

36TH ANNUAL **AHA RURAL** | LEADERSHIP **HEALTH CARE** CONFERENCE

FEBRUARY 19-22, 2023 | **SAN ANTONIO, TX**

JW MARRIOTT SAN ANTONIO HILL COUNTRY



American Hospital
Association™

Advancing Health in America



AHA Events

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Cherokee Nation

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Northeastern Health
System

February 22, 2023

Best Practices in Health Care Access and Quality for Native American and Alaskan Natives Session:



Photo credit: www.visitabquerque.org

Opportunity. Adventure. Purpose.





Goals For This Morning's Session

- Provide an overview of the Indian Health Service (IHS)
- Show examples of joint ventures between traditional and nontraditional partners that focus on meeting the health needs of Native communities.
- Ensuring timely, appropriate care, and service choices are offered to patients from Native communities by utilizing culturally responsive protocols and procedures.
- Highlight Community Health work training programs with a focus on engaging early-career members of the tribal communities as an entry into a clinical career path.



Indian Health Service Overview



- *The Indian Health Service (IHS) is an agency that is part of the Department of Health and Human Services (HHS) since 1955.*
- *IHS serves members of 574 federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the IHS.*
- *IHS provides a comprehensive health service delivery system for approximately 2.6 million of the nation's estimated 5.2 million American Indians and Alaska Natives.*
- *The IHS strives for maximum tribal involvement in meeting the needs of its service population, most of whom live on or near reservations and in rural communities, mostly in the western United States and Alaska.*



Indian Health Service Overview

Our Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaskan Natives to the highest level.

Our Goal: to assure that comprehensive culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.



*Source: IHS 2016 Profile <https://www.ihs.gov/newsroom/factsheets/ihsprofile/>



Alaska
163,835

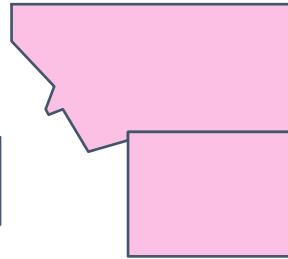
Indian Health Service (IHS) Areas User Population by Area



