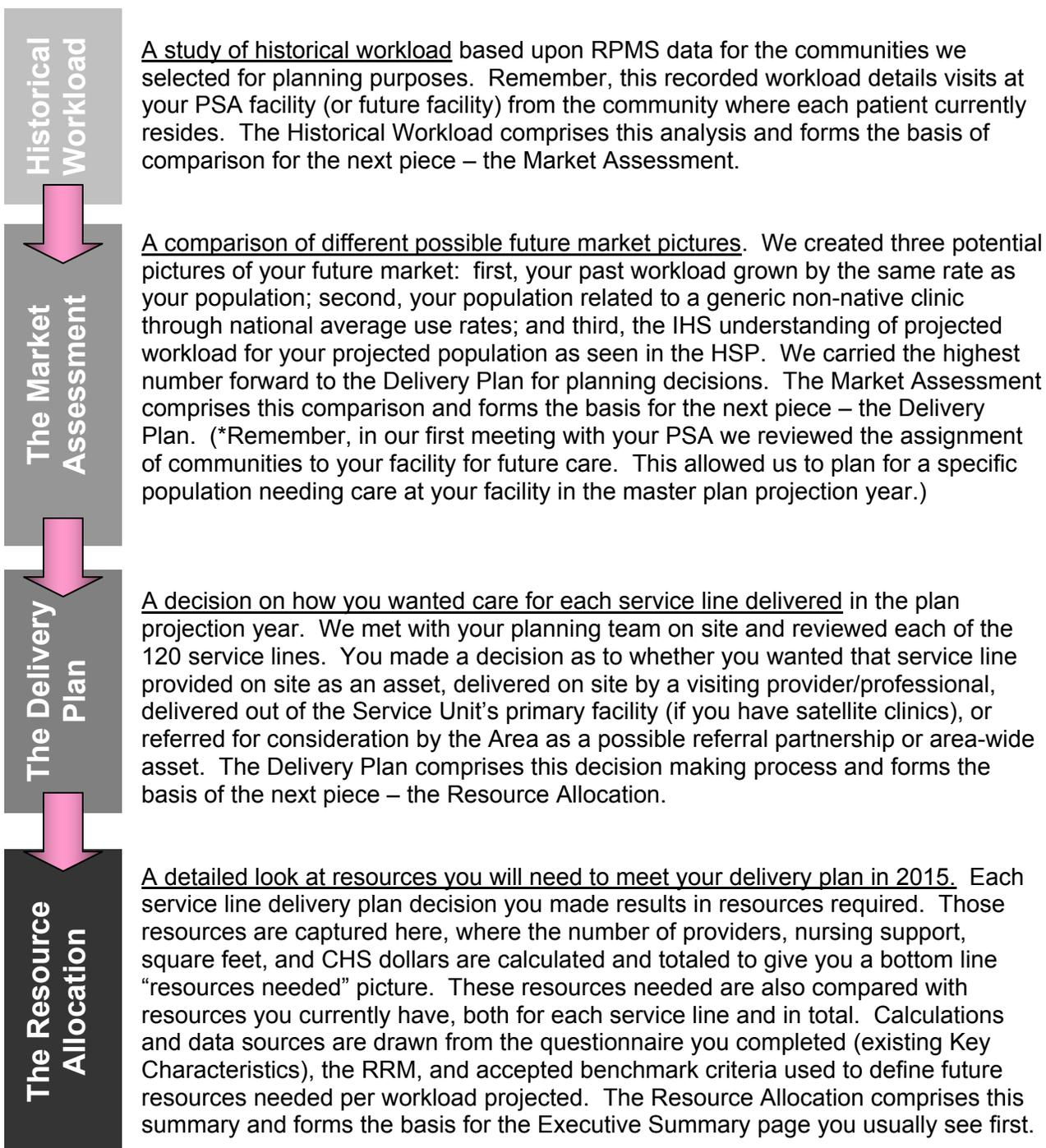




## How to Read Your Primary Service Area Document

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:





## A Guide to the Historical Workloads Page

**Sample Portion of a  
Typical Historical  
Workload Page**

### Historical Workloads

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

Discipline	Direct or Tribal Health Care				Contract Health Care				
	1999	2000	2001	Average	1999	2000	2001	Average	% Contract Care
	Provider Visits Only				Provider Visits Only				
<b>Primary Care</b>									
Family Practice	21,241	23,281	22,713	22,412	0	0	3	1	0.0%
Internal Medicine	1	0	1	1	0	0	0	0	0.0%
Pediatric	1,540	1,541	1,552	1,544	0	0	0	0	0.0%
Ob/Gyn	1,718	1,245	1,112	1,358	27	29	16	24	1.7%
<b>Emergency Care</b>									
Emergency/Urgent	20	16	19	18	0	0	0	0	0.0%
ER/Non-urgent	2	0	1	1	0	0	0	0	0.0%
<b>Specialty Care</b>									
Orthopedics	120	184	53	119	306	315	280	300	71.6%
Ophthalmology	1	0	0	0	200	163	138	167	99.8%
Dermatology	81	59	55	65	8	8	6	7	10.1%
General Surgery	7	0	2	3	463	537	501	500	99.4%
Otolaryngology	6	8	10	8	353	343	357	351	97.8%
Cardiology	0	2	2	1	80	84	81	82	98.4%
Urology	1	0	0	0	0	0	0	0	0.0%
Neurology	149	126	128	134	95	74	55	75	35.7%
Nephrology	212	192	164	189	27	25	20	24	11.3%

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 yellow 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 yellow 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

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	2001			2012			2012 Planning Assumption		
HSP User Pop. - PSA	4,528			5,243					
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		
<b>Primary care</b>									
Family Practice	22,413	4,826		25,952	5,588		5,588	5,588	0
Internal Medicine	1	1,654		1	1,914		1,914	1,914	0
Pediatric	1,544	2,850		1,788	3,302		3,302	3,302	0
Ob/Gyn	1,382	1,805		1,601	2,089		2,089	2,089	0
Primary Care Sub-Tot.	25,340	11,135	15,062	29,341	12,893	17,445	29,341	29,341	0
<b>Emergency Care</b>									
Emergency/Urgent	18	1,926		21	2,201		2,201	2,201	0
ER/Non-urgent	1	1,284		1	1,467		1,467	1,467	0
Emerg. Care Sub-Tot.	19	3,210	1,891	22	3,668	2,195	3,668	3,668	0
<b>Specialty Care</b>									
Orthopedics	419	1,514		486	1,728		1,728	1,728	0
Ophthalmology	167	963		194	1,099		1,099	1,099	0
Dermatology	72	1,176		84	1,342		1,342	1,342	0
General Surgery	503	1,152		583	1,315		1,315	1,315	0
Otolaryngology	359	731		416	835		835	835	0
Cardiology	83	272		96	311		311	311	0
Urology	0	357		0	407		407	407	0
Neurology	209	317		242	362		362	362	0
Other Specialties		2,442		0	2,787		2,787	2,787	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 yellow 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 yellow 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 2001 and the projection year targeted. The HSP represents the IHS understanding of native health care use rates.

