

UDS Summary Report Final - FY2015

Data As Of: 10/04/2016, with 32 of 32 Sites Reporting

Table 1 reports the total number of community members served by the UIHPs and the percentage who are American Indian or Alaska Native (AI/AN).

Table 1. Total Patients and Demographic Information

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Description	Outreach & Referral (n=5)		Limited Ambulatory (n=7)		Full Ambulatory (n=21)		Total (n=33)		AI/AN Census(3)
	Total	AI/AN	Total	AI/AN	Total	AI/AN	Total	AI/AN	
Total Patients	1,416	1,358	4,028	3,646	121,288	40,387	126,732	45,391	
% AI/AN (1)	96%		91%		33%		36%		
Male	625	598	1,631	1,466	52,552	16,745	54,808	18,809	49%
Female	791	760	2,397	2,180	68,736	23,642	71,924	26,582	51%
% Pediatric (<15 yrs)	10%	10%	10%	11%	18%	16%	15%	14%	25%
% Geriatric (65+ yrs)	8%	8%	7%	7%	6%	7%	7%	7%	8%
% Women (15-44 yrs)	27%	27%	30%	30%	28%	30%	29%	29%	-%
% Minority (2)	96%		93%		67%		76%		-%
% Linguistic Barrier	4%		1%		9%		8%		3%

(1) Calculated as the percent of patients who are AI/AN out of total patients.

(2) Calculated as the percent of non-white patients out of patients with known race and Hispanic ethnicity.

(3) AI/AN National Data Source: US Census Bureau, "The American Community – American Indians and Alaska Natives: 2004".

NOTE: Percentages are rounded

Table 2 reports socioeconomic characteristics of patients served by UIHP funded programs.

Table 2. Socioeconomic Characteristics

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Description	Outreach & Referral (n=5)		Limited Ambulatory (n=7)		Full Ambulatory (n=21)		Total (n=33)		AI/AN National Data(4)
	Total	AI/AN	Total	AI/AN	Total	AI/AN	Total	AI/AN	
Total Patients	1,416	1,358	4,028	3,646	121,288	40,387	126,732	45,391	
% AI/AN (1)	96%		91%		33%		36%		
% <= 100% FPL (2)	56%	57%	65%	64%	66%	64%	65%	64%	25%
% <= 200% FPL (2)	90%	90%	91%	91%	91%	90%	91%	90%	-
% Uninsured (3)	67%	67%	60%	60%	34%	36%	44%	45%	30%
% Medicaid	17%	17%	22%	22%	46%	39%	37%	33%	26%
% Medicare	4%	4%	7%	7%	7%	7%	6%	7%	-
% Other Public	5%	5%	0%	0%	5%	2%	5%	4%	-
% Private	16%	15%	13%	13%	15%	17%	14%	16%	35%

(1) Calculated as the percent of patients who are AI/AN Qualified under title XXV out of total patients.

(2) Calculated as the % of patients with known income. NOTE: The % of patients with unknown income varies significantly by program type: 68% for Outreach and Referral, 29% for Limited Ambulatory and 15% for Full Ambulatory programs.

(3) The high percent uninsured patients may be partially the result of incomplete data collected by UIHP funded programs which do not bill patients for medical services.

(4) National Data Sources: US Census Bureau, "The American Community – American Indians and Alaska Natives: 2004" Center for Disease Control, "Summary Health Statistics for the U.S Population: National Health Interview Survey, 2009".

NOTE: Percentages are rounded

Table 3 reports trends (2011-2015) in Patients Served and Total Visits, for both Universal and AI/AN populations.

Table 3. Trend In Patients Served And Visits

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Description: Universal	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	Gross Change 2011-2015	% Change 2011-2015
Total Number of Patients Served/All Programs	123,509	117,557	126,310	126,732	3,223	3%
Total Medical Patients Served	79,729	81,803	88,854	84,611	4,882	6%
Total Visits	544,103	507,987	529,983	518,316	-25,787	-5%
Description: AI/AN	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	Gross Change 2011-2015	% Change 2011-2015
Total Number of AI/AN Patients Served/All Programs	50,916	51,646	53,408	45,391	-5,525	-11%
% of Total Patients who are AI/AN (% of total patients)	42%	44%	42%	36%	-6%	-14%
Total AI/AN Medical Patients Served	33,522	33,403	32,784	27,118	-6,404	-19%
Total AI/AN Visits	290,651	245,067	227,692	197,751	-92,900	-32%

Table 4 compares the total population and the AI/AN population served by UIHPs on selected socioeconomic characteristics.

