Facilities Infrastructure Update: Regional Specialty Centers

Current Status and Next Steps

Jonathan Rash, IHS Buck Ellingson, CRIHB

2023 Annual Tribal Consultation

April 26, 2023

Today's Agenda

1. Recap of Regional Centers Concept
2. Recap of Input Received
3. Feasibility Study Revision and Next Steps
4. Sample Tribal Resolution Language - CRIHB

Recap of Regional Centers Concept

Regional Surgical and Specialty Care Centers

Also known as…

- Regional care centers
  - Referral centers
- Specialty care centers

Concept of Regional Specialty Centers

A Regional Specialty Center would offer the following services:

- Specialty Healthcare
- Ambulatory Surgery
- Tele-Medicine
- Overnight Stays
- Acute Care/Inpatient
- Short Stay
- Referrals Only
- May Offer: Deliveries or OB Services**

A Regional Center would NOT offer the following services:

- Primary Care
- Emergency Care
- Walk In Services for Local AI/ANs

- Regional Healthcare is designed to support, not replace, services presently offered at Tribal Health Programs across the state
- Regional Healthcare is not designed to compete with existing Tribal Health Programs
- Regional Healthcare is designed to continue such support as need is recognized for the extension of Primary Care assets to future tribal populations – planned for growth
- Regional Care is envisioned to provide services currently not available at existing Tribal Health Programs, ones that would most stretch limited Purchased and Referred Care dollars

Benefits of a Regional Specialty Center

- Access to Clinical Specialists
- Culturally Appropriate Care
- Integrated with Tribal Health Programs
- Wraparound Care - Telemedicine Follow-Ups
- 1st Priority = Lower Wait Times
- No Caps on Service
- Saving Money on PRC

How Many Users Are Needed to Justify a Regional Specialty Center?

Not sustainable or not enough increase in services to justify regional center if user population is less than **30,000**

More specialty services are available with a user base of **60,000**

120,000 users

Still No…

NICU, Open Heart, Neurosurgery, Psych Nursing

- *ANMC (140,000 – 152 beds) GIMC (110,000 – 78 beds), PIMC (110,000 – 127 beds)*

60,000 users

Plus…

Cardiology, Neurology, Urology, MRI, Speech Therapy

- *Still No Invasive Cardiology*

We can offer more services at this level

30,000 users

Plus… General Surgery, Orthopedics, Ophthalmology, Otolaryngology, Dermatology, Ob/Gyn, CT, Labor & Delivery Ped/Med/Surg & ICU Beds

True Regional Services start to happen here

15,000 users

Plus…

Specialized Primary Care, Mammo, Ultrasound, Occupational Therapy, Ambulatory Procedures, Medical Short Stay Beds,

7,500 users

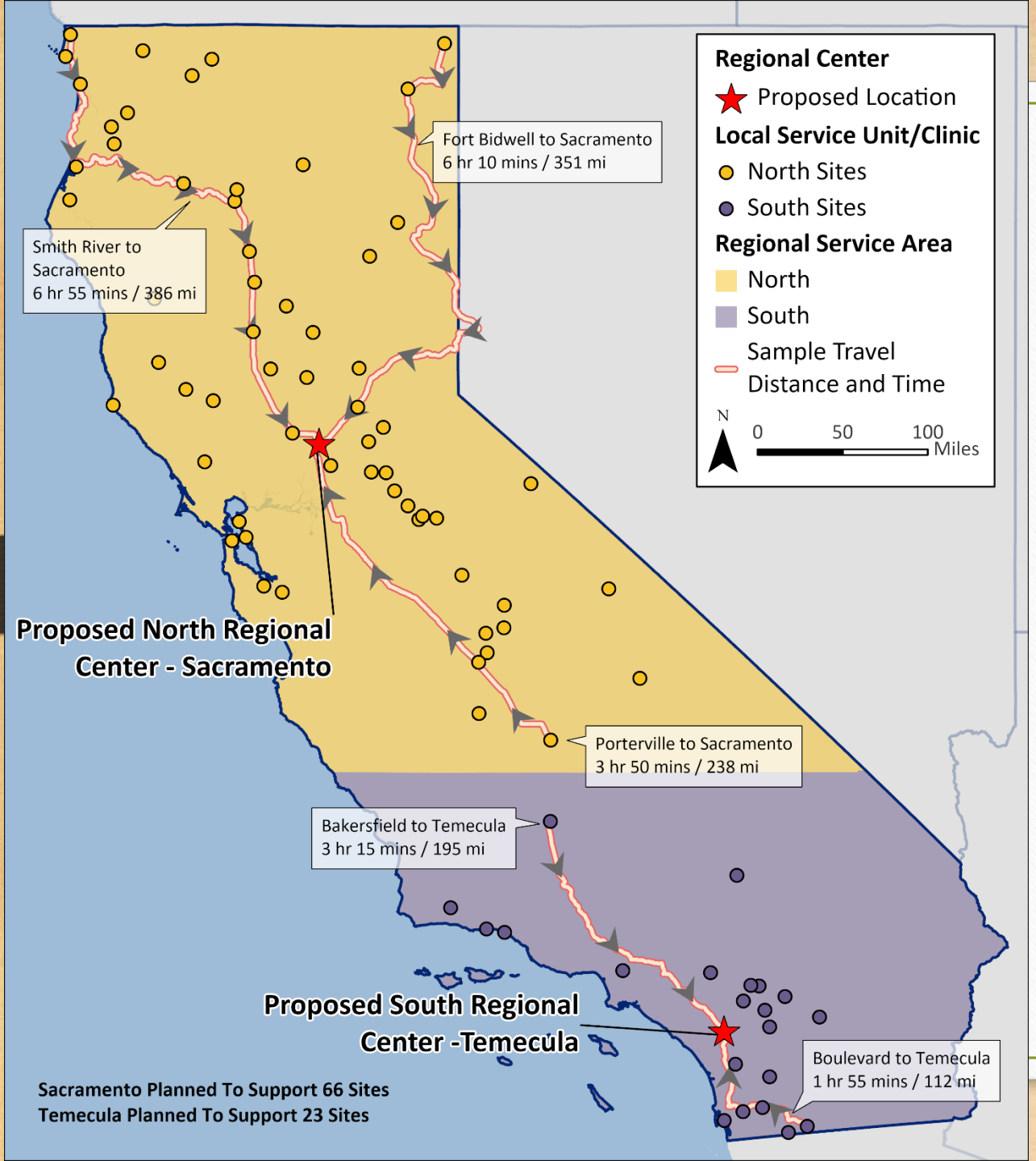
Plus…

Lab, Radiography, Physical Therapy, Podiatry, Audiology, & Psychiatry

3,750 users

Full-time Services…

Primary Care, Dental, Optometry, Pharmacy, PHN, Mental Health & Substance Abuse



Two Center Option

Sacramento: 61,981 users (66,795)

- 22,964 greater than 3 hours drive (24,292)
- This gets Sacramento over the **60,000 user threshold** – can provide additional services such as cardiology, neurology, urology, etc.