This yellow 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

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

Discipline	Projected Need			Delivery Options					
	Planned Direct Care	Key Characteristics (KC)	# Req'd in 2012	PSA			Referrals due to Threshold		Remarks
				On Site	On Site VP	CHS*	Srv Unit	Region	
<b>Primary Care (Provider Visits)</b>	Migration % <b>8.0%</b>	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.							
<i>Primary Care Clinic examines, diagnoses, and health professionals and admissions to inpatient assesses, provides, and evaluates the care of illnesses, maintenance care of patients with chr</i>									
Family Practice	24,383	Providers	5.4	24,383					
Internal Medicine	1,914	Providers	0.5	1,914					Support SU
Pediatric	3,302	Providers	0.7	3,302					
Ob/Gyn	2,089	Providers	0.7	2,089					Support SU
<b>Primary Care Total</b>	<b>31,689</b>	<b>Providers</b>	<b>7.5</b>	<b>31,689</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Discipline	Planned Direct Care	Key Characteristics (KC)	# Req'd in 2012	Delivery Options					
				On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
<b>Emergency Care</b>	Migration % <b>0.0%</b>	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>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>									
Emergency/Urgent	2,201	Patient Spaces	1.1						
ER/Non-urgent	1,467	Providers	0.3						
<b>Emergency Care Total</b>	<b>3,668</b>	<b>Patient Spaces</b>	<b>1.9</b>			<b>3,668</b>			

Discipline	Planned Direct Care	Key Characteristics (KC)	# Req'd in 2012	Delivery Options					
				On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
<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>									
Orthopedics	1,728	Providers	0.6	1,728					Eastern Area Resource
Ophthalmology	1,099	Providers	0.3	1,099					Area Wide Resource
Dermatology	1,342	Providers	0.3						Telemedicine
General Surgery	1,315	Providers	0.5	1,315					Eastern Area Resource
Otolaryngology	835	Providers	0.3	835					Area Wide Resource
Cardiology	311	Providers	0.1	311		311			Local Contract
Urology	407	Providers	0.2	407		407			Local Contract
		Providers	0.2	362		362			Local Contract
		Providers	1.2						
		Providers	0.1						Local Contract

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**

Compares # of Key Characteristics (KC) required in 2012 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 2012	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
<b>Primary Care</b>	<b>Provider Visits Only</b>					<b>Provider Visits Only</b>		
Family Practice	24,383	Providers	5.4	4.0	74%	0	\$58	\$0
		Visiting Providers to outlying areas.						
		Provider Offices	6.0	1.0	17%			
		Exam Rooms	10.0	9.0	90%			
Internal Medicine	1,914	Providers	0.5		0%	0	\$69	\$0
		Visiting Providers to outlying areas.	0.4					
		Provider Offices	1.0		0%			
			2.0		0%			
			0.7	0.5	71%	0	\$54	\$0
		reas.	1.0		0%			
			2.0	1.0	50%			
		reas.	0.7	0.7	100%	0	\$261	\$0
			0.6					
			2.0	0.0	0%			
			2.0	2.0	100%			
			7.9	5.2	66%			
		(CNA)	10.0	1.0	10%			
		Exam Rooms	11.9	6.0	51%			
			16.0	12.0	75%			
		Dept. Gross Sq. Mtrs	1,168.0	415.0	36%			
<b>Emergency Care</b>	0	ER Providers	0.0		100%	3,668	\$247	\$907,321
		Nursing Support (RN+LPN)	0.0		100%			
		Patient Spaces	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
<b>Specialty Care</b>	<b>Provider Visits Only</b>					<b>Provider Visits Only</b>		
Orthopedics	0	Providers	0.0	0.1	100%	0		
		Visiting Providers to outlying areas.						
		Provider Offices	0.0		100%			
		Exam Rooms	0.0		100%			
		Providers						
		Providers to outlying areas.						
		Provider Offices						
		Exam Rooms						
		# of FTE						
		# of Ambulatory						
		Dept. Gross Sq. Mtrs						
		# of FTE	1.0		0%			
		Dept. Gross Sq. Mtrs	6.2		0%			
		# of FTE	3.0	2.0	67%	0	\$110	\$0
		Dept. Gross Sq. Mtrs	40.8	5.4	13%			
<b>Total FTE Staff - IHS or IHS 638 RRM Supported</b>			161.9	80.0	49%			
<b>Total Building Gross Square Meters</b>			7,691	2,913	38%			

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 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.

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.

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.