Table 4. Patient Access

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Description (Universal)	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	Gross Change 2011-2015	% Change 2011-2015
% Medical Patients	65%	70%	70%	76%	11%	17%
% Pediatric (<15 years old)	20%	22%	18%	15%	-5%	-25%
% Geriatric (age 65 and over)	4%	5%	5%	7%	3%	75%
% Womens health (age 15 -44)	31%	32%	28%	29%	-3%	-6%
% <= 100% Poverty (1)	78%	78%	74%	65%	-13%	-17%
% <= 200% Poverty (1)	95%	93%	94%	91%	-4%	-4%
% Uninsured	58%	52%	51%	44%	-14%	-24%
% with Medicaid or SCHIP coverage	26%	31%	33%	37%	11%	42%
% with Medicare coverage	5%	6%	5%	6%	1%	20%
Description (AI/AN)	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	Gross Change 2011-2015	% Change 2011-2015
% AI/AN Medical Patients	66%	65%	61%	76%	10%	15%
% AI/AN Pediatric (<15 years old)	20%	19%	14%	14%	-6%	-30%
% AI/AN Geriatric (age 65 and over)	4%	4%	4%	7%	3%	75%
% AI/AN Womens health (age 15 -44)	31%	34%	31%	29%	-2%	-6%
% AI/AN <= 100% Poverty (1)	74%	74%	74%	64%	-10%	-14%

% AI/AN <= 200% Poverty (1)	92%	92%	93%	90%	-2%	-2%
% AI/AN Uninsured	63%	63%	64%	45%	-18%	-29%
% AI/AN with Medicaid or SCHIP coverage	24%	24%	23%	33%	9%	38%
% AI/AN with Medicare coverage	4%	4%	4%	7%	3%	75%

(1) Denominator excludes 'Unknown' category.

Table 5 reports the percentage of all of the patients seen in the program who received services in each of the seven discrete service categories.

Table 5. Patients By Service

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Description	Outreach & Referral (n=5)		Limited Ambulatory (n=7)		Full Ambulatory (n=21)		Total (n=33)	
	Total	AI/AN	Total	AI/AN	Total	AI/AN	Total	AI/AN
Total Patients	1,416	1,358	4,028	3,646	121,288	40,387	126,732	45,391
% AI/AN (1)	96%		91%		33%		36%	
% Medical	85%	85%	78%	79%	76%	74%	76%	76%
% Dental	39%	39%	10%	10%	39%	36%	34%	32%
% Mental Health	17%	16%	20%	18%	10%	13%	13%	14%
% Substance Abuse	41%	37%	9%	10%	12%	14%	13%	14%
% Other Professional	9%	10%	8%	8%	4%	4%	5%	5%
% Vision	1%	1%	13%	14%	2%	2%	6%	5%
% Enabling	49%	51%	46%	44%	14%	17%	27%	29%

(1) Calculated as the percent of patients who are AI/AN Title XXV Qualified out of patients with known race.

(2) Outreach and Referral programs provide Medical care through vouchers and other forms of paid referrals.

NOTE: Percentages are rounded

As reported in Table 6, Urban Indian Health funded programs provide continuity of care as evidenced by the average number of visits per patient by service category.

Table 6. Visits By Service

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Description	Outreach & Referral (n=5)		Limited Ambulatory (n=7)		Full Ambulatory (n=21)		Total (n=33)	
	Total	AI/AN	Total	AI/AN	Total	AI/AN	Total	AI/AN
Total Visits	5,080	4,561	15,634	13,479	497,602	179,711	518,316	197,751
Medical Visit per Medical Patient (1)	1.36	1.36	2.11	2.11	2.98	3.04	2.74	2.78
Dental Visit per Dental Patient	3.82	3.82	1.23	1.23	2.72	2.74	2.60	2.61
Mental Health Visit per MH Patient	5.26	5.22	5.68	5.83	6.83	6.43	6.44	6.19
Substance Abuse Visit per SA Patient	6.29	5.16	12.03	11.24	13.46	12.22	12.56	11.41
Other Professional Visit per OP Patient	1.20	1.21	184.25	1.25	2.30	2.29	42.61	1.92
Total Vision Visits per Vision Patient	1.00	1.00	1.00	1.00	1.01	1.03	1.00	1.01
Enabling Visit per Enabling Patient	2.08	2.03	2.42	2.55	2.65	4.78	2.50	3.78

(1) Medical visits exclude nursing visits.

