



Introduction

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Background

The Nashville Area of the Indian Health Service in conjunction with the United Southern and Eastern Tribes (USET) expressed interest in addressing the health services and health facilities needs in the Nashville Area. The planning proposed in the Scope of Work (SOW) was to analyze, justify and design a comprehensive Nashville Area Health Services Master Plan. The SOW was based on the service area User Population by age group and gender, travel distance, workload thresholds, provider, and space capacities, deficiencies in resources and related data.

Purpose

The purpose of this document is to document a Master Plan addressing the short and long-term health care requirements of the Nashville Area. This document establishes the primary care, specialty service, and support service needs and resources throughout the Nashville Area and documents existing shortcomings in resources within the Area.

The Master Plan provides a comprehensive definition of the new and expanded services and facilities planned for each of the communities served in the Nashville Area. The Plan establishes a conceptual direction for new health care services provided through contract, direct, or other methods based upon analysis of the community health needs, projected service area population statistics, fiscal information, and other pertinent data.

The Master Plan also includes a prioritized ten-year Development Plan that identifies local service area priorities as well as Area wide priorities. The goals of the Area Master Plan were as follows:

- Service Delivery Improvement
- Provide Vision/Direction
- Identify What's Important/Priorities
- Bring Unity – Forge Partnerships
- Identify and Quantify Needs and Shortcomings - Now versus Needed

History of Tribes and Medical Services Delivery in the Area

In July of 1955, the then Department of Health, Education, and Welfare assumed responsibility from the Department of the Interior for providing health care to American Indians and Alaska Natives. Within the Department of Health, Education, and Welfare, the United States Public Health Service organized the Indian Service. Those few federally recognized Indian groups in the Eastern United States which had been receiving assistance from the Department of the Interior were initially assigned to the Indian Health Service at the Oklahoma City Area Office.

In 1968, four of the federally recognized groups in the Southeastern United States formed an Intertribal council called the United Southeastern Tribes consisting of the Eastern Band of Cherokee Indians, the Mississippi Band of Choctaw Indians, the Seminole Tribe of Indians of Florida, and Miccosukee Tribe of Indians of Florida.

The following year, the tribes combined their resources to form the United Southeastern Tribes, Inc. (USET) as a non-profit corporation. To reflect the greatly increased membership, including several tribes in the Northeastern United States the name was changed in 1979 to United South and Eastern Tribes, Inc.

One of the first priorities of USET was to petition the Indian Health Service to establish an Area Office within the USET region. Geographical location made it difficult for the Oklahoma City Area Office to adequately assist USET members. The Indian Health Service responded to this request by organizing a Program Office in Sarasota, Florida, which was moved to Nashville, Tennessee in 1975. As the Program Office gained status as the Area Office it has expanded from six employees in its formative days to nearly a hundred employees at present.



For most Indians in the Nashville Area, the Indian Health Service is the only available source of health care, although Indians are entitled to participate in the full range of programs open to them as residents of counties, states, and communities. Health services delivered in the Nashville Area offer a diversity of health care, ranging from a hospital at one site to the purchase of all services from vendors at other sites.

The Nashville Area Office officially contracts with tribal organizations who wish to utilize the Indian Self-Determination and Education Assistance Act of 1975 (Public Law 93-638). More than 80 percent of the Nashville Area Office's annual health services budget is currently under contract to tribal organizations. Indian people provide local administration of those programs.

The Nashville Area Office (NAO) is located in Nashville, Tennessee. The geographic area includes the entire United States east of the Mississippi River, excluding the states of Michigan and Illinois. It also covers the states of Arkansas, Louisiana, and Texas west of the Mississippi River.

Consensus Strategy

Consensus on the Master Plan was accomplished by working with the Nashville Area, USET, Tribal Health Directors, and other designated committees. The Strategy included the establishment of partnerships or working alliances with other entities whose mission it is to improve the health status of communities, and establishment of relationships with the Native American community in order to assess the health needs and propose an appropriate program to meet those needs.



Participants

The master plan was outlined to include the 37 Primary Care Service Areas and 3 Urban Programs identified below. The contract allowed for new potential service areas to be determined for analysis. One new PSA was, in fact, added (Immokalee) during the study while three PSAs did not participate (Onondaga, Tonawanda, and Tuscarora). This resulted in 38 final PSA reports.

