PROPOSAL FOR CALIFORNIA AREA'S NEXT HEALTH CARE FACILITIES:

REGIONAL SPECIALTY CENTERS

California Area Indian Health Service

Feasibility Study and Revision Prepared by the Innova Group, LLC

Reviewed by California Area Tribal Advisory Committee (CATAC)

WHAT ARE REGIONAL CARE SERVICES?

Regional Care IS:

- Specialty Healthcare
- Ambulatory Surgery
- Modern Diagnostic Services
- Tele-Medicine
- Short Stays
- Overnight Stays
- Intensive Care
- Inpatient Services
- Referrals Only

Regional Care IS NOT:

- No Primary Care
- No Emergency Care
- No Deliveries
- No Walk-In Services

Regional Specialty Centers are designed to SUPPORT, NOT REPLACE, primary care services at Tribal and Urban Health Programs.

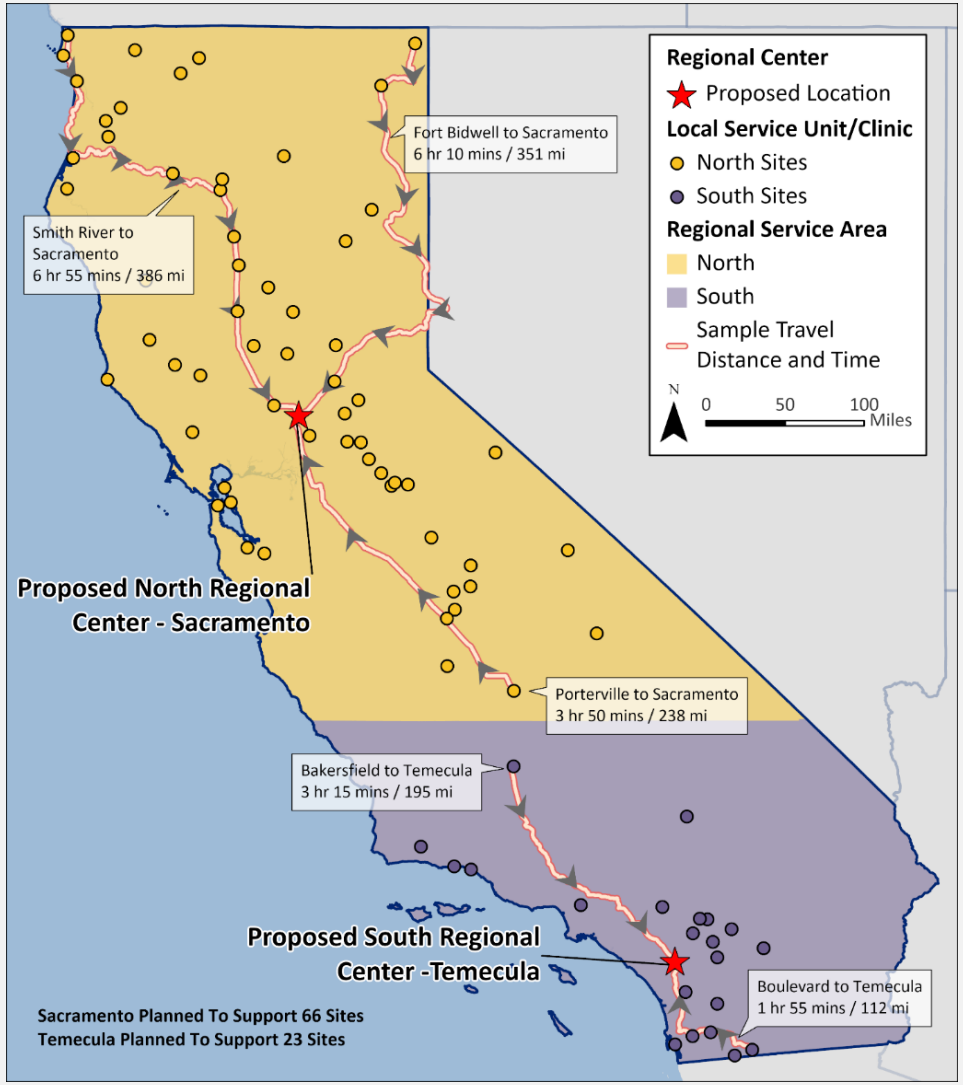
BENEFITS OF REGIONAL SPECIALTY CENTERS

- Access to Clinical Specialty Care
- Culturally Appropriate Care
- Integrated with Tribal and Urban Indian Health Programs
- Wraparound Care - Telemedicine Follow-Ups
- 1st Priority = Lower Wait Times
- No Caps on Service
- Saving Money on Purchased and Referred Care (PRC)
  - PRC funding will NOT be decreased

Why aren't we talking about a hospital?