Temecula: 25,185 users (26,010)

- 988 greater than 3 hours drive (1,112)

Black numbers are 2011 population data

Red numbers are 2019 population data

AMONG THE OPTIONS CONSIDERED IN THE FEASIBILITY STUDY, THIS IS THE RECOMMENDED SOLUTION AND MOST LIKELY TO BE FUNDED BY IHS

Services Included in Two Center Option

- Audiology
- Dental Specialty Care
- Medical Specialty Care*
- Surgical Specialty Care*
- Outpatient Endoscopy*
- Outpatient Surgery
- Short Stay/Observation
- Lab
- Diagnostic Imaging
  - Radiography
  - Fluoroscopy
  - Ultrasound
  - CT
  - MRI*
  - Radiologist
- Pharmacy
- Inpatient
  - Pediatrics
  - Adult Medical
  - Adult Surgical
  - ICU
- Physical Rehab
  - Occupational
  - Speech
- Psychiatry
- Case Management
- Pain Management

*Services in blue text would be offered at Sacramento location, but only some services at the Temecula location

Medical, Surgical and Dental Specialties Proposed

Medical Specialties:

- Cardiologist
- Dermatologist
- Neurologist
- Endocrinologist
- Gastroenterologist
- Gerontologist
- Rheumatologist
- Others

Surgical Specialties:

- General Surgeon
- Ophthalmologist
- Orthopedist
- Otolaryngologist
- Urologist
- Thoracic Surgeon
- Plastic Surgeon
- Others

Dental Specialties:

- Endodontist
- Pediatric
- Prosthodontics
- Periodontics
- Orthodontics
- Maxillofacial

*Note that all specialties would be offered at the Sacramento location, but only some would be offered at the Temecula location.

Note: these specialties are mentioned in the feasibility study, but we are not limited to only these options. However, any specialty must be justified based on user population and need.

Why Aren't We Talking about a Hospital?

- The main services that a full hospital offers that Regional Centers would not offer are:
  - Emergency Room
  - Maternal Health / Childbirth (However – see below)
- The IHS hospitals that do exist (e.g. Phoenix Indian Medical Center, Gallup Indian Medical Center) are ALSO Regional Specialty Centers.
  - They have enough local population to support an emergency room
- Feasibility study determined not enough people would travel medium- to long-distances to justify these services at the Regional Center.
- Maternity / childbirth is considered primary care and was not considered in the study.
  - **Per your request, we ARE requesting that maternity and childbirth services be studied in the feasibility study revision.**

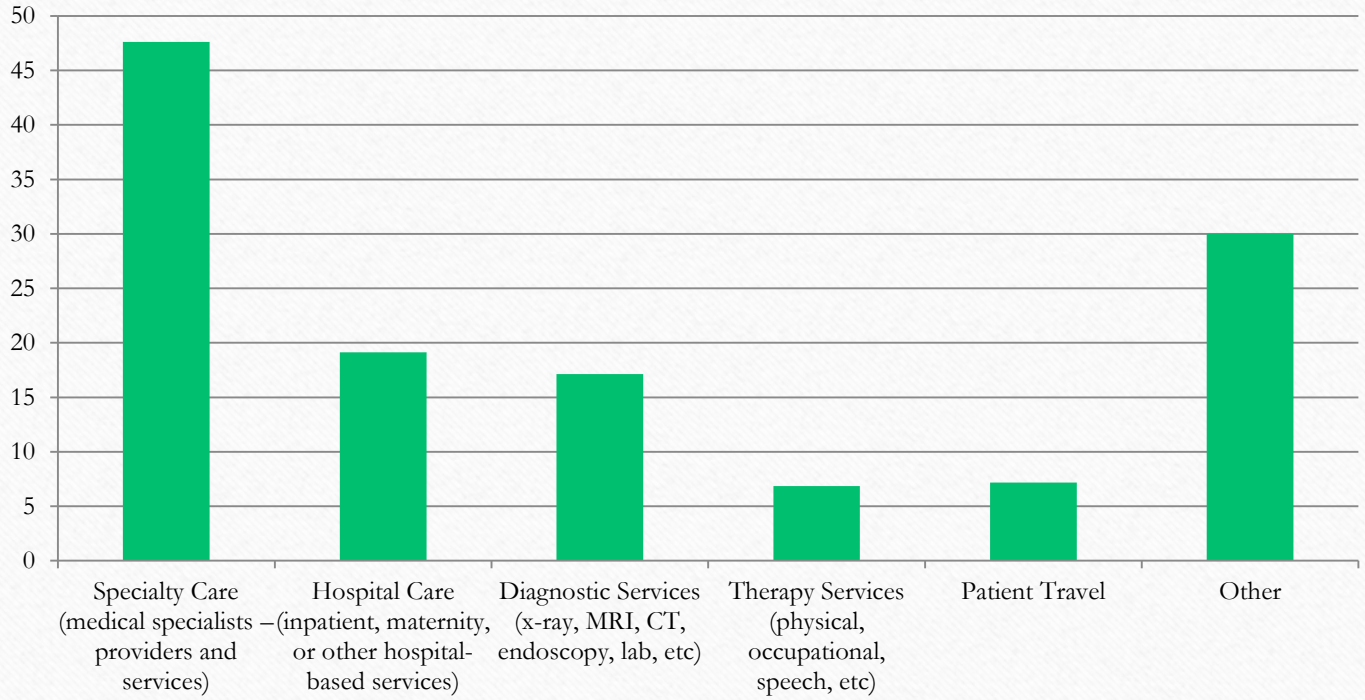
Recap of Input from Program Directors and Tribal Leaders

Data is based on

- Survey of Program Directors Conducted after June 2022 Program Directors Meeting
- Polls Conducted during August 2022 Tribal Leaders Meeting

Program Directors Survey (June 2022)

Please estimate how your health program's PRC* dollars are spent in an average year.



