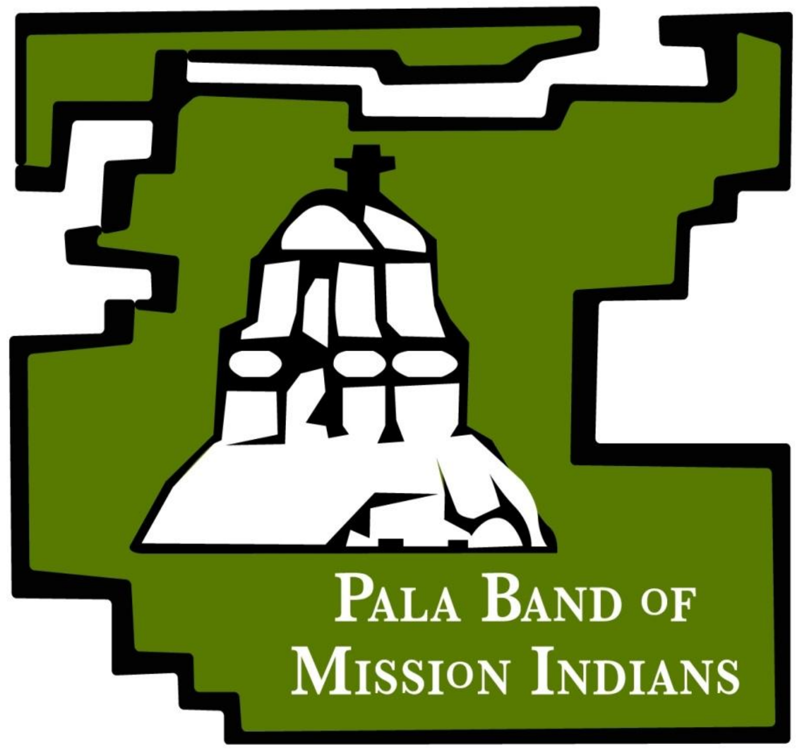
DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

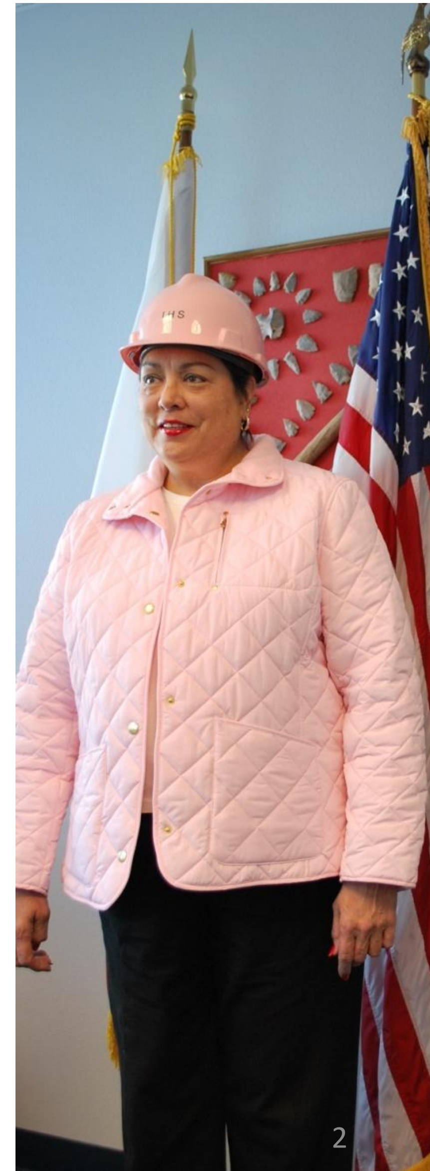
INDIAN HEALTH SERVICE
· PHS · 1955 ·


PALA BAND OF
MISSION INDIANS

DHHS
Indian Health Service
California Area Office
Annual Tribal Consultation

Margo D. Kerrigan, MPH
Area Director

March 7, 2012
Pala



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INDIAN HEALTH COUNCIL, INC.
1970

