



California Area's Next Health Care Facility: Update on Regional Specialty Centers

CAPT Jonathan Rash, P.E.

California Area Tribal Advisory Committee (CATAC) Meeting

October 13, 2022



Today's Agenda

1. Recap of Regional Centers Concept
2. Recap of Program Directors' and Tribal Leaders Input
3. Next Steps

Recap of Regional Centers Concept

Regional Surgical and Specialty Care Centers

Also known as...

- Regional care centers
- Referral centers
- Specialty care centers





Benefits of a Regional Specialty Center

- ❖ Access to Clinical Specialists
- ❖ Culturally Appropriate Care
- ❖ Integrated with Tribal Health Programs
- ❖ Wraparound Care - Telemedicine Follow-Ups
- ❖ 1st Priority = Lower Wait Times
- ❖ No Caps on Service
- ❖ Saving Money on PRC



How Many Users Are Needed to Justify a Regional Specialty Center?

Not sustainable or not enough increase in services to justify regional center if user population is less than **30,000**

More specialty services are available with a user base of **60,000**

120,000 users



Still No...

NICU, Open Heart, Neurosurgery, Psych Nursing
• ANMC (140,000 – 152 beds) GIMC (110,000 – 78 beds), PIMC (110,000 – 127 beds)

60,000 users



Plus...

Cardiology, Neurology, Urology, MRI, Speech Therapy
• Still No Invasive Cardiology

30,000 users

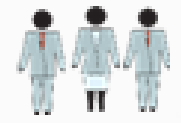


Plus...

General Surgery, Orthopedics, Ophthalmology, Otolaryngology, Dermatology, Ob/Gyn, CT, Labor & Delivery Ped/Med/Surg & ICU Beds

True Regional Services start to happen here

15,000 users



Plus...

Specialized Primary Care, Mammo, Ultrasound, Occupational Therapy, Ambulatory Procedures, Medical Short Stay Beds,

7,500 users



Plus...

Lab, Radiography, Physical Therapy, Podiatry, Audiology, & Psychiatry

3,750 users



Full-time Services...

Primary Care, Dental, Optometry, Pharmacy, PHN, Mental Health & Substance Abuse



We can offer more services at this level



Two Center Option

Sacramento: 61,981 users (66,795)

- 22,964 greater than 3 hours drive (24,292)
- *This gets Sacramento over the 60,000 user threshold that would allow us to provide additional services, such as cardiology, neurology, urology, etc.*

Temecula: 25,185 users (26,010)

- 988 greater than 3 hours drive (1,112)

Black numbers are 2011 population data

Red numbers are 2019 population data

THIS IS THE RECOMMENDED SOLUTION FROM THE FEASIBILITY STUDY AND MOST LIKELY TO BE FUNDED THROUGH IHS PRIORITY SYSTEM





Services Included in Two Center Option

- Audiology
- Dental Specialty Care
- Medical Specialty Care*
- Surgical Specialty Care*
- Outpatient Endoscopy*
- Outpatient Surgery
- Short Stay/Observation
- Lab
- Diagnostic Imaging
 - Radiography
 - Fluoroscopy
 - Ultrasound
 - CT
 - MRI*
 - Radiologist
- Pharmacy
- Inpatient
 - Pediatrics
 - Adult Medical
 - Adult Surgical
 - ICU
- Physical Rehab
 - Occupational
 - Speech
- Psychiatry
- Case Management
- Pain Management

*Services in blue text would be offered at Sacramento location, but not at (or only limited services at) Temecula location



Medical, Surgical and Dental Specialties Proposed



Medical Specialties:

- ❖ Cardiologist
- ❖ Dermatologist
- ❖ Neurologist
- ❖ Endocrinologist
- ❖ Gastroenterologist
- ❖ Gerontologist
- ❖ Rheumatologist
- ❖ Others

Surgical Specialties:

- ❖ General Surgeon
- ❖ Ophthalmologist
- ❖ Orthopedist
- ❖ Otolaryngologist
- ❖ Urologist
- ❖ Thoracic Surgeon
- ❖ Plastic Surgeon
- ❖ Others

Dental Specialties:

- ❖ Endodontist
- ❖ Pediatric
- ❖ Prosthodontics
- ❖ Periodontics
- ❖ Orthodontics
- ❖ Maxillofacial

Note: these specialties are mentioned in the feasibility study, but we are not limited to only these options. However, any specialty must be justified based on user population and need.



Why Aren't We Talking about a Hospital?

- ▶ The main services that a full hospital offers that Regional Centers would not offer are:
 - ▶ Emergency Room
 - ▶ Maternal Health / Childbirth (However – see below)
- ▶ The IHS hospitals that do exist (e.g. Phoenix Indian Medical Center, Gallup Indian Medical Center) are ALSO Regional Specialty Centers.
 - ▶ They have enough local population to support an emergency room and maternity services.
- ▶ Feasibility study determined not enough people would travel medium- to long-distances to justify these services at the Regional Center.
- ▶ Maternity / childbirth is considered primary care and was not considered in the study.
 - ▶ Per the request of Tribal Leaders, we ARE requesting that maternity and childbirth services be studied in the feasibility study revision.



What about using these funds toward PRC services?