N =16 Responses (Tribal and Urban)

"Other" Responses:

- Dental specialty services
- Orthodontics
- Durable medical equipment
- Pharmacy
- Optometry
- Eyeglasses
- Hearing Aids

*PRC = Purchased and Referred Care

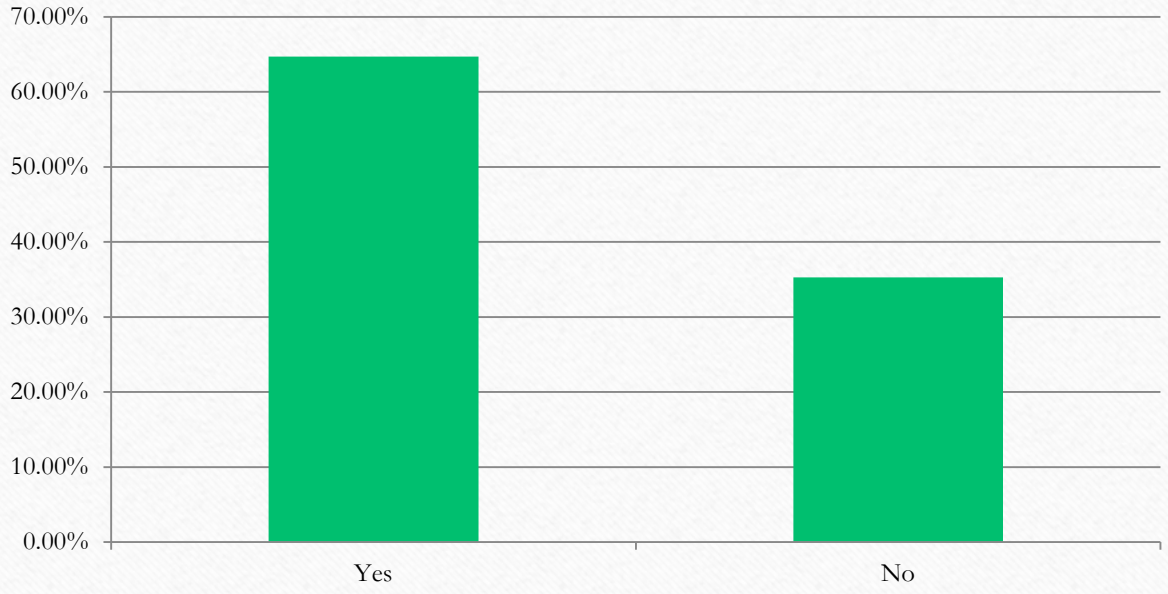
What clinical specialties do you spend the most PRC funds on?

14 Responses from Tribal Program Directors (Urbans do not get PRC)

- 5 responses: Dental (Specialty), Cardiology
- 4 responses: Hospital / ER / Inpatient Services
- 3 responses: Gastroenterology, Orthopedics
- 1 response: Internal Medicine, Obstetrics / Gynecology, Urology, Neurology, Dermatology, Oncology, Endocrinology, Pain Management, Alcohol / Substance Abuse, Diabetes Care, Dialysis, Travel

Program Directors Survey (June 2022)

Would your patients be interested in maternity services at a regional care center, given the travel distance required? (17 responses)

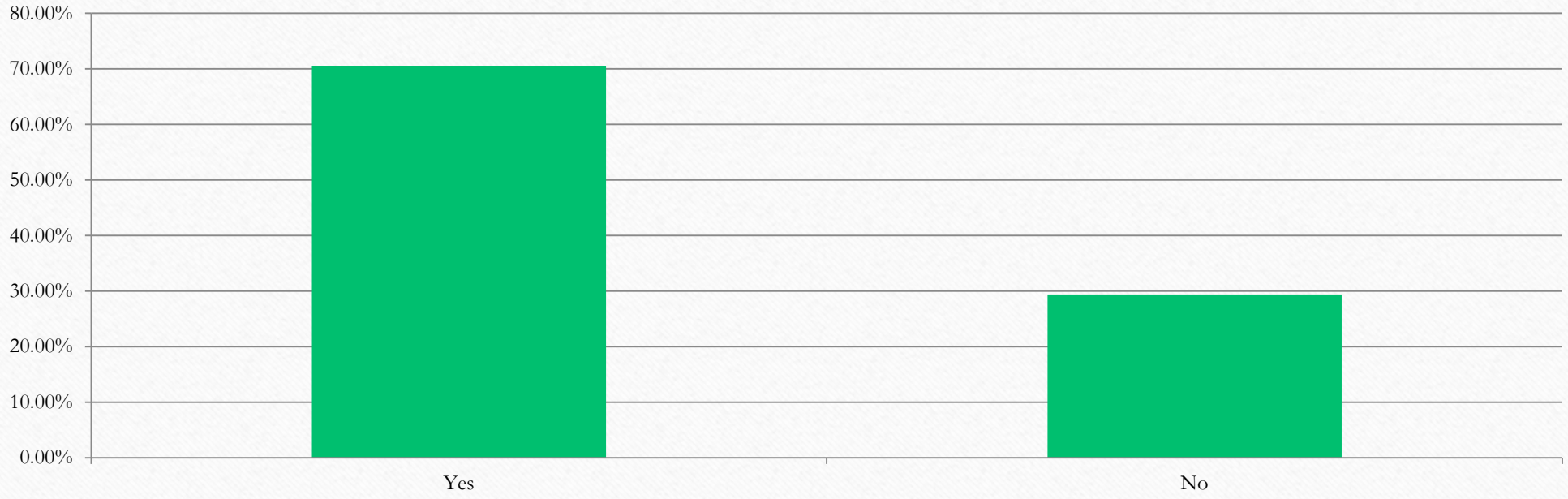


Comments on this question:

