

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

REAR ADM. CHRIS BUCHANAN

IHS DEPUTY DIRECTOR

MARCH 7, 2019



Welcome



RADM Chris Buchanan
Deputy Director
Indian Health Service



Updates

FY 2019 Budget

- \$5.8 billion
- Includes a \$266 million increase for:
 - Tribal clinic operational costs
 - Recently recognized tribes
 - Opioid response
 - Urban Indian health
 - Indian health professions, and
 - Contract support costs

Updates

Strategic Plan

The mission of the IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. Our vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.

IHS will achieve its mission through three strategic goals:

1. To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people;
2. To promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and
3. To strengthen IHS program management and operations.

Read more about the Strategic Plan and these goals, objectives, and strategies at: www.ihs.gov/strategicplan

Updates

Tribal Consultation and Urban Confer

- Closed
 - Establishing an Office of Quality within IHS Headquarters
 - FY 2019-2023 Strategic Plan
- Active
 - Proposed updates to the IHS Guide for Reporting Sanitation Deficiency for American Indian and Alaska Native Homes and Communities.
 - Exploring the available options to distribute behavioral health initiatives funding currently through grants through other funding mechanism
 - Updates to the IHS policies on Contract Support Costs and Purchased/Referred Care
 - Modernization Efforts for Health Information Technology

Updates

- Future
 - ISDEAA, 105(I) leases.
 - Community Health Aide Program
 - IHS policies on tribal consultation and conferring with Urban Indian organizations
 - \$10 million provided in the FY 2019 budget for opioid prevention, treatment, and recovery services
 - Potential new funding associated with the President's recently announced initiative on ending the HIV epidemic.

Updates

[Indian Health Service Announces New Office of Quality](#)

[IHS Office of Quality job listings](#)



Updates

- HHS Intradepartmental Council on Native American Affairs



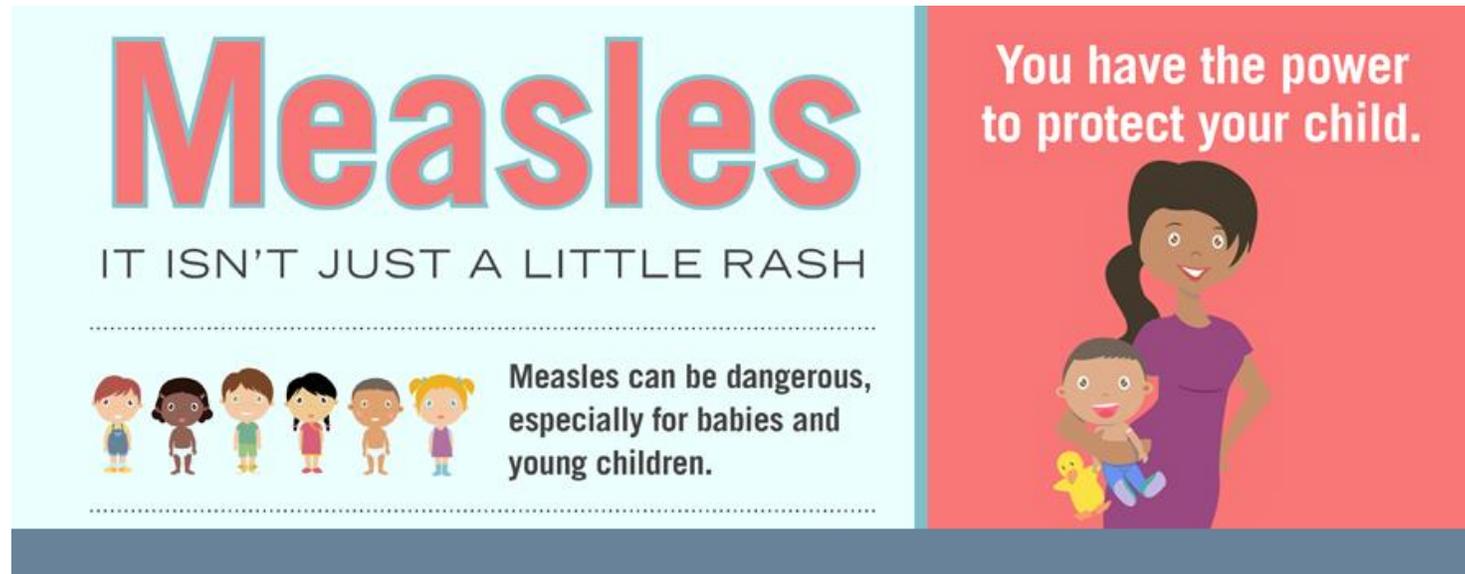
IHS DDIGA Ben Smith, RADM Michael Weahkee, ANA Commissioner Jeannie Hovland and RADM Chris Buchanan

