



REGIONAL AMBULATORY SURGICAL AND SPECIALTY HEALTH SERVICES FEASIBILITY STUDY UPDATE

THE INNOVA GROUP

What We Do

Clients engage The Innova Group to solve strategic and planning conundrums relative to both clinical and capital concerns.

STRATEGY

PLANNING

CLINICAL

Translating the health system vision into a market sensitive strategy supporting the development of an effective clinical delivery network



Defining the tactics for the development and evolution of the clinical delivery network both vertically (service lines) and horizontally (departments)



CAPITAL

Aligning your capital plan and infrastructure needs to the Market/Clinical Strategy



Translating the planning parameters of the capital strategy into the built environment



THE INNOVA GROUP

Our Experience

Clients

- Indian Health Service
- Tribal Entities
- Private Sector Hospitals
 - For-Profit
 - Not-For Profit
- Veterans Affairs
- Department of Defense
- Academic Medical Centers
- International Clients
- FQHCs/CHCs

Services

- Strategic Planning
- Health Services Master Planning
- Population Planning
- Service Line Planning
- Staff Planning
- Space Planning
- Network Planning
- Regional Planning
- Urban Program Planning
- Facility Master Planning
- PJD/PORs
- Site Selection Evaluations
- Joint Ventures
- Small Ambulatory Program

BACKGROUND

What is Regional Care? Why is it Important?

Regional Care

A collection of health care services offered through extended service areas to appropriately grouped user populations (referral partners), most often offering specialty care, advanced diagnostics, imaging, surgery, and acute care.

Why?

California American Indian/Alaska Natives experience a severe shortfall in secondary care, most often provided through referrals to the private sector for inpatient and specialty care. This is a hardship to an already challenged population.



BACKGROUND

What are the Benefits of Regional Care?

Benefits

- Access to Specialty Care
- Culturally Appropriate Care delivered in IHS owned/operated facilities
- Telemedicine Follow-Ups
- Locations supported by infrastructure and local tertiary care
- Locations balanced geographically relative to user populations
- Locations capable of being accessed by significant user populations
- Lower Wait Times than those in the community
- No Caps on Service
- PRC Funding Would be More Available for Higher Level of Care
 - *PRC will not be decreased*
- Would close the disparity gap in Level of Need Funded (LNF)

BACKGROUND

Where did the Idea Begin?

2005

- California Health Services Master Plan (site conversations)

2013

- Regional Ambulatory and Surgical Specialty Health Services Feasibility Study

2024

- Regional Ambulatory and Surgical Specialty Health Services Feasibility Study – Update to 2013 Report



BACKGROUND

What can Patients Expect from Regional Care?

Regional Care Provides

- Specialty Healthcare
- Ambulatory Surgery
- Diagnostic Services
- Tele-Medicine
- Short Stays
- Overnight Stays
- Intensive Care
- Inpatient Services
- Referrals Only