- ▶ I.H.S. has primarily two funding authorities: facilities and services appropriations.
 - ▶ Facilities appropriations can only be used on construction and operations of healthcare facilities and cannot be re-obligated to health care services.
 - ▶ Services appropriations for federal facilities healthcare services are easier to secure on a recurring basis. Re-directing services appropriations to PRCs is more challenging and allocations are limited.
- ▶ There are limits on Purchased Referred Care eligibility
- ▶ High costs for accessing “out of network” specialty care services
- ▶ Long appointment wait times
- ▶ Difficulty assuring continuity of care with their Tribal Health Program primary care provider
- ▶ Lack of means for Urban Health Programs to offer specialty referral services



Recap of Input from Program Directors and Tribal Leaders

Survey Sent after Program Directors Meeting, June 22, 2022

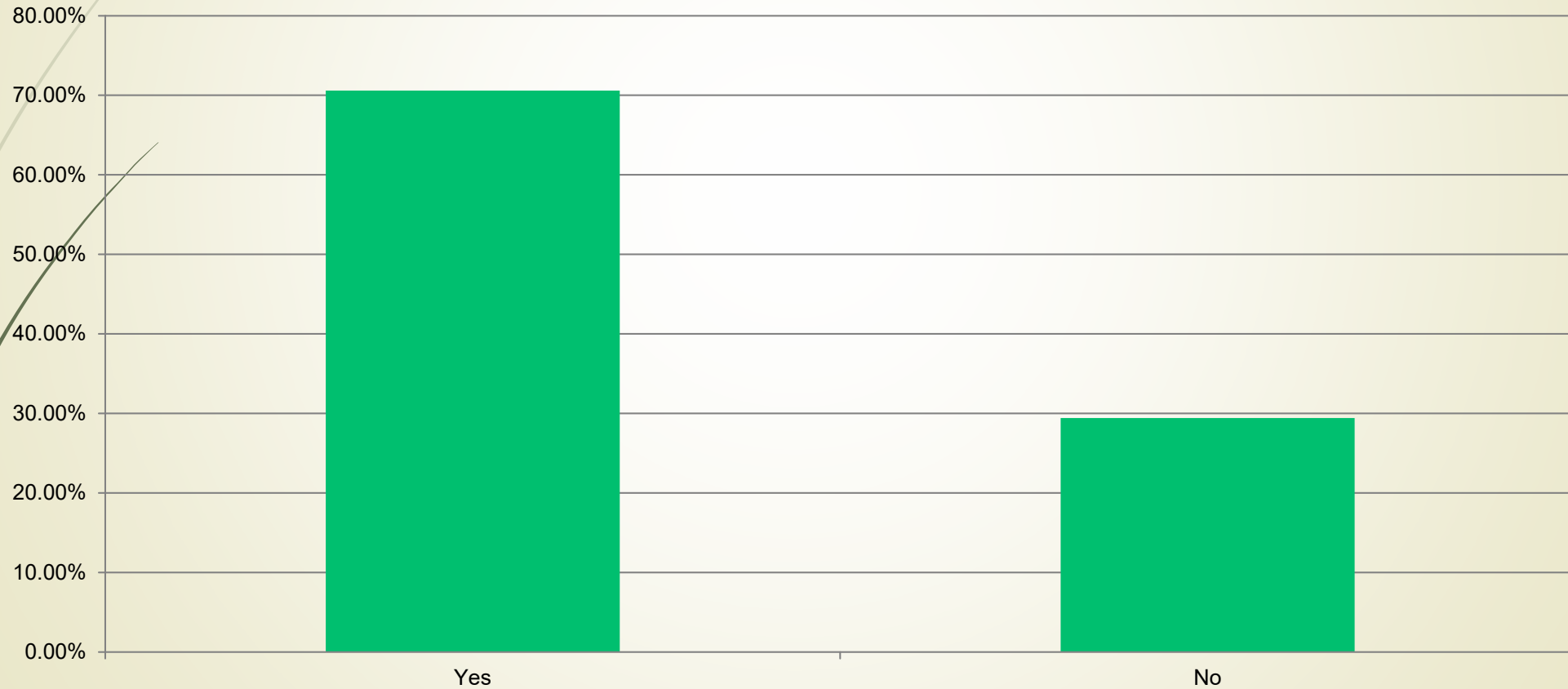
Polls Conducted during Tribal Leaders Meeting, August 24, 2022



