



Health Services and Facilities Master Plan

FINAL 1/12/06



TAOS · PICURIS Service Unit

New Mexico





Health Services and Facilities Master Plan

Final 1/12/06

Taos-Picuris Service Unit

New Mexico



CL Associates, Inc.

2077 Placita de Quedo

Santa Fe NM 87505

(505) 474-6306

classociatesinc@earthlink.net

Table of Contents

Table of Contents	2
Index of Tables & Images	4
Introduction	5
Plan Summary	6
Executive Summary	6
Planning Process	10
Findings: Health Services	12
Other significant findings: Health Services	18
1. Recordkeeping	18
2. Migration of Urban Indians	18
3. “No-Show” appointments	18
4. Wait Times	19
5. No direct hospital admitting abilities	19
6. Contract Health Services	19
7. Limited Prevention and Education Activities Impact Health Status	19
8. Meeting IHS Standards of Care	20
9. Staff Recruitment and Training	20
10. Pharmacy	21
11. Dental	21
12. Optometry	21
Recommendations: Health Services	22
1. Improved Data Quality	22
2. Health Care Coverage	22
3. Expansion of Services	22
4. Outreach Activities	23
5. Continuum of Care	23
6. Podiatrist on Staff	23
7. Create a Taos Health Center Foundation	23
Findings: Facilities	24
1. Facility Design and Adequacy to Meet Current & Projected Service Need	24
2. Taos Health Center Equipment	25
3. Medical Records	25
4. Dental	25
5. Staff meeting / training / education	25
Recommendations: Facilities	26
1. Facility Improvements to Meet Service Need	26
2. Facility Improvements by Department to Meet Service Need	26
Demographics and Physiographic Features of the Area	27
Service Unit Boundaries	27
Service Unit Location	28
Existing Location and Health Services Provided	31



Health Services Delivery Plan..... 33

 Ambulatory Medical Services 35

Projected Service Need - Quantitative..... 37

 User Population 39

 Urban Indians..... 39

 IHS vs. National Averages 40

 Budget Issues 41

Projected Service Need - Qualitative 42

 Medicare and Medicaid Changes 42

 Indian Self Determination Act (P.L. 93-638)..... 42

 National Patient Information Reporting System (NPIRS) & Government Performance Reporting Act (GPRA) 42

 Educating Consumers 43

CONTRACT HEALTH SUMMARY 44

 Contract Health Service Expenditures 44

 Priority One..... 44

 Priority Two 45

 Priority Three 45

 Priority Four 45

Facilities Master Plan..... 47

 IHS Supportable Space - Health Systems Planning Criteria and Population Mapping 47

 Exam Room Quantity..... 48

 Resource Requirements Methodology 48

 Facilities Size, Age and Condition 48

 Facilities Size, Age and Condition 48

Preliminary TPSU Facility Review and Space Summary 49

 Facility Review 49

Index of Tables & Images

Number of TPSU Patient Visits 2000 - 2004 with 2015 Projections	7
TPSU Outpatient Visits 2000-2004 with 2015 Projection	8
Taos Picuris Service Unit Active User Population	12
TPSU Patient Visits by facility 2000 - 2004.....	13
Taos Picuris Service Unit Recurring Base Funding	13
SFSU Third Party Insurance Collections 1997 - 2004.....	14
TPSU Budget.....	15
Diabetes Audit Chart	20
TPSU Total Outpatient Visits by Age (2000 - 2004)	28
Distance To Clinics / Hospitals From Key TPSU Communities	28
Distance Between Communities within AAIHS.....	29
AAIHS Service Unit Map	30
Taos-Picuris HC Facility Sheet	32
TPSU Outpatient Visits Compared to Albuquerque Area (2000-2004)	35
TPSU Comparison Top 35 Diagnoses Ranked by Number of Patient Visits in 2004	36
TPSU Visit Projections To 2015 Projections by Facility by Diagnostic Group (Based on Primary Diagnostic Group).....	38
Taos Picuris Service Unit Outpatient Visit Utilization vs. National Use Rates	41
Draft SPACE SUMMARY PLAN (Taos HC Year 2015)	50

Introduction

In the FY 2000 Appropriation Bill for the Public Health Service, the United States Congress directed Indian Health Service (IHS) to determine the level of services and the types of facilities needed to supply these services through the year 2015. The IHS' Office of Environmental Health and Engineering (OEHE) was assigned responsibility for overseeing the process. In February 2003, Dr. Charles Grim, Assistant Surgeon General of the Department of Health and Human Services, instructed all Area IHS offices to develop a Health Services and Facilities Master Plan (HSFMP) to meet the Congressional directive.

The Albuquerque Area IHS assessed its resources and initiated its planning process by October 2003. The Albuquerque Area HSFMP has been developed over 18 months by integrating statistical analysis and site visits with participation from tribes, Service Unit health boards, IHS administration, and medical staff. It is the product of research, community outreach, statistics, analysis, discussion, and document review. Its purpose is to guide the development of health care services and facilities through the year 2015.

Planning for the Taos Picuris Service Unit (TPSU) HSFMP occurred throughout 2004 and mid 2005. All of TPSU's data will ultimately be blended with the HSFMPs of the eight other Albuquerque Area Service Units, and result in the Albuquerque Area Health Services and Facilities Master Plan.

Appendix A provides a glossary of acronyms and terms used throughout this report. Other documents, most notably the U.S. Commission on Civil Rights report "Broken Promises: Evaluating the Native American Health Care System," and historical information about legislation concerning health care for Indian were reviewed as background information for this report, and they are summarized in Appendix B. Other documents reviewed include "The IHS Strategic Plan: Improving the Health of American Indian and Alaska Native People Through Collaboration and Innovation", January 2003; "Transitions 2002: A Five Year Initiative to Restructure Indian Health", October 2002; "A Quiet Crisis: Federal Funding and Unmet Needs in Indian Country" July, 2003, U.S. Commission on Civil Rights; and "A Comprehensive Mental Health Care System for Native Americans in new Mexico", November 1993, University of New Mexico Department of Psychiatry.



Plan Summary

The Taos Picuris Service Unit HSFMP:

- Provides an overview of the IHS existing and clinical buildings in the Taos Picuris Service Unit.
- Identifies the services currently provided within those facilities, based on staff input and statistical research;
- Identifies the need, based on user population and projected population, for expanded services and facilities by the year 2015;
- Estimates the amount of investment required to meet these needs;
- Reports significant findings; and
- Proposes strategies to meet the needs identified.

Executive Summary

Taos-Picuris Service Unit (TPSU) consists of one health center owned and operated by IHS at Taos Pueblo. Picuris Pueblo provides a room within its administration building to the IHS, which provides very limited triage, referral and pharmaceutical services twice a month.

The Taos Health Center (built in 1994) was designed as an ambulatory clinic to accommodate regular medical patient visits, laboratory, pharmacy, dental, and mental health. The facility requires only minor renovations to accommodate improved technology, computerization, patient flow and administration.

In 2004 the federal appropriation for TPSU based on tribal shares and Resident Active User Population was \$1,982,930 for staffing of clinical facilities, equipment, and facility management. Another \$812,338 million was provided for Contract Health Services. This represents a ** percent increase in seven years. The IHS allocation was supplemented by approximately \$1.3 million from third party reimbursements including Medicare and Medicaid. Since FY 2003 the Service Unit recorded a six percent increase in Medicaid collections; six percent increase in private insurance collections, and ** percent increase in Medicare collections. In 2004 approximately 11 percent of TPSU's operations came from third party payments.

Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019. Over the next 10 years Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of "pay

for performance” will be instituted so that Medicare & Medicaid payments will be based on performance indicators rather than outcomes.

With more than six percent of its revenue dependent on Medicare and Medicaid funding, the TPSU will need to make difficult changes to accommodate its future existence.

- The number of patients registered at TPSU rose 12 percent from 2000 to 2004 -- from 4,415 patients in 2000 to 4,943 patients in 2004. An average of 145 new patients register at the Service Unit each year. During this same time the number of Active Users in the Taos Picuris Service Unit decreased by nine percent from 2000 – 2004 while the number of patient visits rose somewhere between 13 and 23 percent. Conflicting data from the same source within IHS however, makes this analysis difficult. Consultants received numbers from the IHPES database ranging from 16,796 to 19,394 patient visits in 2000, and 19,451 to 20,328 patient visits in 2004. Picuris Health Center was closed in early 2004 for repairs, thus the reduced number of patient visits.

Number of TPSU Patient Visits 2000 - 2004 with 2015 Projections

FACILITY	2000	2001	2002	2003	2004	% Change 2000-2004	2015 projected LOW (2)	2015 projected HIGH (1)
TAOS	16,566	16,463	17,139	19,451	20,328	23%	31,614	37,560
Active Users*			2031	2070	2031		2354	2482
PICURIS	198	132	165	278	133	-33%	27,919	28,890
Active Users*			197	202	197			
TPSU TOTAL Patient Visits	16,764	16,595	17,304	19,729	20,461	22%	27,852	37,560
TPSU Total Users			2228	2272	2273		2354	2482

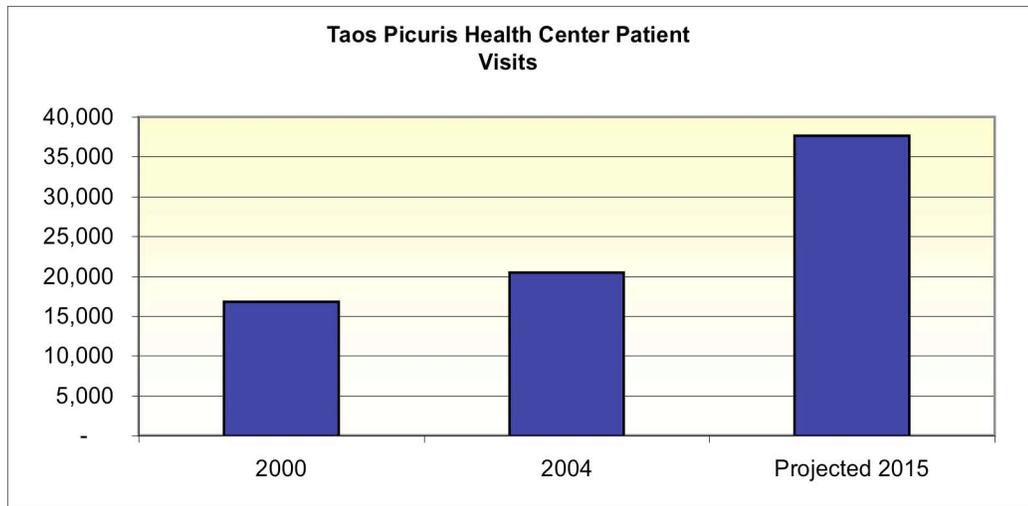
* Active Users in this chart include a percentage of “Other” or “Urban” Indians at each facility, calculated at 91% for Taos and 9% at Picuris. Data earlier than 2002 was suspect, therefore not used. Patient visit projections based on historical use, where (1) is based on % change and (2) is based on actual # change. Active User projections based on Health Systems Planning software (1) and historical use (2).

The Health Systems Planning (HSP) software used by IHS to determine workload projections estimates that the TPSU health care delivery system will see a nine percent rise over year 2004 Active User population by the year 2015 – to 2,484 Users.

HSP uses formulas based on Total Primary Care Provider Visits (PCPVs). PCPVs to include physician visits for diagnosis typically seen by Family Practice, Internal Medicine, Pediatric, Obstetric/Gynecology, Tribal Physicians and Mid-Level Practitioners that support these specialties. The consultants used Outpatient visits to more accurately reflect provider workload based on need out of concern that PCPV use would not reflect true need when contract health providers and specialists are commonly used.

Based on historical use patterns the Taos Picuris Health Center could expect to see at least 31,600 patient visits in the year 2015.

TPSU Outpatient Visits 2000-2004 with 2015 Projection



In 2004 approximately 25 percent of patients in the TPSU registered as “Other” – not enrolled in either Taos or Picuris Pueblos, and therefore services were provided without reimbursement by IHS. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not.

According to IHS Health Systems Planning software the average age of the TPSU Active User population is 32 years (the 2000 U.S. Census shows that median age for Taos Pueblo is 34.9 years and Picuris Pueblo is 29.6 years). Almost 51 percent of the patient visits come from individuals over 45 years of age. As the ‘bubble’ population in the 15-44 range ages, services and facilities will obviously need to change to accommodate more prevention and prepare for diseases known to affect this aging population.

Despite limited funding TPSU has demonstrated the ability to provide basic health care to the 2,273 Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60 percent of national levels, and lower availability of health care services (25 percent annual availability of dental services versus 60 percent for U.S. population overall). Complicating these factors are the limited number of providers – almost 50 percent less per capita than the U.S. population overall.

Documentation prepared for this Plan indicates that by the year 2015, with a projected Active User population of 2,484 (includes Active Users the Taos Health Center will need an ambulatory facility of at least 29,440 square feet. Preliminary analysis based on historical use trends indicate that the facility will need a minimum of 11 examination rooms (25 minutes per patient) and as many as 20 (45 minutes per patient). Current square footage is 20,484 square feet and the clinic operates with six examination rooms, one treatment room and one cast room.

In summary, by 2015 the TPSU will be forced to provide patient services to an increasing – and aging – population, with even fewer resources. The annual IHS budget has increased only approximately 3 percent per year for facilities and services –much of which must be used for federally mandated “Cost of Living Adjustments” for staff salaries. The impact of this minimal increase on the IHS’ ability to provide quality health care services cannot be understated. It has also resulted in under-funding of facilities, equipment, and other capital investment necessary to provide adequate health care services.

- While an admirable approach, the “do more with less” medical practice can mean that true health care needs are never fully addressed, preventive care is neglected, and longer term, more serious chronic conditions result. An example is the 2004 Area-wide decision to restrict medical coverage to Priority One levels of care. The long-term outcomes of these reductions point to an increased – not decreased—health care burden on providers and facilities by the year 2015.



Planning Process

In 2001 Taos and Picuris Pueblos were successful in their petition to IHS for separation of finances and services from the Santa Fe Service Unit (SFSU). Beginning with Fiscal Year 2002 (October 1, 2001) the Taos Picuris Service Unit was born, composed of these two tribes located in northern New Mexico's Rio Arriba and Taos counties. Until 2002 TPSU use data and budget were integrated with SFSU data; to accurately assess historical use and project trends to the year 2015 consultants have attempted to separate the data where possible. For consistency all statistics from years 1997-2002 are referred to as "TPSU". Although the Taos Picuris Service Unit was not yet a separate entity patient use of the facility would be no different before or after 2002.

TPSU inherited the Taos Health Center, widely used by both tribes as a health clinic providing regular ambulatory medical, dental, pharmaceutical, and mental health services. The health station at Picuris Pueblo is one room within the administration building that serves as a health clinic one day a week. Questions about the building's structural integrity forced the IHS to close the office in 2004 for repairs, but it was re-opened in mid 2005.

From April 2004 to March 2005 the TPSU Executive Committee including IHS employees, and members of tribal health programs staff met with occasional input from Taos Pueblo representatives, to provide input to the HSFMP regarding the level of services desired by the year 2015, medical service priorities, and facility needs. *(Most other Service Units had health board meetings in which representatives listed core Strengths, Weaknesses, Opportunities, and Threats, normally presented in Appendix C).* These documents help to form the basis for the HSFMP design and prioritization. A list of contacts and attendees from meetings are provided in Appendix D.

Tribal representatives were contacted regarding improvement to health care services and expansion of facilities in the process of researching and writing this HSFMP, and both Taos and Picuris representatives attended Santa Fe Service Unit Health Board meetings held at Santa Fe Service Unit.

Service Unit administrative staff and tribal representatives reviewed and discussed use of the health facilities, including:

- the number of patient visits by categories of disease classification with historical perspective (Fiscal Years 1997 – 2003);
- provider workload based on these patient visits;
- pharmacy, laboratory, dental, and medical visits;



- list of services currently provided by IHS and services that should be provided by 2015, based on tribal need; TO BE COMPLETED BY STAFF
- current and needed services in terms of “quality of care” and appropriate distance to obtain the service;
- services ranked in order of priority to assist tribal leaders and IHS administration to better understand critical needs; and TO BE COMPLETED BY STAFF /. TRIBAL INPUT
- Strengths, Weaknesses, Opportunities, Threats (SWOT presented in Appendix C). TO BE COMPLETED BY STAFF /. TRIBAL INPUT

Interviews with key staff provided information regarding facility operating hours, current staffing levels and projected staffing needs for 2015, productivity and efficiency, and recommendations for improvements in provision of health services, administrative functions, equipment, and the physical facility. Questionnaire responses are included in matrix format in Appendix E.

Administration and medical staff were consulted regarding the disparity of statistics between two systems used by IHS for data reporting: the Resource and Patient Management System (RPMS) and the IHPES/ORYX databanks. In some cases, staff doubted the statistics from both data reporting systems because they seemed too low and unrepresentative of actual patient use. The consultants determined that the IHPES/ORYX reports were more reliable, had less duplication of data and had more “clean” data across all service units in the Albuquerque Area. The IHPES/ORYX database was therefore chosen as the source for analysis. A few exceptions are noted, and RPMS was included in the HSFMP to elaborate on specific issues.

Medical diagnostic statistics for the IHS user population of Taos and Picuris Pueblos were provided to health board members and tribal leaders. This included, for example, the number of living patients diagnosed with Diabetes Mellitus Type 2 and its complications as of July 1, 2004. Data were pulled from the IHS-RPMS database using specific search criteria within the Q-Man data system for International Codes of Diagnostics (ICD-9) of Diabetes Mellitus Type 2. Other data provided includes patient diagnoses of asthma, hypertension, cancer, heart disease, and high cholesterol.

This information was presented to help tribal leaders and medical staff analyze the level of need based on diagnosis, patient volume, and provider workload and to determine adequate care for current and future needs. Included in the HSFMP is a description of existing facility and its adequacy to meet current and future service demands. The HSFMP developed as a result of this process will assist the TPSU and the Albuquerque Area IHS to determine primary care and specialty care needs as well as the facilities required to ‘house’ these services.

Findings: Health Services

The following findings and recommendations are the result of an 18-month planning process that included site visits, interviews with staff, and consultation with Health Board members and tribal leaders.

Ambulatory medical services are provided at the Taos Health Center 8 a.m. – 5:00 p.m. Monday through Friday, with a 1 hour lunch break. Walk-in patients are accepted every day except Wednesday morning. The clinic is closed every Thursday morning for administrative duties. Minimal evaluation and referral care is provided at Picuris Health Station for one day, twice a month by a medical doctor and nurse. This service was interrupted in early 2004 for building repair, but reinstated in January, 2005.

The number of patients registered at the Taos Health Center rose by 12 percent over a four year period - from 4,415 in to 4,943 patients in 2004.

According to the IHS Resource and Patient Management System (RPMS) TPSU averages approximately 24 deaths, 30 births, and about 145 new registered patients each year. No patient is ever 'removed' from the Registered Patient Index and as a result this number will only continue to expand through the years. Registered users can also reflect one-time use of the facility by a patient from another region of the country traveling through Taos and Picuris pueblos or surrounding areas and stopping for medical services.

IHS Funding formulas and planning tools however, rely on the Active User Population which is substantially less. An Active User is defined as a patient who has interacted with any IHS facility across the United States at least once in the past three years.

The number of Active Users in the Taos Picuris Service Unit increased only eight percent from 2000 to 2004, with the majority coming from the "Other" category. From 2000 to 2004 however the number of patient visits rose 22 percent from 16,764 in 2000 to 20,328 in 2004.

Taos Picuris Service Unit Active User Population

	FY 02	FY 04	% Other	Total	# Change 00-02	% Change 00-02	2015 projected (1)
Active User Population	1548	2274			2	0%	2484
Taos Pueblo	150	1550	523	2073	-2	-1%	
Picuris Pueblo	530	148	2	150	45	8%	

(1) data from HSP based on Projected User Population formula



TPSU Patient Visits by facility 2000 - 2004

FACILITY	2000	2001	2002	2003	2004	% Change 2000- 2004
Taos HC	16,566	16,463	17,139	19,451	20,328	23%
Picuris HC	198	132	165	278	133	33%
TOTAL	16,764	16,595	17,304	19,729	20,461	22%

Overall, TPSU is doing slightly better than most service units of the Albuquerque area to provide comprehensive patient care with decreasing financial resources. Congressional budget increases averaging 3 percent per year cover mandated Cost of Living Adjustments (COLA), but are insufficient to replace equipment, hire new staff, or replace staff who have left. In fact, every Service Unit throughout the Albuquerque Area (and nationwide) depends on third party reimbursements to cover program, staffing, and equipment costs.

Taos Picuris Service Unit Recurring Base Funding

PROGRAM	FY 2003 RECUURING	FY 2004 RECUURING	% Change 03 - 04
HOSPITALS & CLINICS	\$1,559,282	\$1,559,282	0
DENTAL	\$202,785	\$202,785	0
MENTAL HEALTH	\$88,098	\$88,098	0
SUBSTANCE ABUSE *	\$17,271	\$5,720	0
PUBLIC HEALTH NURSE	\$99,545	\$99,545	0
HEALTH EDUCATION	\$27,500	\$27,500	0
CONTRACT HEALTH SERV	\$812,338	\$812,338	0
TOTAL	\$2,795,268	\$2,795,268	0

Source: AAIHS Recurring Base Funding Statistics

*Substance Abuse program funding for Taos Pueblo has ISDA contracted funds.

The IHS allocation was supplemented by approximately \$1.35 million from third party reimbursements including Medicare and Medicaid. With approximately 33 percent of its revenue dependent on Medicare and Medicaid funding (2004) the TPSU will need to make difficult changes to accommodate its future existence.

TPSU retains approximately 50 percent of its Hospitals and Administration funding at the Santa Fe Service Unit to 'pay' for ambulatory and inpatient services for members of the Taos and Picuris Pueblos.

In any analysis it must be noted that across the Albuquerque Area, IHS depends upon third party reimbursements from Medicare, Medicaid, and private insurance for a significant percentage of its program and medical service support.

Since patients have the right to receive medical services at any facility that accepts their insurance, it is imperative that TPSU begin to improve and market its services to attract new and retain existing patients. Threatened Medicare budget cuts may result in reduction of services for tribal members using outside medical care and encourage their return to IHS for health care. The same Medicare cuts would be felt by IHS, however, and it would be forced to provide additional services to tribal members with declining Medicare revenues.

SFSU Third Party Insurance Collections 1997 - 2004

SFSU 1997 - 2004

			% Change	% of Total
	2003	2004	1997-2004	2004
Private	\$ 352,586	\$ 344,619	-2%	1%
Medicaid	\$ 6,394,346	\$ 7,146,776	12%	29%
Medicare	\$ 1,472,703	\$ 1,472,703	0%	6%
Other	\$ 235,953	\$ 187,032		1%
Subtotal 3rd Party Insurance	\$ 8,455,588	\$ 9,151,130	8%	37%
Federal Appropriations	\$ 15,830,087	\$ 15,645,782	-1%	63%
Total	\$ 24,285,675	\$ 24,796,912	2%	100%

Source: IHS budget data. Represents the entire appropriation including CHS, and minus mental health program ISDA/638 amount for Taos Picuris ** 2004 data may be incomplete

Also in 2004 the Taos Pueblo received funds for its ISDA/638 mental health and diabetes outreach programs.

The following table outlines TPSU budget statistics in comparison to the number of cases and active user population.

TPSU Budget

TPSU BUDGET

	FY 1997	FY 2003	FY 2004	Number Change 1997 - 2004	% Change 1997 - 2004
REVENUES					
Total Federal Appropriation (1)	\$694,215	\$2,831,566	\$2,795,268	\$2,101,053	303%
3rd Party Collections	\$0	\$1,112,399	\$1,358,048	\$1,358,048	N/A
Subtotal Revenues	\$694,215	\$3,943,965	\$17,037,183	\$16,342,968	2354%
EXPENSES					
Hospitalizations (2)	\$117,406	\$153,758	\$230,305	\$112,899	96%
Dental (2)	\$9,473	\$13,466	\$10,351	\$878	9%
Total CHS Expenditures (2)	\$126,879	\$167,224	\$240,656	\$113,777	90%
POPULATION SERVED					
ACTIVE USER POPULATION	2,296	2,371	2,273	-23	-1%
OUTPATIENT VISITS (3)	18,978	20,820	20,228	1,250	7%

(1) IHS Recurring Budget

(2) IHS Albuquerque Area Operational Summaries directly from RPMS

(3) Includes Taos Health Center. All data from TPSU

Since patients have the right to receive medical services at any facility that accepts their insurance, it is imperative that TPSU begin to improve and market its services to attract new and retain existing patients. Threatened Medicare budget cuts may result in reduction of services for tribal members using outside medical care and encourage their return to IHS for health care. The same Medicare cuts would be felt by IHS, however, and it would be forced to provide additional services to tribal members with declining Medicare revenues.

