, the Nashville Area Behavioral Health Consultant, supported the Area Tribes largely through the provision of on-site technical assistance visits and staff training. She provided on-site technical assistance to six Area Tribes, trained medical, dental and behavioral health providers on domestic violence and suicide and depression at Tribal sites, and served as an invited presenter during Area-sponsored conferences. She also planned, coordinated, and helped facilitate a series of continuing education conference calls of clinical relevance and interest to Area Behavioral Health (BH) providers.

Methamphetamine & Suicide Prevention Initiative

Dr. Taylor continued to provide oversight and direction to the Area’s seven Methamphetamine (meth) & Suicide Prevention Initiative (MSPI) award-recipients, primarily by conducting regularly scheduled conference calls and on-site technical assistance, and developing a meth use protocol for use in primary care. Dr. Taylor delivered presentations on meth use and suicide prevention during the BH program’s continuing education calls, at multiple Tribal sites, to the USET Social Services Committee, and the Bureau of Indian Affairs (BIA) law enforcement officials. A highlight of Dr. Taylor’s MSPI-related efforts was an Area-sponsored Drug Conference held in Nashville, August 29–September 1, 2011, which she planned and coordinated and was attended by nine Area programs. Conference participants received training on the Matrix Model (one of very few effective empirically-driven treatment models for persons who abuse/are addicted to substances), Methamphetamine (and other substance abuse/use) Community Mobilization, and Effective Strategies for Dealing with Highly Resistant Clients.

Domestic Violence Prevention Initiative

Focusing on the Domestic Violence Prevention Initiative (DVPI), Dr. Taylor provided Area oversight relative to the application and review of three Tribally-submitted DVPI proposals. Two of the three proposals received funding in the total amount of \$229,000 for a two-year period.

Wellness

Dr. Taylor was actively involved in multiple Nashville Area wellness conferences. For example, during The 2011 Elders Conference, held at Oneida, which she helped plan, Dr. Taylor co-facilitated a well-received presentation entitled: *Throwing Out Your Emotional Trash*. In support of chronic disease management, Dr. Taylor also planned and co-facilitated with USET, the annual Diabetes Patient-Focused Conference. The theme of the 2011 Diabetes Patient-Focused Conference was Diabetes and Relationships, and provided participants an opportunity to explore diabetes in relationship to other conditions, self-care, family, and community.

Behavioral Health
Continuing Education Call Topics

- » Behavioral Health Screening in Primary Care
- » Drugs & Alcohol in Nashville Area Tribes
- » MSPI Drug & Alcohol Survey Results
- » Substance Abuse Assessment
- » Treatment Challenges
- » Youth Suicide
- » Hot Topics in Behavioral Health



Palmeda Taylor, PhD
Nashville Area Behavioral Health Consultant



LCDR Max Boykin
Nashville Area Nurse Consultant

NURSING • HEALTH PROMOTION/DISEASE PREVENTION

The OPH successfully recruited and hired a Commissioned Corps Officer to fill the Nurse Consultant, Health Promotion/Disease Prevention (HP/DP) and Community Health Representative (CHR) Coordinator positions. The new Area Nurse Consultant, HP/DP Coordinator joined the OPH in mid-May, 2011. Welcome to the Nashville Area, LCDR Max Boykin who has gotten off to an excellent start!

Technical Assistance

Since May 2011, LCDR Boykin has provided on-site technical assistance to two Area Tribes—Seneca and Catawba.

Health Promotion/Disease Prevention

As the Area’s HP/DP Coordinator, LCDR Boykin researched waiting room educational programs and made recommendations for purchase to all federal programs in the Nashville Area. In addition, LCDR Boykin produced a brochure for all Tribal programs to assist them in making choices for waiting room educational programs. All programs in the Nashville Area also received model standing orders for influenza vaccinations developed by LCDR Boykin.

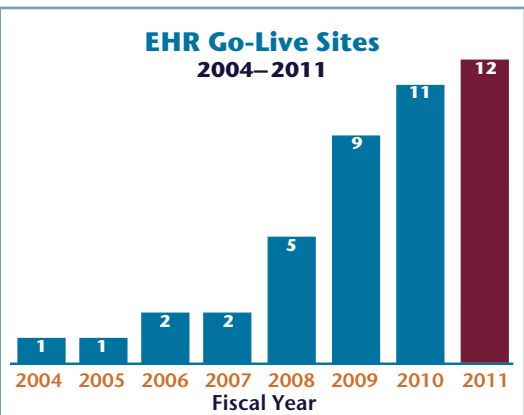
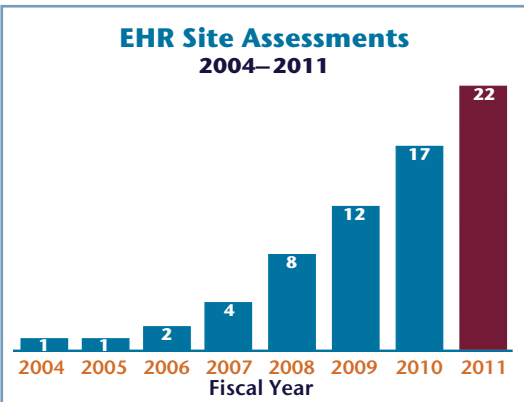


Urban Program Support

Compliant with the Health Insurance Portability and Accountability Act (HIPAA), LCDR Boykin reviewed and categorized many boxes of medical records from the defunct Native American Indian Center of Boston (NAICOB) program in order to properly secure and archive these records.

Emergency Preparedness

The Director of the Division of Emergency Management recruited LCDR Boykin to the Emergency Medical Response Team. In order to prepare the team to efficiently respond to emergencies, LCDR Boykin re-vamped all the medical supplies for the Nashville Area Office Emergency Response teams, including finding cost-effective replacement sources for outdated supplies and drugs.



CLINICAL APPLICATIONS • PHARMACY

Electronic Health Record Deployment & Meaningful Use

CDR Robin Bartlett, Electronic Health Record (EHR) Consultant, led the EHR Deployment Team in providing EHR assessment, set-up, or go-live assistance at 11 Nashville Area Tribes. She also led 21 Meaningful Use assessments for Area Tribes.

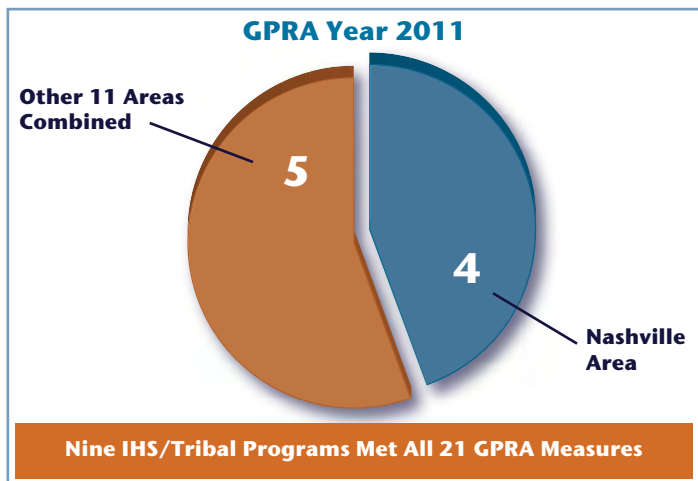
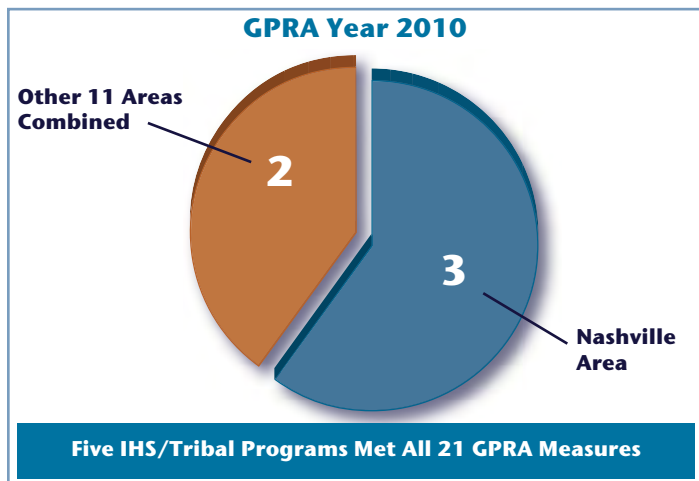
Pharmacy Reviews

CDR Bartlett also serves as the Area Pharmacy Consultant. In FY 2011, CDR Bartlett conducted pharmacy program reviews for 10 Tribes.

STATISTICS/GOVERNMENT PERFORMANCE & RESULTS ACT

Government Performance and Results Act

Kristina Rogers, Nashville Area Statistician, successfully led the OPH’s GPRA compliance efforts. In fact, for GPRA year 2011, the Nashville Area had more sites meeting and/or exceeding the GPRA clinical indicators than any other IHS Area! Four programs met all 21 clinical indicators: Catawba Service Unit, Micmac Service Unit, Oneida Indian Nation and Passamaquoddy Indian Township. Kristina also made refinements to the GPRA Score Card, to help clinics target their efforts more efficiently.



Nashville Area Fitness Program

Overseeing the Area’s Fitness Program, Kristina organized three successful fitness programs throughout the year, focusing on increasing physical activity and maintaining a healthy, happy lifestyle. Twenty-four teams participated in the program resulting in a cumulative weight loss of 73 pounds, total water intake of over 96,000 ounces, and 86,000 minutes in exercise. The average weight loss per person was 1½ pounds.