Updates

New agency policies are being put into place or in the process of being updated to provide even more stringent professional standards.

- [RFP for Medical Quality Assurance Review](#)
- [IHS Report Fraud, Waste, Abuse and Mismanagement](#)
- [Office of Inspector General - Report Fraud](#)
- [Chapter 20 – Protecting Children from Sexual Abuse by Health Care Providers](#)
- [Chapter 23 - Ethical And Professional Conduct Of Health Care Providers](#)
- [Centralized Credentialing System](#)
- [Trauma Informed Care](#)

Updates



Measles
IT ISN'T JUST A LITTLE RASH

.....

 Measles can be dangerous,
especially for babies and
young children.

.....

**You have the power
to protect your child.**



Upcoming Events

- March 12-13: Direct Service Tribes Advisory Committee Meeting, Washington, DC
- March 12-13: Indian Health Care Improvement Fund Workgroup Meeting, Arlington, VA
- March 13-14: National Tribal Advisory Committee on Behavioral Health Meeting, Alpine, CA
- March 14-15: IHS FY 2021 National Tribal Budget Formulation Work Session, Washington, DC
- March 19-20: Tribal Leaders Diabetes Committee Meeting, Washington, DC
- March 31-April 2: 2019 Tribal Self-Governance Annual Consultation, Acme MI

Upcoming Events

All Tribal and Urban Indian Organizations Call

Thursday, April 4, 2019

3:30 pm Eastern Time

Conference Call: 800-857-5577

Participant Passcode: 6703929

Webinar Adobe Connect: <https://ihs.cosocloud.com/r4k6jib09mj/>

Participant Password: ihs123

- Following each meeting, the slides are available at <https://www.ihs.gov/newsroom/directorspeeches/>



Shortage Designation Modernization Project: Auto-HPSAs

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Bureau of Health Workforce
Health Resources and Services Administration



Overview

- Health Professional Shortage Areas
- Shortage Designation Modernization Project
- Tribal and Urban Indian Organizations' Update Previews--Key Questions

Shortage Designations* Help Target Resources**

Shortage Designation Option	National Health Service Corps (NHSC)	NURSE Corps	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver
Primary Care							
Geographic HPSA	X	X		X	X	X	X
Population HPSA	X	X		X		X	X
Facility HPSA	X	X		X			X
Dental Care							
Geographic HPSA	X			X			
Population HPSA	X			X			
Facility HPSA	X			X			
Mental Health							
Geographic HPSA	X	X		X	X		X
Population HPSA	X	X		X			X
Facility HPSA	X	X		X			X
Medically Underserved Area (MUA)			X			X	X
Medically Underserved Population (MUP)			X				X
Exceptional MUP			X				X
State Governor's Certified Shortage Area						X	

*42 USC §254e(d)(1): "The Secretary shall determine health professional shortage areas in the States, publish a descriptive list of the areas, population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations."