Due to low funding levels, the IHS restricts patient care to Priority One medical conditions and thereby inhibits most preventive care and limits access to specialists.

A critical finding of this HSFMP is that medical recordkeeping throughout the Area-wide RPMS lacks standardization. Consultants found conflicting or inaccurate statistical reports on patient visits, provider workload, and facility use throughout the entire Albuquerque Area. Some statistical inaccuracies were due to poor data entry or recordkeeping by providers; other inaccuracies may have been due to poor data entry because of unreadable codes in charts.

Chart reviews conducted by IHS area staff indicated that approximately 25 percent of data entry may be suspect. Since the IHPES data are used to provide reports for providers and patients, this statistical omission indicates a problem exists.



Reporting of poor or inadequate statistics can create funding formula problems and lead to inadequate medical service delivery within Taos Picuris Service Unit. Poor statistics affect formulas used for program funding and staff positions; they also affect health care delivery when used for planning and implementation of health services. Discovery of these statistical problems early in the HSFMP process encouraged Albuquerque Area IHS to develop standardized coding protocols and staff training curriculum to improve data entry. This training was implemented in late 2004, and results should be noticeable by late 2005.

Complicating the issue of coding and statistics is the IHS practice to convert specific ICD-9 codes into more general disease codes in the RPMS system. For example, an IHS medical records clerk will enter any of the ten ICD-9 codes used to describe varying conditions for Diabetes Mellitus Type II as the one diagnostic code (080)—also known as “APC”—which defines Diabetes Mellitus.

Moreover, the IHS/APC codes are so generalized that they can mask the extent of and complications associated with a disease category. For example, no IHS code exists for “Asthma” even though a search using the ICD-9 codes in the Q-Man data of the RPMS system shows that as of July 1, 2004 126 Taos Picuris Service Unit tribal members were diagnosed with Asthma. Instead, the IHS codes refer to conditions such as “upper respiratory infection”, or “acute bronchitis” or “chronic bronchitis” or “respiratory disorder”.

Comparison between the IHS/APC and ICD-9 systems is difficult and virtually impossible without a “key” to decipher the codes. The use of IHS/APC coding is confusing, duplicative, and unnecessary.

The Albuquerque Area Diabetes “Datamart” Project conducted random chart reviews of approximately 35% of the Albuquerque Area known patients with diabetes. It found that the datasets from RPMS contain one record per encounter, per client. Clients can have multiple encounters on a single date. Clients are identified at the encounter by two fields: ASUFAC (area/service unit/facility code) and HRN (Health Record Number). Problems were noted because a single client may not have the same values for these fields on all records. The ASUFAC can change because the client was seen at different facilities or because the codes for ASUFACs are changed in the IHS system. HRNs may change because they are assigned at the facility or service unit level. Social Security Numbers (SSNs) recorded on these records can help identify patients but some records do not have SSNs, and others contain data entry errors that result in incorrect SSNs for patients.

Further complicating the consistency of data for statistical purposes is the data recorded by tribal contract and compact programs such as Substance Abuse, Diabetes, and Community Health Representatives. The problem is pronounced when this data is not shared with IHS nor entered to the RPMS system. It is virtually impossible to tally the number of patients seen at TPSU who are diagnosed with substance abuse, since substance abuse patients usually interact with the medical system only when prompted by another condition, which then takes precedence as a Primary Diagnosis and is recorded by diagnostic code.

Both RPMS and IHPES/ORYX data collection systems are flawed due to inconsistent data entry; however, it was decided through the HSFMP planning process that the IHPES/ORYX data was more reliable and should be used as the basis for facility planning. It is used throughout all Area Plans except where noted otherwise.

Unfortunately, the IHS data – whether it is RPMS or the IHPES databank -- is all that is available for planning purposes.

Wherever possible, data analysis throughout this HSFMP is adjusted for conditions that may have affected patient volume, such as long-term loss of a medical provider.

Other significant findings: Health Services

1. Recordkeeping.

The quality and consistency of recordkeeping and data entry may vary by service provider, resulting in inaccurate statistics. In fact, inconsistent use of provider codes resulted in large variations in provider data by facility, with consultants finding that no consistent use or definition of “Family Practice”, “General Medicine” and other Medical Doctor titles existed between Service Units.

- a. Statistical reliability varied greatly between the nine service units of the Albuquerque Area and to some degree, within TPSU.
- b. Poor recordkeeping by health care providers or medical records documentation negatively influences statistics and funding.
- c. Poor recordkeeping may inaccurately indicate a reduction in service need.
- d. A reduction in the number of patient visits for a particular health service may be the result of service interruption due to staff shortage or budget restraints; it could also be the result of poor data entry. It may not reflect the actual need.
- e. Lack of patient data/communication between TPSU and tribal programs, most importantly the Diabetes Programs and Community Health Representatives (CHRs) is compounded by staff interpretation Health Insurance Portability & Accountability Act of 1996 (HIPAA) rules. The issue is further compounded when a patient receives services at a hospital or another medical clinic and then returns to the TPSU clinic for follow-up care. This lack of case management results in inconsistent data that do not record laboratory, pharmacy or care provided to a patient moving from one facility to another. This places patients and providers at risk of inaccurate information and poor medical care.
- f. In late 2004 medical staff reported a backlog of over 400 EKGs that had been performed, but had not yet been filed in patient records.

2. Migration of Urban Indians.

IHS does not have a mechanism for reimbursing cost of care for “Urban” Indian patients who receive care at a facility that is not located in their home service unit. In 2004, the TPSU RPMS system showed that approximately 25% of patients in the TPSU were “Other” users. Although some of these patients may be eligible for Medicare and/or Medicaid insurance, many are not.

3. “No-Show” appointments.

It has been more than five years since TPSU conducted a ‘no-show’ rate for scheduled appointments, yet this data could help to improve workload efficiency. Schedulers often rely on this high rate and will double or triple book appointments, affecting provider productivity, room / space utilization, waiting times and patient services if the original appointment shows up.



At the same time the number of 'walk-in' patients is on the rise, probably because people understand that they can more quickly access medical care by showing up at the clinic than waiting for an appointment. It has also been suggested that a high turnover of medical staff contributes to lack of trust, and therefore higher 'no show' rates.

4. Wait Times

It has been more than five years since TPSU conducted a wait time study, which is critical to assessing provider workload and patient satisfaction.

5. No direct hospital admitting abilities

Patients referred for psychiatric in-patient services at area hospitals must be re-evaluated and sometimes not admitted and told to return home. Inpatient psychiatric care is very expensive, and this must be paid for out of CHS funds.

6. Contract Health Services

The Service Unit attempted to track CHS expenditures before 2002, and statistics indicate that CHS payouts decreased from approximately \$837,000 to \$690,000. Lack of access to certain medical specialties (e.g., orthodontry, podiatry) within the IHS service delivery system means that these providers can only be used by referral through the CHS system, which is controlled by Priority One status and review by the TPSU administration. This has resulted in patients receiving inadequate preventive care and in ultimately higher long-term health care costs. Long appointment wait times for some dental services and limited appointments for specialized care (e.g., podiatry, orthodontry) provided through Visiting Professionals or CHS dollars restrict access to services that are critical for certain preventive care outcomes and negatively impact the quality of care as well as patient health.

7. Limited Prevention and Education Activities Impact Health Status.

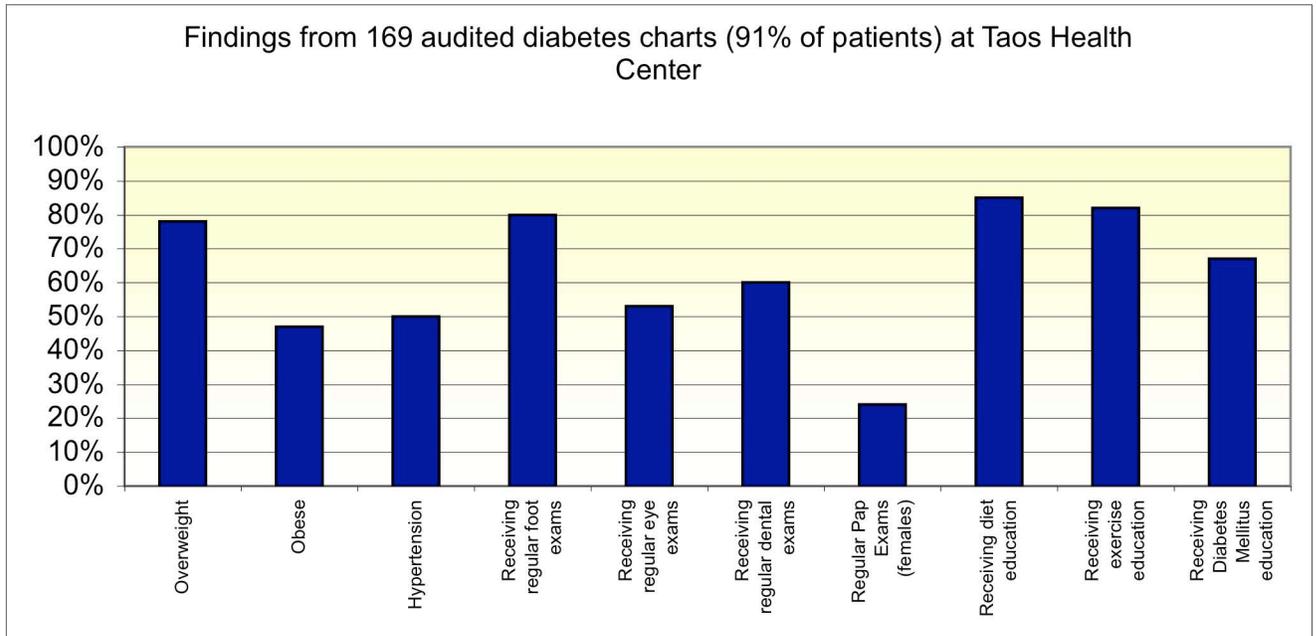
Tribal leaders throughout the Albuquerque Area expressed concern that lack of preventive care, education, and outreach has negatively impacted the health status of their communities. Lack of coordination between programs that tribes have taken control of through the Indian Self-Determination Act, and the medical and program staff of TPSU is a problem that leads to poor quality of prevention and outreach activities. Although tribes that choose to exercise Self Determination contracts for some programs such as diabetes have control over their program activities, experience in other IHS Service Units shows greatly improved results when tribal staff –who are usually not medically trained – are strongly supported by and even integrated with medical providers and IHS staff.



8. Meeting IHS Standards of Care

The Albuquerque Area’s Diabetes Project Audit of diabetes charts in 2004 revealed the following information. Of the 186 diabetes charts in the TPSU registry, 91 percent were audited (169 charts).

Diabetes Audit Chart



9. Staff Recruitment and Training

In some cases, hiring freezes implemented through reduced budgets prohibit use of on-going federal funds to hire staff, although TPSU has been able to justify filling of specific medical positions as contract employees. Some medical providers indicated that staff recruitment and retention is a problem. New Mexico itself experiences a lack of licensed specialty physicians, nurses, dentists, and other providers, making recruitment and retention in rural locations such as Taos, a true challenge. In some cases the TPSU has no alternative than to provide necessary services through contracted employees, or through CHS expenditures because they simply cannot get qualified applicants for vacant positions. Finally, staff responsible for training and orientation programs also report lack of space for training activities and no time to conduct the trainings.

10. Pharmacy

The medical staff and administration anticipate an increase in pharmacy services as the number of prescriptions and need for prescription management increase, reflecting changing Standards of Care throughout the medical industry. There is a growing demand for prescription workshops or specialty information clinics for both medical providers and patients, to better understand drug interactions and appropriate pharmaceutical choices. Pharmacists expect to provide more case management in renal and diabetes care, and overall become more clinically involved with patient education. Since installation of the ScriptPro machine in 2001, prescription accuracy and staff efficiency have increased greatly.

11. Dental

Staff shortage results in backlog for services such as crowns, bridges, root canals. Change to Electronic Health Records will not incorporate Dental records. Need is for contract general dentist to fill 6-8 week backlog.

12. Optometry

In late 2004 the TPSU registered 150 patients on the waiting list to receive an Optometry appointment. By any standard this is excessive, but especially when a majority of the population is diagnosed with diabetes.



Recommendations: Health Services

1. Improved Data Quality

- a. Standardize data entry, medical records, coding of provider services, etc.
- b. Eliminate use of IHS/APC codes and practices that congregate ICD-9 codes into nonstandard medical categories.
- c. Expedite installation of Electronic Health Records to facilitate flow of patient data between clinics and provide improved medical care with less risk to patient and provider.
- d. Obtain funding for use of Palm Pilots to improve data entry especially for field providers, public health nurses and community-based educators.

2. Health Care Coverage

Work with other Area offices, national IHS and the U.S. Congress to adopt nationwide healthcare system that will require reimbursement to Service Units for Urban Indian patient care. In essence, the dollar follows the patient and is not automatically sent back to the home service unit.

3. Expansion of Services

- a. Expand services at Taos Health Center to provide at least one evening clinic per week to accommodate working patients and families.
- b. Regionalize or consolidate supplies and pharmaceutical drug purchasing to reduce costs and allow pharmacists in community clinics to expand patient education and outreach.
- c. Expand medical detoxification and longterm care for substance abuse patients. Long term psychiatric inpatient care is expensive for the Service Unit to provide through CHS dollars.
- d. Develop “mobile clinics” that would go into the community to provide “clinics in a suitcase” for high-volume diagnoses categories including podiatry and diabetes. The Tohono’o’dom Tribe in Arizona has experienced significant improvements in tribal members’ health and a drastic reduction in the number of lower limb amputations since such a process was instituted. Mobile mammography services could be shared for example, among different service units.
- e. Expand prevention activities and coordinate activities with tribal ISDA programs, especially for high-risk individuals and patients that fall within major disease categories such as diabetes and hypertension.
- f. Most tribal staff do not have extensive medical training; providing support and partnership with TPSU medical providers would improve program outcomes.



- g. TPSU could act as regional “case manager” to follow patient care, integrate treatment planning, and improve overall coverage for patients, including care provided through CHS expenditures to area hospitals and CHS referrals.

4. Outreach Activities

- a. Improve outreach, education and prevention activities to reduce long-term effects of chronic illness.
- b. Improve communications, training opportunities, and cooperation between medical staff, administration, and tribal programs, especially with diabetes, substance abuse, and mental health services.
- c. Develop Memoranda of Understanding between IHS TPSU, Bureau of Indian Affairs, and the tribal programs to reduce duplication of services and channel needed funds into creating a regional tribal Detoxification Center and prevention programs.
- d. Increase the number of patient liaison/patient advocate positions for follow-up care after in-patient care at area hospitals.
- e. Develop a physician-in-residence at non-IHS hospitals used for referrals in Taos and Santa Fe, New Mexico so that IHS physicians visit patients admitted for in-patient care and ensure a smooth transition back to IHS care.
- f. Institute a system of “Appointment Reminder Calls” for patients to reduce the number of ‘no-show’ appointments for regular ambulatory clinics and specialty /visiting professional clinics, thereby improving provider productivity and patient care.

5. Continuum of Care

Expand home health care services. Public Health nurses do not bill Medicare for home health because this is not an eligible activity. However, TPSU could create a home health care department and expand this service, or join with other tribes in Northern New Mexico to create such a service.

6. Podiatrist on Staff

Experience at other Service Units and other IHS Areas indicate that using third party reimbursements or diabetes grant monies to hire a part- or full-time podiatrist has significantly reduced the number of lower limb amputations and improved overall health of diabetes patients. It is an irony of IHS that amputations are an approved health care cost, but podiatry and foot care are not high priorities.

7. Create a Taos Health Center Foundation

Incorporating the Taos Picuris Health Board as a not-for-profit 501(c)3 organization would allow it to more easily raise funds for programs, staff, equipment, training, and other activities. Whether the Health Board or another entity assumes leadership of a Foundation, it is an important additional source of funds that practically every private hospital in America has discovered.



Findings: Facilities

The IHS has developed a Healthcare Facilities Construction Priority System (HFCPS) which reviews and evaluates all IHS-operated medical facilities. The Facilities Needs Assessment Workgroup and the Facilities Appropriation Advisory Board (FAAB) have developed and reviewed evaluation criteria that provide methodology for this priority-setting activity. The HFCPS will incorporate findings from the Health Services and Facilities Master Plans to rank healthcare facilities construction and renovation needs.

IHS uses a Supportable Space Formula to determine required space, using a standardized formula which was developed and applied to estimate the space that IHS supports for allocation of Maintenance and Improvement Funds. This method does not account for the demographics of the user population.

A second method uses the Base Health Systems Planning (HSP) Software to provide a more detailed measure of the facility needs, based upon demographics of the served.

The Federal Engineering Deficiency System (FEDS) categorizes the facility deficiencies that require repair or renovation and provides cost estimates to address them. Deficiencies noted on the TPSU Facility Sheet on page 32 are estimates and may need to be changed.

- 1. Facility Design and Adequacy to Meet Current & Projected Service Need**
 - a. The existing Taos Health Center was originally designed in 1994 to accommodate a patient load of ** patient visits / year.
 - b. Increased outpatient workload requires addition of at least two more examination rooms at this time to provide smooth flow of patients and accommodate appropriate level of care for current workload. By year 2015, between 11 and 20 examination rooms will be needed (data pending confirmation).
 - c. Public Health Nurses require confidential office space for patient consultation; currently the PHN shares office space with the nutritionist, compromising privacy and negatively impacting efficiency and effectiveness for two providers.
 - d. Throughout the facility a significant lack of storage space was noted, as well as lack of secure filing systems; there is no break room for medical providers aside from the conference room;
 - e. There is no adequate space for family consultation if patients need to be counseled for contract health, referrals, or pharmaceuticals.
 - f. Nursing staff have no office to record data or notes –triage room is used as office during ‘down time’.

2. Taos Health Center Equipment

All staff reported equipment shortages, outdate computer equipment. Installation of Electronic Health Records within two years should substantially improve patient registration but until then, additional computers are needed to improve services. Other equipment needs include:

3. Medical Records

Space is inadequate to meet current staffing need; it will become an urgent need with any clinic expansion. The office is cramped and files are piled high because filing and storage space is needed.

4. Dental

Expansion of space will be required with increased workload and additional providers to meet the workload.

5. Staff meeting / training / education

The staff commonly meets in the conference room. Aside from this room, no facilities exist for mandatory staff training or education seminars.



Recommendations: Facilities

1. Facility Improvements to Meet Service Need

- a. Renovate the Taos Health Center to accommodate improved information technology and for telemedicine.
- b. Renovate the Taos Health Center to better accommodate ambulatory patient care which includes increasing the number of outpatient/examination rooms from six to eight to ease patient flow.
- c. Renovations needed include additional staff meeting and education rooms, storage space, expanded file management space.
- d. Provide space for community health education and outreach classes and workshops.
- e. Provide 'break room' space for nursing staff.

2. Facility Improvements by Department to Meet Service Need

Based on site visits and staff interviews

- a. Group patient education rooms for diabetes, obesity, hypertension, etc.
- b. Expand storage capacity for confidential records, supplies and equipment.
- c. Update computer software. Most (all?) systems still operating with Windows 98 software.
- d. Create a play area in waiting room so the children aren't running through hallways and have some activities to keep them occupied.
- e. Staff space in the dental area for dental assistants.
- f. Expand to eight examination rooms to improve patient flow and accommodate increased number of specialists to meet identified need (Rheumatologist, Pediatrician, Physical Therapist).
- g. Provide one more office for Public Health Nursing; provide shared office space to be used on rotation basis for nutrition counseling, diabetes, etc.
- h. Move Contract Health Services to an expanded office with capability for locked files and storage.



Demographics and Physiographic Features of the Area

Service Unit Boundaries

The existing administrative boundaries of the two tribes that make up the TPSU, located in portions of Rio Arriba, and Taos Counties of northern New Mexico have been used in this report. TPSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (approximately 95 kilometers) driving time, for patients registered with the three Service Unit tribes. Access to outpatient facilities is based on a 30 minute (30 kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout TPSU.

There is a significant migratory pattern that indicates how members of other tribes use the facilities of the TPSU and facilities within the overall Albuquerque Area IHS system. This pattern also shows use of each facility by Urban Indians (see Appendix M).

The TPSU Active User population and projected user population are presented below, comparing these numbers to the U.S. Census population (year 2000) and the tribes' own enrollment numbers. NOTE: This data is incomplete until provided by tribal census offices.

Tribe / Service Unit	2000 Census (NM) *	2004 Active User Population*	2015 Projected Population
Other / Urban	567	575	618
Taos Pueblo	1,718	1,550	1,693
Picuris Pueblo	208	148	166
TPSU Total	2,493	2,273	2,484

* SU resident, active other Indian Users; Urban population includes 2000 metro/urban census

** Taken from U.S. Census and IHS Percentage of Urban Indians in Residence

According to IHS Health Systems Planning software the average age of the TPSU Active User population is 32 years (the 2000 U.S. Census shows that median age for Taos Pueblo is 34.9 years and Picuris Pueblo Ute is 29.6 years). Fifty percent of the Taos Picuris Service Unit patient visits come from individuals over 45 years of age, while patient visits from the 65+ age group increased by ten percent since 2000. As the 'bubble' population in the 15-44 range ages, SU services and facilities will obviously need to change to accommodate more prevention and prepare for diseases known to affect this aging population.

TPSU Total Outpatient Visits by Age (2000 - 2004)

Age	2000	2001	2002	2003	2004	2004 % of Total
0 – 1	460	276	268	186	325	2%
1-14	3,516	2,980	2,672	2,674	2,691	13%
15-44	7,722	7,424	7,070	7,054	7,412	36%
45-64	5,267	5,058	5,188	5,656	5,678	28%
65+	4,080	4,154	4,144	4,427	4,449	22%
Totals	21,045	19,892	19,342	19,997	20,555	100%

Source: IHS/IHPES.

Service Unit Location

The TPSU has responsibility for providing access to inpatient facilities and medical services within 90 minutes (90 miles or approximately 145 kilometers) driving time, for patients enrolled in the Taos or Picuris Pueblos. Access to outpatient facilities is based on a 30-minute (48-kilometer) standard. The time/distance IHS standards for health centers and inpatient facilities are met throughout TPSU.

Facilities in Taos, Santa Fe, and Albuquerque, NM provide alternative referral sites for patients throughout TPSU. The distance to the Taos Health Center and other medical providers is listed below.