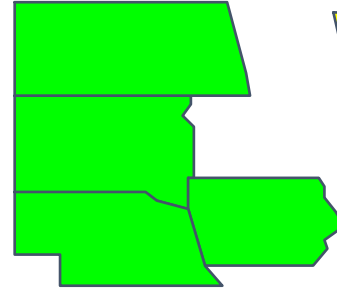
Portland
114,894



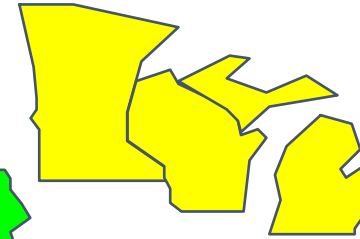
Billings
70,943



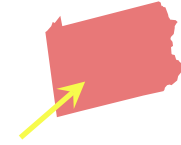
Aberdeen
125,906



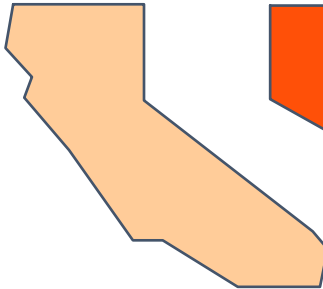
Bemidji
101,176



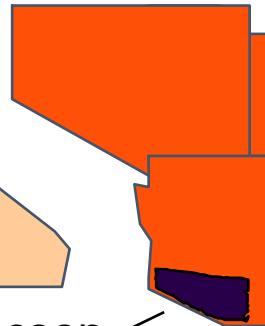
IHS Headquarters,
Rockville, Maryland



California
81,111



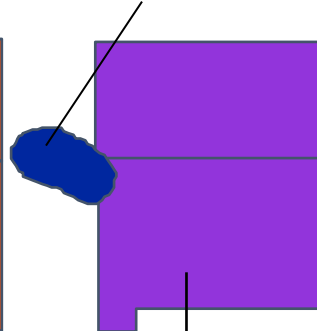
Phoenix
179,941



Tucson
27,184

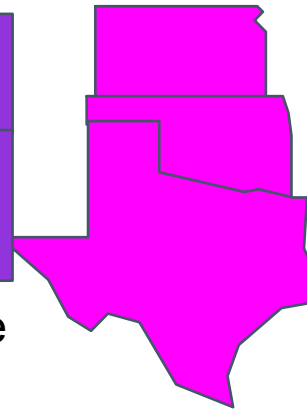


Navajo
238,951

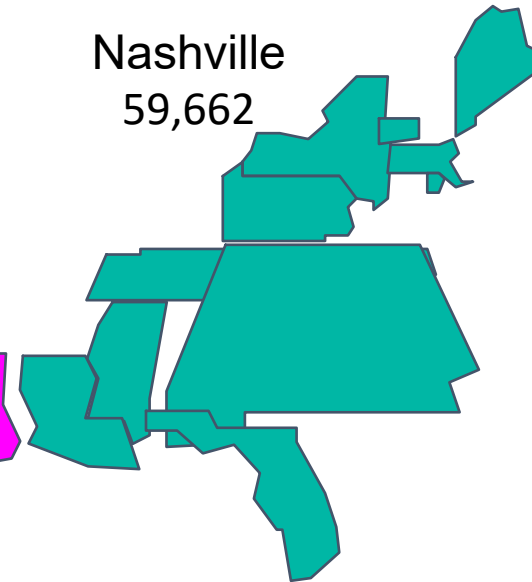


Albuquerque
84,020

Oklahoma
405,015



Nashville
59,662



TOTAL IHS USER POPULATION FOR FY 2021: 1,652,638



IHS HEALTH CARE DELIVERY SYSTEM

- Health services are provided by 3 delivery mechanisms:
 - (1) **Directly by the IHS (Federal),**
 - (2) **Through tribally contracted and operated health programs (Tribal), and**
 - (3) **Through services purchased from private sector providers from the Purchased and Referred Care (PRC) program.**
- The federal system consists of 24 hospitals, 51 health centers, and 24 health stations. In addition, there are 33 urban Indian health projects.
- Today over 60% of the IHS appropriation is administered by tribes primarily through self-determination contracts and self-governance compacts by American Indian Tribes and Alaska Native corporations through 22 hospitals, 279 health centers, 79 health stations, and 163 Alaska village clinics.
- The Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) provides Tribes the option of exercising their right to Self-Determination by assuming control and management of programs previously administered by the federal government.



Challenges in Rural Health Systems

- ❖ Locality
- ❖ Historical Trauma
- ❖ Access to Care (e.g. transportation, specialty care)
- ❖ Staff Shortages from Recruitment & Retention Issues
- ❖ Continuity of Care
- ❖ Data Access (EHR Interoperability)
- ❖ Care Coordination
- ❖ Rising Cost of Health Care
- ❖ Changing Healthcare Landscape with Changing Administration Priorities
- ❖ Ability to respond to a Pandemic



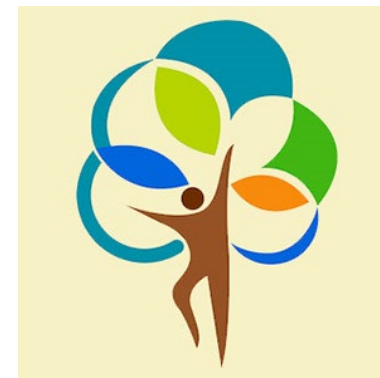
Health Disparities Trends

Alcoholism	740% higher
Tuberculosis	500% higher
Diabetes	390% higher
Injuries	340% higher
Suicide	190% higher
Homicide	180% higher



IHS Preventive Health Initiatives

- ❖ Diabetes Prevention & Cardiovascular Health Promotion
 - Special Diabetes Program for Indians (SDPI)
 - Improve Dietary Habits (Food Deserts) and Physical Activity
- ❖ Mental Health Awareness
 - Zero Suicide Prevention Initiative
 - Domestic Violence Prevention Initiative (DVPI)
 - Meth and Suicide Prevention Initiative (MSPI)
- ❖ Pediatric Wellness
 - Injury Prevention
 - Oral Health Promotion
 - Baby Friendly Hospital Initiative (BFHI)
- ❖ Maintain High Vaccination Rates



