



Introduction



Introduction

Background

The Bemidji Area Health Service provides access to healthcare to over 90,000 American Indians and Alaska Natives (AI/AN) residing in Minnesota, Wisconsin, Michigan, Illinois, and Indiana. Sponsored by the Bemidji Area Indian Health Services, a Bemidji Area Health Services Master Plan was requested to update the health service and health facility needs of the Bemidji Area.

The Master Plan includes participation from 47 Primary Care Service Areas (PSAs). The provision of health services in the Bemidji Area is accomplished through Indian Health Service-administered and tribally-administered operating units. There are two IHS-operated short-stay hospitals, two health centers, and five health stations/locations. Area tribes operate, under Public Law 93-638 contracts, 13 health centers, and 33 health stations/locations in the Area. In addition, there are five urban Indian Health programs operating under the authority of Title V of the Indian Health Care Improvement Act. Referral services are also available through Contract Health Service (CHS) funding.

The planning activities proposed by this scope of work are intended to analyze, justify, and design a comprehensive Bemidji Area Health Services Master Plan. The effort is based on service area populations, locations (accessibility), travel distances, workload threshold, provider capacities, space capacities, resource deficiencies, and related data.

Purpose

The purpose of this project is to develop a Health Services Master Plan to address the short and long-term healthcare requirements for each PSA within the Bemidji Area, and for the Bemidji Area as a whole. The Master Plan will establish the primary care and specialty care needs, referral patterns, and resource distribution throughout the Bemidji Area; and it will compare the future resources necessary to the existing resource distribution within the Area.

Development Strategy

Each PSA established a planning workgroup to identify and facilitate the needs for their respective healthcare facilities and service areas. An area-wide planning workgroup was established to facilitate the needs of the Bemidji Area as a whole. Based on guidance from this workgroup throughout the process outlined below, the Bemidji Area developed a Master Plan to address the health services and health facilities needs for the Area.

The contractor and the IHS project officer were responsible for arranging and coordinating all review meetings required for each phase.



Participants

Bemidji Area Service Units and Primary Care Service Areas (PSA) included in this master plan project are:

<u>Tribe</u>	<u>Primary Care Service Area</u>
Bad River Band	Bad River Health Services
Bay Mills Indian Community	Bay Mills Health Center
Bois Forte/Nett Lake Band	Bois Forte Health Services
Fond du Lac Band	Min No Aya Win Human Service Center Center for American Indian Resources (CAIR)
Forest County Potawatomi	Forest County Potawatomi Community Health Center
Grand Portage Band	Grand Portage Health Services
Grand Traverse Band	Grand Traverse Band Medicine Lodge
Gunn Lake Tribe	Match-E-Be-Nash-She-Wish Tribal Health Clinic
Hannahville Indian Community	Hannahville Health Center
Ho-Chunk Nation	Ho-Chunk Health Center Ho-Chunk House of Wellness
Huron Potawatomi Band	Huron Potawatomi - Nottawaseppi Health Clinic
Keweenaw Bay Indian Community	Donald A. LaPointe Health Center
Lac Courte Oreilles Band	Lac Courte Oreilles Community Health Center
Lac du Flambeau Band	Peter Christensen Health Center
Lac Vieux Desert Band	Lac Vieux Desert Health Center
Leech Lake Tribe (Cass Lake)	Leech Lake PHS Indian Hospital
Little River Band of Ottawa Indians	Little River Band Tribal Health Clinic
Little Traverse Bay Bands	Mskiki Gumic Health Clinic
Lower Sioux Indian Community	Lower Sioux Indian Community
Menominee Indian Tribe	Menominee Tribal Clinic
Mille Lacs Band of Ojibwe	Mille Lacs Ne-la-Shing Clinic (Aazhoomog & East Lake)
Oneida Indian Tribe	Oneida Community Health Center
Pokagon Band of Potawatomi	Pokagon Potawatomi Health Clinic
Prairie Island Indian Community	Prairie Island Indian Community
Red Cliff Band	Red Cliff Community Health Center
Red Lake Band	Red Lake Hospital & Healthcare Facility Ponemah Health Center
Saginaw Chippewa Tribe of MI	Nimkee Memorial Wellness Center
Sault Ste. Marie Tribe of MI	Mish Keke Gamig Health Center St. Ignace - Lambert Health Clinic Kinross Community Care Clinic Manistique Health Center Munising – Wetmore Health Center
Shakopee Mdewakanton Sioux	Shakopee Dakota Clinic
Sokaogon Chippewa	Sokaogon Chippewa Health Clinic
St. Croix Tribal	St. Croix Tribal Clinic
Stockbridge-Munsee Mohican	Stockbridge-Munsee Tribal Health Center
Upper Sioux Indian Community	Upper Sioux Community Health Services
White Earth Tribe	White Earth Health Center Naytahwaush Clinic
<u>Urban Programs</u>	<u>Primary Care Service Area</u>
Chicago	American Indian Health Service - Chicago
Detroit	American Indian Health & Family Services of SE MI
Green Bay	United Amerindian Center, Inc.
Milwaukee	Gerald L. Ignace Health Center
Minneapolis	Indian Health Board of Minneapolis