Distance To Clinics / Hospitals From Key TPSU Communities

TPSU communities	Distance to Holy Cross Hospital, Taos, NM	Distance to Santa Fe, NM Clinics / Hospitals	Distance to Albuquerque, NM Clinics / Hospitals
Taos Pueblo	4 miles	45 miles	105 miles
Picuris Pueblo	25 miles	60 miles	123 miles



Distance Between Communities within AAIHS

PLACE																																	
ACOMITA	ACOMITA																																
ALAMO	58	ALAMO																															
ALBUQUERQUE	58	83	ALBUQUERQUE																														
CANONCITO	40	105	42	CANONCITO																													
COCHITI PUEBLO	100	130	48	98	COCHITI PUEBLO																												
DULCE	205	334	197	246	170	DULCE																											
IGNACIO	199	351	214	263	227	86	IGNACIO																										
ISLETA PUEBLO	65	98	15	65	61	210	227	ISLETA PUEBLO																									
JEMEZ PUEBLO	97	129	47	96	40	126	178	60	JEMEZ PUEBLO																								
LAGUNA PUEBLO	12	55	48	32	93	242	266	61	92	LAGUNA PUEBLO																							
LOS ALAMOS	133	178	96	146	35	130	197	109	49	142	LOS ALAMOS																						
MESCALERO	265	201	218	342	264	361	429	204	262	264	261	MESCALERO																					
MOUNTAIN VIEW (RAMAH)	65	85	124	108	242	268	228	137	168	80	291	299	MOUNTAIN VIEW (RAMAH)																				
NAMBE	134	161	79	128	52	122	188	92	91	124	22	243	315	NAMBE																			
PENA BLANCA	96	125	43	92	55	166	221	56	54	88	37	258	279	48	PENA BLANCA																		
PICURIS PUEBLO	165	195	113	163	87	135	202	126	125	159	37	277	235	32	83	PICURIS PUEBLO																	
POJOAQUE	133	160	78	127	87	119	186	91	89	123	19	241	314	3	47	36	POJOAQUE																
SAN FELIPE PUEBLO	85	111	30	79	17	179	208	43	41	75	51	245	151	61	13	96	60	SAN FELIPE PUEBLO															
SAN ILDEFONSO PUEBLO	138	166	84	133	57	121	188	97	62	129	14	248	320	10	53	39	6	66	SAN ILDEFONSO PUEBLO														
SAN JUAN PUEBLO	145	228	91	140	64	108	175	104	102	136	25	254	327	15	60	28	13	73	15	SAN JUAN PUEBLO													
SANDIA PUEBLO	68	97	15	64	36	184	201	28	34	60	84	230	136	66	30	101	65	17	71	78	SANDIA PUEBLO												
SANTA ANA PUEBLO	82	113	31	81	44	138	190	44	23	77	92	247	153	75	39	109	73	25	80	86	18	SANTA ANA PUEBLO											
SANTA CLARA PUEBLO	143	170	88	138	62	112	179	102	66	134	18	252	325	13	58	35	11	71	10	8	76	85	SANTA CLARA PUEBLO										
SANTA FE	115	143	61	111	63	137	204	74	73	107	37	225	298	19	31	54	18	43	24	31	49	57	29	SANTA FE									
SANTO DOMINGO PUEBLO	91	122	40	89	9	168	219	53	52	85	42	256	276	50	6	84	49	9	55	61	28	36	59	32	SANTO DOMINGO PUEBLO								
TESUQUE PUEBLO	126	153	71	121	45	127	193	84	83	117	26	235	308	9	41	43	8	53	14	20	59	67	18	12	43	TESUQUE PUEBLO							
TAOS PUEBLO	229	311	134	184	108	124	191	147	146	219	69	337	410	59	104	25	57	116	59	45	122	130	57	75	106	64	TAOS PUEBLO						
TOWAOC	206	401	263	247	255	149	83	276	206	219	266	479	351	257	250	271	255	236	257	252	229	218	248	268	247	262	259	TOWAOC					
WHITE MESA	274	393	331	315	325	219	128	345	276	287	339	547	376	330	320	316	328	306	330	325	299	288	231	338	317	335	333	59	WHITE MESA				
YSLETA DEL SUR	336	266	263	407	329	478	495	269	328	329	377	132	365	360	324	394	359	310	365	371	296	312	370	342	321	352	455	544	618	YSLETA DEL SUR			
ZIA PUEBLO	89	119	37	87	34	129	180	50	13	83	62	253	159	81	45	115	80	32	86	93	24	13	91	63	42	73	136	208	279	319	ZIA PUEBLO		
ZUNI PUEBLO	88	121	177	161	223	248	208	190	221	133	271	393	36	253	217	288	252	204	258	265	189	205	263	235	214	246	348	161	230	458	212	ZUNI PUEBLO	

Distances between communities within AAIHS (in Miles)

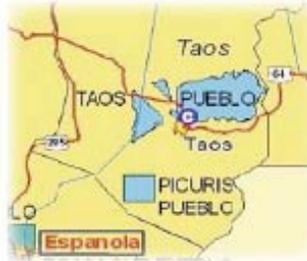
Existing Location and Health Services Provided

Facility data for Taos Health Center is summarized on the facility sheet that follows.

In addition to the Taos Health Center the Sunrise Regional Treatment Center located in San Fidel, New Mexico next to the Acoma-Canoncito-Laguna Indian Hospital is operated by the IHS as an in-patient facility for youth referred from around the Albuquerque Area, who need intensive treatment for substance abuse.

Taos-Picuris HC Facility Sheet

Taos-Picuris Health Center



SERVICES PROVIDED

- Primary Care
- Pharmacy
- Dental Clinic
- Limited Laboratory
- Audiology
- Public Health Nursing
- Mental Health

FACILITY DATA

Installation Number	41228
Year Built	1994
City, State	Taos, NM
County	Taos
IHS Owned/Leased?	IHS-owned
Distance to Service Unit Office	0
Total Square Footage	19,978
2015 Projected Need	29,439
Inpatient Floor Space (sq. ft.)	N/A
Outpatient Floor Space (sq. ft.)	19,978
# of Buildings	1
# of Housing Quarters	N/A
# of Licensed Hospital Beds	N/A
# of Staffed Hospital Beds	N/A
# of Exam Rooms	6
2004 Staff Positions	39
2015 Projected Staff Need	72

PRIORITY ISSUES

Facility Deficiencies:	
Safety	\$2,578
Compliance	3,793
Maintenance & Repair	132,548
TOTAL	\$138,919

Health Board Priorities:

Staff Priorities:

Based on interview matrix and staff prioritization process — to be done

User Population	2002	2004	2015 (projected)
Non-Service Unit Tribal Members	530	575	TBD
Total User Population	2,228	2,273	2,484 (Taos)
Average Daily Outpatient Load	10,519	20,328	TBD
Average Daily Inpatient Load	N/A	N/A	N/A

Health Services Delivery Plan

As a result of decreased inpatient and ambulatory services due to Priority One service designations, Contract Health Service dollars are being used to make up for the deficiencies of the health services not provided within IHS facilities. Therefore, it may be impossible to reasonably project CHS needs by the year 2015.

Use of CHS dollars to pay for care is not a clear measurement of health care service need, nor is it an adequate measurement of the ability of the Service Unit to provide health care, within its budget allocation. By limiting patient referrals and access to health care, the IHS is only delaying the inevitable backwash of medical problems that result from failing to address primary or preventive care now.

TPSU continues to use contract inpatient services for acute, specialty, and sub-specialty care that are not provided directly at the Taos Health Center or Santa Fe Indian Hospital. These services include:

- Acute psychiatric care
- Tissue biopsy
- Bone marrow transplant
- Burn unit treatment
- Dialysis
- Cancer diagnosis and treatment
- Cardiology
- Day Surgery
- Chemotherapy/radiation
- Critical spinal care
- CT scan
- Ear/nose/throat surgery
- Gynecology surgery
- Intensive care
- Long-term care
- Neurosurgery
- Obstetrics Levels I, II & III
- Ophthalmology surgery
- Orthopedic surgery
- Organ transplant
- Vascular surgery
- Trauma critical care
- Neonatal and pediatric surgery



There are private and specialty hospitals and facilities frequently used by TPSU to provide unmet needs and to handle cases that are beyond the capacity of the current IHS health system. These facilities include:

- Holy Cross Hospital, Taos, NM
- St. Vincent's Hospital, Santa Fe, NM
- Presbyterian Hospital, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Albuquerque Regional Medical Center, Albuquerque, NM
- Heart Institute of New Mexico, Albuquerque, NM
- Carrie Tingley Hospital, Albuquerque, NM
- Heights Psychiatric Hospital, Albuquerque, NM
- University of New Mexico Hospital, Albuquerque, NM
- University of New Mexico Mental Health Center, Albuquerque, NM

A list obtained by search of the Yellow Pages shows that additional health care facilities are available within 50 miles of Taos Picuris Service Unit. This list is included in Appendix G.

Ambulatory Medical Services

In 2004, the TPSU Service Unit registered 20,328 outpatient visits, representing 3% of the entire Albuquerque Area ambulatory visits. In general, the statistics indicate that the TPSU realized a 19% increase in the number of outpatient visits from 1999 to 2004. The following chart indicates use of TPSU facilities in comparison to other Service Units.

TPSU Outpatient Visits Compared to Albuquerque Area (2000-2004)

Service Unit	2000	2001	2002	2003	2004	% Change 2000-2004	2004 % of Total
Albuquerque	137,908	136,053	137,255	121,201	131,142	-5%	20%
Santa Fe	130,016	135,289	128,835	114,089	114,482	-12%	18%
Zuni	79,476	79,350	83,585	86,969	89,312	12%	14%
Acoma Canoncito Laguna	78,889	85,453	105,081	82,834	83,265	6%	13%
ABQ / Tribe 638	18,857	31,411	46,327	68,731	71,256	278%	11%
Southern Colorado	41,158	41,298	39,795	45,858	49,276	20%	8%
Mescalero	29,830	30,318	34,068	34,589	33,831	13%	5%
Jicarilla	26,037	28,349	28,587	30,120	29,716	14%	5%
Zuni - Ramah	20,414	22,758	22,722	23,910	23,033	13%	4%
Taos / Picuris	16,796	16,566	16,463	17,139	19,451	13%	3%
Other	1,994	2,551	2,423	2,762	3,677	84%	1%
Total	581,375	609,396	645,141	628,202	648,441	12%	100%

Source: IHPES

The following chart show a snapshot of the top 35 reasons for outpatient visits to TPSU in 2004. This data is presented as a summary of the type of workload burden on the Service Unit's operation overall. Appendix H shows outpatient visit volume by diagnostic category for TPSU Service Unit clinics from 1999 to 2004.

TPSU Comparison Top 35 Diagnoses Ranked by Number of Patient Visits in 2004

TAOS HEALTH CENTER			PICURIS HEALTH CENTER		
RANK	ICD DIAGNOSIS NAME	2004	RANK	ICD DIAGNOSIS NAME	2004
1	Issue Repeat Prescript	3,004	35	Issue Repeat Prescript	1
2	Dental Examination	2,455			
3	Diab Uncomp Typ Ii/Niddm	1,302	2	Diab Uncomp Typ Ii/Niddm	18
4	Myalgia And Myositis Nos	366			
5	Acute Uri Nos	345	8	Acute Uri Nos	3
6	Depressive Disorder Nec	230			
7	Asthma Unspecified	229	26	Asthma Unspecified	1
8	Oth Specified Counseling	222	38	Oth Specified Counseling	1
9	Hypertension Nos	221			
10	Vaccine And Inocula Influenza	210			
11	Routin Child Health Exam	192			
12	Administrtrve Encount Nec	191	3	Administrtrve Encount Nec	12
13	Adjustment Reaction Nos	179	47	Adjustment Reaction Nos	
14	Allergic Rhinitis Nos	179	48	Allergic Rhinitis Nos	
15	Acute Pharyngitis	177	25	Acute Pharyngitis	1
16	Supervis Oth Normal Preg	172			
17	Cough	167			
18	Prolong Posttraum Stress	165			
19	Other Unspec Counseling	162			
20	Dietary Surveil/Counsel	154			
21	Esophageal Reflux	150	19	Esophageal Reflux	2
22	Adj React-Mixed Emotion	146			
23	Diab W Manif Nec Typ Ii/	146	18	Diab W Manif Nec Typ Ii/	2
24	Eye & Vision Examination	142			
25	Gynecologic Examination	139			
26	Joint Pain-L/Leg	136	7	Joint Pain-L/Leg	5
27	Contracept Surveill Nec	131			
28	Rheumatoid Arthritis	122	41	Rheumatoid Arthritis	1
29	Neurotic Depression	120			
30	Health Exam-Group Survey	117			
31	Bronchitis Nos	114			
32	Lumbago	113	37	Lumbago	1
33	Diab Uncontrol, Type Ii	112			
34	Flu W Resp Manifest Nec	110			
35	Counseling For Marital/Partner	104			

Top 20 Diagnosis at Picuris HC NOT in Top 35 at Taos HC	
ICD DIAGNOSIS NAME	2004
Economic Problem	21
Administrtrve Encount Nec	12
Screen-Diabetes Mellitus	7
Other Convulsions	6
Screen For Hypertension	6
Joint Pain-L/Leg	5
Housing/Econo Circum Nec	3
Joint Pain-Shlder	3
Legal Circumstances	3
No Family Able To Care	3
Plantar Fibromatosis	3
Acquired Hypothyroid Nec	2
Acute Bronchitis	2
Cervicalgia	2
Congestive Heart Failure	2
Diab W Manif Nec Typ Ii/	2
Family Circumstances Nec	2

Projected Service Need - Quantitative

Projected service need—which will ultimately drive the need for space to accommodate medical providers to fill the service need—is based on historical patterns of use at TPSU. The following chart provides projections to the year 2015 on categorized groupings of patient visits. It is common practice within the health industry to categorize patient visits to better plan for provider specialties and workloads. All data are projected to the year 2015, based on historical use. The low estimate is based on actual annual growth 1999 to 2004, the high estimate is based on average annual percentage increase 1999 to 2004.

The chart, “Staffing Needs Summary Projections to 2015” is included as Appendix K, with “Provider Workload and Facility Need Projected to 2015” as Appendix L. Both charts are incomplete for this draft, until we receive additional information from TPSU clinic staff and administration. Once completed, however, they will provide an estimate of the number of examination rooms needed to fulfill projected service needs in the year 2015, based on historical patient visits.

Since opening, it has had minor renovations to accommodate growing staff numbers, and converted two examination rooms to offices.

Outpatient activity has expanded considerably since the facility’s construction. This has not only resulted in the need for additional examination and treatment rooms, but a variety of spaces such as staff support, record keeping and storage.

The facility was designed to accommodate growth, with 5 of the existing examination rooms and two provider offices located along an external wall, making facility expansion relatively easy.

TPSU Visit Projections To 2015
Projections by Facility by Diagnostic Group (Based on Primary Diagnostic Group)

TAOS HLT.CTR Group	1st DRAFT 2/25/2005					Projected (based on absolute annual growth 1999- 2004)		Average Annual % Change 1999- 2004	Projected (based on average annual % increase 1999-2004)	
	1999	2000	2001	2002	2004	2010	2015	99-04	2010	2015
Certain Conditions Originating in the Perinatal Period	9	4	2	1	5	0	(4)	-8.9%	1,825	1,146
Complications of Pregnancy, Childbirth, and the Puerperium	49	91	52	20	128	223	302	32.2%	359	520
Congenital Anomalies	3	2	4	1	5	7	9	13.3%	107	154
Diseases of the Blood and Blood-Forming Organs	88	159	263	66	118	154	184	6.8%	449	631
Diseases of the Circulatory System	439	541	455	186	539	659	759	4.6%	2,527	3,463
Diseases of the Digestive System	300	413	335	169	391	500	591	6.1%	1,576	2,195
Diseases of the Genitourinary System	359	506	449	217	384	414	439	1.4%	1,646	2,224
Diseases of the Musculoskeletal and Connective Tissue	765	972	1,069	383	1,605	2,613	3,453	22.0%	2,966	3,988
Diseases of the Nervous System and Sense Organs	466	791	799	308	591	741	866	5.4%	809	3,558
Diseases of the Respiratory System	1,120	2,134	1,763	1,002	1,546	2,057	2,483	7.6%	3,938	5,346
Diseases of the Skin and Subcutaneous Tissue	385	574	400	153	456	541	612	3.7%	1,470	2,013
Endocrine, nutritional, metabolic diseases, and immunity disorders	1,160	1,600	1,290	590	2,016	3,043	3,899	14.8%	7,317	10,211
Infectious and Parasitic Disease	269	431	303	222	428	619	778	11.8%	1,033	1,406
Injury and Poisoning	408	794	552	248	531	679	802	6.0%	1,390	1,864
Mental Disorders	1,004	1,714	1,433	611	1,845	2,854	3,695	16.8%	2,942	4,037
Neoplasms	12	38	42	13	68	135	191	93.3%	3,551	95,914
Other / Supplemental	3,883	9,293	9,881	3,865	8,757	14,606	19,480	25.1%	13,764	18,770
Symptoms, Signs, and Ill-defined conditions	490	785	655	274	1,009	1,632	2,151	21.2%	3,250	4,449
TAOS HLT.CTR Total	11,209	20,842	19,747	8,329	20,422	31,478	40,691		20,422	20,422

Notes: "Other / Supplemental" includes the following items in order of frequency:

- | | |
|---|--------------------------------------|
| 1. Issuance of prescriptions | 9. Other encounter for admin purpose |
| 2. Dental examination | 10. Gynecological Exam |
| 3. Laboratory | 11. Health Education / instruction |
| 4. Eye examination / glasses / contacts | 12. Tuberculosis |
| 5. Vaccination | 13. Other medical exam |
| 6. Pregnancy | 14. Physical therapy. |
| 7. Routine infant or child health check | 15. Dietary consultation |
| 8. Contraception | 16. Radiological exam |

Appendix L has preliminary projections for provider workload in the Year 2015, based on historical use.

User Population

Non-TPSU tribal members use the TPSU as an ambulatory clinic because many are traveling through the area, or they may be living in the area (see Migration Data, Appendix M).

The number of Active User patients registered at TPSU rose by only two percent from 2002 to 2004, with the majority coming from “Other” users. Based on historical use patterns, the TPSU health care delivery system will likely see a small rise in Active User population by the year 2015, to approximately 2350 patients.

Taos Picuris Service Unit Active User Populations

Tribe	2002 User Population (1)	2004 User Population (2)
Other	530	575
Taos Pueblo	1548	1550
Picuris Pueblo	150	148
TPSU Total	2228	2273

Source: IHS / NPIRS Report: User Population Report (F) Special - By Service Unit, County & Tribe, dated 11/18/04

(1) Active User = Indians using IHS system within the period September 30, 1994 – September 30, 1997

(2) Active User = Indians using IHS system within the period October 1, 2001 – September 30, 2004

* Other = Other Indian Users/ “Urban” Indians

Urban Indians

The term “Urban Indians” refers to any American Indian or Alaska Native who is living outside of his / her reservation boundary and who is enrolled with IHS to receive medical services at a facility other than the home Service Unit. IHS medical facilities—or tribal facilities that receive medical service funding through IHS—may not refuse ambulatory or in-hospital medical service to any American Indian or Alaska Native who seeks care, regardless of whether he or she is a member of that particular Service Unit. Use of Contract Health Service dollars is restricted, however, to enrolled members of the Service Unit or any Indian who lives on the Taos or Picuris Pueblos.

An Urban Indian may also be someone who is an enrolled member of the Taos Pueblo but is living off the reservation AND outside of the counties in which the reservation sits. For example, a member of the Taos Pueblo living in Santa Fe, NM would be considered an Urban Indian because he or she is living outside of the home reservation and the home county.

Approximately 34 percent of the TPSU Active User Population is composed of “Other” patients, which includes non-Indians. Unless these patients have private



insurance or are qualified for Medicare or Medicaid, the Service Unit bears the financial responsibility for their ambulatory medical and dental care.

IHS does not currently provide direct funding to any of the Albuquerque Area Service Units to pay for the medical care of Urban Indians, although a small percentage of funds received for health services is budgeted for this need. As a result, Service Units and individual medical facilities bear the burden of care for these individuals. Providing care to this population is at the expense of providing or expanding services to TPSU members.

Across the country, the issue of providing health care to Urban Indians has exposed problems with tying funding to facilities and specific user populations. Appendix M contains "migration pattern" information regarding the home communities and number of patients receiving care at the Taos Health Center.

IHS vs. National Averages

The following chart outlines TPSU patient use rates by diagnostic categories as compared to national averages. The six highlighted categories indicate areas in which the TPSU population is experiencing excessively higher or lower rates of patient visits compared to the national average. From these figures it is clear that the TPSU population suffers from conditions related to Endocrine, Nutritional, Metabolic and Immunity as well as Mental Health disorders at a far greater percentage than does the national population. Diseases of the Musculoskeletal and Connective Tissue, and Infectious and Parasitic Diseases are still considerably higher than the national average, while it is impossible to know exactly what conditions within the "OTHER" category puts that group at a rate that is seven times higher than the national average.

Availability of health services has a substantial impact on health measures. It has been demonstrated by interviews, statistics, and site visits that the TPSU services involving community clinics, outreach, education, and preventive health services are not adequate to meet needs, primarily due to budget restrictions.

Taos Picuris Service Unit Outpatient Visit Utilization vs. National Use Rates

ICD-9 Diagnostic Category (Patient Visits per 1,000 population)	(A) Service Unit Use Rate	(B) National Use Rate	# Difference	% Difference
Diseases of the Circulatory System	225.7	299.1	-73.4	-25%
Diseases of the Digestive System	171.1	112.6	58.5	52%
Diseases of the Genitourinary System	169.4	159.9	9.4	6%
Diseases of the Musculoskeletal and Connective Tissue	710.1	252.4	457.7	181%
Diseases of the Nervous System and Sense Organs	259.1	295.4	-36.3	-12%
Diseases of the Respiratory System	678.0	421.3	256.7	61%
Diseases of the Skin and Subcutaneous Tissue	198.9	158.7	40.2	25%
Endocrine, nutritional, metabolic diseases, and immunity disorders	882.1	200.4	681.7	340%
Infectious and Parasitic Disease	187.9	95.3	92.6	97%
Injury and Poisoning	234.1	203.1	30.9	15%
Mental Disorders	805.1	156.2	648.9	415%
Neoplasms	29.9	97.1	-67.2	-69%
Other / Supplemental	3,839.9	562.8	3277.1	582%
Symptoms, Signs, and Ill-defined conditions	437.3	214.1	223.3	104%
Diseases of the Circulatory System	225.7	299.1	-73.4	-25%

Data Source Notes: (A) Service Unit Use Rates are based on 2002 visit data and Census data (2002 population projected by applying Albuquerque area growth factor 2000-2002 to TPSU tribes); (B) National Use Rates: 2002 National Hospital Ambulatory Medical Care Survey & National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey-ED data from the National Center for Health Statistics at the CDC.

Other / Supplemental refers to:

Issuance of prescriptions

Dental examination

Other medical exam

Physical therapy

Eye examination / glasses / contacts

Radiological exam

Pregnancy

Routine infant or child health check

Other encounter for administrative purpose

Tuberculosis

Gynecological Exam

Laboratory

Contraception

Dietary consultation

Vaccination

Health education / instruction

Health exams of defined subpopulations

Budget Issues

Despite limited – and decreasing – funding, TPSU has demonstrated the ability to provide basic health care to the 2,273 total Active Users within its boundaries. This has been achieved in spite of lower per capita expenditures for health care, estimated by the IHS to be less than 60 percent of national levels, and lower availability of health care services (25 percent annual availability of dental services versus 60 percent for U.S. population overall). The following chart outlines the TPSU budget in light of increased patient visits. Complicating these factors are the limited number of providers – almost 50% less per capita than the U.S. population overall.

Projected Service Need - Qualitative

Medicare and Medicaid Changes

TPSU (and indeed all of the Albuquerque Area IHS) has exponentially increased its reliance on Medicaid, which is a revenue stream that is increasingly at risk. With the federal budget deficit growing, the implications for health care are huge. Approximately one-quarter of the federal budget is made up of Medicare and Medicaid. As the number of Medicare enrollees increases with aging population, it is estimated that by 2010, 70 million Americans will have two or more chronic conditions. In addition, the number of working Americans paying taxes to support the Medicare Hospital Insurance Trust Fund will begin decreasing dramatically by the year 2015. Current projections by the Social Security and Medicare Boards of Trustees expect the Trust Fund to go broke in the year 2019.

At the same time, Medicare and Medicaid funding requirements will become increasingly difficult, and IHS will be progressively more challenged to provide the infrastructure required to meet these new requirements. It is expected that some form of “pay for performance” will be instituted so that payment will be based on performance indicators rather than outcomes. With more than 24 percent of its revenue dependent on Third Party Insurance, and the majority of this coming from Medicaid funding, the TPSU will need to make difficult changes to accommodate its future existence.

Indian Self Determination Act (P.L. 93-638)

As tribal leaders search for better health care services for their members, interest has grown in exercising their rights under the Indian Self Determination Act (ISDA) to assume responsibility for providing health care services. The Tribes of the TPSU have exercised their options to contract services under the Health Education program for Substance Abuse Counseling, Diabetes and Public Health.

National Patient Information Reporting System (NPIRS) & Government Performance Reporting Act (GPRA)

NPIRS is a method of measuring data for what services are being performed, how the services are being performed, and how well the services are being performed. It provides a measurement tool for health care delivery as well as evaluation standards for funding. GPRA addresses clinical performance indicators and measures the number of patients with specific diseases. It establishes protocols for each disease. GPRA defines national standards of care that must be met in order to continue receiving funding.

In providing health and diagnostic data to tribal leaders, the question of whether patients with diseases such as Diabetes Mellitus Type 2 or hypertension were receiving adequate care was often discussed.