Program Directors Survey



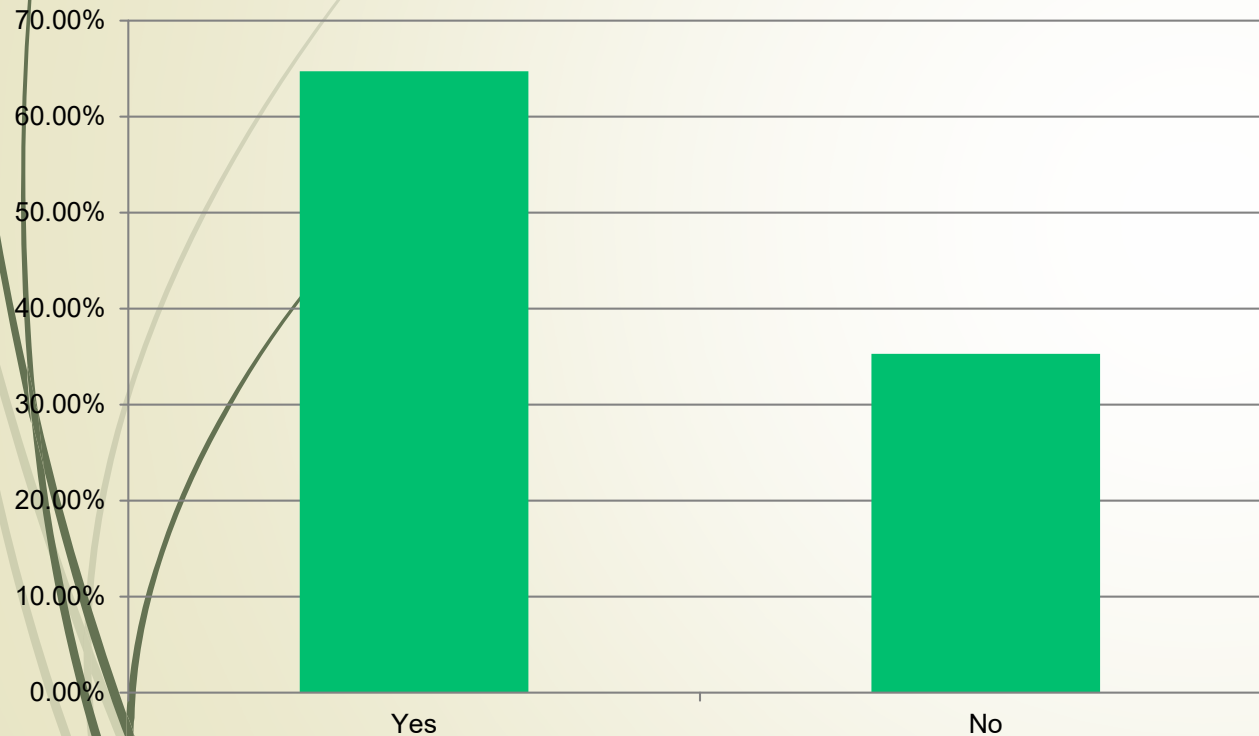
Do you support Regional Care Centers as described at the Program Director's Meeting?





Program Directors Survey

Would your patients be interested in maternity services at a regional care center, given the travel distance required?



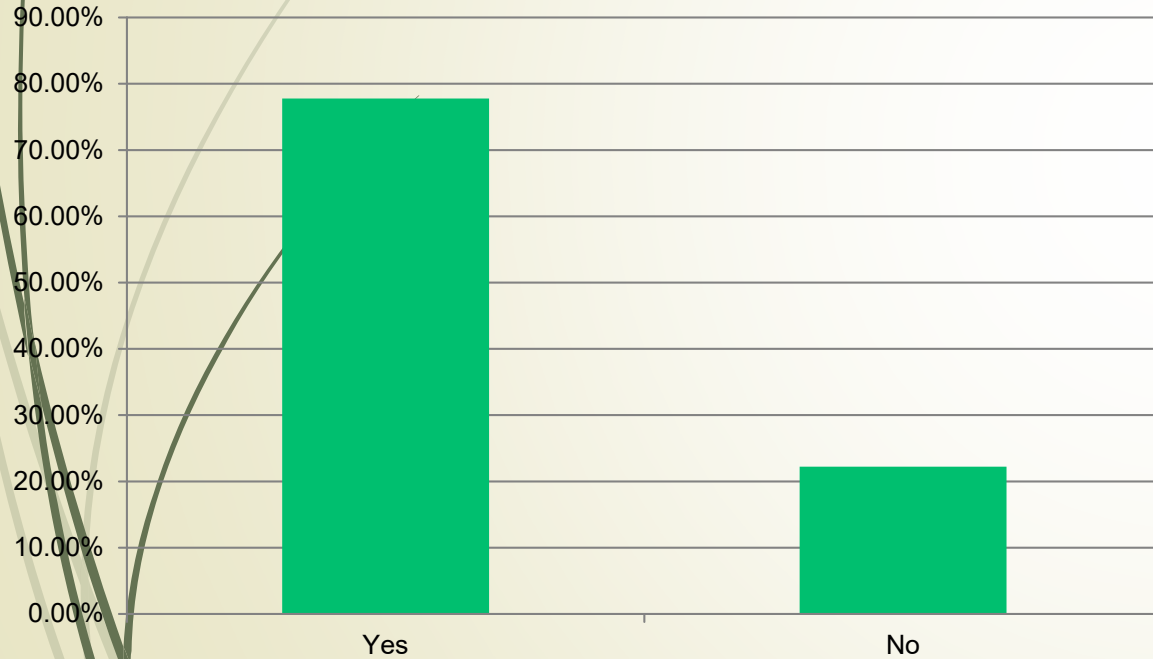
Comments on this question:

- “Probably not any further than Sacramento”
- “Currently have limited maternity services onsite. OB/GYN comes on site 1x week to manage OB. Currently delivering at local hospital 30 - 40 min away. All high risk maternity clients are referred out. Having a rotation from regional center and delivering at regional center would be an option.”
- “Not sure how many would really want to travel away from home for this service. Makes more sense to contract locally for this service.”

