

Support and Collaboration of Federal, Tribal and Urban Programs

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Task#1

- Make as many balloon animals as you can with the resources at your table.
- Help cost \$50.00



Overview

- Discuss Urban Programs
 - History
 - The Good, The Bad The Ugly
- Discuss Tribal Programs
 - History
 - The Good, The Bad The Ugly
- Areas for Development of Collaboration
- Open Discussion of 5 Focused Areas of Collaboration
- Establish who will lead those Areas

Urban Indian Health Programs



Urban Indian Health Programs

- 34 non-profit 501(c)(3) programs
- Funded through grants and contracts from IHS under Title V of Indian Healthcare Improvement Act
- 45% of UIHP receive Medicaid reimbursement as Federally Qualified Health Centers
- Funding level is estimated at 22% of the projected need for primary care service

History

- Before 1950 most AI/AN resided on reservations, in nearby town or in tribal jurisdiction
- Termination of federal government's legal obligation to Indian tribes in 1950s to 1960s resulting in policies programs to assimilate Indian people into mainstream American society this led to Bureau of Indian Affairs
- Resulted in relocation of many AI/AN to urban areas with jobs
- BIA relocated 160,000 AI/AN to selected urban centers across U.S. in 1950s and 1960s

Urban Indian Health Programs

- Late 1960s community leaders began advocating for culturally appropriate health programs addressing unique social, cultural and health needs of AI/AN in urban setting
- 1966 Congress appropriated funds thru IHS for pilot Urban Indian clinic for Rapid City
- 1973 Congress sponsored study of unmet Urban Indian health needs. The study documented cultural , economic, and access barriers to healthcare and led to congressional appropriation under the Snyder Act to support emerging Urban Indian Clinics
- 1976, Congress passed Indian Healthcare Improvement Act to improve the health and well being of all AI/ANs.
- Title V targets specific funding for the development of programs for AI/AN residing in urban areas

The Good ,The Bad, and The Ugly of Urban Indian Program



“The Red Headed Stepchild”

- Grossly underfunded
- Poor oversight secondary to limited IHS funding
- A lot have make-shift facilities with make-shift staff
- Some programs have done well with good administrators who get grant funding and third party billing
- Would benefit the greatest from collaboration

Tribal Healthcare Programs



Pictured are the members of the Tribal Council and IHS representatives at the IHS signing ceremonies. (L-R seated): John Hanley, interim Health Department Director; Maxine Dixon, Chairperson of the Health Committee; Chief Phillip Martin; Joseph Exendine, IHS Chief of Community Development; James Meredith, IHS Director-Nashville Program Office. (Back row L-R); Michael Tiger, IHS Executive Officer - Nashville Program Office; Beasley Denson, Tribal Council Secretary-Treasurer; Luke Jimmie, Chairman of the Education Committee; Jasper Henry, Chairman of the Community Development; William Comby, Chairman of the Governmental Affairs and Roger Anderson, Chairman of the Judicial Affairs and Law Enforcement.

Tribal Healthcare Programs

- Came from legislation passed in 1975, public law 93-638, The Indian Self Determination Act (ISDEAA)
- Also known as “638” programs

Choctaw Community News 1/84

TRIBE TAKES FULL CONTROL OVER MANAGEMENT

The Mississippi Band of Choctaw Indians has taken over all management of the Choctaw Health Center in the Pearl River Community.

The takeover was under the Indian Self-Determination Act through a contract with the Indian Health Service.

The contract was signed during ceremonies at the Tribal Council Hall by Chief Phillip Martin and representatives of the Indian Health Service, including Dr. Joseph Exendine, Indian Health Service's Chief of Community Development; Micheal Tiger, Executive Officer of Indian Health Service's Nashville Program Office, and James Meredith, Nashville Program Officer Director.

Management of a comprehensive health delivery system is not new to the Choctaws. Over the past eight years the Choctaw Health Department has managed all public health programs throughout the reservation and operated the Choctaw Health Center jointly with the Indian Health Service.

Under the new contract the Indian Health Service will cease to have direct involvement in the day to day management of the health delivery system.