Partnerships & Joint Ventures Across the Indian Health Service

- Agreements with Residencies and Medical Schools (over 80)
 - ❖ Provide training opportunities in multiple disciplines (Nursing, FM, IM, Peds, OB/GYN, Psychology, Optometry, Dental, NP, Pharmacy, etc.) that also serves as a recruiting pipeline.
- Joint Ventures with Private Sector Hospitals or Healthcare Systems
 - ❖ Provide access to higher level specialty services for American Indian and Alaska Native patients that include Surgical, Cardiology, Neurology, Trauma Care, Nephrology, etc.
- Community Health Work
 - ❖ Tribal Community Health Representative (CHR) programs- provide health promotion and disease prevention services to American Indian and Alaska Native patients
 - ❖ Public Health Nursing (PHN) programs- provide preventive services to patients in their home and community setting while being linked to the local hospital or clinic.

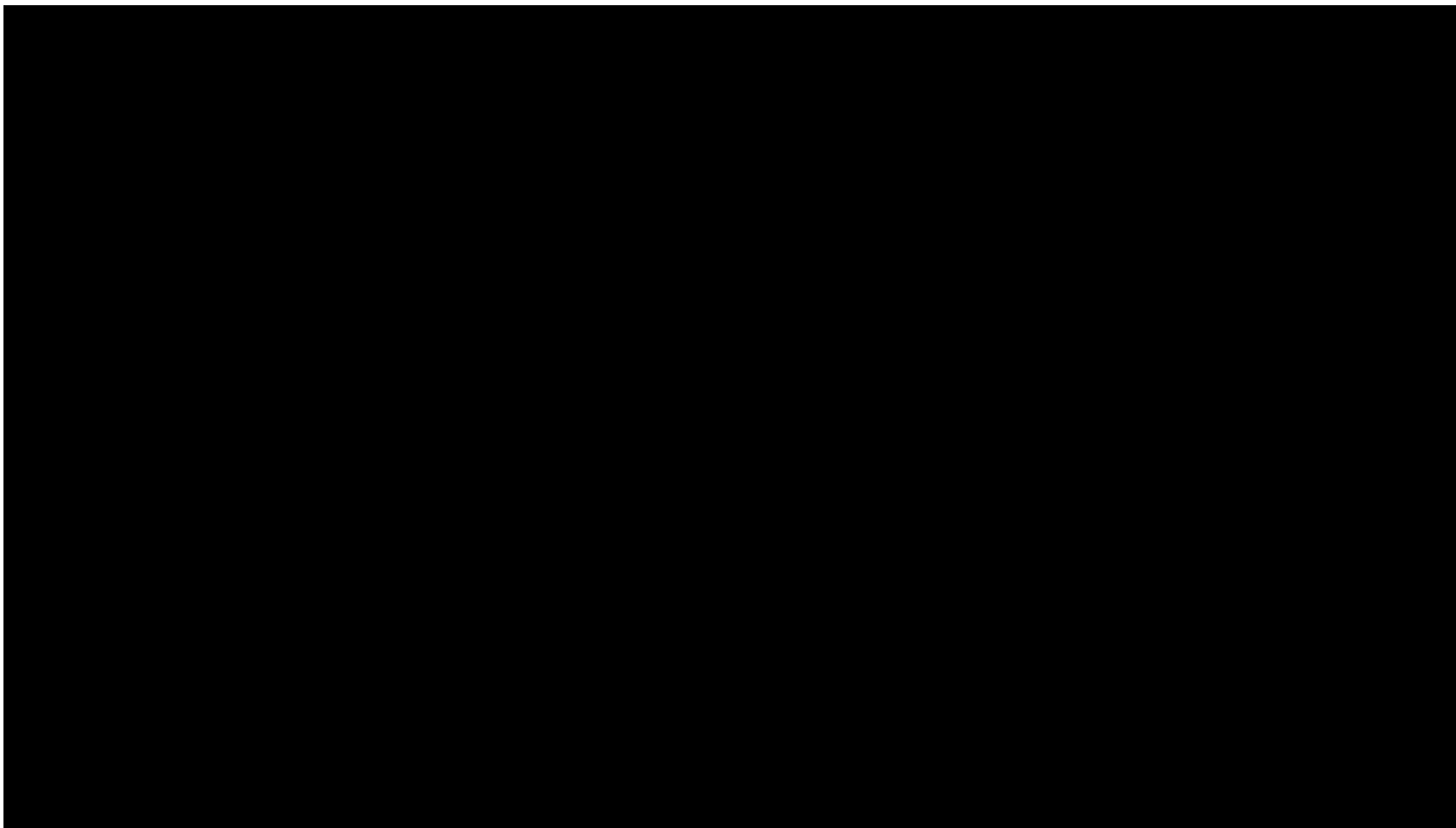
A Model for Public and Tribal Partnerships