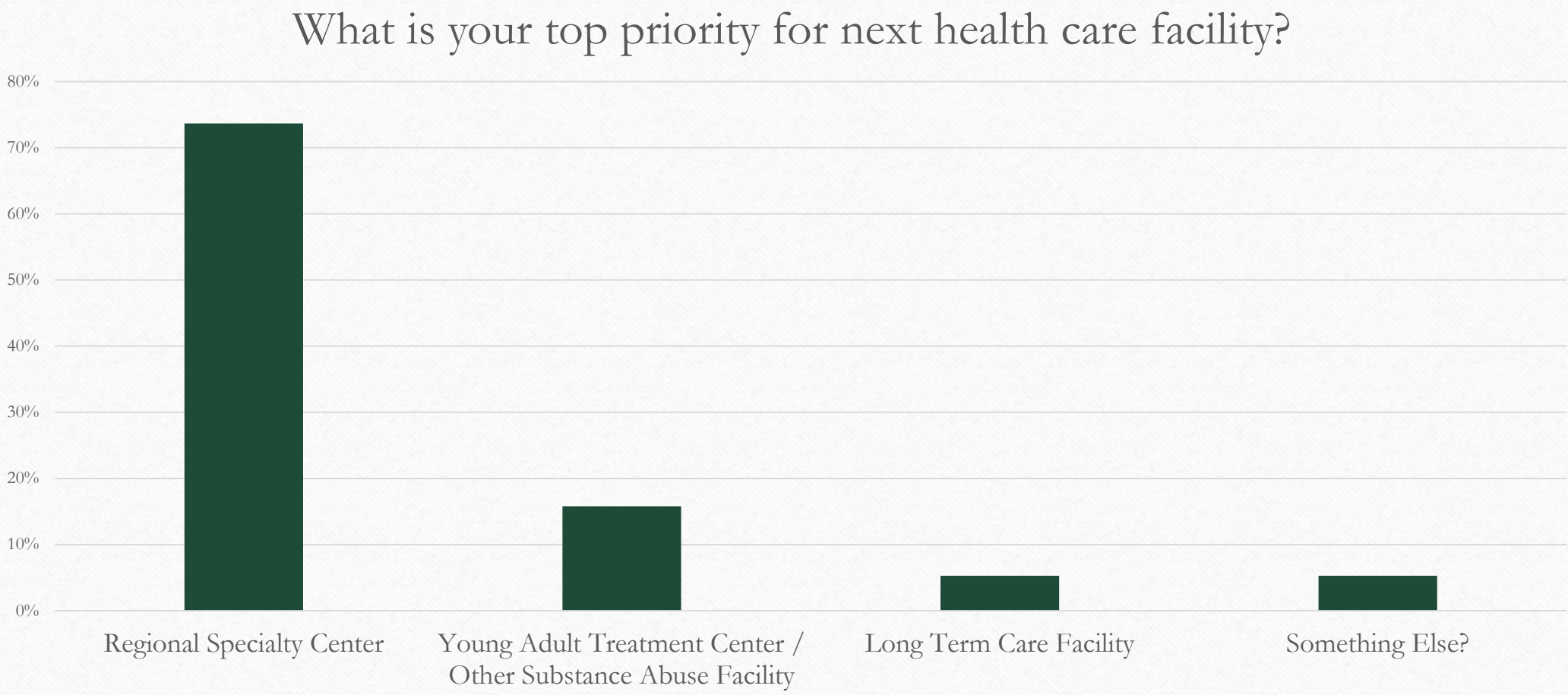
- "Probably not any further than Sacramento"
- "Currently have limited maternity services onsite. OB/GYN comes on site 1x week to manage OB. Currently delivering at local hospital 30 - 40 min away. All high risk maternity clients are referred out. Having a rotation from regional center and delivering at regional center would be an option."
- "Not sure how many would really want to travel away from home for this service. Makes more sense to contract locally for this service."

Program Directors Survey (June 2022)

Do you support Regional Care Centers as described at the Program Director's Meeting? (17 responses)



Tribal Leaders Poll Responses (Aug. 2022)