Table 7 reports trends in visits per patient by three utilization categories.

Table 7. Utilization

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Description: Universal	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	Gross Change 2011-2015	% Change 2011-2015
Medical Visits per Medical Patient (3)	2.93	2.66	2.62	2.85	- 0.08	-2.73%
Substance Abuse Visits Per SA Patient	11.03	12.33	10.73	12.63	1.60	14.51%
Mental Health Visits Per MH Patient	8.67	8.10	7.76	6.53	- 2.14	-24.68%

(1) Medical visits exclude nursing visits.

Table 8 summarizes staff FTEs by position for the overall Urban Indian Health funded program and for each of the three program types.

Table 8. Full-Time Equivalent Staff

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FTEs	Outreach & Referral (n=5)		Limited Ambulatory (n=7)		Full Ambulatory (n=21)		Total (n=33)	
	FTE	%FTE	FTE	%FTE	FTE	%FTE	FTE	%FTE
Medical Providers	0.00	0.0%	4.39	3.0%	189.86	11.8%	194.25	10.8%
Nurses and Ancillary Staff	1.00	1.9%	15.15	10.3%	272.43	17.0%	288.58	16.0%
Dental Staff	2.00	3.8%	0.00	0.0%	130.48	8.1%	132.48	7.3%
Mental Health Staff	4.50	8.5%	11.73	7.9%	103.40	6.4%	119.63	6.6%
Substance Abuse Staff	2.75	5.2%	10.83	7.3%	76.16	4.7%	89.74	5.0%
Other Professional Staff	0.30	0.6%	3.08	2.1%	16.22	1.0%	19.60	1.1%
Vision	0.00	0.0%	0.40	0.3%	1.46	0.1%	1.86	0.1%
Pharmacy	0.00	0.0%	0.00	0.0%	10.36	0.6%	10.36	0.6%
Enabling	22.31	42.0%	33.30	22.5%	216.57	13.5%	272.18	15.1%
Other Programs	0.00	0.0%	6.98	4.7%	76.52	4.8%	83.50	4.6%
Total Non-Clinical Support & Facility	20.29	38.2%	64.83	43.8%	576.39	35.9%	661.51	36.6%
Total FTEs	53.15		147.87		1,606.55		1,807.57	
% of Total UIHP FTEs	2.94		8.18		88.88		100.00	

Table 9 reports Staffing ratios for direct medical and dental support, and are calculated per provider FTE to standardize across clinical programs of different size (N/A indicates there are no providers).

Table 9. Staffing Ratios

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Staff Ratio per Provider FTEs	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
Direct medical support	N/A	2.77	1.59	1.78	1.91
Dental support	1.00	N/A	1.56	1.52	1.41
Patient support (front desk)	0.53	0.74	0.51	0.56	1.39

Management and support	0.43	0.81	0.46	0.53	
Fiscal and billing	0.24	0.31	0.27	0.27	
Information Technology (IT)	0.10	0.15	0.13	0.13	
Non-clinical and facility	1.00	1.81	1.30	1.37	

Table 10 reports the average panel size for UIHP funded programs. Panel size is defined as the average number of patients per provider FTE and is calculated by dividing total patients in any service category by the total number of provider FTEs for that same category.

Table 10. Patient Panel Size

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Description	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total Patients/ Provider (n=33)	BPHC National Standard	UIHP Visits(1)/ Patient	BPHC Visits(1)/ Patient
Medical patients/medical provider (1)	N/A	453	645	608	929	3	3
Dental patients/dental provider	130	N/A	687	650	861	3	2
MH patients/MH provider	25	98	104	95	192	6	5
SA patients/SA provider	53	40	76	65	122	13	9

(1) Excludes nursing staff.

Table 11 reports average provider productivity by specialty compared with the UIHP total and BPHC national averages.

Table 11. Provider Productivity

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Provider Type	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	National Standard (BPHC)
Family Practitioner	N/A	1,480	2,134	2,094	3,156
General Practitioner	N/A	1,987	1,708	1,770	3,304
Internists	N/A	N/A	1,666	1,666	2,998
OB/GYNs	N/A	2,600	2,318	2,389	2,881
Pediatricians	N/A	N/A	2,687	2,687	3,316
Nurse Practitioner	N/A	860	1,802	1,613	2,570
Physician Assistants	N/A	N/A	2,057	2,057	2,886
Certified Nurse Midwives	N/A	N/A	1,601	1,601	2,231
Nurses	106	332	165	200	176
Dentists	256	N/A	2,222	2,091	2,623
Dental Hygienists	N/A	N/A	1,114	1,114	1,240
Psychiatrists	N/A	N/A	1,587	1,587	2,468
Psychologists	N/A	556	411	429	1,037
Social Workers	255	53	726	631	890
Substance Abuse	269	380	574	498	1,082

Table 12 reports Costs by Cost Center, which is reported as a percentage of total costs, for each program type.