Primary Care Service Area Master Plans

The PSA Master Plan provides a comprehensive definition of services for each health delivery program. The list of services includes currently provided services to be continued and expanded where appropriate, along with any new services to be provided. Where appropriate, the Master Plan defines how services provided at each facility may relate to a larger service network that may encompass other facilities in their respective states.

It is intended that the Master Plan for each facility establish a conceptual direction for existing and new healthcare services based on analysis of the community health needs, projected service area population statistics, and other pertinent data. The IHS Health Systems Planning (HSP) standards were used as part of the analysis. Where necessary, "out-of-template" programs proposed for a PSA were examined and documented accordingly.

The Master Plan also includes a prioritized ten-year Development Plan for each PSA. The Development Plan includes a prioritized list of recommendations based on analysis of needs, projections, and other pertinent data. The Master Plan does not include projected costs and potential funding sources.

The Master Plans do not include facility design activities.

Area Master Plan

The Area Master Plan is an assimilation of all service unit Master Plans into one document. It includes summary documentation of Services, CHS Dollars, Staff and Space. Area-wide priorities as established by the workgroup are also outlined as well as explained in a dedicated section.

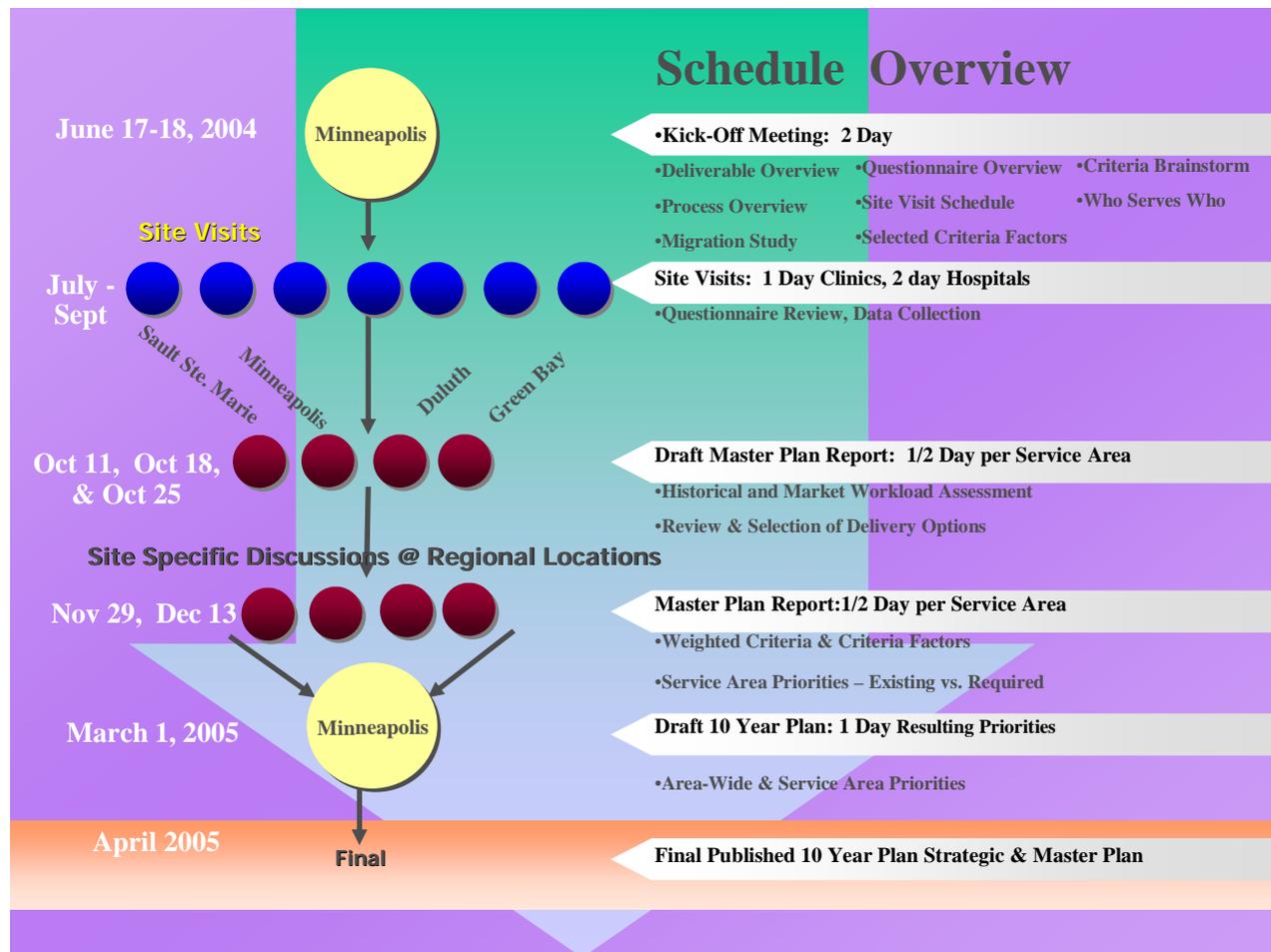


Process

This report represents the sixth step in a six-step creation of a Ten-Year Master Plan for the Bemidji Area. It 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 steps in the planning process already completed are identified in the brief review below:

- Step One: Kickoff Meeting in Minneapolis on June 17-18, 2004.
- Step Two: site visits for each of the Primary Service Areas (PSA) in July-September 2004.
- Step Three: population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population, forecasting the key characteristics required for each service. From this documentation, a PSA/consultant team worked with each site in October 2004 to draft a Service Delivery Plan.
- Step Four: reviewed Resource Allocation needs required to support the delivery plan as well as resource needs prioritization in November and December 2004.
- Step Five: Pre-Final Meeting (Strategic & Master Plan Review) in Minneapolis, March 1, 2005.
- Step Six: final published (April 2005)