CONTRACT HEALTH SERVICE

Recognizing the need to improve the quality of health care, including specialty care, the Nashville Area changed the CHS priority levels in FY 2011. Federal sites are now funding CHS levels I, II, and III rather than just Level I Emergency Services. As a result, the number of CHS cases referred by providers in the Nashville Area has increased from 1,730 in 2010 to 2,250 in 2011—a 46% increase!



Did you know?
Nine sites, nationally, met all 21 GPRA Indicators in FY 2011. Four of them are from the Nashville Area

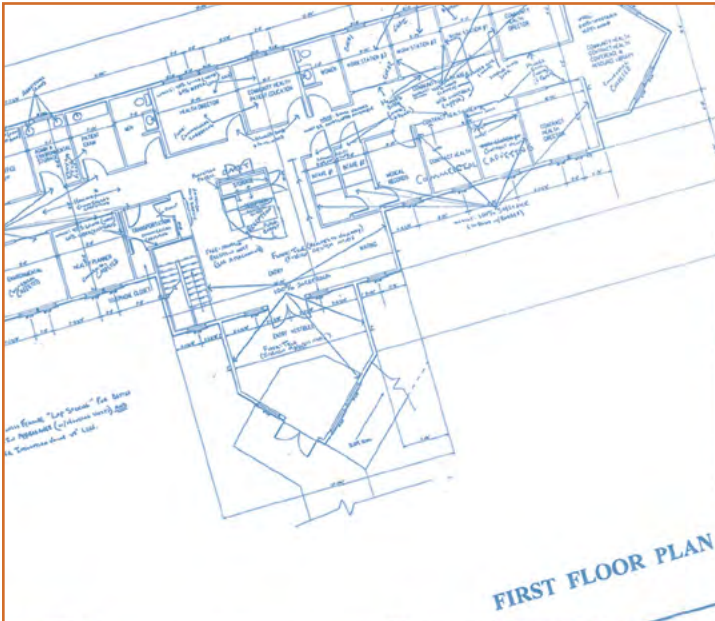
over

\$12,000,000.00

*American Recovery
& Reinvestment Act* funds
were *disbursed*

by the Office of

Environmental Health & Engineering...



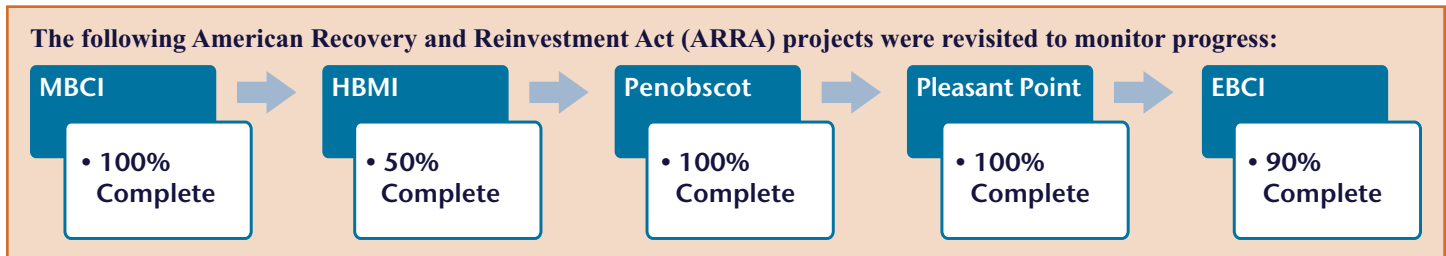
Office of Environmental Health & Engineering

DIVISION OF FACILITIES ENGINEERING
Facilities

The Division of Facilities Engineering (DFE) welcomed a new Chief of Facilities Management, Haran Siva. The division conducted facility conditions surveys (FCS) at the Unity Healing Center, the Catawba Service Unit and the Micmac Service Unit during FY 2011. Facility Conditions Surveys will be conducted at the remaining sites in FY 2012. Nashville Area DFE staff continuously review and update the Health Facilities Data System (HFDS) data for accuracy and validate that all sites are receiving the maximum amount of Maintenance, Improvement & Equipment (MI&E) funds. The DFE assists Tribes in planning new facilities in accordance with the Area Master Plan and completing minor construction, renovation, and repair projects throughout the Nashville Area.



Haran Siva
Chief, Division of Facilities Management



Property – Real & Personal

The Real Property Program of DFE worked to submit multiple site lease packages for the TRANSAM Warehouse in Nashville, the Nashville Area Office, Tuscarora and Tonawanda Clinics, and office space for Tuscarora CHS Representative. The Personal Property Program successfully completed all inventories by the end of July, and cleared non-accountable and non-sensitive items off the inventory records. The Program also brought the Mashpee Service Unit online and brought the Boston Urban Program offline.



The Division of Facilities Engineering (DFE) works with Nashville Area Tribes and Tribal organizations, as well as federal, state, county, and private agencies, to ensure that the operation, maintenance, and repair of IHS and Tribally owned and leased facilities provide a safe and functional physical environment for performance of activities and protection of investment. The Personal Property, Real Property, Facilities Engineering and the TRANSAM programs are managed by the DFE.



TRANSAM

The TRANSAM Program was very active in 2011. The program received local and national recognition for their customer-focused approach. The TRANSAM Team received the 2010 IHS Director's Award for Excellence and the Nashville Area Award for Excellent Customer Service. They transferred millions of dollars in assets throughout Indian Country and supplied medical equipment to numerous organizations internally and externally. Approximately \$40 million in assets were transferred to IHS facilities and Tribes nationwide. The program also assisted the National Park Service with obtaining medical equipment to support a new clinic at Yosemite National Park, and the program facilitated the receiving and re-delivery of all medical equipment assets for the Mashpee Service Unit. The program reported excess items the IHS found no use to the General Service Administration (GSA) who will redistribute the assets to other Federal and State Agencies. Program staff conducted a wall-to-wall inventory with 100% of equipment and supplies itemized.

Did you know?
The TRANSAM Program transferred \$40,000,000 in assets to IHS facilities and Tribes nationwide.

DIVISION OF ENVIRONMENTAL HEALTH SERVICES General/Institutional

The staff of the Division of Environmental Health Services (DEHS) were very active in food services and safety, accreditation readiness, and environmental health and safety surveys. They created a food service survey guide for restaurant management to better understand the food safety inspection process. The guide breaks down each violation through the entire food code in a 15 page quick guide. The DEHS investigated recall information and guidance on food and product safety, and distributed information accordingly to Tribal contacts. The Unity Healing Center passed the accreditation process with assistance from the DEHS with accreditation readiness and was on site to assist during the survey process.



The Division of Environmental Health Services (DEHS) provides services to Indian Tribes, through technical assistance, and working together with Tribes and Tribal organizations, as well as federal, state, county and private agencies, to: (1) assist in risk assessment and determine the health significance of potential and existing detrimental environmental conditions; (2) help plan and implement corrective actions to reduce the threats to communities' health; (3) assist in the development of Tribal environmental health programs; and (4) act as the primary resource/liason for Tribal environmental health programs.

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

The Nashville Area DEHS also completed numerous environmental health and safety surveys including:

- » Mold assessments in homes and Tribal buildings
- » Surveyed the Choctaw Indian Hospital to prepare them for accreditation
- » Over 200 surveys of Tribal and Federal facilities

The DEHS also completed 16 trainings in FY 2011. Five of the trainings covered food safety while 11 trainings covered Hazard Communication and Blood Borne Pathogens. As a result, nearly 400 Tribal and Federal employees were trained in these subject matters.

Injury Prevention

Division of Environmental Health Service staff attended multiple injury prevention workshops, trainings, and meetings throughout the year. The Ride Safe Sleep Safe workshop in Albuquerque was attended to gain knowledge in injury prevention to help enhance the capacity of Tribes to address and fund injury prevention programs, and serve as an advocate and liaison with national partners. DEHS staff attended the Project Officer's injury prevention training in Rockville, Maryland and the annual Tribal Injury Prevention Cooperative Agreement Advisory Committee meeting. In addition, guidance and support was provided to the St. Regis Mohawk and Chitimacha Tribes on their two-year injury prevention grants.

National Membership

Division of Environmental Health Service staff also represented the Nashville Area on multiple National committees and teams. Commander Kit Grosch served on the Mentoring and Orientation Subcommittee of the Environmental Health Officer (EHO) Professional Advisory Committee. Commander Grosch was charged with providing orientation documents to new HHS employees and arranging Mentor/Protégé pairings to provide new employees with guidance on their career progression and assistance with any other questions or concerns. She also served as a member of the IHS/EHS Primary Vision Element Team (PVET) #5 and was tasked with marketing the EHS program in an effort to spread the word on environmental health careers in the IHS.



Did you know?
DEHS trained 400 tribal and federal employees in food safety, hazard communications and blood borne pathogens.



DIVISION OF SANITATION FACILITIES CONSTRUCTION
Planning & Utility Support Branch

Site Visits

The Planning & Utility Support Branch (PLUS-B) of the Division of Sanitation Facilities Construction (SFC) conducted numerous sites visits during the year. In May, June, and July of 2011, the Tribal Utility Consultant (TUC) participated in several meetings between New England Tribal employees and the Environmental Protection Agency (EPA) Region 1’s new Native American Coordinator – CAPT Mike Stover. On July 18–21, 2011, the TUCs and other NAO personnel met with Tribal employees and IHS Headquarters officials as part of the HQ review of the NAO SFC Program.

