



Master Plan Summary

The Master Plan Summary consists of 5 key components:

- On-Site Service Summary (Each individual Primary Service Area, Regional Referral Partnerships and Area Delivery plans)
- Visiting Professional Summary Plan
- Contract Health Summary
- Staffing Summary
- Facility Size Summary, and
- Master Plan Priorities

These items document the plan, services and resource allocations developed over the course of our effort and conversations. Each of these components has their own purpose and is integral to understanding the complete Master Plan requirements for the Billings Area.

Not within the Master Plan Summary are the Primary Service Area's Delivery Plans. The **Primary Service Area Delivery Plan** is the basis and starting point of the Master Plan. This information specifically reflects the requirements and desires of your Primary Service Area. These documents while abbreviated within the Master Plan Summary are stand-alone documents behind the PSA's tab and as a separate electronic file.

A Primary Service Area (PSA) is defined as a logical grouping of communities based on proximity for which health care resources are planned and distributed. Initially and primarily your resources are responsible for the basic primary care of these communities. The size of the population in these communities may allow you to offer more than basic primary care. Each individual PSA delivery plan is based on conversations with IHS and/or tribal leadership from that Service Area. A medical workload and key characteristics need projection to the year 2015 was provided based on the projected 2015 user population. This information was reviewed and discussed in order to determine the best care delivery options for the local users. Local direct care, visiting direct care professionals, local contract care and referral partnership direct care options were considered. Once the delivery options were determined, resource requirements and priorities at the local level were determined.

As a result of the Primary Service Area decisions, the Contract Health Summary, the Visiting Professional Summary and Referral Partnerships can be considered.

A revised Area User Population Table by PSA is shown on the following page. These populations form the basis for all Service Delivery Plans and the resulting Summaries mentioned above. As mentioned in the Introduction, user pop numbers cited throughout the document can differ depending on whether or not Rocky Boy's was included as well as how the Urban populations are treated. In the case of the Urban's populations, there are two number sets studied: the actual HSP user pops from a standard community report, and the population projection numbers used for planning purposes. These later numbers were formulated through the planning process and reflect sensitivity to un-served populations as well as the county service to user pop ratios. These variations are noted when they occur, or are simply cited through the use of the name (i.e.: Rocky Boy's) with a corresponding blank where a population would normally be present.



User Population Growth by Rank by PSA (Updated from Area Analysis)

Values have been updated to reflect Delivery Plan Assumptions and User Pops

Service Area	Service Areas with Hospital, Health Center, or Urban Program	2001 User Pop	Original 2012 User Pop	Revised 2015 User Pop	User Pop Growth %	User Pop Growth	Growth Rank
Arapahoe	HC	4,043	4,538	4,645	14.89%	602	10
Arlee Health Center		2,165	2,435	2,558	18.15%	393	15
Babb-St. Mary Health Clinic		301	329	334	10.96%	33	24
Billings Urban*	UP	4,758	5,911	6,198	30.26%	1,440	1
Browning - Blackfeet w/o Babb	H	9,166	10,057	10,190	11.17%	1,024	4
Butte	UP	1,041	1,041	1,042	0.10%	1	26
Casper		182	192	223	22.63%	41	23
Crow	H	5,395	6,150	6,301	16.79%	906	6
Elmo Clinic		1,042	1,115	1,124	7.87%	82	22
Ft. Belknap	H	3,112	3,484	3,638	16.90%	526	12
Ft. Washakie	HC	5,738	6,418	6,556	14.26%	818	7
Great Falls	UP	3,348	3,357	3,360	0.36%	12	25
Hays	HC	1,674	1,937	1,951	16.55%	277	17
Heart Butte	HC	912	1,074	1,115	22.26%	203	18
Helena	UP	1,607	1,878	1,953	21.53%	346	16
Lame Deer	HC	6,400	7,469	7,715	20.55%	1,315	3
Lodge Grass	HC	2,669	3,063	3,145	17.83%	476	13
Missoula	UP	1,154	2,582	2,587	124.18%	1,433	2
Non-Service Unit		522	542	630	20.69%	108	20
Polson Health Center		2,888	3,416	3,555	23.10%	667	8
Poplar	HC	4,528	5,243	5,436	20.05%	908	5
Pryor	HC	1,000	1,140	1,166	16.60%	166	19
Rocky Boy	HC						
Ronan Health Center		2,746	3,247	3,387	23.34%	641	9
Seville Health Clinic		801	891	899	12.23%	98	21
St. Ignatius Health Center		1,916	2,245	2,327	21.45%	411	14
Wolf Point	HC	3,999	4,501	4,578	14.48%	579	11

Totals		73,107	84,255	86,613	15.25%	11,148	
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H =Hospital (24/7)
HC =Health Center
UP =Urban Program

* Population for Billings Urban Program reflects a reasonable projection of un-served potential users based upon composite analysis.



The **Referral Partnership Plan**, also under a separate tab, does the same thing at a regional level that the PSA documentation does at a local level. It considers the delivery options for services that the PSA leadership felt should be considered at the regional level.

Referral Partnerships were defined as a grouping of PSAs, whose common interest is to share health care resources to improve access to all.

The Referral Partnership Plan documents the services and delivery options at two levels, Tertiary Referral Partners and at the Area-wide level. Within the Referral Partnership plan, services to be shared by specific PSAs are identified.

The **Space Summary** compares the existing and required IHS size for IHS build-able services.

The **Staff Summary** compares the existing and required IHS positions to meet the deliver plans established within the planning exercise.

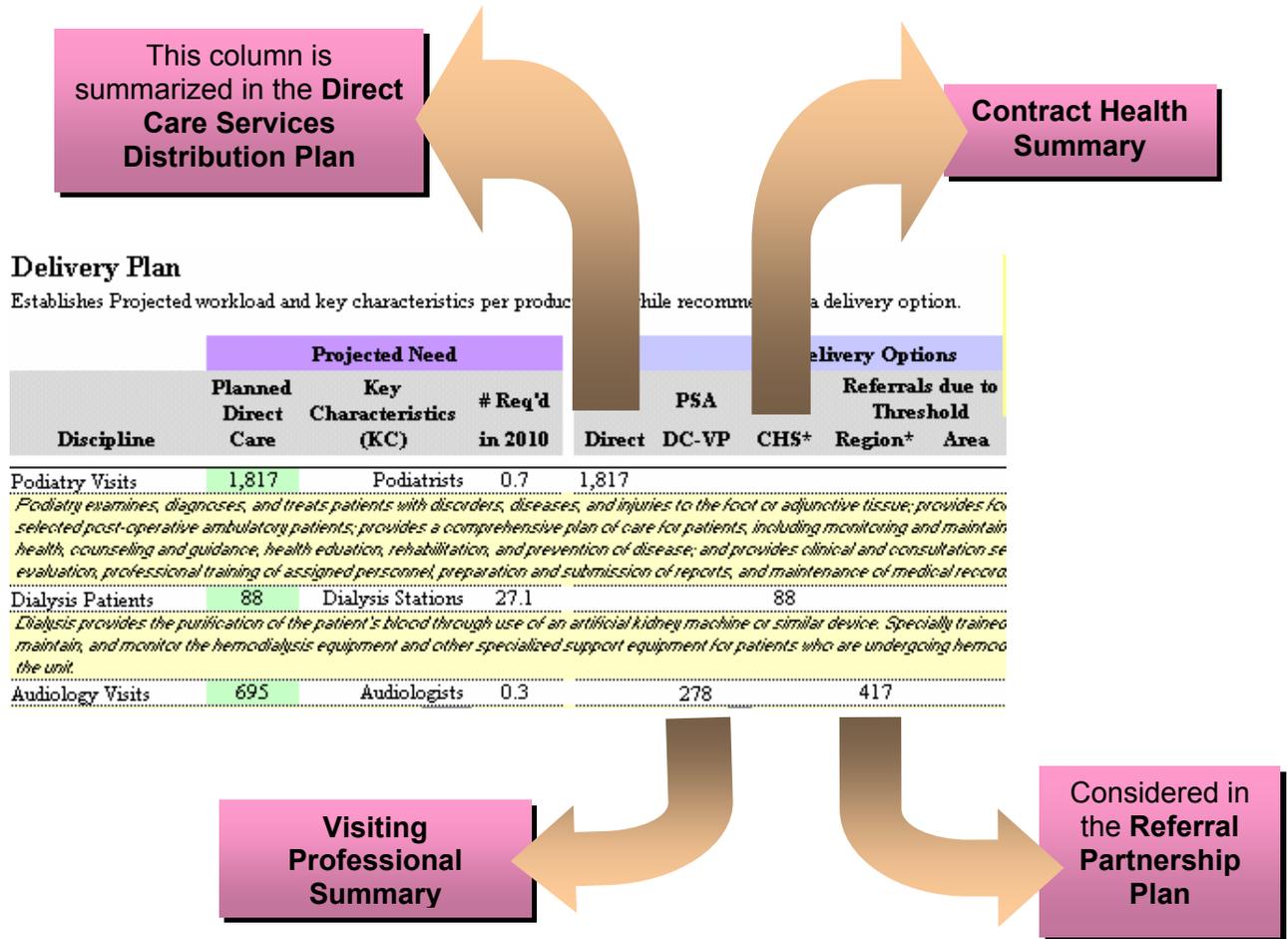
The **Contract Health Summary** is a direct result of the PSA Delivery Plan. The amount of contract health dollars required for a community is based on service-by-service affordability of direct care and the availability of local contracting options. For example, a service area without local contracting options is more likely to be interested in the synergies of regional care than a community with a non-IHS facility across the street. This reality was discussed at the PSA levels by service. If contract health dollars for a service was determined most desirable for a PSA, that service's workload multiplied by a cost per workload was included in the lump sum total Contract Health Dollars for a Service Area. Simply dividing that total dollar requirement by the PSA User Population provides us with a planning number of CHS dollars per User specific to that PSA.