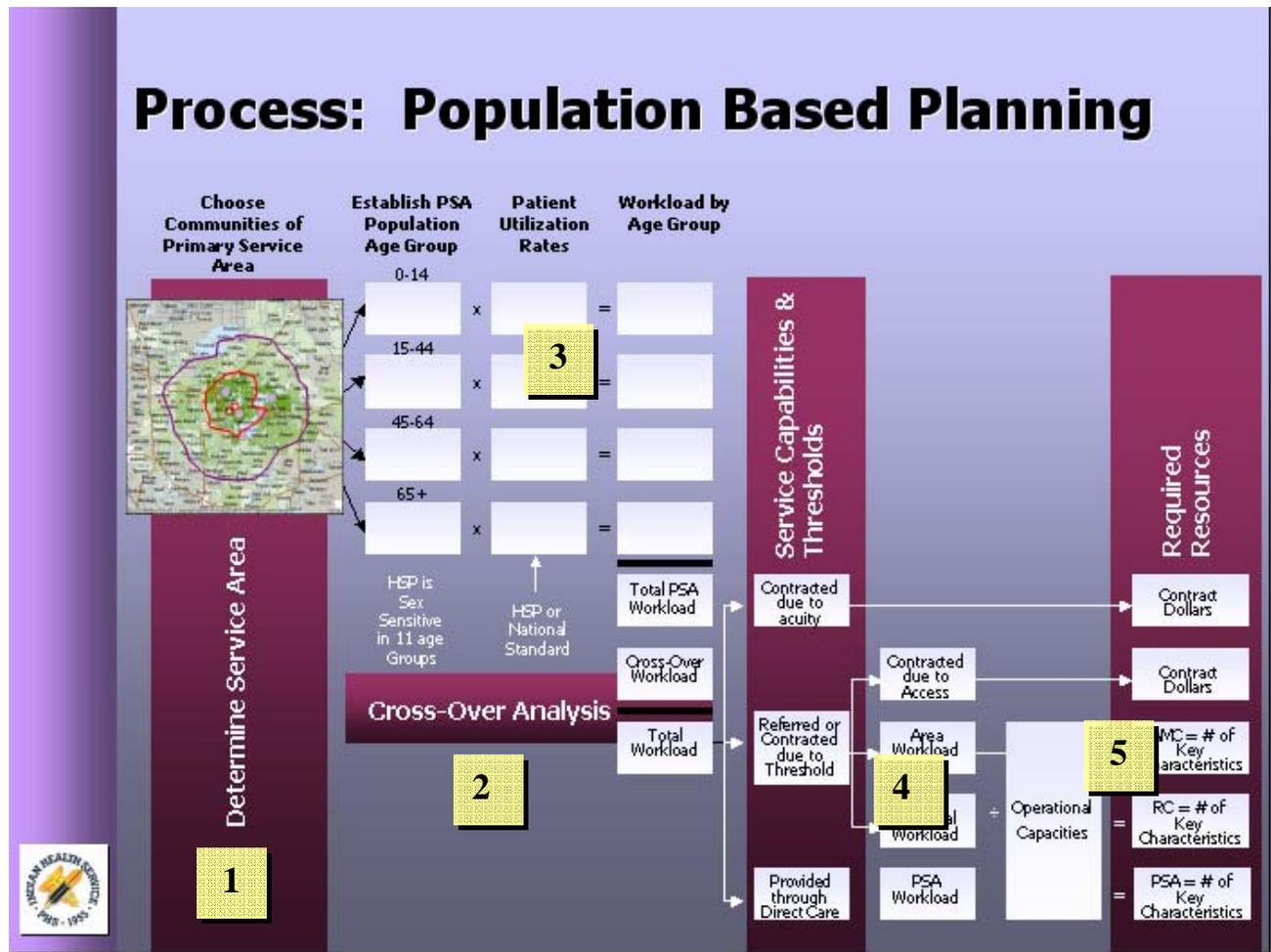




Methodology

Healthcare is a population-based enterprise. The goal of this exercise is to allow the Area planning teams and the PSA workgroups to view the complexity of the healthcare 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, allows us in the end to define a Delivery Plan for each Service. That Delivery Plan mandates the Required Resources. Required Resources as indicated below can include CHS Dollars, Key Characteristics, as well as Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan. The process envisioned for each product line is indicated below. The key decisions in this process are as follows:

1. Determine Service Area
2. Crossover Analysis
3. Project Workload
4. Regional Area Determination
5. Apply Operational Capacities





Wrap-Up

The Master Plan presented on the following pages starts at the community level and increases to a greater geographic area. 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, Service Areas and the Urban Program to guide their own resource allocation, identifying needs as well as establishing local priorities. It also provides the Master Plan Workgroup with a ranking system which depoliticizes the prioritization of community needs.

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 and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office		Clinic/PSA/Office Address	
Name	Title	Telephone	Email
Indian Health Services			
Bemidji Area Office			
Victor Mosser		218-444-0505	victor.mosser@mail.ih.gov
Louis Erdrich	OEH & E Bemidji	218-444-0507	louis.erdrich@mail.ih.gov
Nina McFadden	Self-Determination Director	218-444-0472	nina.mcfadden@ih.gov
Charlene Red Thunder	Executive Officer	218-444-0453	charlene.red-thunder@ih.gov
Bad River Band, P.O. Box 39, Odanah, WI 54861, (715) 682-7137, FAX (715) 685-2601			
Bad River Health Services			