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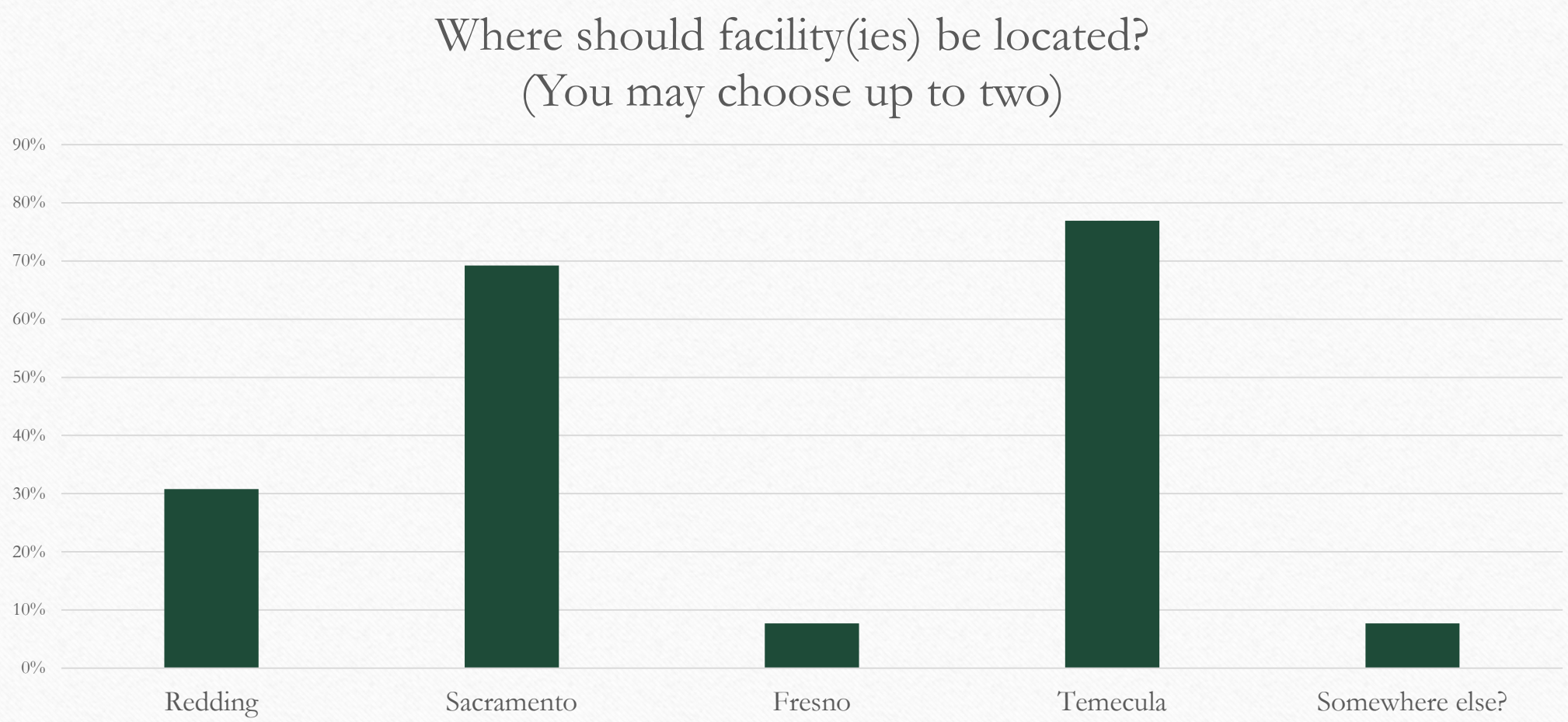
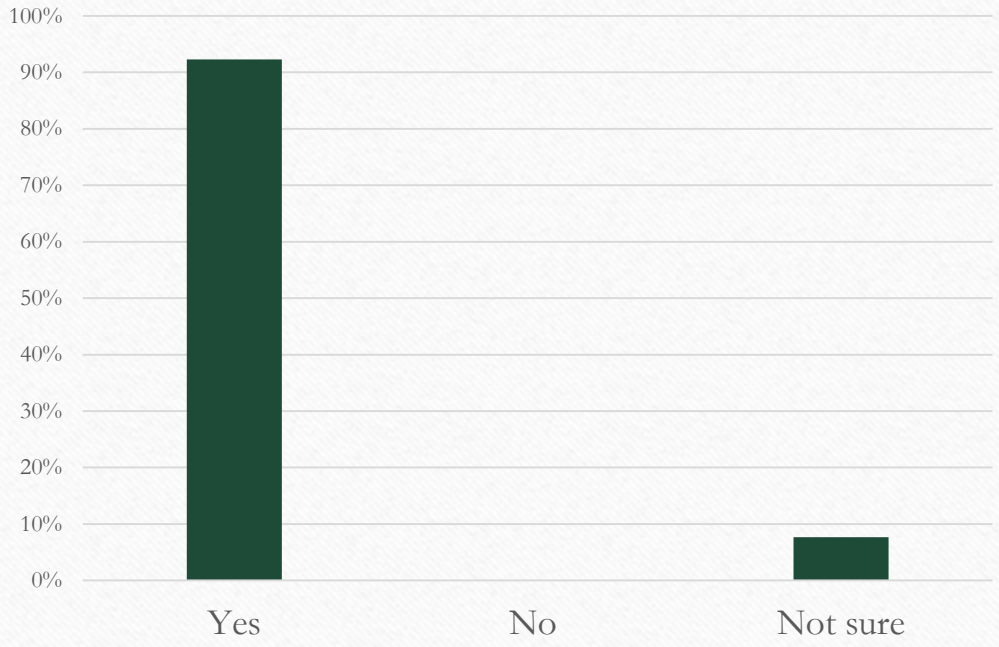
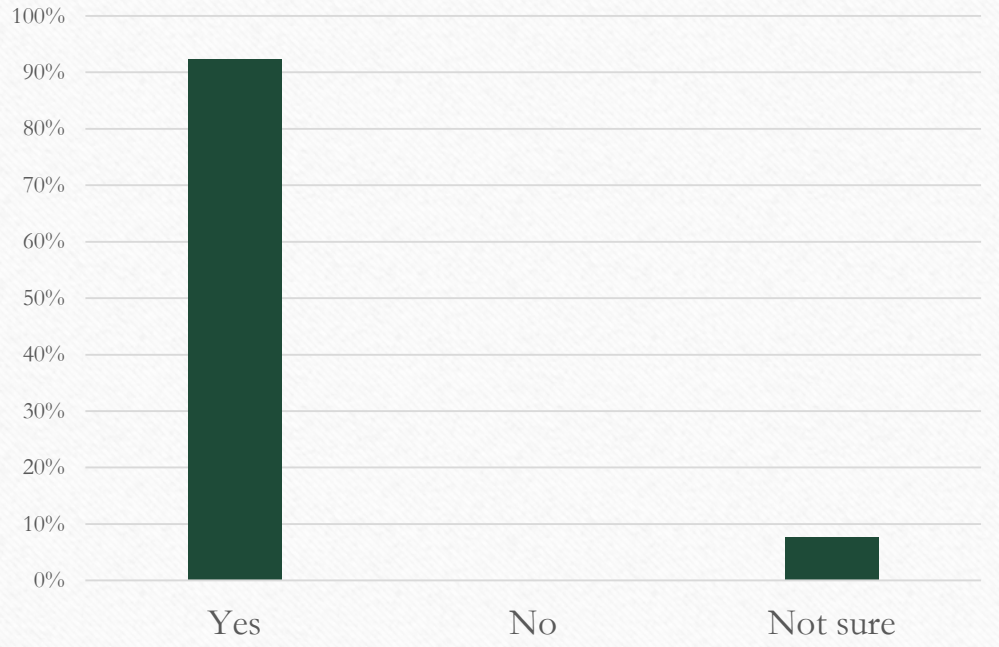


Tribal Leaders Poll Responses (Aug. 2022)

Should we request that periodic remote specialty care services at tribal sites be included in the updated feasibility study?