The IHS' own Standard of Care for patients with Diabetes Mellitus Type 2 is described in nine broad categories:

1. Baseline studies, which should include recording patient height and date of diabetes diagnosis, obtaining a baseline Electrocardiogram (ECG) and then repeating it every one to five years as clinically indicated, documenting pulmonary function (PPD) to assess the presence of latent or active tuberculosis, and assessing and recording whether the patient also is diagnosed with depression;
2. Clinic visits, which should include recording weight, blood glucose, and blood pressure and also conducting an examination of feet and nails;
3. Annual tests, which should include complete urinary analysis, microalbuminuria, lipid profile, eye exam, dental exam, complete foot exam, and screening for neuropathy;
4. Immunization and skin tests, including flu vaccine, vaccination against pneumovax, Td, hepatitis B, and PPD;
5. Special aspects of diabetes care, which include antiplatelet therapy and avoidance of tobacco use;
6. Self-care education, which includes nutrition, diabetes, exercise education as well as self-blood glucose monitoring;
7. Routine health maintenance, including physical exam, pap smear/pelvic exam, breast exam, mammogram, rectal exam and prostate (PSA) and colorectal cancer screening;
8. Pregnancy and diabetes, which includes pre-pregnancy counseling for optimizing metabolic control prior to conception and well as counseling regarding lifestyle modifications that will reduce or delay the development of type 2 diabetes; and
9. Tuberculosis, which includes protocols for testing for latent or active tuberculosis infection and also describes treatment protocols.

Educating Consumers

There is an absence of brochures and pamphlets that describe services provided, hours of operation, availability of specialty clinics, and procedures for making appointments. Not having the information increases the number of walk-ins, creating a burden for the providers as well as crowding in the clinics. Reminder calls could assist in decreasing the number of "no-shows," which result in inefficient use of providers.

CONTRACT HEALTH SUMMARY

Contract Health Service Expenditures

In most Service Units, Contract Health Service Expenditures are growing annually. TPSU expenditures however, appear to be flat. At the same time the number of cases is declining, indicating that the cost per patient hospitalization is increasing. It may also imply however, that fewer patients are receiving referrals for specialty care. Further investigation would be needed to identify which scenario is more likely to be the case.

At TPSU, CHS expenditures are used to pay for services that may or may not be available directly from IHS and that are purchased under contract from community hospitals and specialty practitioners. CHS services are provided almost exclusively based on a 'priority' system, including Priorities 1-4.

Priority One

In June 2004 budget restrictions nationwide forced the IHS to limit access to CHS health care providers to Priority One—services which are required to prevent immediate death or serious impairments. These are:

- Obstetric and Pediatric Emergencies
- Medical emergencies
- Eye emergencies
- Psychiatric emergencies – up to 14 days
- Dental emergencies
- Renal replacement therapy, including transplant
- Emergency transportation
- Surgical emergencies, including orthopedic and gynecological
- Extra depth shoes with custom-molded inserts that meet specific criteria
- Ears, nose, throat (ENT) surgery required when immediate threat to development of speech language
- Gynecological tubal ligation

Other services, many of which are preventive or diagnostic in nature, are currently restricted and are not covered for IHS Contract Health Services. These include services designated as Priorities Two, Three, and Four.

Priority Two

Services are required for potentially life-threatening /severe handicapping conditions and to maintain JCAHO accreditation. In the past, most services listed under Priority 2 have been available at IHS direct care facilities; however, loss of personnel who cannot be replaced or loss of services due to budget restrictions have increased the amount of services sent for CHS expenditures, thereby limiting the services covered under IHS criteria. Priority 2 services include:
Laboratory/radiology/nuclear medicine not available onsite
Specialty consultation for acute care diagnosis, cancer, high risk OB, etc.
Backfill for vacant positions in lab, x-ray, pharmacy, as well as physicians, nurses.

- Psychiatric ambulatory and inpatient services
- Non-emergency elective surgery
- Podiatry services – high risk medical
- Prosthetics and appliances

Priority Three

Services contribute to better patient functioning but are not necessarily to prevent death or serious impairment. These include:

- Patient rehabilitation
- Specialty consultation when less than Priority 2
- Hearing aids
- Podiatry / orthopedics – less than Priority 2
- Allergy services
- Preventive medicine / health promotion activities
- Orthodontic services

Priority Four

Services included:

- Long-term residential psychiatric care
- Rehabilitation surgery
- Nonemergency transportation
- Elective surgery–cosmetic

Every Service Unit has the ability to apply third party reimbursements to pay for services, including those listed under Priorities 1, 2, 3 and 4. A Medical Priorities Committee within each Service Unit determines spending plans and authorizes payment for CHS referrals.



The result of these restrictions on expenditures for CHS providers can be devastating. For example, podiatry services are not provided full time, although diabetes is on the rise. If uncontrolled diabetes and poor foot care results in lower limb amputation, the patient may not receive a prosthetic limb if CHS dollars are overspent for the fiscal year. If dental services are restricted and a patient has teeth removed, IHS does not pay for orthodontics (a dental bridge or implant) to help with chewing of food and digestion, which can lead to other digestive complications down the line.

A list of 2003 CHS 'blanket' expenditures of the TPSU for contracted services such as Emergency room services at Holy Cross Hospital, the Northern NM Orthopedic Center, and Lab services totaling \$675,441 is contained in Appendix N. If facility usage trends and health indicators continue to change, and the Taos Picuris Service Unit continues to outsource medical services, these numbers will increase exponentially.

The top ten reasons for hospitalizations at facilities OTHER than the Santa Fe Indian Hospital for patients from TPSU are provided in Appendix O. These services were provided through Contract Health Services and represent individual purchase orders – patients who were admitted either through the emergency room or referred by IHS. In some instances, the services for in-hospital care cannot reasonably be expected to be provided by the Santa Fe Indian Hospital due to restrictions on its equipment and staffing. Most small hospitals across America are facing similar restrictions and rely on larger regional medical facilities to make the capital investments to treat complicated cases.

In some cases across the country and within the Albuquerque Area contract health providers have refused to see patients because they are due payment. In other cases, TPSU patients, and tribal administrations report that individuals are held responsible for payment of medical bills that IHS' CHS has assumed obligation to pay. When payments have not been received by providers in timely manner, individuals are reported to credit bureaus for negligence and their credit rating is negatively affected or sometimes ruined, because IHS has not paid the bill.

Facilities Master Plan

IHS Supportable Space - Health Systems Planning Criteria and Population Mapping

To provide a consistent methodology to determine health care service and facility needs to Native American communities IHS engages a variety of computerized formulas and software that contain population and medical workload data. Unfortunately these programs do not adequately address medical needs for communities of less than about 1,320 Active Users, with approximately 4,400 primary care provider visits annually.

The Health Systems Planning software used by IHS provides population, workload projections, and space requirements for new or remodeled health care facilities. This information is of special interest to planners, and some of it is needed to use the Resource Requirements Methodology (RRM) which determines staffing needs for facilities.

The Health Systems Planning software for the Taos Health Center was run with the 2001 Active User population of both tribes plus Urban Indians.

To arrive at a workload projection that reflects both the trends of managed care, and the demographic character of the communities served by IHS facilities the following methodology has been applied. The average provider minutes spent per patient seen across the United States for each of the four dominant “primary care specialties”:

- Family Practice ----- 19 minutes per patient visit
- Internal Medicine --- 26 minutes per patient visit
- Pediatrics ----- 19 minutes per patient visit
- OB/Gyn ----- 22 minutes per patient visit

These provider time profiles were then weighted according to a statistical average demographic distribution of sample IHS communities to arrive at a “weighted average provider time” per IHS primary care patient visit. The average demographic distributions applied are:

- Family Practice ----- 20%
- Internal Medicine ----- 22%
- Pediatrics ----- 28%
- OB/Gyn ----- 30%

The resulting weighted average provider time per PCPV is 21.5 minutes.

Primary Care Providers perform 1,720 hours per year of direct patient care.

A Primary Care Provider sees patients at 90% efficiency during direct patient care times. Primary Care Providers can accommodate 4,300 PCPVs per year.



Exam Room Quantity

For the HSP each primary care provider is allotted 2 examination rooms for his/her dedicated use, when staffed according to each template's provider capacity. If exam rooms are not dedicated to a specific individual provider, and are instead scheduled "on demand" (meaning next available patient &/or provider) the template PCPV capacity is increased by one-third.

Resource Requirements Methodology

The IHS' Resources Requirements Methodology is a system designed to project the staffing needs for a specific facility or primary service area. It is available in a computer spread sheet program to assist with the preparation of staffing estimates. To use the RRM, essential workload information is gathered and entered into the worksheets where it serves as the driving variables for each discipline. The goal of RRM is to help ensure that IHS provides appropriate, reasonable, and consistent staffing information to Congress and Tribes.

The main purpose of the RRM model is to project staffing (in this case to the year 2015) that will be used in the development of Program Justification Documents (PJD), Project Summary Documents (PSD) or tribal requests for technical assistance in the submittal of U.S. Department of Housing and Urban Development Indian Community Block Grant Proposals. Experts in the various disciplines compared staffing ratios with industrial standards in developing the formulas for the program, as well as benchmark information from existing IHS facilities. The RRM is reviewed periodically and updates are made as they are needed. The current approved version of the RRM is RRM2004, using Active User Population of 2002. Essential elements of the Preliminary RRM prepared for the Taos Health Center is provided in Appendix P. Appendix Q contains the Program Justification Documentation and the Workload Summary for the facility.

Facilities Size, Age and Condition

The Facility Data Sheets for the Taos Health Center found on page 32 includes information from the FEDS Deficiencies list. The Southern Ute Health Center is 27 years old; Ute Mountain Ute Health Center is 25 years old. Since most private sector health facilities depreciate their facilities over a 40 year period, these facilities are both quickly approaching their useful life span and would expect to be replaced..

Facilities Size, Age and Condition

The Facility Data Sheet for the Taos Health Center facilities found on page 32 includes information from the FEDS Deficiencies list. The Taos Health Center is 11 years old – the youngest IHS-owned facility within the Albuquerque Area IHS.

Preliminary TPSU Facility Review and Space Summary

Facility Review

The Taos Picuris Service Unit maintains the Taos Health Center, including

- 19,978 sq. foot ambulatory clinic space
- 49 staff parking + two handicapped staff parking spaces
- 43 patient parking + six handicapped patient parking spaces.

The Taos Health Center was built in 1994. Since opening, it has had minor renovations in the outpatient waiting area (in order to comply with HIPPA requirements).



Draft SPACE SUMMARY PLAN (Taos HC Year 2015)

Existing net and gross areas for the proposed facility are summarized below, without inpatient care

TAOS HC	Template or Discipline	Net Sq Meters 2015	Conversion Factor	Gross Sq Meters 2015
ADDITIONAL SERVICES				
	X02	20	1.35	27
	X04	6	1.35	8.1
ADMINISTRATION				
Administration	AD	131	1.4	183.4
Business Office	BO	75	1.4	105
Health Information Management	HIM	106	1.25	132.5
Information Management	IM	57	1.2	68.4
AMBULATORY				
Emergency	er1	47.4	N/A	82
Primary Care	pc1	291.6	N/A	451
ANCILLARY				
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
BEHAVIORAL				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
PREVENTIVE				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
Public Health Nursing	PHN	66	1.4	92.4
Public Health Nutrition	PNT	9	1.4	12.6
NUTRITION SUPPORT SERVICES				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	89.4	1.2	107.28
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	47	1.2	56.4
TOTALS			Department Gross Square Meters	2034.88
			Building Circulation & Envelope (.20)	406.98
			Floor Gross Square Meters	2441.86
			Major Mechanical SPACE (.12)	293.02
			Building Gross Square Meters	2734.88



Appendices

Final 1/12/06

Taos • Picuris Service Unit

New Mexico



CL Associates, Inc.

2077 Placita de Quedo

Santa Fe NM 87505

(505) 474-6306

classociatesinc@earthlink.net

Appendices

- Appendix A: Glossary
- Appendix B: Historical Information
- Appendix C: TPSU Strengths, Weaknesses, Opportunities, Threats
- Appendix D: Points of Contact
- Appendix E: Results of Interviews with Key TPSU Staff
- Appendix F: Clinic Services and Frequency of TPSU Clinics
- Appendix G: List of additional facilities within 50 miles
- Appendix H-1: Outpatient Visit Volume by Diagnoses
- Appendix H-2: Outpatient Visit Volume by Age Group
- Appendix H-3: TPSU Top 50 Diagnoses
- Appendix I: Questions Presented to Health Board
- Appendix J: List of Service Prioritization by TPSU Health Board
- Appendix K: Staffing Needs Summary
- Appendix L: Provider Workload and Facility Need Projected to 2015
- Appendix M: TPSU Clinic Migration Data
- Appendix N: Contract Health Services
- Appendix O: Top 10 CHS In-Patient Diagnoses 2000-2003
- Appendix P: Essential Elements of RRM For Taos HC (Year 2015)
- Appendix Q: Program Justification Documents (PJD) TPSU
- Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015



Appendix A: Glossary

Glossary of Acronyms

AI	American Indian	JCAHO	Joint Commission on Accreditation of Healthcare Organizations
AN	Alaska Native	MCH	Maternal and Child Health
BIA	Bureau of Indian Affairs	NIHB	National Indian Health Board
CDC	Centers for Disease Control	NPIRS	National Patient Information Reporting System
CHA	Community Health Aide	OHPD	Office of Health Program Development
CHR	Community Health Representative	OTA	Office of Tribal Activities
CHS	Contract Health Services	PCC	Patient Care Component
COPC	Community-Oriented Primary Care	PHS	Public Health Service
DHHS	Department of Health and Human Services	PSA	Primary Service Area
ENT	Ear, Nose, and Throat	RPMS	Resource and Patient Management System
GPRA	Government Performance Reporting Act	RRM	Resource Requirements Methodology
HSP	Health Services Plan		
HUD	Housing & Urban Development		
IHPES	Indian Health Performance Evaluation System		
IHS	Indian Health Service		



Glossary of IHS Terms and Phrases

Active User Population

American Indians and Alaska Natives eligible for IHS services who have used those services at any IHS facility within the past three years. These numbers include all people who have ever registered to use a particular facility. The Active User Population of a Service Unit will reflect tribal members who are enrolled in tribes that belong to that particular Service Unit, regardless of where that person receives care throughout the IHS system nationwide. Active User Population also includes tribal members from tribes outside the Service Unit who have received care at a facility within the particular service unit. These numbers are not adjusted for deaths. It is the measure by which funds are allocated to a specific medical facility within the Service Unit, for both medical services and facilities support.

Area Office

A defined geographic region for Indian Health Service administrative purposes. Each Area Office administers several Service Units. In this case, the Albuquerque Area Office has management and coordination responsibilities for the nine Service Units.

Community Health Representative (CHR)

Indians selected, employed, and supervised by their tribes and trained by IHS to provide specific health care services at the community level.

Contract Health Services

Services not available directly from IHS or tribes that are purchased under contract from community hospitals and practitioners. CHS eligibility requirements: (1) must be a Native American or descendent from a federally-recognized Tribe; (2) must be a permanent resident of the county in which the Service Unit resides.

Government Performance and Results Act (GPRA)

A law requiring federal agencies to demonstrate effective use of funds in meeting their missions. The law requires agencies to have a five-year strategic plan (describing long-term goals) in place and to submit annual performance plans and reports (methods for accomplishing strategic plan using annual budget) with their budget requests.

Health Center

A facility, physically separated from a hospital, with a full range of ambulatory services, including at least primary care physicians, nursing, pharmacy, laboratory, and x-ray, that are available at least 40 hours a week for outpatient care.

Health Systems Plan

The HSP is designed to provide the documents necessary to plan and acquire approval for a medical program and then to communicate the necessary information to an Architect/Engineer for the design of a facility. This data is based on Active User Population and Projected User Population.



Health Station

A facility, physically separated from a hospital and health center, where primary care physician services are available on a regularly scheduled basis but for less than 40 hours a week.

Indian Health Performance Evaluation System (IHPEs)

The IHPEs appraises the quality of care and/or services provided by each participating facility by employing defined and measurable indicators. It is based on the hospital, ambulatory, and demographic information collected by the IHS Resource Patient Management System (RPMS) and provides a mechanism to meet the Joint Commission On Accreditation of Healthcare Organizations (JCAHO) ORYX initiative. The system also is used for the collection and measurement of indicators to meet the requirements of the Government Performance Results Act (GPRA).

Primary Service Area (PSA)

The geographic areas based on proximity in which IHS has responsibilities for planning and distributing health care resources "on or near" reservations; e.g., contract health service delivery areas.

Projected User Population

Based on the percentage of change in the 1990 – 2000 U.S. Census, population of the county where the reservation is located.

Q-Man

Database within RPMS system which contains disease-specific categorization by International Code of Disease (ICD-9).

Resource and Patient Management System (RPMS)

A standardized patient record system used exclusively by IHS to record patient data and provider workload.

Resource Requirements Methodology (RRM)

A computer spreadsheet program that is designed to project the staffing needs for a specific facility or primary service area. Its goal is to help ensure that IHS provides appropriate, reasonable and consistent staffing information to Congress and tribes. Information from the RRM is used in the development of Project Justification Documents (PJD), Project Summary Documents (PSD), or tribal requests for technical assistance in the submittal of HUD Block Grant Proposals.

Service Population

American Indians and Alaska Natives identified to be eligible for IHS services.

Service Unit

The local administrative unit of IHS, defined by geographic characteristics such as proximity of tribes and encompassing a defined Service Population.



Appendix B: Historical Information

Concerning Indian Health Care and the U.S. Commission on Civil Rights' Report: "Broken Promises"

History of Tribes and Medical Services Development

In November 1921, the U.S. Congress passed The Snyder Act (P.L. 94-482) to provide for, among other purposes, the benefit, care, and assistance of Indians throughout the U.S.

The Indian Health Service was created in 1955 to provide health services to Native Americans and Alaska Natives.

Beginning with the Indian Health Care Improvement Act (P.L. 94-437) of 1976, Congress was authorized to appropriate funds specifically for the health care of Indian people.

IHS MISSION: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

IHS GOAL: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION of CARE: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and culture and to honor and protect the inherent sovereign rights of Tribes.

This Act is considered for reauthorization every five years, providing opportunities for tribes and IHS administration to refine funding priorities in the hopes that Congress will increase appropriations to meet critical facility and service needs.

Annual budget appropriations provide operating revenue for hospitals, clinics, medical professionals, administrative staff, pharmacies, laboratories, and dental, mental health, diabetes education, and contracted health services to medical providers outside of the IHS system.

Three titles of the Indian Health Care Improvement Act (IHCA) are of particular relevance: Title III, which covers health facilities; Title IV, which covers access to health services; and Title V, which covers health services to urban Indians.



Title III of the IHCIA focuses on ensuring that IHS facilities are fully capable of addressing the needs of the populations they are intended to serve. A number of proposed changes to the Act, as part of the reauthorization process, include consulting with tribes on facilities expenditures – with the goal of truly representing all unmet health care needs – as well as enabling smaller facilities to meet accreditation eligibility requirements for public insurance programs – with the goal of increasing health care services to tribal members. Other proposed changes have to do with increasing funding options to support the provision of health care services.

Title IV focuses on eliminating the barriers – social, logistical, financial – that prevent Indians from gaining access to and receiving public health care and that also limit reimbursement from third-party payers. Proposed changes under the reauthorization process include: authorizing reimbursement to IHS facilities for all Medicare/Medicaid-covered services; waiving all cost-sharing by IHS-eligible patients enrolled in public insurance programs; and waiving Medicare's late enrollment fee.

Title V focuses on improving the health status of urban Indians. Proposed changes focus on enhancing the U.S. Department of Health and Human Services (HHS)' authority to fund urban Indian health programs through a variety of means, such as grants and loans.

Another piece of federal legislation that is relevant to this plan is the Indian Self-Determination Act Amendments of 1994 (P.L. 103-413), which amend the Indian Self-Determination and Education Act (P.L. 93-638), a law giving tribes the authority to contract for the direct operation of programs serving their members. Title I of P.L. 103-413 significantly amends P.L. 93-638 by simplifying contracts entered into between the United States government and Indian tribes and tribal organizations. In particular, regulations published jointly by HHS and the Department of the Interior to implement P.L. 103-413 aimed at greatly reducing the paperwork required of Indian tribes applying to contract with HHS. The contracting process often is referred to in shorthand as the "638 process," in recognition of the original law.

It is important, however, to put these laws into context. Despite a legal and regulatory framework, "persistent discrimination and neglect continue to deprive Native Americans of a health system sufficient to provide health care equivalent to that provided to the vast majority of Americans," state the authors of "Broken Promises: Evaluating the Native American Health Care System." This report, drafted in July 2004 by the U.S. Commission on Civil Rights' Office of the General Counsel, details social, cultural, structural, and financial barriers that both limit Indians' access to health care and contribute to health disparities and also offers recommendations to close the health care gap for Indians, whether living in rural areas or in towns and cities across the United States.

Among the significant themes repeated in "Broken Promises" is the extent to which the health status of Indians is declining in relation to the general population. One finding is



particularly relevant and poignant: Type 2 diabetes, once a disease afflicting adults, now is making a dramatic appearance among Indian youth, which only hastens the likely development of other serious and costly complications.

The report also emphasizes the causal relationship between poverty and substandard housing conditions – realities that many Indians face – and serious health effects. “Because Native Americans have the highest poverty and unemployment rates, their health is inevitably compromised,” the report’s authors state. Compounding this situation is another formidable barrier: limited access to health care services. For example, many Indians live in remote areas where roads can become impassable during certain times of the year, transportation is lacking, and facilities are under-equipped to provide diagnoses or services.

One positive step to addressing these and related deficiencies is IHS’ efforts to involve tribes in determining the location of IHS facilities and the kinds of services needed. In addition to the HSFMP, the Facilities Appropriation Advisory Board has provided input to the IHS on development of a facilities prioritization process that will result in a revised methodology for determining funding for facility renovation or replacement.



Appendix C: TPSU Strengths, Weaknesses, Opportunities, Threats

At time of printing, there was insufficient data or data was inaccessible to CL Associates for this Appendix.



Appendix D: Points of Contact

TAOS-PICURIS Service Unit Points of Contact

Name	Title, Organization Facility	Address Mail & Physical Address	Telephone, Fax, Email
Albuquerque Area - Headquarters			
James Toya	Director, ABQ Area IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-8003
Russ Pederson	Director, OEHE IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4275 505/248-4678 rpederson@ihs.abq.gov
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@ihs.abq.gov
TAOS-PICURIS Service Unit Staff			
Darrell LaRoche	Director, Health Facilities IHS	5300 Homestead Rd, NE Albuquerque, NM 87034	505/248-4947 dlaroche@ihs.abq.gov
Flora A. Archuleta	Supervisory Clinical Nurse	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	farchuleta@abq.ihs.gov
Paul Krispinsky		Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	Ext. 367 pkrispinsky@abq.ihs.gov
Raymond Padilla	Lab Manager	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	ext. 312 rpadilla@abq.ihs.gov
Marty Jagers		Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	mjagers@abq.ihs.gov
Stephanie Aird	Asst - computer site mg.; Project Officer Picuris CHR	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	Ext. 329 saird@abq.ihs.gov
Josie Shije	Public Health Nurse; Behavioral Health Director	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	Ext. 301 jshije@abq.ihs.gov
Lita Mondragon		Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	Ext 351 rmondragon@abq.ihs.gov
Adam T. Archuleta	M.P.H.	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	aarchuleta@abq.ihs.gov
Dr. Melody L. LaFriniere		Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	505-758-4224 ex. 322
Freda Carpenter		Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	
Gail Walters-Osborne	Site Manager and Administration Officer	Taos Picuris Indian HC PO Box 1956, Taos 87571 Phone: 505-758-4224	Gail.Osborne@ihs.gov



Appendix E: Results of Interviews with Key TPSU Staff



INSTRUCTIONS:

When constructing and collating the document, please
**REMOVE THIS PAGE and REPLACE it with the separate
document described here:**

**Results of Interviews with Key Staff,
an 11x17" spreadsheet printed separately and folded
accordion style to fit into 8 1/2x11" sized binder**



Appendix F: Clinic Services and Frequency of TPSU Clinics

During the preparation of this Plan, the hours and services changed for the Service Unit facilities. Therefore, it was determined best not to list this information. For hours and services available, please contact the facility.