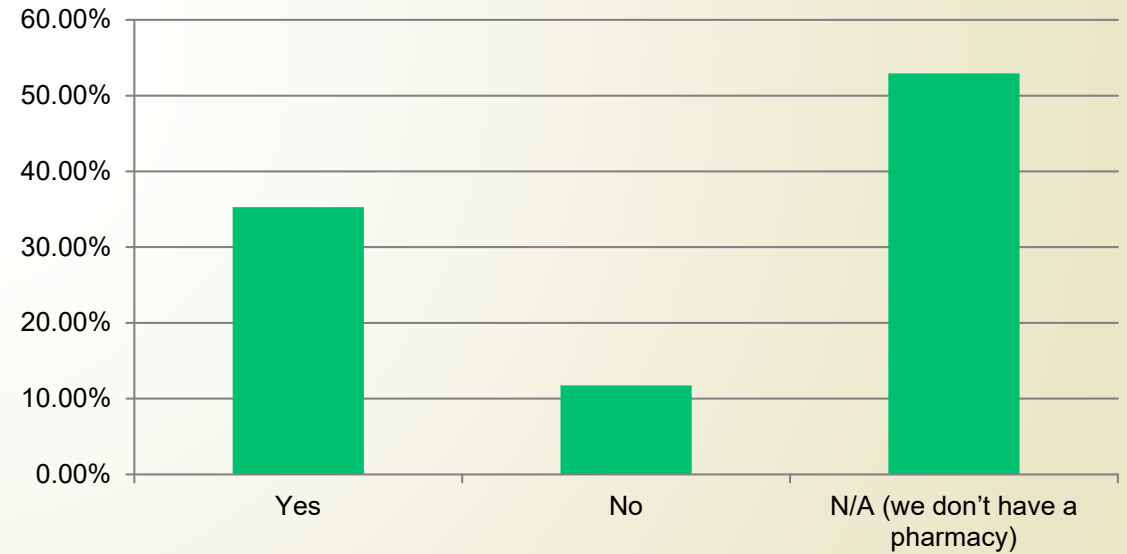


Program Directors Survey

Could your health program allocate space and staff for clinical specialists to provide services at your location(s) on a rotating basis?



If a regional care center could serve as a pharmaceuticals hub and assist with supplying for your pharmacy – possibly at the expense of slower processing times – would your health program be interested in that service?





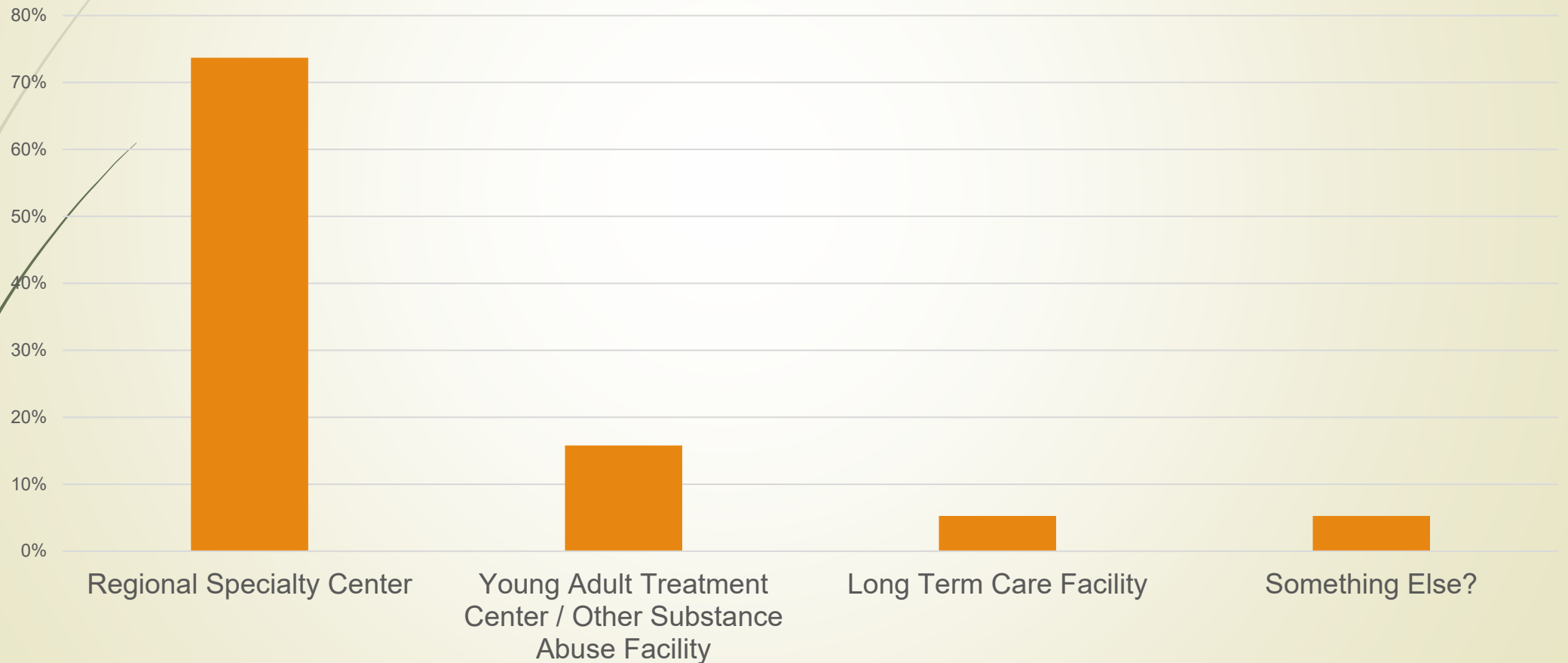
Program Directors Survey: For which services would your population be most likely to travel to a distant regional site to receive culturally appropriate care IF cost is not a barrier?