- A Regional Specialty Center is the same as a hospital except without an Emergency Room or a Maternity Ward
- California doesn't have a large AI/AN population base in a concentrated area to support an Emergency Room or childbirth services
- Nearly everything else you would expect to find in a hospital is included

REGIONAL SPECIALTY CENTER LOCATIONS: SACRAMENTO AND TEMECULA



Feasibility study recommends two locations for Regional Specialty Centers: Sacramento and Temecula

- Sacramento User Population: 86,879 (2033)
- Temecula User Population: 50,231 (2033)

Why These Two Sites Were Chosen

- Capable of being accessed by significant user populations
- Supported by infrastructure and tertiary care
- Balanced geographically relative to user populations

SERVICES FROM REGIONAL SPECIALTY CENTERS

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

* See next page for a list of specialties we're expecting to be offered

MEDICAL, SURGICAL AND DENTAL SPECIALTIES

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: 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.

BOTTOM LINE RECOMMENDATIONS

Sacramento Regional Specialty Center

- 573,000 square foot facility with 1,611 employees

Temecula Regional Specialty Center

- 308,000 square foot facility with 832 employees

Total planning, design and construction cost for both facilities:

$1.21+ billion

(does not include cost of site acquisition)

Annual operating cost for both facilities:

$446 million

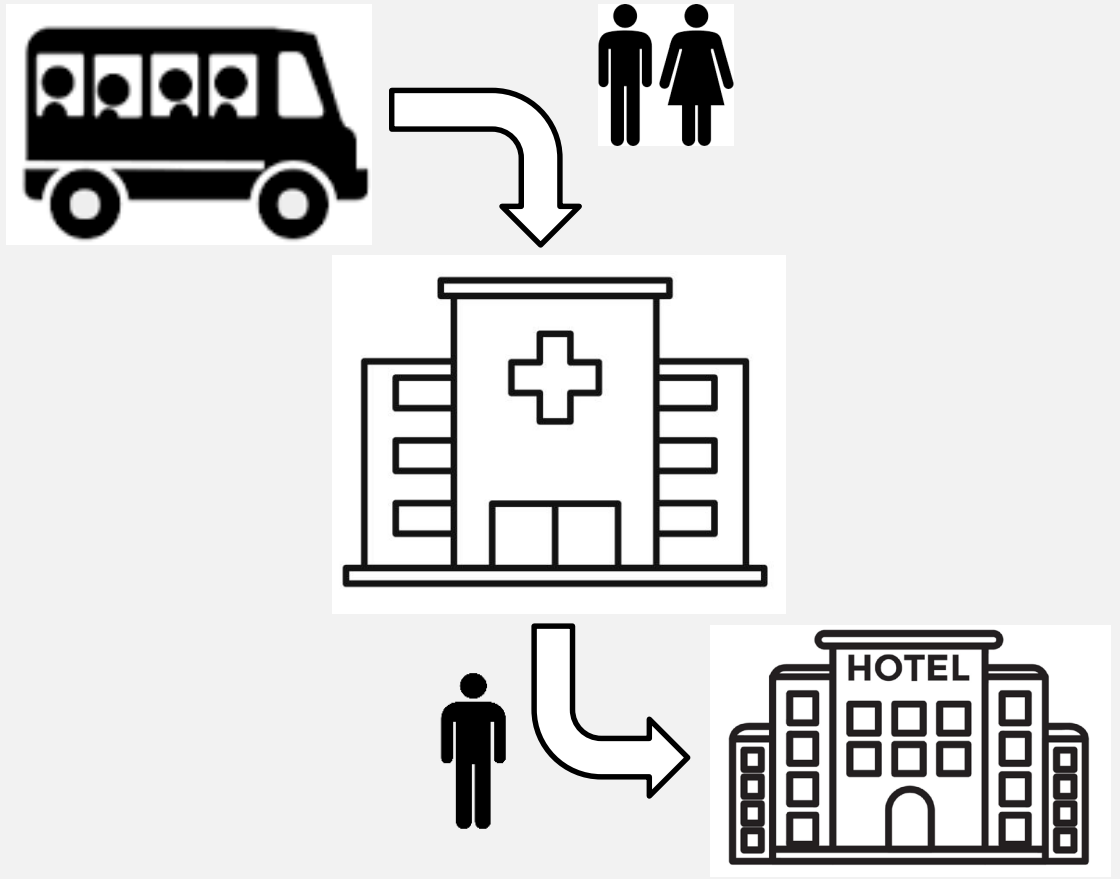
MAKING REGIONAL SPECIALTY CENTERS MORE ACCESSIBLE

Transportation

- Include a fleet of vehicles and drivers to assist patients with transportation to the regional center
  - Sacramento – 162 FTE's
  - Temecula – 28 FTE's

Lodging

- Include an adjacent hotel for patients and caregivers who have to travel to receive care
  - Sacramento – 94,300 square feet
  - Temecula – 17,700 square feet



MAKING REGIONAL SPECIALTY CENTERS MORE ACCESSIBLE

Maximum Telehealth Capacity

- Decrease patient travel by allowing pre- and post-procedure appointments to happen through telehealth

Traveling Specialties

- Some specialty providers can travel to Tribal or Urban facilities and render services to patients closer to where they live