Refreshment Sponsors

Central Valley Indian Health

Indian Health Council

Karuk Tribal Health Program

MACT Health Board

Manchester- Point Arena Rancheria

Riverside/San Bernardino County Indian Health

Santa Ynez Tribal Health Center

Southern Indian Health Council

Sycuan Medical/Dental Center

IHS Agency Priorities

- Renew and strengthen our partnerships with tribes
- Reform the IHS
- Improve the quality of and access to care
- Make all of our work accountable, transparent, fair and inclusive

Mission and Goal

- To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level

and

- To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people inherent sovereign rights of Tribes

Foundation

To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent rights of sovereign rights of tribes

Core Values

- Excellence
- Innovation
- Respect
- Ethics
- Leadership

2011 California Area Profile

- Indian Healthcare System:
  - Tribally-operated healthcare services:
    - 9 Title V compacts representing 37 Tribes
    - 35 Title 1 contracts representing 67 Tribes
  - 8 Urban health care services and resource centers
  - 8 alcohol treatment programs
- Population served:
  - Members of 104 federally recognized Tribes
  - 80,438 American Indians and Alaska Natives residing on or near reservations
  - 10,087 American Indians in Urban clinics (users)
- Annual Patient Services (Tribal facilities)
  - Inpatient Admissions: N/A
  - Outpatient visits: 529,577
  - Dental visits: 191,063

2011 California Area Profile

- Area Office budget Appropriations:
  - FY2010: $189,361,311
  - FY2011: $182,711,687
- Per capita personal health care expenditures comparisons:
  - CAO user population: $2209 (excludes OEHE $)
  - IHS user population $2741
  - Total U.S. population $6909
- Human Resources:

	All employees	Indian	Non-Indian	Physicians	Nurses	Dentists	Pharmacists	Engineers	Sanitarians
Comm. Corps	32	6	26	4	3	0	1	15	5
Civil service	67	29	38		2	1	0	4	1
Total	99	35	64	4	5	1	1	19	6
Health Profession Vacancy Rates				0%	0%	0%	0%	0%	0%

DHHS Secretary's Tribal Advisory Committee

California Primary Representative:	TBA
California Alternate Representative:	Stacy Dixon, Chairman Susanville Indian Rancheria
At-Large Representative	Chairperson, NIHB

For more information contact:

Stacey Ecoffey

Office of Intergovernmental Affairs

(202) 690-7410

Stacey.ecoffey@hhs.gov

California Representatives to National IHS Boards/Committees/Workgroups

March 2012

Workgroup	Representatives
Contract Support Costs	Michelle Hayward, Tribal Secretary Redding Rancheria Mary Benedict, Controller K'ima:w Medical Center, Hoopa Valley Tribe
Budget Formulation	Stacy Dixon, Chairman Susanville Indian Rancheria Alternate: Leslie Lohse, Treasurer Paskenta Band of Nomlaki
Improving Contract Health Services	Johnny Hernandez, Former Chairman Santa Ysabel Band of Mission Indians Alternate: Chris Devers, Former Chairman Pauma Yuima Band of Mission Indians

California Representatives to National IHS Boards/Committees/Workgroups

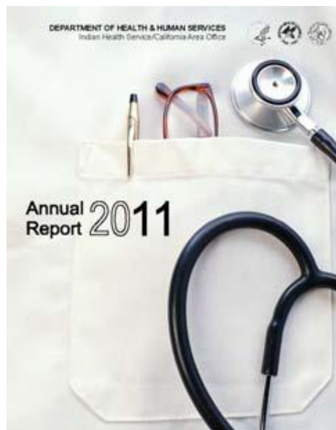
March 2012

Workgroup	Representatives
National Tribal Advisory Committee on Behavioral Health	Robert Marquez, Chairman Cold Springs Rancheria Alternate: Michael Thom, Vice Chairman Karuk Tribe of California
Tribal Consultation	Charlie Wright, Chairman Cortina Rancheria Haley Hutt, Councilwoman Hoopa Valley Tribe
Tribal Leaders' Diabetes Committee	Rosemary Nelson, Member Pit River Tribe Dominica Valencia, Health Board Chairperson and Member Santa Ynez Band of Mission Indians Alternate: Diane Chihuahua, Member Torres-Martinez Desert Cahuilla Indians