Table 12. Costs By Cost Center

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Total Costs by Cost Center (loaded cost as % of total costs)	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
Non-clinical support	31%	39%	29%	31%	25%
Facility	13%	12%	10%	11%	8%
Medical	35%	47%	47%	46%	60%
Dental	7%	2%	18%	15%	12%
Mental health/Substance abuse	32%	26%	18%	21%	6%
Pharmacy	9%	4%	4%	4%	10%
Other Professional	1%	3%	3%	2%	1%
Vision	1%	1%	0%	1%	0%
Enabling & Other Related Services	52%	21%	23%	41%	11%

*Percentages may not add up to 100 due to rounding. Also, Administration and Facility are included in other cost centers as costs reported are loaded costs.

Table 13 reports the Average Cost per Patient by service, for each program type.

Table 13. Average Cost per Patient by Service

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Average cost per Patient by Service Type	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
Total cost/patient	\$3,301	\$3,968	\$1,611	\$2,229	\$827
Medical cost(1)/ Medical patient	\$2,285	\$3,133	\$891	\$1,358	\$554
Dental cost/ Dental patient	\$1,258	\$505	\$699	\$739	\$463
MH cost/ MH patient	\$10,805	\$7,438	\$2,072	\$3,514	\$774
SA cost/ SA patient	\$1,474	\$7,769	\$2,553	\$3,510	\$1,037

(1) Excludes laboratory and x-ray cost.

Table 14 reports the Average Cost per Visit, by Service, for each program type.

Table 14. Average Cost per Visit by Service

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Average cost per Service	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
Medical cost(1)/ Medical visit(2)	\$1,680	\$3,887	\$297	\$1,013	\$177
Dental cost/ Dental visit	\$306	\$460	\$265	\$291	\$183
Pharmacy cost per Medical visit	\$248	\$59	\$26	\$52	\$31
Lab & X-ray cost per Medical visit	\$76	\$20	\$14	\$18	\$9
Pharmaceutical cost per Medical visit	\$0	\$35	\$7	\$14	\$18

- (1) Excludes lab and x-ray costs.
 (2) Excludes nursing visits.

Table 15 reports trends in both Average Number of Visits, and numbers of Patients per Provider.

Table 15. Average Visits and Patient Panel Size

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Efficiency	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	2011-2015 % Change
Average Number of Visits	17,003	15,394	16,060	16,197	-5%
Average Number of Medical Visits	7,304	6,600	7,066	9,193	26%
Patient Panel Size					
Medical Patients per Medical Provider	834	857	916	608	-27%
Dental Patients per Dental Provider	762	675	809	650	-15%
SA Patients per SA Provider	78	67	68	65	-17%
MH Patients per MH Provider	71	63	75	95	34%

Table 16 reports trends in Provider Productivity, as number of visits per provider.

Table 16. Provider Productivity

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Productivity	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	2011-2015 % Change
Family Practice Productivity	2,750	2,515	2,834	2,094	-24%
General Practice Productivity	2,232	2,067	1,972	1,770	-21%
Internal Medicine Productivity	2,925	2,252	2,819	1,666	-43%
Ob/Gyn Productivity	3,981	5,738	4,288	2,389	-40%
Pediatric Productivity	2,896	2,544	3,283	2,687	-7%
NP Productivity	2,034	2,032	2,039	1,613	-21%
PA Productivity	2,791	2,340	2,494	2,057	-26%
Dentist Productivity	2,273	1,877	2,133	2,091	-8%
Dental Hygienist Productivity	1,220	929	1,155	1,114	-9%
Psychiatrist Productivity	1,598	1,457	1,597	1,587	-1%
Licensed Clinical Psychologist productivity	551	426	406	429	-22%
Licensed Clinical Social Worker Productivity	615	671	756	631	3%
Substance Abuse Staff Productivity	865	820	733	498	-42%

Table 17 reports the mix of funding sources that support Urban Indian Health funded programs.