Mary Bigboy	Health Director	715-682-7137	mbigboy@badriver.com
Bay Mills Indian Community, 12124 West Lakeshore Drive, Brimley, MI 49715 (906) 248-5527, FAX (906) 248-5765			
Bay Mills Health Center			
Walt Parish	POC; Clinic Coordinator	906-248-5527	wparish@bmic.net , dash@bmic.net
Laurel Keenan	Tribal Health Director	906-248-3204	lkeenan@bmic.net
Bois Forte/Nett Lake Band, 13071 Nett Lake Rd., Nett Lake, MN 55771, (218) 757-3295, FAX (218) 757-0222			
Bois Forte Health Services			
Jeneal Goggleeye	Health Director	218-757-3295	Terim@rangenet.com
Cathy Chavers	CHS Supervisor	218-757-3295	chariu@rangenet.com
Fond du Lac Band			
Min No Aya Win Human Service Center, 927 Trettel Lane, Cloquet, MN 55720, (218) 879-1227, FAX (218) 879-8378			
Chuck Walt	POC; Associate Director	218-878-2101	chuckwalt@fdlrez.com
Phil Norrgard	Tribal Health Director	218-879-1227	philnorrgard@fdlrez.com
Center for American Indian Resources (CAIR), 211 West 4th Street, Duluth, MN 55806, (218) 726-1370, FAX (218) 726-0501			
Forest County Potawatomi, P.O. Box 86, W 12808 CO HWY A, Bowler, WI 54416-0086, (715) 478-4300, FAX (715) 478-7316			
Forest County Potawatomi Community Health Center			
Linda Helmick	Health Administrator	715-478-4309	lindah@fcpotawatomi.com
Eugene Shawano Jr.	Tribal Administrator	715-478-7281	eugenes@fcpotawatomi.com
Grand Portage Band of Chippewa, P.O. Box 428, Grand Portage, MN 55605, (218) 475-2235, FAX (218) 475-2261			
Grand Portage Health Services			
Grace Bushard	Tribal Health Director	218-475-2235	graceb@grandportage.com
Grand Traverse Band of Ottawa & Chippewa Indians, 2605 N. West Bayshore Drive, Peshawbestown, MI 49682, (231) 271-7499, FAX (231) 271-7112			
Grand Traverse Band Medicine Lodge			
Linda DePetro	Tribal Manager	231-271-7499	ldepetro@gtbindians.com
Vincent F. Tookenay, MD	Medical Director / Health Administrator	231-271-7477	vtookenay@gtbindians.com