- ▶ Inpatient Care, Specialty Care
- ▶ Dental and optometry services
- ▶ A regional site would be 4 hours away. It would not be feasible, exhausting and may require an over night stay.
- ▶ For Medical, Cardiology, Diabetes, Gastroenterology, Endocrinology, Urology, Obstetrics & Gynecology.
- ▶ For Dental, we provide more specialty dental services and our patients would prefer to go to a closer specialist for services.
- ▶ Neurosurgery
- ▶ Specialty dental services, specialty lab & diagnostic services
- ▶ BH inpatient
- ▶ Specialty Dental; pediatric hospital dentistry
- ▶ Cardiology
- ▶ outpatient surgery
- ▶ not sure
- ▶ Unknown



Tribal Leaders Poll Responses

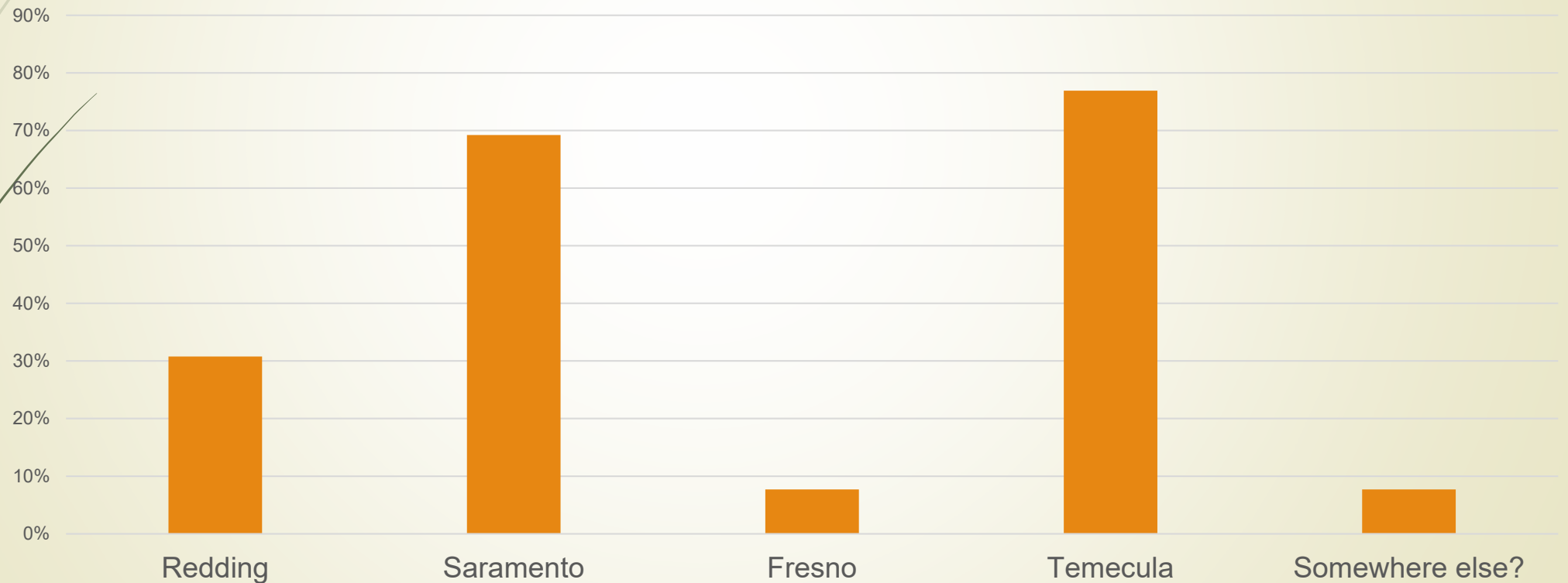
What is your top priority for next health care facility?