Table 17. Income By Source

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Income by Source	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
% Income from Patient Services	1.9%	2.6%	33.6%	26.60%	65%
% Income from IHS	92.3%	84.4%	36.3%	53.80%	18%

% Income from other sources	6.8%	14.2%	30.1%	23.70%	17%
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Table 18 reports Third Party Reimbursement charges as a percentage of Total Charges, for each program type.

Table 18. Third Party Reimbursement

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Charges as a % of Total	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
% Medicaid	76.0%	57.0%	51.0%	54.00%	53.1%
% Medicare	0.0%	9.0%	11.0%	11.00%	11.5%
% Other Public	9.0%	57.0%	9.0%	14.00%	2.0%
% Private	0.0%	8.0%	18.0%	17.00%	14.9%
% Self Pay	20.0%	31.0%	19.0%	20.00%	18.5%
% of Total Charges	0.0%	1.0%	99.0%	100.00%	100%

Table 19 reports how IHS funding is leveraged by UIHP funded programs.

Table 19. Leveraging IHS Funding

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Income by Source	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)
IHS Funding	\$3,254,399	\$9,528,966	\$35,024,144	\$47,807,509
Patient Service Revenue	\$33,998	\$149,571	\$67,568,763	\$67,752,332
Non IHS Funding	\$238,451	\$1,714,359	\$51,752,841	\$53,705,651
Total Revenues	\$3,526,848	\$11,392,896	\$154,345,748	\$169,265,492
% IHS Funds Leveraged	8%	20%	341%	254%

Table 20 reports a summary of financial ratios that are indicators of financial sustainability.

Table 20. Financial Ratios

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Ratios	Outreach & Referral (n=5)	Limited Ambulatory (n=7)	Full Ambulatory (n=21)	Total (n=33)	BPHC National Standard
Average collections (% of charges)	76%	42%	71%	67%	61%
Average Charge / Billable visit	\$75	\$173	\$226	\$207	\$214
Ratio of Charges to Reimbursable Costs	15%	26%	82%	69%	117%
Average IHS Grant \$ per patient	\$3,307	\$3,130	\$582	\$1,480	
Average IHS Grant \$ per AI/AIN patient	\$3,500	\$3,948	\$1,428	\$2,238	
% Net Income to Expense (1)					8%
Working Capital to Expenses (1)					2%
Debt to Equity Ratio (1)					0%
Surplus/Deficit as % total costs	14.43%	5.91%	15.14%	13.48%	1.66%

(1) Per Feedback Report formulay key "This information provided by U I H P".

Table 21 reports trends in reported average Costs per Patient and Visits.

Table 21. Costs per Patient and Visits

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Financial Cost/Viability	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	2011-2015 % Change
Total Cost per Total Patient	\$1,088	\$1,212	\$1,145	\$1,271	17%
Average Cost per Visit					
Medical Cost per Medical Visit(1)	\$202	\$230	\$222	\$265	31%
SA cost per SA visit	\$167	\$157	\$173	\$230	38%
MH cost per MH visit	\$318	\$178	\$328	\$248	-22%
Average Charge per Billable Visit(2)	\$138	\$157	\$167	\$236	71%
Ratio of Charges to Reimbursable Costs(3)	68%	57%	64%	69%	1%
Administration as % of Total Cost	26%	27%	26%	27%	4%

(1) Excludes lab and x-ray costs and nursing visits.

(2) Billable visits based on non-nursing Medical + Dental + Mental Health.

(3) Reimbursable costs based on total Medical + Dental + Mental health + Pharmacy.

Table 22 reports trends in percentage of total Income by Source.

Table 22. Income by Source

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Income by Source	2011 (n=32)	2012 (n=33)	2013 (n=33)	2015 (n=32)	2011-2015 % Change
% Income from Patient Service	27%	23%	31%	27%	0%
% Patient Services Revenues from FQHC Reconciliations	14%	18%	23%	27%	93%
% Income from IHS	39%	39%	35%	54%	38%
% Income from other sources	34%	38%	34%	24%	-38%
IHS Funding (Average per program)	\$1,650,843	\$1,616,749	\$1,595,759	\$1,493,985	-10%
IHS Funding per Patient	\$429	\$454	\$417	\$1,480	245%
IHS Funding per Billable Visit	\$141	\$151	\$139	\$772	448%
Surplus/Deficit as % Total Cost	1%	-4%	3%	9%	767%
% Net Income to Expenses	3%	3%	1%		
Working Capital to Expenses	3%	4%	0%		
Debt to Equity Ratio	0%	0%	0%		