In his remarks, Chief Martin credited Binh Nguyen, Choctaw Health Department Director from 1978 through 1983, with

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IHS contract signing ceremonies took place in the Tribal Council Hall on January 3, 1984. Pictured L-R: Chief Phillip Martin, Dr. Joseph Exendine, IHS Chief of Community Development and James Meredith, IHS Director.

Self Determination Act

- Congress recognized the importance of tribal decision making in tribal affairs and the primacy of nation to nation relationship between the United States and Tribes through the passage of Indian Self Determination and Educational Assistance Act (ISDEAA)
- In 1992, Congress Amended the ISDEAA to authorize **Tribal Self Governance Demonstration Project** within the IHS, giving federally recognized Tribes the option of entering into self-governance compacts to gain more autonomy in the management and delivery of their health care programs

Self Determination Act

- By 2000 Congress permanently authorized the IHS Tribal Self Governance Program by creating Title V of the ISDEAA through Public Law 106-260
- Congress recognized that Tribal leaders and members are in the best position to understand the healthcare needs and priorities of their communities

Benefits of Self Determination Act

- Tribal governments continued to develop innovative solutions to the healthcare delivery challenges of their community
- Tribes consider the needs and circumstances of their members when selecting available health care options

Tribal Self Governance

Tribes may choose one or a combination of:

- 1) Continue to receive health care services offered by IHS
- 2) Assume responsibility of healthcare offered by the federal government

Tribes may contract with IHS through self-determination contracts and annual funding agreement under Title I or self governance compacts and funding agreements under Title V

- 3) Fund the establishment of their own programs or supplementation of ISDEAA programs

Self Governance (continued)

- Offers Tribes the most flexibility to tailor health care services to the needs of their communities
- As of January 2015, 85 self governance compacts that are funded with over 350 (or >60) percent) of the 566 federally recognized tribes
- Programs constitute approximately 1.8 billion (or nearly 40 percent) of IHS budget

The Good, The Bad, The Ugly of Tribal Programs



“Adolescent Children Wanting Freedom”

- Spectrum of success
- Some tribes have good relationships with IHS and area offices
- Some tribes aggressively seek separation/independence from IHS
- Some Federal programs that become Tribal programs quickly separate from area office but a lot find themselves leaning back
- The most successful Tribal programs find a balance between Independence and Relational support with IHS

Areas For Development of Collaboration



Anyone Know How To Get Job Description and Policy and Procedures off of IHS Website?



IHS-to right-go to A to Z index-under I-Indian Health manual-Special General Memorandum-circulars (policies and procedures)

Electronic Health Record

- Development/Sharing of Templates
- Training on the Retrieval of Data
- FAQ on pulling data
- Ability to pull data needed from someone in area office in timely manner
- Development of videos that walk you through processes

Clinical Initiatives

- Million Hearts
- Patient Centered Medical Home
 - paneling patients,
 - developing handouts
 - getting staff actively involved
- Quality Improvement

Accreditations

- NCQA Patient Centered Medical Home
- Hospital Accreditation
- AAAHC Clinical Accreditation
- DNV Accreditation
- FAQs
- Posting of tools used and good resources
- Experiences with certain accreditations i.e...DNV vs Joint Commission

Did you know that IHS offers mock surveys on site?