Trainings

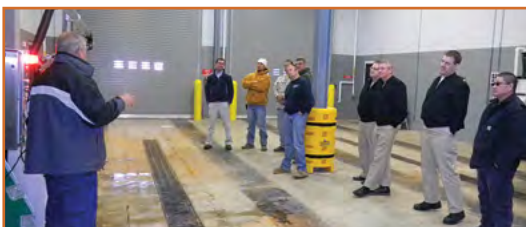
On October 19, 2010 the Nashville Area IHS and the State of Maine sponsored a pumps training course taught by Steve Thayer of Hayes Pump and attended by employees of the Passamaquoddy Tribe. On January 24–28, 2011, employees from 8 Tribes attended the Solid Waste Training Sessions on the Catawba Reservation in York County, South Carolina and sponsored by the EPA, USET, and IHS. In mid-March, the IHS sponsored the Lift Station Pump Operations Training on the Seneca Allegany Reservation. In early April, Tribal employees participated in the Tribal Utility Summit (TUS) on the Poarch Band of Creek Indians Reservation. The TUS was sponsored by the EPA, USET, and the IHS. There were 120 attendees at the TUS including employees from 12 Nashville Area Tribes, one Oklahoma City Area Tribe, vendors, Tribal personnel, EPA, USET and IHS employees.

Technical Assistance

In October 2010, the Tribal Utility Consultant (TUC) attended and participated in the sampling of the monitoring wells located within Passamaquoddy Indian Township’s wastewater lagoon complex. In mid-January 2011, the TUC



Lisa Berrios (USET), Brian Smith (EPA R4) and CAPT Darrel Tillock with Poarch Creek utilities representatives Josh Thomas, Shawn Livermore and Bill Holmes.



The Planning and Utility Support Branch (1) plans and evaluates the Area sanitation facilities construction program policies and procedures; (2) provides quality assurance/ quality control of professional engineering activities; (3) maintains and ensures the accuracy of planning and deficiency tracking data systems including the Sanitation Deficiency System (SDS), the Housing Priority System (HPS), and the Operation and Maintenance Data System (OMDS); and (4) provides technical consultation and training to improve the operation and maintenance of Tribally owned water supply and waste disposal systems; and (5) serves as the liaison with partnering agencies with interests in the operation and maintenance of sanitation facilities that serve American Indian homes and communities.

DIVISION OF SANITATION FACILITIES CONSTRUCTION

attended and participated in a “hands-on” training sponsored by the State of Maine Department of Environmental Protection (DEP) demonstrating the proper procedure for filling out the State’s Discharge Monitoring Report (DMR) forms. Throughout the year, the PLUS-B provided input on operation & maintenance, compliance assistance, and operational control assistance for various Tribes such as working on operational control samples with the Miccosukee Travel plaza. Additionally, the PLUS-B program completed surveys of the water system components of the west side of the Alabama-Coushatta water system resulting in revisions to the Tribe’s Composite Utility Drawings.

**Project Engineering & Management Branch
Technical Assistance & Training**

The Project Engineering and Management Branch (PEM-B) of the DSFC consulted with Area Tribes on Assessments and the use of Project Funding Agreements by Title V Tribes for Sanitation Facilities Construction projects. PEM-B also collaborated with the Division of Emergency Management to develop a fundable and sustainable solid waste management plan. Twenty-five Memorandum of Agreements were executed in FY 2011, creating new projects for Area Tribes. Staff also received Department of Health and Human Services (HHS) Contracting Officer Technical Representative (COTR) certification.

Projects & Publications

PEM-B staff worked diligently on many projects in FY 2011, and published numerous reports. During 2011, the PEM-B completed 29 projects with an average duration of 1.97 years. Twelve final reports were published by PEM-B, and they completed a 5-year strategic plan, which promotes accountability and achieved measurable program improvements. Additionally, the PEM-B piloted the Leadership Development Initiative via a thorough 360-degree evaluation of the SFC Director and leadership competency assessments of mid-level managers, engineers and selected staff.

Did you know?
The Project Engineering & Management Branch served over 1,800 homes throughout the Nashville Area.



The Project Engineering and Management Branch (1) provides professional engineering design and project management services for water supply and waste disposal facilities; (2) maintains and assures accuracy of data for active projects within the Project Data System (PDS); (3) assists Tribes with planning and coordination of multi-agency funded sanitation projects; and (4) serves as the liaison with partnering agencies with interests in providing for construction of sanitation facilities that serve American Indian homes and communities.

DIVISION OF EMERGENCY MANAGEMENT

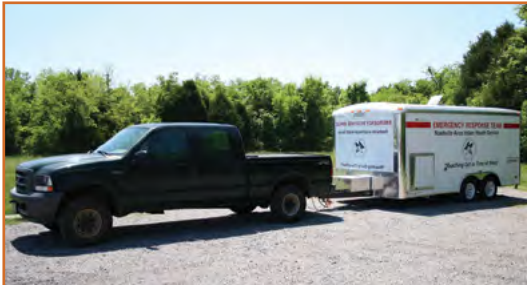
Emergency Preparedness & Disaster Response

The Division of Emergency Management (DEM) collaborated with the TRANSAM program to prepare emergency response equipment for deployment, assisted TRANSAM restore function of 40+ residential style generators, two command vehicles (Motor Homes), installing new tires on one Command Vehicle, and two trucks obtained from TRANSAM servicing Deployable Rapid Assembly Shelter (DRASH) Units. With assistance from OPH staff, the DEM reviewed and inventoried contents of approximately 15 medical and Emergency Medical Services (EMS) go bags, and identified and readied three individuals from the OPH as a medical response team in response to the numerous Tropical Storms and Hurricanes of 2011.

In 2011, the Director of DEM became a member of the Region IV Emergency Management Regional Advisory Committee (RAC), and traveled to Atlanta, Georgia to participate in the first meeting of the RAC. The DEM also issued situation reports to the Area Emergency Management Team and responded to inquiries from federal partners in Region IV and Region VI. Additionally, the DEM assembled and distributed National Oceanic and Atmospheric Administration (NOAA) weekly weather forecasts for all Nashville Area Indian Health Service facilities to alert all staff to forecasted, potentially hazardous weather events. Furthermore, the DEM monitored this year's Mississippi River flooding in relation to Nashville Area Tribes and found that the Chitimacha Tribe of Louisiana was at an elevated risk. The DEM also monitored the development and path of numerous Tropical Storms with 10 potentially affected Tribes in five states beginning 72 hours prior to landfall and continuing daily until the storm threat passed.

Technical Assistance & Training

The DEM conducted various trainings throughout the year and provided technical assistance to IHS facilities and Tribal partners. One of the trainings focused on the operation of the NAO Operation's Center Equipment and the satellite telephone system. The DEM Director also provided briefings to the Tribal Assistance Coordination Group (TAC-G), IHS Area Incident Command Team and USET staff, and presented at USET's quarterly meeting



The Division of Emergency Management provides consultation to Area Tribes/Nations in the area of emergency preparedness. Similarly, the division provides for contingency operations for the Nashville Area Office in the event of a natural or man-made disaster.

DIVISION OF EMERGENCY MANAGEMENT

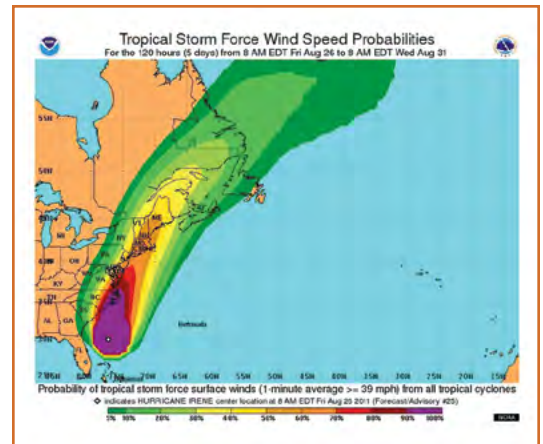
in Marksville, LA. The DEM also continued routine communication with USET Special Projects staff involved with Emergency Management, and met with members of the Tribal Emergency Mutual Aid Compact (TEMAC) during their annual meeting in Nashville.

NEPA & Environmental Audit

The DEM Director also serves as the Area’s National Environmental Policy Act (NEPA) Officer. In this capacity, the NEPA Officer completed focused reviews of nine SFC Projects in FY 2011 and performed multiple environmental audits within the Area. The Environmental Review submitted by the Narragansett Tribe regarding their proposed new 20,000 square foot clinic was reviewed by the NEPA Officer. As a result, multiple opportunities to improve the Review were identified. An Environmental Audit, consistent with Headquarters (HQ) guidance, was conducted at the Unity Healing Center in Cherokee, North Carolina.

Physical Security & Field Safety

During FY 2011, CAPT Mickey Rathsam, the Physical Security Director and Area Safety Officer, was actively involved in updating Area policies and procedures, providing various assessments, and ensuring security compliance. Specifically, Captain Rathsam developed draft Area policies on Physical and Operational Security (OPSEC), and Mail Handling that meet federal standards. Captain Rathsam also coordinated the update of the Nashville Area office building (Calumet Building) security system to become compliant with Homeland Security Presidential Directive-12 (HSPD-12), installed a new dedicated server and new operating system, new Personal Identification Verification (PIV) Card readers that utilize fobs. Multiple assessments were conducted including a Vulnerability Assessment for SFC office space in Atmore, AL; safety assessments of four SFC Field Offices and one TRANSAM warehouse. In FY 2011, the Area Safety Officer established the Nashville Area’s first Personal Protective Equipment (PPE) program that documents provision, training and receipt of appropriate safety equipment. In addition, the Area Safety Officer completed 95% of the SFC Safety Policies and Procedures.



Did you know?