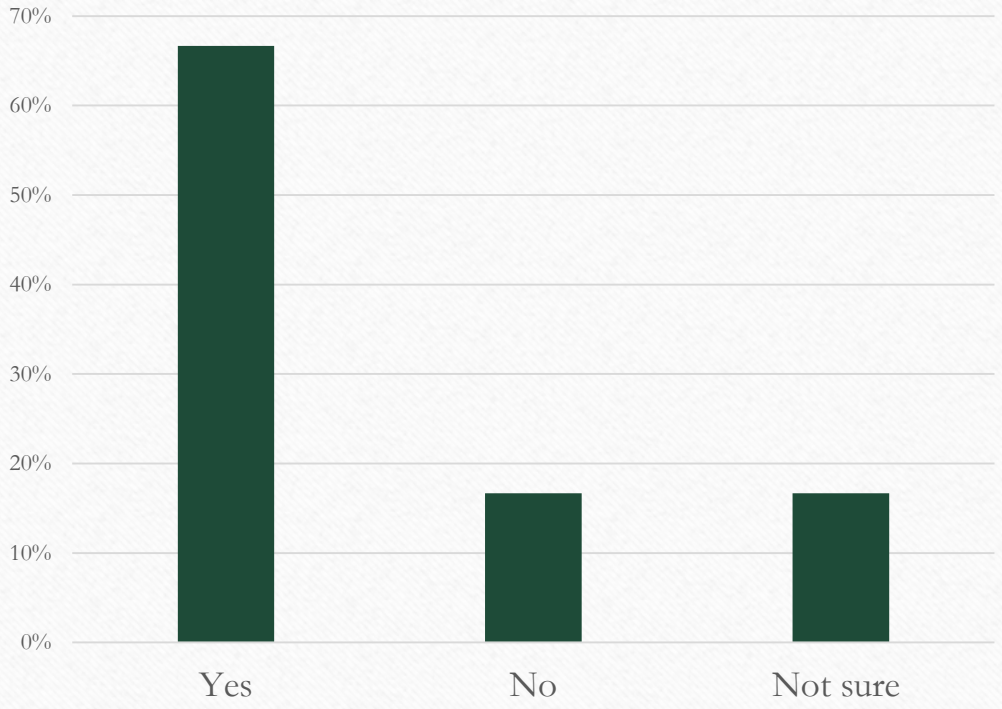


Should we request that internal transportation services (e.g. shuttle services) be included in updated feasibility study?

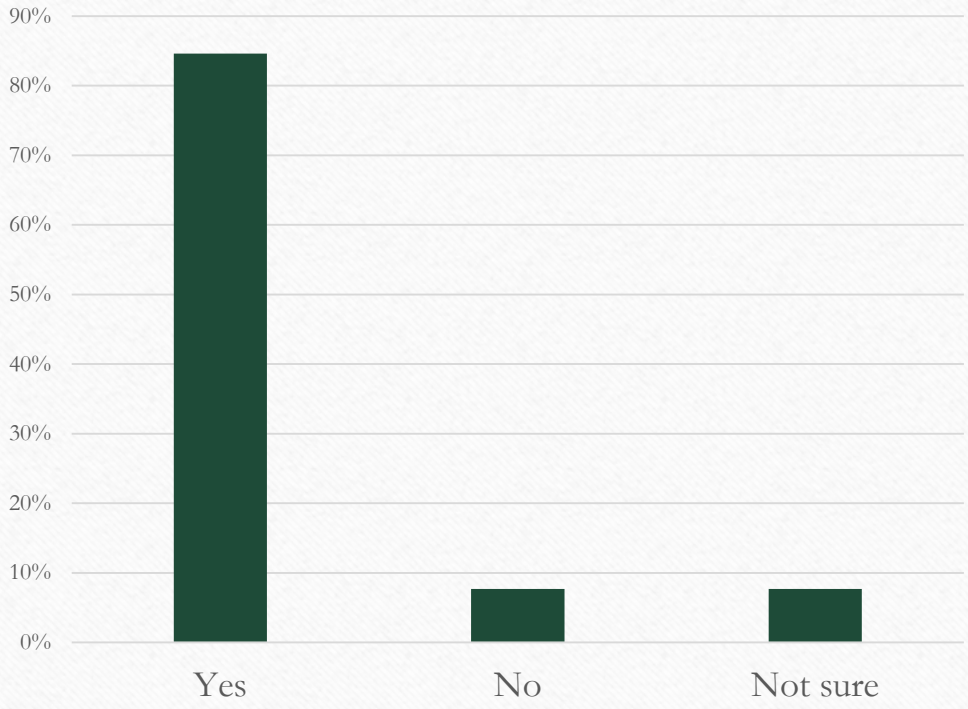


Tribal Leaders Poll Responses (Aug. 2022)

Should we request that maternity/childbirth be considered in the updated feasibility study?



Should we request that the feasibility study include a pharmacy hub to help supply tribal and urban programs?



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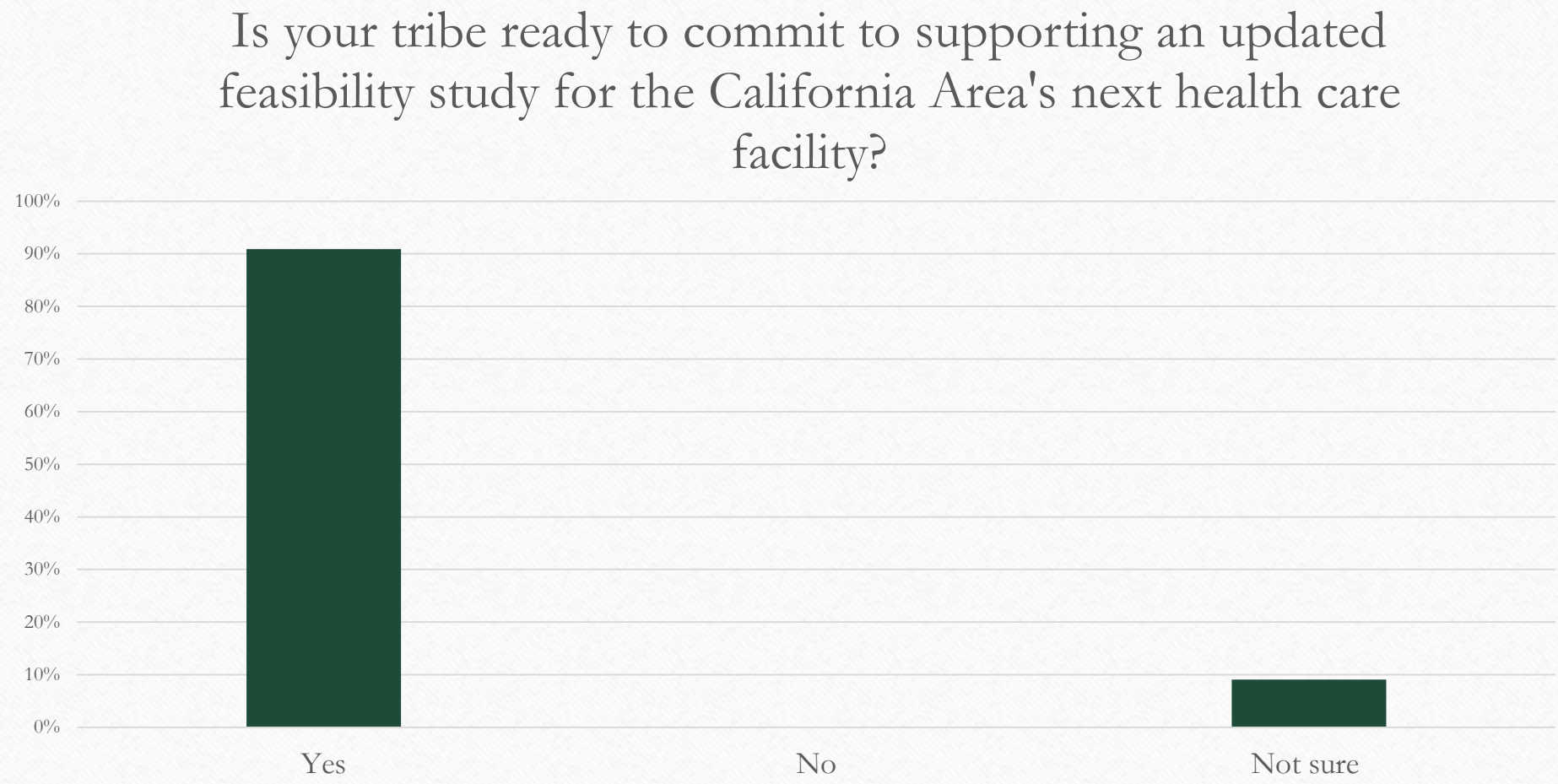

