



**A Dialogue about
Ideas for Renewing the
Indian Healthcare System**

Renewing our Indian Health Care System

**NCCD Presentation
February 11, 2009**

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✘ Health Care Stresses

✘ Encouraging signs

✘ Troubling signs

Multiple Reasons

✘ Historical low funding

✘ Eligible's

✘ Underlying Economic Forces

Step 4 Ideas
for Renewal

Ideas for Ways to Renew Our System



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Guiding Principles for the Ideas

- ✓ Securing a healthcare system for Indian people that fulfills our mission and goals
- ✓ Strengthening our core model – a community oriented primary care system
- ✓ Transform but not diminish services
- ✓ Equalizing access to healthcare services
- ✓ Seeking consultation on policies that affect Indian people
- ✓ Honoring sovereign tribal choice

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Honor Self-Determination

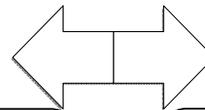


Both tribal and federal sites experience the conditions that we have discussed, often in tandem. Self-Determination law recognizes that tribally-operated sites may respond to these conditions differently than the IHS may respond. We encourage all tribes to fully consider ideas for renewal. Participation by tribal partners in renewing our system is welcomed but not required.

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A Range of Approaches to Renewal

LOCAL



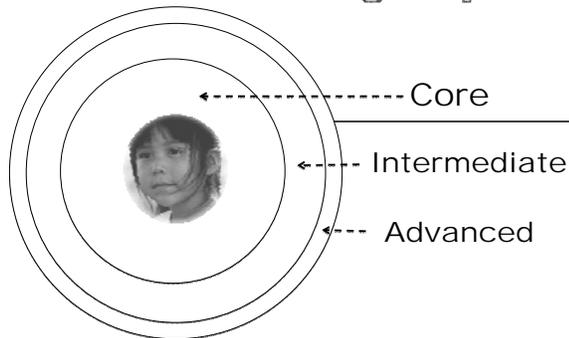
NATIONAL

- Local in scope
- Immediate, many already underway
- Focus on improving local operations
- Ex: Chronic Care Initiative

- National in scope
- Long-term
- System-wide focus
- Preliminary ideas
- Includes tribal consultation

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Key Idea: 3 Dimensions of Care Surrounding Every Patient



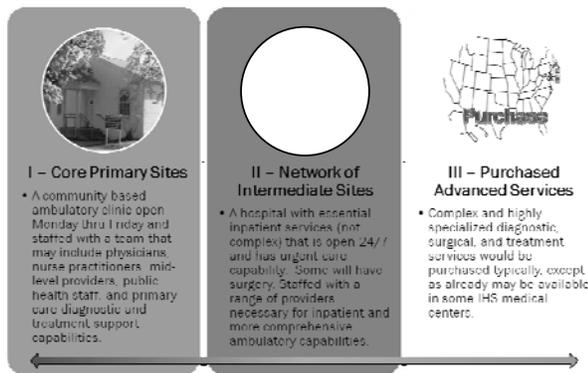
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3 Layer Service Package



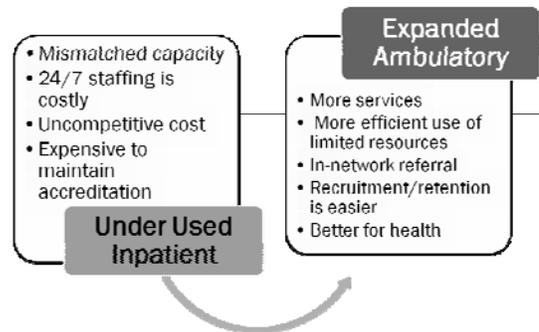
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3 Layer Delivery System



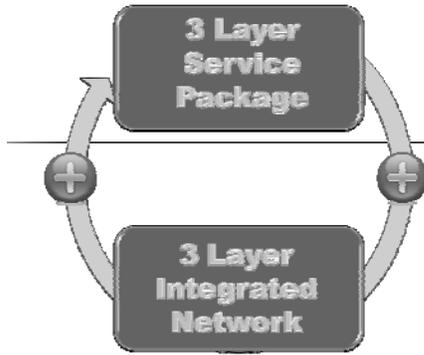
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Expand Services by Conversions



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More Cost Efficient, Better Quality



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Some Issues to Consider

TIMING	• Transformation is a long term process.
FACILITIES THRESHOLDS	• Population thresholds and cluster groups for referral
HFCPS	• Does Health Facilities Construction Priority System align?
RESOURCE FORMULA	• Do budget IHS categories and allocation formula align?
REIMBURSEMENT	• Need in-network referral reimbursement mechanism.
CONVERSION COSTS	• Cost to transform facilities
INFRASTRUCTURE	• Forecast investments in EHR, beneficiary ID and transport

Supporting Ideas

Primary
Idea

3 Dimensions of
Service
and Delivery

Supporting
Ideas

TRANSFORM
CHS

UNIFY
ELIGIBILITY

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Align CHS with 3 Layer Concept

Align
Medical
Priorities

Unify CHS
and Direct
Eligibility

Align
Resource
Management

Align CHS
medical
priorities with
the service
package to
promote better
health
outcomes.