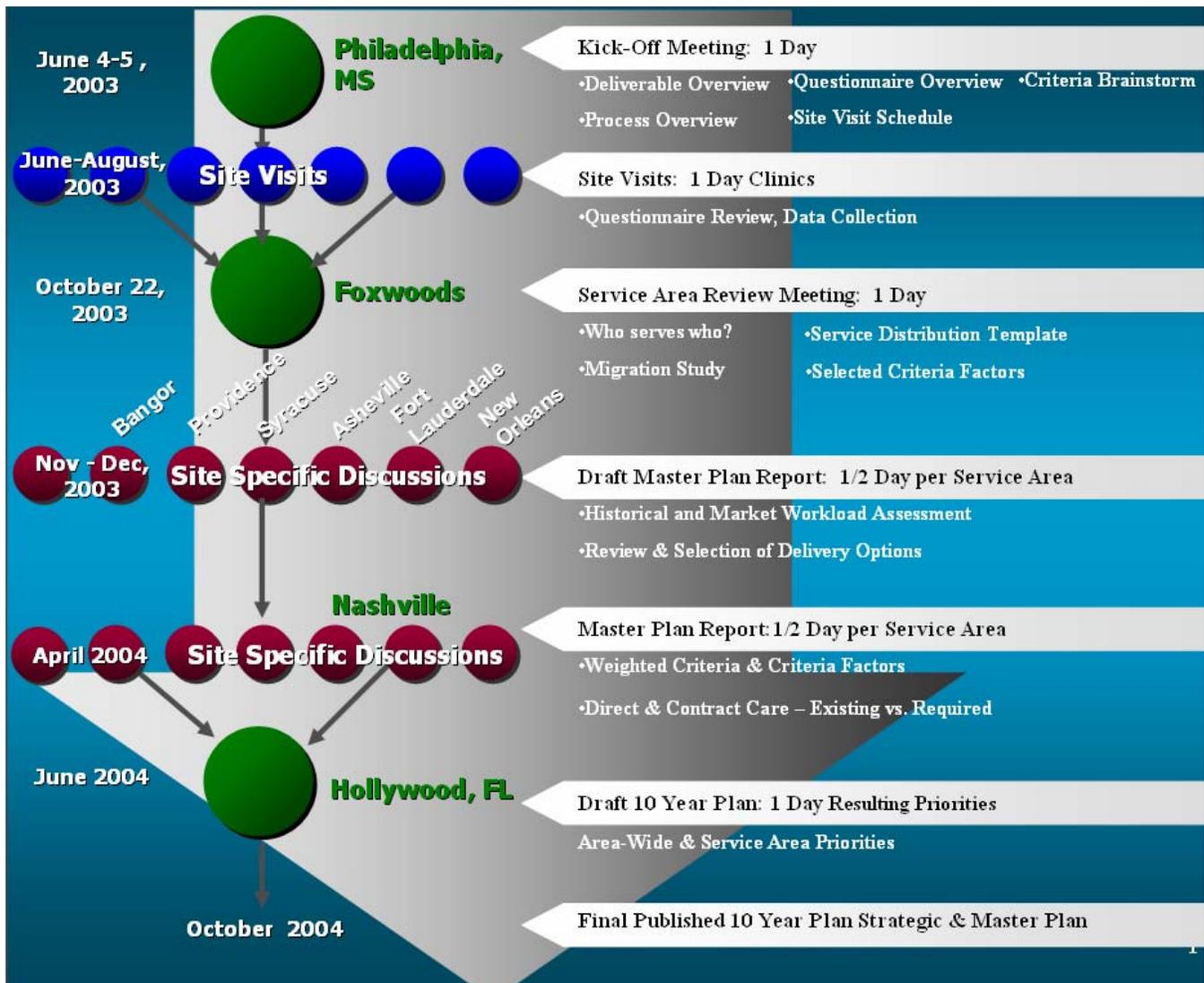
Cherokee Indian Hospital	Miccosukee Health Station	Passamaquoddy, Pleasant Point Health Center
Snowbird Health Station	Big Cypress Health Center	Passamaquoddy, Indian Township Health Center
Cherokee County Clinic	Brighton Health Center	Penobscot Indian Nation Health Center
Mississippi Band of Choctaw Indians Hospital	Hollywood Health Center	Gay Head Wampanoag Health Center
Catawba Health Service	St. Regis Mohawk Health Center	Houlton Band of Maliseet Indians Health Program
Bogue Chitto Health Clinic	Oneida Health Service	Narragansett Indian Health Center
Conehatta Health Clinic	Cayuga Nation	Mashantucket Pequot Tribal Health Program
Red Water Health Clinic	Seneca Nation Allegany Clinic	Aroostook Band of Micmac Presque Isle
Coushatta Health Center	Seneca Nation Buffalo Clinic	Aroostook Band of Micmac Littleton
Chitimacha Health station	Seneca Nation Cattaraugus Clinic	Mohegan Tribe
Tunica-Biloxi Health Program	Tuscarora Nation Health Service	New York Urban Program
Poarch Band of Creek Indians Health Center	Onondoga Nation Health Service	Boston Urban Program
Ala-Coushatta Health Center, Chief Kino Clinic	Tonawanda Nation Health Service	Baltimore Urban Program
Jena Band-Choctaw Indians Health Clinic		



Process

This report represents the future healthcare demand of the Area as a whole and each Primary Service Area (PSA) contained therein; as well as the capacity of the Area and each PSA to supply or prepare for this demand.

The Kick-off Meeting was conducted in Pearl River, Mississippi on June 4th-5th, 2003 and Primary Care Service Area Site Visits were conducted in June, July and August. Three years of RPMS data (2000-2001-2002) were collected from the Area office and analyzed for presentation in the Service Area Review Meeting (crossover and appendix reports), held October 20th-24th, 2003 at the Foxwood Resort in Uncasville, Connecticut. This third step in the process involved shaping Primary Care Service Areas with regard to accessing care and services distribution. The next phase of the work involved population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population and forecasting the key characteristics required for each service. From this documentation, a collaborative team consisting of the respective tribe(s), IHS and an Innova Group consultant developed a Service Delivery Plan for each Primary Care Service Area. The first pass at this Service Delivery Plan occurred as indicated below (Draft Master Plan Report). Approximately a half-day per Service Area was dedicated to this effort during the time frame of November through December, 2003 at regional locations.



