



California IHS Regional Centers Development

Feasibility Study

for

Regional Ambulatory
Surgical and Specialty Health
Care



2014 Tribal Consultation

Sparks, Nevada

March 11, 2014

California Area Indian Health Service

Clients

- Indian Health Service
- Tribal Entities
- Private Sector Hospitals
- Academic Medical Centers
- Department of Defense
- Veterans Affairs
- International Clients

Services

- Health Services Master Planning
- Facility Master Planning
- Joint Ventures
- PJD/PORs
- National Urban Needs Assessment
- Strategy for Healthcare Delivery
- Regional Planning

What is the Context for Considering Regional Care?



FACT

California American Indian/Alaska Natives experience a severe shortfall in secondary care, most often provided through referrals to the private sector for inpatient and specialty care. This is a hardship to an already challenged population.

Do you agree?

Is This Context A Hardship For Your Tribe?



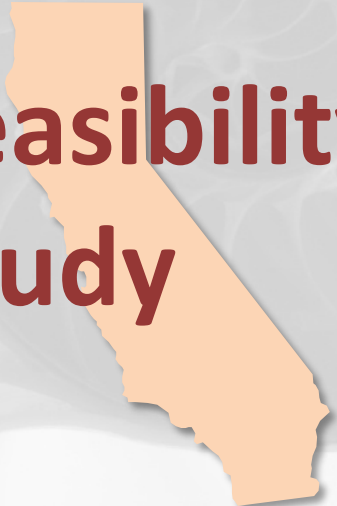
A Feasibility Study was engaged in to quantify the need and define a solution



What percentage of your patient population is currently able to access secondary care in a culturally appropriate environment where cost is not a barrier?

What Did The Study Consider?

Feasibility Study

An orange silhouette of the state of California is positioned behind the text 'Feasibility Study'.

Regional Healthcare Centers

This Study addresses

...**what services** are appropriate for regional healthcare

...when populations are **appropriately grouped** to maximize their offering

...thus determining **how many points of regional healthcare are ideal** for American Indian/Alaska Natives who reside in California.

An Area Planning Workgroup Was Asked... “Why?”



“Why Consider Regional Healthcare?”

- Establish a Congressional baseline for Tribal concerns
- Increase level of complex medical facilities to leverage increased funding levels
- Make us comparable to other IHS areas
- Track Regional Care vs. Preferred & Referral Care (CHS) more closely to establish better allocations of funding methodologies
- Foster Centers of clinical competence enhanced by telemedicine, allowing secondary care access by remote populations
- Maximize range of specialty care options

The Study Began On One Assumption



***“Why Consider
Regional
Healthcare?”***

This study began on the assumption that a Regional center will support more complex healthcare at a better price in cooperation with IHS’ historic model for providing services to AI/ANs.

What Was Defined As Regional Care?

Regional Care Is...



- Specialty Care
- Ambulatory Surgery
- Tele-Medicine
- Overnight Stays
- Acute Care/Inpatient
- Short Stay
- Referrals Only



Regional Care Is Not...



- No Primary Care
- No Emergency Care
- No Deliveries
- Not a “Walk In” Center for Local AI/ANs