The **Visiting Professional Summary** is a result of the PSA and Referral Partnership conversations. In those discussions, certain services delivery options, typically physician specialist, were determined to be a visiting specialist. Rather than employ this physician locally, a PSA might prefer to have the physician visit their facility once per week as a visiting professional. Summarizing these requests provides the Area a picture of the number of assets they need to support these visiting specialist requirements.



The **Direct Care Services Distribution Plan** is a summary and abbreviation of the services offered and supported at an Area Wide Basis, at a Regional Level and at your local Primary Service Area. This document is a result of the PSA, Region and Area Delivery conversations. Tied together with the regional referral map a clear-cut picture of distributed services anticipated in 2015 is possible.

Primary Service Area



All master plans need to have a statement of priority. While each PSA has a developed set of priorities within their Service Area, the group as a whole needs to establish a priority system for all the needs of the Area. In order to establish a “group think” system for priorities, through a series of brainstorming sessions, the group established four criteria for priorities: Health, Access, Resources and Patient Payor Profile. The group also established 3 factors to measure each of these criteria. By ballot weighting the criteria and the factors, a mathematical priority system is established and explained in the **Master Plan Priorities** section of the Master Plan Summary.



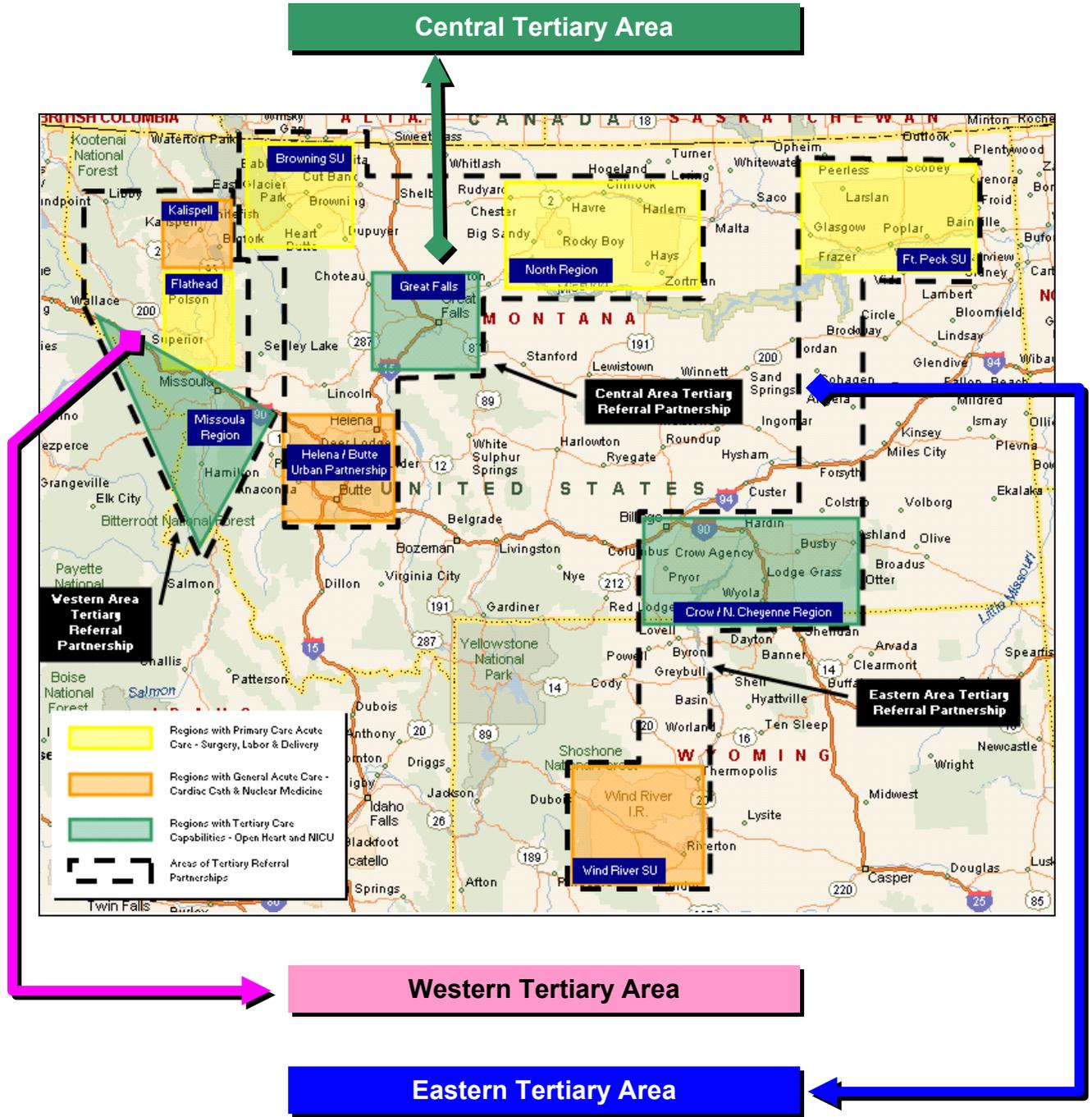
Direct Care Services Distribution Plan

The following two pages provide a holistic view of the direct care services and their distribution in the year 2015. The left hand page indicates the 3 Regions of Care determined from our Regional Analysis. The Tertiary Referral Partnerships are not intended to change IHS Service Unit boundaries and in many ways already reflect today's referral pattern. The right page is the Direct Care Services Distribution Plan.

The **Direct Care Services Distribution Plan** is a summary and abbreviation of the services offered and supported at an Area Wide Basis, at a Tertiary Referral Partnership Level and at your local Primary Service Area. This document is a result of the PSA, Tertiary Referral Partnership and Area Delivery Plans. The document is organized by state by Tertiary Referral Partnership and by PSA. New services anticipated in the plan are highlighted in yellow. Detailed resources and fully outlined anticipated services are found in the individual PSA documents.