Active IHS Tribal Consultations

- Improving the CHS Program
- Implementation of the Affordable Care Act/Indian Health Care Improvement Act
- Federal Advisory Committee Act
- Long Term Care
- Budget Formulation

Strengthen our relationship with Tribes



Annual Report to Tribal Governments

- IHS/CAO Annual Report is
- A comprehensive report of agency operations and future directions
- Comprehensive financial report based on general accepted accounting principles
- To be used as a tool to apprise tribes and tribal healthcare programs about area office services and resources

Access to Federal Insurance

- The Affordable Care Act (section 10221) authorized tribal governments, tribal organizations, and urban Indian organizations to purchase Federal Employees Health Benefits (FEHB) and Federal Employees' Group Life Insurance (FEGLI) coverage, rights and benefits for their employees

- Ms. Louise Dyer, Senior Policy Analyst from the Office of Personnel Management will be presenting on this subject Thursday morning

Agency Priorities

- To Reform the IHS
  - Indian Health Care Improvement Act
    - IHS implementation lead
      - Access to Federal Insurance
        - » OPM update – earliest effective coverage date – May 1, 2012
      - Long Term Care – DTLL
      - VA provisions – reimbursement for services at IHS; update soon
      - Tribal consultation
        - » Table with progress on implementation
          - Approved talking points – Table and DTLLs
      - Education/Information –outreach
        - » NIHB/NCAI/NCUIH; Regional organizations – meeting
      - Talking points –Director's blog, clearance process for all speeches, fact sheets, meetings, etc.

Agency Priorities

- To Reform the IHS
  - Affordable Care Act
    - Overview of 4 key changes
      - Holding insurance companies accountable
      - Making insurance more affordable – Exchanges
      - Bringing down the cost of healthcare/controlling future increases
      - Developing a more efficient and effective health care delivery system and payment reforms
    - Affordable Insurance Exchanges
      - Planning; Eligibility Determinations; Medicaid Program Eligibility
      - Special Provisions for Indians
        - » Definition of Indian – working with Congress
        - » Tribal Consultation – requirements for States
        - » Enrollment, Cost Sharing, Essential Community Providers, Group Payment Premiums, Network adequacy

Agency Priorities

- To Reform the IHS
  - Other
    - Oversight
      - Plan for investigation of all IHS Areas/facilities
        - » Albuquerque, Billings, Navajo, Oklahoma, Phoenix, Aberdeen completed
      - Aberdeen Area corrective actions – in progress; reports - outcomes
      - System-wide improvements
      - Outcomes in agency performance plans – 2012 plan
      - HHS Program Integrity Committee – Task Force
    - Congressional
      - Planning for budget hearings; briefings
    - Other
      - HHS Commissioned Corps Steering Committee
        - » Mission – focus on underserved
        - » Deployments – requests in progress

California Area

- Last year, California completed a written Area Office Administrative Review (self-assessment tool)

- Pre-Employment Suitability Assessment
- Administrative Leave Assessment
- Administrative Control of Funds
- Contract Health Services Assessment
- Pharmacy Control Assessment
- Health Professional Licensure Assessment
- Accreditation of IHS Facilities

- California is scheduled for actual investigation in November/December 2012

Contract Health Services

California CHEF Cases by Diagnosis for FY 2011

CATASTROPHIC ILLNESS OR EVENT	No.	CHEF AMOUNT
Dx-Circulatory,Cerebrovascular,Heart	2	$ 217,209
Diseases-Digestive System	2	$ 139,683
Diseases-Nervous System	1	$ 127,770
Neoplasms (Cancer)	3	$ 115,312
Injuries & Poisionings/MVA,GSW,Assualt	1	$ 83,105
Diseases-Respiratory System	2	$ 53,283
TOTAL	11	$ 736,362