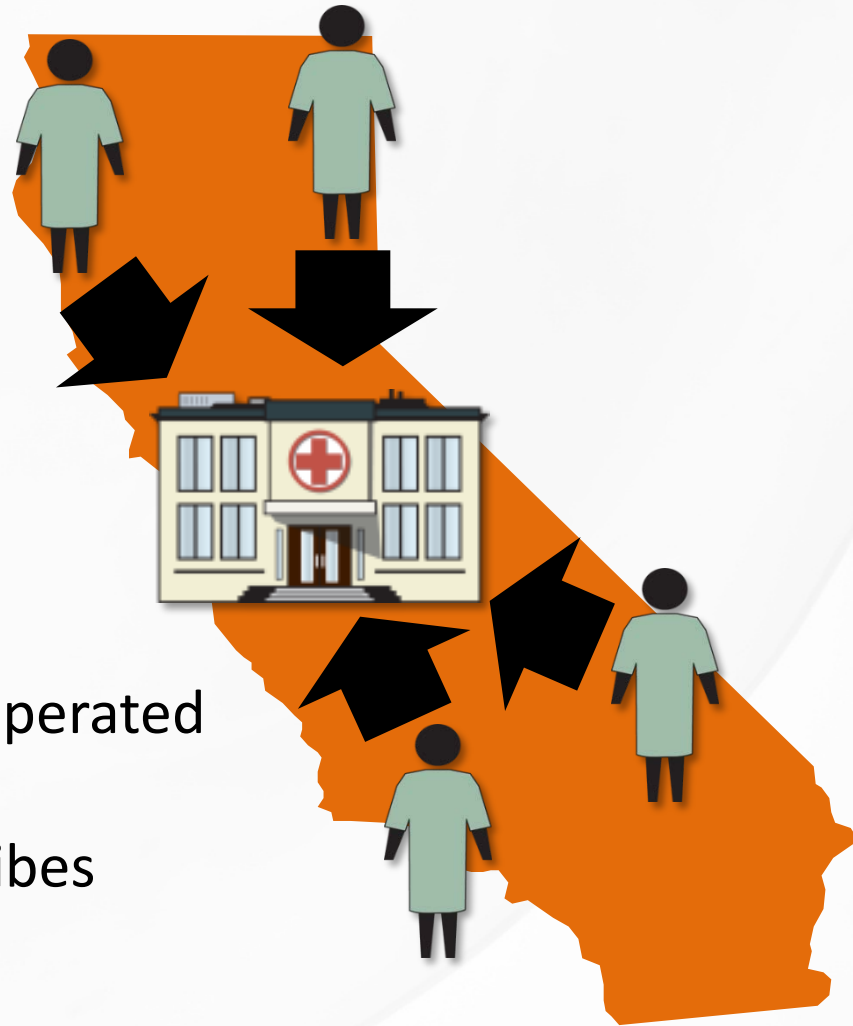
Who Would Participate in Regional Care?

Willing Partners

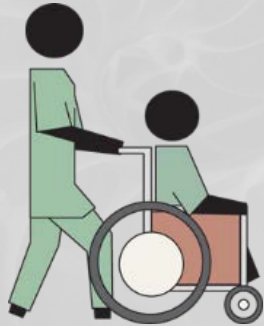
- Experiencing shared needs
- Unable to access consistent referred care
- Isolated from reasonable access
- Dissatisfied with cultural insensitivity

Traveling to

- A culturally appropriate, IHS owned/operated facility offering advanced diagnostic, specialty, acute services needed by tribes



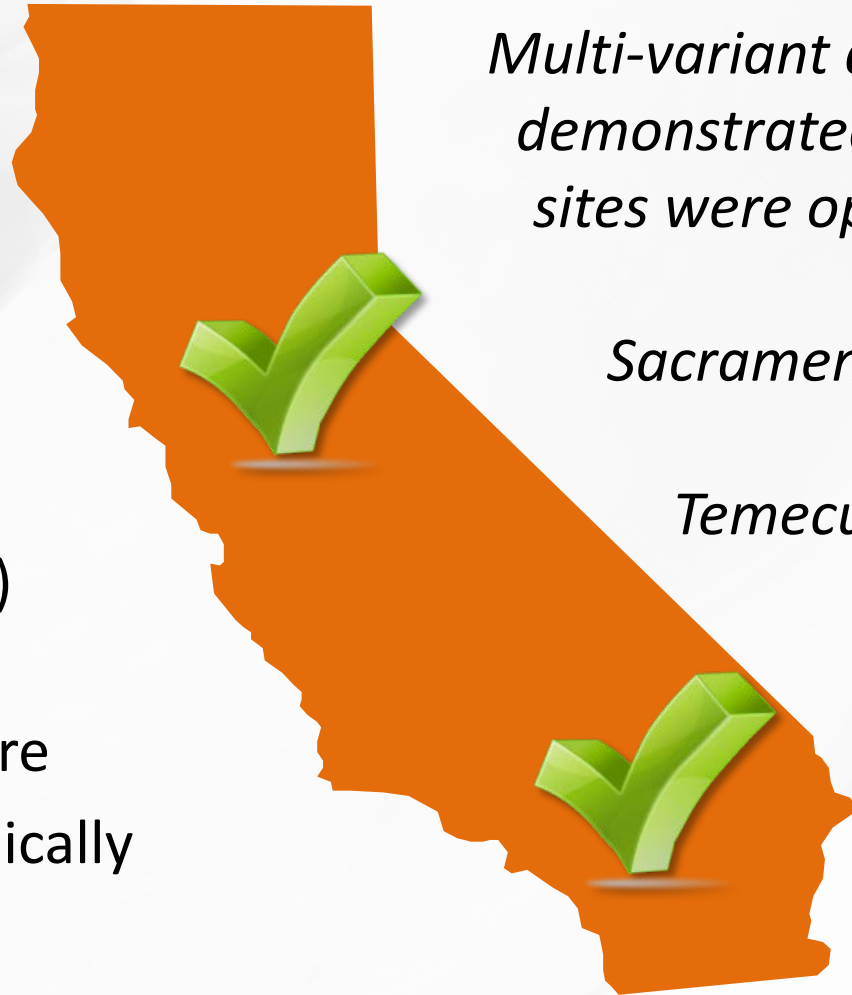
Where Would Regional Care Be Located?