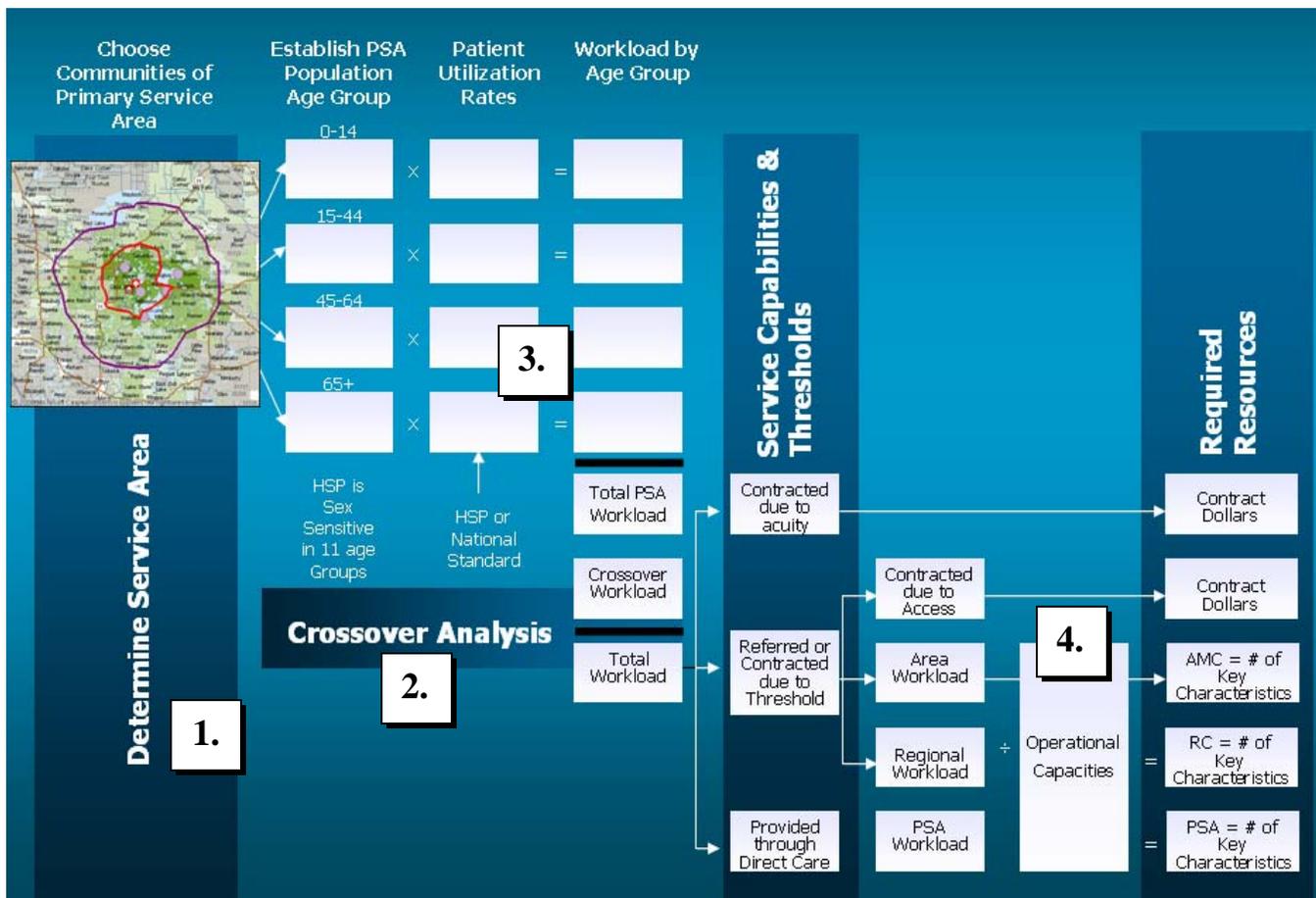


Following this step, another series of site-specific discussions occurred in conjunction with Area-wide meetings in Nashville, where each PSA had a half day session with their planner to review results of delivery plan decisions, comparing existing to required resources in the Resource Allocation section of the PSA Workbooks. Local priorities were then established based upon documented needs identified in the Resource Allocation. The Pre-Final meeting was held in Hollywood, Florida in conjunction with the USET meetings June 15, 2004. The complete master plan was presented for review and issues surfaced were discussed by the area workgroup. Appropriate time was allowed for service area feedback and plan update prior to the publication of this document.

Methodology

Health Care is a population-based business. The goal of the master planning effort was to allow the PSA planning teams and the Health Service's Work Group to view the complexity of the health care industry in such a way as to allow each service to be considered at its simplest element. We define that element as a Key Characteristic. Key Characteristics are typically the most expensive attribute to a service and range from Dental Chairs to Providers to FTEs. Making decisions along the way, based on these Key Characteristics, has allowed us in the end to define a Delivery Plan per Service. That Delivery Plan mandates the Required Resources. Required Resources as indicated below can include: Contract Health Dollars, Key Characteristics, Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan. The process utilized for each product line is indicated below. The key decisions in this process were as follows:

1. Determine Service Area
2. Crossover Analysis
3. Patient Utilization Rates
4. Operational Capacities





Wrap-Up

The Master Plan presented on the following pages starts at the community level and builds. This development of needs has considered Tribal and IHS input, historical and national norms of patient utilization and productive models of health care delivery. This proposed system has been viewed from the community level as well as at the Regional and Area-wide level. It is a plan built on age sensitive projection of population and the user's historical tendency to crossover for care to other centers of greater specialization and market activity. It provides a framework for local organizations and Service Areas and Urban Programs to guide their own resource allocation, showing needs as well as establishing local priorities. It also provides the Master Plan Workgroup with a ranking system which de-politicizes what community needs should be prioritized.

This project has involved the people on the following pages and has brought together IHS, Tribal and Urban Program Leaders to establish and share goals and priorities for their communities.