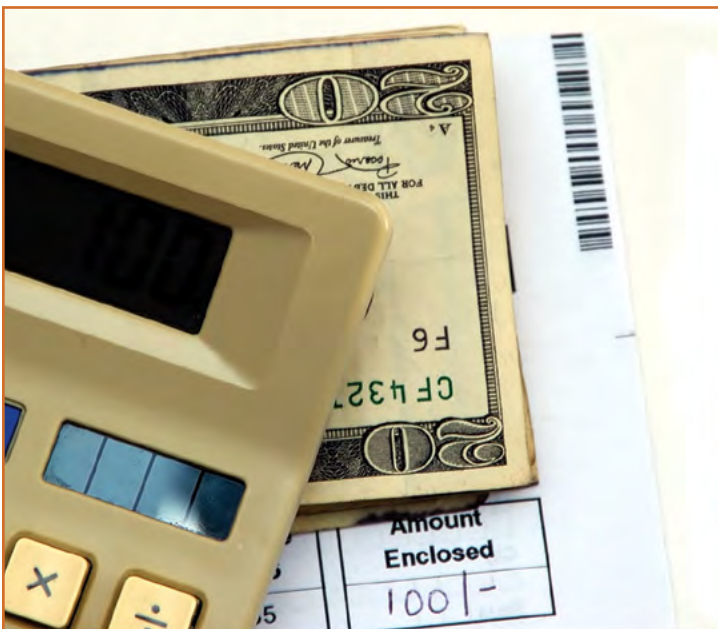
The Physical Security Officer issued over 100 PIV cards for Nashville Area Staff to enhance security.

the Division of
Extramural Awards & Agreements

awarded over

\$51,000,000.00

in **Federal Acquisitions & Contracts...**



Division of Extramural Awards & Agreements

Acquisition: Commercial Contracting

Through various contracting activities such as contracts, purchase card, etc. the Division of Extramural Awards & Agreements (Contracting) staff executed 1,156 Purchase Card awards and 171 Commercial Contract awards all in providing health care service either through acquiring goods (equipment, medical supplies, and dental supplies) and services (medical providers, sanitation services and administrative support services).

Team Building & Partnerships

Another accomplishment to be recognized is that through our team building and partnership with federal and Tribal employees, Contracting was instrumental in establishing health care service for the Mashpee Wampanoag Tribal members.

Process Improvements

This past fiscal year, Contracting staff reduced the time frames to award contracts from approximately 120 days to 24 days. This equates to be an overall improvement by 80%, which means our customers and patients are receiving services in a much more timely manner. Contracting would not have been able to accomplish without the proper planning and team building.

Urban Programs

Currently, the Nashville Area has two urban programs—American Indian Community House and Native American Lifelines, Inc. Each program serves a population of over 20,000 American Indian/Alaska Natives, providing alcohol and substance abuse outreach services. In FY 2011, Contracting staff were successful in re-establishing Alcohol and Substance Abuse outreach services back to the Boston, Massachusetts Native American community through our successful negotiations with Native American Lifelines Foundation. With additional resources given to Lifelines, they were able to implement a dental program providing dental services to the youth and to the elders. This program has increased Lifelines’ patient workload by 300%.

Title I Programs

In calendar year and FY 2011 Contracting has successfully implemented new IHICA provisions into Tribal health contracts. Contracting has executed approximately 160 transactions for a total amount of \$38,178,419.00. All this effort is for the benefit of assisting Nashville Area Tribes in providing Health Care Services to all Tribal members.



Did you know?
The Division of Extramural Awards & Agreements awarded over \$14,000,000.00 in contracts for health services and medical and dental equipment.



The Division of Extramural Awards and Agreements assists the Tribes/Nations of the Nashville Area through administration of PL 638 contracts. In addition, the division executes commercial contracts for goods and services in support of IHS service units and the Nashville Area Office.

the Division of
Information Resources Management staff

ensured 21 RPMS servers were up & running

183,452 *out of* **183,456**
possible hours during the year...



Division of Information Resources Management

Equipment

The Nashville Area’s Division of Information Resources Management (DIRM) staff helped to install and configure newly purchased personal computers and printers, and a new RPMS server for the Mashpee Wampanoag Health Service Unit. This federal RPMS system will serve as the primary system, and the Tribal system that it is replacing will serve as the backup. This system is capable of supporting any future clinical and/or administrative needs for the facility. Carol Bernhisel, Information Technology Specialist, continues to support the setup and implementation of Contract Health Service operations at the service unit.



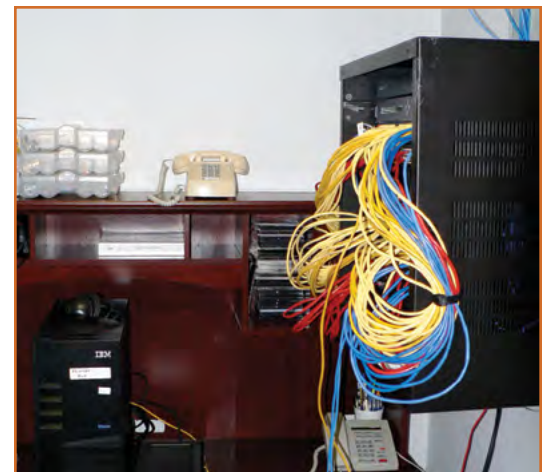
Website Development

Mitchell Wright, Director of DIRM, worked with Office of Information Technology (OIT) at IHS Headquarters to procure the services of a web developer under their national contract to overhaul the Nashville Area’s portion of the main IHS website to coincide directly with the Agency Director’s mission priorities as well as the cascaded elements in the Area Director’s SES report. The redesigned Nashville Area public website went live August 9 of this year. Visit the Nashville Area website at www.ihs.gov/Nashville. This external website was the first of two phases to revitalize the Nashville Area websites and is featured on the national IHS home page, www.ihs.gov. Tammy Crawford, Web Specialist under contract with the Nashville Area, has started work on the second phase of the project to redesign and improve the internal website (intranet) to enhance communications and efficiency of Area operations.



Electronic Health Record

DIRM’s staff worked closely with the Office of Public Health to assist with IHS Electronic Health Record (EHR) evaluations, installations and configurations at locations throughout the Nashville Area. Mr. Wright worked directly with the Alabama-Coushatta Tribe and Coushatta Tribe of Louisiana to install and configure EHR at their respective health centers. DIRM’s staff also aided with the final phases of IHS EHR implementation at Passamaquoddy Pleasant Point and St. Regis Tribe of Mohawk. The DIRM staff helped perform the initial IHS EHR evaluation at the Narragansett, Houlton Band of Maliseet and Mashantucket Pequot Health Centers. The staff also ensured that the IHS EHR software was installed and configured



The Division of Information Resources Management (DIRM) supports Tribal health programs through support and technical expertise in the areas of Resource & Patient Management System (RPMS), network support, office automation and system security. For the Nashville Area, the DIRM provides local Information Technology (IT) support including web site maintenance and development.



correctly at both Narragansett and Houlton. The DIRM worked closely with Tribal Information Technology (IT) staff and on-site personnel to create networking environments suitable for the deployment of the IHS EHR package. This required reworking the cabling and network infrastructure at several facilities. In addition, the DIRM staff helped install newly acquired Windows Servers necessary for running the IHS EHR Graphical User Interface (GUI) software.

In order to meet the Centers for Medicare and Medicaid Services (CMS) Meaningful Use (MU) deadlines for inpatient facilities, Mr. Wright verified that both Tribal hospitals installed the fully certified version of the IHS EHR software suite. With a narrow window of opportunity to meet the CMS July 3 deadline, the Director of DIRM personally performed the installation of all the required software at the Mississippi Band of Choctaw Hospital and assisted with the installation at the Cherokee Indian Hospital Authority. By meeting the July 3 deadline, both hospitals will receive incentive payments offered by CMS for FY 2011.

Like us on Facebook:
www.facebook.com/IHSNAO



or visit us at:
www.ihs.gov/Nashville

Mr. Wright also ensured that 100% of the federal outpatient facilities within the Nashville Area have the fully certified version of the IHS EHR software suite installed on their RPMS database. While the CMS deadline for MU at outpatient facilities is less stringent and requires that outpatient facilities be implementing a fully certified EHR system by the end of 2011, DIRM's staff worked long and tireless hours so that 92% of the Tribal outpatient facilities have the fully certified version of IHS EHR installed on their systems. The DIRM anticipates that 100% of the outpatient facilities will meet the deadlines imposed by CMS and will be using the fully certified IHS EHR software by the end of the calendar year.

Patches

Nashville Area DIRM staff verified that Area staff and subordinate managers implement all applicable information technology requirements in a timely and effective manner, and continually checked that all servers and critical personal computer security patches were installed and implemented. All RPMS application patches were applied in a timely manner so that patient services and national reporting are not impacted. Critical patches regarding recent H1N1 reporting as well as other vital initiatives for the Nashville Area have been installed in an exigent fashion.

Technical Support

The Nashville Area DIRM staff provided technical assistance to 28 training courses conducted in the Nashville Area computer room, with courses ranging from various RPMS packages to financial courses. The DIRM also provided technical support for various EHR training labs. Scott McCoy, IT Specialist, continues



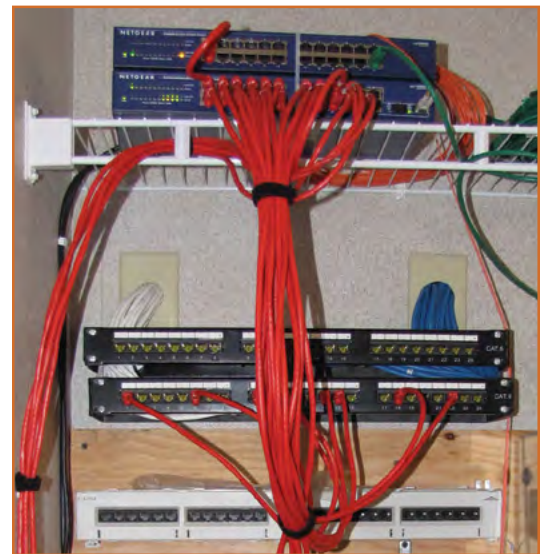
to work with IHS Headquarters to assist with IHS Exchange Email servers and will also be helping with the transition from Exchange 2007 to Exchange 2010. DIRM staff are also responsible for seeing that local user accounts are processed correctly and users can access their email from IHS controlled servers.