Points of Contact

The table below lists the points of contact and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Gunn Lake Tribe, 1743 142nd Ave., Suite 8, P.O. Box 306, Dorr, MI 49323, (616) 681-0360, FAX (616) 681-0380			
Match-E-Be-Nash-She-Wish Tribal Health Clinic			
Phyllis Davis	Health & Human Services Director	616-681-0360	padavis@mbpi.org
Hannahville Indian Community, N15019 Hannahville B-1 Road, Wilson, MI 49896-9728,			
Hannahville Health Center			
Susie Meshigaud	Health Director	906-466-2782	smeshigaud@hannahville.org
Ho-Chunk Nation Health Department, P.O. Box 636, Black River Falls, WI 54615,			
Ho-Chunk Health Center			
Hattie Walker	Health Director	715-284-7548	hwalker@ho-chunk.com
Carol Rollins			crollins@ho-chunk.com
House of Wellness, Ho-Chunk Indian Village, Baraboo, WI			
Hattie Walker	Health Director	715-284-7548	hwalker@ho-chunk.com
Huron Potawatomi Inc., 2775 W. Dickman Rd., Suite K, Springfield, MI 49015 (269) 966-1101, FAX (269) 966-1113			
Huron Potawatomi - Nottawaseppi Health Clinic, Wyoming, MI			
Mark Smit		269-966-1101	mark@nhbp.org
Keweenaw Bay Indian Community, 102 Superior Ave., Baraga, MI 49908, (906) 353-8666, FAX (906) 353-8799			
Donald A. LaPionte Health Center			
Ruth Bussey	Health Director	906-353-8666 ext. 4553	tribalhealth@hotmail.com
Denise LaPointe	Administrative Assistant		
Lac Courte Oreilles Band, 13380 W. Trepania Rd., Hayward, WI 54843, (715) 634-4795, FAX (715) 634-6107			
Lac Courte Oreilles Community Health Center			
Don Smith	Health Director	715-634-4795	grindcreek@hotmail.com
Lac du Flambeau Band, 450 Old Abe Rd., Lac du Flambeau, WI 54538, (715) 588-3371			
Peter Christensen Health Center			
Randy Samuelson		715-588-9812	ransamuelson@hotmail.com
Lac Vieux Desert Band, P.O. Box 249, E-23560 Choate Rd., Watersmeet, MI 49969-0249, (906) 358-4588, FAX (926) 358-4208			
Lac Vieux Desert Health Center			
Terry Fox	Health Director	906-358-4588	terry.fox@lvdtribal.com