Points of Contact

The table below lists the points of contact for each of the 35 Primary Service Areas and 3 Urban Programs involved in the development of the Nashville Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office		Clinic/PSA/Office Address	
Name	Title	Telephone	Email

St. Regis Mohawk Tribe, 412 State Highway 37, Akwesasne, NY 13655, (518) 358-3141, FAX: (518) 358-2797

St. Regis Mohawk Health Services

Rob Cree	Acting Health Director	518-358-3141 (x105)	robcre@regis.nashville.ih.gov
Maggie Terrance	Tribal Chief	518-358-2272	mterrance@srmt-nsn.gov
Lori Thompson	Business Office Supervisor	518-358-3141	lorit@regis.nashville.ih.gov
Craig A. Jock	Facility Manager	518-358-3141 (x105)	
Nicole Cunningham	RD, WIC	518-358-3141	Nicole@regis.nashville.ih.gov
Emily Lauzon	Sub-Chief	518-358-2272	elauzon@srmt-nsn.gov
Dr. Benson Kelly	Physician	518-358-6246	bjkdoc@twcny.rr.com
Mary Simons	CHN	518-358-3141	msimons@regis.nashville.ih.gov
Lynelle Terrance	Maternal/Child Health	518-358-3141	lynelle@regis.nashville.ih.gov
Sally Cook	CHR	518-358-3141	
Wendy Marcellus	Teen/Women's Health	518-358-3141	wendy@regis.nashville.ih.gov
Wayne Castor	Partridge House Coordinator	518-358-2224	wcastor@mail.ih.gov

Tunica-Biloxi Tribe, Highway One South, P.O. Box 331, Marksville, LA 71351, (318) 253-6100, FAX: (318) 253-0083

Tunica-Biloxi Health Program

Irene Gonzales lgonzales@tunica.org

Wampanoag Tribe Of Gay Head, 20 Black Brook Road, Aquinnah, MA 02535, (508) 645-9265, FAX: (508) 645-2813

Gay Head Wampanoag Indian Health Program

Frederick Rundlet Health Director 508-645-9265 x 121 freddy@wampanoagtribe.net

USET Inc. - 711 Stewarts Ferry Pike Ste 100, Nashville, TN 37214, (615) 872-7900

Staff

Brenda S. Fuller	THPS Director	beshore@usetinc.org
Edna Fay	Administrative Assistant	efay@usetinc.org
Dee Sabattus	Project Administrator - EPI/Diabetes	dsabattus@usetinc.org



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Name	Title	Telephone	Email

Indian Health Services

Nashville Area Office 711 Stewarts Ferry Pike, Nashville, TN 37214-2634			
Richie Grinnell	(Acting) Area Director	(615) 467-1505	
Richie Grinnell	Acting Executive Officer	(615) 467-1511	richie.Grinnell@mail.ihs.gov
George Styer	FES Deputy Chief	(615) 467-1535	george.styer2@mail.ihs.gov
Ray Behel	FES Chief - Acting	(615) 467-1535	ray.behel@mail.ihs.gov
Floyd Dennis	Acting Director - Info. Mgmt Resources	(615) 467-1526	floyd.dennis@mail.ihs.gov
Byron Jasper	Special Assistant	(615) 467-1530	byron.jasper@mail.ihs.gov
Roy Kennon	Chief Medical Officer	(615) 467-1530	roy.kennen@mail.ihs.gov
Pamelda Taylor	Area Psychologist	(615) 467-1534	pamelda.taylor@mail.ihs.gov
Kevin Molloy	Special Assistant	(615) 467-1504	kevin.molloy@mail.ihs.gov
Martha Ketcher	Senior Program Analyst	(615) 467-1521	martha.ketcher@mail.ihs.gov
Michael D. Tiger	Past - Area Director		

Alabama Coushatta Tribe, Hwy 190 - Route 3 Box 640, Livingston, Texas 77351, (936) 563-2058, FAX: (936) 563-2731

Alabama-Coushatta Health Center			
Richard Cordes	Director	936-563-2058	rcordes@nsacot.nashville.ihs.gov

Aroostook Band Of Micmac Indians, Littleton, ME

Micmac Littleton Clinic			
John Ouellette	Health Services Dir.	207-764-6968 (x124)	jouellette@micmachealth.org
Theresa Cochran	CHS Admin.		tcochran@micmachealth.org
Merle Masters	Exercise Psychologist/Community Health		
Jill Amos	RN - Clinic Diabetes		
David Cyr	Behavioral Health		

Aroostook Band Of Micmac Indians, 8 Northern Road, Presque Isle, ME 04769, (207) 764-7219

Micmac Presque Isle Clinic			
John Ouellette	Health Services Dir.	207-764-6968 (x124)	jouellette@micmachealth.org
Theresa Cochran	CHS Admin.		tcochran@micmachealth.org
Merle Masters	Exercise Psychologist/Community Health		
Jill Amos	RN - Clinic Diabetes		
David Cyr	Behavioral Health		

Baltimore Urban, 106 West Clay Street, Baltimore, MD 21201, (410) 837-2258, FAX: (410) 837-2692

Lifeline Foundation Inc.			
Susan Roth	Program Director	410-837-2258	lifelines.cnap@verizon.net

Boston Urban, 105 South Huntington Avenue, Jamaica Plains, MA 02130, (617) 232-0343, FAX: (617) 566-9779

North American Indian Center			
Barbara Namais	Urban Program Director	617-323-0343	barbara.namais@ihsboston.org
JoAnne Dunn	NAICOB Center Director		joanne.dunn@ihsboston.org

Catawba Indian Nation, 3596 Passmore Drive, Catawba, SC 29704, (803) 366-4792, FAX: (803) 366-3398