Unify CHS and
Direct eligibility
rules to promote
a continuum of
care and uniform
access.

Align CHS policy
and funding
within a mutually
supporting
network.

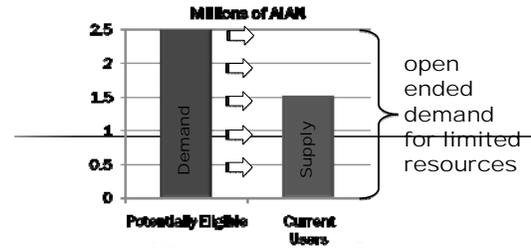
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CHS – Some Issues to Consider

ALIGNING CHS PRIORITIES	<ul style="list-style-type: none"> Implications of 3-layer model on CHS medical priority list.
INTEGRATING SERVICES	<ul style="list-style-type: none"> Extent CHS policies and practices need adapting to fit.
ELIGIBILITY	<ul style="list-style-type: none"> How many people would be affected?
BUDGET	<ul style="list-style-type: none"> \$ impact is potentially large. Need a forecast.
MANAGEMENT OPTIONS	<ul style="list-style-type: none"> Extent that CHS management practices need adapting to fit.

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Should eligibility be reconsidered?



Statutory eligibility – “member or descendent of a federally recognized Tribe”

4 million people claim AIAN ancestry – e.g., open ended demand

Only the Congress and Tribes can directly address statutory eligibility



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Secondary Eligibility Rules

- Withdraw 1987 published rules still under moratorium
- Clarify and align secondary eligibility rules and IHS open door policy
- Seek uniform eligibility for CHS and Direct services

Clarify and align secondary eligibility rules



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Some Questions

ELIGIBILITY #s	<ul style="list-style-type: none"> How many AIAN would be affected by unifying eligibility rules?
OVERLAY	<ul style="list-style-type: none"> Are rules aligned with the layered approach to services?
UNIFY	<ul style="list-style-type: none"> Which path to uniform eligibility is preferable – CHS, Direct, other?
EXISTING USERS	<ul style="list-style-type: none"> Should existing users be grandfathered? If sites individually restrict eligibility, such persons would impact other sites of the system

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No Instant Gratification



Our ideas are not a quick fix. Renewal can not be fully accomplished next year, in the following year, or even in the year after. This path is a long one! We can not see all the twists and turns along the way. But we think this path leads in the right direction..

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Why Renew Our System?



We must secure and improve Indian healthcare, *not only* for this generation, but for generations to come!

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Presentations and other material are available from this "intranet" site:

<http://workgroups.ihs.gov/sites/Renew>

Renewing Indian Health Care

Documents

- Presentations
- Other Documents

Links

- EVENTS SCHEDULE
- Tools

Discussions

- Discussion List

News

- People and Groups
- Recycle Bin

ANNOUNCEMENTS

WebEx - [click here to read fully](#) 10/6/2008 4:11 PM
by IHSgov, OPIA
WebEx & Teleconference for Indian Health Clinical Leaders

See "EVENT SCHEDULE" below.
You may receive an invitation soon to join an October 6 WebEx and teleconference presentation. The purpose of the session is to begin a conversation.

Presentations - [click here to read fully](#) 10/6/2008 4:19 PM
by IHSgov, OPIA
A DIALOGUE ABOUT RENEWING INDIAN HEALTH CARE

Presentations are posted here which outline "ideas" for renewing the Indian health care system. A LONG 47 slide set and a SHORT 17 slide set are available. The short set was presented by the...

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DISCUSSION LIST

Subject	Created By	Topic	Last Updated
You are invited to attend	IHSgov, OPIA	0	10/6/2008 3:39 PM
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Thank you for considering these ideas. Let us begin a dialogue on ways to renew our health care system.

Where are we at in this process?

- × Dialogue has begun with staff, employees, and tribes
- × All Area Directors have been asked to submit reports on the dialogues to the SG by March 13th.
- × Data will be reviewed.
- × Recommendations reviewed with input.
- × Next DEC may be charged with consultation efforts.