

2008 ANNUAL SELF-GOVERNANCE CONFERENCE
20th Anniversary of Tribal Self-Governance: Celebrating Excellence
Riviera Hotel & Casino; Las Vegas, Nevada
Monday, April 28, 2008

BREAKOUT SESSION 2:
QUALITY HEALTH CARE COVERAGE – TRANSFORMING AND MODERNIZING
THE AMERICAN INDIAN AND ALASKA NATIVE HEALTH CARE SYSTEMS
NATIONWIDE, STATEWIDE AND LOCALLY

Panelists:

Bill Lance, Health Director, Chickasaw Nation

Kris Locke, Technical Representative for IHS Tribal Self-Governance Advisory Committee to Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group

Dorothy Dupree, M.B.A., Director, Tribal Affairs Group, Center for Medicare and Medicaid Services (CMS) Representative

Sandra L. Haldane, M.S.N., R.N., Chief Nurse, IHS

Sandra Haldane, Chief Nurse Consultant for IHS

Fourteen pilot sites contributed to this data. The prevalence of those diagnosed with diabetes is high. Our population is on an incline. We need to find a number of ways to improve that statistic. We need to ensure that our population is not dying from cardiovascular disease as well. There is an enormous health disparity. In developing countries we are spending a great amount of money on healthcare. However, money is not everything; there is lots to do to prevent chronic illness. The IHS has formulated Three Initiatives to target this health disparity – 1) the Behavioral Health Initiative, 2) the Chronic Care Initiative, and 3) the Health Promotion Disease Prevention Initiative. We have analyzed pockets of excellence around our country to find the facilities that are doing a good job. The question becomes, how can we deliver high quality healthcare to be delivered time after time? There are a number of tools. Diabetes care and outcome shows improvement in the outcome of diabetes patients. The Chronic Care Model addresses community systems, information systems, the patient, and the practice team. It looks at all who interact with the patient. In creating synergy for 2006-2007, we have a partnership with the institute for healthcare improvement. This works to help us motivate, innovate and get results. Of our 14 pilot sites – 8 are Federal, 5 are Tribal, and 1 is Urban. I urge you to look at the opportunity to participate as a pilot site. We are looking at cost, and we are also looking at patient experience. What will make our population happier in terms of access to care? We participate in intake screening measures in alcohol, depression, and domestic violence, among others. Doctors must screen in order to get a complete picture of the patient. We are also looking at the average visit cycle time. In clinics we have found the provider is doing all of the central

work. We are looking at how we can identify how others can be involved to provide comprehensive health care services. We are getting ready to harvest all the information and data we've collected and start on the next 26 pilot sites. Questions can be directed to the site on the three initiatives.

Dorothy Dupree, Director, Tribal Affairs, CMS

The question is "Why should you be involved with CMS?" First, I learned that the IHS is a provider that has to provide health services in accordance with Medicare regulations. Medicare is the center of the health care world. It addresses the issue of what makes a provider susceptible for reimbursement. In knowing that we have to consult with Tribes, the best way to satisfy the need for consultation was to establish a Tribal Technical Advisory Group (TTAG). In CMS, we are transforming the Indian health care system. What impact are these initiatives having in Indian Country? We are looking at quality initiatives that address the physician and the hospital. Payment is tied to this initiative. There are currently 20 Quality Initiatives in total. There has been a concern as to why all Indian health and Tribal Hospitals are held to the same standards as larger hospitals. So there is an initiative coming out for rural hospitals and reporting. Another initiative is pushing for the electronic health record. There is an issue on the need to treat the tribal programs from a political status versus from a race based status. The political versus racial issue is well talked about, and addresses the trust responsibility. As we push for trust responsibility, we still have health care to be provided. Finding a balance is a major issue that we need to work on. In closing, there are a couple of things. First, CMS has a structure in place. The TTAG works closely with the National Indian Health Board. Second, I encourage you to go onto the website at CMS and participate in our open door forums. We currently have one on rural health. We have a Medicine Dish Hour, and you can participate in a live broadcast on Medicare/Medicaid specific issues. We have CMS Day during the NIHB Consumer Conference. The final initiative is data. In attempting to establish policy, you need access to data. We have a data initiative.

Kris Locke, CMS TTAG, Tribal Technical Advisor

In making change under the term modernization it is important to keep the good. The Indian health care system is based on a public health model. The tribal health services at the national, state, and local levels are all important. Active participation of Tribal Leaders and cooperation from general contributions of tribal staff have led to self-governance success. The American Indian Health Commission for Washington State is a great state-level example. It has a very active tribal participation, and works with all state agencies and organizations. There are many sample stories of success. Social Health Services worked with CMS on Maternal Infant Health Disparities. The Department of Health has worked with the Commission on a variety of projects, i.e. The Emergency Preparedness To Tribes in the Northwest Region. I urge you to visit our website at www.aihc-wa.org.

Melanie Knight, Secretary of State, Cherokee Nation

I am honored to be here. I first want to say I am not a health care specialist. My perspective is one from a leadership perspective on how self-governance has affected our relationship with the State. Back when we entered self-governance, the IHS was a stand alone agency. Since then our interaction with the Tribes has grown, as well as our interactions with the IHS agency and private companies. Collaboration and partnership is something the tribe has introduced. In terms of the Chronic Care Model, Cherokee participates in the pilot program. Chronic care came about for us by our strategy or vision we have entitled “our jobs, language, and community.” In terms of jobs we emphasize economic self-reliance, in terms of language we focus on our cultural preservation, and in terms of community we aim towards a vibrant self-sustaining community. So, how do we get economic self-reliance for our people? Our people cannot sustain employment because of chronic health care issues. The pilot allows us to address that in a meaningful way. One of our projects is the PACE Elder Care Initiative, which brings long-term care to elders. We are the first to implement this program. Results to non-tribal agencies show fewer hospital visits, and a longer life span to name a few. We are looking at how to incorporate this into the Cherokee Nation. Getting agencies educated and eliminating proper barriers is what we’re doing. The current status of our PACE program is that we have built our first outpatient facility that targets a multidisciplinary health care approach. Another area is being able to collaborate with Federal agencies and the State. PACE brings Medicare and Medicaid together. We’ve come a long way, but have a long way to go. All of this has been done in a philosophy that we have taken from self-governance. We have formed groups to advise other groups with the goal of working to eliminate barriers and coordinate care to improve the healthcare of American Indians and Alaska Natives.

Question & Answer Session

- Q: On eligibility for the PACE Program, must an elder have Medicare and Medicaid to be eligible, or will one suffice?
- A: Dual eligibles are eligible for the program. If a person only has one membership, they can pay privately for the other portion.