Contract Health Services

Different Measures of Unmet Need

Formula	Unmet Need
Contract Health Services	$ 80.5 million
Hospitalization Unmet Need	$ 134 million
Indian Health Care Improvement Fund (LNF)	$ 128.5 million

California projected CHS shortfall for FY2012 is $140 Million

Contract Health Services

California Deferred and Denied Cases Reported

	Deferred	Denied
FY2010 (24 sites)	758	59,760
FY2011 (24 sites)	697	6,573

Demonstrates improvement in data collection by tribal health programs.

Contract Health Services

- Collecting and reporting accurate CHS deferral and denial data drives the CHS unmet need analysis for IHS budget increases in its annual CHS appropriation

- Recent interest and scrutiny of the CHS budget line item by external authorities is commensurate to the recent increases to the CHS budget

Contract Health Services

- Based on FY2011 deferral and denial data, the IHS/CAO projects a FY2012 CHS shortfall of $140, 566, 682. This projection exceeds all previous measures of unmet need.

IHS/CAO FEASIBILITY STUDY

- Area-wide, inpatient medical centers or regional outpatient referral centers would provide ancillary and specialty care services only; tribal health programs would continue to provide the wide range of primary healthcare services

IHS/CAO FEASIBILITY STUDY

- If Congress would fund facility construction of these inpatient and specialty care services through medical centers and/or regional referral centers, then the demand for CHS referrals to the private sector in California would decline

IHS/CAO FEASIBILITY STUDY

- What types of healthcare services provided at Area-wide inpatient medical centers or regional referral centers?

Area-wide Medical Centers and/or Regional Referral Centers Study

- 2005 IHS/CAO Health Services Master Plan did not go beyond the CHSDA
- Health services Master Plans were completed for all tribal health programs/facilities in California
- INNOVA – IHS contractor used by IHS and tribal health programs

Area-wide Medical Centers and/or Regional Referral Centers Study

- AI/AN populations in urban areas were not considered in the 2005 initiative

IHS/CAO Feasibility Study

- What type and location of inpatient medical centers and/or regional outpatient referral centers are justified, considering the projected (AI/AN) population distribution in California
- Medical Centers?
- Regional Referral Centers?
- How many and where?

2010 Census AIAN Pop by CHSDA by County

- 9,001 to 30,000
- 5,001 to 9,000
- 1,251 to 5,000
- 701 to 1,250
- 1 to 700
- 0 to 0.9

California CHSDA

2010 Census AIAN Pop non-CHSDA by County

Range
9,001 to 32,000
5,001 to 9,000
1,251 to 5,000
701 to 1,250
1.0 to 700
0 to 0.9

California CHSDA

NEVADA

UNITED STATES

CALIFORNIA

Ocean

MEXICO

Crescent City
Yreka
Alturas
Redding
Chico
Ukiah
Santa Rosa
Napa
Marin
Solano
Sacramento
Stockton
Contra Costa
San Joaquin
Alameda
Modesto
San Francisco
San Jose
Stanislaus
Merced
Santa Cruz
Santa Clara
Salinas
San Benito
Fresno
Visalia
Monterey
Kern
Bakersfield
San Luis Obispo
Santa Maria
Ventura
Oxnard
Los Angeles
Long Beach
Orange
Riverside
Salton Sea
San Diego
Tijuana
Mexicali
Yuma
San Luis
Reno
Carson City
Lake Tahoe
Lovelock
Round Mountain
Tonopah
Pioche
Las Vegas
Lake Havasu City

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California CHSDA

Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Tehama, Plumas, Glenn, Butte, Sierra, Mendocino, Colusa, Nevada, Lake, Yuba, Placer, Sutter, El Dorado, Yolo, Sonoma, Sacramento, Alpine, Solano, Marin, Calaveras, Contra Costa, Tuolumne, San Joaquin, Mono, Alameda, Mariposa, Stanislaus, Merced, Santa Cruz, Santa Clara, Madera, San Benito, Fresno, Inyo, Tulare, Monterey, Kings, Kern, San Luis Obispo, Santa Barbara, Ventura, Los Angeles, San Bernardino, Orange, Riverside, San Diego, Imperial