- Locations capable of being accessed by significant user populations (willing partners)
- Locations supported by infrastructure and tertiary care
- Locations balanced geographically relative to user populations

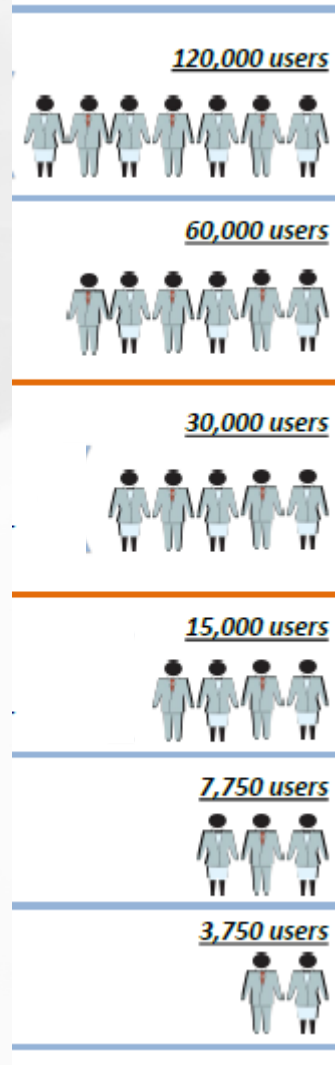
Multi-variant analysis demonstrated that 2 sites were optimal...

*Sacramento area
&
Temecula area*



Why Does Location Matter?

- With Increased Population comes Increased Services.
- *True Regional Care starts to become possible when 30,000 or more users access care at one regional site.*

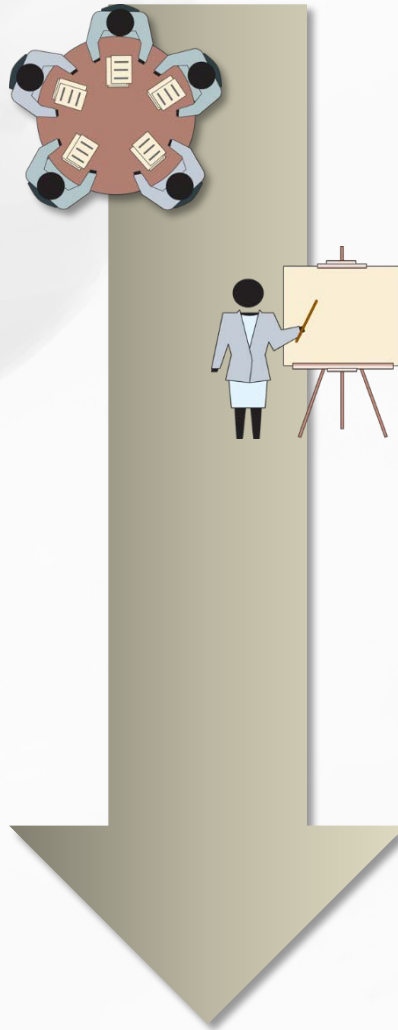


- ✓ MRI, Cardiology, Neurology
- ✓ CT, General Surgery, Orthopedics
- ✓ Endoscopy, Mammo, Ultrasound
- ✓ Audiology, Radiography, Podiatry

Who Was Involved In The Study?