Feasibility Study Revision and Next Steps

Revising the Feasibility Study

- Feasibility study was prepared in 2013 – needs to be updated not only for costs and user population changes, but also for modernization of health care delivery.
  - Updating user population
  - Evaluate utilization and services evolution since 2013
  - Incorporating latest health care technology and trends
- We are also asking for changes to the parameters of the study as determined by you – California's Tribal Leaders
  - Addition of maternity / childbirth services
  - Remote professional services provided at Tribal sites
  - Having transportation built into model
  - Caregiver / patient lodging on site managed by the Regional Center
  - Pharmacy hub
  - Durable Medical Equipment (DME) hub

Revision of Feasibility Study

- Currently we are in contract (as of 11/30/22) with the Innova Group (the authors of the original study) to revise the feasibility study.
  - Contract Amount: $188,000
  - Proposed schedule to complete: 6 months
  - Expecting this to be complete this summer
- User Population Data Gathering:
  - Innova Group has reached out to all Tribal and Urban Indian Health Programs requesting user population and asking for response to a Site Questionnaire
    - Originally sent Jan 26th, 15 received as of now.
    - **THIS IS NOT ENOUGH** – we'll ask again
  - Currently working with IHS HQ and National Data Warehouse to see what user population and payer data we can access from their data
  - Some Tribal and Urban Indian programs can expect follow-up request for additional user population data

Programs that Responded to Site Questionnaire

- Central Valley Indian Health
- Chapa De Indian Health Program
- Greenville Rancheria
- Indian Health Council
- Pit River Health Services
- Riverside San Bernardino County Indian Health
- Santa Ynez Tribal Health Clinic
- Toiyabe Indian Health Project
- Southern Indian Health Council
- Sycuan Medical and Dental Clinic
- Tule River Indian Health Center
- UIO – Bakersfield American Health Project
- UIO – Fresno American Indian Health Project
- UIO – Indian Health Center of Santa Clara Valley
- UIO – San Diego American Indian Health Center

We will send out another call for responses. If you see any health programs you represented NOT listed here, please encourage them to respond.

These responses are critical to the feasibility study providing the recommendations that best serve California Native people.

Regional Specialty Centers Team

- 38 members, includes:
- All CATAC Members
- Tribal Health Program Directors (6)
  - RSBCIHI, UIHS, LIHC, FRTH, IHC, K'ima:w
- Urban Indian Health Program Directors (1)
  - Friendship House
- CRIHB (2)
- IHS (5)

- This team is overseeing the overall effort to revise the feasibility study
- First team meeting held on Wednesday, December 21st
- Work now primarily being done under workgroups
  - All workgroups will report back to the main Regional Specialty Centers Team
- Next team meeting likely in May (next month)

Feasibility Study Workgroups

Transportation Workgroup

- Studying how to make a transportation model that works for all Tribes throughout the State and reduces the transportation burden, particularly for distant patients and caregivers
- Members:
  - Bill Thomsen, RSBCIHI
  - Buck Ellingson, CRIHB
  - Gabriel Pimental, Friendship House
  - Janice Mendez, Toiyabe
  - Lona Ibanitoru, LIHC
  - Rob England, UIHS

Lodging Workgroup

- Studying how to create a lodging option for people who have to travel to receive service at Regional Centers. Includes patients and caregivers.
- Members:
  - Janice Mendez, Toiyabe
  - Coral Goodman, UIHS
  - Dominica Valencia, Santa Ynez
  - Gabriel Pimental, Friendship House

Feasibility Study Workgroups

Traveling Specialties Workgroup

- Studying how to create a system where specialty providers and services can travel out directly to Tribal or Urban sites and provide services that don't require patient travel
- Members:
  - Anthony Mazza, RSBCIHI
  - Buck Ellingson, CRIHB
  - Dan Calac, IHC
  - Elizabeth Lara O'Rourke, UIHS
  - Gabriel Pimental, Friendship House
  - Lona Ibanitoru, LIHC
  - Orvin Hanson, IHC
  - Stephen Stake, K'ima:w

Pharmacy and Durable Medical Equipment Hub Workgroup

- Studying how the Regional Centers could serve as a pharmacy hub or a durable medical equipment hub to provide enhanced services to Tribal and Urban programs
- Members:
  - Ali Ali, IHS
  - Barbara Pfeifer, UIHS
  - Jeevan Dhouni, RSBCIHI
  - Carolyn Pumares, IHS

Some Other Questions We're Trying to Resolve or Consider

- How can we count Native people in urban areas? What methodology would be accepted by IHS HQ?
  - Related: what consequences may result from patients from urban counties not being within Purchased and Referred Care Delivery Area (PRCDA)?
- How can we prepare for the data requirements – making sure EHR is compatible with all programs?
- How can we prepare for the IT requirements for telemedicine – sufficient access to broadband?