Billings Area Referral Pattern Map





Western Tertiary		Central Tertiary								Eastern Tertiary	
Polson	Elmo	Browning				Great Falls	North			Fort Peck	
Audiology Elder Care Ultrasound Mammography		Emergency Blood Bank Labor & Delivery	Med./Surg. Acute Care Surgery ICU	CT Mammography Ultrasound	Fluoroscopy Visiting Professionals: Family Practice		Emergency Medical Acute Care Physical Therapy Visiting Professionals: Optometry			Substance Abuse Transitional Care Elder Care Psychiatry Ultrasound	Physical Therapy Home Health Mammography
Family Practice Orthopedics Dental Optometry Podiatry Audiology Behavioral Health Clinical Lab Microbiology Pharmacy Radiography Rehab Services Home Health Public Health Nsg Nutrition Health Education CHR Diabetes Program WIC Visiting Professionals	Family Practice Public Health Nsg. CHR WIC Nutrition Visiting Professionals Behavioral Health (VP) Diabetes Programs (VP)	Family Practice Internal Med Pediatrics OB/GYN After Hrs. U/C Emergency Gen. Surgery Dental Optometry Podiatry Audiology Mental Hlth Social Svcs Inpatient Care Diagnostic Imaging Nutrition Physical Therapy Public Hlth Nsg Hlth Education Public Hlth Nutrition Environ. Hlth Grnd Ambulance CHR	Visiting Professionals Family Practice (VP) Dental (VP) Mental Hlth Optometry (VP) Mental Health (VP) Social Services (VP) Clinical Lab Preventive Care CHR	Family Practice Dental Mental Hlth Social Svcs Clinical Lab Pharmacy General Radiology Public Hlth Nsg Public Hlth Nutrition Grnd Ambulance CHR Visiting Professionals Optometry (VP) Podiatry (VP) Psychiatry (VP) Pediatrics (VP) OB/Gyn (VP)	Family Practice Dental Mental Health Social Services Visiting Professionals Psychiatry (VP) Optometry (VP) Clinical Lab Preventive Care CHR	Family Practice Visiting Professionals Internal Med (VP) Pediatrics (VP) OB/GYN (VP) Podiatry (VP) Audiology (VP)	Family Practice Internal Med Pediatrics Visiting Professionals Podiatry (VP)	Family Practice Internal Med Dental Mental Hlth Social Svcs Psychiatry Inpatient Care Clinical Lab General Radiology Pharmacy Physical Therapy Public Hlth Nsg Hlth Education Public Hlth Nutrition Environ. Hlth CHR Grnd Ambulance	Family Practice Internal Med Dental Mental Hlth Social Svcs Public Hlth Nsg CHR Grnd Ambulance Visiting Professionals Pediatrics (VP) OB/GYN (VP) Optometry (VP) Podiatry (VP)	Primary Care Visiting Professionals Orthopedics (VP) Ophthalmology (VP) General Surgery (VP) ENT (VP) Cardiology (VP) Urology (VP) Neurology (VP) Nephrology (VP) Gastroenterology (VP) Rheumatology (VP) Oncology (VP) Audiology (VP) Dental Optometry Podiatry	Primary Care Visiting Professionals Orthopedics (VP) Ophthalmology (VP) General Surgery (VP) ENT (VP) Cardiology (VP) Urology (VP) Neurology (VP) Nephrology (VP) Gastroenterology (VP) Rheumatology (VP) Oncology (VP) Dental Optometry Podiatry Audiology Behavioral Health Lab Pharmacy Radiology Preventive Care / CHR Case Management Dialysis Diabetes Elder Care Outreach WIC, FAS/FAE MIAMI, Cardiac Rehab Outreach Diabetes
Polson	Ronan	Browning	Babb/St. Mary	Heart Butte	Seville	Great Falls	Rocky Boy	Ft. Belknap	Hays	Wolf Point	Poplar
Orthopedics Audiology Psychiatry Ophthalmology	OB/Gyn Pediatrics Podiatry	Contracted Visiting Professionals Orthopedics General Surgery	OB/Gyn Psychiatric					Home Health Care Licensing Support EMS Training Support Area Wide Management of Local Dialysis Ctrs. Management Business Help Ctr. IP Adolescent Res. Treatment Ctr		Orthopedics General Surgery Podiatry IP Adult Res. Treatment Ctr Radiologist	ICU Oral Surgeon
Western Tertiary		Central Tertiary								Eastern Tertiary	
St. Ignatius	Missoula	Browning				Crow / N. Cheyenne		Wind River		Physical Therapy	
Family Practice Orthopedics Dental Optometry Podiatry Audiology Behavioral Health Pharmacy Radiography Rehab Services Home Health Public Health Nsg. Nutrition Health Education CHR Diabetes Program WIC Visiting Professionals	Behavioral Health Social Services Primary Care Traditional Healing Visiting Professionals Optometry (VP) Podiatry (VP) Audiology (VP) Psychiatry (VP)	Family Practice Dental Mental Hlth Social Svcs Alch & Subst Abuse Transportation	Family Practice Dental Mental Hlth Social Svcs Visiting Professionals Optometry (VP) Podiatry (VP) Audiology (VP) Psychiatry (VP)	Family Practice Internal Medicine OB/GYN Visiting Professionals ENT (VP) Gerontology (VP) Optometry (VP) Podiatry (VP) Audiology (VP)	Family Practice Dental Behavioral Health Lab Pharmacy Preventive Care CHR EMS Diabetes Program Elder Care Outreach WIC Outreach Diabetes Family Ping/Domestic Violence Wellness Center FAS/FAE MIAMI Family Ping / Domestic Violence FAS/FAE	ICU Medical Detox Podiatry Visiting Professionals Internal Medicine (VP) Pediatrics (VP) Optometry (VP) Podiatry (VP) Audiology (VP) Physical Therapy (VP)	Home Health Psychiatric Dental Visiting Professionals Pediatrics (VP) OB/GYN (VP) After Hrs. U/C Emergency Orthopedics (VP) Ophthalmology (VP) General Surgery (VP) Gen. Surgery Visiting Professionals Ophthalmology (VP) ENT (VP) Cardiology (VP) Urology (VP) Neurology (VP) Nephrology (VP) Rheumatology (VP) Gastroenterology (VP)	Substance Abuse Transitional Care Elder Care Psychiatric Family Practice Pediatrics Visiting Professionals OB/GYN (VP) Podiatry (VP) Audiology (VP) ENT (VP) Orthopedics (VP) Cardiology (VP) General Surgery (VP) Ophthalmology (VP) Urology (VP) Neurology (VP) Pulmonology (VP) Gerontology (VP) Rheumatology (VP) Gastroenterology (VP) Rheumatology (VP) Pediatric-Genetics (VP)	Substance Abuse Transitional Care Elder Care Ultrasound Mammography Pediatrics Visiting Professionals OB/GYN (VP) Podiatry (VP) Audiology (VP) ENT (VP) Orthopedics (VP) Cardiology (VP) Urology (VP) Neurology (VP) Nephrology (VP) Rheumatology (VP) Oncology (VP) Podiatry (VP) Audiology (VP)	Patient Advocacy Health Benefits Transportation	
St. Ignatius	Arlee	Butte	Helena	Billings	Pryor	Lodge Grass	Crow	N. Cheyenne	Ft. Washakie	Arapahoe	Casper

Not in study

Intentionally Blank



Visiting Professional Summary

The Referral Partnership meeting in April 2003 involved orchestrating conversations regarding referral partnerships. These partnerships were discussed at two levels, the Tertiary Partnership level and at the Area-wide level. The conversations involved looking at the market opportunities for each Tertiary Partnership and at the opportunities for the Area as a whole. This involved reviewing a Delivery Plan that was based on the entire population of these Partnerships. For instance what opportunities are there for shared services for the Western Tertiary Partnership – population 15,538, the Central Tertiary Partnership – population 30,249 and the Eastern Tertiary Partnership – population 45,963. These conversations were limited to those services identified for regional referrals in the Primary Care Service Area Delivery Plans.

These Delivery Plans were contrasted against each Service Area’s request for Visiting Professionals (VPs) and the total demand for those Visiting Professionals. A backdrop for these conversations, remain the group’s memory of the area’s strength and weaknesses identified in the first meeting and individually by the PSAs in their questionnaires. The Workgroup’s decisions regarding Visiting Professionals considered market demand, delivery plan requested VPs, market share and likelihood of successful partnerships. The workgroups decisions for services by Partnership and Area were as follows.

Eastern Tertiary Referral Partnership

The Eastern Referral Partnership consisting of the Wind River, Northern Cheyenne, Fort Peck and Crow Service Units as well as the Billings Urban Program agreed that shared resources to support all would be beneficial for the following visiting professional.

- 2 Orthopedist
- 2 General Surgeons
- 2 Radiologists located at Crow supporting the Area for Tele-Radiology
- 1 Oral Surgeon
- The General Surgeon, Orthopedic and Oral Surgery component, in addition to operating at Crow would be required to be credentialed with privileges at the community hospital serving the Fort Peck and Wind River Service Units. Outpatient Visits would be conducted at the clinics throughout the Eastern Area.

A typical scheduling profile is shown below.

PSA	Eastern Tertiary Referral Partnership						
	Visiting Provider Schedule - Typical						
	Orthopedist (2)	General Surgeon (2)	Radiologist (2)	Oral Surgeon (1)			
Arapahoe	1.5 Days/2 Wks	1 Day/2 Wks					
Billings Urban							
Crow	1.5 Days/2 Wks	1.5 Days/2 Wks					
Ft. Washakie	1 Day/Wk	1 Day/Wk					
Lame Deer	2.5 Days/2 Wks	1 Day/Wk					
Lodge Grass	1 Day/2 Wks						
Poplar	1.5 Days/2 Wks	1.5 Days/2 Wks					
Pryor							
Wolf Point	1.5 Days/2 Wks	1 Day/2 Wks					



Central Tertiary Referral Partnership

The Central Tertiary Referral Partnership consisting of the Browning, Fort Belknap and the Urban Programs of Great Falls, Butte, and Helena agreed that shared resources to support all would be beneficial for the following visiting professional.

- Contracted Visiting Professionals of
 - 1 Orthopedist
 - 1 General Surgeon
 - 2 Ob/Gyn
 - 2 Psychiatrist
 - 1 Orthodontist
 - The General Surgeon and Orthopedic component, in addition to operating at Browning would be required to be credentialed with privileges at the community hospital serving the Fort Belknap Service Unit.

A typical scheduling profile is shown below.