Catawba Health Center			
Doniece Bagley	Health Director	803-366-4792	CINHC@aol.com
Tracy George	Finance Director	803-366-4792	CINHC@aol.com
Diane Carnes	IHS Director-Retrocede		Diane.Carnes@ihs.hhs.gov



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Name	Title	Telephone	Email

Cayuga Nation, P.O. Box 11, Versailles, NY 14168, (716) 532-4847, FAX: (716) 532-5417

Cayuga Health Office

Sharon LeRoy	Health Rep.	716-532-4847	sleroy1@adelphia.net
Tim Twoguns	Environmental Tech.	716-532-1109	T2gns@buffnet.net
Marty Wheeler	Cayuga Nation	716-532-4847	
Clint Halftown	Cayuga Nation	716-532-4847	cliintha@adlphia.net
Chester Isaac	Cayuga Nation	716-532-4847	
Steven Tome	Sanitarian, Seneca Tribe	716-945-5894	steven.tome@senecahealth.org
Patricia Canfield	Health Planner, Seneca Nation Health Department	716-945-5894	patricia.canfield@senecahealth.org

Chitimacha Tribe of Louisiana, 3231 Chitimacha Trail, Charenton, LA 70523, (337) 923-9955, FAX: (337) 923-7791

Chitimacha Health Center

Peggy Gaddy	Division Administrator	337-923-4973	pgaddy@chitimacha.gov
Madeline Phelps	Health Director	337-923-9955	Madeline@chitimacha.gov
Mildred Darden	Medical Services Coordinator	337-923-9955	
Pat Goutirez	CHN	337-923-9955	
Mary Thomas	Med. Records Coord.	337-923-9955	
Ryan Fitch	Pharmacist	337-923-9955	

Coushatta Tribe of Louisiana, Powell Road (P.O. Box 519), Elton, LA 70532, (337) 584-2208, FAX: (337) 584-1473

Coushatta Health Center

Margie Turner	Health Director	337-584-1439	margie@coushattatribelS.org
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Eastern Band of Cherokee Indians, P.O. Box 666, Cherokee, NC 28719, (828) 497-7460, FAX: (828) 497-7459

Cherokee Hospital

Arnold Wachacha	EBCI - CIHA	828-497-9163	Arnold.wachacha@mail.ihs.gov
Jody Adams	EBCI - HMD	828-497-7460	jodiadam@nc-che
Colleen Hayes	CIHA-Performance Improvement		colleenhayes@mail.ihs.gov
Lea Fourkiller	CIHACompliance/Contracting		
Rob Myers	CIHA-Acting Administrator		
Edwin "Tiny" Taylor	HMD-Fianace		
Pat Oocumma	CIHA-Human Resources		
Jim Mills	HMD-Health Liason		
Susan LeadingFox	HMD	828-497-7451	susalead@nc-cherokee.com
Bill Freeman	Health Board Rep-CIHA-Dietary		
Casey Cooper	Hospital Administrator	828-497-9163	casecoop@nc-cherokee.com

Cherokee - County Clinic

Cherokee - Snow Bird Clinic



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Houlton Band of Maliseet Indians, RR #3 Box 460, Houlton, ME 04730, (207) 532-2240, FAX: (207) 532-2402

Houlton Band of Maliseet Clinic

Susan Glick	Health Director	207-532-2240	sglick@maliseets.com
Anthony Tomah	Tribal Council Member	207-532-4273	
Simone Carter	RN, Nurse Educator	207-532-2240	scarter@nshbmi.nashville.ihs.gov
Brian Reynolds	Maliseet Indians		
Mary Tomah			
Stacy Tweedie			
Rose Ivey			
Don LeVasseur			

Jena Band of Choctaw Indians, 1849 Cowart Street (P.O. Box 14), Jena, LA 71342, (318) 992-2717, FAX: (318) 992-8244

Jena Band Choctaw Indians

Kelly Thompson	Health Director	318-992-2727	ktfjbc@yahoo.com
Christine Norris	Tribal Chief	318-992-2717	

Mashantucket Pequot Tribal Nation, 75 Route 2 P.O. Box 3060, Mashantucket, CT 06339, (860) 396-7558, FAX: (860) 396-2125

Mashantucket Pequot Tribal Health Program

Annette Menihan	THS Director	860-396-2123	amenihan@mptn-nsn.gov
Beth A. Thomas	Asst. THS Director	860-312-8029	bthomas@mptn-nsn.gov
George M. McMullen	Legislative Policy Analyst	860-396-2233	gcmcmullen@mptn-nsn.gov
Amarillys Rodriquez	Medical Director	860-312-8032	arodriquez@mptn-nsn.gov
Sandra Berardy	Clinical Administrator	860-312-8020	sberardy@mptn-nsn.gov

Miccosukee Service Unit, US41 Tamiami Trail, P.O. Box 440021, Miami, FL 33144, (305) 223-8380, FAX: (305) 894-2384

Miccosukee Health Clinic

Cassandra Osceola	Miccosukee Tribal Health Director	305-894-2387	cassandraosceola@aol.com
Denise Ward	Health Planner	305-894-2387	denise@nsmicc.nashville.ihs.gov
Florence Thomas	RDH	305-223-8380 x2258	florence@nsmicc.nashville.ihs.gov
Daniel Berger	DQ Physician	305-894-2387 x2236	danielberger@yahoo.com
Alejandro Jescas	Environmental Health Services	305-894-2387 x2234	yescas@nsmicc.nashville.ihs.gov
Alfred J. Phillips	Tribal Outreach Worker	305-223-8380 x2235	aphillip@nsmicc.nashville.ihs.gov
L. Alejandra Gonzalez	Miccosukee Human Services	305-223-8380 x2273	wellhth@aol.com