Appendix G: List of additional facilities within 50 miles

TAOS PHS INDIAN HOSPITAL, P.O. BOX 1956, TAOS, NM 87571

	FACILITIES	CITY	DISTANCE
HOSPITALS	Holy Cross Hospital, 630 Paseo Del Pueblo Sur	Taos	5
	Holy Cross Hospital, 1397 Weimer Road	Taos	6
CLINICS	Mogul Medical Clinic – Urgent Care	Taos Ski Valley	3
	Casa de Corazon Children Community Counseling Center	Taos	4
	Casa de Corazon Residential Treatment Center	Taos	4
	Sacred Passage Midwifery	Taos	4
	Taos Group Home Residential Outpatient Svcs	Taos	4
	Vista Taos Renewal Center	Taos	4
	Family Practice Associates of Taos	Taos	4
	Taos Colfax Community Services, Inc.	Taos	4
	Southwest Care Center	Taos	4
	Smalling Chiropractic Clinic	Taos	5
	Lacuna Studio	Taos	5
	Cancer Institute of New Mexico	Taos	5
	WIC Program	Taos	5
	Holy Cross Hospital – Diabetes Self Management Program	Taos	5
	Dialysis Clinic Inc.	Taos	5
	Northern New Mexico Midwifery Center	Taos	6
	Ranchos Health Center	Ranchos De Taos	9
	Moreno Valley Healthcare Clinic	Taos	16
	United Church of Angel Fire	Angel Fire	17
	Questa Health Center – Medical Services	Questa	20
Health Centers of Northern New Mexico	Penasco	21	
Mogul Medical Red River	Red River	21	
Health Centers of Northern New Mexico	Chamisal	25	
Family Planning Services	Mora	32	
NURSING	Taos Living Center	Taos	5
ALCOHOL & DRUG	Vista Taos Renewal Center	Taos	4
	Alcoholics Anonymous	Taos	5
	Taos Alcohol & Drug Program	Taos	5
HOSPICE CARE	Mountain Home Health Care, Inc.	Taos	4
	Esperanza Home Health Care Hospice	Mora	32
	Esperanza Home Health Care Hospice	Buena Vista	40



Appendix H-1: Outpatient Visit Volume by Diagnoses

TPSU Outpatient Visit Volume by Diagnoses (2004)

GROUP	VISITS	% of TOTAL
Diseases of the Respiratory System	1,541	8%
Endocrine, nutritional, metabolic diseases, and immunity disorders	2,005	10%
Diseases of the Nervous System and Sense Organs	589	3%
Diseases of the Musculoskeletal and Connective Tissue	1,614	8%
Mental Disorders	1,830	9%
Symptoms, Signs, and Ill-defined conditions	994	5%
Injury and Poisoning	532	3%
Diseases of the Circulatory System	513	3%
Infectious and Parasitic Disease	427	2%
Diseases of the Genitourinary System	385	2%
Diseases of the Skin and Subcutaneous Tissue	452	2%
Diseases of the Digestive System	389	2%
Complications of Pregnancy, Childbirth, and the Puerperium	127	1%
Diseases of the Blood and Blood-Forming Organs	114	1%
Neoplasms	68	0%
Congenital Anomalies	5	0%
Certain Conditions Originating in the Perinatal Period	5	0%
Other / Supplemental	8,738	43%
Prescriptions	3,005	15%
Dental	2,455	12%
Lab	15	0%
eye	143	1%
Vaccination	236	1%
Pregnancy	222	1%
Routine Infant or Child Health Check	192	1%
Contraception	238	1%
Other Encounter for Administrative Purposes	202	1%
GYN Exam	139	1%
Health Education / Instruction	160	1%
Health Exams of Defined Subpops	117	1%
TB	101	0%
Other medical exam for admin purposes	59	0%
PT		0%
Dietary	154	1%
Radiological exam		0%
Other	1,300	6%
Total for TPSU	20,328	100%

Source: IHSPES



Appendix H-2: Outpatient Visit Volume by Age Group
2004 Patient Visits by Primary, Secondary, and Tertiary Diagnostic Groups

TAOS-PICURIS HEALTH CENTER

Diagnosis #	Diagnostic Category	% of Total						Total	Diagnostic Group	65+	45-64	15-44	1-14	0
		0	1-14	15-44	45-64	65+								
Primary	Other / Supplemental	164	1,447	3,195	2,241	1,719	8,766	43%	2%	17%	36%	26%	20%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders		6	348	824	638	2,016	10%	0%	0%	17%	41%	42%	
	Mental Disorders		203	970	538	1,34	1,845	9%	0%	11%	53%	29%	7%	
	Diseases of the Musculoskeletal and Connective Tissue		36	560	627	382	1,605	8%	0%	2%	35%	39%	24%	
	Diseases of the Respiratory System	55	432	580	259	220	1,546	8%	4%	28%	38%	17%	14%	
	Symptoms, Signs, and Ill-defined conditions	31	149	346	261	213	1,000	5%	3%	15%	35%	26%	21%	
	Diseases of the Nervous System and Sense Organs	12	111	172	149	147	591	3%	2%	19%	29%	25%	25%	
	Diseases of the Circulatory System			48	189	302	539	3%	0%	0%	9%	35%	56%	
	Injury and Poisoning	1	83	265	123	59	531	3%	0%	16%	50%	23%	11%	
	Diseases of the Skin and Subcutaneous Tissue	3	56	252	73	72	456	2%	1%	12%	55%	16%	16%	
	Infectious and Parasitic Disease	42	109	177	68	32	428	2%	10%	25%	41%	16%	7%	
	Diseases of the Digestive System	9	27	138	117	100	391	2%	2%	7%	35%	30%	26%	
	Diseases of the Genitourinary System	2	19	164	105	94	384	2%	1%	5%	43%	27%	24%	
	Complications of Pregnancy, Childbirth, and the Puerperium			128			128	1%	0%	0%	100%	0%	0%	
	Neoplasms	1	6	40	38	33	118	1%	1%	5%	34%	32%	28%	
	Complications of Pregnancy, Childbirth, and the Puerperium			2	23	32	68	0%	0%	3%	16%	34%	47%	
	Congenital Anomalies	5					5	0%	100%	0%	0%	0%	0%	
	Certain Conditions Originating in the Perinatal Period						5	0%	0%	40%	40%	20%	0%	
	Congenital Anomalies						5	0%	0%	40%	40%	20%	0%	
Primary Total		325	2,688	7,396	5,636	4,377	20,422	100%	2%	13%	36%	28%	21%	
Secondary	Other / Supplemental	59	222	886	627	419	2,213	17%	3%	10%	40%	28%	19%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders	2	12	355	715	754	1,838	14%	0%	1%	19%	39%	41%	
	Mental Disorders		70	791	531	178	1,570	12%	0%	4%	50%	34%	11%	
	Diseases of the Musculoskeletal and Connective Tissue	2	15	371	487	458	1,333	10%	0%	1%	28%	37%	34%	
	Symptoms, Signs, and Ill-defined conditions	32	251	452	318	240	1,293	10%	2%	19%	35%	25%	19%	
	Diseases of the Respiratory System	19	223	465	264	218	1,189	9%	2%	19%	39%	22%	18%	
	Diseases of the Circulatory System			82	303	414	801	6%	0%	0%	10%	38%	52%	
	Diseases of the Digestive System	17	37	177	168	147	546	4%	3%	7%	32%	31%	27%	
	Diseases of the Nervous System and Sense Organs	11	41	127	129	139	447	4%	2%	9%	28%	29%	31%	
	Diseases of the Genitourinary System	8	40	173	80	156	396	3%	0%	1%	29%	30%	39%	
	Diseases of the Skin and Subcutaneous Tissue	10	54	132	56	26	278	3%	2%	11%	49%	23%	14%	
	Infectious and Parasitic Disease			115	62	37	237	2%	0%	10%	49%	20%	9%	
	Injury and Poisoning			28	31	33	105	1%	0%	12%	27%	30%	31%	
	Diseases of the Blood and Blood-Forming Organs			14	31	50	105	1%	0%	0%	15%	33%	53%	
	Neoplasms	1	4	42			43	0%	2%	0%	98%	0%	0%	
	Complications of Pregnancy, Childbirth, and the Puerperium			6			13	0%	0%	31%	46%	0%	23%	
	Congenital Anomalies	5					5	0%	100%	0%	0%	0%	0%	
	Certain Conditions Originating in the Perinatal Period						5	0%	0%	0%	0%	0%	0%	
Secondary Total		166	1,011	4,332	3,922	3,321	12,752	100%	1%	8%	34%	31%	26%	
Tertiary	Other / Supplemental	57	116	468	410	273	1,324	20%	4%	9%	35%	31%	21%	
	Mental Disorders		12	373	269	141	795	12%	0%	2%	47%	34%	18%	
	Endocrine, nutritional, metabolic diseases, and immunity disorders		10	165	297	290	762	11%	0%	1%	22%	39%	38%	
	Diseases of the Musculoskeletal and Connective Tissue		8	141	254	310	713	11%	0%	1%	20%	36%	43%	
	Symptoms, Signs, and Ill-defined conditions	4	59	253	196	123	635	9%	1%	9%	40%	31%	19%	
	Diseases of the Respiratory System	7	56	181	150	122	516	8%	1%	11%	35%	29%	24%	
	Diseases of the Circulatory System			36	164	312	512	8%	0%	0%	32%	32%	61%	
	Diseases of the Digestive System	5	15	91	156	152	419	6%	1%	4%	22%	37%	36%	
	Diseases of the Nervous System and Sense Organs	2	17	71	84	100	274	4%	0%	1%	16%	48%	34%	
	Diseases of the Genitourinary System	1	2	41	120	85	249	2%	3%	13%	45%	23%	16%	
	Diseases of the Skin and Subcutaneous Tissue	5	19	68	35	25	152	2%	0%	12%	41%	29%	16%	
	Infectious and Parasitic Disease	2	17	61	43	24	147	2%	0%	8%	39%	33%	20%	
	Injury and Poisoning			34	29	17	87	1%	0%	1%	22%	34%	42%	
	Diseases of the Blood and Blood-Forming Organs			19	29	36	85	1%	0%	0%	11%	24%	66%	
	Neoplasms			8	18	50	76	1%	0%	0%	100%	0%	0%	
	Complications of Pregnancy, Childbirth, and the Puerperium			15			15	0%	0%	0%	0%	0%	0%	
	Congenital Anomalies	1	3	4	2	1	10	0%	0%	30%	40%	20%	10%	
	Certain Conditions Originating in the Perinatal Period						1	0%	100%	0%	0%	0%	0%	
Tertiary Total		84	342	2,029	2,256	2,061	6,772	100%	1%	5%	30%	33%	30%	

Appendix H-3: TPSU Top 50 Diagnoses**Top 50 Diagnosis: TAOS Health Center**

RANK	ICD DIAGNOSIS NAME	1999	2004	2004		1999-2004 % Change
				% of Total	Cum % Total	
1	Issue Repeat Prescript	102	3,004	15%	15%	2845%
2	Dental Examination	943	2,455	12%	27%	160%
3	Diab Uncomp Typ Ii/Niddm	824	1,302	6%	33%	58%
4	Myalgia And Myositis Nos	10	366	2%	35%	3560%
5	Acute Uri Nos	159	345	2%	37%	117%
6	Depressive Disorder Nec	159	230	1%	38%	45%
7	Asthma Unspecified	221	229	1%	39%	4%
8	Oth Specified Counseling	419	222	1%	40%	-47%
9	Hypertension Nos	207	221	1%	41%	7%
10	Vaccine And Inocula Influenza		210	1%	42%	
11	Routin Child Health Exam	232	192	1%	43%	-17%
12	Administrtrve Encount Nec	54	191	1%	44%	254%
13	Adjustment Reaction Nos	89	179	1%	45%	101%
14	Allergic Rhinitis Nos	190	179	1%	46%	-6%
15	Acute Pharyngitis	76	177	1%	47%	133%
16	Supervis Oth Normal Preg	164	172	1%	47%	5%
17	Cough	23	167	1%	48%	626%
18	Prolong Posttraum Stress	95	165	1%	49%	74%
19	Other Unspec Counseling	302	162	1%	50%	-46%
20	Dietary Surveil/Counsel	11	154	1%	51%	1300%
21	Esophageal Reflux	64	150	1%	51%	134%
22	Adj React-Mixed Emotion	41	146	1%	52%	256%
23	Diab W Manif Nec Typ Ii/	8	146	1%	53%	1725%
24	Eye & Vision Examination	6	142	1%	53%	2267%
25	Gynecologic Examination	130	139	1%	54%	7%
26	Joint Pain-L/Leg	70	136	1%	55%	94%
27	Contracept Surveill Nec	48	131	1%	55%	173%
28	Rheumatoid Arthritis	71	122	1%	56%	72%
29	Neurotic Depression	67	120	1%	57%	79%
30	Health Exam-Group Survey	5	117	1%	57%	2240%
31	Bronchitis Nos	123	114	1%	58%	-7%
32	Lumbago	37	113	1%	58%	205%
33	Diab Uncontrol, Type Ii	41	112	1%	59%	173%
34	Flu W Resp Manifest Nec	9	110	1%	59%	1122%
35	Counseling For Marital/Partner Pro	22	104	1%	60%	373%
36	Screening-Pulmonary Tb	44	100	0%	60%	127%
37	Unspec Viral Infections		96	0%	61%	
38	Joint Pain-Shlder	28	91	0%	61%	225%
39	Benign Hypertension		89	0%	62%	
40	Urin Tract Infection Nos	86	88	0%	62%	2%
41	Dermatitis Nos	81	83	0%	63%	2%
42	Alcoh Dep Nec/Nos-Unspec	62	82	0%	63%	32%
43	Anxiety State Nos	18	80	0%	63%	344%
44	Osteoarthros Nos-Unspec	46	79	0%	64%	72%
45	Family Circumstances Nec	60	78	0%	64%	30%
46	Acute Bronchitis	71	75	0%	64%	6%
47	Chr Airway Obstruct Nec	8	74	0%	65%	825%
48	Diab Renal Manif Typ Ii/	20	73	0%	65%	265%
49	Routine Medical Exam	111	71	0%	66%	-36%
50	Other Abnormal Glucose		70	0%	66%	
	All Other	5,554	6,969	34%	100%	25%
		11,211	20,422	100%		82%



Top 50 Diagnosis: PICURIS Health Center

RANK	ICD DIAGNOSIS NAME	1999	2004	2004		1999-2004
				% of Total	Cum % Total	% Change
1	Economic Problem	1	21	16%	16%	2000%
2	Diab Uncomp Typ li/Niddm	14	18	14%	29%	29%
3	Administrtrve Encount Nec	3	12	9%	38%	300%
4	Screen-Diabetes Mellitus		7	5%	44%	
5	Other Convulsions		6	5%	48%	
6	Screen For Hypertension		6	5%	53%	
7	Joint Pain-L/Leg		5	4%	56%	
8	Acute Uri Nos		3	2%	59%	
9	Housing/Econo Circum Nec		3	2%	61%	
10	Joint Pain-Shlder	1	3	2%	63%	200%
11	Legal Circumstances	4	3	2%	65%	-25%
12	No Family Able To Care		3	2%	68%	
13	Plantar Fibromatosis		3	2%	70%	
14	Acquired Hypothyroid Nec		2	2%	71%	
15	Acute Bronchitis	1	2	2%	73%	100%
16	Cervicalgia		2	2%	74%	
17	Congestive Heart Failure		2	2%	76%	
18	Diab W Manif Nec Typ li/	1	2	2%	77%	100%
19	Esophageal Reflux	1	2	2%	79%	100%
20	Family Circumstances Nec		2	2%	80%	
21	Secondary Parkinsonism		2	2%	82%	
22	2nd Deg Burn Arm Nos		1	1%	83%	
23	2nd Deg Burn Forearm		1	1%	83%	
24	Ac Maxillary Sinusitis		1	1%	84%	
25	Acute Pharyngitis		1	1%	85%	
26	Asthma Unspecified		1	1%	86%	
27	Benign Hypertension		1	1%	86%	
28	Chest Pain Nos		1	1%	87%	
29	Chr Ischemic Hrt Dis Nos		1	1%	88%	
30	Coronary Atheroscleo Unsp Type	1	1	1%	89%	0%
31	Dental Disorder Nos		1	1%	89%	
32	Dermatitis Nos	1	1	1%	90%	0%
33	Fem Stress Incontinence		1	1%	91%	
34	Herpes Zoster Nos		1	1%	92%	
35	Issue Repeat Prescript		1	1%	92%	
36	Joint Pain-Ankle		1	1%	93%	
37	Lumbago	1	1	1%	94%	0%
38	Oth Specified Counseling	3	1	1%	95%	-67%
39	Painful Respiration		1	1%	95%	
40	Paralysis Nos		1	1%	96%	
41	Rheumatoid Arthritis	2	1	1%	97%	-50%
42	Screening-Pulmonary Tb		1	1%	98%	
43	Senile Dementia Uncomp		1	1%	98%	
44	Viral Labyrinthitis		1	1%	99%	
45	Abn Glucose Toleran Test	1		0%	99%	-100%
46	Acute Gingivitis	1		0%	99%	-100%
47	Adjustment Reaction Nos	5		0%	99%	-100%
48	Allergic Rhinitis Nos	3		0%	99%	-100%
49	Anxiety State Nos	1		0%	99%	-100%
50	B12 Defic Anemia Nec	1		0%	99%	-100%
	All Other	53	1	1%	100%	-98%
		99	133	100%		34%



Appendix I: Questions Presented to Health Board

Taos-Picuris Service Unit Master Plan Questionnaire Health Board and Tribal Consultation Questions

General Questions for Discussion

1. What characteristics and services of the TPSU ** should determine priority for funding?
 - a. Distance to care – how it affects access to care
 - b. Number of patients who actually use the clinic services
 - c. Quality of health & incidence of disease – review historical epidemiology statistics
 - d. Quality of care VS proximity to care -- Are issues of quality of care more or less important than convenience/location of service?
 - e. Others ... ?
2. Which of the services that TPSU presently refers out, or contracts for services, do you believe could be adequately located in the TPSU?
3. How can we improve the health care delivery of the TPSU area? Be specific about improvements.
 - a. How to improve existing services within the hospital/clinic?
 - b. New services within the hospital/clinic?
 - i. What is being considered?
 - ii. What should be considered?
 - c. Improved facilities ?
 - d. New facilities?
 - e. Service Improvements
4. Are there communities or geographic groups of communities that are specifically underserved in relationship to access to primary care at TPSU?
Please list
5. Should we re-define the communities and the service centers they fall under? Is everyone included?
6. What is the best strategy to provide care for non-Taos enrolled Indians?



*Celia Hildebrand, CL Associates, Inc. Phone: (505) 474-6306. Fax (505) 474-5247.
celiahi@earthlink.net*



Appendix J: List of Service Prioritization by TPSU Health Board

	Taos-Picuris ServiceLEVEL OF CARE BY DISTANCE								
Health Service	Services at Taos Clinic Fulltime	Services at Taos Clinic Part-time	Services at Picuris Clinic Fulltime	Services at Picuris Part-time	Services at Town of Toas Fulltime	Services at SFSU	Services at Santa Fe	Services provided within 94 miles or less	Services provided within 129 miles or less
PHYSICIAN CARE									
Family Practice	2 MD's & 1 Rotating Contractor								
Internal Medicine		PT			X	X			
Pediatric		Used to have							
Gynecology		Spec 1Xmo							
Dermatology									
Orthopedics		Spec 1Xmo							
Gerontology		Fam Prac PT							
Optometry		Spec 2 X a mo 1Xwk							
Radiologists		1 FT (TEK Radiology)			As needed via blanket PO				
General Surgery									
Otolaryngology					X	X			Cardiology to ABQ
Nurse practioners 1FT midlevel	1FTE midlevel								

	Taos-Picuris Service Unit LEVEL OF CARE BY DISTANCE								
Health Service	Services at Taos Clinic Fulltime	Services at Taos Clinic Part-time	Services at Picuris Fulltime	Services at Picuris Clinic Part-time	Services at Town of Taos	Services at SFSU	Services provided at Santa Fe	Services provided within 94 miles or less	Services provided within 129 miles or less
PHYSICIAN CARE									
Otolaryngology					CHS				
Cardiology					Evals				ABQ for surgery
Urology		Share area wide					CHS		
Neurology							CHS		
Nephrology		Dr. Narvo quarterly			CHS				
Allergy		PT Spec Clinic					CHS	CHS in Los Alamos	
Pulmonology									CHS Denver
Gastroenterology		PT Spec Clinic						CHS Espanola	
Rheumatology		PT Spec Clinic						CHS in Los Alamos	
Oncology					Helpful to have ser in Taos		CHS tmt		CHS evals in ABQ
Traditional Healing									
Audiology		Spec 1Xquarter by AAIHB							

	Taos-Picuris Service Unit LEVEL OF CARE BY DISTANCE								
Health Service	Services at Taos Clinic Fulltime	Services at Taos Clinic Part-time	Services at Picuris Clinic Fulltime	Services at Picuris Clinic Part-time	Services at Town of Taos	Services at SFSU	Services at Santa Fe	Services provided within 94 miles or less	Services provided within 129 miles or less
PHYSICIAN CARE									
Pediatric Sub-specialties		Spec Clinic							
Dental	2 FT Vacant 2 FT	PT as needed			on emergency basis CHS	Neg. referring	Not reg avail	CHS ref	CHS ref
Oral Surgery							CHS ref.		
Labor & Delivery – birthing center						Depending on coverage	Depending on coverage		
EMERGENCY / ICU									
After Hours Urgent Care					Holy Cross				
Emergency					Holy Cross	X			
Ground Ambulance		1			Very limited				
Air Ambulances: Rotor					CHS				CHS
Air Ambulance: Fixed					CHS				CHS
Dental Assist	3 Need 4								
Pediodist		1Xmo					Referral		
Orthodontist		1Xmo				Referral			ABQ for evals/ ADC(SIPI)
Periodontist		1Xmo				Referral			

	Taos-Picuris Service Unit LEVEL OF CARE BY DISTANCE								
Health Service	Services at Taos Clinic Fulltime	Services at Taos Clinic Part-time	Services at Picuris Clinic Fulltime	Services at Picuris Clinic Part-time	Services at Town of Taos	Services at SFSU	Services at Santa Fe	Services provided within 94 miles or less	Services provided within 129 miles or less
AMBULATORY CARE SERVICES									
Nutrition		X							
Optometry		X moving to commercial contract mid Dec	Needs based						
Podiatry		2Xmo 1Xwk							
Dialysis					CHS				
Audiology		AAIHB quarterly							
Chiropractic		Tribal			Avail if pd by patient				
Acupuncture/Pain Mgt									
BEHAVIORAL HEALTH									
Psychiatry		2Xmo							
Mental Health	1 clinical psychologist-IHS; 1soc wkr-IHS	PND Family Therapist (Personnel Svc. Contract)							
Social Services	1 PSC								

Appendix K: Staffing Needs Summary



Appendix L: Provider Workload and Facility Need Projected to 2015



Appendix M: TPSU Clinic Migration Data

Appendix M includes the following tables:

1. List of Communities Within Service Unit
2. Detailed chart of 2004 Patient Visits which shows the migratory pattern of how members of other tribes and Urban Indians use this Service Unit facilities and services. This data indicates the number of patient visits per tribe within each community receiving care at the Service Unit facilities.
3. Patient Visits by Albuquerque Area Tribe in FY 2004

COMMUNITIES WITHIN TPSU
PENASCO
PICURIS
TAOS
TAOS CO OTHER
TAOS PUEBLO



TPSU-Taos-Picuris

FY 2004 Patient Visits

Community	Tribe	# of Patient Visits
ALBUQUERQUE	CHOCTAW NATION, OK	1
	MANDAN, THREE AFFIL TRBS, FT BERTHOLD RS, ND	1
	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF PICURIS, NM	7
	PUEBLO OF SAN FELIPE, NM	2
	PUEBLO OF TAOS, NM	102
	ROSEBUD SIOUX TRIBE, SD	7
	ZUNI TRIBE, NM	1
ALBUQUERQUE Total		123
ALCALDE	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF TAOS, NM	22
ALCALDE Total		23
BECLABITO	NAVAJO TRIBE, AZ NM AND UT	2
BECLABITO Total		2
BERNAL CO OT	PUEBLO OF TAOS, NM	1
BERNAL CO OT Total		1
BERNALILLO	CHEYENNE-ARAPAHO TRIBES, OK	2
	PUEBLO OF TAOS, NM	5
	TURTLE MOUNTAIN BAND CHIPPEWA, ND	2
BERNALILLO Total		9
CALIFORNIA UNK	CHEROKEE NATION, OK	1
	PUEBLO OF TAOS, NM	1
CALIFORNIA UNK Total		2
CHINLE	NAVAJO TRIBE, AZ NM AND UT	3
CHINLE Total		3
COLFAX CO OT	CADDO TRIBE INDIAN, OK	4
	CHEROKEE NATION, OK	11
	CHEYENNE-ARAPAHO TRIBES, OK	23
	CHOCTAW NATION, OK	7
	NAVAJO TRIBE, AZ NM AND UT	19
	OSAGE TRIBE, OK	3
	PUEBLO OF TAOS, NM	24
COLFAX CO OT Total		91
COLORADO UNK	ARAPAHO TRIBE, WIND RIVER RES, WY	15
	CHEYENNE-ARAPAHO TRIBES, OK	4
	CHICKASAW NATION, OK	5
	CHIPPEWA-CREE INDIANS, ROCKY BOY RES, MT	11
	CHOCTAW NATION, OK	12
	NAVAJO TRIBE, AZ NM AND UT	32
	PAWNEE INDIAN TRIBE, OK	9
	PUEBLO OF PICURIS, NM	2
	PUEBLO OF SANTA CLARA, NM	1
	PUEBLO OF TAOS, NM	12
	SAN CARLOS APACHE TRIBE, AZ	63
	THIRTEENTH REGIONAL CORPORATION	26
COLORADO UNK Total		192
CORRALES	ROSEBUD SIOUX TRIBE, SD	1
CORRALES Total		1
CUBA	PUEBLO OF TAOS, NM	1
	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	2
CUBA Total		3
DULCE	JICARILLA APACHE TRIBE, NM	22
DULCE Total		22
DURANGO	BLACKFEET TRIBE, MT	1
DURANGO Total		1
ESPANOLA	NAVAJO TRIBE, AZ NM AND UT	11
	PUEBLO OF SAN JUAN, NM	1
	PUEBLO OF TAOS, NM	5
	PUEBLO OF TESUQUE, NM	3
	SANTEE SIOUX NATION, NE	1
ESPANOLA Total		21
FARMINGTON	OGLALA SIOUX TRIBE, SD	1
	PUEBLO OF TAOS, NM	5
FARMINGTON Total		6
GALLUP	PUEBLO OF TAOS, NM	1
GALLUP Total		1
ISLETA PUEBL	PUEBLO OF ISLETA, NM	1
	PUEBLO OF TAOS, NM	1
ISLETA PUEBL Total		2
JEMEZ PUEBLO	PUEBLO OF JEMEZ, NM	1
JEMEZ PUEBLO Total		1
LAGUNA-NEW	PUEBLO OF LAGUNA, NM	2
LAGUNA-NEW Total		2