PSA	Central Tertiary Referral Partnership						
	Visiting Provider Schedule - Typical						
	Orthopedist (1)	General Surgeon (1)	OB/Gyn (2)	Psychiatrist (2)	Orthodontist (1)		
Babb/St. Mary							
Browning	2 Days/Wk	1.5 Days/Wk	2.5 Days/Wk	3 Days/Wk			
Butte Urban			1 Day/2 Wks	1 Day/2 Wks			
Ft. Belknap	1 Day/Wk	1.5 Days/2 Wks	2.5 Days/2 Wks	1 Day/Wk			
Great Falls Urban			2.5 Days/2 Wks	1 Day/Wk			
Hays			1 Day/2 Wks	1 Day/2 Wks			
Heart Butte			1 Day/2 Wks	1 Day/2 Wks			
Helena Urban				1 Day/2 Wks			
Seville			1 Day/4 Wks	1 Day/2 Wks			



Western Tertiary Referral Partnership

The Western Tertiary Referral Partnership consisting of the Missoula Urban Program and Flathead Service Unit participated in the Central Area discussion. The Area population is predominantly the Flathead Service Unit, a fully compacted CHS organization. Regional Services would essentially be Flathead services with some outreach to Missoula. Their participation identified internal Flathead opportunities to partner with their immediate neighbor the Browning Service Unit for specialty care and with the new services being offered privately in Kalispell.

Sharing of patient populations for support of the Central's contracted providers provides the Western Area a cost effective care solution. The Contracted providers should also be credentialed at the local Flathead and Missoula hospitals.

A typical scheduling profile is shown below.

PSA	Western Tertiary Referral Partnership						
	Visiting Provider Schedule - Typical						
	Orthopedist (2)	General Surgeon (2)	Radiologist (2)	Oral Surgeon (1)			
Arlee							
Elmo							
Missoula							
Polson	1 Day/Wk						
Ronan							
St. Ignatius	1 Day/Wk						



Area-Wide Partnerships

The Area-wide Discussions consisting of all representatives at the April meeting agreed that shared visiting professionals to support the Area would be beneficial for the following quantity of services.

- 2 ENT
- 2 Ophthalmologist
- 2 Dermatologist
- 1 Gerontology
- 1 Rheumatology
- 1 Allergy
- 1 Pediatric Genetic Specialist
- The Surgical component, in addition to operating at Brown and Crow would be credentialed with privileges at the community hospitals primarily serving each Service Unit.
- The Physician component would be visiting professionals that might eventually transition to Telemedicine support for the Area.

A typical scheduling profile is shown below.

PSA	Area Wide Partnerships						
	Visiting Provider Schedule - Typical						
	ENT (2)	Ophthalmologist (2)	Dermatologist (2)	Gerontology (1)	Rheumatology (1)	Allergy (1)	Pediatric Genetic Specialist (1)
Arapahoe	1 Day/4 Wks	1 Day/4 Wks	1 Day/Wk		X		
Arlee			1 Day/2 Wks				
Babb/St. Mary					X		
Billings Urban	1 Day/2 Wks		1 Day/Wk	X			
Browning	1 Day/Wk	1 Day/Wk	2 Days/Wk		X	1 Day/Wk	
Butte Urban							
Crow	1 Day/Wk	1 Day/Wk	2.5 Days/Wk		X		
Elmo							
Ft. Belknap	1 Day/2 Wks	1 Day/2 Wks	1 Day/Wk	X	X		
Ft. Washakie	1.5 Days/2 Wks	1.5 Days/2 Wks	2 Days/Wk	X	X		
Great Falls Urban			1 Day/2 Wks				
Hays			1 Day/2 Wks				
Heart Butte							
Helena Urban			1 Day/2 Wks				
Lame Deer	1 Day/2 Wks	1 Day/2 Wks	1 Day/Wk	X	X		
Lodge Grass							
Missoula			1 Day/2 Wks				
Polson			1 Day/Wk				
Poplar	1.5 Days/2 Wks	1.5 Days/2 Wks	1.5 Days/Wk		X		
Pryor							
Roman							
Seville							
St. Ignatius			1 Day/Wk				
Wolf Point	1 Day/4 Wks	1 Day/4 Wks	1 Day/Wk		X		



Contract Health Summary

The Contract Health Summary Sheet indicates a relative breakdown of contract health reliance by Service Area. The Contract Health \$ (dollars) stated on the following pages is a sum total required by Service area in accordance with their PSA Delivery Plan. The Fiscal Intermediary (FI) for the Billings Area provided costs per workload as an average for the entire Area. These average costs are used for all Service Areas and their local economies; competitive alternative care and the local employment and health insurance situation do affect the actual costs required of the Contract Health System. However, the roll-up to the right does indicate a greater reliance of the smaller communities on Contract Health when the CHS \$ per User Population is considered.

The following table reflects CHS demand only for the IHS operated units. For further detail on this consult Appendix F – CHS Cost Calculations

Re: Appendix F – CHS Cost Calculations

Due to the current regulations given to the IHS, urban populations not in a Contract Health Service Delivery Area (CHSDA) are not eligible for CHS payment. Therefore, we have created two additional tables relating to and supporting this section of the report. The first shows the impact of all Service Areas including the Urban Programs, and indicates the necessary funding if the Urban Programs were to be made eligible for CHS. The second shows the same information without the Urban Programs. This second table more accurately reflects the legal demand by the Billings Area for Contract Health Dollars; while the first is possibly a more accurate display of the total demand (if urbans were to become eligible for CHS dollars). The final adjustment, 26%, on the second table reflects the percent of the Area's User Population that is not CHS eligible (Area Analysis – Payor Profile), thus adding another reduction to the legal demand for the Area. This adjustment could be added by Service Unit if desired.



Contract Health Dollars per 2015 User Population - IHS Operated Units

All IHS Billings Area PSAs					
State	Service Unit	Primary Service Area (PSA)	Inflation Adjusted 2015 CHS \$	2015 User Pop	
Wyoming	Wind River	Arapahoe	\$1,103,622	4,645	
Wyoming	Wind River	Ft. Washakie	\$18,021,093	6,556	
Montana	Blackfeet	Babb St. Mary	\$0	334	
Montana	Blackfeet	Seville	\$0	899	
Montana	Blackfeet	Browning	\$9,965,232	10,190	
Montana	Blackfeet	Heart Butte	\$0	1,115	
Montana	Crow	Crow	\$9,417,864	6,301	
Montana	Crow	Lodge Grass	\$6,494	3,145	
Montana	Crow	Pryor	\$0	1,166	
Montana	Ft. Belknap	Ft. Belknap	\$7,476,920	3,638	
Montana	Ft. Belknap	Hays	\$48,171	1,951	
Montana	Ft. Peck	Poplar	\$15,424,944	5,436	
Montana	Ft. Peck	Wolf Point	\$273,184	4,578	
Montana	No. Cheyenne	Lame Deer	\$5,382,315	7,715	
TOTAL			\$67,119,837	57,669	

All IHS Billings Area Service Unit Roll Up - No Urban Programs						
State	Service Unit	Inflation Adjusted 2015 CHS \$	2015 User Pop	2015 CHS \$/ User Pop	% of User Population	% of CHS \$
Wyoming	Wind River	\$19,124,715	11,201	\$1,707	18.4%	28.5%
Montana	Blackfeet	\$9,965,232	12,538	\$795	20.6%	14.8%
Montana	Crow *	\$9,424,358	13,677	\$689	22.5%	14.0%
Montana	Ft. Belknap	\$7,525,090	5,589	\$1,346	9.2%	11.2%
Montana	Ft. Peck	\$15,698,128	10,014	\$1,568	16.5%	23.4%
Montana	Lame Deer	\$5,382,315	7,715	\$698	12.7%	8.0%
TOTAL		\$67,119,837	60,734		100.0%	100.0%
% of Population Served that is not CHS eligible			26%			

2015 Need for CHS \$\$\$\$ **\$49,668,680**

* Billings, Montana HSP User Population (3,065) is included in the Crow Rollup to reflect full Service Unit numbers and accurate SU to SU comparison

(Supplemental) Flathead & Urban Totals			
State	Service Unit	2015 CHS \$	2015 User Pop
Montana	Flathead	\$21,338,577	12,951
Montana	Urban Program	\$29,053,811	15,140

Contract Health Dollars per 2001 User Population

All IHS Billings Area Service Unit Roll Up - No Urban Programs						
State	Service Unit	2001 Contract Health Dollars	2001 User Pop	2001 CHS \$/ User Pop	% of User Population	% of CHS \$
Wyoming	Wind River	\$6,379,398	9,781	\$652	19.2%	21.6%
Montana	Blackfeet	\$5,813,952	10,078	\$577	19.8%	19.6%
Montana	Crow *	\$6,146,823	11,417	\$538	22.4%	20.8%
Montana	Ft. Belknap	\$3,107,365	4,786	\$649	9.4%	10.5%
Montana	Ft. Peck	\$5,407,240	8,527	\$634	16.7%	18.3%
Montana	Lame Deer	\$2,735,151	6,400	\$427	12.6%	9.2%
TOTAL		\$29,589,929	50,989		100.0%	100.0%

* Billings, Montana HSP User Population (2,353) is included in the Crow Rollup to reflect full Service Unit numbers and accurate SU to SU comparison

Note: CHS \$ are at the Service Unit rather than the satellite PSA. A "0" entry is often a reflection simply of this fact.

All CHS \$/User in the middle table above reflect expected results considering the level of CHS dependency experienced and projected. Wind River's is slightly higher than Ft. Peck's due to a CHS OB/Gyn decision and home health care decisions.