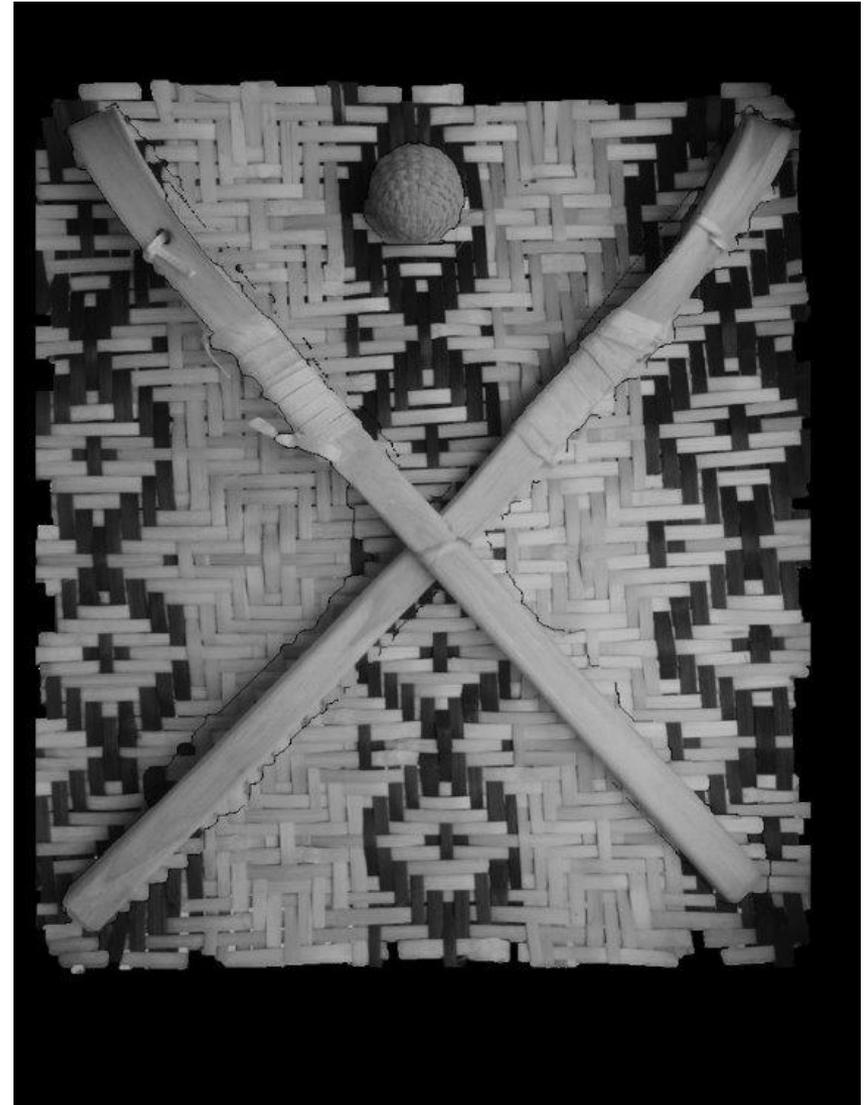
Policy and Procedures

- Clinics
- Emergency Department
- Purchased and Referred Care
- Wound Care
- Hospitalist
- Conscious Sedation



Job Descriptions

- Staff Physicians
- Hospitalist
- Nurse Practitioner
- CMO
- Medical Assistant
- Medical Secretary
- CFO
- Data Entry Clerk
- Patient Registration
- Security Guard
- Patient Liaison
- Outpatient Director
- Nurse
- LPN
- Podiatrist
- Optometrist
- Pharmacist
- Credentialing Officer
- Physical Therapist



Recruitment And Retention

- Recruitment Firms with high success rates
- Strategies that improve recruitment
- Strategies used to improve retention
- Creative Ways to fund salaries
- Physicians Needed by Program
- Positions Open

Credentialing of Providers

- Centralized full time area office credentialing staff
- Staff federally credentialed allowing for easier transfer among programs in Urban, Tribal and Federal without delays associated with the credentialing process
- Area office with updated info to include licensure

Patient Handouts/Education

- Culturally sensitive
- Centrally located
- Easily Assess
- Standardize Information
- Frequently updated

Diabetes Education

- Development of Videos for Diabetic Education
- Webinars/Tele med Scheduled for Diabetes Classes for programs in transition of Diabetic educator

Telehealth Utilization

- Culturally Sensitive to AI/AN
- Familiar with Barriers Associated with populations
- Examples....cardiology, nephrology, endocrinology, dermatology, JVN

Revenue Generation

- Especially needed in Urban and Tribal programs
- Grants Available and help with process
- Third Party Billing
- FAQ
- How To's
- Things that are billable
- Over coming common obstacles to billing for services
- Urban myths of what's not billable but actually is

Cultural Orientation

- Area office orientation to Tribes
- Traditions and culture
- Proper protocols based on traditions