TPSU-Taos-Picuris

Community	Tribe	# of Patient Visits
LAS CRUCES	PUEBLO OF TAOS, NM	1
LAS CRUCES Total		1
LOS ALAMOS O	PUEBLO OF SAN JUAN, NM	9
LOS ALAMOS O Total		9
LOS LUNAS	PUEBLO OF ISLETA, NM	11
LOS LUNAS Total		11
MONTEZUMA CK	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-SIOUX	1
MONTEZUMA CK Total		1
PENASCO	JICARILLA APACHE TRIBE, NM	1
	MESCALERO APACHE TRIBE, NM	1
	PUEBLO OF PICURIS, NM	1
	PUEBLO OF SAN ILDEFONSO, NM	4
	PUEBLO OF TAOS, NM	1
PENASCO Total		8
PICURIS	CADDO TRIBE INDIAN, OK	18
	MESCALERO APACHE TRIBE, NM	13
	NAVAJO TRIBE, AZ NM AND UT	50
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	12
	OTLALA SIOUX TRIBE, SD	16
	OMAHA TRIBE, NE	4
	PUEBLO OF LAGUNA, NM	45
	PUEBLO OF PICURIS, NM	979
	PUEBLO OF SANTA ANA, NM	35
	PUEBLO OF TESUQUE, NM	34
	UTE MOUNTAIN TRB, CO NM AND UT	3
	WINNEBAGO TRIBE, NE	2
	YAVAPAI-APACHE IND COMM, AZ	2
All Other (tribes with <50 visits at any facility in 2004)	27	
PICURIS Total		1240
POJOAQUE	CREEK NATION, OK	1
	NAVAJO TRIBE, AZ NM AND UT	3
	PUEBLO OF POJOAQUE, NM	2
POJOAQUE Total		6
RIO ARRIBA	CHEROKEE NATION, OK	7
	CHEYENNE-ARAPAHO TRIBES, OK	2
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	2
	PUEBLO OF PICURIS, NM	1
	PUEBLO OF TAOS, NM	20
RIO ARRIBA Total		32
RIO RANCHO	PUEBLO OF SANTA CLARA, NM	3
	PUEBLO OF TAOS, NM	6
	STANDING ROCK SIOUX TRIBE, ND AND SD	1
RIO RANCHO Total		10
SAN JUAN	NAVAJO TRIBE, AZ NM AND UT	2
	PUEBLO OF SAN ILDEFONSO, NM	4
	PUEBLO OF SAN JUAN, NM	22
SAN JUAN Total		28
SANT DOMINGO	PUEBLO OF SANTO DOMINGO, NM	1
SANT DOMINGO Total		1
SANTA CLARA	PUEBLO OF LAGUNA, NM	18
	PUEBLO OF SANTA CLARA, NM	39
	PUEBLO OF TAOS, NM	2
SANTA CLARA Total		59
SANTA CRUZ	PUEBLO OF TAOS, NM	4
SANTA CRUZ Total		4

TPSU-Taos-Picuris

Community	Tribe	# of Patient Visits
SANTA FE	CHEROKEE NATION, OK	1
	CHICKASAW NATION, OK	3
	NAVAJO TRIBE, AZ NM AND UT	1
	PUEBLO OF ACOMA, NM	6
	PUEBLO OF PICURIS, NM	1
	PUEBLO OF POJOAQUE, NM	1
	PUEBLO OF SAN ILDEFONSO, NM	3
	PUEBLO OF TESUQUE, NM	6
SANTA FE Total		22
SHIPROCK	NAVAJO TRIBE, AZ NM AND UT	1
SHIPROCK Total		1
TAOS	ARAPAHO TRIBE, WIND RIVER RES, WY	12
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-ASSINIB	29
	BLACKFEET TRIBE, MT	5
	CHEROKEE NATION, OK	65
	CHEYENNE RIVER SIOUX TRIBE, SD	4
	CHEYENNE-ARAPAHO TRIBES, OK	131
	CHICKASAW NATION, OK	16
	CHIPPEWA-CREE INDIANS, ROCKY BOY RES, MT	1
	CHOCTAW NATION, OK	75
	CONFEDERATED TRIBES GOSHUTE RES, NV & UT	35
	COVELO INDIAN COMM ROUND VALLEY RES, CA	1
	CREEK NATION, OK	9
	CROW TRIBE, MT	44
	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	6
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	1
	HOPI TRIBE, AZ	19
	JICARILLA APACHE TRIBE, NM	173
	KIOWA INDIAN TRIBE, OK	9
	LOWER BRULE SIOUX TRIBE, SD	6
	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	30
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	38
	NAVAJO TRIBE, AZ NM AND UT	356
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	125
	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	1
	NORTHERN CHEYENNE TRIBE, MT	8
	OGLALA SIOUX TRIBE, SD	30
	OTOE-MISSOURIA TRIBE, OK	25
	PAWNEE INDIAN TRIBE, OK	1
	PONCA TRIBE, OK	13
	PRAIRIE BAND POTAWATOMI, KS	31
	PUEBLO OF ACOMA, NM	7
	PUEBLO OF COCHITI, NM	16
	PUEBLO OF JEMEZ, NM	23
	PUEBLO OF LAGUNA, NM	69
	PUEBLO OF NAMBE, NM	3
	PUEBLO OF POJOAQUE, NM	85
	PUEBLO OF SAN FELIPE, NM	44
	PUEBLO OF SAN JUAN, NM	18
	PUEBLO OF SANDIA, NM	15
	PUEBLO OF SANTA CLARA, NM	55
	PUEBLO OF SANTO DOMINGO, NM	10
	PUEBLO OF TAOS, NM	1282
	ROSEBUD SIOUX TRIBE, SD	7
	SAN CARLOS APACHE TRIBE, AZ	51
	SEMINOLE NATION, OK	31
	SENECA NATION, NY	7
	THIRTEENTH REGIONAL CORPORATION	1
TURTLE MOUNTAIN BAND CHIPPEWA, ND	41	
UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	69	
UTE MOUNTAIN TRB, CO NM AND UT	45	
WHITE MOUNTAIN APACHE TRB, AZ	16	
YANKTON SIOUX TRIBE, SD	4	
All Other (tribes with <50 visits at any facility in 2004)	37	
TAOS Total		3235

TPSU-Taos-Picuris

Community	Tribe	# of Patient Visits
TAOS CO OTH	ABSENTEE-SHAWNEE TRIBE, OK	6
	ARAPAHO TRIBE, WIND RIVER RES, WY	7
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-ASSINIB	88
	ASSINIBOINE/SIOUX TRBS, FT PECK, MT-SIOUX	10
	CHEROKEE NATION, OK	15
	CHEYENNE RIVER SIOUX TRIBE, SD	2
	CHEYENNE-ARAPAHO TRIBES, OK	4
	CHOCTAW NATION, OK	3
	CROW TRIBE, MT	20
	JICARILLA APACHE TRIBE, NM	39
	KIOWA INDIAN TRIBE, OK	2
	MISSISSIPPI BAND CHOCTAW INDIANS, MS	6
	NAVAJO TRIBE, AZ NM AND UT	32
	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	18
	PUEBLO OF LAGUNA, NM	7
	PUEBLO OF SAN FELIPE, NM	15
	PUEBLO OF SAN ILDEFONSO, NM	1
	PUEBLO OF TAOS, NM	134
	SAN CARLOS APACHE TRIBE, AZ	7
	SISSETON WAHPETON OYATE, SD	3
STANDING ROCK SIOUX TRIBE, ND AND SD	2	
TAOS CO OTH Total		421
TAOS PUEBLO	ALEUT CORPORATION	31
	ARAPAHO TRIBE, WIND RIVER RES, WY	33
	CHEYENNE-ARAPAHO TRIBES, OK	56
	CREEK NATION, OK	14
	CROW CREEK SIOUX TRIBE, SD	46
	DELAWARE TRIBE, WESTERN OK	15
	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	15
	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	13
	HOPI TRIBE, AZ	3
	JICARILLA APACHE TRIBE, NM	55
	KIOWA INDIAN TRIBE, OK	63
	NAVAJO TRIBE, AZ NM AND UT	219
	OGALA SIOUX TRIBE, SD	4
	PONCA TRIBE, OK	44
	PUEBLO OF ACOMA, NM	65
	PUEBLO OF COCHITI, NM	11
	PUEBLO OF ISLETA, NM	9
	PUEBLO OF JEMEZ, NM	48
	PUEBLO OF LAGUNA, NM	122
	PUEBLO OF PICURIS, NM	10
	PUEBLO OF SAN FELIPE, NM	5
	PUEBLO OF SAN ILDEFONSO, NM	7
	PUEBLO OF SAN JUAN, NM	34
	PUEBLO OF SANTA ANA, NM	14
	PUEBLO OF SANTA CLARA, NM	27
	PUEBLO OF SANTO DOMINGO, NM	11
	PUEBLO OF TAOS, NM	13576
	PUEBLO OF TESUQUE, NM	15
	ROSEBUD SIOUX TRIBE, SD	19
	SALT RIVER PIMA-MARICOPA IND COMM, AZ	9
	SAN CARLOS APACHE TRIBE, AZ	14
	SEMINOLE NATION, OK	1
SISSETON WAHPETON OYATE, SD	2	
STANDING ROCK SIOUX TRIBE, ND AND SD	14	
UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	75	
YANKTON SIOUX TRIBE, SD	2	
ZUNI TRIBE, NM	11	
All Other (tribes with <50 visits at any facility in 2004)	10	
TAOS PUEBLO Total		14722
TESUQUE	COLORADO RIVER INDIANS, AZ AND CA	19
	PUEBLO OF TESUQUE, NM	4
TESUQUE Total		23
TEXAS UNK	CHOCTAW NATION, OK	5
	PUEBLO OF SANTO DOMINGO, NM	1
	PUEBLO OF TAOS, NM	1
TEXAS UNK Total		7
UNKNOWN	NAVAJO TRIBE, AZ NM AND UT	2
	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	1
UNKNOWN Total		3
All Other (communities with <50 visits at any facility in 2004) Total		72
Total		20422

TPSU
2004 Patient Visits by Albuquerque Area Tribe

The following chart indicates the facilities where tribal members of this Service Unit have counted as Active Users in the past three years.

FISCAL YEAR 2004

TRIBE	FACILITY NAME	Total
PUEBLO OF PICURIS, NM	TAOS-PICURIS HEALTH CENTER	1,001
	SANTA FE HOSPITAL	445
	PICURIS H L	116
	ALBUQUERQUE HOSPITAL	103
	SOUTHERN UTE HEALTH CENTER	53
	SANTA CLARA HC	44
	ACL HOSPITAL	35
	COCHITI H.ST	14
	MESCALERO HO	13
	DULCE HEALTH CENTER	10
	ALBUQUERQUE INDIAN DENTAL CLINIC	8
ISLETA HEALTH CENTER	1	
PUEBLO OF PICURIS, NM Total		1,843
PUEBLO OF TAOS, NM	TAOS-PICURIS HEALTH CENTER	15,235
	SANTA FE HOSPITAL	1,082
	ALBUQUERQUE HOSPITAL	951
	SANTA CLARA HC	342
	ALBUQUERQUE INDIAN DENTAL CLINIC	176
	ISLETA HEALTH CENTER	107
	JEMEZ HEALTH CENTER	86
	ACL HOSPITAL	76
	SOUTHERN UTE HEALTH CENTER	64
	ZUNI HO	57
	SANDIA H.STA	48
	MESCALERO HO	45
	DULCE HEALTH CENTER	11
	CANONCITO HS	9
	SANTA ANA HS	8
SAN FELIPE HS	6	
SANTO DOMINGO HST	1	
PUEBLO OF TAOS, NM Total		18,304

Appendix N: Contract Health Services

TPSU "Blanket" Expenditures for Contracted Services

Blanket Purchase Orders - Name & Location	Service Provided	Annual Cost
Holy Cross Hospital	Emergency Room Services	\$177,649
Holy Cross Hospital	X-Ray Services	\$127,973
Holy Cross Hospital	Lab Services	\$1,757
Holy Cross Hospital	X-Ray interpretations	4000
Quest Laboratories	Lab Services	\$56,758
Santa Fe X-Ray Lab	X-Ray services for any TPSU patient need at SFIH	\$456
Santa Fe Imaging	X-Ray services for any TPSU patient need at Holy Cross or SFIH	\$2,041
Thomas Austin, MD	X-Ray interpretations	\$3,564
Malcolm Miller, MD	X-Ray interpretations	\$12,183
Douglass Smith, MD	X-Ray interpretations	\$314



Appendix O: Top 10 CHS In-Patient Diagnoses 2000-2003

The following charts list the diagnoses, the number of cases, and the amounts billed / received for cases utilizing CHS funds within the Service Unit tribes.



FISCAL YEAR 2000

TAOS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 235,527.12	\$ 229,148.11	\$ 106,598.95	\$ 122,549.16	76
PNEUMONIA, ORGANISM NOS	34,007.18	33,907.44	12,861.51	21,045.93	9
ANTER AMI NEC-INIT EPISD	21,955.20	17,125.05	-	17,125.05	1
OTH GRAM-NEG SEPTICEMIA	15,599.75	15,599.75	-	15,599.75	1
SECONDARY MALIG NEO LUNG	13,634.30	14,637.93	-	14,637.93	1
OPEN WOUND OF FOREARM	11,641.42	9,080.32	-	9,080.32	2
CHEST PAIN NOS	10,880.30	8,486.67	1,000.76	7,485.91	5
FX OLECRAN PROC ULNA-OPN	7,779.30	6,067.87	-	6,067.87	1
DIAPHRAGM INJURY-OPEN	16,816.00	5,565.00	-	5,565.00	1
OPEN WOUND OF UPPER ARM	4,178.40	3,259.16	-	3,259.16	1
	\$ 372,018.97	\$ 342,877.30	\$ 120,461.22	\$ 222,416.08	98

FISCAL YEAR 2001

TAOS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 220,578.10	\$ 141,998.60	\$ 107,328.59	\$ 34,670.01	67
SUPRACONDYL FX FEMUR-CL	21,070.30	16,434.84	-	16,434.84	1
SUBEND INFARC-INIT EPISD	62,333.99	28,488.33	13,325.42	15,162.91	3
FX MEDIAL MALLEOLUS-OPEN	17,506.85	13,655.36	-	13,655.36	1
CHOLELITH W OTH CHOLECYS	11,933.62	9,308.23	-	9,308.23	2
DIAB EYE MANIF TYPE II	13,168.90	6,648.99	-	6,648.99	2
DM KETOACID TYPE II UNCN	7,957.80	6,207.09	-	6,207.09	1
ESOPHAG VARICES W BLEED	7,881.00	6,147.17	-	6,147.17	1
ALCOHOL LIVER DAMAGE NOS	6,904.22	5,385.29	-	5,385.29	1
LUMBAR DISC DISPLACEMENT	7,513.65	5,332.37	-	5,332.37	3
	\$ 376,848.43	\$ 239,606.27	\$ 120,654.01	\$ 118,952.26	82

FISCAL YEAR 2002

TAOS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 121,538.67	\$ 120,454.60	\$ 82,318.83	\$ 38,135.77	65
FRACTURE ACETABULUM-CLOS	13,014.78	20,405.00	-	20,405.00	1
FX ANKLE NOS-CLOSED	17,995.95	14,036.85	-	14,036.85	2
CHR DUODEN ULCER-W PERF	12,721.12	9,922.47	-	9,922.47	1
CALCULUS OF KIDNEY	13,283.65	9,167.37	-	9,167.37	3
CORNARY ATHERO-NATV VESL	39,237.61	16,494.94	8,306.20	8,188.74	2
CEREBELL CONTUS W/O COMA	7,974.05	6,962.13	-	6,962.13	1
VITREOUS HEMORRHAGE	18,709.18	10,624.56	3,921.20	6,703.36	3
CORNEAL ULCER NOS	2,636.37	6,117.00	-	6,117.00	1
CONTUSION OF CHEST WALL	8,834.50	6,890.93	1,021.47	5,869.46	5
	\$ 255,945.88	\$ 221,075.85	\$ 95,567.70	\$ 125,508.15	84

FISCAL YEAR 2003

TAOS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CHRONIC RENAL FAILURE	\$ 292,648.95	\$ 131,339.07	\$ 95,045.25	\$ 36,293.82	63
MALIG NEOPL STOMACH NEC	44,887.45	22,598.35	-	22,598.35	1
INFER AMI NEC-INIT EPISD	99,636.33	51,647.20	29,994.06	21,653.14	2
PELV PERIT ENDOMETRIOSIS	7,923.80	20,286.13	-	20,286.13	1
EMPYEMA WITH FISTULA	27,219.75	16,931.09	-	16,931.09	1
ACUTE PANCREATITIS	20,958.30	16,347.53	-	16,347.53	3
ALCOHOL WITHDRAWAL	12,473.10	9,566.08	-	9,566.08	4
PERITONEUM INJURY-OPEN	11,789.20	9,195.60	-	9,195.60	1
FX TRIMALLEOLAR-CLOSED	10,755.10	8,388.97	-	8,388.97	1
PYELONEPHRITIS NOS	10,438.91	8,142.38	-	8,142.38	3
	\$ 538,730.89	\$ 294,442.40	\$ 125,039.31	\$ 169,403.09	80

FISCAL YEAR 2000

PICURIS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
SUBEND INFARC-INIT EPISD	\$ 31,934.92	\$ 15,022.39	\$ -	\$ 15,022.39	2
ABDOMINAL PAIN-SITE NOS	3,746.05	2,921.94	-	2,921.94	1
CHOLELITH W OTH CHOLECYS	6,120.50	2,759.75	-	2,759.75	1
PNEUMOCOCCAL PNEUMONIA	3,381.10	2,721.19	-	2,721.19	1
OPEN WOUND OF FACE NOS	2,926.30	2,282.51	-	2,282.51	1
TRANSIENT LIMB PARALYSIS	10,033.42	1,855.00	-	1,855.00	1
FX UP TIBIA W FIBULA-CL	11,672.30	4,800.52	4,024.52	776.00	1
SPRAIN OF ANKLE NOS	536.40	418.39	-	418.39	1
OPEN WOUND OF SCALP	355.20	277.06	-	277.06	1
MALE GENITAL DIS NOS	321.00	250.38	-	250.38	1
	\$ 71,027.19	\$ 33,309.13	\$ 4,024.52	\$ 29,284.61	11

FISCAL YEAR 2001

PICURIS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
LUNG CONTUSION-CLOSED	\$ 17,724.35	\$ 13,824.99	\$ -	\$ 13,824.99	1
PART EPIL NEC-NOT INTRCT	1,238.85	966.31	-	966.31	1
CHOLELITH W OTH CHOLECYS	7,141.10	5,570.06	4,794.06	776.00	1
SCIATICA	600.30	468.23	-	468.23	1
NEUROHYPOPHYSIS DIS NEC	1,272.35	5,314.69	9,698.18	155.20	1
CATARACT NOS	4,760.90	3,713.50	3,588.50	125.00	1
MENOPAUSAL DISORDER NOS	391.00	304.98	203.59	101.39	1
PNEUMONIA, ORGANISM NOS	558.85	435.91	385.91	50.00	1
MULTIPLE CONTUSIONS NEC	119.55	93.25	45.43	47.82	1
PAIN IN LIMB	224.70	146.32	101.38	44.94	1
	\$ 34,031.95	\$ 30,838.24	\$ 18,817.05	\$ 16,559.88	10

FISCAL YEAR 2002

PICURIS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
CONGESTIVE HEART FAILURE	\$ 7,436.50	\$ 5,800.48	\$ -	\$ 5,800.48	1
EFFECTS ELECTRIC CURRENT	2,492.65	1,944.27	-	1,944.27	1
NONINF GASTROENTERIT NEC	1,615.85	1,260.38	-	1,260.38	1
AC AND CHR CHOLECYSTITIS	10,934.11	4,996.66	4,204.66	792.00	1
PAIN IN LIMB	752.10	586.65	-	586.65	1
FX DISTAL PHAL, HAND-OPN	468.10	365.12	-	365.12	1
OPEN WOUND OF ELBOW	387.10	301.94	-	301.94	1
VOMITING ALONE	3,607.10	2,560.25	2,280.23	280.02	2
OPEN WOUND OF WRIST	357.25	278.66	-	278.66	1
DIARRHEA	339.10	264.50	-	264.50	1
	\$ 28,389.86	\$ 18,358.91	\$ 6,484.89	\$ 11,874.02	11

FISCAL YEAR 2003

PICURIS PUEBLO

Diagnosis Description	Billed	Allowed	Alt. Resource	Paid	# of POs
OTH BRAIN INJ-UNSPEC LOC	\$ 1,785.60	\$ 1,392.78	\$ -	\$ 1,392.78	1
VOMITING ALONE	1,462.00	1,140.38	-	1,140.38	1
NAUSEA WITH VOMITING	1,259.95	837.86	-	837.86	1
	244.35	190.60	-	190.60	1
OPEN WND FINGER/S COMP	177.80	138.68	-	138.68	1
JOINT PAIN-SHLDER	171.25	133.58	18.17	115.41	1
HEPATITIS NOS	1,801.65	1,198.09	1,091.71	106.38	1
MITRAL VALVE DISORDER	1,210.45	804.95	720.24	84.71	1
DYSURIA	80.80	63.02	-	63.02	1
PNEUMONIA, ORGANISM NOS	1,706.70	1,331.25	1,273.55	57.70	1
	\$ 9,900.55	\$ 7,231.19	\$ 3,103.67	\$ 4,127.52	10

Appendix P: Essential Elements of RRM For Taos HC (Year 2015)



RRM FACILITY IDENTIFICATION INFORMATION

(USER INPUT ARE IN YELLOW CELLS, BLUE CELLS WILL OVERRIDE FORMULAS)

1.	HSP Project Name:			
2.	Facility Name:		TAOS HC (2015MP)	
3.	Contact:			
	Telephone No:			
4.	Area - Name		ALBUQUERQU	
5.	Service Unit - Name		TAOS SU	
	- Code			
6.	Facility - Code			
	Type of Facility		Health Center	
				TOTAL RRM STAFFING:
				72.00
FACILITY SPACE ESTIMATES			Metric (m²):	
	Calculated Space Estimate:		2,187	m ²
7.	In-Patient Treatment Space:			m ²
8.	Ambulatory Treatment Space:		2,735	m ²
9.	Other:			m ²
10.	Other:		-	m ²
11.	HSP Build Area less Amb and Inp			m ²
	Space Total:		2,735	m ²
12.	Number of Quarters:			
13.	Quarters Space:		-	m ²
	TOTAL SQUARE METERS:		2,735	m ²
14.	Parking Spaces		-	spaces
GROUND ESTIMATES				
	Calculated Area:		2	ha
15.	Area of Grounds (Override):			ha
POPULATION				
16.	Inpatient			
17.	Ambulatory		2,484	
18.	Eye Care		2,484	
19.	Audiology		2,484	
20.	Dental		2,484	
21.	Social Services		2,484	
22.	Mental Health		2,484	
23.	Nutrition		2,484	
24.	Public Health Nursing	Census Here	2484	2,484
25.	Emergency Medical Service		2,484	
26.	Health Education		2,484	
OTHER FACTORS				
27.	EMS Program?		NO	
28.	% Total Runs Purchased			
29.	Sq. Kilometers Served			
30.	Driving time 100km or over 90 min to nearest ER?		Yes	
31.	Driving time 64km or over 60 min to nearest ER?		Yes	
32.	Patron Rations?		NO	
33.	24-Hour Security?		NO	
			TOTAL RRM STAFFING:	72.00

There are overrides in the EMS worksheet that can be used to override the calculated workloads. There is also some additional cost information available in the EMS worksheet.