Staffing Summary

The Staffing Summary Sheet indicates a comparison of existing IHS positions to required IHS RRM generated positions in 2015. The forecasted numbers are related to the specific PSA Delivery Plans established as part of this effort. The required number does not include tribal positions nor does it include grant funded programs. These were excluded only for this comparison process; the delivery plan provides detail to service line distribution of staffing, IHS, grant and tribal. They are not labeled as such, as in 2015, it is unknown who will be operating and funding each program.

It should be noted that the Urban Program existing staffing are not from the IHS position roster but from individual interface with the programs.

Space Summary

The Space Summary Sheet indicates a comparison of existing IHS maintained space (MI&E) to required space. The required space counted includes space for functions that IHS would typically include in the construction of a new facility. This would include all IHS functions, grant funded programs, and tribal programs to include outpatient substance abuse counseling, EMS, WIC, Family Planning, Community Health Representatives and others. Typically IHS will not build Tribal Health Administration, Nursing Homes, Outreach Elder Care or Substance Abuse Transitional Care. Substance Abuse Residential Treatment Centers come from a different funding source and were also excluded from this count. Again this is not to say that the demand is not there, but for a fair comparison of need their size was not included in this comparison.



Staffing Summary

2010 \$ per staff position => \$ 72,546.00

RRM Staffing by PSA (Primary Service Area)								
State	Service Unit	Primary Service Area(PSA)	2015 Population	Existing	2015 Need	%	Additional Salary Need	Comment
Wyoming	Wind River	Arapahoe	4,645	33.0	112.2	29%	\$5,745,147	
Montana	Flathead	Arlee	2,558	0.0	39.8	0%	\$2,885,321	
Montana	Blackfeet	Babb St. Mary	334	0.0	21.3	0%	\$1,548,332	
Montana	Urban Program	Billings Urban	6,198	9.4	108.9	9%	\$7,221,311	
Montana	Blackfeet	Browning	10,190	239.0	347.6	69%	\$7,875,781	
Montana	Urban Program	Butte Urban	1,042	4.4	37.5	12%	\$2,398,078	
Montana	Crow	Crow	6,301	230.0	326.1	71%	\$6,970,839	
Montana	Flathead	Elmo	1,124	0.0	27.7	0%	\$2,009,598	
Montana	Ft. Belknap	Ft. Belknap	3,638	99.0	132.6	75%	\$2,436,816	
Wyoming	Wind River	Ft. Washakie	6,556	82.0	160.5	51%	\$5,692,175	
Montana	Urban Program	Great Falls Urban	3,360	14.5	65.8	22%	\$3,725,151	
Montana	Ft. Belknap	Hays	1,951	27.0	60.3	45%	\$2,416,383	
Montana	Blackfeet	Heart Butte	1,115	11.0	33.6	33%	\$1,639,318	
Montana	Urban Program	Helena Urban	1,953	13.3	52.5	25%	\$2,843,140	
Montana	No. Cheyenne	Lame Deer	7,715	107.0	182.2	59%	\$5,457,360	
Montana	Crow	Lodge Grass	3,145	16.0	65.5	24%	\$3,589,542	
Montana	Urban Program	Missoula Urban	2,587	10.4	58.4	18%	\$3,483,958	
Montana	Flathead	Polson	3,555	0.0	106.9	0%	\$7,758,072	Staffing not available
Montana	Ft. Peck	Poplar	5,436	80.0	174.9	46%	\$6,885,464	
Montana	Crow	Pryor	1,166	16.0	39.1	41%	\$1,679,276	
Montana	Rocky Boy's	Rocky Boy's						Not Studied
Montana	Flathead	Ronan	3,387	0.0	45.4	0%	\$3,296,314	Staffing not available
Montana	Blackfeet	Seville	899	0.0	31.0	0%	\$2,251,886	
Montana	Flathead	St. Ignatius	2,327	0.0	96.9	0%	\$7,029,482	Staffing not available
Montana	Ft. Peck	Wolf Point	4,578	33.0	116.3	28%	\$6,040,201	
		TOTAL	85,760	1,025.0	2,443.1	42%	\$102,878,947	

RRM Staffing by Service Unit							
State	Service Unit	2015 Population	Existing	2015 Need	%	Additional Salary Need	Comment
Wyoming	Wind River	11,201	115	273	42%	\$11,437,322	
Montana	Flathead	12,951	0	317	0%	\$22,978,788	
Montana	Blackfeet	12,538	250	434	58%	\$13,315,317	
Montana	Urban Program	15,140	52	323	16%	\$19,671,637	
Montana	Crow	10,612	262	431	61%	\$12,239,657	No Billings Urban
Montana	Ft. Belknap	5,589	126	193	65%	\$4,853,199	
Montana	Ft. Peck	10,014	113	291	39%	\$12,925,665	
Montana	No. Cheyenne	7,715	107	182	59%	\$5,457,360	
Montana	Rocky Boy's						Not Studied
	TOTAL	85,760	1,025.0	2,443.1	42%	\$102,878,947	



Facility Summary

Facility Gross Square Meter by PSA (Primary Service Area)								
2010 \$ per Hospital Square Meter =>							\$2,739	
2010 \$ per Health Center Square Meter =>							\$1,808	
State	Service Unit	Primary Service Area(PSA)	2015 Population	MI&E Square Mtrs.	2015 Need	%	Additional Construction \$ Needed	Comment
Wyoming	Wind River	Arapahoe	4,645	2,437	4,633	53%	\$3,970,989	
Montana	Flathead	Arlee	2,558	0	1,389	0%	\$2,510,998	
Montana	Blackfeet	Babb St. Mary	334	0	323	0%	\$584,665	
Montana	Urban Program	Billings Urban	6,198	589	3,902	15%	\$5,990,096	No MI&E space - TIG Calc
Montana	Blackfeet	Browning	10,190	13,527	15,065	90%	\$4,212,161	
Montana	Urban Program	Butte Urban	1,042	677	1,159	58%	\$871,275	No MI&E space - TIG Calc
Montana	Crow	Crow	6,301	9,555	14,956	64%	\$14,794,589	
Montana	Flathead	Elmo	1,124	0	698	0%	\$1,262,602	
Montana	Ft. Belknap	Ft. Belknap	3,638	6,172	6,037	102%	\$0	
Wyoming	Wind River	Ft. Washakie	6,556	3,321	6,761	49%	\$6,218,915	
Montana	Urban Program	Great Falls Urban	3,360	1,314	3,328	39%	\$3,640,784	No MI&E space - TIG Calc
Montana	Ft. Belknap	Hays	1,951	1,498	2,337	64%	\$1,516,326	
Montana	Blackfeet	Heart Butte	1,115	640	1,881	34%	\$2,242,835	
Montana	Urban Program	Helena Urban	1,953	488	2,122	23%	\$2,954,420	No MI&E space - TIG Calc
Montana	No. Cheyenne	Lame Deer	7,715	8,049	8,736	92%	\$1,242,318	
Montana	Crow	Lodge Grass	3,145	986	2,965	33%	\$3,577,514	
Montana	Urban Program	Missoula Urban	2,587	330	2,318	14%	\$3,594,244	No MI&E space - TIG Calc
Montana	Flathead	Polson	3,555	0	4,565	0%	\$8,254,384	Not Available
Montana	Ft. Peck	Poplar	5,436	3,410	8,190	42%	\$8,642,726	
Montana	Crow	Pryor	1,166	987	1,913	52%	\$1,674,467	
Montana	Rocky Boy's	Rocky Boy's	0				\$0	Not Studied
Montana	Flathead	Ronan	3,387	0	1,458	0%	\$2,635,291	Not Available
Montana	Blackfeet	Seville	899	0	1,055	0%	\$1,907,189	
Montana	Flathead	St. Ignatius	2,327	0	4,399	0%	\$7,952,885	Not Available
Montana	Ft. Peck	Wolf Point	4,578	1,915	4,608	42%	\$4,869,654	
TOTAL			85,760	55,895	104,798	53%	\$95,121,326	

Facility Gross Square Meter by Service Unit								
Wyoming	Wind River		11,201	5,758	11,394	51%	\$10,189,903	
Montana	Flathead		12,951	0	12,509	0%	\$22,616,159	
Montana	Blackfeet		12,538	14,167	18,324	77%	\$8,946,850	
Montana	Urban Program		15,140	3,398	12,829	26%	\$17,050,820	No MI&E space - TIG Calc
Montana	Crow		10,612	11,528	19,834	58%	\$20,046,570	No Billings Urban
Montana	Ft. Belknap		5,589	7,670	8,374	92%	\$1,516,326	
Montana	Ft. Peck		10,014	5,325	12,799	42%	\$13,512,380	
Montana	No. Cheyenne		7,715	8,049	8,736	92%	\$1,242,318	
Montana	Rocky Boy's							Not Studied
TOTAL			85,760	55,895	104,798	53%	\$95,121,326	



Priorities

Overview

Resources for capital and operational expenditures are consistently limited. Clear priorities are necessary for the development of a reasonable, supportable and attainable master plan. Clear priorities are arrived at through the consistent application of mutually agreed upon criteria reflecting the concerns and support of all interested parties whom the master plan will impact. For the Billings Area, these priorities are developed based on the Health Services Master Plan Work Group's criteria developed over the course of this project.