Mississippi Band of Choctaw Indians, 210 Hospital Circle, Philadelphia, MS 39350, (601) 656-2211, FAX: (601) 656-5091

Pearl River Hospital

James D. Wallace	Director Health Center	601-389-6240	wallaceenoch@hotmail.com
Dr. Joann Coates	Medical Director	601-389-6280	joanncoates@hotmail.com
Bobby Tubby	Computer Site Manager	601-389-6297	bgtubby@hotmail.com
Cynthia Clemons	Director Nursing	601-389-6208	
James C. Meredith	Engineer Consultant	615-364-6818	jcmeredith@comcast.net
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Betty Scarbrough	Case Manager		

Bogue Chitto - MS

Conehatta - MS



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Redwater - MS			
Mohegan Tribe Of Indians, 5 Crow Hill Road, Uncasville, CT 06382, (860) 862-6192, FAX: (860) 862-6189			
Mohegan			
Marilyn Malerba	DHHS Director	860-862-6192	lmalerba@moheganmail.com
Narragansett Indian Tribe, 4533 South County Trail Route 2, Charlestown, RI 02813, (401) 364-1268 Ext. 11, FAX: (401) 364-6427			
Narragansett Indian Health Center			
Eric Wilcox	Tribal Planner	401-364-1100 x 207	ewilcox@nitribe.org
Autumn Leaf Spears	DHHS	401-364-1265 x 11	aspears@narraind.nashville.ihhs.gov
John Brown	Narragansett Tribal Council	401-742-5048	brwnjbb123@aol.com
Rik Papagolos	RN	401-364-1270 x 18	rik@narraind.nashville.ihhs.gov
New York Urban, 708 Broadway Street 8th Floor, New York, NY 10003, (212) 598-0100, FAX: (212) 598-4909			
American Indian Community House			
Anthony Hunter	Health Director	212-598-0100	ahunter@aich.org
Oneida Indian Nation, 2 Territory Road, Oneida, NY 13421, (315) 363-4640, FAX: (315) 363-4709			
Oneida Nation Health Department			
Meg Parsons	Program Analyst	315-829-8213	mparsons@oneida-nation.org
Charmaine Frederick	Health Director	315-829-8712	cfrederick@oneida-nation.org
Nancy Ryder	Family Services Director	315-829-8760	nryder@oneida-nation.org
Seelon Newton	Medical Director	315-829-8720	snewton@oneida-nation.org
Michael Cook	GP&S Administrator	315-829-8211	mcooke@oneida-nation.org
Ken Deane	Government Programs Officer	315-829-8212	kdeane@oneida-nation.org
Jason Raymond	Facilities Field Specialist	315-829-8341	jraymond@oneida-nation.org
Steven Casanova	Nurse Manager	315-829-8722	scasanova@oneida-nation.org
Mike Murphy	Project Manager	315-361-7712	mike.murphy@oneenterprises.com
Passamaquoddy Tribe Indian Township, 1 Newell Drive Box 97, Princeton, ME 04668, (207) 796-2321, FAX: (207) 796-2422			
Indian Township Health Center			
Elizabeth Neptune	Health Director		lneptune@nspit.nashville.ihhs.gov
Don Payne	Assistant Director		dpayne@nspit.nashville.ihhs.gov
Passamaquoddy Tribe Pleasant Point, P.O. Box 351 - Route 190, Perry, ME 04667, (207) 853-0644, FAX: (207) 853-2347			
Pleasant Point Health Center			
Sandi Yarmal	Health Services Director	207-853-0711	sandi@nsppp.nashville.ihhs.gov
Kirk Altvater	Finance Director	207-853-0711	kirk@nsppp.nashville.ihhs.gov
Penobscot Indian Nation, 5 River Road, Old Town, ME 04468, (207) 827-6101, FAX: (207) 827-5022			
Penobscot Indian Nation Health Center			
Patricia Knox Nicolee	Director	207-817-7440	pknox@pnhd.nashville.ihhs.gov
Newell Lewey	MIS	207-817-7408	nlewey@pnhd.nashville.ihhs.gov



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Administrative Unit			
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Name	Title	Telephone	Email

Poarch Band Of Creek Indians, 5811 Jack Springs Road, Atmore, AL 36502, (251) 368-9136, FAX: (251) 368-3757

Poarch Band of Creek Health Center

Annette Hicks	Clinic Director	251-368-9136 x 2305	
Buford L. Rolin	Health Director	251-368-9136 x 2301	Tierney334@yahoo.com
Jaime McGhee	Business Office	251-368-9136 x 2317	
Jim Chiver	Facilities Engineer	251-368-9136 x 2631	

Seneca Nation of Indians, 987 RC Hoag Drive, P.O. Box 500, Salamanca, NY 14779, (716) 945-5894, FAX: (716) 945-5889

Lionel R. Johns Health Center (Allegany)

Steven Tome	Sanitarian	716-945-5894	steven.tome@senecahealth.org
Patricia Canfield	Health Planner	716-945-5894	patricia.canfield@senecahealth.org
Adrian V. Stevens	Health Director	706-945-5894	adrian.stevens@senecahealth.org
Luane Spruce	Seneca Nation Health Department	716-945-5894	
Rose Covert	Seneca Nation Health Department	716-945-5902	
David Silverheels	Facilities Manager	716-945-5894	
L. Sue Grey	Seneca Nation Health Department	716-945-5894	