Yreka, Alturas, Eureka, Redding, Chico, Ukiah, Reno, Carson City, Lake Tahoe, Lovelock, Sacramento, Santa Rosa, Stockton, Modesto, San Francisco, San Jose, Salinas, Fresno, Visalia, Tonopah, Pioche, Las Vegas, Bakersfield, Santa Maria, Oxnard, Los Angeles, Long Beach, Riverside, Salton Sea, San Diego, Tijuana, Mexicali, Yuma, San Luis

CALIFORNIA

Pacific Ocean

MEXICO

Custom Territories
- Central
- North
- South

Pushpins
- California Tribal Health Clinics
- Primary Care
- Secondary Care
- Tertiary Care

North – 2030	
Projected Users	58,246
Projected Service Pop.	81,722
Projected Census Pop.	90,547

Central – 2030	
Projected Users	22,275
Projected Service Pop.	42,109
Projected Census Pop.	101,321

South – 2030	
Projected Users	31,460
Projected Service Pop.	107,934
Projected Census Pop.	158,781

- Geo-Barrier
- Reg. Ctr. Service Area
- RC — Reg. Ctr. Location?
- AM — Area Med Ctr.

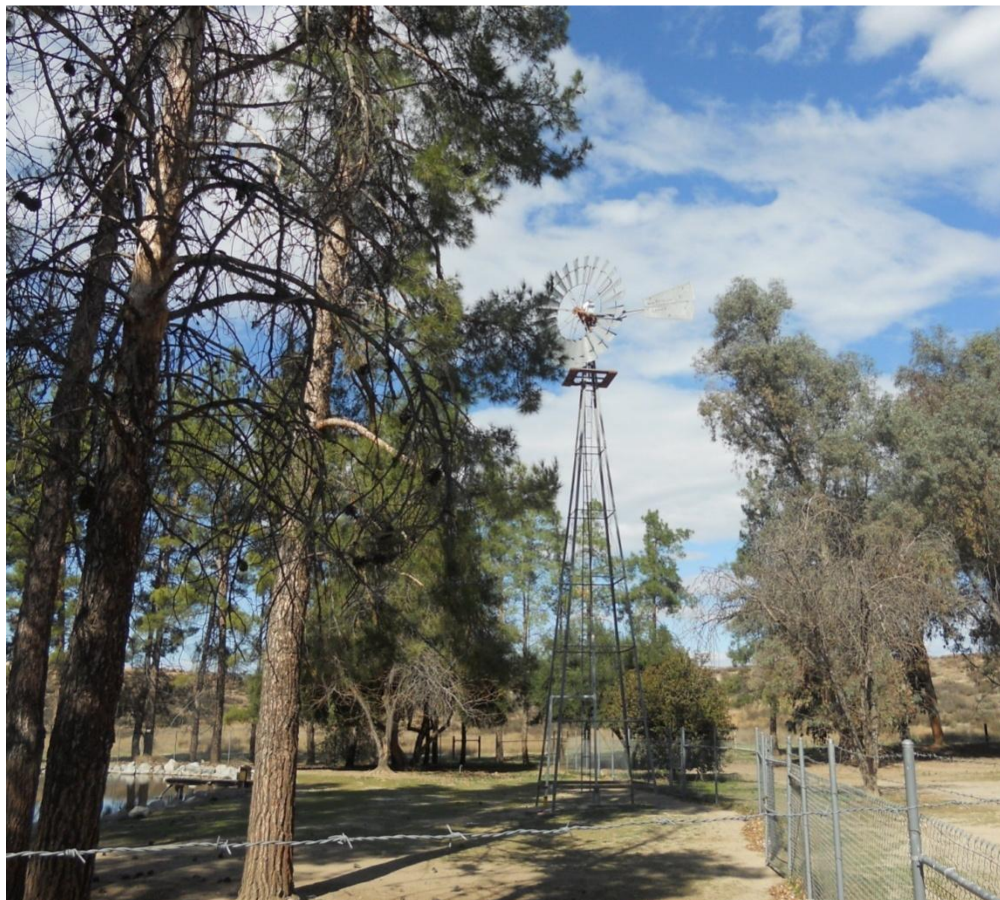
Map of Possible Access Patterns for Regional Care in California (Discussed, not finalized)