**List of programs is not exhaustive.



Types of HPSAs

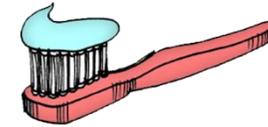
A shortage of:



Primary
Care



Mental
Health



Dental
Health

providers in a:



Geographic Area



Population
Group



Facility

Automatically Designated Facility HPSAs

Using the statute and regulations, HRSA has deemed the following facility types as eligible for automatic HPSA designation:

- **Tribally-Run Clinics**
- **Urban Indian Organizations**
- **Dual-Funded Tribal Health Centers**
- **Federally-Run Indian Health Service Clinics**
- **Health Centers (funded under Sec. 330)**
- **Health Center Look-Alikes**
- **CMS-Certified Rural Health Clinics meeting NHSC site requirements**



Auto-HPSAs compared to other HPSAs

Similar but not the same

Other HPSAs

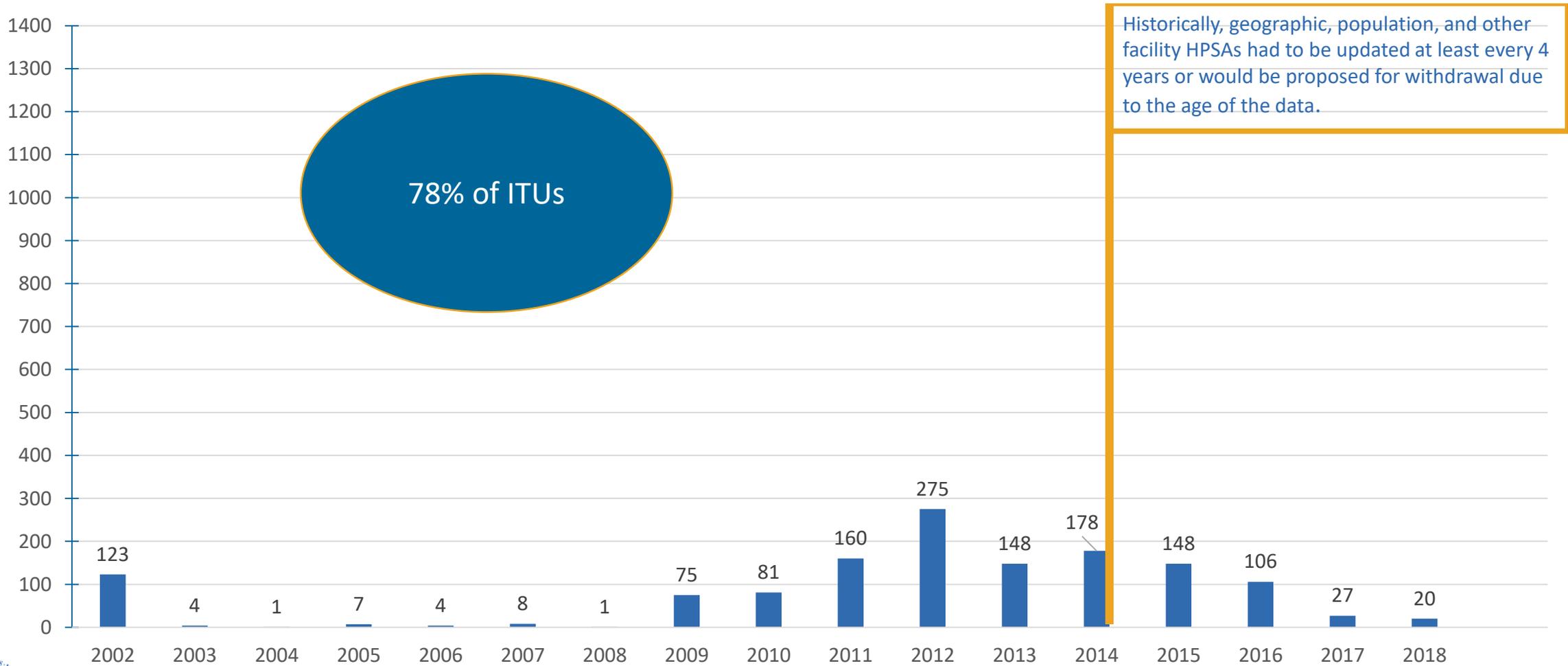
- Designation & scoring done online
- Criteria used to first designate as HPSA
- Criteria used to determine HPSA score
- Scores range from 0-25 (26 for dental)
- Designations are required to be reviewed and updated as necessary annually
- Score of “0” is rare

Automatic Facility (Auto-HPSAs)

- Designation & scoring currently done **manually**
- **No application** process necessary
- Same criteria used to determine HPSA score as other HPSAs
- Same scoring range used
- HRSA has not historically required Auto-HPSA scores to be reviewed regularly; updates are requested by facility
- Score of “0” **more frequent** and means low shortage or no data was available for scoring



Year ITU Auto-HPSAs were updated (n=1,366)



SDMP Core Principles



The Shortage Designation Modernization Project utilizes the existing HPSA scoring criteria. No changes to the criteria have been made.