IHS RPMS Third Party Billing system was implemented at Tribal Facilities with the help of Ms. Bernhisel. This aided these remote Tribal sites in generating third party collections. The monies collected could be used to expand the health programs located at those remote locations. Ms. Bernhisel also provided CHS, third Party Billing and Accounts Receivable support to all federal operations within the Nashville Area.

Mr. McCoy and Perry Ciszewski, IT Specialist traveled to Passamaquoddy Indian Township to install a newly purchased Windows server. They also installed the software necessary to run IHS EHR at the Passamaquoddy Health Center. Computers at the facility were added to the new Windows domain by Mr. McCoy and Mr. Ciszewski. The Passamaquoddy Health Center moved from a Novell system to a Windows Domain environment. The transfer was handled over the weekend to avoid totally shutting down the facility and interrupting services.

Many Tribes now have a Facebook page that allows them to post event notices and links to health topics for their patients, thanks to the efforts of Mr. McCoy, who helped them get access from within the IHS network. The DIRM has also worked as part of a team to create a Facebook presence for the Nashville Area Office. On the Nashville Area web site, Ms. Crawford incorporated a link to the Area Office's Facebook page, as well as a link to the Catawba Service Unit's Facebook page in an effort to increase patient awareness. Like us on Facebook at www.facebook.com/IHSNAO.

Larry Billie, IT Specialist, served as the Nashville Area representative for the conversion to the national Network GSA telecommunications contract from the previous national FTS2000 GSA telecommunications contract (switching of major contracts.) The new contract was effective August 31, 2010, and he was instrumental in helping to improve the Wide Area Network (WAN) communications during this entire process.



Did you know?

Nashville Area Division of Information Resources Management staff identified a \$6,000 per month cost savings by discovering moved or disconnected WAN circuits.

14 *scholarship awards* worth over
\$936,000.00

were *approved* for **Nashville Area** students

assisted by
the **Division of**

Technical Support...



Division of Technical Support

The Nashville Area was given the “green light” to process pre-employment clearances. In January 2011, the Division of Technical Support (DTS) assumed the processing of eQIP, pre-employment suitability clearances, and HSPD adjudications previously performed by Albuquerque Area Indian Health Service (AAIHS). This will eliminate any downtime delays in processing PIV badges and the process for background clearances for bringing on new hires and transfers.

Learning Management System

The Learning Management System (LMS) is a Department-wide system that provides on-line training, classroom registration and tracks completed training for all HHS and IHS employees. The LMS also facilitates learning through computer-based technologies that offer online web-based training on many topics. In FY 2010–11, Nashville Area expenditures totaled \$127,388.26 in training costs to further enhance employee job performance. The Nashville Area has met 98% completion of annual training requirements to include EEO, Ethics, Records Management, NOFEAR Act, Drivers Overview and Fleetcard Use.

Indian Health Service Scholarship Program

The IHS offers three scholarships to qualified American Indian and Alaska native candidates: Preparatory Scholarship, Pre-Graduate Scholarship, and Health Professions Scholarship. The Nashville Area Indian Health Service Scholarship Program reviewed 54 applications with 14 receiving funding for 2010–2011. For fiscal year 2011–2012, 14 scholarship awards were approved for Nashville Area students in the disciplines of:

- » Chemical Dependency Counseling
- » Physician, Allopathist
- » Medical Technology
- » Nursing, Bachelor of Science
- » Optometry
- » Physician Assistant
- » Pre-Clinical Psychology
- » Pre-Dentistry
- » Pharmacy
- » Pre-Medicine
- » Social Work

Did you know?
During the 2010 Combined Federal Campaign (CFC), Nashville Area employees contributed over \$2,500 to the Tennessee Regional CFC Campaign.

“Kudos to Phoenix, Tucson, Alaska, Portland, Nashville and California for bringing their award numbers up from previous years. All areas are represented this year and the quality of the scholar applicants is getting better every year.”

*—Dr. Dawn A. Kelly (CAPT, USPHS),
Indian Health Service*

The Division of Technical Support (DTS) provides support to all offices and divisions within the Nashville Area Office. In addition, the DTS functions include processing travel authorizations, Freedom of Information Act (FOIA) requests, the IHS Scholarship Program and overseeing the Area Ethics Program and training coordination. The DTS objective is to provide efficient and effective technical support to the NAO and serve as the mechanism to expedite administrative functions to achieve agency goals and fulfill the IHS mission.



O.J. King
Nashville Area Human Resource Specialist

Nashville Area Human Resources

To meet the HR hiring reform in improving the hiring process within the 80-day time frame the HR Specialist has processed and filled 22 positions in FY 2011, five of these positions were located in the newly funded Mashpee Service Unit. Other positions include a Health System Administrator, Doctor, Nurse and two support staff. The hiring time was reduced by 6.2% in FY 2011. The HR Specialist has created a new list of contacts of Native American organizations and colleges to increase number of Indian Preference candidates. A roadmap and tracking tool was developed as a snapshot to track the processing of all personnel actions. This will provide valuable information by targeting areas where downtime may be occurring. The HR Program in conjunction with Property and Accounting implemented a new permanent change of station and relocation process. The HR Specialist has completed the following training sessions in order to improve the processing time for processing new hire and transfers into the Nashville Area:

- » Basic Staffing and Placement
- » Category Rating
- » On-site CHR training (Oklahoma City)
- » Relocation and PCS
- » Pre-employment Suitability and Adjudication
- » 90 days On-the-job training (OJT) documented at Office of the Chief Administrative Officer (OCAO)/IHS

Homeland Security Presidential Directive-12

In May 2011, Nashville Area assumed adjudication processing for NAO federal employee and contractor HSPD-12 background clearances. To ensure the Nashville Area meet the statutory requirements for issuing government badges and to ensure physical and logical access by the mandated completion date of December 15, the Area is on target with 100% of federal enrollments processed and scheduled; 100% complete with systems logical access. DTS is on target for completion of card installations at all NAO employee workstations by December 15, 2011. The physical access is continuing and project completion is expected to meet compliance due date.

Homeland Security Presidential Directive-12 Project Objectives

- Enhance security
- Improve government efficiency
- Reduce identify fraud
- Protect personal privacy
- Establish common ID standard

HSPD Milestones

December 15, 2011	Federal employees with PIV cards and Government Furnished Computer Equipment will be able to log in to their HHS computer using their PIV card.
March 15, 2012	Federal employees and contractors must use their PIV card to access the HHS network both in the office and for Remote Access, with approved exceptions, including employees outside of the continental US and other remote offices.
June 15, 2012	Federal employees and contractors must use a PIV card to access the HHS network both in the office and for Remote Access.

with

99 % of invoices PAID on time,

Nashville's Division of

Financial Management

is the *Highest* achieving Area in the IHS...



Division of Financial Management

The Division of Financial Management (DFM) successfully completed the end-of-year closeout for Fiscal Year 2011 and obligated 100% of funds with no loss of resources. At year-end, the DFM reconciled 98% of the total schedules and 99% of the invoices were paid on time. The Division of Financial Management also reduced Converted Obligations with No Activity (CONA) by 82 documents this year. This is important because CONA documents are old documents, and removing them from the books ensures federal service units are maximizing their resources. Accounts Payable (A/P) developed an alternative way to process and reconcile Centrally Billed Accounts (CBA). Typically, processing and reconciling CBAs can take months; however, the new workaround process allows Accounts Payable to complete this task on a monthly basis.

Maintaining Financial Integrity

While the Catawba Service Unit was short on staff, the Accounts Receivable (A/R) staff at the Nashville Area office took on the task to bring posting claims up-to-date to generate funds (allowances) for the Service Unit. In continuing to utilize the G-Batch process, the Division of Financial Management reduced the number of Journal Vouchers (JV) in 2011 by 70% when compared to 2010—a reduction for three consecutive years! The staff of the DFM received an exceptional audit report, and they are continuously striving for a perfect audit.

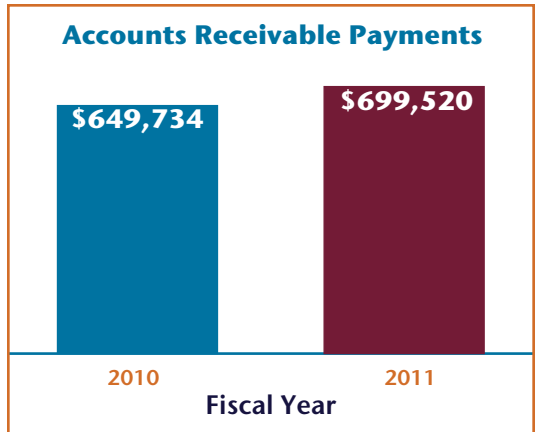
Cash Management

The Cash Management element cascades from the AD SES Elements. The purpose of Cash Management is to ensure funding support for the delivery of health care and assures appropriate administrative control of funds. Cash Management reports are used to leverage UFMS data to maintain and/or improve health care management and to achieve compliance with standards and benchmarks.

Additionally, IHS management monitors Cash Management, Procurement, General Ledger, Accounts Payable and Project Accounting for improvements and trends utilizing the IHS UFMS FMO (Financial Management Office) dashboard.