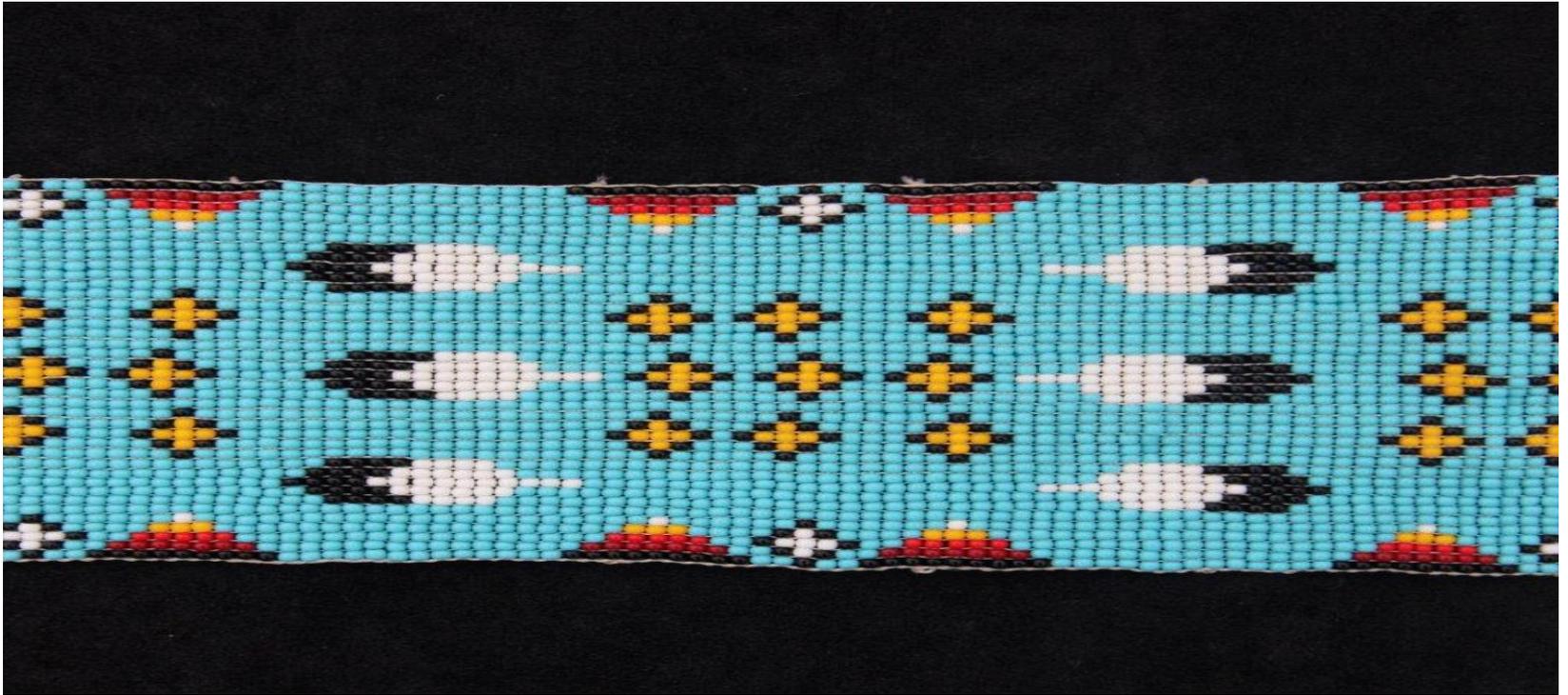
Current Ongoing Efforts For Change

- Larger Scale Initiatives for changes within IHS
- Pushes for Increase Funding by Congress

Topics Discussed

- EHR
- Clinical Initiatives
- Accreditation
- Policies and Procedures/job description
- Job Descriptions
- Recruitment and Retention
- Credentialing of Providers
- Telehealth
- Revenue Generation/Grant Funding/Third Party Billing
- Patient Education Resource Development (including nutrition)
- Diabetic Education Resource to include Videos and Teleconference
- Cultural Orientation
- Ongoing Efforts for Change

Questions/Comments



What 5 Are Your Top Priorities



Listing Parties Interested



Task#2

- Make as many balloon animals as you can with the resources at your table.