Cattaraugus Health Clinic

Steven Tome	Sanitarian	716-945-5894	steven.tome@senecahealth.org
Patricia Canfield	Health Planner	716-945-5894	adrian.stevens@senecahealth.org
Virginia Cooper	HAS	716-532-5582	
David Silverheels	Facilities Manager	716-945-5894	

Buffalo Health Station

Steven Tome	Sanitarian	716-945-5894	steven.tome@senecahealth.org
Patricia Canfield	Health Planner	716-945-5894	patricia.canfield@senecahealth.org
Virginia Cooper	HAS	716-532-5582	
David Silverheels	Facilities Manager	716-945-5894	

Seminole Tribe of Florida, 3006 Josie Billie Avenue, Hollywood, FL 33024, (954) 962-2009, FAX: (954) 985-8456

Hollywood Health Clinic

Connie Whidden	Health Director		
Terry Sweat	Health Administrator	954-962-2009	tsweat@semtribe.com
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Glossary of Terms

The Master Planning process is an extensive multi-month process that employs its own terminology, one not always known to all document users or process participants. The terms below are defined in an attempt to give some help in understanding how these terms are generally used, verbally as well as within the deliverable documents.

Additional Services	Medical or Healthcare support services offered that are typically not provided for by IHS. These services are usually tribal and hold no IHS supported planning metrics or thresholds.
Alternative Care	Alternative rural or urban hospitals within 90 miles of a Primary Service Area. These are profiled in the first phase of the Master Planning process as part of the PSA deliverable.
Area	The IHS consists of 12 large geographic and/or tribally organized administrative units responsible for the planning and provision of healthcare within each of their Service Units.
CHS	Contract Health Services. Healthcare services that must be purchased from Non-IHS providers, based upon threshold issues or high acuity. These are generally facility and professional services of greater scope and intensity than are available through IHS facilities and providers.
CHSDA	Counties defined all or in part as the Contract Health Services Delivery Area. To receive CHS payment for needed services outside of the IHS delivery system, a Native American must reside within this area.
Crossover	(See also "Migration"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. <i>Negative or "Out" crossover/migrate:</i> service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. <i>Positive or "In" crossover/migrate:</i> where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
Deliverable	A specific planned report from The Innova Group given to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as on the web for PSA download and printing as needed.
Defining Characteristic	The recognized significant component of a discipline's ability to deliver care (e.g.: physician, radiology room).
Discipline	A specific medical specialty (e.g.: primary care, dentistry or radiology).
Existing Delivery System	A table of medical services presently offered by access distance.
HSP	Health Systems Planning process software. The computer application that manages the IHS tool for the planning, programming and design of health facilities.



- Historical Workload AnalysisThe past workload generated by a PSA's communities. This workload reflects an average number over a 3 year period by service line. It is not countable for CHS purposes when the payor is a third party. This measure is typically visits but varies by service.
- IHSThe Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
- JustificationUsed within the context of whether or not workload, criteria and market assessment "justify" the placement of resources or services at an identified location.
- Market AssessmentA part of the Delivery Plan report wherein a PSA's historical 3 year workload is compared to the United States National Average (USNA) workload understanding for an identical non-native population number, and the HSP understanding of expected workload for an identical native population number. The largest of these three is typically carried forward to the Delivery Plan as a planning assumption.
- Market ShareThe percentage of the user population from a specific community that is expected to be served at a facility for a specific discipline.
- Migration(See also "Crossover"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or "Out" crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or "In" crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- Patient Utilization RatesThe annual healthcare demand a single patient has for a discipline.
- Payor ProfileAn analysis of the payor mix for a Service Area, typically focusing on Medicare, Medicaid, Veterans and other third party payors that may or may not affect the Service Area's ability to raise third party billing thereby increasing revenue.
- Primary Care Service AreaA group of communities and its population for which, at a minimum, the primary care disciplines are being planned and resourced. Referred to as the PSA.
- RRM.....Resource Requirements Methodology: The IHS staffing methodology.
- Regionalization/Referral Partners.....The grouping of workload from different PSAs for the purpose of stretching resources and improving access. A region may be as simple as a referral pattern among facilities creating effective leverage to purchase commonly needed services, or it may be a facility where on site resources are justified and can be offered to one or more PSAs thereby stretching CHS dollars.



- RPMSRegistered Patient Management System: the IHS standard Patient record system that forms the data basis for the master planning process.
- Resource Allocation.....Analysis that follows the Delivery Planning phase. This focuses on the capacities exceeded by Delivery planning decisions, documenting shortfall and need. Resource deficiencies identified and documented include providers, rooms, staff, square feet, and CHS dollars.
- Service AreaThe communities and its population intended to be supported by a specific discipline’s resources.
- Service Delivery Plan.....Analysis that follows the Regional Analysis and Services Stratification Report. This plan is final component of a report that includes the historical workload and market assessment pieces as well. The Delivery Plan assigns a projected workload assumption to a specific delivery option for approximately 120 service lines. Options typically include one of the following: delivery on-site, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for consideration, referral to the Region for consideration, or referral to the Area for consideration.
- Service Access Distribution TemplateA table of medical services, either desired or planned, detailing services offered by access distance.
- Service Population.....The IHS understanding of the number of Native Americans living within a county which may or may not be users. Census based and projected into the future. Primarily used for growth projection and market opportunities.
- Service UnitAn administrative unit overseeing the delivery of healthcare to a specific geographic area. May consist of one or more facilities, Service Areas, or PSAs.
- Threshold.....The minimum workload and/or remoteness necessary to justify the provision of a specific discipline.
- Travel Distance.....The distance a User has to travel from his home to a facility to receive care.
- UserA Native American that has received or registered to receive healthcare in the past three years.
- User PopulationThe number of Active Indian Registrants in the healthcare system from a specified area.