Points of Contact

The table below lists the points of contact and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Leech Lake Tribal (Cass Lake)			
Leech Lake Tribal Health Division, 6530 Hwy. 2 NW, 118 2nd Street NW, Cass Lake, MN 56633, (218) 335-4504, FAX (218) 335-8219			
Dorothy Cyr	Tribal POC; Health Director Assistant	218-335-4504	dcyr@llobjwehealth.com
Penny BeVault-Butcher	Tribal Health Director	218-335-2745	pbutcher@llobjwehealth.com
Rudy Trevino, MD	Tribal POC; Health Director	218-335-4534	rtrevino@llobjwayhealth.com
Rose Robinson	Human Services Director	218-335-4432	rose.robinson@llobjwehealth.com
Leech Lake PHS Indian Hospital, 425 7th Street NW, Cass Lake, MN 56633 (218) 335-XXXX, FAX (218) 335-3300			
Jenny Jenkins	CEO	218-335-3205	jenny.jenkins@mail.ihs.gov
Diane Pittman, MD	Medical Director	218-335-3270	diane.pittman@ihs.gov
Donald Sherman	Facilities Manager	218-335-3262	donald.sherman@ihs.gov
Teresa Chasteen	Director of Health Information	218-335-3269	teresa.chasteen@ihs.gov
Little River Band of Ottawa Indians, 310 Ninth Steet, Manistee, MI 49660-0314, (231) 398-6619, FAX (231) 398-2968			
Little River Band Tribal Health Clinic			
Brian Gibson	POC; Director, Tribal Maintenance	888-723-8288 ext. 6837	bgibson@lrboi.com
Mick Moore	Facility Director	231-723-8288	mmmoore@lrboi.com
Jessica L. Burger, RN	Director of Health Services	231-723-6619	jburger@lrboi.com
Janice Grant	Clinic & Community Health Supervisor	231-398-6624	jgrant@lrboi.com
Gina Wright	CHS Supervisor	231-398-6620	gwright@lrboi.com
Little Traverse Bay Bands of Odawa Indians, 7500 Odawa Circle, Harbor Springs, MI 49740 (231) 242-1406, FAX (231) 242-1412			
Mskiki Gumic Health Clinic, 3434 M-119, Suite C, Harbor Springs, MI 49740 (231) 242-1700, FAX (231) 242-1717			
Frank Ettawageshik	Tribal Chairman	231-723-1406	fettwageshick@ltbbodawa.org
Marcella Reyes	POC; Medical Assistant	231-242-1706	mreyes@ltbbodawa0nsn.gov
Sharon Sierzputowski	Tribal Health Director	231-242-1612	ssierzputowski@ltbbodawa-nsn.gov
Dr. Samuels	Medical Director	231-242-1700	
Lower Sioux Indian Community, P.O. Box 308, Morton, MN 56270, (507) 697-6185, FAX (507) 637-4380			
Lower Sioux Indian Community			
Teri Schemmel	Health Director	507-697-6185	tschemmel@hotmail.com
Menominee Indian Tribe, P.O. Box 970, Keshena, WI 54135 (715) 799-5482, FAX (715) 799-3099			
Menominee Tribal Clinic			
Jerry Waukau	Health Administrator	715-799-5482	jerryw@mtclinic.net
Dave Waupuse		715-799-5482	davidw@mtclinic.net
Mille Lacs Band of Ojibwe Indians, 43500 Migizi Dr., Onamia, MN 56359, (320) 532-4163, FAX (320) 532-4354			
Mille Lacs Ne-Ia-Shing Clinic, Aazhoomog Clinic, & East Lake Clinic			
Jim Pete	Health Director	320-532-4163 ext. 2505	guyaushk@aol.com
Sam Moose	Health Commissioner		



Points of Contact

The table below lists the points of contact and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office		Clinic/PSA/Office Address	
Name	Title	Telephone	Email
Oneida Indian Tribe, P.O. Box 365, Oneida, WI 54155-0365, (920) 869-4806, FAX (920) 869-1780			
Oneida Community Health Center			
Deanna Bauman	Health Director	920-869-4806	dbauman@oneidanation.org
Judi Skenandore			jskenan2@oneidanation.org
Pokagon Band of Potawatomi Indians, 57392 M-51 South, Dowagiac, MI 49047 (269) 782-4141, FAX (269) 782-8797			
Pokagon Potawatomi Health Clinic			
Christine Daugherty	Health Director	269-782-4141 ext. 31	christine.daugherty@pokagon.com
Prairie Island Indian Community, 1158 Island Boulevard, Welch, MN 55089, (651) 385-4113, FAX (651) 385-4151			
Prairie Island Indian Community			
Terri Buck	Acting Health Director	651-385-4113	tbuck@piic.org
Red Cliff Band, 88455 Pike Rd., P.O. Box 529, Bayfield, WI 54814, (715) 779-3707, FAX (715) 779-3777			
Red Cliff Community Health Center			
Patricia Deragon-Navarro	Health Director	715-779-3707 ext. 225	pdragon@redcliff-nsn.gov
Richard Reese	Environmental Health Specialist	715-779-3707 ext. 236	dreese@cheqnet.net
Red Lake Band of Chippewa Indians			
Red Lake Comprehensive Health Services, P.O. Box 249, Red Lake, MN 56671			
Oran Beaulieu	Tribal POC; Tribal Health Director	218-679-3316	rchs@paulbunyan.net
Red Lake Hospital & Healthcare Facility, P.O. Box 497, Red Lake, MN 56671, (218) 679-3912, FAX (218) 679-0181			
Nora Thunder	Hospital POC; Acting CEO	218-679-3912	Nora.Thunder@ihs.gov
Ponemah Tribal Health Center			
Saginaw Chippewa Indian Tribe of Michigan, 2591 S. Leaton Rd., Mt. Pleasant, MI 48858,			
Nimkee Memorial Wellness Center			
Gail George	Health Director	989-775-4600	klambert@sagchip.org
Barry L. Skutt, Jr.	POC; Interim Assistant Health Administrator	989-775-4674	bskutt@sagchip.org
Margaret Steslicki, RN	Medical Clinic Director	989-775-4680	msteslicki@sagchip.org
Walt Kennedy	CH/PH Director		