Tribal Leaders Poll Responses

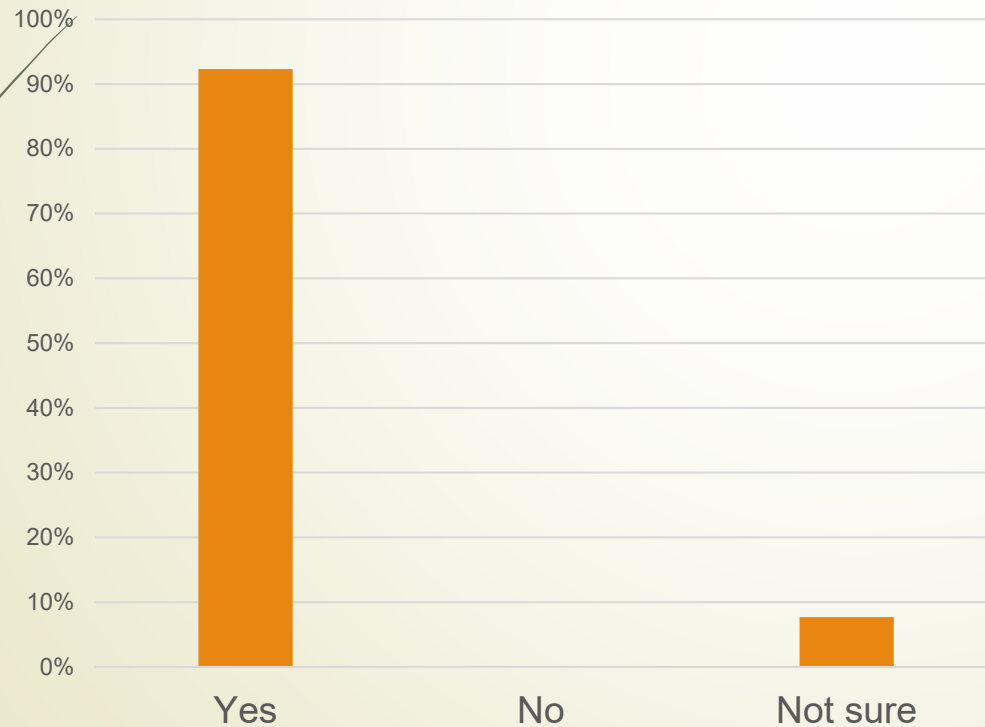
Where should facility(ies) be located?
(You may choose up to two)



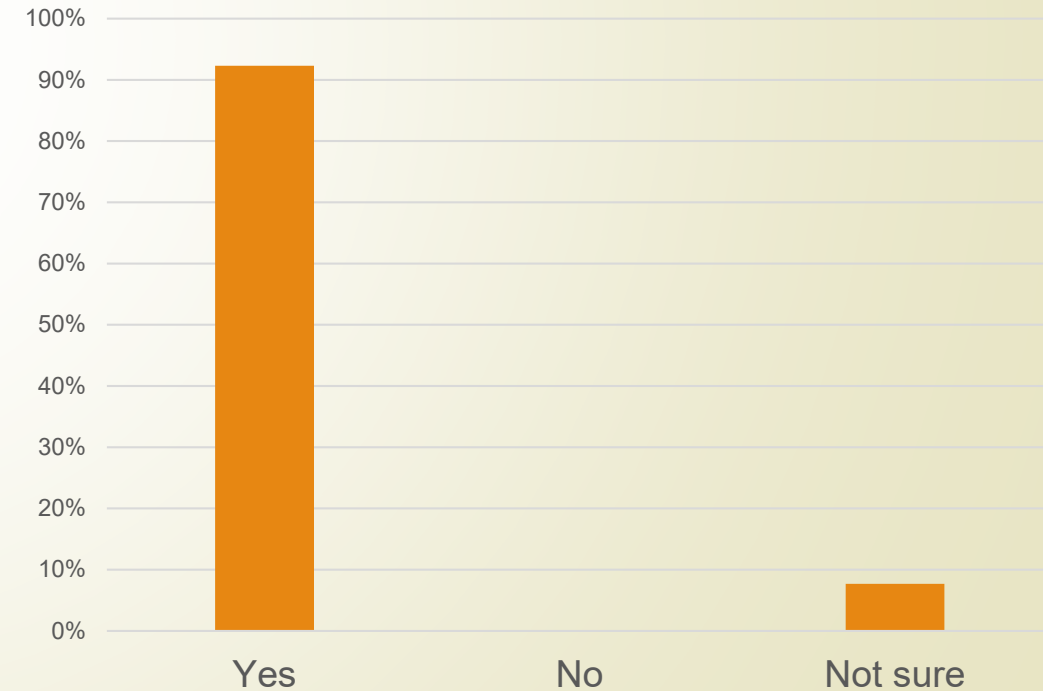


Tribal Leaders Poll Responses

Should we request that periodic remote specialty care services at tribal sites be included in the updated feasibility study?