Northern YRTC

Northern YRTC

Northern YRTC

Southern YRTC



Southern YRTC

Southern YRTC

Southern YRTC

American Recovery and Reinvestment Act (ARRA)

Information Technology - $557,771

Majority of funds were used to purchase video-conferencing equipment, computers, servers, laptops, and scanners

Maintenance & Improvement - $3,020,000

Served 29 CA Indian Health Programs

Medical Equipment - $584,337

32 Items served 29 CA Indian Health Programs

Sanitation Facilities Construction IHS - $4,068,000 EPA - $8,301,000

Total IHS ARRA for SFC	$4.1 million
Total EPA ARRA for SFC	$8.3 million
FY 2011 IHS Appropriation for SFC	$4.4 million
FY 2011 EPA Contribution to SFC	$4.0 million

Veteran’s Administration

- Estimated 17,000 dual-eligibles in California
- MOU signed October 2011
- High level discussion between VA and IHS about Section 405 reimbursements of the IHCIA
- VA Office of Tribal Government Relations is holding Western Region Conference in Spokane, WA, April 10-12, 2012

Executive Order 13576

HHS Policy Promoting Efficient Spending

Use of appropriated funds for:

- Non-federal conferences and meeting spaces
- Food and/or refreshments
- Promotional items, and
- Printing publications w/GPO
- Information technology
- Reduce travel by 20%

To make all our work transparent, fair and inclusive

Budget Transparency

California Indian Health Service
Budget
Fiscal Year 2012

Activity		Fiscal Year 2011 Recurring Budget
Clinical Services	$	89,498,917
Preventive Health		3,176,459
Contract Health Care		40,886,378
Contract Support Cost		38,147,791
Direct Operations		2,336,575
Urban Health		7,079,943
Envr Hlth Support		3,793,491
Facilities Support		948,211
Total Recurring Budget	$	185,867,765

To make all our work transparent, fair and inclusive

Comparison of Workload:

1993 to 2011

	1993	2011	% increase
Total Number of Tribes	99	103	4.0%
Total AI/AN Population (Census)	309,238	738,978	139.0%
Pop served by Urban programs	5,390	10,087	99.6%
Number of Tribal/ Urban Facilities	61	94	54.1%
IHS User Pop Comparisons:			
California	62,569	80,438	28.6%
IHS All	1,192,537	1,542,164	29.3%
% California of All	5.2%	5.2%	0.0%

Comparison of Funding and Human Resources:

1993-2011

	1993	2011	% increase
Total IHS Funds in Tribal & Urban Programs	$70.1 M	$182.2 M	159.9%
Construction Workload	$4.2 M	$10.9 M	159.5%
Full Time Permanent CAIHS Staff			
OEH&E Staff	32	49	53.1%
Other Staff	31	39	22.6%
Commissioned Officer MOAs	2	8	300%

Allocation of Funds

FY Ending September 30, 2011

Tribal Operations
91.58%

Headquarters Shares
1.48%

Area Shares
2.64%

Area/Tribal Operations
4.30%

Transition of Accounting Function from ABQ to CAO

- Effective FY 2012, Cash management function has been migrated to California
- California Area Office has full control over the processing payments to tribal and urban programs and their submission to the U. S. Treasury for disbursement
- Shorter turnaround times for payments and more control over the quality and accuracy of these transactions
- In extreme emergency situations, payments can now be transmitted and credited to healthcare program bank accounts within 2 hours
- Improved customer service

IHS/CAO Staff

Health Promotion/ Disease Prevention