Comparing the 2010 and 2011 data, the Nashville Area has improved the Absolute Suspense for Disbursements by 37% and the Absolute Suspense for Collections by 68%. The number of reconciled schedules increased by 3% from 95% in 2010 to 98% in 2011, and the number of outstanding schedules decreased by 34% percent. Cash Management staff has made marked improvement in since the implementation of UFMS.

Did you know?
*Nashville Area
 Division of Financial
 Management processed
 \$111.2 million to
 Tribes, representing
 84% of Area resources.*



The Division of Financial Management (DFM) executes the fiduciary responsibilities of the Nashville Area Indian Health Service. Every financial obligation, whether through the 638 contracting process, payroll, or procurement, is managed through the DFM.

Nashville Area IHS *serves*
52,000 NATIVE Americans
 from **29** TRIBES Nations across **14** states...

NASHVILLE AREA
 Tribes • Nations • Locations

- Agency Office
- Tribal Administration
- Federal Clinic/Program Office
- Urban Program



Who We Serve

AREA TRIBES, NATIONS AND PARTNERS



Alabama-Coushatta Tribe of Texas

Livingston, Texas

Clayton Sylestine, First Chief

The Alabama-Coushatta reservation is the oldest reservation in Texas.

www.alabama-coushatta.com



Aroostook Band of Micmac Indians

Presque Isle, Maine

Richard Getchell, Tribal Chief

Since recognition in 1991, the Aroostook Band of Micmac have acquired over 1,300 acres of land.

www.micmac-nsn.gov



Catawba Indian Nation

Rock Hill, South Carolina

Bill Harris, Chief

Fifty Catawba warriors served under George Washington during the American Revolution.

www.catawbaindian.net



Cayuga Nation

Versailles, New York

Clint Halftown, Federal Representative

A traditional home or "longhouse" of the Cayuga Nation (People of the Great Swamp) is large enough to accommodate multiple families.

www.cayuganation-nsn.gov



Chitimacha Tribe of Louisiana

Charenton, Louisiana

John Paul Darden, Tribal Chairman

During peace ceremonies with the French, the Chitimacha used drums, alligator skins, gourd rattles, and flutes to create music.

www.chitimacha.gov



Coushatta Tribe of Louisiana

Elton, Louisiana

Kevin Sickey, Tribal Chairman

The Coushatta are well known for their skill in creating longleaf pine needle baskets.

www.coushatta.org



Eastern Band of Cherokee Indians

Cherokee, North Carolina
 Michell Hicks, Principal Chief

The “Unto These Hills Drama” is the second longest running drama in the United States and tells the history of the Cherokee people.

www.nc-choerokee.com



Houlton Band of Maliseet Indians

Littleton, Maine
 Brenda Commander, Tribal Chief

The Maliseet are recognized as excellent birch bark basket makers. A single Maliseet basket can take 20-30 hours to make.

www.maliseets.com



Jena Band of Choctaw

Jena, Louisiana
 B. Cheryl Smith, Tribal Chief

Today, there are more than five times more Jena Band of Choctaw than in 1910.

www.jenachoctaw.org



Mashantucket Pequot Tribe

Mashantucket, Connecticut
 Rodney Butler, Tribal Chairman

The fox in the center of the Tribal symbol reminds us that the Pequots are known as “The Fox People.”

www.mashantucket.com



Mashpee Wampanoag Tribe

Mashpee, Massachusetts
 Cedric Cromwell, Tribal Chairman

In 2004, a native Wampanoag speaker was born to Mashpee and Aquinnah parents. This was the first native speaker in about 170 years.

www.mashpeewampanoagtribe.com



Miccosukee Tribe of Indians of Florida

Miami, Florida
 Colley Billie, Chairman

The Alligator Alley Reservation Area of the Miccosukee Tribe is the largest of four Reservation Areas with 74,812 acres.

www.miccosukee.com/tribe

AREA TRIBES, NATIONS AND PARTNERS



Mississippi Band of Choctaw Indians

Choctaw, Mississippi

Phylliss Anderson, Tribal Chief

The current Tribal Chief, Phylliss Anderson, is the first female Tribal Chief in the history of the Mississippi Band of Choctaw Indians.

www.choctaw.org



Mohegan Tribe of Indians of Connecticut

Uncasville, Connecticut

Marilynn Malerba, Chief

Mohegan Medicine Woman, Dr. Gladys Tantaquidgeon received honorary doctorates from the University of Connecticut and Yale. She lived to be 106.

www.mohegan.nsn.us



Narragansett Indian Tribe

Charlestown, Rhode Island

Matthew Thomas, Chief Sachem

*The Narragansett Tribe once published **The Narragansett Dawn** magazine which can now be found at the Smithsonian.*

www.narragansett-tribe.org



Oneida Indian Nation of New York

Oneida, New York

Ray Halbritter, Nation Representative

The modern day sport of lacrosse originates from a Haudenosaunee game played by the Oneida Indians (People of the Standing Stone).

www.oneidaindiannation.com



Onondaga Nation

Nedrow, New York

Irving Powless, Chief

An Onondaga (Keepers of the Fire) man can be identified from his headgear or Gustoweh. If it has one feather pointing upward and one downward, he is Onondaga.

www.onondagation.org



Passamaquoddy Tribe Indian Township

Princeton, Maine

Joseph Socobasin, Chief

Passamaquoddy comes from the Tribe's native name, Peskotomuhkati, referring to a traditional way of catching fish using a spear.

www.passamaquoddy.com



Passamaquoddy Tribe Pleasant Point

Pleasant Point, Maine

Clayton Cleaves, Chief

The five point star on the right side of the Passamaquoddy flag represents the Tribe as being to the East and the People of the Dawn.

www.wabanaki.com



Penobscot Indian Nation

Indian Island, Maine

Kirk Francis, Chief

The first elected Penobscot Chief, Joe Attean, was a guide for Henry Thoreau in the 1850's while he visited Maine.

www.penobscotnation.org



Poarch Band of Creek Indians

Atmore, Alabama

Buford Rolin, Chairman

For over 40 years, the Poarch Band of Creek Indians have held the Thanksgiving Day Pow Wow which attracts over 10,000 visitors annually.

www.poarchcreekindians.org



Seminole Tribe of Florida

Hollywood, Florida

James Billie, Chairman

In 1989, the Seminole Tribune – a newspaper published by the Seminole Tribe – won the Robert F. Kennedy Award. This was the first time an Indian newspaper received the award.

www.semtribe.com



Seneca Nation of Indians

Irving, New York

Robert Porter, President

The Seneca Nation (Keepers of the Western Door) is the only Nation to own a U.S. city – Salamanca, New York.

www.sni.org



Shinnecock Nation of Indians

Southampton, New York

Dyáni Brown, Chairperson

Traditionally, the Shinnecock were whalers and constructed dugout canoes to navigate the Atlantic Sea.

www.shinnecocknation.org

AREA TRIBES, NATIONS AND PARTNERS



St. Regis Mohawk

Akwesasne, New York

Randy Hart, Chief

One reservation of the Mohawk (Keepers of the Eastern Door) is located on both sides of the Canada–United States border.

www.srmt-nsn.gov



Tonawanda Band of Seneca

Basom, New York

Roger Hill, Chief

The Tonawanda Band of Seneca's government consist of eight clans: the Snipe, the Heron, the Hawk, the Deer, the Wolf, the Beaver, the Bear, and the Turtle.



Tunica-Biloxi of Louisiana

Marksville, Louisiana

Earl J. Barbry, Sr., Tribal Chairman

The Tunica-Biloxi are experienced traders and entrepreneurs. This is illustrated by the impressive amount of European artifacts they have obtained.

www.tunicabiloxi.org



Tuscarora Nation

Lewiston, New York

Leo Henry, Chief

The Tuscarora are well-known for using Indian hemp to make rope, cloth for shirts, and ceremonial objects.

www.tuscaroras.com



United South & Eastern Tribes

Nashville, Tennessee

Kitcki Carroll, Executive Director

Established in 1969, United South and Eastern Tribes Inc., is a non-profit, intertribal organization that collectively represents its member Tribes at the regional and national level.

www.usetinc.org



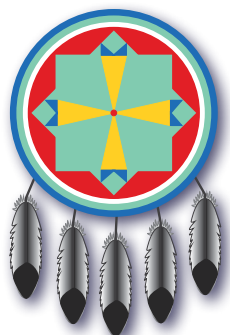
Wampanoag Tribe of Gay Head

Aquinnah, Massachusetts

Cheryl Andrews-Maltais, Chairwoman

The Wampanoag are historically known for manufacturing and trading wampum – shell belts made from quahogs.

www.wampanoagtribe.net



American Indian Community House

134 W. 29th St., 4th Floor
New York, New York 10001

Services:

- » HIV/AIDS Prevention
- » Health and Wellness
- » Behavioral Health
- » Diabetes Education
- » Food and Nutrition
- » Employment and Training
- » Youth Council

www.aich.org



Native American Lifelines of Baltimore

106 West Clay Street
Baltimore, Maryland 21201

Services:

- » Substance Abuse and Mental Health Services
- » Case Management
- » Youth Dental Project
- » Prison Outreach
- » Tobacco Cessation
- » Drop-in Center

www.nativeamericanlifelines.org



Native American Lifelines of Boston

2077 Centre Street
West Roxbury, Massachusetts 02130

Services:

- » Outreach and Referral
- » Aftercare
- » Alcohol and Substance Abuse Counseling and Outpatient Services
- » Smoking Cessation
- » Health Promotion/ Disease Prevention

www.nativeamericanlifelinesofboston.org



FEDERAL DIRECT CARE SERVICE UNITS



Catawba Service Unit

2893 Sturgis Rd.
Rock Hill, South Carolina 29730

Services:

- » Medical
- » Dental
- » Pharmacy
- » Laboratory
- » Preventive Health Exams
- » Community Health
- » Specialized Services

Mashpee Wampanoag Health Service Unit

33 Great Neck Rd.
Mashpee, Massachusetts 02649

Services:

- » Patient Registration/ RPMS
- » Contract Health Services
- » Emergency Preparedness
- » Elder Outreach
- » Earth Recovery Program

Micmac Service Unit

8 Northern Rd.
Presque Isle, Maine 04769

Services:

- » Health Education
- » Acute Care
- » Preventative Health Exams
- » Chronic Disease Management
- » Tobacco Cessation
- » Medical Billing Assistance

Unity Healing Center

P.O. Box C-201
Cherokee, North Carolina 28719

Services:

- » Counseling
- » Adventure-Based Counseling
- » Medical & Dental Care
- » Substance Abuse Education
- » Cultural & Spiritual Programs





Martha Ketcher, MBA, HCM
Acting Area Director

Martha A. Ketcher, full-blood Cherokee and member of the Cherokee Nation of Oklahoma, is currently serving as the Acting Area Director of the Nashville Area Indian Health Service. In Martha's official capacity, she serves as the Deputy Area Director for the Nashville Area Indian Health Service.

