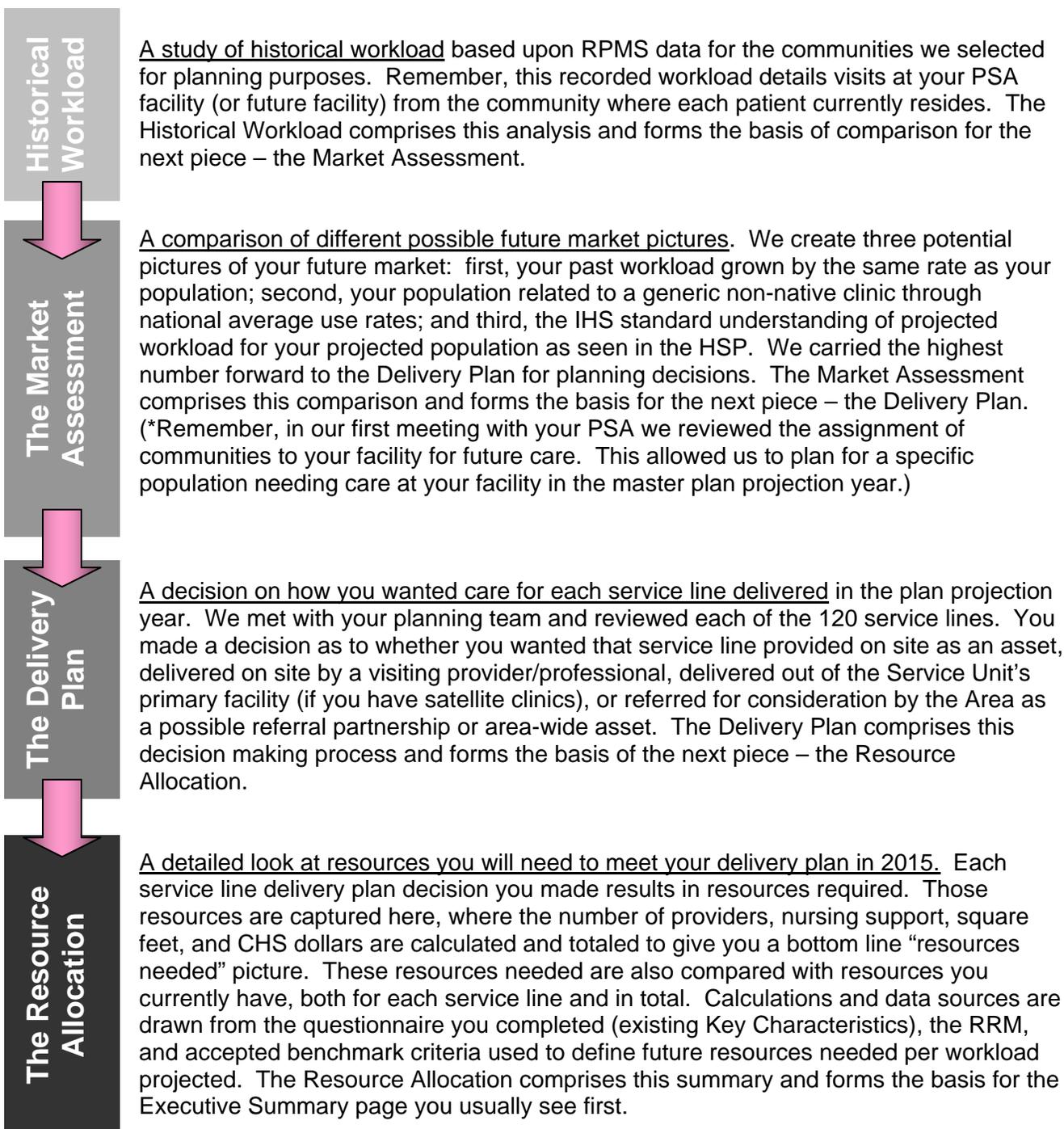




How to Read Your Primary Service Area Document

While supporting explanation of your PSA document is found throughout the master plan document, you may find this condensed, pictorial guide helpful as you thoughtfully study your own PSA's plan. Remember, it is your plan. You worked with an Innova Group consultant through an ordered path to arrive where you are. These steps included:





Guide to the Historical Workloads Page

Sample Portion of a
Typical Historical
Workload Page

Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

Discipline	Direct or Tribal Health Care				Contract Health Care				
	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
	Provider Visits Only				Provider Visits Only				
Primary Care									
Family Practice	7,207	7,131	8,260	7,533	0	0	0	0	0.0%
Internal Medicine	658	700	850	736	111	142	187	147	16.6%
Pediatric	250	333	402	328	0	0	0	0	0.0%
Ob/Gyn	175	241	287	234	5	11	23	13	5.3%
Emergency Care									
Emergency/Urgent	421	516	598	512	0	0	0	0	0.0%
ER/Non-urgent	0	0	0	0	0	0	0	0	0%
Specialty Care									
Orthopedics	22	36	51	36	10	15	20	15	29.2%
Ophthalmology	65	72	88	75	20	25	30	25	25.0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	6	12	28	15	2	5	9	5	25.8%
Cardiology	1	5	9	5	6	9	13	9	65.1%
Urology	0	0	0	0	0	0	0	0	0%
Neurology	2	0	0	1	0	0	0	0	0.0%
Nephrology	0	0	0	0	0	0	0	0	0%

These 3 blue columns detail your Historical Workload for the years shown at the top of the page. These numbers are from the RPMS data set and represent visits by community of residence for communities assigned to your facility for future planning purposes. That list of communities can be found in the Service Area Community Assumptions pages of the Area analysis.

These columns average the 3 year workloads for Direct and Contract Care.

These 3 blue columns detail your Historical Workload for the years shown referred for Contracted Care. If that care was paid for by a third party instead of IHS, then that visit will not be reflected here. You should not be overly concerned since the Market Assessment provides an alternative and generous method of projecting what is missed here.

This column shows the % of Workload historically referred to Contract Care for the past three years.



A Guide to the Market Assessment Page

**Sample Portion of a
Typical Market
Assessment Page**

Market Assessment - *Native American*

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year	2003			2015			2015 Planning Assumption		
HSP User Pop. - PSA	2,207			2,808					
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Provider Visits Only			Provider Visits Only			Provider Visits Only		
Primary care									
Family Practice	7,533	2,436		9,584	3,099		7,594	7,594	0
Internal Medicine	883	907		1,123	1,153	Cell = Sub-Total less PC Specialties	1,153	1,153	0
Pediatric	328	1,202		418	1,531		1,531	1,531	0
Ob/Gyn	247	913		315	1,161		1,161	1,161	0
Urgent Care Clinic	0			0			0	0	0
Primary Care Sub-Tot.	8,991	5,459	8,504	11,439	6,945	10,817	11,439	11,439	0
Emergency Care									
Emergency/Urgent	512	498		651	634	Cell = Sub-Total less E/U	651	651	0
ER/Non-urgent		332			423		566	566	0
Emerg. Care Sub-Tot.	512	831	958	651	1,057	1,217	1,217	1,217	0
Specialty Care									
Orthopedics	51	414		65	526		526	526	0
Ophthalmology	100	288		127	365		365	365	0
Dermatology	0	324		0	411		411	411	0
General Surgery	0	317		0	403		403	403	0
Otolaryngology	21	192		26	245		245	245	0
Cardiology	14	89		18	113		113	113	0
Urology	0	106		0	134		134	134	0
Neurology	1	87		1	111		111	111	0
Other Specialties		689		0	876		626	626	0
Nephrology	0	Unknown		0	Unknown		0	0	0
Allergy	0	68		0	87		87	87	0

These two population numbers form the reference point for the columns underneath. Remember, the user pop here may or may not be the same as your service unit pop. It depends on how many points of care have been established and are being planned for. These numbers are for your specific PSA.

