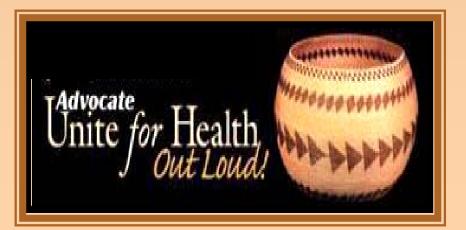
## A Dialogue to Renew the Indian Healthcare System

by

#### **Margo Kerrigan, MPH**

California Area Director Indian Health Service



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## We've Been Listening!

#### We want to talk with you

Not to you

What Positive Signs Do We Observe When We Examine Our Indian Healthcare System?

Total healthcare services have gradually expanded over decades

Now services include less hospital care and more ambulatory care

Programs are often on or near reservations, concentrated where there are few alternatives

What Positive Signs Do We Observe When We Examine Our Indian Healthcare System?

Congress has continued to support IHS programs, although major budget increases in recent decades are rare

Indian healthcare model is highly regarded, both within the U.S. and internationally

## **Encouraging Signs**

Respect for traditional beliefs and integration of traditional healing practices with modern medicine

Broad spectrum of comprehensive programs and services, from medical services to public health and environmental programs

Fully accredited programs that combine local Tribal control with quality of care

Workforce is predominantly Indian – 71%

## **Encouraging Signs**

Contributed to remarkable gains in health status, especially access to primary care services

Reduced rates of infectious diseases, safer water, and more community sanitation facilities

Access to health care in Indian country has increased; new advances in technology, tele medicine

## **Unprecedented Challenges**

No benefits package

CHS coverage of acute care over prevention & management of chronic conditions

Referral networks between Indian health and private sector facilities are not optimal

 Recruitment & retention of healthcare professionals; chronically high vacancy rates

Expanding and aging Indian population

What Troubling Signs Do We Observe When We Examine Our Healthcare System?

Depleted funds, resulting in cut-back of services and/or intermittent shutdowns

Depleted CHS funds - thousands of denials, deferrals, or referrals with no source of payment. Tension with private sector

 Limited funds results in medically necessary/ essential services being unavailable, deferred, or denied

## What Troubling Signs Do We Observe When We Examine Our Healthcare System?

Long waiting periods/waiting lists and excessive backlogs for essential services

Insufficient clinic space, physical capacity, configuration, equipment, and staffing

Services/benefits are uneven and not portable. Inequity is pronounced and widespread

## What Troubling Signs Do We Observe When We Examine Our Healthcare System?

Recruitment/retention - high vacancy rates put extra stress on other workers

Referrals without compensation creates strained relationships with private sector providers

In California, the unaffiliated are often excluded, due to inadequate funding

Co – pays

## What Troubling Signs Do We Observe When We Examine Our Healthcare System?

Unhealthy lifestyles (diet, obesity, and lack of exercise) more pronounced among Indian people

 Overall health status of Indian people remains below U.S. and in some areas, gap is even wider

 Health problems appear to be "lifestyle related" chronic conditions rather than infectious disease/sanitation related

 Health disparities still exist, despite decades of health improvements

## IDEAS FOR WAYS TO RENEW OUR SYSTEM



## GUIDING PRINCIPLES FOR THE IDEAS

Securing a healthcare system for Indian people that fulfils our mission and goals



Strengthening our core model – a community oriented primary care system

Transforming but not diminishing services



Equalizing access to healthcare services

Seeking consultation on policies that affect Indian people



Honoring sovereign tribal choice

Range Of Approaches To Renewal Efforts already underway - making progress

 Optimize clinical and administrative operations to local conditions

Innovative efforts such as the "Chronic Care Initiative" are producing exciting results

Timely for all of us to have national dialogue about the entire Indian healthcare system

Encourage ideas for renewal of our system as a whole

## KEY IDEA: 3 DIMENSIONS OF CARE SURROUNDING EVERY PATIENT

#### \*---- Core

#### <= == = Intermediate</pre>

=== Advanced

## Three Dimensions of Care

<u>Core Services</u> The following services should be broadly available:

Routine, high volume ambulatory, screening, diagnostic, and treatment services

Basic preventive care

Covered prescription medications

Dental services

Some mental health and substance abuse services

### Three Dimensions of Care

Intermediate Services
Delivered through regional/in-network referral facilities

Are more advanced and include hospital and specialty inpatient professional services

# Three Dimensions of Care <u>Advanced Services</u> Most advanced services would be purchased

In California, there are no Indian–specific intermediate and advanced services (IHS – funded hospitals) except through CHS

Highly specialized diagnostic, surgical, and treatment services, including transplants and other sophisticated surgery and treatments

## Three Dimensions of Care

Ideally, we want all three types fully available

These three dimensions of care are not intended to be absolute or mutually exclusive

It is not necessary that all Core services must be provided before any Intermediate services are provided

We propose to manage capacity, staffing, and resources to assure Core services are widely available

## **CHS** Issues To Address

We need to determine if uniform eligibility should follow the CHS model, the direct model, or some other model

Budget - dollar impact is potentially large. Need a forecast

Management options - extent that CHS management practices need adapting to fit local conditions

## CHS Issues To Address

 Aligning CHS Priorities - Implications of 3–dimension concept on CHS medical priority list

Integrating Services - Extent CHS policies and practices need adapting to fit

Eligibility - How many people would be affected?

## IHS Director Position Statements On Policy Issues

No one loses Federal employment

P.L. 93-638 106A(1) amount will not be reduced

Revisit the Health Facilities Construction Priority System

## **Discussion Questions**

Current Indian Healthcare System

Re-thinking the Indian Healthcare System

Specific Issues/Options

## WHY RENEW OUR HEALTHCARE SYSTEM?



We must secure and improve Indian healthcare, not only for this generation, but for generations to come!