18 Month Effort Involving...

- Area Planning Workgroup
- Area Office Staff
- CATAC



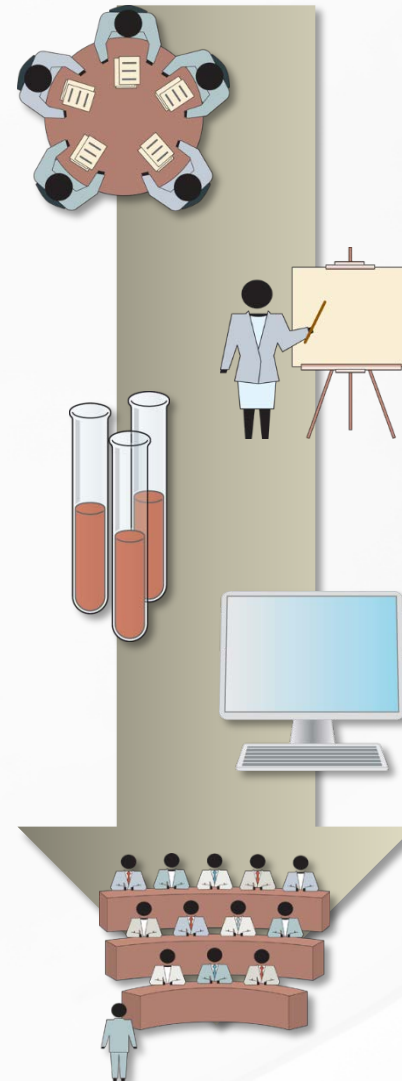
Presentations to & Feedback from...

- Area Planning Workgroup
- CATAC
- Program Directors
- Tribal Leaders

What Analysis Was Considered?

Analysis Included

- Concept Development
- Population Study
- Access Alignments
- Potential Sites
- Impacts to Demand
- Performance Evaluation
- Feedback Integration
- Refinement

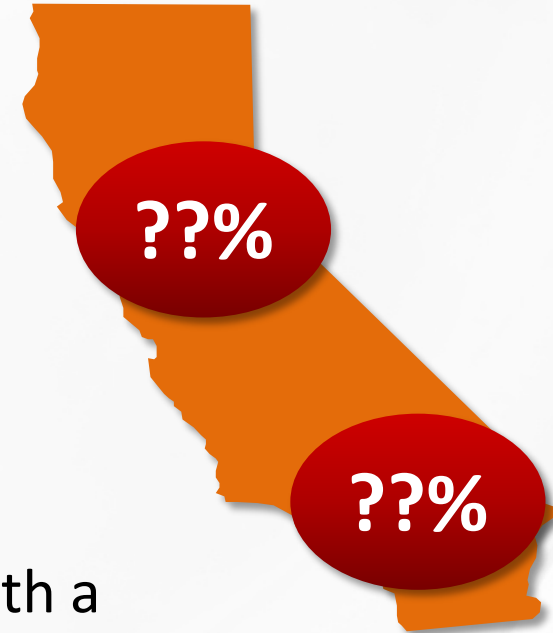


What Percentage of Users Might Come To Regional Care Facilities?

The study suggests between
65.9% and **98.4%**

These Issues May Lower the %...

- Many California AI/ANs have a payer/ choice
- The Affordable Care Act will increase payers with a choice
- Demand for Regional Care diminishes with Distance
- Alternative Care on the way to Regional Care will erode demand



What Percentage of Users Might Come To Regional Care Facilities?

The study suggests between
65.9% and 98.4%

These Issues May Raise the %...