These columns represent the Historical Workload average from the previous page carried forward and grown to the projection year by the same rate as your user pop is expected to grow.

These columns represent your user population related to National Utilization rates by service line to create a US National Average hypothetical workload for comparing to your historical workload. Often these numbers are higher than yours, particularly in Specialty Care lines.

These pink cells represent a third way of assessing your future market – what the HSP would expect to see in terms of workload for the population under consideration, both in 2003 and the projection year targeted. The HSP represents the IHS understanding of native health care use rates.

This column is typically the largest of the three projection numbers considered under the projection year. This becomes your planning assumption. The green columns split that planning assumption into direct care you will choose a delivery plan for, and contracted care that is not considered due to acuity/threshold issues.



A Guide to the Delivery Plan Page

**Sample Portion of a
Typical Delivery Plan
Page**

Delivery Plan - *Native American (IHS)*

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

Discipline	Projected Need				Delivery Options					
	PSA Direct Care	+ ESA Direct Care	Key Characteristics (KC)	# Req'd in 2015	PSA			Referrals due to Threshold		Remarks
					On Site	On Site VP	CHS*	Srv Unit	Region	
Primary Care (Provider Visits)	<p>Sometimes the workload numbers do not match the Market Assessment line because the HSP Sub-total on the Market Assessment has been carried forward and the service lines subtracted out to provide maximum benefit. Call your Innova Group planner if you have a question on this.</p>									
Crossover %	6.0%									
<p><i>Primary Care Clinic examines, diagnoses, and treats patients, and health professionals and admissions to inpatient assessments, provides, and evaluates the care of patients with illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.</i></p>										
Family Practice	8,049	8,049	Providers	1.8	9,280					
Internal Medicine	1,223	1,223	Providers	0.3	1,223			Currently Offered		
Pediatric	1,623	1,623	Providers	0.4	1,623			Currently Offered		
Ob/Gyn	1,231	1,231	Providers	0.4				rolled up in FP		
Urgent Care Clinic	0	0	Providers	0.0	0					
Primary Care Total	12,126	12,126	Providers	2.9	12,126					

Emergency Care										
<p><i>The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.</i></p>										
Emergency/Urgent	651	651	Patient Spaces	0.2	651					
ER/Non-urgent	566	566	Providers	0.1	566					
Emergency Care Total	1,217	1,217	Patient Spaces	0.6	1,217					

Specialty Care										
<p><i>Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns.</i></p>										
Crossover %	0.0%									
Orthopedics	526	750	Providers	0.3	750			Support SU		
Ophthalmology	365	560	Providers	0.2	560			Support SU		
Dermatology	411	411	Providers	0.1	411					
General Surgery	403	403	Providers	0.1	403					
Otolaryngology	245	245	Providers	0.1	245					
Cardiology	113	113	Providers	0.1	113					
	134	134	Providers	0.0	134					
	111	111	Providers	0.1	111					
	626	626	Providers	0.3	626					
	0	0	Providers	0.0	0					
	8	8	Providers	0.0	8					
	3	3	Providers	0.0	3					

These green cells are the direct care planning assumption number carried forward from the market assessment page. For certain service lines an appropriate crossover / migration rate is applied (the pink box) that will inflate the workload number.

These columns identify the number of that specific Key Characteristic needed to service the green cell workload number to the left.

These columns identify your delivery planning decision – that is, where you desire the care to be delivered in your projection year: on-site (as an asset or by visiting provider), purchased through CHS funds, handled at the Service Unit (if you have satellite clinics) or referred to the area/referral area for consideration there.

This column notes remarks that often provide clarification on the planning decision made.