First Meeting – October 2002

In order to gain consensus on what is important, and to pursue that goal united, master plan task force members were asked to work together in defining how priorities should be established. They were asked to develop such priorities with an “area wide leadership hat” on, so the needs/concerns of all would be represented. In order to understand the concerns of the group and to understand what the group thought was important, the group was asked to respond to the following question:

What characteristics of a service area should dictate their level of priority relative to future capital expenditures?

Characteristics	Score
Lack of Substance Abuse: 1. Personnel, 2. Facilities, 3) Resources	0
Lack of Access to specialized care	4
Lack of Access to <u>CORE</u> Health Services	2
Service Areas with Chemical Dependency problems	3
Service Areas with large Population Growth	0
Service Areas with Socioeconomic barriers	0
Service Areas with high Disease Burden	3
Service Areas with poor mortality and morbidity data	0
Budget Feasibility	0
Service Areas with the least resources	0
Service Areas where the least cost will have the greatest impact	5
Service Areas with Significant Increased workload	0
New Federally Recognized Tribes	
Service Areas with high need and low access	0

Government to Government Trust responsibility was also scored a three by the Work Group, but it is not a characteristic of a Service Area.



Second Meeting – January 2003

In our Second Billings Meeting, January 23, 2003, the characteristics identified in October were grouped into four criteria with the task presented to the Work Group to select the critical factors for each criteria that should determine a PSA's priority. The characteristics identified were grouped as follows. The criteria is the column's heading.

Health	Access	Resources	Patient Profile
- Chemical Dependency Prevalence	- Lack of Specialized Service	- Large population growth	- New tribes
- High Disease Burden	- Lack of Core Services	- Least resources	- Socioeconomic barriers
- Poor Mortality	- Lack of Substance Abuse services	- Increased Workload	
- Poor Morbidity			

The Master Plan Workgroup broke into two groups twice in order to develop the Criteria's measurable factors.

Criteria factors are specific measurable indicators, which will allow each PSA to be evaluated/scored for each criterion. In order to narrow the effort at the January meeting each group developing the Criteria's measurable factors were given the following rules:

- There would be multiple measurable factors for each criteria
- The factors would allow each Criteria to be isolated – “all else being equal”, that Service Area's “Health” is a priority because_____.
- It would be measurable by objective means, by passing through the following tests:
 - Is it attainable? (Pass = yes)
 - Is it a reliable comparison? Can you trust its result? (Pass = yes)
 - Can it be gamed? (Pass = no)

The factor rules as developed at the January 2003 meeting, resulted in the following factors for each Criterion.

Health

Criteria Factor	Scoring Criteria	
Mortality	Years of Productive Life Lost	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Morbidity-Disease Rate	Chemical Dependency Diabetes Heart Disease	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
Disease Prevention Programs	GPRA+ Score	1 - Highest 1/3
		2 - Middle 1/3
		3 - Lowest 1/3



Access

Criteria Factor	Scoring Criteria	
Distance to Specialty Care	Orthopedics, General surgery, ENT, Oncology	3 - >60 miles
		2 - 30-60 miles
	Ophthalmology, Nephrology, Cardiology, CT	1 - <30 miles
Distance to Core Services (Primary Care)	Family Practice, Pharmacy, Dental, Outpatient (Visiting Professionals)	3 - >45 miles
	Pediatrics, Internal Medicine, OB/GYN, Podiatry (all visiting Specialists)	2 - 15-45 miles
	Behavioral Health, Lab, X-Ray, Physical Therapy	1 - <15 miles

Resources

Criteria Factor	Scoring Criteria	
Space (Total supported functions' sq ,meters divided by required sq. meters calculations)	Per Cent of existing space to required future space	1 - Highest 1/3
		2 - Middle 1/3
		3 - Lowest 1/3
Staff (Total supported functions' staff divided by required staff calculations)	Per Cent of existing IHS Staff to required future staff	1 - Highest 1/3
		2 - Middle 1/3
		3 - Lowest 1/3
CHS \$ (CHS \$/User Population)	Total demand of CHS \$ needed for future Health Care	1 - Lowest 1/3
		2 - Middle 1/3
		3 - Highest 1/3

Patient Profile

Criteria Factor	Scoring Criteria	
High School Drop-Out Rate	Socio-Economic Barrier	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
	(Defines individual's capacity to fully understand consequences of Lifestyle Choices)	
Unemployment Rate	Socio-Economic Barrier	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
	(Defines economic status of younger age group)	
% of Population >55 Years of Age	Socio-Economic Barrier	3 - Highest 1/3
		2 - Middle 1/3
		1 - Lowest 1/3
	(Defines possible age based demand on local health system)	

Third Meeting – April 2003

At our third Area meeting, the criteria factors, as determined at the second meeting were reviewed, with the work group's task being the weighting of the criteria and its factors.

The Criteria and its measurable factors are used to complete a criteria-ranking equation for each Service Area. The ranking equation will allow the Workgroup to identify a priority Service Area within the Billings Area. While all Service Areas have needs, this priority exercise will identify which Service Area according to the Workgroup's criteria should be addressed first. The use of this equation will remove the politicizing of priorities from the process.

A criteria's score will be dependent upon the measurable factors determined by the group. While the criteria's weighting is determined by the groups' overall perception as to the importance of that criteria as a priority. That importance is determined by assigning a percentage (out of 100%) to each criterion.



The criteria's score works in a similar way. For example, if two factors affect "Access", individual Workgroup team members would be able to assign a percentage importance to each factor. These individual understandings are then averaged to create a weighting of each measurable factor affecting the Criteria's score. Workgroup members' assignment of importance to the two factors may differ greatly. However, the input of all Workgroup members through such a vehicle facilitates a fair way to score each criterion's importance, ensuring every Workgroup member has equal and discreet input.

This results in task force members being able to assign weighting by ballot according to the following formula.

$$\text{Rank} = \frac{((A_w)((AF1*AF1w) + (AF2*AF2w))/3) + ((H_w)((HF1*HF1w)+(HF2*HF2w) + (HF3*HF3w))/3) + ((R_w)((RF1*RF1w) + (RF2*RF2w) + (RF3*RF3w))/3) + ((P_w)((PF1*PF1w) + (PF2*PF2w) + (PF3*PF3w))/3)}{4}$$

Where; A = Access
 R = Resource
 H = Health
 P = Patient Profile
 w = Weighted Priority (assigned to each criteria as follows)
 F1 = Criteria Factor 1, etc.

The Primary Service Area's Priority Score equals the following:

Health Criteria - the weighted percentage importance of the following Health criteria factors:
 Mortality ----- (% out of 100%)
 Morbidity ----- (% out of 100%)
 Disease Prevention Programs ----- (% out of 100%)

Plus (+)

Access Criteria - the weighted percentage importance of the following Access criteria factors:
 Distance to Specialty Care ----- (% out of 100%)
 Distance to Core Services ----- (% out of 100%)

Plus (+)

Resources Criteria - the weighted percentage importance of the following Resources criteria factors:
 Space ----- (% our of 100%)
 Staff ----- (% out of 100%)
 CHS \$ ----- (% out of 100%)

Plus (+)

Patient Profile Criteria - the weighted percentage importance of the following Patient Profile criteria factors:
 High School Drop-Out Rate ----- (% our of 100%)
 Unemployment Rate ----- (% out of 100%)
 % of Population >55 Years of Age ----- (% out of 100%)

Attachment A shows this expanded formula as a ballot, which each member of the Workgroup members used to weight criteria and assign priority.

Attachment B shows the results of the balloting for our third Billings Area Meeting.