RRM IN-PATIENT WORKLOAD

Last Update:

11/24/04

Today's Date:

10/17/05 2:05 PM

Program:		TAOS HC (2015MP)	
SERVICE CATEGORIES			
The workload data will be generated from the Health		On-Site Admissions	% Indian
1. ADMISSIONS - OVERRIDE CELL			STAFFING: 72.00
ADMISSIONS - CALCULATED CELL		0	
CASES		On-Site Deliveries/Cases	% Indian
2.	Projected # of Deliveries		100%
3.	# Inpatient General Surgical Cases		100%
4.	# Inpatient Gynecological Surgical Cases		100%
5.	Total Number of Beds.		
6.	Total Number of ICU/CCU Beds		
7.	Staffed Observation Beds (Sub-Actue)		
DAYS/NURSING STATIONS			
		On-Site Days	Nurse Stations
8.	General Medicine		
9.	Obstetrics/Gynecology		
10.	Surgery		
11.	Pediatrics		
12.	Newborn		
13.	ICU/CCU		
14.	Step-Down Unit		
15.	Operating Room		
16.	Psychiatric		
17.	Ambulatory Care		
18.	Birthing Units		0
19.	Sub Acute		0
20.	Other :	0	0
SUBTOTAL:		0	0
			RRM Staffing: 72.00
21.	Nursery: Bassinets:		
22.	Remote Location (Inpatient Special Justification)	NO	
23.	Does Inpatient Nursing Provide Respiratory Services?	NO	
24.	Does Inpatient Nursing Provide EKG Services?	NO	
25.	Yearly Patient Escort Hours (Inter-facility):		

RRM AMBULATORY & COMMUNITY HEALTH WORKLOAD

Last Update:

11/24/04

Today's Date:

10/17/05 2:05 PM

		RRM STAFFING: 72.00	
		TAOS HC (2015MP)	
PRIMARY CARE PROVIDER VISITS		On-Site	
		PCPVs	% Indian
1.	Primary Care Provider Visit (PCPVs)	9,936	100%
1a.	Physical Therapy Visits:	1,267	
1b.	Total Specialty Visits (TSVs) for Specialty Care:	467	
1c.	CHP Ambulatory Encounters		
		Override OPV	RRM CALC
2.	Outpatient Visits (OPVs)		19,842
OUTPATIENT SURGERY		Cases	% Indian
3.	Outpatient Surgery		100%
EMERGENCY			
4.	ER PCPVs:	1,123	
NURSING			
5.	Emergency Room:	NO	
6.	# Patient Escort Hours, if provided:		
7.	# of Observation Beds, if provided by the clinic:		
PUBLIC HEALTH NURSING			
8.	Part Time PHN School Services?	<input type="radio"/> Yes	
9.	Full Time PHN School Service?	<input type="radio"/> Yes	
10.	No PHN School Service:	<input checked="" type="radio"/> None	
11.	Discharge Planning by PHN?	<input type="checkbox"/> Check if Provided	
12.	# of Weekly One Hour PHN Managed Clinics:		
13.	# of CHRs Supervised		
14.	Are Interpreter Services Required?	NO	
15.	% of Population Requiring Interpreter Services:		
DENTAL			
16.	Target Minutes Per Dental User:		95
CONTRACT HEALTH SERVICES			
17.	# of CHS PURCHASE ORDERS	1,500	
OEHE STAFF			
18.	Number of OEHE Staff	1	
		RRM STAFFING:	72.00

RRM EMS WORKLOAD

Last Update:

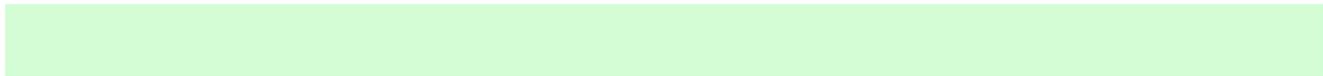
11/24/04

Today's Date:

10/17/05 2:05 PM

RRM STAFFING: 72.00

		TAOS HC (2015MP)		
	EMS Cales:	On-Site		
		PCPVs		
1.	Population:	0		
2.	% TOTAL RUNS PURCHASED	0%		
3.	I/T Multiplier	0		
4.	SQ Kilometers Served	0		
5.	Annual I/T Runs	0		Override I/T Runs
	Raw FTE Projections	FTE		
6.	EMT (Pop.)	0.0		
7.	EMT (SqK)	0.0		
8.	EMT (Runs)	0.0		
9.	SUB_TOTAL	0.0		
10.	MINIMUM	0.0		
11.	Staff By Category (Rounded)			
12.	EMT-B	0.0		
13.	EMT-I/P	0.0		
14.	Clerks	0.0		
15.	Supervisors	0.0		
16.	Total FTE	0		



	A	B	C	D	E	F	G	H	I	
1			RRM STAFFING NEEDS SUMMARY							
2				Last Update:		11/24/04				
3		Program:	TAOS HC (2015MP)							
4				Today's Date:		10/17/05 2:05 PM				
5										
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci		
7										
8			INPATIENT CARE					Discipline	Department	
9		11.00	Acute Care Nursing							
10			INPATIENT PHYSICIANS							
11			Chief of Service			0.00				
12			GM Physician			0.00				
13			Peds. Physician			0.00				
14			OB/GYN Physician			0.00				
15			Clerical Support			0.00				
16			SURGEONS			0.00		0		
17			General Surgeon			0.00				
18			OB/GYN Surgeon			0.00				
19			Nurse/Midwife			0.00				
20			Anesthesiologist			0.00				
21			NURSING			0.00		0.0		
22			Nursing Administration			0.00				
23			Admin. Clerical Support			0.00				
24			GM/SURG-Registered Nurse			0.00				
25			GM/SURG-LPN/Technician			0.00				
26			GM/SURG-Clerical Support			0.00				
27			PED-Registered Nurse			0.00				
28			PED-LPN/Technician			0.00				
29			PED-Clerical Support			0.00				
30			OB/L&D-Registered Nurse			0.00				
31			OB/L&D, LPN/Technician			0.00				
32			OB/L&D- Clerical Support			0.00				
33			Newborn-LPN/Technician			0.00				
34			Newborn-Clerical Support			0.00				
35			Nursery, RN, Fixed			0.00				
36			Nursery LPN/Technician			0.00				
37			Nursery, Clerical Support			0.00				
38			ICU, RN			0.00				
39			ICU, Clerical Support			0.00				
40			Step-Down Unit, RN,			0.00				
41			Step-Down Unit, LPN			0.00				
42			Step-Down Unit, Clerical Support			0.00				
43			OR RN			0.00				
44			OR, LPN/Technician			0.00				
45			Post Anesthesia Recovery, RN			0.00				
46			Ambulatory Surgery, RN			0.00				
47			Psych-RN, Fixed			0.00				
48			Psych, LPN Technican			0.00				
49			Psych, Clerical Support			0.00				
50			Quality Improvement Nurse			0.00				
51			Discharge Planning Nurse			0.00				
52			Observ. Bed-Registered Nurse			0.00				
53			Patient Escort, RN			0.00				
54			Nurse Educator			0.00				
55				SUBTOTAL:		0.00		0.0		

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	TAOS HC (2015MP)						
4				Today's Date:		10/17/05 2:05 PM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
56			INPATIENT DEVIATION(S)						
57			INP_DEV1			0.00			
58			INP_DEV2			0.00			
59			INP_DEV3			0.00			
60			INP_DEV4			0.00			
61			INP_DEV5			0.00			
62			INP_DEV6			0.00			
63			INP_DEV7			0.00			
64			INP_DEV8			0.00			
65			INP_DEV9			0.00			
66				SUBTOTAL:		0.00	0.0		
67			Subtotal Inpatient Services			0.00	0.0	0.0	
68			AMBULATORY CARE						
69			EMERGENCY						
70			ER/After Hours Staff			0.96			
71			ER RN Supervisor			0.00			
72			ER Medical Clerks			0.00			
73			RNs, ER			0.00			
74				SUBTOTAL:		0.96	1.0		
75			AMBULATORY PHYSICIAN						
76			Primary Care Provider			2.47			
77			Specialty Care Provider			0.11			
78			Primary Care Provider (CHA/P)			0.00			
79			EMS Medical Director			0.00			
80			Clerical Support			0.59			
81				SUBTOTAL:		3.17	3.0		
82			AMBULATORY SURGERY						
83			General Surgeon			0.00			
84				SUBTOTAL:		0.00	0.0		
85			NURSING AMBULATORY						
86			Nurse Supervisor. (in Hosp. OPD)			0.00			
87			Medical Clerk, Exec. Support, Hosp O			0.00			
88			Nurse Manager			0.00			
89			Registered Nurse, Core Activities			3.16			
90			LPN			0.96			
91			Clerical Support			0.90			
92			RNs, Patient Escort			0.00			
93			RNs, Ambulatory Clinic Observation I			0.00			
94				SUBTOTAL:		5.02	5.0		
95			EYE CARE						
96			Optometrist			0.00			
97			Optometric Assistant			0.00			
98			Optometric Technician			0.00			
99			Ophthalmologist			0.00			
100			Ophthalmologist Assistant			0.00			
101				SUBTOTAL:		0.00	0.0		

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	TAOS HC (2015MP)						
4				Today's Date:		10/17/05 2:05 PM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
102			AUDIOLOGY						
103				Audiologist		0.00			
104				Audiometric Technician		0.00			
105				SUBTOTAL:		0.00		0.0	
106			PHYSICAL THERAPY						
107				Physical Therapist		0.57			
108				SUBTOTAL:		0.57		1.0	
109			CLERICAL POOL						
110				PT, Audiology & Eye Care		0.30		0.0	
111			DENTAL						
112				Dentist		3.02			
113				Dental Assistant		6.04			
114				Dental Hygienist		0.76			
115				Clerical Support		0.91			
116				SUBTOTAL:		10.73		11.0	
117			AMBULATORY DEVIATIONS						
118				Ambulatory Deviation 1		0.00			
119				Ambulatory Deviation 2		0.00			
120				Ambulatory Deviation 3		0.00			
121				Ambulatory Deviation 4		0.00			
122				Ambulatory Deviation 5		0.00			
123				Ambulatory Deviation 6		0.00			
124				SUBTOTAL:		0.00		0.0	
125			Subtotal Ambulatory Clinics				20.75		21.0
126			CLINICAL SUPPORT (ANCILLARY SERVICES)						
127			LABORATORY						
128				Medical Technologist		1.00			
129				Medical Technician (CHA/P)		0.00			
130				Medical Technician		0.63			
131				SUBTOTAL:		1.63		2.0	
132			PHARMACY						
133				Pharmacist		2.11			
134				Pharmacist (CHA/P)		0.00			
135				Pharmacy Technician		0.49			
136				SUBTOTAL:		2.60		3.0	
137			DIAGNOSTIC IMAGING						
138				Imaging Technologist		0.70			
139				Imaging Technologist (CHA/P)		0.00			
140				SUBTOTAL:		0.70		1.0	

	A	B	C	D	E	F	G	H	I
1			RRM STAFFING NEEDS SUMMARY						
2				Last Update:		11/24/04			
3		Program:	TAOS HC (2015MP)						
4				Today's Date:		10/17/05 2:05 PM			
5									
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci	
7									
141			MEDICAL RECORDS						
142			Medical Records Administrator			1.00			
143			Medical Records Technician			2.18			
144			Medical Records Technician (CHA/P)			0.00			
145			PCC Supervisor			0.38			
146			PCC Data Entry Personnel			1.54			
147			PCC Data Entry Personnel (CHA/P)			0.00			
148			Coder			1.99			
149			Medical Runner			0.17			
150				SUBTOTAL:		7.27		7.0	
151			RESPIRATORY THERAPY						
152			Respiratory Staff			0.00			
153				SUBTOTAL:		0.00		0.0	
154			CLERICAL POOL						
155			Lab, Pharm, & Imaging			0.30		0.0	
156			RRM DEVIATIONS - ANCILLARY						
157			ANCIL_DEV1			0.00			
158			ANCIL_DEV2			0.00			
159			ANCIL_DEV3			0.00			
160			ANCIL_DEV4			0.00			
161				SUBTOTAL:		0.00		0.0	
162			Subtotal Ancillary Services				12.50		13.0
163			COMMUNITY HEALTH						
164			PUBLIC HEALTH NUTRITION						
165			Nutritionist			1.05		1.0	
166			PUBLIC HEALTH NURSING						
167			Public Health Nurse Manager			1.00			
168			Public Health Nurse			3.14			
169			Public Health Nurse - School			0.00			
170			Clerical Support			0.40			
171						4.54		5.0	
172			HEALTH EDUCATION						
173			Public Health Educator			1.00		1.0	
174			OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING						
175			OEHE RRM			1.00		1.0	
176			BEHAVIORAL HEALTH SERVICES						
177			MENTAL HEALTH						
178			Mental Health Staff			1.64		2.0	
179			SOCIAL SERVICES						
180			MSW Counselor Inpatient Only			0.00			
181			Social Service Staff			0.89			
182				SUBTOTAL:		0.89		1.0	
183			CLERICAL POOL						
184			Behavioral Health			0.30		0.0	

	A	B	C	D	E	F	G	H	I	
1			RRM STAFFING NEEDS SUMMARY							
2				Last Update:		11/24/04				
3		Program:	TAOS HC (2015MP)							
4				Today's Date:		10/17/05 2:05 PM				
5										
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci		
7										
185			RRM DEVIATIONS - COMMUNITY HEALTH							
186			CM_DEV1			0.00				
187			CM_DEV2			0.00				
188			CM_DEV3			0.00				
189			CM_DEV4			0.00				
190			CM_DEV5			0.00				
191			CM_DEV6			0.00				
192			CM_DEV7			0.00				
193			CM_DEV8			0.00				
194			CM_DEV9			0.00				
195			CM_DEV10			0.00				
196			CM_DEV11			0.00				
197			CM_DEV12			0.00				
198				SUBTOTAL:		0.00		0.0		
199			Subtotal Community Health Services			10.41			11.0	
200			ADMINISTRATIVE SUPPORT							
201			ADMINISTRATION							
202			Executive Staff			2.00				
203			Admin. Support Staff			1.00				
204			Clinical Director			0.50				
205				SUBTOTAL:		3.50		4.0		
206			FINANCIAL MANAGEMENT							
207			Finance Staff			0.00		0.0		
208			OFFICE SERVICES							
209			Office Staff			2.29		2.0		
210			CONTRACT HEALTH SERVICES							
211			CHS Staff			0.75				
212			CHS Manager			1.00				
213			Utilization Review			0.15				
214				SUBTOTAL:		1.90		2.0		
215			BUSINESS OFFICE							
216			Business Manager			1.00				
217			Patient Registration Tech.			1.00				
218			Benefit Coordinator			1.33				
219			Billing Clerk			1.00				
220				SUBTOTAL:		4.33		4.0		
221			SITE MANAGEMENT/RPMS/MIS							
222			Computer Programmer/Analyst			1.60				
223										
224				SUBTOTAL:		1.60		2.0		
225			QUALITY MANAGEMENT							
226			Performance Improvement Staff			0.90				
227			Clerical Support			0.13				
228				SUBTOTAL:		1.03		1.0		

	A	B	C	D	E	F	G	H	I	
1			RRM STAFFING NEEDS SUMMARY							
2				Last Update:		11/24/04				
3		Program:	TAOS HC (2015MP)							
4				Today's Date:		10/17/05 2:05 PM				
5										
6			RRM Category	Staffing Category		FTEs		Staff Rounded by Disci		
7										
229			CENTRAL SUPPLY							
230			Central Supply Staff			0.67				
231			Medical Technician			0.00				
232				SUBTOTAL:		0.67		1.0		
233			INTERPRETERS							
234			Interpreter			0.00		0.0		
235			DRIVERS							
236			Driver			0.57		1.0		
237			RRM DEVIATIONS - ADMINISTRATION							
238			ADM_DEV1			0.00				
239			ADM_DEV2			0.00				
240			ADM_DEV3			0.00				
241			ADM_DEV4			0.00				
242				SUBTOTAL:		0.00		0.0		
243			Subtotal Administration			15.88		17.0		
244			FACILITY SUPPORT							
245			HOUSEKEEPING							
246			Janitor/Housekeeper			3.74		4.0		
247			FACILITY MAINTENANCE							
248			Maintenance Staff			3.42		3.0		
249			CLINICAL ENGINEERING							
250			Clinical Engineering Staff			0.75		1.0		
251			LAUNDRY							
252			Laundry staff			0.00		0.0		
253			FOOD SERVICES							
254			Food Services Staff			0.00		0.0		
255			MATERIALS MANAGEMENT							
256			Warehouseman			0.84		1.0		
257			STAFF HEALTH							
258			Registered Nurse			0.21				
259			Clerical Support			0.16				
260				SUBTOTAL:		0.36		0.0		
261			CLERICAL POOL							
262			Facility Support			0.30		0.0		
263			SECURITY							
264						0.59		1.0		
265			Subtotal Facility Support			10.00		10.0		
266			Emergency Medical Services							
267			EMS							
268			EMT-B			0.00				
269			EMT-I/P			0.00				
270			Clerks			0.00				
271			Supervisor			0.00				
272						0.00		0.0		
273			Subtotal Emergency Medical Services			0.00		0.0		
274			GRAND TOTAL				69.54		72.0	

Appendix Q: Program Justification Documents (PJD) TPSU

Program Justification Document												
Project Name: Taos HC (SU2015) - Community: Taos Pueblo, State: New Mexico												
Project Number: AQ03SA001C7												
Current / Projected User Population... outpatient clinic - (PC)												
<i>(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)</i>												
SANTA FE - EL PRADO (TAOS)											<i>M/S: cur) 100.0% prj) 100.0%</i>	
Male												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001								1				1
prj) 2015								1				1
Female												
cur) 2001						2			1			3
prj) 2015						2			1			3
SANTA FE - PENASCO (TAOS)											<i>M/S: cur) 100.0% prj) 100.0%</i>	
Male												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	1	1					1					3
prj) 2015	1	1					1					3
Female												
cur) 2001	2	1	1		1	1		2				8
prj) 2015	2	1	1		1	1		2				8
SANTA FE - PICURIS (TAOS)											<i>M/S: cur) 100.0% prj) 100.0%</i>	
Male												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	2	4	10	5	6	6	12	9	17	12	7	90
prj) 2015	2	4	11	6	7	7	13	10	19	13	8	100
Female												
cur) 2001		4	11	6	12	5	11	11	12	7	11	90
prj) 2015		4	12	7	13	6	12	12	13	8	12	99
SANTA FE - TAOS (TAOS)											<i>M/S: cur) 100.0% prj) 100.0%</i>	
Male												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	4	18	30	28	21	27	25	32	19	8	8	220
prj) 2015	4	20	34	31	24	30	28	36	21	9	9	246
Female												
cur) 2001	2	32	18	31	28	25	39	32	21	12	10	250
prj) 2015	2	36	20	35	31	28	44	36	24	13	11	280
SANTA FE - TAOS CO OTH (TAOS)											<i>M/S: cur) 100.0% prj) 100.0%</i>	
Male												
	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001		1	1	1		1	3	3	3			13
prj) 2015		1	1	1		1	3	3	3			13
Female												
cur) 2001	1	2	5	1		1	5	5	6	1	2	29
prj) 2015	1	2	6	1		1	6	6	7	1	2	33

Program Justification Document
 Project Name: Taos HC (SU2015) - Community: Taos Pueblo, State: New Mexico
 Project Number: AQ03SA001C7

Current / Projected User Population... *outpatient clinic - (PC)*

(Acute Care, Audiology, Dental Care, Diagnostic Imaging, Emergency, Eye Care, Intensive Care, Labor & Delivery/Nursery, Mental Health, Physical Therapy, Primary Care, Psychiatric Nursing, Public Health Nursing, Specialty Care, Sub-Acute, Surgery)

SANTA FE - TAOS PUEBLO (TAOS) M/S: cur) 100.0% prj) 100.0%

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	7	44	62	67	62	54	101	119	90	59	93	758
prj) 2015	8	49	70	75	70	61	113	134	101	66	104	851
Female												
cur) 2001	5	49	56	65	69	39	94	114	99	57	108	755
prj) 2015	6	55	63	73	77	44	105	128	111	64	121	847

Totals...

Male	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
cur) 2001	14	68	103	101	89	88	142	164	129	79	108	1085
prj) 2015	15	75	116	113	101	99	158	184	144	88	121	1214
Female												
cur) 2001	10	88	91	103	110	73	149	164	139	77	131	1135
prj) 2015	11	98	102	116	122	82	167	184	156	86	146	1270
Combined												
cur) 2001	24	156	194	204	199	161	291	328	268	156	239	2220
prj) 2015	26	173	218	229	223	181	325	368	300	174	267	2484

Average Age for the Service Unit: 33.3



Program Justification Document

Project Name: Taos HC (SU2015) - Community: Taos Pueblo, State: New Mexico
Project Number: AQ03SA001C7

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Acuity</u>	<u>Due To Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>Facility Workload</u>	<u>HSP</u>	<u>Projected Estimated Facility Workload</u>
<u>Acute Care</u>									
Medical Bed days	2001	265	80	186	-1				
	2015	291	87	204				-1	
Pediatric Bed days	2001	94	13	81					
	2015	104	15	89					
Surgical Bed days	2001	167	60	107					
	2015	186	67	119					
<u>Audiology</u>									
Audiology Visits	2001	273			273				273
	2015	307			307				307
<u>Clinical Engineering</u>									
Clinical	2001	160			160				160
	2015	179			179				179
<u>Dental Care</u>									
Dental Service	2001	210900		210900					
	2015	235980		235980					
<u>Diagnostic Imaging</u>									
CT/MRI Exams	2001	20	20						
	2015	22	22						
Fluoroscopy Exams	2001	58		58					
	2015	65		65					
General Radiography	2001	839		839					
	2015	938		938					
MAMMOGRAPHY EXAMS	2001	355		355					
	2015	396		396					
Ultrasound Exams	2001	116		116					
	2015	129		129					
<u>Education & Group</u>									
# of staff	2015	17			17				17
<u>Emergency</u>									
Emergency Room	2001	1006			1006				1006
	2015	1123			1123				1123
<u>Eye Care</u>									
Optometrist Visits	2001	735		735					
	2015	825		825					
<u>Facility Management</u>									
Service index	2001	6			6				6
	2015	7			7				7
<u>Housekeeping & Linen</u>									



Program Justification Document

Project Name: Taos HC (SU2015) - Community: Taos Pueblo, State: New Mexico
Project Number: AQ03SA001C7

Workload Summary...

	<u>Year</u>	<u>Total Workload</u>	<u>Contracted Due To Acuity Threshold</u>	<u>Unmet Need</u>	<u>Cross over</u>	<u>Facility Workload</u>	<u>HSP Estimated Facility Workload</u>
Lbs of Linen	2001	2966		2966		2966	
	2015	3325		3325		3325	
<u>Intensive Care</u>							
Intensive Care bed	2001	53	24	29			
	2015	58	27	31			
<u>Laboratory</u>							
Chem/Hema/Immun/Uri	2001	7229	434	6795		6795	
	2015	8084	485	7599		7599	
Histo/Cytology	2001	46	46				
	2015	52	52				
Microbiology	2001	1718	687	1031		1031	
	2015	1920	768	1152		1152	
Transfusion/BB	2001	139	3	136		136	
	2015	155	3	152		152	
<u>Mental Health</u>							
Mental Health	2001	374		374		374	
	2015	417		417		417	
<u>Pharmacy</u>							
Inpatient Pharmacy	2001	-5		-5		-5	
	2015						
Outpatient Pharmacy	2001	104367		104367		104367	
	2015	116648		116648		116648	
<u>Physical Therapy</u>							
Inpatient Physical	2001						
	2015						
OUTPATIENT PHYSICAL	2001	1134		1134		1134	
	2015	1267		1267		1267	
<u>Primary Care</u>							
Primary Care	2001	7976	2001	7976		7976	
	2015	8916		8916		8916	
<u>Property & Supply</u>							
Storage Index	2001	2034		2034		2034	
	2015	2274		2274		2274	
<u>Psychiatric Nursing</u>							
Psych Bed days	2001	36	8	28			
	2015	38	8	30			
<u>Public Health Nursing</u>							
Public Health	2001	724		724		724	
	2015	808		808		808	



Program Justification Document

Project Name: Taos HC (SU2015) - Community: Taos Pueblo, State: New Mexico
Project Number: AQ03SA001C7

Workload Summary...