Points of Contact

The table below lists the points of contact and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit				
Clinic/PSA/Office		Clinic/PSA/Office Address		
Name	Title	Telephone	Email	
Sault Ste Marie Tribe of Chippewa Indians of Michigan				
Mish KeKe Gamig Health Center, 2864 Ashmun Street, Sault Ste. Marie, MI 49783, (906) 632-5200, FAX (906) 632-5276				
Joel Lumsden	Operations Manager	906-632-0611	jlumsden@saulttribe.net	
Tony Abramson	Clinic Manager	609-632-5282	tabramson@saulttribe.net	
Mary Beth Skupien	Tribal Health Director	906-632-5257	mbskupien@saulttribe.net	
St. Ignace - Lambert Health Clinic, 225 Wa She Drive, St. Ignace, MI 49781, (906) 643-8689, FAX (906) 643-6716				
Michael (Chico) Belonga	Facility Program Manager	906-643-8689	ssmichael@saulttribe.net	
Kinross Community Care Clinic, 302 Watertower Dr., Kincheloe, MI 49788, (906) 495-5745, FAX (906) 495-5940				
Manistique Health Center, 5698 West U.S. Highway 2, Manistique, MI 49854 (906) 341-8469, FAX (906) 341-4489				
Munising-Wetmore Health Center, P.O. Box 229, M-28 East, Wetmore, MI 49895 (906) 387-4614, FAX (906) 387-4727				
Shakopee Mdewakanton Sioux Community, 2330 Sioux Trail NW, Prior Lake, MN 55372 (952) 496-6151, FAX (952) 233-4224				
Shakopee Dakota Clinic				
Melanie Dunlap	Health Director	952-496-6152	health@shakopeedakota.org	
Lisa Garner	Wellness Coordinator	952-496-6125	wellcoor@shakopeedakota.org	
Bill Rudnicki	Tribal Administrator	952-496-6145		
Carol Merchen	Contract health Specialist	952-496-6155		
Sokagon Chippewa Community, 3163 State Hwy. 55, Crandon, WI 54520-0616, (715) 478-5180, FAX (715) 478-5904				
Sokagon Chippewa Health Clinic				
Tammy Retzlaff	Health Director	715-478-5180	tammyretzlaff@hotmail.com	
St. Croix Tribal Health Department, P.O. Box 45287, Hertel, WI 54845, (715) 349-8554, FAX (715) 349-8529				
St. Croix Tribal Clinic				
Roxanne Ennis	Health Information Manager	715-349-8554 ext. 166	roxannee@stcroixtribalcenter.com	
John Seppanen	Health Director	715-349-8554		
Stockbridge-Munsee Mohican, P.O. Box 86, W12808 Co. Hwy. A, Bowler, WI 54416-0086				
Stockbridge-Munsee Tribal Health Center				
Maurice Ninham	Health Director			
Rebecca Onesti	Assistant Health Director	715-793-4144	health.assistant.director@mohican.com	
Upper Sioux Community Health Services, P.O. Box 147, Granite Falls, MN 56241, (320) 564-2360, FAX (320) 564-2550				
Upper Sioux Community Health Services				
Patricia Blue	Family Health Director	320-564-2360	pat@upperSiouxcommunity-nsn.gov	
Audrey Fuller	Planner	612-309-5708	audreyfuller@earthlink.net	
White Earth Tribe, 25519 State Highway 224, Ogema, MN 56569, (218) 983-6318, FAX (218) 983-6217				
White Earth Health Center				
Todd Scofield	POC; Facility Engineer	218-983-6317	todd.scofield@mail.ih.gov	
Jon McArthur	CEO	218-983-4300	jon.mcarthur@mail.ih.gov	
Jo Ellen Anywaush	Tribal Health Administrator	218-983-3285	joellena@whiteearth.com	
Rosemary McGuire	CQI	218-983-6212	rosemary.mcquire@ih.gov	
Naytahwaush Clinic				