Attachment A

$$PSA \text{ Score} = (A * A_w) + (H * H_w) + (R * R_w) + P * P_w$$

The sum must equal 100	+	H=Health		Mortality (Years of Productive Life Lost)		The sum must equal 100	
		Morbidity-Disease Rate	+				
		Disease Prevention Programs (GPR)	+				
		Total =		0			
	+						
	+	A=Access		Distance to Specialty Care			
				Distance to Core Services	+		
					+		
				Total =		0	
	+						
	+	R=Resources		Required Space			
				Staff	+		
				CHS \$	+		
				Total =		0	
	+						
	+	P=Patient Profile		Education			
				Employment	+		
				% of Population > 55 Years of Age	+		
				Total =		0	
Total		0					
		Name					



Attachment B

Criteria	Participant																														Average
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Health	25	20	40	25	15	40	15	10	20	25	30	25	30	80	40	40	30	20	40	30	40	50	50	30	30	25	40	35	20	10	31.00
Mortality	30	25	25	30	60	30	30	30	25	30	40	35	20	33	30	45	40	25	30	50	40	15	15	25	35	25	30	30	25	20	30.78
Morbidity-Disease Rate	40	25	25	30	20	30	30	40	50	30	40	35	40	33	50	45	30	25	30	30	40	15	20	25	35	25	40	50	50	30	33.61
Disease Prevention Programs	30	50	50	40	20	40	40	30	25	40	20	30	40	33	20	10	30	50	40	20	20	70	65	50	30	50	30	20	25	50	35.61
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Access	30	20	15	25	40	15	40	30	35	25	20	25	25	0	30	30	20	50	30	30	20	30	10	15	30	20	30	25	50	40	26.83
Distance to Specialty Care	80	80	50	50	75	75	80	25	70	65	60	45	60	80	60	75	50	40	40	50	60	25	25	75	75	50	40	80	50	60	58.33
Distance to Core Services (Primary Care)	20	20	50	50	25	25	20	75	30	35	40	55	40	20	40	25	50	60	60	50	40	75	75	25	25	50	60	20	50	40	41.67
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Resources	23	30	30	25	25	25	15	50	25	25	40	40	25	0	20	20	35	20	20	20	20	10	30	40	20	35	20	25	20	40	25.75
Space	15	20	70	20	15	40	10	30	30	30	20	25	10	0	50	10	20	15	10	30	20	20	15	30	40	10	10	20	20	20	22.50
Staff	5	50	20	40	60	40	60	40	30	30	25	25	40	50	30	45	30	45	50	30	40	60	70	30	35	15	30	50	20	20	37.17
CHS \$	80	30	10	40	25	20	30	30	40	40	55	50	50	50	20	45	50	40	40	40	40	20	15	40	25	75	60	30	60	60	40.33
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Patient Profile	23	30	15	25	20	20	30	10	20	25	10	10	20	20	10	10	15	10	10	20	20	10	10	15	20	20	10	15	10	10	16.42
High School Drop-Out Rate	15	30	40	25	34	30	50	35	20	34	40	30	30	40	40	20	50	60	40	75	40	10	20	30	30	40	60	25	25	33	35.03
Unemployment Rate	75	40	40	25	34	30	40	35	30	33	20	35	50	40	20	20	10	25	20	5	40	40	20	40	60	30	30	35	25	33	32.67
% of Population > 55 Years of Age	10	30	20	50	32	40	10	30	50	33	40	35	20	20	40	60	40	15	40	20	20	50	60	30	10	30	10	40	50	34	32.30
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Grand Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100



On the opposite page, the end result priorities are as indicated. The following pages indicate each PSA's score and data relative to each Criteria and Factor.

The formula with the weighting factors as determined is as follows:

$$\text{Rank} = ((.31)((AF1*.4167) + (AF2*.5833))/3) + ((.2683)((HF1*.3361)+(HF2*.3561) + (HF3*.3078))/3) + ((.2575)((RF1*.225) + (RF2*.3717) + (RF3*.4033))/3) + ((.1642)((PF1*.3503) + (PF2*.3267) + (PF3*.323))/3)/4$$

Developments to the criteria factors were necessary to complete the rankings.

- School Drop-out Rate and Unemployment Rates for Wyoming were not available in a form consistent with Montana's data. As a result a value of "2" was entered for all facilities. The end result is to effectively neutralize this criterion.
- Access scores were made to also be dependent on the number of core or specialty services that were available within the time frames specified. For instance, Pryor has access to Primary Care within thirty minutes, but not radiology. Thus Pryor received a 2 for Access to Core Services instead of a one.
- The data available for the urban programs is limited, what was available was scored.

In accordance with the tribally led ranking system, the Service Areas with the highest priority relative to:

- **Access** is Babb/St. Mary with a score of 100, two Service Areas are in second place with scores of 86 (Hays and Heart Butte). The access criteria is primarily determined by the service area's users ability to access both Core Services and Specialty Services. Among the Urban Programs, Butte scored highest with a score of 61.
- **Health** is the Wind River Service Unit, Arapahoe and Ft. Washakie, with a score of 88.8. They lead with the highest score in the GPRA indicators as well as the highest YPLL. Tied for third is the Blackfeet Service Unit, Browning, Heart Butte, Babb and Seville with a score of 76.3. They were highest in the Morbidity score and a close runner-up in YPLL.
 - All data in this Criteria were Service Unit as opposed to PSA specific.
- **Resources** is Wolf Point and Arapahoe each with a score of 93. Seville and Babb/St. Mary were tied for third with a score of 87. Among the Urban Programs Missoula scored highest with a score of 88. It is important to remember that resources rankings depend on the relative need of three different factors: percentage existing space to what is required in 2015, percentage existing staff to what is required in 2015, and percentage total Contract Health dollars demand to what is required in 2015 adjusted for inflation.
 - Within the Resources score it should be noted that two facilities currently possess no existing space or staff: Babb/St. Mary and Seville.
 - 5 of the remaining 12 service areas (41.6%) have less than half of the space they need to meet their 2015 delivery plans.
 - 7 of the remaining 12 service areas (58.3%) have less than half of the staff they need to meet their 2015 delivery plans.
 - 6 of the total 14 service areas (42.8%) have less than half of the projected Contract Health budgets they will need to meet their 2015 delivery plans.



- **Patient Profile** is a tie between Hays and Heart Butte with a score of 88. This is due to shared highest possible scores in population >55 and unemployment indicators. Third is Ft. Belknap with a score of 78, with a score of 3 in unemployment and 2 in population age >55. Ft. Washakie, Seville, and Babb/St. Mary tie for fourth with a score of 77.
 - The Urban Programs could not be scored on this criteria due to incomplete data.

- Overall, the Top Ten participating IHS Service Areas, in accordance with the Summary Rank on the adjacent page, to be addressed with the Master Plan Implementation team are as follows:
 1. Babb/St. Mary
 2. Heart Butte
 3. Seville
 4. Hays
 5. Lodge Grass
 6. Ft. Washakie
 7. Arapahoe
 8. Poplar
 9. Ft. Belknap
 10. Wolf Point



Summary Scorecard

Factor Weighting	Factors				Composite Score	Summary Rank
	31.00%	26.83%	25.75%	16.42%		
Service Area	Access Criteria	Health Criteria	Resource Criteria	Patient Profile Criteria		
Arapahoe	33	89	93	56	67.16	7
Babb/St.Mary	100	76	87	77	86.46	1
Browning w/o /Babb/St.Mary	53	76	47	67	59.81	12
Crow	53	67	33	56	52.19	14
Ft. Belknap	72	67	47	78	65.05	9
Ft. Washakie	33	89	80	77	67.50	6
Hays	86	67	59	88	74.32	4
Heart Butte	86	76	74	88	80.76	2
Lame Deer	72	33	47	56	52.56	13
Lodge Grass	72	67	73	67	70.23	5
Poplar	72	56	80	45	65.54	8
Pryor	67	67	53	56	61.60	11
Seville	67	76	87	77	76.13	3
Wolf Point	53	56	93	56	64.47	10

Urban Programs

Factor Weighting	Factors				Composite Score	Summary Rank
	14.00%	38.00%	27.00%	21.00%		
Service Area	Access Criteria	Health Criteria	Resource Criteria	Patient Profile Criteria		
Billings Urban	33	Criteria Unavailable	73	Criteria Unavailable	29.16	3
Butte Urban	61		72		37.37	1
Great Falls Urban	33		47		22.38	4
Helena Urban	33		41		20.85	5
Missoula Urban	47		88		37.20	2



Access Criteria Scorecard

Factor Weighting	Factors		Access Score	Rank
	41.67	58.33		
Service Area	Core Services Access	Specialty Services Access		
Arapahoe	1	1	33	13
Babb/St.Mary	3	3	100	1
Browning w/o /Babb/St.Mary	1	2	53	10
Crow	1	2	53	10
Ft. Belknap	1	3	72	4
Ft. Washakie	1	1	33	13
Hays	2	3	86	2
Heart Butte	2	3	86	2
Lame Deer	1	3	72	4
Lodge Grass	1	3	72	4
Poplar	1	3	72	4
Pryor	2	2	67	8
Seville	2	2	67	8
Wolf Point	1	2	53	10

Urban Programs

Factor Weighting	Factors		Access Score	Rank
	32	68		
Service Area	Core Services Access	Specialty Services Access		
Billings Urban	1	1	33	3
Butte Urban	3	1	61	1
Great Falls Urban	1	1	33	3
Helena Urban	1	1	33	3
Missoula Urban	2	1	47	2

Criteria Factor	Scoring Criteria	
Distance to Specialty Care	Orthopedics, General surgery, ENT, Oncology	3 - >60 miles
	Ophthalmology, Nephrology, Cardiology, CT	2 - 30-60 miles
Distance to Core Services (Primary Care)	1 - <30 miles	
	Family Practice, Pharmacy, Dental, Outpatient (Visiting Professionals)	3 - >45 miles
	Pediatrics, Internal Medicine, OB/GYN, Podiatry (all visiting Specialists)	2 - 15-45 miles
	Behavioral Health, Lab, X-Ray, Physical Therapy	1 - <15 miles