Martha started her career with the IHS in January of 1988 as Operating Accountant with the Oklahoma Area IHS Office and in May of the same year transferred to the Nashville Area Office. She has served previously in various capacities i.e. Budget Officer, subsequently to the Deputy Finance Director, Program Analyst, Finance Director, and Acting Executive Officer. Martha has also served for the past 11 years as the Agency Lead Negotiator for Self Governance Compacts. Previous to IHS, Martha was employed for eight years as senior accountant for the Cherokee Nation of Oklahoma where she began her career as a business intern.

Martha earned her undergraduate degree with a Bachelor of Science Degree in Business Administration and Accounting from Northeastern State University in Tahlequah, Oklahoma, in 1981. She completed her Masters Degree in Business Administration/Health Care Management from the University of Phoenix in 2006. She has received honors awards from the Department of Health and Human Services for the Secretary's Award for Distinguished Service, under Secretary Donna Shalala's term, in recognition of Significant Achievements in the Delivery of Health Care, and Indian Health Service Directors Award for Outstanding Performance, Dedication and Commitment to the Mission of the IHS, and the Nashville Area Director's Award for Excellence, including three consecutive Exceptional Managerial Service Awards from the State of Tennessee for Middle Tennessee Federal Executives, and the 2011 IHS Director's Award for Excellence.

She is a wife and mother of two, both in college and participates in multiple community service projects.

EXECUTIVE STAFF BIOS

Timothy L. Ricks, DMD, MPH (CAPT, USPHS) currently serves as the Director of the Office of Public Health (OPH) and Area Dental Officer for the Nashville Area Indian Health Service (IHS), as the National IHS Dental Public Health Consultant Co-Chair of the IHS Early Childhood Caries Collaborative, and Coordinator of the 2011–2020 IHS Oral Surveillance Program. He received a BS from Delta State University in 2002, his DMD from the University of Mississippi in 1995, an MPH from the University of Nevada, Reno in 2003 and completed his Dental Public Health Residency in 2006.

Prior to his current position, Dr. Ricks served as the Acting Nashville Area Deputy Director (May, 2010–August, 2011), service unit dental chief (2004–2006), as a service unit clinical director (2006), as an assistant health director (2004–2006), as a solo dentist for the IHS in Nevada (1999–2004), and in private practice in Mississippi (1995–1999). He is the past chair of the U.S. Public Health Service Dental Professional Advisory Committee, past chair of the PAC Chairs Group, and the recipient of 17 U.S. Public Health Service honor awards, two Area Director Awards (Phoenix Area and Nashville Area), the IHS Director’s Award, the Commissioned Officers Association 2000 J.D. Lane Research Award, the 2002 USPHS Dental Category Ernest Eugene Buell Award, the 2007 USPHS Dental Category Ruth Lashley Award, the IHS Clinical Excellence Award (2000, 2001, 2003, 2006) and the IHS Oral Health Promotion/Disease Prevention Award (1999, 2001, 2003).

Dr. Ricks began his career as a dentist in the IHS with the Pyramid Lake Paiute Tribe in Nixon, Nevada, and received an Exceptional Proficiency Promotion in 2010. While in Nevada, Dr. Ricks served on the state oral health advisory committee and helped lead a state bioterrorism preparedness task force. Dr. Ricks was also deployed to Florida and Mississippi for Hurricanes Rita and Katrina. Currently, he is the Principal Investigator of a longitudinal study measuring the effectiveness of water fluoridation in a Native American population. Prior to his entry into the IHS, Dr. Ricks served in the Army National Guard with a deployment to Panama and serving as a battalion assistant intelligence/counter-intelligence officer, vulnerability assessment officer, military police investigations officer, platoon leader, training officer, and nuclear, biological, and chemical officer.



Captain Tim Ricks, DMD, MPH
Acting Deputy Area Director
May 2010–August 2011



Captain Scott Helgeson
Acting Deputy Area Director
September 2011 – present

CAPT Scott Helgeson currently serves as the Acting Deputy Area Director, having previously served as Acting Director of the Office of Environmental Health and Engineering and the Director of the Division of Sanitation Facilities Construction for the Nashville Area Indian Health Service (IHS). Over a 19-year career with the IHS he has served field assignments in the California, Bemidji, Aberdeen and Nashville Areas. He was commissioned into the U.S. Public Health Service after graduating from the University of Maine in 1991 with a Bachelors degree in Civil Engineering. CAPT Helgeson is a Registered Professional Engineer in the state of South Dakota, and holds a Masters of Engineering Management from the University of Idaho.

Emergency response related activities include deployments to support recovery efforts in Louisiana after Hurricanes Andrew in 1993, tornado destruction on the Pine Ridge Reservation in 1999, and the Gulf Coast after Hurricane Katrina in 2003. In 2008 CAPT Helgeson served aboard the USS Kearsarge on an eight-week deployment to Central and South America in support of the Health Diplomacy initiative which also included disaster response services in Haiti. In addition to several uniformed service honor and service awards, CAPT Helgeson has received three IHS Directors Awards, the Engineers Literary Award and the John C. Villforth Leadership Award from the Commissioned Officer Association.



Captain Harry Brown, MD
Chief Medical Officer

Dr. Harry J. Brown is the Chief Medical Officer for the Nashville Area of the Indian Health Service and is serving as Acting Director, Office of Public Health.

Dr. Brown received his medical degree from the University of Texas Medical Branch at Galveston and completed a family practice residency at the Medical University of South Carolina in Charleston. After residency he worked for a time in a hospital in Cameroon (West Africa). In 1989 he was commissioned as an officer in the US Public Health Service and was assigned to the Indian Health Service. He worked as a family doctor in Rosebud, South Dakota and Cherokee, North Carolina for 18 years. In 2007 he became the Chief Medical Officer for the Nashville Area, a region that includes 28 states in the eastern US.

Dr. Brown has diverse clinical interests, and is particularly interested in patient safety and improving the quality of health care delivery.

EXECUTIVE STAFF BIOS

Gina Blackfox began her federal career on October 3, 2006 as Supervisory Management Analyst and Director of the Division of Technical Support with the Nashville Area Indian Health Service. Her responsibilities for the Nashville Area Indian Health Service include: Ethics, FOIA, HIPAA, Scholarship Coordinator, HSPD Role Administrator, LMS Coordinator, CFC Coordinator, 2010 Employee Association President, and HR Lead. Prior to IHS, she served as Legislative Aide for the Cherokee Nation Legislative Branch for 20 years.

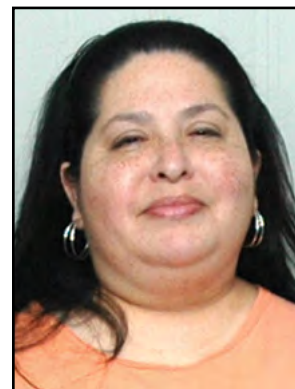
She is full-blood Cherokee and is a Tribal Member of the Cherokee Nation of Oklahoma. She earned her Master of Business Administration from Northeastern State University, Tahlequah, Oklahoma. Gina currently resides in Mount Juliet, Tennessee.



Gina Blackfox
Director, Division of Technical Support

Constance (Conny) York is the Director of the Division of Financial Management for the Nashville Area Indian Health Service.

Conny is a member of the Mississippi Band of Choctaw Indians. She received a Bachelor of Business Administration from Mississippi State University in Starkville, Mississippi. Conny has worked for the Indian Health Service for 20 years.



Constance "Conny" York
Director, Division of Financial Management



Mitch Wright
Acting Director, Division of Information
Resources Management

Mitch Wright was born in the small town of Sitka in Southeast Alaska. He is a member of the Tlingit Tribe of Alaska. Mitch is a retired Marine and during active duty attended administration school in Camp Lejeune, NC, was stationed at Camp Pendleton in California and then later transferred to a Marine Barracks in Sicily. He later served with the Marines during Desert Shield/Storm.

Mitch started working for the Nashville Area Office Indian Health Service as a Computer Specialist in December of 1991. He slowly worked his way through the support structure serving various roles and duties within the Information Technology (IT) arena. In May of 1999, Mitch transferred to the (United States Department of Agriculture) USDA Forest Service in Juneau, Alaska to work as an IT Specialist.