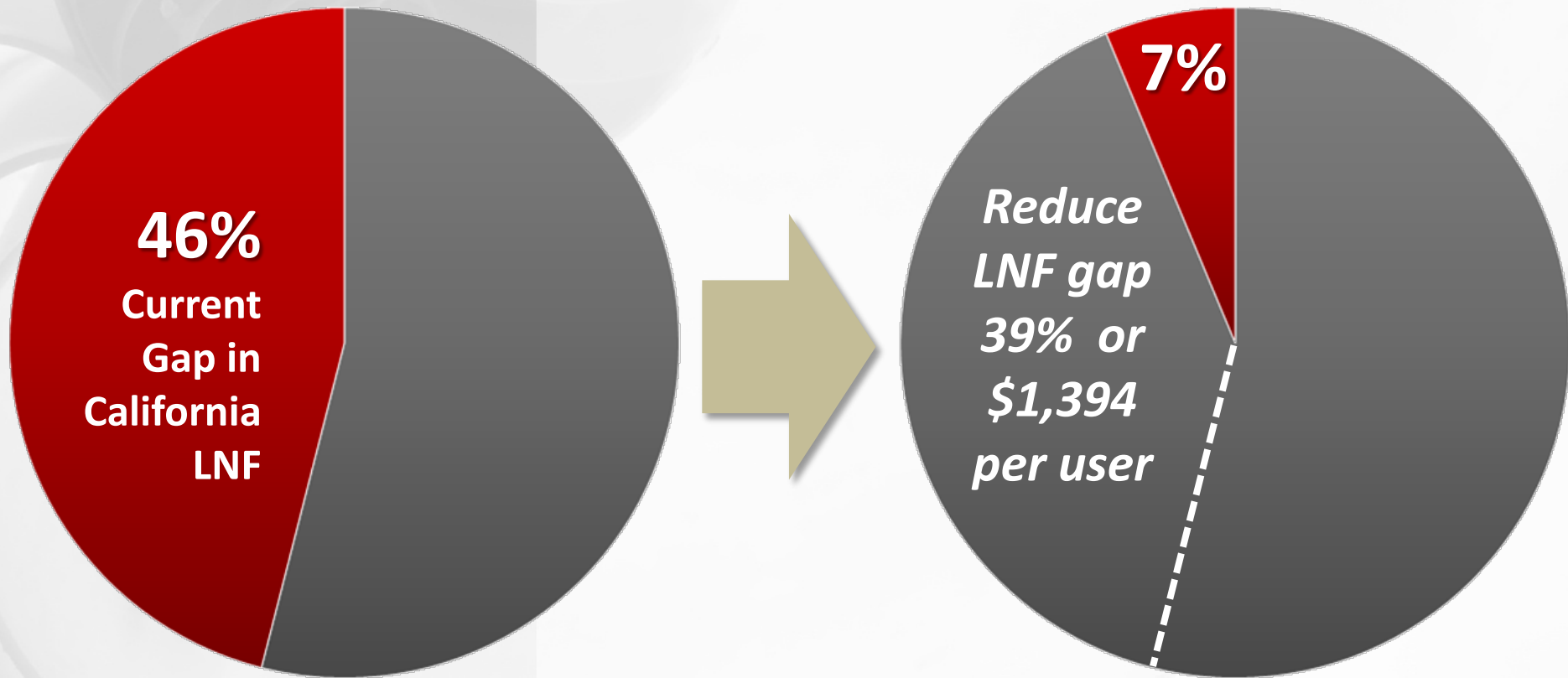
- Medi-Cal and Direct Care/Preferred and Referral Care* only patients could be directed to Regional Care.
- Primary Service Areas' ability to make referrals may be diminishing with implementation of the Affordable Care Act



*Preferred and Referral Care, or PRC is the new term for Contract Health Services, or CHS

What Is The Impact Of Regional Care On California's Future Level of Need (LNF)?

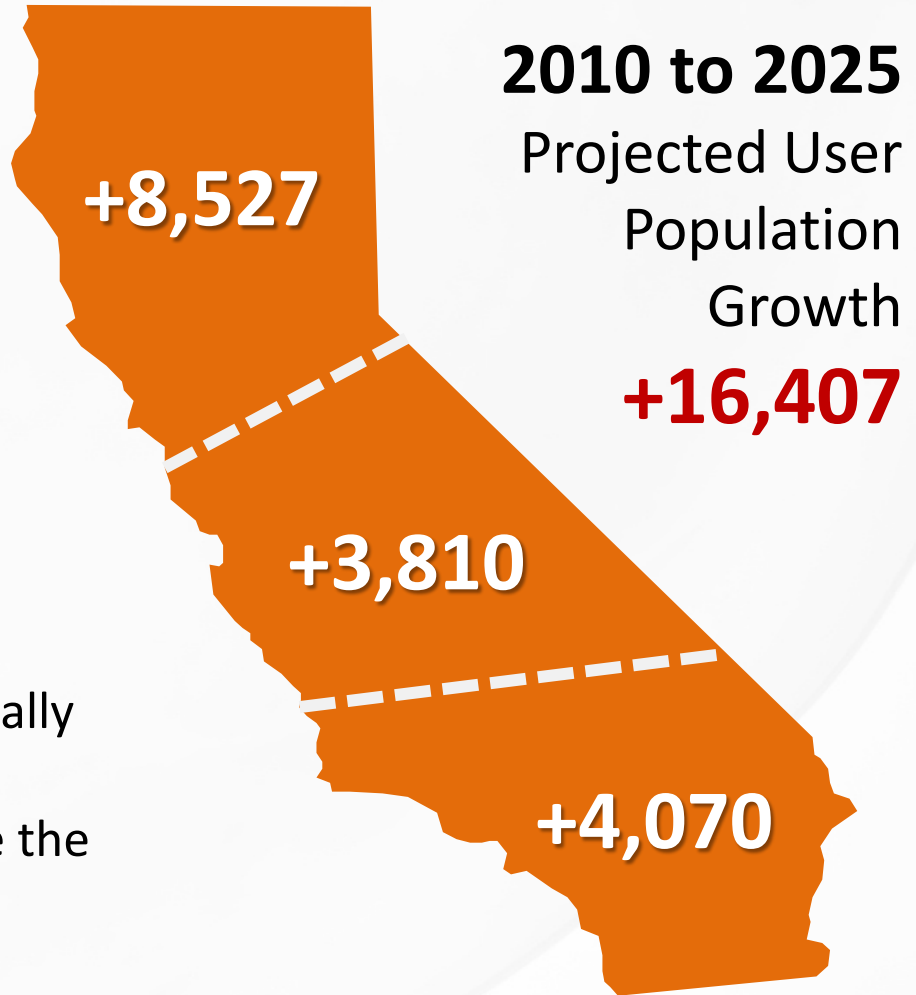
It Could Significantly Reduce the Gap in California's LNF