Access Criteria Worksheet

Service Area	Core Services			Score	Specialty Care			Score
	> 60 mile	30-60 miles	<30 miles		> 60 mile	30-60 miles	<30 miles	
	3	2	1		3	2	1	
Arapahoe			x	1			x	1
Babb/St.Mary	x			3	x			3
Browning w/o /Babb/St.Mary			x	1	x			3
Crow			x	1		x		2
Ft. Belknap			x	1	x			3
Ft. Washakie			x	1			x	1
Hays		x		2	x			3
Heart Butte		x		2	x			3
Lame Deer			x	1	x			3
Lodge Grass			x	1	x			3
Poplar			x	1	x			3
Pryor		x		2		x		2
Seville		x		2		x		2
Wolf Point			x	1		x		2

Urban Programs	Core Services			Score	Specialty Care			Score
	> 60 mile	30-60 miles	<30 miles		> 60 mile	30-60 miles	<30 miles	
Billings Urban			x	1			x	1
Butte Urban	x			3			x	1
Great Falls Urban			x	1			x	1
Helena Urban			x	1			x	1
Missoula Urban		x		2			x	1

Criteria Factor	Scoring Criteria	
Distance to Specialty Care	Orthopedics, General surgery, ENT, Oncology	3 - >60 miles
	Ophthalmology, Nephrology, Cardiology, CT	2 - 30-60 miles
Distance to Core Services (Primary Care)	Family Practice, Pharmacy, Dental, Outpatient (Visiting Professionals)	1 - <30 miles
	Pediatrics, Internal Medicine, OB/GYN, Podiatry (all visiting Specialists)	3 - >45 miles
	Behavioral Health, Lab, X-Ray, Physical Therapy	2 - 15-45 miles
		1 - <15 miles

Hays, Heart Butte and Pryor have access to a limited number of Core Services



Health Criteria Scorecard

Factor Weighing	Morbidity					Disease Prevention		Mortality		Health Score	Rank
	33.61					35.61		30.78			
Service Area	Diabetes	Heart Disease	Chemical Dependency	Health Behavior Composite Score	Total Score	GPRA+ Index	Score	Years of Productive Life Lost	Score		
Arapahoe	4	4	3	11.0	2	-6.0	3	2,897.0	3	88.8	1
Babb/St.Mary	2	6	5	13.0	3	5.0	1	2,887.0	3	76.3	3
Browning w/o /Babb/St.Mary	2	6	5	13.0	3	5.0	1	2,887.0	3	76.3	3
Crow	1	1	6	8.0	1	-2.0	3	2,767.0	2	67.3	7
Ft. Belknap	6	5	1	12.0	2	4.0	2	2,582.0	2	66.7	10
Ft. Washakie	4	4	3	11.0	2	-6.0	3	2,897.0	3	88.8	1
Hays	6	5	1	12.0	2	4.0	2	2,582.0	2	66.7	10
Heart Butte	2	6	5	13.0	3	5.0	1	2,887.0	3	76.3	3
Lame Deer	3	2	4	9.0	1	12.0	1	1,507.0	1	33.3	14
Lodge Grass	1	1	6	8.0	1	-2.0	3	2,767.0	2	67.3	7
Poplar	5	3	2	10.0	2	-1.0	2	1,975.0	1	56.4	12
Pryor	1	1	6	8.0	1	-2.0	3	2,767.0	2	67.3	7
Seville	2	6	5	13.0	3	5.0	1	2,887.0	3	76.3	3
Wolf Point	5	3	2	10.0	2	-1.0	2	1,975.0	1	56.4	12

Morbidity Data from BAO, "Report 1C,Ambulatory Patient Care Problem/Clinic Impression Visits by Sex and Age Groups, 10-2001 through 9-2002

Disease Prevention from BAO, "Based on Gipra + 03 Reports, first 2 Quarters FY 2003 compared to FY2000

Mortality Data from BAO, "Number of Years of Potential Life Lost(YPLL)American Indians and alaska Natives For the Billings Area By Service Unit, 1997-1999



Health Criteria Supporting Detail

Service Unit	2001 User Pop	Chronic Disease Detail						Behavioral Health Detail		
		Cardiovascular Incidence*	Cardiovascular Rate	Score 1-6 Cardiovascular	Diabetes Incidence*	Diabetes Rate	Score 1-6 Diabetes	Chemical Dependency Incidence*	Chemical Dependency Rate	Score 1-6 Chemical Dependency
Blackfeet	11,179	688	0.0615	6	2926	0.2617	2	994	0.0889	5
Crow	11,417	296	0.0259	1	2080	0.1822	1	2191	0.1919	6
Ft. Belknap	4,737	247	0.0521	5	1937	0.4089	6	178	0.0376	1
Ft. Peck	8,527	357	0.0419	3	3391	0.3977	5	335	0.0393	2
No. Cheyenne	6,400	252	0.0394	2	1861	0.2908	3	528	0.0825	4
Wind River	9,831	493	0.0501	4	3345	0.3403	4	552	0.0561	3

* Visits/User Population



Resource Criteria Scorecard

Factor Weighting	Factors						Resource Score	Rank
	22.5		37.17		40.33			
Service Area	Space % Existing to Required *	Score	Staff % Existing to Required	Score	Total CHS \$ Demand % to Required	Score		
Arapahoe	52.6%	2	29.4%	3	33%	3	93	1
Babb/St.Mary	0.0%	3	0.0%	3	58%	2	87	3
Browning w/o /Babb/St.Mary	89.8%	1	68.8%	1	58%	2	47	11
Crow	63.9%	1	70.5%	1	65%	1	33	14
Ft. Belknap	102.2%	1	74.7%	1	41%	2	47	11
Ft. Washakie	49.1%	2	51.1%	2	33%	3	80	5
Hays	64.1%	1	44.8%	2	41%	2	59	9
Heart Butte	34.0%	3	32.7%	2	58%	2	74	7
Lame Deer	92.1%	1	58.7%	1	51%	2	47	11
Lodge Grass	33.3%	3	24.4%	3	65%	1	73	8
Poplar	41.6%	2	45.7%	2	34%	3	80	5
Pryor	51.6%	2	40.9%	2	65%	1	53	10
Seville	0.0%	3	0.0%	3	58%	2	87	3
Wolf Point	41.5%	2	28.4%	3	34%	3	93	1

* (IHS M&I Based data)

Urban Programs

Factor Weighting	Factors						Resource Score	Rank
	43		23					
Service Area		Score	Staff % Existing to Required	Score	Total CHS \$ Demand	Score		
Billings Urban	0.0%	3	8.6%	3	\$1,347,718	1	73	2
Great Falls Urban	0.0%	1	22.0%	1	\$6,438,391	2	47	4
Helena Urban	0.0%	2	25.3%	1	\$3,737,159	1	41	5
Missoula Urban	0.0%	3	17.8%	2	\$13,356,463	3	88	1
Butte Urban	0.0%	1	11.7%	3	\$6,180,520	2	72	3



Patient Profile Criteria Scorecard

Factor Weighting	Factors						Patient Profile Score	Rank
	35.03		32.67		32.3			
Service Area	Drop Out Rate*	Score	Unemployment Rate (7 Year Ave.)	Score	% Population >55	Score		
Arapahoe		2	0.00%	2	8.20%	1	56	9
Babb/St.Mary	65%	2	19.50%	2	17.60%	3	77	4
Browning w/o /Babb/St.Mary	65%	2	19.50%	2	11.90%	2	67	7
Crow	59%	2	18.20%	2	9.80%	1	56	9
Ft. Belknap	39%	2	22.50%	3	11.90%	2	78	3
Ft. Washakie		2	0.00%	2	12.80%	3	77	4
Hays	43%	2	22.50%	3	13.40%	3	88	1
Heart Butte	20%	2	19.50%	3	15.30%	3	88	1
Lame Deer	47%	2	18.20%	2	8.90%	1	56	9
Lodge Grass	52%	2	18.20%	2	10.30%	2	67	7
Poplar	52%	2	10.30%	1	9.20%	1	45	14
Pryor		2	18.20%	1	11.90%	2	56	12
Seville	65%	2	19.50%	2	15.00%	3	77	4
Wolf Point	67%	2	10.30%	1	9.90%	2	56	12

Drop Out Rate from : State of Montana-DPHHS,"Five Year Data on Indian Freshman Enrollment and Indian Graduation Rates-Public Schools On/Near Reservations in Montana"

Unemployment Rate from: "Montana Department of Labor and Industry,Research &Analysis Bureau, Local Area Unemployment Status(LAUS)", 1996,1997,1998,1999,2000,2001,2002.

Population Data from HSP: Age and Sex Table

In the absence of Unemployment and Drop Out Rate data from Wyoming or in instance of non-reporting, a mid-range score of "2" was applied.

* Every attempt to secure consistent data comparable between the states on Drop Out Rates was unsuccessful. Therefore a flat score of 2 was applied to every PSA which essentially neutralizes this variable criteria