Points of Contact

The table below lists the points of contact and participants for each of the 47 Primary Service Areas and 5 Urban Programs involved in the development of the Bemidji Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Chicago Urban, 4081 N. Broadway, Chicago, IL 60613, (773) 883-9100, FAX (773) 883-0005			
American Indian Health Service-Chicago			
Kennith Scott	Executive Director	773-883-9100	scottaihsc@aol.com
Detroit Urban, P.O. Box 810, Dearborn, MI 48121			
American Indian Health & Family Services of SE MI (AIHFS), 4880 Lawndale, Detroit, MI 48120, (313) 846-3718, FAX (313) 846-0150			
Samantha Reynolds	Fiscal Officer	313-846-3718	aihfs_soster@sbcglobal.net
Maria Lucy Harrison	POC; Executive Director	313-846-3718	aihfs_mharrison@sbcglobal.net
Gail Yeager	Facilities		
Green Bay Urban, P.O. Box 2248, Green Bay, WI 54306-2248, (920) 436-6630, FAX (920) 433-0121			
United Amerindian Center, INC.			
David Webster	Executive Director	920-436-6630 ext. 104	uac@netnet.net or dwebster19@iuno.com
Milwaukee Urban, 1711 S. 11th St., Milwaukee, WI 53204-0065			
Gerald L. Ignace Health Center			
Jone Stromberg	Executive Director	414-383-9526	todd.scofield@mail.ihs.gov
Minneapolis Urban, 1315 E. 24th St., Minneapolis, MN 55404, (612) 721-9881, FAX (612) 721-7870			
Indian Health Board of Minneapolis			
Dr. Terry Hart	Health Director	612-721-9881	thart@ihb-mpls.org
Patrick Rock	Medical Director	612-721-9856	prock@ihb-mpls.org
Robert Two Bears	Facilities Director	612-721-9813	rtwobears@ihb-mpls.org
Phyllis Johnson	Business Office	612-721-9868	pjohnson@ihb-mpls.org
Michael Harris	Mental Health Director	612-721-9837	mharris@ihb-mpls.org
Hattie Thorn-Black	Dental Director	612-721-9825	hthornblack@ihb-mpls.org
Other			
Great Lakes Inter-Tribal Council, P.O. Box 9, 2932 Hwy. 47 N, Lac du Flambeau, WI 54538			
Glen Safford	Deputy Director	715-588-3324	safford@glitc.org
Inter-Tribal Council of Michigan, Inc., 2956 Ashmun St., Sault Ste. Marie, MI 49783			
Rick Haverkate	Health Services Director	906-632-6896	rckh@itcmi.org



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. *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.
- Deliverable A specific planned report from The Innova Group provided to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as placed 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 Analysis..... The 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.
- IHS The 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.
- Justification Used within the context of whether or not workload, criteria and market assessment "justify" the placement of resources or services at an identified location.
- Market Assessment..... A 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 Share..... The 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 PSA community of residence 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 Rates..... On average, the annual healthcare demand a single patient has for a discipline.
- Payor Profile..... An 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 Area A 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.
- RPMS Registered Patient Management System: the IHS standard Patient record system that forms the data foundation 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 Area..... The 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 the 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 by Direct Care internal staff, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for care, referral to the Region for care, or referral to the Area for care.
- Service Access Distribution Template A 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. It is census based and then projected into the future. Primarily used for growth projection and market opportunities.
- Service Unit..... An 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 must travel from his home to a facility to receive care.
- User..... A Native American that has received or registered to receive healthcare within the past three years.
- User Population..... The 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 that experience fewer than 4,400 annual primary care provider visits (PCPVs). Typically the break point is a population of approximately 1,320 Active Users.

The Small Ambulatory Care (SAC) 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 SAC 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.

Several situations have been identified that would require differing space or staff allocations. See the SAC Criteria document under "Derivatives" for a complete listing.

User Population	Facility	Staffing & Service Concept
900-1,319	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 and 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 a week.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days a 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.