Why Pursue This Strategy?

Population Growth

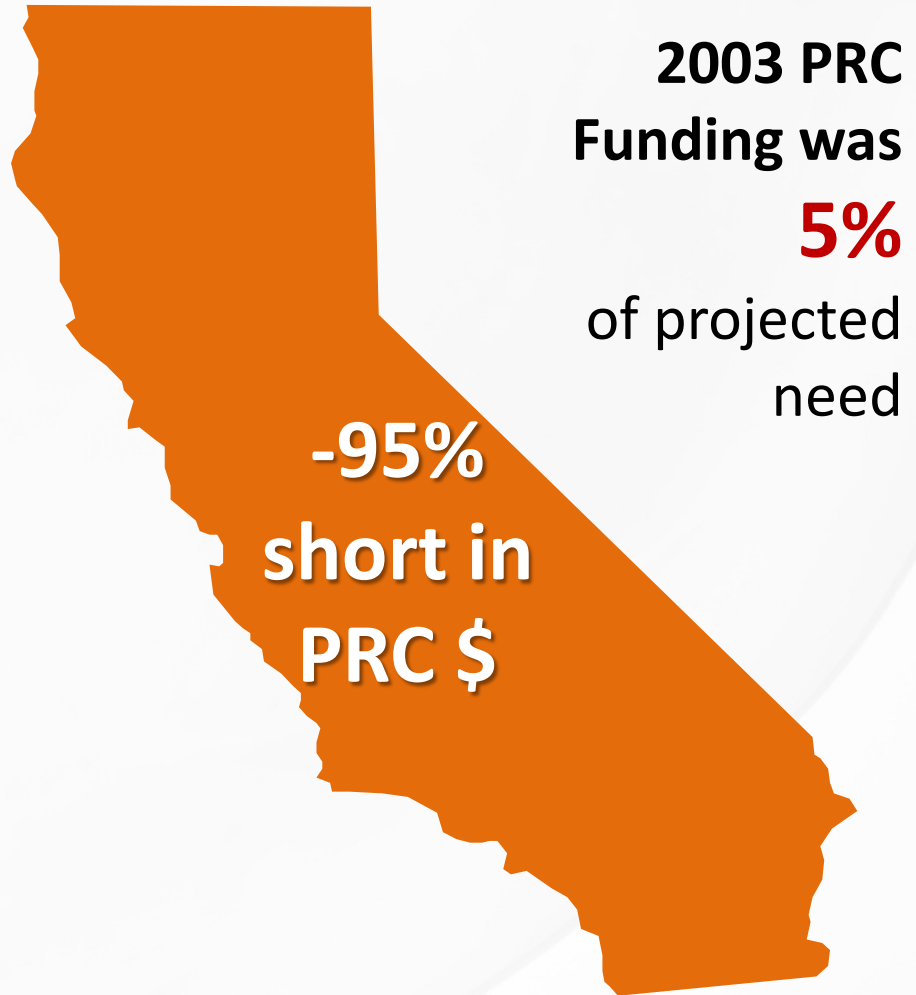
- Because population is growing
 - Current need will become more acute
- Natives are growing faster nationally than the non-Native population
- Projections shown do not include the growth potential of urban populations.