A Guide to the Resource Allocation Page

**Sample Portion of a
Typical Resource
Allocation Page**

Resource Allocation - Native American (IHS)

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

Discipline	Direct Health Care					Contract Health Care		
	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Primary Care	Provider Visits Only					Provider Visits Only		
Family Practice	9,280	Providers	2.1	1.5	71%	0	\$64	\$0
		Visiting Providers to outlying areas.						
		Provider Offices	3.0	3.0	100%			
		Exam Rooms	6.9	5.0	73%			
			0.3	0.2	67%			
		reas.	0.0		100%			
		an	1.0	1.0	100%			
			0.9	1.0	110%			
			0.4	0.2	50%			
		reas.	0.0		100%			
		an	1.0	0.0	0%			
			1.2	1.0	83%			
			0.0		100%			
		reas.	0.0		100%			
		Inpatient Physician	0.0		100%			
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
Primary Care Total	12,126	Providers	2.8	1.9	68%			
		Provider Offices	5.0	4.0	80%			
		ing Support (RN+LPN+CNA)	4.2	5.0	119%			
		Ambulatory Care Nutritionist			100%			
		Exam Rooms	9.0	7.0	78%			
		Dept. Gross Sq. Mtrs.	480.0	567.0	118%			
Er	0	ER Providers	0.0		100%	1,217	\$259	\$315,151
		Nursing Support (RN+LPN)	0.0		100%			
		Patient Spaces	0.0		100%			
		Dept. Gross Sq. Mtrs.	0.0		100%			
Se		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs.	0.0		100%			

The green cell shows your planned direct care workload. The yellow cell shows the number of key characteristics required in your planning projection year to support that workload. The blue cell details what you currently have. The % existing to required number of KCs simply calculates the ratio and shows red if below 34% required, orange if below 77% required and yellow otherwise.

This Contract Health column calculates funds required to service CHS delivery decisions made by service line on the Delivery Plan. A total CHS projection amount is found at the bottom of this document.

Total Required IHS Supportable Staff is the Total FTE Staff – IHS or IHS 638 RRM Supported PLUS other services IHS has historically supported (i.e. EMS, WIC, etc.)

The Total FTE Staff number is from the RRM. This number is driven by population and workload numbers drawn from your delivery plan. The Existing Total FTE Staff is taken from your planner's best understanding of the current IHS staffing roster.

Total 2015 Non-Deviated RRM vs Existing Recurring IHS Positions	79.3	36.0	45%
IHS Supportable Space Staff Required vs. Existing	98.0	25.0	26%
IHS Supportable Space - Building Gross Square Meters	3,043	2,655	87%

This line near the bottom of your Resource Allocation page shows total space required to support your staffing and delivery plan needs. This number totals the space needs in the column above. The existing space number represents your planner's understanding of your current space. This number is not totaled from the numbers above.

Contract Health Dollars Sub-Total	\$3,622,924
Other Expenditures - Contract Health	\$869,502
Inflation Adjusted CHS \$ - Total	\$6,019,850



VISITING PROFESSIONALS

FTE Quantity or Utilization Percentage	Family Practice, Pediatrics, Internal Medicine, Dermatology, Neurology, Allergy, Gerontology, Rheumatology, Oncology, Pediatric Genetics, Nephrology, Nutrition, Optometry, Podiatry, Audiology, all Behavioral Health Professionals and all Preventative Care Professionals	OB/Gyn, Orthopedics, Ophthalmology, General Surgery, Otolaryngology, Cardiology, Urology, Pulmonology, Gastroenterology
.1 = 10%	1 day per two weeks	1 day per four weeks
.2 = 20%	1 day per week	1 day per two weeks
.3 = 30%	1.5 days per week	1.5 days per two weeks
.4 = 40%	2 days per week	2 days per two weeks
.5 = 50%	2.5 days per week	2.5 days per two week
.6 = 60%	3 days per week	1.5 days per week
.8 = 80%	4 days per week	2 days per week
1.0 = 100%	5 days per week	2.5 days per week