**Brian Hail, FACHE – Deputy Executive Director of External Operations
Cherokee Nation Health Services**

**Brian Woodliff, FACHE – President & CEO
Northeastern Health System**

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Cherokee Nation Health Services



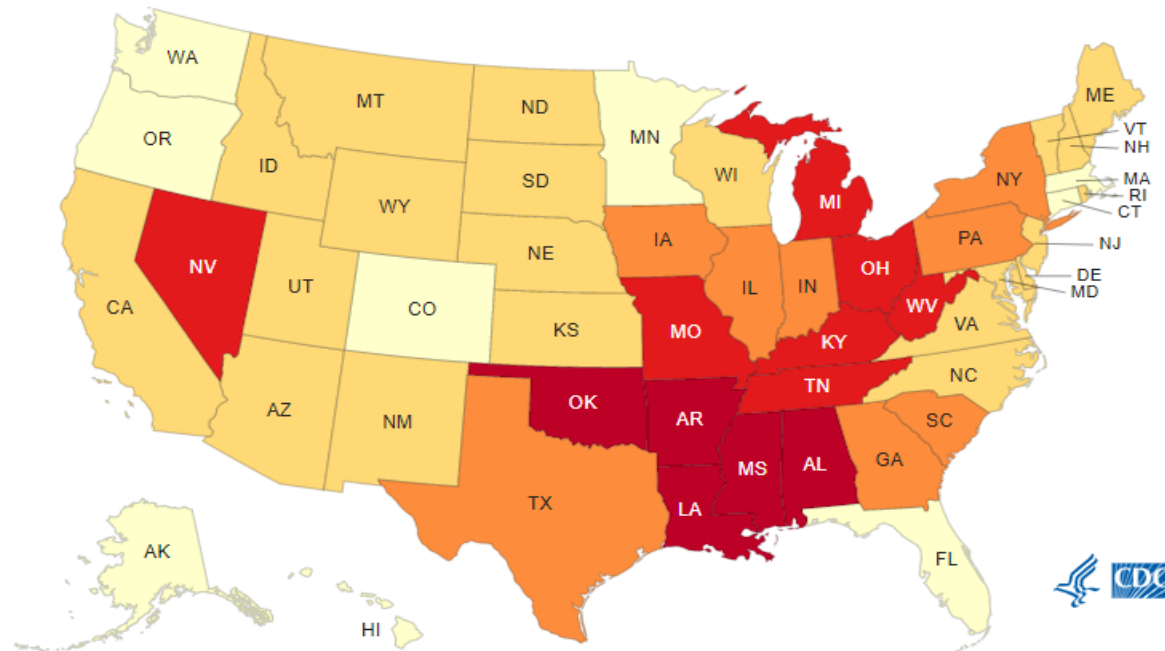
Cherokee Nation Health Services and Northeastern Health System Partnership



Oklahoma Health Indices

OK Leading Causes of Death, 2017	Deaths	Rate***	State Rank*	U.S. Rate**
1. Heart Disease	10,772	237.2	1st	165.0
2. Cancer	8,203	177.3	4th	152.5
3. Chronic Lower Respiratory Disease	3,035	65.8	2nd	40.9
4. Accidents	2,563	62.5	10th	49.4
5. Stroke	1,947	43.3	9th	37.6
6. Alzheimer's disease	1,752	39.3	11th	31.0
7. Diabetes	1,398	30.6	4th	21.5
8. Suicide	756	19.1	13th (tie)	14.0
9. Chronic Liver Disease/Cirrhosis	670	15.0	5th	10.9
10. Flu/Pneumonia	625	13.9	27th (tie)	14.3