Why This Strategy?

Historic and Projected Lack of PRC (CHS) Funding

- Because population is growing
- Preferred and Referral Care* (PRC) funds fall short of need
 - What is the likelihood that IHS would construct a YRTC using these justifications?
 - What is the likelihood that IHS would be able to construct Regional Centers using similar justifications?

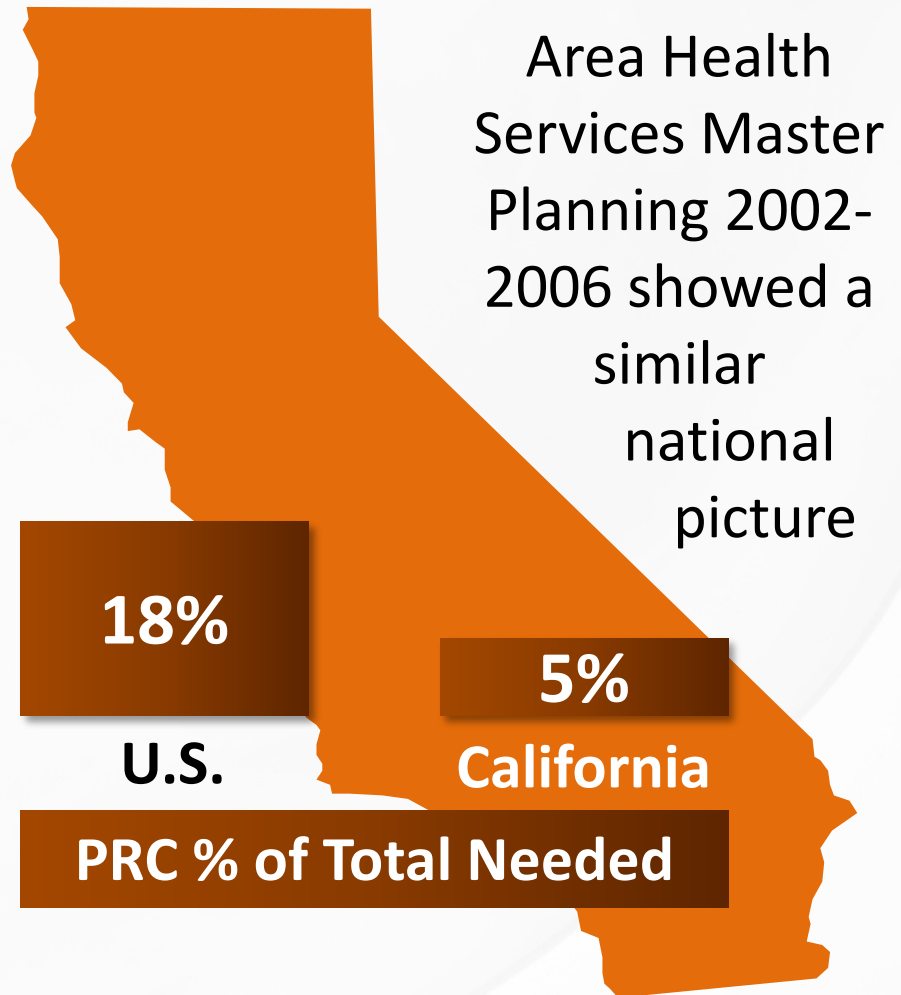


*Preferred and Referral Care, or PRC is the new term for Contract Health Services, or CHS

Why This Strategy?

A National Lack of PRC (CHS) Funding

- Because population is growing
- PRC funds fall short of need
- The PRC shortage problem is national in scope



*Preferred and Referral Care, or PRC is the new term for Contract Health Services, or CHS

Why This Strategy?

An Historic Path Toward Implementation

- Because population is growing
- PRC funds fall short of need
- The PRC shortage problem is national in scope
- It documents a need and solution

And...

It **documents a need** most **in alignment** with IHS' historic implementation and funding path...

...connecting it with an innovative future solution

*Preferred and Referral Care, or PRC is the new term for Contract Health Services, or CHS

What Are the Next Steps?

Tribal Leaders' Input and Will is of Vital Importance



- Defining your local Tribal Governments' true intentions toward Regional Care
- Evaluating the importance of additional dialogue with Tribal Governments relative to Regional Services, and which services should be prioritized
- Clarifying and identifying a realistic baseline market demand for Regional Purchased and Referred Care in order to move forward