		<u>Total</u>	<u>Contracted</u>	<u>Due To</u>	<u>Unmet</u>	<u>Cross</u>	<u>Facility</u>	<u>Projected</u>
	<u>Year</u>	<u>Workload</u>	<u>Acuity</u>	<u>Threshold</u>	<u>Need</u>	<u>over</u>	<u>Workload</u>	<u>Estimated</u>
								<u>Facility</u>
								<u>Workload</u>
<u>Respiratory Therapy</u>								
Respiratory Therapy	2001	9540			9540			
	2015	10698			10698			
<u>Specialty Care</u>								
Specialist Visits	2001	415			415			
	2015	467			467			
<u>Sub-Acute</u>								
SubAcute Bed days	2001	175			175			
	2015	199			199			
<u>Surgery</u>								
Inpatient Episodes	2001	53	15		38			
	2015	66	18		48			
Outpatient Episodes	2001	69	19		50			
	2015	74	21		53			



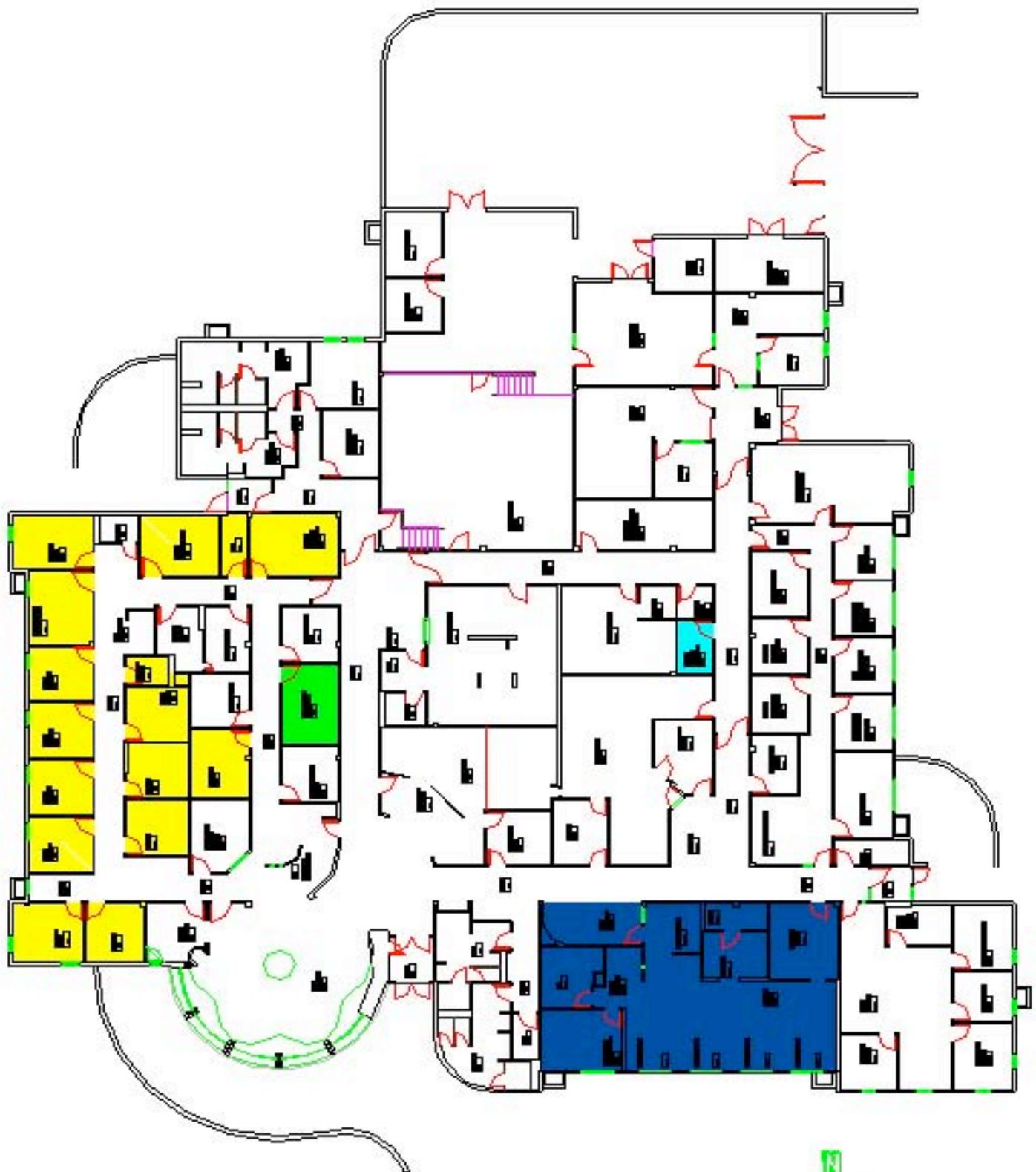
Appendix R: Facility Space Utilization Comparisons: 2005 to Projected Need 2015

Draft SPACE SUMMARY PLAN (Taos HC Year 2015)

Existing net and gross areas for the proposed facility are summarized below, without inpatient care

TAOS HC	Template or Discipline	Net Sq Meters 2015	Conversion Factor	Gross Sq Meters 2015
ADDITIONAL SERVICES				
	X02	20	1.35	27
	X04	6	1.35	8.1
ADMINISTRATION				
Administration	AD	131	1.4	183.4
Business Office	BO	75	1.4	105
Health Information Management	HIM	106	1.25	132.5
Information Management	IM	57	1.2	68.4
AMBULATORY				
Emergency	er1	47.4	N/A	82
Primary Care	pc1	291.6	N/A	451
ANCILLARY				
Pharmacy	ph1	138	N/A	168
Physical Therapy	pt1	116.2	N/A	149
BEHAVIORAL				
Mental Health	MH	66	1.4	92.4
Social Work	SW	14	1.4	19.6
PREVENTIVE				
Environmental Health	EH	26	1.4	36.4
Health Education	HE	16	1.4	22.4
Public Health Nursing	PHN	66	1.4	92.4
Public Health Nutrition	PNT	9	1.4	12.6
NUTRITION SUPPORT SERVICES				
Education & Group Consultatio	EGC	14	1.1	15.4
Employee Facilities	EF	89.4	1.2	107.28
Housekeeping & Linen	hl1	25.5	1.1	28
Housekeeping & Linen	HL	16	1.1	17.6
Property & Supply	ps1	149.7	N/A	160
Public Facilities	PF	47	1.2	56.4
TOTALS				
	Department Gross Square Meters			2034.88
	Building Circulation & Envelope (.20)			406.98
	Floor Gross Square Meters			2441.86
	Major Mechanical SPACE (.12)			293.02
	Building Gross Square Meters			2734.88





AMBULATORY CARE



AMBULATORY CARE

1. PRIMARY CARE
OFFICE  = 201.35 SQ M.
2. AUDIOLOGY
OFFICE  = 8.91 SQ M.
3. DENTAL
OFFICE  = 144.25 SQ M.
4. EYE CARE
OFFICE  = 13.13 SQ M.

TOTAL SQUARE METERS = 367.64 SQ M.



PREVENTIVE CARE

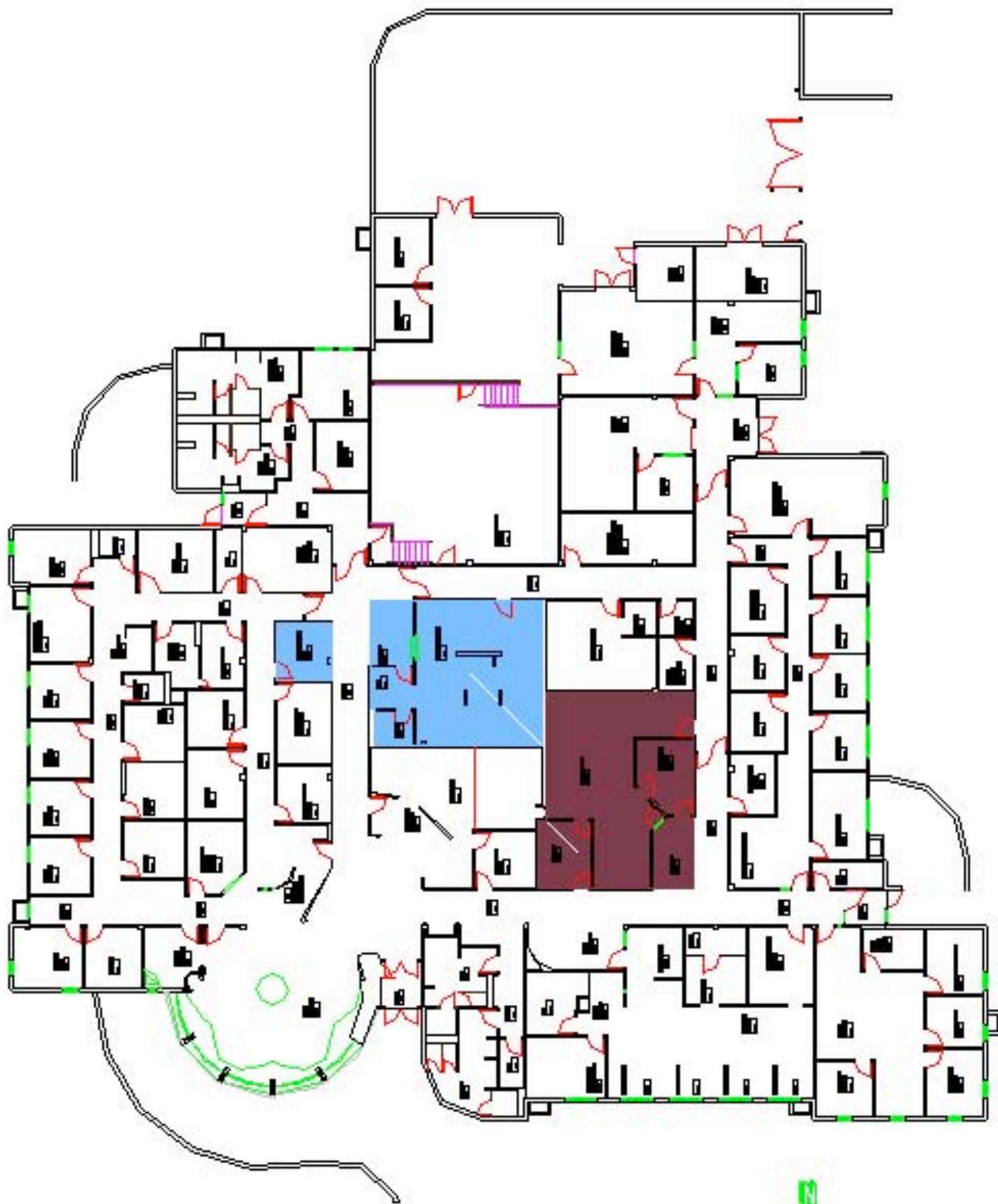
PREVENTIVE CARE

1. COMMUNITY HEALTH



= 94.64 SQ M.

TOTAL SQUARE METERS = 94.64 SQ M.



ANCILLARY SERVICES



ANCILLARY SERVICES

1. LABORATORY

OFFICE



= 80.23 SQ M.

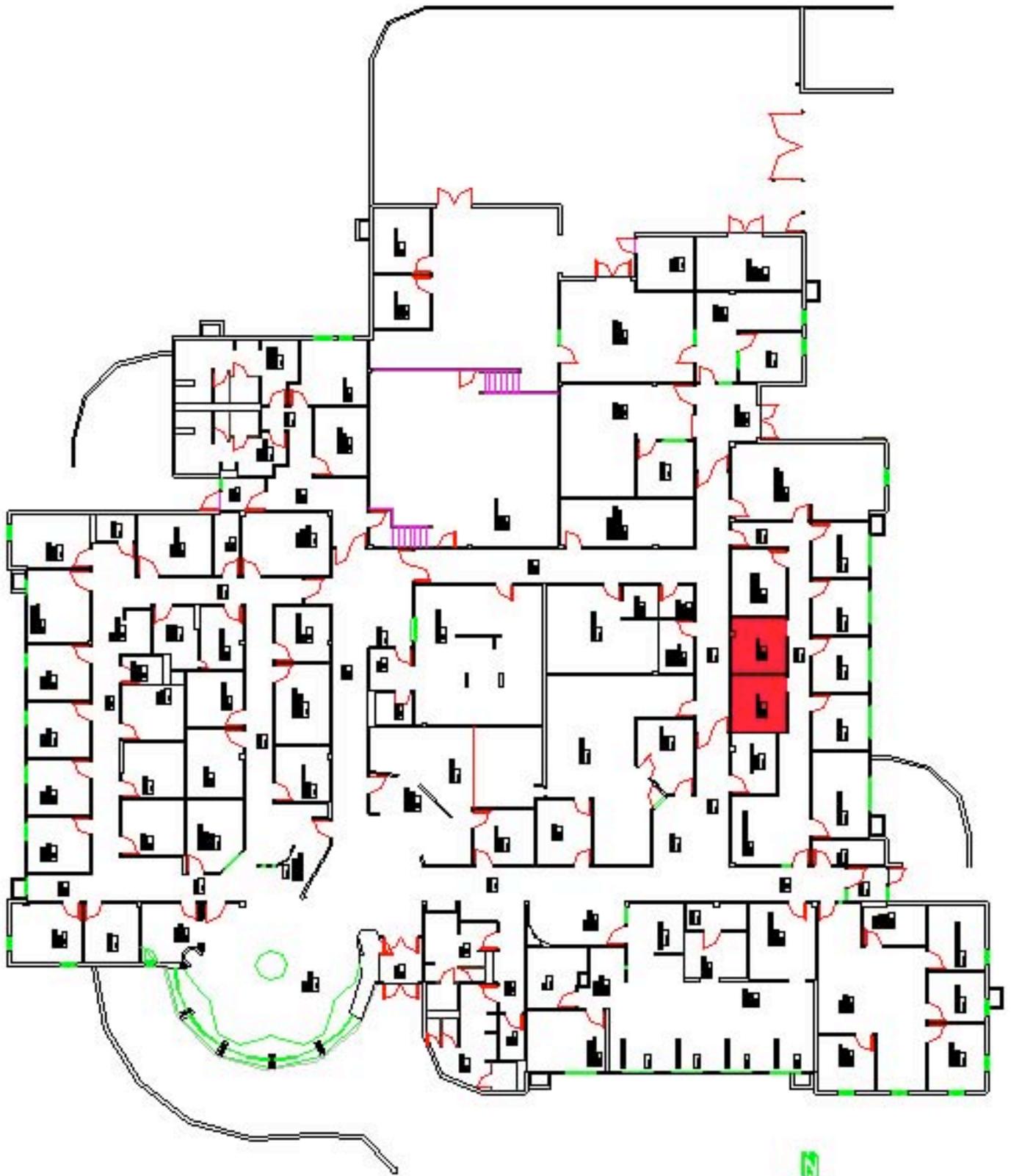
2. PHARMACY

OFFICE



= 85.00 SQ M.

TOTAL SQUARE METERS = 165.23 SQ M.



BEHAVIORAL HEALTH

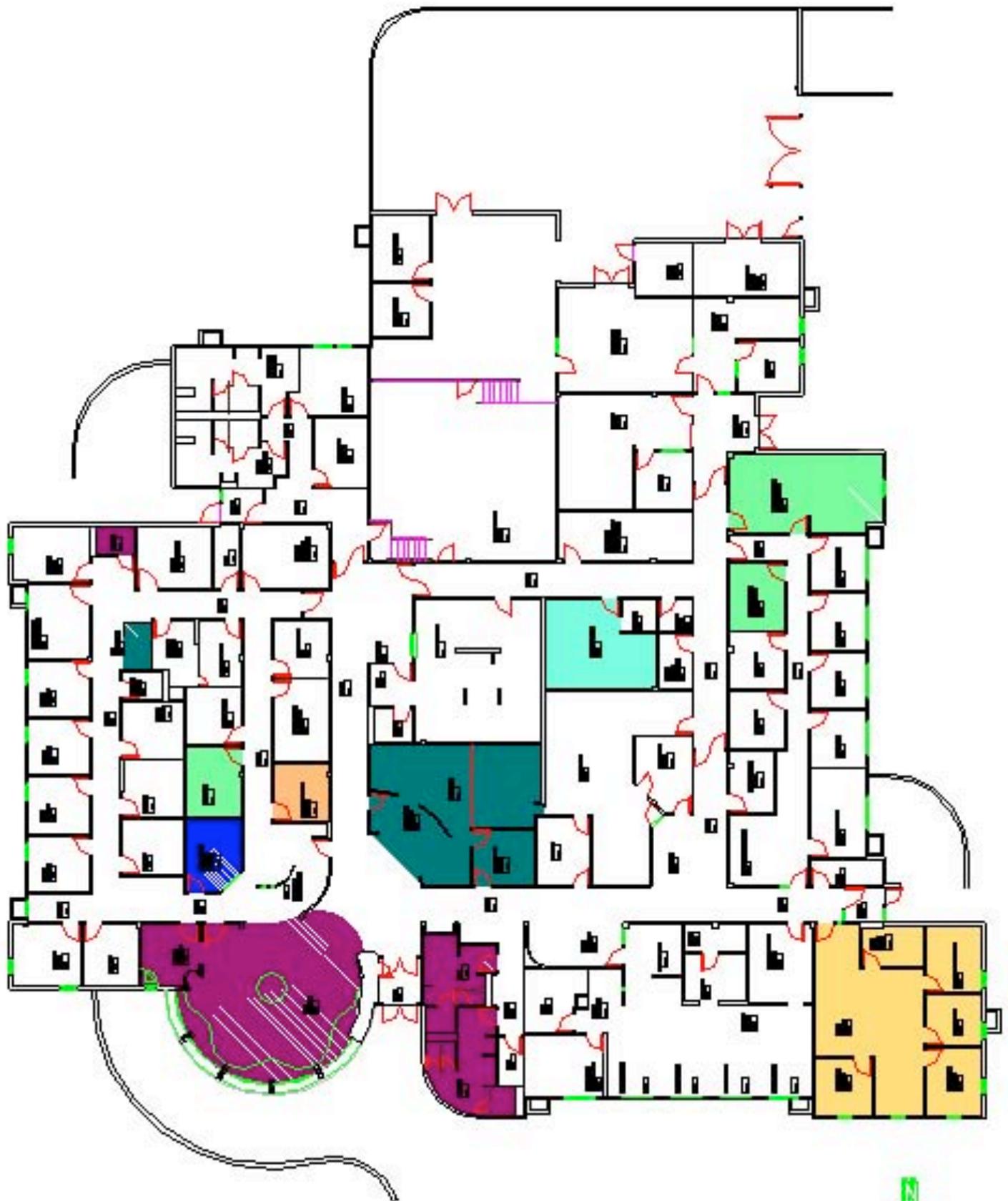


BEHAVIORAL HEALTH

1. MENTAL HEALTH/
SOCIAL SERVICES
= 18.55 SQ M.



TOTAL SQUARE METERS = 18.55 SQ M.



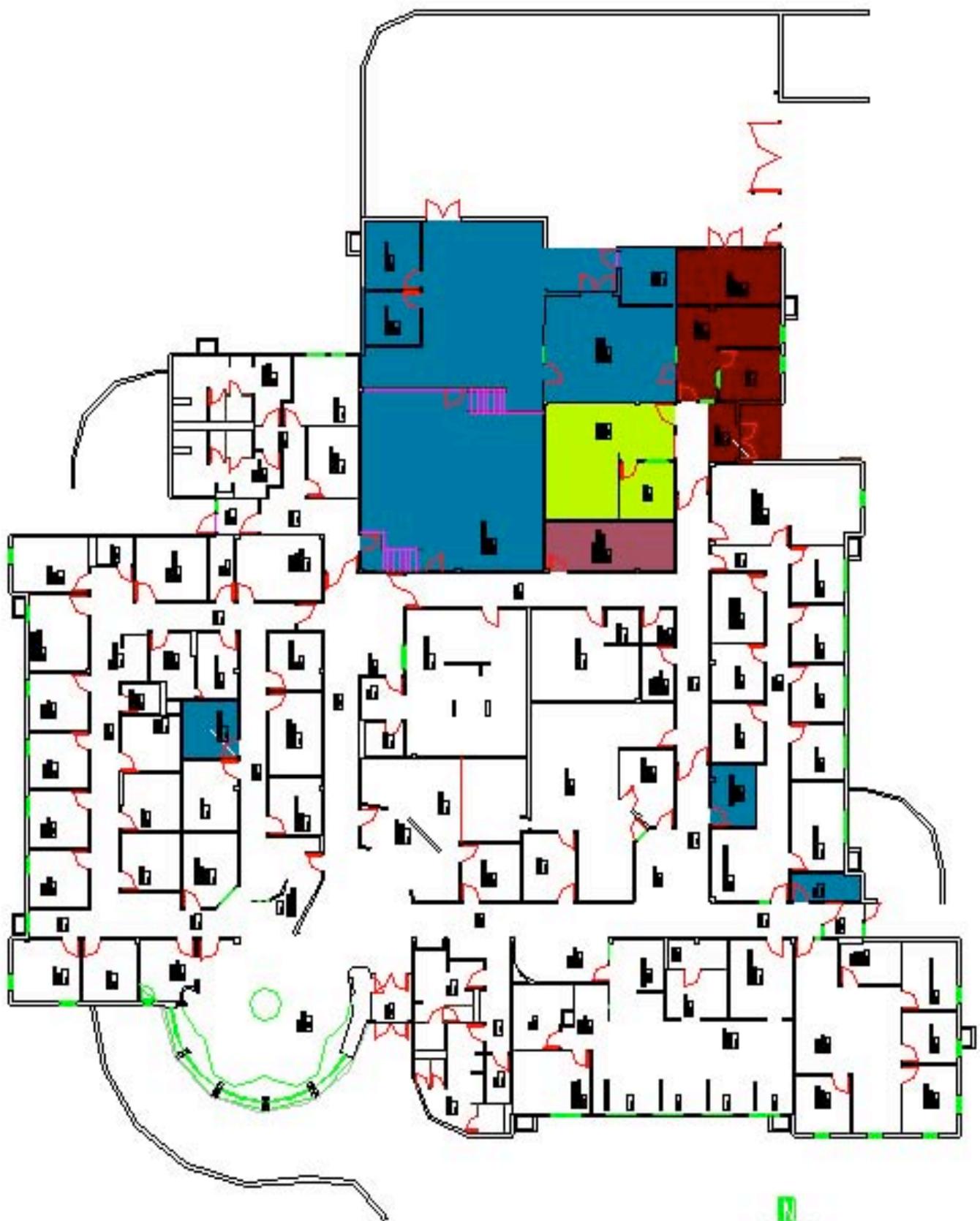
ADMINISTRATIVE SUPPORT



ADMINISTRATION SUPPORT

1.	ADMINISTRATION (AD) OFFICE		= 91.97 SQ M.	6.	EDUCATION & TRAINING AD LIBRARY/ CONFERENCE RM		= 56.98 SQ M.
2.	CONTRACT HEALTH OFFICE BO		= 11.33 SQ M.	7.	EMPLOYEE FACILITIES LOCKER RM AD		= 77.48 SQ M.
3.	NURSING SUPERVISOR OFFICE AD		= 9.20 SQ M.	8.	PUBLIC FACILITIES OFFICE AD		= 120.20 SQ M.
4.	RECORDS OFFICE IM		= 68.38 SQ M.				
5.	BUSINESS OFFICE OFFICE IM		= 25.50 SQ M.				

TOTAL SQUARE METERS = 461.03 SQ M.



FACILITY SUPPORT



FACILITY SUPPORT

1.	MEDICAL SUPPLY OFFICE		= 44.39 SQ M.	5.	CUNICAL ENGINEERING		= 19.28 SQ M.
2.	PROPERTY & SUPPLY		= 58.60 SQ M.				
3.	HOUSEKEEPING & LINEN OFFICE		= 0 SQ M.				
4.	FACILITY MANAGEMENT OFFICE		= 271.50 SQ M.				

TOTAL SQUARE METERS = 393.76 SQ M.