Pharmacy Hub

- Additional pharmacy services to assist users in obtaining expensive and hard-to-get medications

Durable Medical Equipment Hub

- Setting aside space and staffing for durable medical equipment for all users (*e.g.* wheelchairs, CPAP, CGM devices, oxygen)

NEXT STEPS – 1. TRIBAL APPROVAL

- Before the Regional Centers can be built, IHS needs resolutions to confirm approval from a **majority of Tribes** served by California Area IHS
  - Resolutions or letters of support from Tribal or Urban Indian health programs also needed
  - Need at least 53 resolutions to have support of the majority of Tribes
- CRIHB has prepared draft Tribal resolution language you can use to demonstrate support for the Regional Specialty Centers plan

SUPPORT RESOLUTIONS RECEIVED SO FAR
(45 AS OF 9/4/2024)

- Barona
- Big Pine
- Bishop
- Blue Lake
- Bridgeport
- Cahuilla
- Cher-ae Heights
- Chicken Ranch
- Cloverdale
- Dry Creek
- Ewiiaapaayp
- Fort Bidwell
- Graton
- Iipay (Santa Ysabel)
- Iñaja-Cosmit
- Jamul
- Kletsel Dehe
- La Jolla
- La Posta
- Lone Pine
- Los Coyotes
- Manchester Point Arena
- Manzanita
- Mesa Grande
- Mooretown
- Pala
- Pauma
- Pit River
- Quartz Valley
- Ramona
- Resighini
- Rincon
- San Manuel
- San Pasqual
- Santa Rosa Res.
- Scotts Valley
- Sherwood Valley
- Susanville
- Timbisha
- Tolowa Dee-Ni’
- Tule River
- Utu Utu Gwaitu (Benton)
- Viejas
- Wilton
- Wiyot

RESOLUTIONS RECEIVED BY HEALTH PROGRAM
(AS OF 9/4/2024)

- Tribes by Health Program
  - Consolidated (2 of 8)
  - Feather River (1 of 3)
  - Indian Health Council (**9 of 9**)
  - Northern Valley (1 of 4)
  - Riverside San Bernardino (4 of 9)
  - Sonoma County (4 of 6)
  - Southern Indian Health Council (6 of 7)
  - Toiyabe (6 of 7)
  - UIHS (5 of 9)
  - Single Tribe Programs: Chicken Ranch, Pit River, Quartz Valley, Susanville, Tule River, Warner Mountain, Wilton

- Tribal Health Board Resolutions (5)
  - Central Valley Indian Health
  - Indian Health Council
  - Pit River Health Services
  - Riverside San Bernardino
  - Southern Indian Health Council

- Urban Health Board Resolutions (3)
  - Bakersfield American Indian Health Project
  - Sacramento Native American Health Center (SNAHC)
  - San Diego American Indian Health Center

ROADMAP TO IMPLEMENTATION

- Several planning activities need to be completed before we can seek full funding for construction and staffing:
  1. **Comprehensive User Population Study (funded)**
  2. **Governance Study (funded)**
  3. Program of Requirements (POR)
  4. Project Justification Document (PJD)
  5. Business Plan
  6. Site Selection and Evaluation Report / Survey of Potential Locations
  7. Purchase of Land for Facilities
- California Area has funding now for the first two activities, currently requesting funding for the rest of these planning activities
- Proper planning must be ***inclusive*** with Tribal representatives and Tribal and Urban Indian health program representatives providing input every step of the way.
- After planning is complete, we would use these activities to seek final funding for design, construction and staffing for the Regional Centers
  - Engineering Design
  - Construction
  - Hiring Staff
- This full process (planning, design, construction and start-up) will take at least **10-15 years best case scenario**.
- Receiving funding from Congress is the biggest unknown in the timeline

COMING SOON: FIRST TWO PLANNING PHASES (PLUS PRCDA STUDY)

CATAC just approved moving forward on the initial planning studies we have funding for:

PRCDA Study

- Conduct a detailed analysis of the implications of a statewide California PRCDA for both tribal and urban Indian health programs
- Identify the current user population and increased user population that would result from PRCDA expansion
- Analyze the implications for PRC for existing health programs if PRCDA were expanded

Population Study

- Better quantify the anticipated user population who would utilize the proposed Regional Centers
- Get accurate user counts from all existing Tribal and Urban programs
- Determine a methodology to count the potential number of users from urban / non-PRCDA counties that would be acceptable to IHS HQ

Governance Study

- A comprehensive analysis of governance of the proposed regional centers:
- Under federal ownership and operation, how would Tribes provide meaningful oversight?
- If a consortium of Tribes wanted to operate the regional centers, how could that be accomplished and how would governance be structured?
- What would be the pros and cons of federal vs tribal operation?

REGIONAL CENTERS INFORMATION

- Indian Health Service created a website with more information and documents you can download about the Regional Specialty Centers:
- https://www.ihs.gov/california/index.cfm/tribal-resources/regional/

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS

CAPT Jonathan Rash, P.E.

California Area Indian Health Service

jonathan.rash@ihs.gov

(916) 387-5799