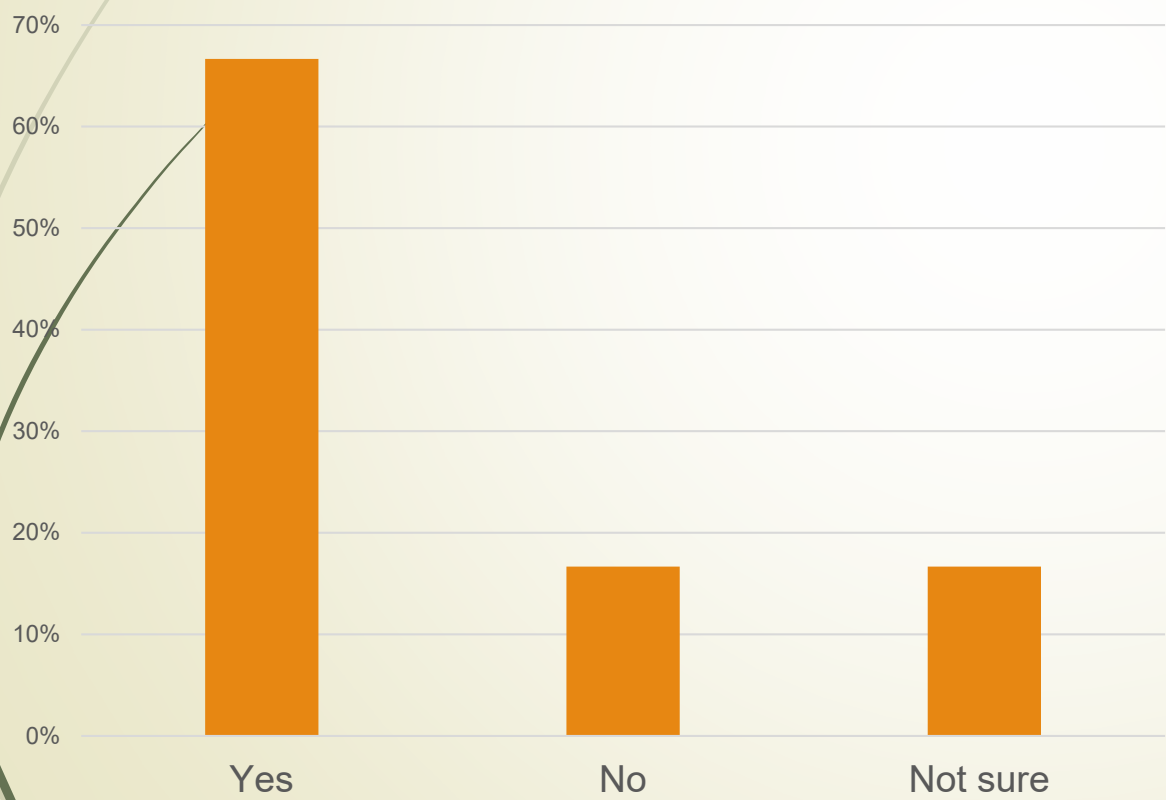
Should we request that internal transportation services (e.g. shuttle services) be included in updated feasibility study?



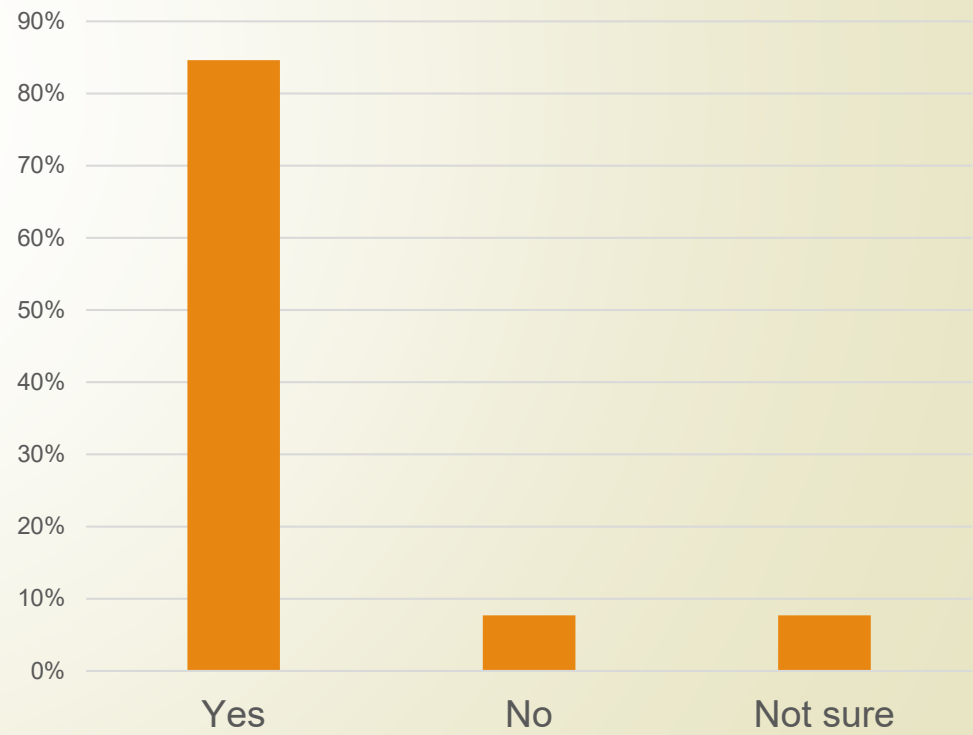


Tribal Leaders Poll Responses

Should we request that maternity/childbirth be considered in the updated feasibility study?