Heart Disease



Age-Adjusted Death Rates¹

118.1 - < 143.6

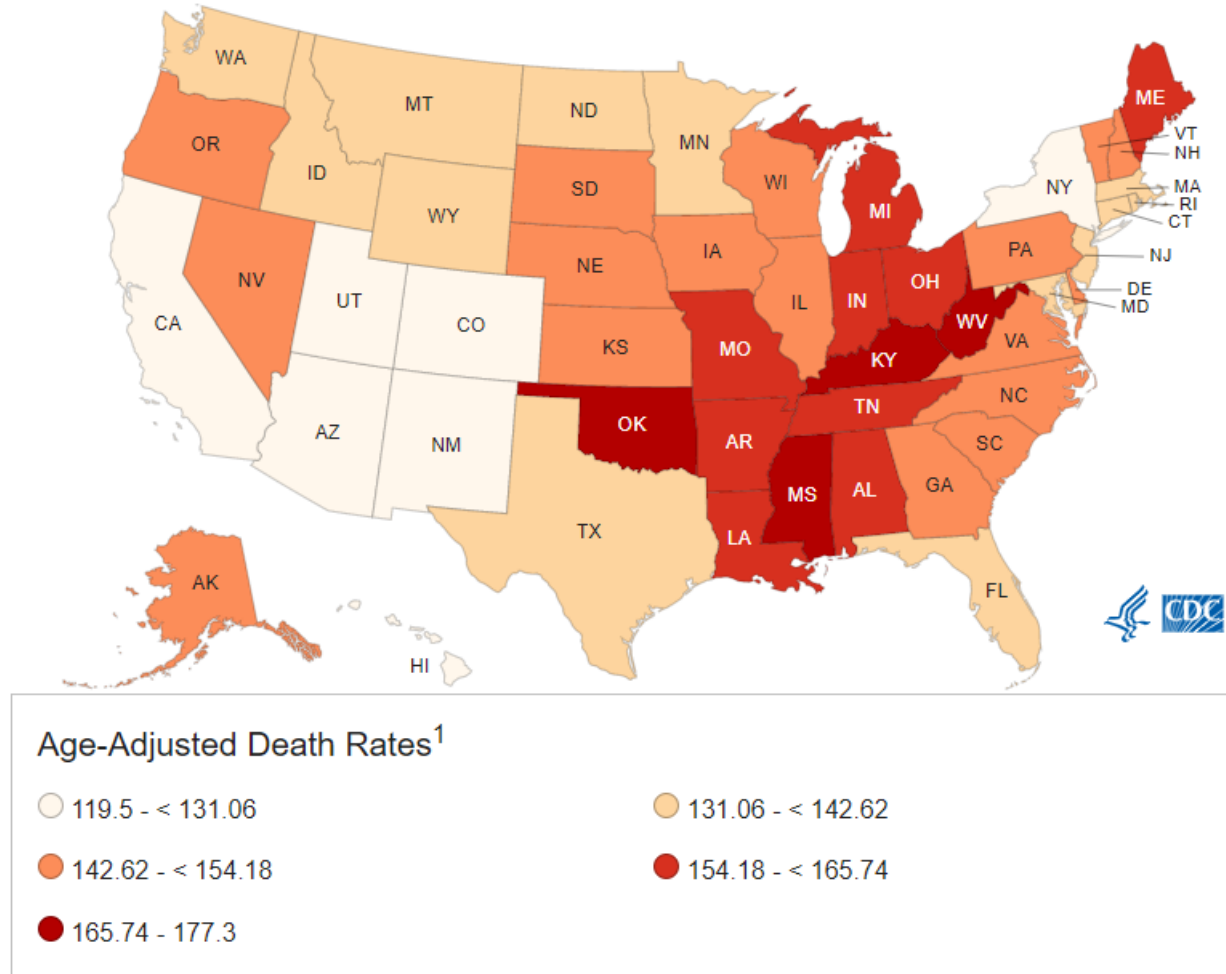
169.1 - < 194.6

220.1 - 245.6

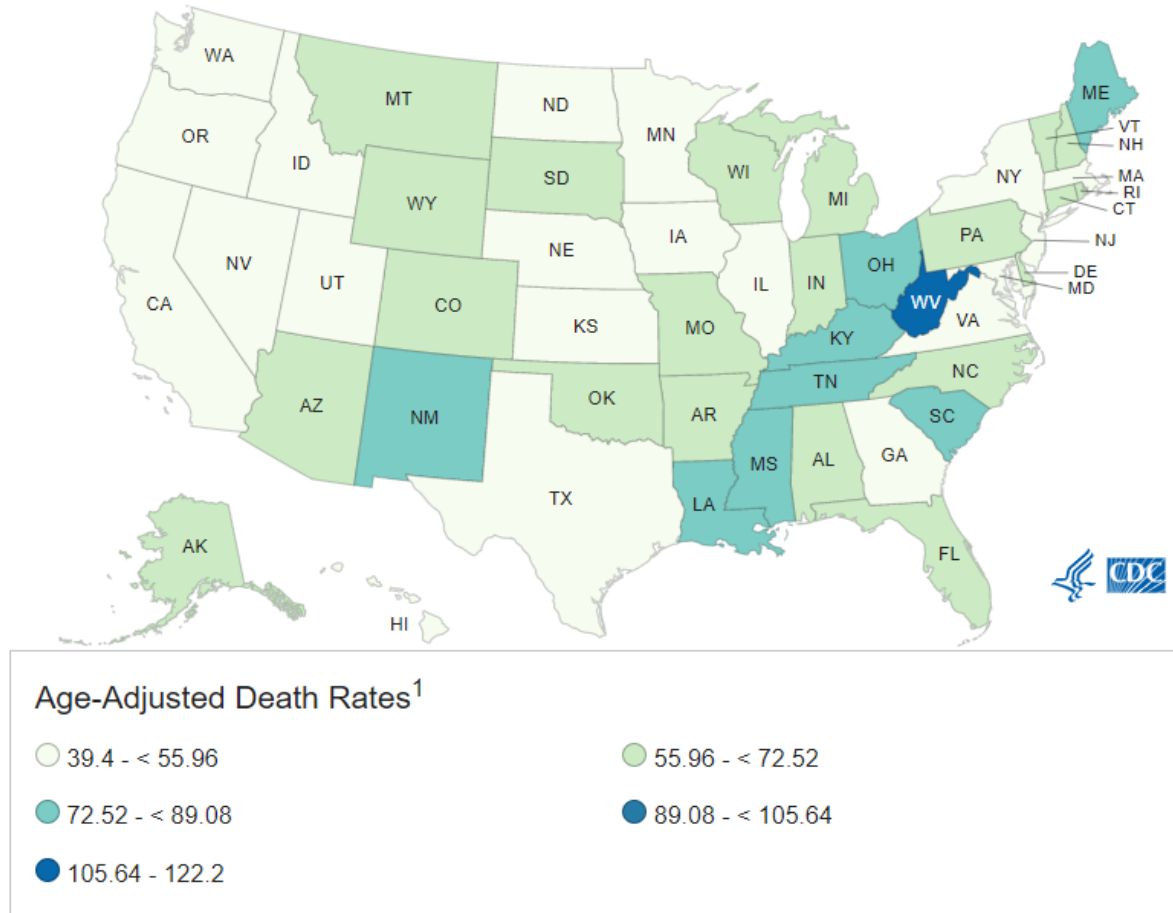
143.6 - < 169.1

194.6 - < 220.1

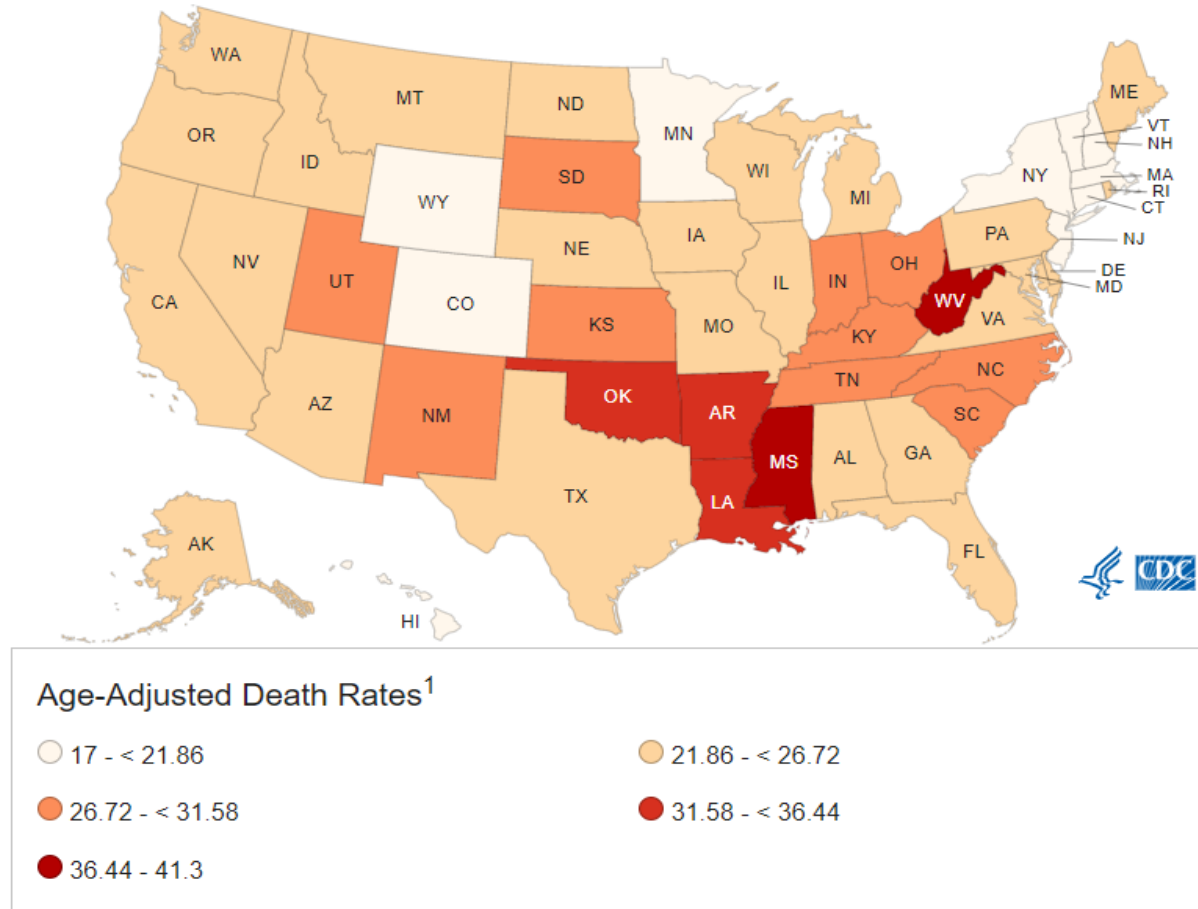
Cancer



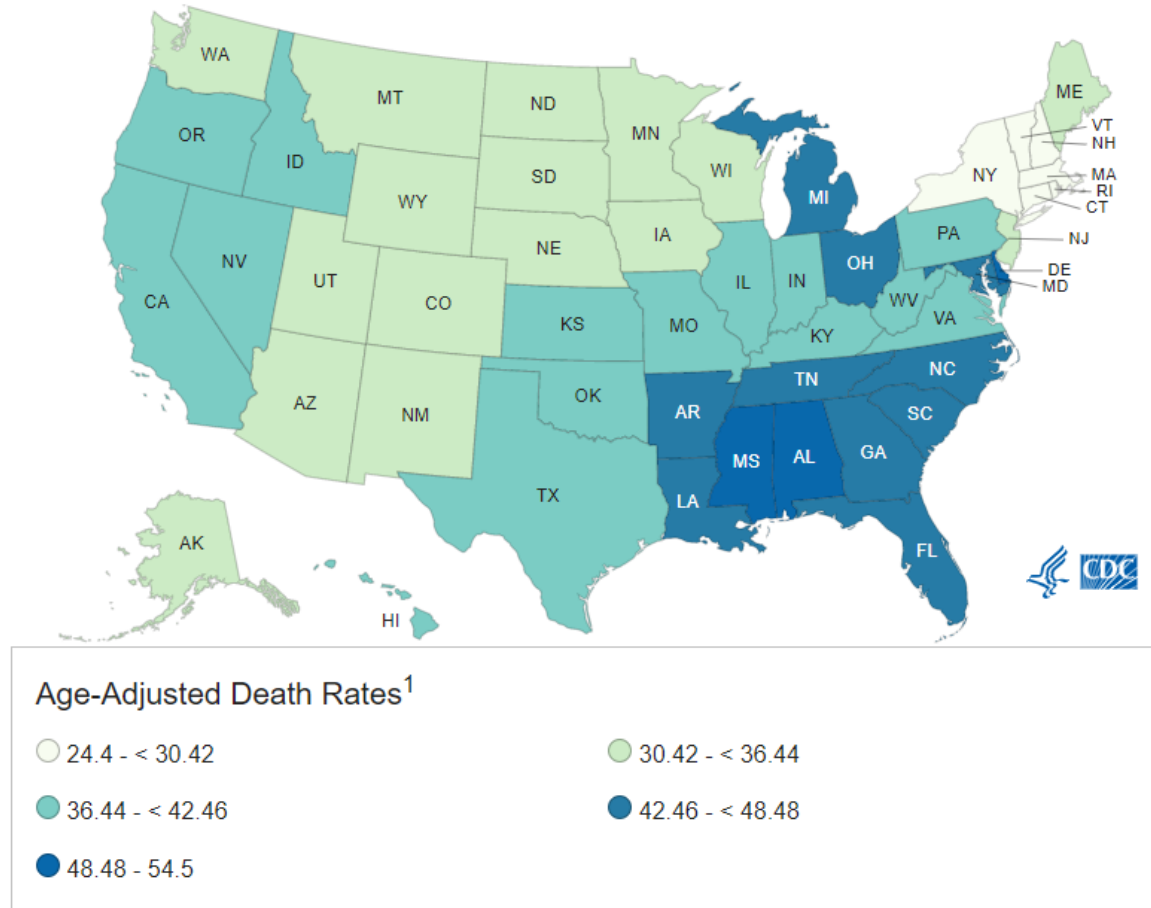
Accidents



Diabetes



Stoke



Cherokee Nation Outpatient Health Center



Our Health System



Largest Tribally-Operated Healthcare System in the US

1.3 Million

Annual Patient Visits

2,200+

Health Employees





COLLEGE OF
Osteopathic Medicine
CHEROKEE NATION

Northeastern Health System Campus



Northeastern Health System

By the Numbers

- 106 Beds
- 11 Operating Rooms
- 2 Cath Labs
- 1,100 Employees