Small Ambulatory Care Criteria

In order to provide consistent appropriate healthcare to remote Native American communities, the Indian Health Service relies on a number of standard tools to distribute resources based on a community's population and medical workload. The standard tools, the Resource Requirements Methodology (RRM) and the Health System Planning software (HSP) do not adequately address communities of less than 4,400 primary care provider visits (PCPVs). Typically this is a population of approximately 1320 Active Users.

The Small Ambulatory Care Criteria was developed as a means of understanding and planning for needs in such communities as mentioned above. Most maps in this Master Planning document utilize a population number threshold based upon the Small Ambulatory Care Criteria developed by IHS. The numbers relate directly to typical delivery systems ranging from a Small Health Clinic down to a Health Location. The table below identifies the significance of each number and what facility might be justified for consideration at such a level.

User Population	Facility	Staffing & Service Concept
900-1319	Small Health Clinic	A Physician utilized between 70 – 100%. Two Dentists or a Dentist and Hygienist at all times
588-900	Large Health Station	Minimal facility to allow One full time dentist work with a medical provider 3 days a week.
256-587	Medium Health Station	Minimal facility that allows dentist to work 4 days a week and medical provider 2.5 days/week. One full time Public Health Nurse and Contract Health Clerk.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days/week
0-137	Health Location	Minimal facility with visiting providers less than one day per week.

Note: Other criteria must be applied to justify consideration for a small ambulatory care facility. Standard planning scenarios would apply to populations greater than represented in the table above.

Small Ambulatory Care Application to Nashville Primary Service Areas

A table detailing application of the above criteria to Nashville Area PSAs is found on the following page. The Nashville Area contains a high percentage of populations and projected workload that is best considered under SAC to facilitate right-sizing of each plan. If the PSA was not suitable for SAC application the SAC Clinic Model Consideration is left blank. However, if the PSA was suitable for SAC application the SAC Clinic Model Consideration columns identify which specific model was utilized. A criteria completion section on the right hand side of the table shows the process forward for completion of SAC planning.



Small Ambulatory Care Application Criteria

Primary Service Area	Projected vs. Threshold			SAC Clinic Model Consideration					Criteria Completion			
	User Pop	HSP-PCPVs (Primary Key)	Dental Service Minutes	Small Health Clinic	Large Health Station	Medium Health Station	Small Health Station	Health Location	Coordinated w Area Office & neighboring tribes?	Complement to existing assets and delivery system?	Business Plan, sustainable asset within delivery system (doc. in Area Wide Health Services and Facilities Master Plan)?	SAC Justified as Planning Assumption
Threshold - PCPV		4,400		3,001	1,989	976	488	0				
Threshold - Dental Srv. Minutes			125,306	85,500	55,765	26,125	13,110	0				
Threshold - User Pop	1,320			901	588	276	138	25				
Big Cypress Health Clinic	1,069	4,424	101,555									
Brighton Health Clinic	1,397	5,670	132,715									
Hollywood Health Clinic	2,179	7,495	207,005									
Immokalee Health Station	468	1,553	44,460			Yes						
Miccosukee Health Clinic	1,405	6,359	133,475									
Seneca - Lionel R. Johns	2,239	8,018	212,705									
Seneca - Cattaraugus (w/ Cayuga)	4,211	14,510	400,045									
Seneca - Buffalo	679	2,340	64,505		Yes							
Tuscarora*	1,014	3,494	96,330	Yes								
Tonawanda*	560	1,930	53,200			Yes						
St. Regis Mohawk	5,334	19,112	506,730									
Oneida Nation Health Clinic	2,153	8,387	204,535									
Onondaga Nation Health Clinic*	2,260	7,787	214,700									
Cayuga Nation	343	1,182	32,585			Yes						
Alabama-Coushatta Tribe	1,018	3,138	91,607	Yes								
Bogue Chitto Health Center	1,545	3,909	146,775	Yes								
Catawba Health Center	1,592	5,982	151,240									
Cherokee County Health Clinic	511	2,128	48,545		Yes							
Cherokee Indian Hospital	9,659	39,096	1,042,720									
Chitimacha Health Center	539	2,059	59,090		Yes							
Conehatta Health Center	1,841	3,198	174,895	Yes								
Coushatta Health Center-LA	573	2,141	51,536		Yes							
Jena Band-Choctaw	138	476	13,110					Yes				
Choctaw Hospital	4,821	46,535	457,995									
Creek Indians-Poarch Band	2,548	8,765	233,976									
Red Water Health Center	1,421	3,264	134,995	Yes								
Snowbird Health Center	805	3,737	76,475	Yes								
Tunica-Biloxi Health Program	368	1,121	33,915			Yes						
Micmac Health Center-Presque Isle	492	1,641	46,265			Yes						
Micmac Health Clinic-Littleton	12	42	0					Yes				
Houlton Band of Maliseet Clinic	521	3,462	49,495	Yes								
Passamaquoddy-Pleasant Point	1,216	5,354	115,520									
Passamaquoddy-Indian Township	1,055	7,947	142,975									
Penobscot Health Center	1,589	5,518	258,155									
Gay Head Wampanoag Clinic	366	1,215	33,074			Yes						
Mohegan Health Center	1,464	3,595	102,695	Yes								
Mashantucket Pequot Health Clinic	1,291	3,218	114,183	Yes								
Narragansett Health Center	1,043	4,351	96,710	Yes								

Note: Identification for Consideration in this table is a starting point for SAC application. For application decision please consult the actual PSA Plan.

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