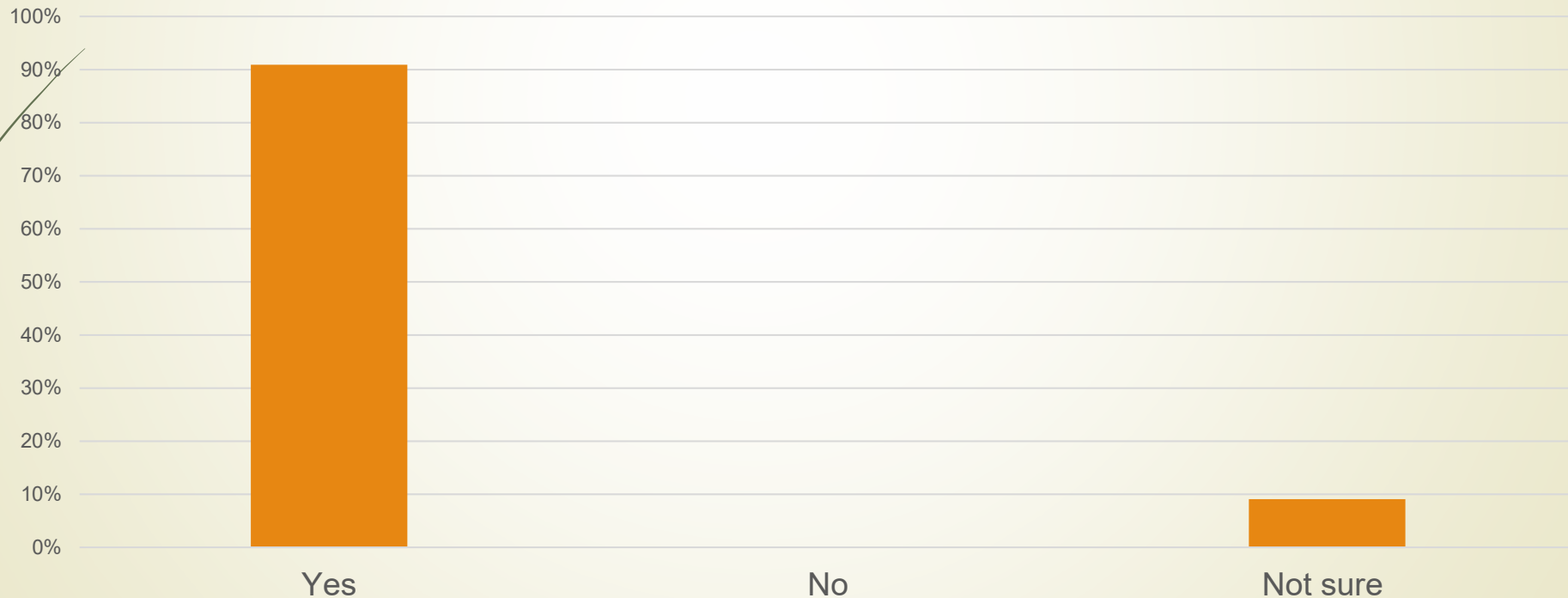
Should we request that the feasibility study include a pharmacy hub to help supply tribal and urban programs?





Tribal Leaders Poll Responses

Is your tribe ready to commit to supporting an updated feasibility study for the California Area's next health care facility?





Next Steps



Revising the Feasibility Study

- ▶ Feasibility study was prepared in 2013 – needs to be updated not only for costs and user population changes, but also for modernization of health care delivery.
 - ▶ Updating user population – they may be calling your program if there are known data issues!
 - ▶ Evaluate utilization and services evolution since 2013
 - ▶ Incorporating latest health care technology and trends
- ▶ We are also asking for changes to the parameters of the study as determined by Tribal Leaders
 - ▶ Addition of maternity / childbirth services
 - ▶ Remote professional services provided at Tribal sites
 - ▶ ~~Having transportation built into model (not likely)~~
 - ▶ Pharmacy hub
 - ▶ **New idea: Caregiver / patient lodging on site managed by the Regional Center**
 - ▶ **New idea: Durable Medical Equipment (DME) hub**
- ▶ This process to revise the feasibility study is underway now
 - ▶ Plan is to have this completed by Spring 2023



Next Steps: Requesting Funding

- ▶ Once we have an up-to-date Feasibility Study, we can request funds.
- ▶ **Before we can submit any recommended health care facility for funding, need formal approval for that facility from a majority of California Tribes.**
 - ▶ This means resolutions from Tribes.
 - ▶ Need at least 53 Tribes represented. (The more, the better!)
 - ▶ Resolutions from Tribal Health Boards, Urban Health Programs, or Other Partners are also Welcome!
 - ▶ (However they would NOT count toward the 53 Tribal resolutions we need.)
- ▶ Once we get this approval and updated Feasibility Study, we will make a full court press for funding – and it MUST include staffing dollars.
 - ▶ Health Care Facilities Construction – New Priority System.
 - ▶ Demonstration Project.
 - ▶ Nonrecurring Expense Funds (NEF).
 - ▶ Congressional Earmarks (IHS cannot request this).



Next Steps: Planning

- ▶ Once we submit an approved project for funding, the next step will be seeking funding for planning activities:
 1. Program of Requirements
 2. Project Justification Document
 3. Business Plan
 4. Site Selection and Evaluation Report / Survey of Potential Locations
 5. Purchase of Land for Facilities
 6. Engineering Design
- ▶ Finally, we would use these activities to seek final funding for construction and staffing for the facility(ies).
 - ▶ Solicitation and Award
 - ▶ Construction
 - ▶ Hiring Staff for Facility(ies)



What Do We Need Now?

➤ Tribal Resolutions in Support of Regional Specialty Centers

- Also: Resolutions from Health Boards, Urban Programs, Any Other Organizations
- CRIHB has prepared some draft resolution language
- IHS can be available to make short presentations or answer questions at Tribal Council or Board Meetings or Town Hall Meetings.
- Spreading the word at all levels is necessary for this project to go forward.



Any Questions or Discussion?

Thank you!

CAPT Jonathan Rash, P.E.

Associate Director, OEHE

jonathan.rash@ihs.gov

(916) 387-5799