Next Steps: Requesting Funding

- Once we have an up-to-date Feasibility Study, we can request funds.
- **Before we can submit any recommended health care facility for funding, need formal approval for that facility from a majority of California Tribes.**
  - **This means resolutions from Tribes.**
  - **Need at least 53 Tribes represented. (The more, the better!)**
  - **Resolutions from Tribal Health Boards, Urban Health Programs, or Other Partners are also Welcome!**
    - (However they would NOT count toward the 53 Tribal resolutions we need.)
- Once we get this approval and updated Feasibility Study, we will make a full court press for funding – and it MUST include staffing dollars.
  - Health Care Facilities Construction – New Priority System.
  - Demonstration Project.
  - Nonrecurring Expense Funds (NEF).
  - Congressionally Directed Spending (aka “Earmarks”) (IHS cannot request this).

Support Resolutions Received So Far

(as of 4/7/2023)

- Tribes (14)
  - Bridgeport
  - Cahuilla
  - Chicken Ranch
  - Cloverdale
  - Dry Creek
  - Ewiiaapaayp
  - Graton
  - Iipay
  - Inaja-Cosmit
- Tribes (cont.)
  - Los Coyotes
  - Pauma
  - Rincon
  - San Manuel
  - San Pasqual
- Health Programs (2)
  - Pit River Health Service
  - Riverside-San Bernardino

Next Steps: Planning

- Once we submit an approved project for funding, the next step will be seeking funding for planning activities:
  1. Program of Requirements
  2. Project Justification Document
  3. Business Plan
  4. Site Selection and Evaluation Report / Survey of Potential Locations
  5. Purchase of Land for Facilities
  6. Engineering Design
- Finally, we would use these activities to seek final funding for construction and staffing for the facility(ies).
  - Solicitation and Award
  - Construction
  - Hiring Staff for Facility(ies)

What Do We Need Now?

- Tribal Resolutions in Support of Regional Specialty Centers

- Also: Resolutions from Health Boards, Urban Programs, Any Other Organizations
- CRIHB has prepared some draft resolution language
- IHS can be available to make short presentations or answer questions at Tribal Council or Health Board Meetings or Town Hall Meetings.
- Spreading the word at all levels is necessary for this project to go forward.
- <u>You Can Be an Ambassador to Spread the Word to Your Tribe and Nearby Tribes</u>

Outreach Materials

- IHS has also created an informational web page about Regional Specialty Centers
  - Original 2013 feasibility study can be downloaded from this page
  - Also available for download from this page:
    - August 2022 presentation to Tribal Leaders
    - October 2022 presentation to CATAC
  - New feasibility study will also be posted here when it's completed

https://www.ihs.gov/california/index.cfm/tribal-resources/regional/

Sample Tribal Resolution Language - CRIHB

Tribal Letterhead

Resolution by _____TRIBE_____Relative to:

Northern and Southern Regional Specialty Centers in the California Indian Health Service Area

WHEREAS, on Wednesday, August 24, 2022, the California Area Office (CAO) of the Indian Health Service (IHS) held a meeting with Tribal leaders to discuss the future of health care facilities in the CA Area; and,

WHEREAS, this meeting was the culmination of months of discussions on this topic; and,

WHEREAS, California Tribes currently have no access to IHS-funded hospital or specialty care services; and,

WHEREAS, Tribes in other IHS Areas enjoy these services; and

WHEREAS, in the 1980 *Rincon v. Califano* case, the United States Ninth District Court of Appeals required the IHS to provide services to California Tribes comparable to Tribes elsewhere within the US; and,

WHEREAS, California Tribes agree that two regional specialty centers are a good first step in meeting that obligation; and,

WHEREAS, these regional specialty centers partially meet California Tribes' need for specialty services, but minimally address the complete absence of IHS-funded ambulatory facilities in the Area; and

WHEREAS, this resolution shall not be misconstrued as California Tribes' endorsement of other IHS facilities programs, such as our significant concerns regarding the Revised Health Care Facilities Priority System methodology; and,

WHEREAS, any regional specialty center provided to California Tribes by the IHS must have an accompanying ongoing staffing package; and,

WHEREAS, the proposal put forward by the CAO accounts for a minimum of two regional specialty centers, but with a state as geographically large and diverse, more IHS-funded facilities and services are needed to meet the needs of California Tribes in the remote parts of the California Area; and,

WHEREAS, the IHS must work to find solutions for those Tribes who will be outside a reasonable travel distance from any regional specialty center built by the IHS; and,

WHEREAS, these activities must happen concurrently to address the healthcare access disparities created by locating regional specialty centers at a great distance from some California Tribes and Tribal members, and should continue until all regions of the state have greater access to specialty healthcare services; now, therefore be it,

RESOLVED BY THE ____TRIBE____ that the IHS should move forward with building two regional specialty centers in the California Area as a first step to end the absence of any IHS-funded ambulatory facilities in the state, then move immediately to build a third center, with the goal of improving health care services for all California Native people; be it further

RESOLVED THAT, ____TRIBE____ supports the inclusion of the feasibility study for construction of the regional specialty centers in the California Area Health Care Facilities Master Plan (latest version); be it further

RESOLVED THAT, ____TRIBE____ asserts that individual Tribal, or Area wide, Purchased and Referred Care funding appropriated by Congress and/or allocated administratively, shall not be negatively impacted by the addition of regional specialty centers within the Area; be it further

RESOLVED THAT, ____TRIBE____ requests these activities be expedited so that the American Indian and Alaska Native people living in California have some level of access to Federally-funded specialty care services.

X _____

Chairman

X _____

Vice Chair

Any Questions or Discussion?

Thank you!

CAPT Jonathan Rash, P.E.

California Area Indian Health Service

jonathan.rash@ihs.gov

(916) 387-5799

Buck Ellingson, Health Policy Analyst

California Rural Indian Health Board

bellingson@crihb.org

(916) 202-2586