Auto-HPSA Working Groups: ITU Representation



Data Working Group

- **Jennifer Harrison** (Eastern Aleutian Tribes)
- **Jyl Marden** (California Consortium for Urban Indian Health)

Communications Working Group

- **Francys Crevier, Kimberly Fowler, Kathryn Lash** (National Council of Urban Indian Health)
- **Abigail Echo-Hawk** (Urban Indian Health Institute)
- **Jyl Marden and Virginia Hedrick** (California Consortium for Urban Indian Health)

National Update of Auto-HPSAs

- Tentatively planned for this summer
- Series of Auto-HPSA preview reports in advance
 - Raise awareness of Auto-HPSAs
 - Provide scoring transparency
 - Enable HRSA to provide technical assistance
- Submit supplemental data to change Auto-HPSA scores
 - facility-specific data
 - fluoridation status, alcohol misuse rate and substance misuse rate data.
- Work with State Primary Care Offices (PCOs) to ensure provider data are correct



Supplemental Data: Following the National Update*

ITUs

- Zip codes in which 75% of the Auto-HPSA facility's patients reside
- The percent of population of patients served with known income at or below 100% FPL
- Out of the total unduplicated patient population, the count of individuals younger than 18, or 65 and older, divided by the count of adults age 18-64
- Water Fluoridation
- Alcohol Misuse Rate
- Substance Misuse Rate

State Primary Care Offices

- Nearest Source of Care
- Water Fluoridation
- Alcohol Misuse Rate
- Substance Misuse Rate

Facility-specific Data

- Reporting period: calendar year
 - January 1, 2017-December 31, 2017
 - January 1, 2018-December 31, 2018 (Preferable)
- The fluoridation, alcohol misuse and substance misuse data do not need to mirror the HRSA-created service area.
 - However, the information submitted should reflect the service area (i.e., be based on the organization's address and sites) and represent a minimum 12 month reporting period.

*Data will be submitted via online portal. Data will be accepted on a continual basis.



Impact on National Health Service Corps and Nurse Corps

Current Auto-HPSA Scores

- No changes to Auto-HPSAs have occurred
- Used for 2019 National Health Service Corps (NHSC) and Nurse Corps (NC) application cycles

Current Participants and Those Awarded in 2019

- Will **not** be impacted by national update of HPSA scores
- May complete their service obligations-even if scores change.
- If eligible for a continuation-may be awarded as long as participants are working in a HPSA

Key Questions

- Have changes to Health Professional Service Area (HPSA) scores occurred?
 - No changes to HPSA scores have occurred at this time.
 - The national update is tentatively planned for this summer. (No later than August.)
- Will current National Health Service Corps and Nurse Corps participants be impacted?
 - Current participants and those awarded in the 2019 cycle, will not be impacted.
 - Participants can complete their service obligation regardless of any score changes.
 - Eligible participants may also be awarded continuations.
- Can anything be done to change the Auto-HPSA scores?
 - Immediately following the national update, organizations can submit facility-specific data enabling HRSA to rescore them further.
 - Organizations can submit fluoridation data as well as alcohol misuse and substance misuse rate data.
- Contact information:
 - Visit <https://bhw.hrsa.gov/sdmp> for information and resources.
 - Contact SDMP@HRSA.gov with questions or requests for briefings.



Shortage Designation Modernization Project Summary

- No changes to HPSA scores have occurred at this time.
- Current participants will not be impacted.
- National update is tentatively planned for summer 2019.
- There are things that organizations can do to change their scores.
- Before the update takes place:
 - Collect facility-specific
 - Collect supplemental data
 - Work with State Primary Care Offices on the provider data
- Visit <https://bhw.hrsa.gov/sdmp> for information and resources.
- Contact SDMP@HRSA.gov with questions or requests for briefings.





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