- 81,151 Outpatient Visits
- 28,499 Emergency & Urgent Care Visits
- 5,547 EMS Calls
- 10,927 COVID Tests
- \$19,083,783 Uncompensated Care

Service Lines

- EMS
- Gastroenterology
- Nephrology
- Neurology
- OB / GYN
- Primary Stroke Center
- Pulmonology
- Radiation & Medical Oncology
- Rheumatology

Overview of Contract Health

- New nomenclature is Purchased and Referred Care (PRC)
- IHS appropriations are separated into two budget categories: health services and health facilities.
- **Snyder Act (1921):** Establishes health programs for AI/AN beneficiaries as an appropriation program through Congress.
- Not an entitlement program which is an important designation.

History of Indian Health Service: Important Legal Precepts

- **Indian Healthcare Improvement Act (1976, revised in 2000 and again in 2010):**
Allowed third party billing and tribal compacting of health systems, among other things.

Takeaways

- No such thing as “Indian Insurance”
- Think of CHS as a referral, not necessarily guarantee of payment.
- CHS is the payer of last resort.
- CHS can provide a great deal of care but can be difficult to navigate.

Cherokee Health Partners, LLC

Historical Outline

- Formally Established in 2004 as a Cherokee Nation Limited Liability Company
- Ownership
 - 51% Cherokee Nation
 - 49% Northeastern Health System
- Governance
 - 3 Representatives appointed by Cherokee Nation
 - 2 Representatives appointed by Northeastern Health System

Organizational Structure



CHEROKEE
Health Partners, L.L.C.



Cherokee Health Partners, LLC

2003 Air Ambulance Service

2004 Cardiac Imaging Services

Nuclear Medicine Echocardiogram

Ultrasonography Cardiac Stress Tests

2005 Heart Center

CVICU CVOR

Cath Lab Perfusion

2008 Family Practice Residency

2010 Imaging Equipment

MRI CT

PETCT PACS

2011 Internal Medicine Residency

2012 Orthopedics

2016 GI Lab x2

2018 Sleep Center

2019 Neurosurgery

2020 ENT

2021 Primary Stroke Certification

Cherokee Health Partners Partnership Models

- Management Services Agreement
- Under Arrangement
- Leasing Company
- Shared Services – Professional Services Agreement
- Mutual Aid Agreements