Feasibility Study

for

Regional Ambulatory Surgical and Specialty Health Care

2014 Tribal Consultation

Sparks, Nevada

March 11, 2014

California Area Indian Health Service
Experience

The Innova Group

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
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?
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

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.

“Why Consider Regional Healthcare?”
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

- **46%** Current Gap in California LNF
- **7%** Reduce LNF gap 39% or $1,394 per user
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.

2010 to 2025
Projected User Population Growth
+16,407

+8,527
+3,810
+4,070
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

2003 PRC Funding was 5% of projected need

-95% short in PRC $
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

Area Health Services Master Planning 2002-2006 showed a similar national picture

18% U.S.
5% California

PRC % of Total Needed

*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

*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