After serving with the Forest Service, he transferred back to the Nashville Area Office Indian Health Service in September 2000. During his tenure with the Nashville Area, Mitch has received numerous awards for customer support and his dedication to the overall mission of the Indian Health Service. In June of 2009, Mitch was tasked with serving as the Acting Director of the Division Information Resources Management.



Captain Phil Rapp
Acting Director, Office of
Environmental Health Engineering

CAPT Philip Rapp grew up in a rural small town in Upstate New York, Finger Lakes area. CAPT Rapp began a construction career at the age of six digging trenches for a neighbor's septic system. He became inspired by this activity which evolved into a lifelong interest and passion for building.

CAPT Rapp received a senior COSTEP scholarship and an Engineering degree from the University of Rhode Island. He began an IHS career after graduating by accepting a first tour assignment to Anchorage, Alaska. Subsequent tours included Nashville Area, as a field engineer stationed in Indian Township, Phoenix Area (Hopi), and Navajo Area (Tuba City) in roles of increasing responsibility from Field engineer to Sr. Field Engineer. CAPT Rapp embarked on the current Nashville Area tour in 1994 as an Engineer Consultant, District Engineer, and Chief of the Project Engineering and Management Branch, PEM-B.

EXECUTIVE STAFF BIOS

Ralph W. Ketcher Jr., member of the Cherokee Nation of Oklahoma, currently serves as the Director of the Division of Extramural Awards and Agreements. He is the Chief Contracting Officer for the Nashville Area with complete oversight for all Service Units and OEHE field sites in providing health related goods and services through the Federal Acquisition Procurement program and with level IV signature authority for Indian Self-Determination Education and Assistance Act (PL 93-638) Title I contracting. Ralph is the Lead Negotiator for all Title I PL 93-638 tribal contracts, negotiating 638 contracts to provide a comprehensive health delivery system to 29 federally recognized Tribes and three urban centers located within 14 southern and eastern United States.

Ralph began his career with IHS in November 1988 as a supply clerk within the Property Management Division. He has 23 years of federal experience—21 of those years are specific to contracting. He currently holds a Procurement Certification as a Level IV Acquisition Manager, and a Certification of Appointment Unlimited Signatory Authority Warrant, which serves the Southeast Region of the IHS (Nashville, Oklahoma, and New Mexico). Ralph's responsibilities as Chief Contracting Officer for the Nashville Area and the Southeast Region include administration and oversight of all major health programs that are characterized by large funding levels with commitment periods extending over a long period of time (five years).

Ralph serves in a number of different leadership roles including Public Law 93-638 Leadership team, Agency Lead for Government Purchase Card Program (National and Local levels), TRANSAM Project program team member serving as the Lead Contracting Officer, Acquisition Management Team member (Regional Contracting Officer) for the Southeast Region serving Area offices in Oklahoma and New Mexico. During his career he has received several IHS National Director's Awards including two Natural Disaster Hurricane Response Team Awards, Audit Resolution Team Award, Outstanding and Continuous Customer Service and Expert Acquisition Advice and Support Award, UFMS Implementation Team Award, and U.S. Bank Government Service Outstanding Achievement Award for Innovation.

Ralph is a husband and a father of two—both in college—and a brother to five siblings. His leisure activities include golfing, fishing, hunting, and spending time with family.



Ralph Ketcher
Director, Division of Extramural
Awards & Agreements

A/P	Accounts Payable	DFE	Division of Facilities Engineering
A/R	Accounts Receivable	DFM	Division of Financial Management
AAAHHC	Accreditation Association for Ambulatory Health Care	DIRM	Department of Information Resources Management
ABM	Aroostook Band of Micmac	DRASH	Deployable Rapid Assembly Shelter
ACA	Affordable Care Act	DTS	Division of Technical Support
AD	Area Director	DVPI	Domestic Violence Prevention Initiative
ADO	Area Dental Officer	EHO	Environmental Health Officer
AI/AN	American Indian/Alaska Native	EHR	Electronic Health Record
ARRA	American Recovery and Reinvestment Act	EHS	Environmental Health Services
BIA	Bureau of Indian Affairs	EMS	Emergency Medical Services
CAPT	Captain	EPA	Environmental Protection Agency
CBA	Centrally Billed Accounts	e-QIP	Electronic Questionnaires for Investigations Processing
CBFT	Core Budget Formulation Team	FEHB	Federal Employee Health Benefits
CDR	Commander	FHT	Field Health Technician
CE	Continuing Education	FMO	Financial Management Office
CEO	Chief Executive Officer	FY	Fiscal Year
CFC	Combined Federal Campaign	GPRA	Government Performance and Results Act
CHEF	Catastrophic Health Emergency Fund	GSA	General Service Administration
CHR	Community Health Representative	HFDS	Health Facilities Data System
CHS	Contract Health Service	HHS	Department of Health and Human Services
CHSMIS	Contract Health Service Management Information System	HIPAA	Health Insurance Portability and Accountability Act
CMO	Chief Medical Officer	HP/DP	Health Promotion/Disease Prevention
CMS	Centers for Medicare and Medicaid Services	HQ	Headquarters
CONA	Converted Obligations with No Activity	HR	Human Resources
COTR	Contracting Officer Technical Representative	HSPD-12	Homeland Security Presidential Directive-12
CPOE	Computerized Provider Order Entry	IHCIA	Indian Health Care Improvement Act
CSU	Catawba Service Unit	IHS	Indian Health Service
DCSC	Direct Contract Support Cost	IPC	Improving Patient Care
DEAA	Division of Extramural Awards and Agreements	IT	Information Technology
DEHS	Division of Environmental Health Services	LCDR	Lieutenant Commander
DEM	Division of Emergency Management	LFHS	Little Feathers Head Start
DEP	Department of Environmental Protection		

ACRONYM GLOSSARY

LMS	Learning Management System	PPE	Personal Protective Equipment
M&I	Maintenance and Improvement	PVET	Primary Vision Element Team
MI&E	Maintenance, Improvement and Equipment	QI	Quality Improvement
MSPI	Methamphetamine and Suicide Prevention Initiative	RAC	Regional Advisory Committee
MU	Meaningful Use	RADM	Rear Admiral
NA-IST	Nashville Area Improvement Support Team	RPMS	Resource and Patient Management System
NAICOB	Native American Indian Center of Boston	SDPI	Special Diabetes Program for Indians
NAO	Nashville Area Office	SDS	Sanitation Deficiency System
NEPA	National Environmental Policy Act	SER	Southeast Region
NHSC	National Health Service Corps	SES	Senior Executive Service
NIHB	National Indian Health Board	SFC	Sanitation Facilities Construction
NOAA	National Oceanic and Atmospheric Administration	TAC-G	Tribal Assistance Coordination Group
OCAO	Office of the Chief Administrative Officer	TEMAC	Tribal Emergency Mutual Aid Compact
OEHE	Office of Environmental Health and Engineering	TRANSAM	Transfer of Department of Defense Excess Material and Other Supplies to Native Americans
OIG	Office of the Inspector General	TUC	Tribal Utility Consultant
OIT	Office of Information Technology	TUS	Tribal Utility Summit
OJT	On-the-Job Training	UFMS	Unified Financial Management System
OPH	Office of Public Health	USDA	United States Department of Agriculture
OPM	Office of Personnel Management	USET	United South and Eastern Tribes
OPSEC	Operational Security	VA	Veterans Affairs
ORAP	Office of Resource Access and Partnerships	VAMC	Veterans Affairs Medical Center
OTA	Office of Tribal Activities	VHA	Veterans Health Administration
PFA	Project Funding Agreement	VISN	Veterans Integrated Service Network
PCS	Permanent Change of Station		
PEM-B	Project Engineering and Management Branch		
PHN	Public Health Nursing		
PIV	Personal Identification Verification		
PL	Public Law		
PLUS-B	Planning and Utility Support Branch		
PMAP	Performance Measurement Appraisal Program		
PMIS	Property Management Information System		

NASHVILLE AREA INDIAN HEALTH SERVICE

711 Stewarts Ferry Pike
Nashville, Tennessee 37214
(615) 467-1500 • (866) 447-6261
www.ihs.gov/Nashville
www.facebook.com/IHSNAO

Nashville Area Office

Office of the Area Director	(615) 467-1500
Office of Tribal Activities	(615) 467-1576
Office of Public Health	(615) 467-1600
Office of Environmental Health & Engineering	(615) 467-1535
Office of Extramural Awards & Agreements	(615) 467-1515
Office of Financial Management	(615) 467-1520
Division of Information Resources Management	(615) 467-1525
Division of Technical Support	(615) 467-1500

Federal Direct Care Service Units

Catawba Service Unit	(803) 366-9090
Mashpee Service Unit	(508) 477-6967
Micmac Service Unit	(207) 764-7219
Unity Healing Center	(828) 497-3958

Area Field Offices

Atmore Field Office	(251) 446-4519
Bangor Field Office	(207) 941-9921
Catawba Field Office	(803) 366-9090
Manlius Field Office	(315) 682-3167
Opelousas Field Office	(337) 948-4328

2011 Nashville Area Annual Report Team

Project Sponsor

Martha A. Ketcher

Project Manager

John M. Shutze

Graphic Designers

Tammy A. Crawford

Geoffrey Elliott

Photographers

John M. Shutze

Michelle Marshalek

Advisors

Harry A. Brown

Scott M. Helgeson

Robin Kitzmiller

Tim Ricks

Palmeda Taylor

Inetta Tiger



Nashville Area Indian Health Service

711 Stewarts Ferry Pike

Nashville, Tennessee 37214

(615) 467-1500 • (866) 447-6261

www.ihs.gov/Nashville

www.facebook.com/IHSNAO



Have a QR Reader on
your smartphone?



Scan the code for
more information
about Nashville Area
Indian Health Service.