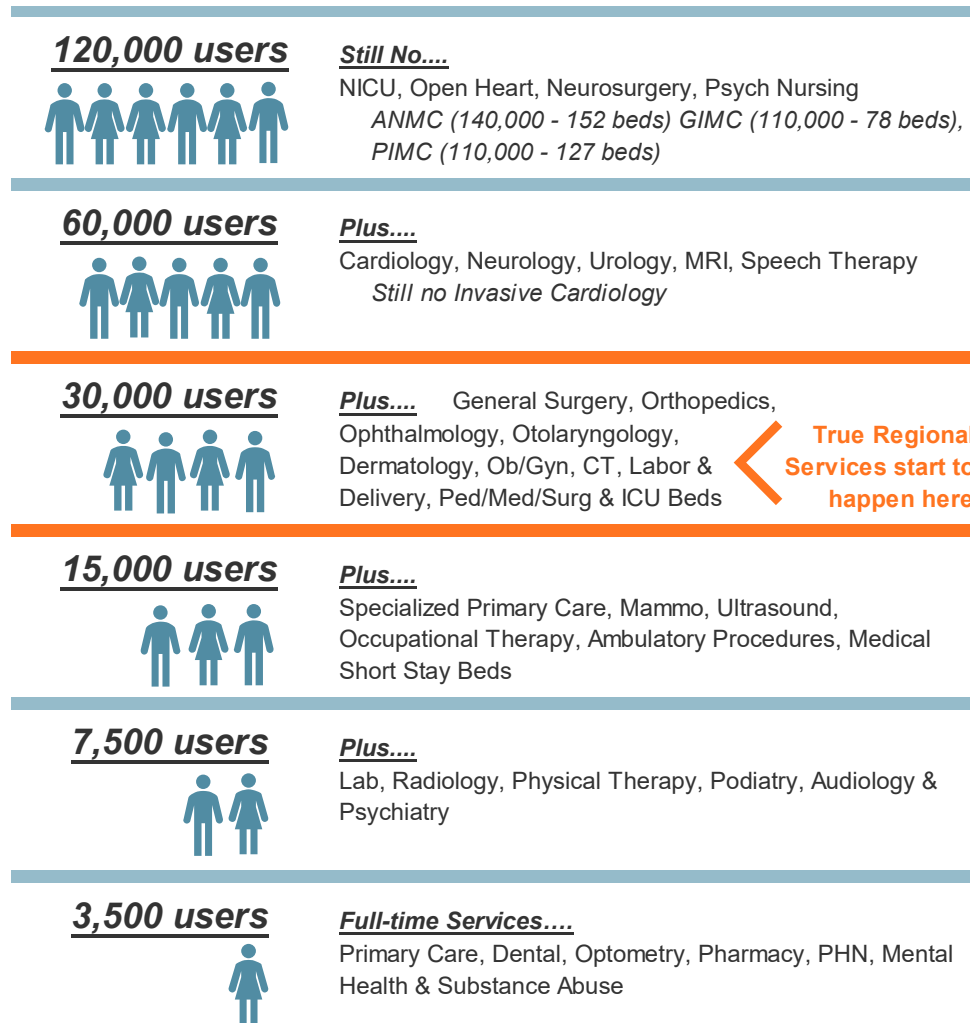
Regional Care Is Unable to Provide

- No Primary Care
- No Emergency Care
- No Deliveries
- No “Walk In” Services

Regional Centers are designed to support not replace Tribal and Urban Health Programs. Regional Care does not remove PRC funding currently provided to programs/sites.

BACKGROUND

Regional Care is Population Driven



True Regional Services start to happen here

- Increased population leads to increased services
- True regional care starts to become possible when **30,000** or more users access care at one regional site

BACKGROUND

Where Should Regional Care be Located?

Regional Care provides access to Specialty Care, Acute Care, and advanced diagnostics in a culturally appropriate, IHS owned and operated, suitably located facility.

- At locations capable of being accessed by significant user populations (willing partners)
- At locations supported by infrastructure and tertiary care
- At locations balanced geographically relative to user populations

In-depth analysis demonstrated that 2 sites were optimal...



RESOURCE REQUIREMENTS COMPARISON

What are the projected regional user populations? How many staff are projected? What size facilities are projected? What is the projected cost?

	2024 Updated Study Planning Outcomes	
	Sacramento Yr. 2033	Temecula Yr. 2033
Regional User Population	86,879	50,231
Employees (FTEs)	1,661.0	831.5
Building Gross Square Feet	573.5 K	308.0 K
Total Project Cost	\$1.21 b	
Annual Operating Cost	\$446.4 m	
LNF Increase %	37% to 87%	

BESIDES BEING BIGGER AND MORE COSTLY...

*Is anything else different or new in the planning for
Regional Care in California?*

Yes!!!

2024 UPDATE – ADD ON SERVICES

What Services Have Been Added to the Regional Centers to Better Serve Users?

Transportation

Service, owned and operated by IHS, added to improve access to regional care from distant locations. 162 FTE (+ appropriate vehicles) in Sacramento and 28 FTE (+ appropriate vehicles) in Temecula are planned.

Conceptual Operation

- Drivers would provide pick up and shuttle patients (and caregiver) to the Regional Center for those incapable of transporting themselves.
- Service would operate 250 days a year, assuming an 8-hour driving period per day. Drivers would have a limited workday.
- If care/transport time exceeded 8-hour day limiter, patients might be housed in the Regional Center lodging facility.



All findings will be studied further in future planning efforts to better quantify staff and space requirements.

2024 UPDATE – ADD ON SERVICES

What Services Have Been Added to the Regional Centers to Better Serve Users?

Lodging

Service, owned and operated by IHS, added for patients and caregivers traveling for regional care, requiring overnight stays. 120 rooms in Sacramento and 22 rooms in Temecula are planned in hotel-like accommodations.

Conceptual Operation

- Ensure patients and caregivers needing Regional care have adequate/comfortable lodging during their length of stay at no cost.
- Lodging facility will operate 365 days a year.
- Patients and caregivers will benefit from lodging if commute exceeds 120 minutes of one-way travel, or if observation/procedure requires overnight stay.



All findings will be studied further in future planning efforts to better quantify staff and space requirements.

2024 UPDATE – ADD ON SERVICES

What Services Have Been Added to the Regional Centers to Better Serve Users?

Visiting Specialties

Service, owned and operated by IHS, added to improve the level of access to specialty care for patients who are unable to travel to distant regional specialty care.

Conceptual Operation

- Approximately 10% of planned specialists at each site are anticipated to travel or “visit.” Most specialty care will remain at each Regional Center.
- Providers from varying specialties are planned for visiting service.
- Visiting specialists would provide care at local clinic locations.
- Breadth of service dependent on Specialists’ travel threshold.



All findings will be studied further in future planning efforts to better quantify staff and space requirements.

2024 UPDATE – ADD ON SERVICES

What Services Have Been Added to the Regional Centers to Better Serve Users?

Pharmacy Hub

Service, owned and operated by IHS, added to assist patients in accessing expensive and hard to get medications. Dedicated pharmacists, techs, and support staff are planned at each site to address this important need.

Conceptual Operation

- The regional pharmacy hub would operate 250 days a year/8 hours a day.
- Medications would be delivered to the local site or the patient's doorstep as consultation services are needed for proper medication administration.
- Patient education would be administered via telehealth or at the Regional Center.



All findings will be studied further in future planning efforts to better quantify staff and space requirements.

2024 UPDATE – ADD ON SERVICES

What Services Have Been Added to the Regional Centers to Better Serve Users?

Durable Medical Equipment (DME) Hub

Service, owned and operated by IHS, added to improve access to many DME products such as ambulation assistance products, personal care aids, CPAPs, etc.

Conceptual Operation

- The DME Hub would operate 250 days a year/8 hours a day.
- The DME Hub would keep area-wide stock of the most requested DME items.
- The equipment would then be distributed to patients in need via the most effective delivery option.
- Where necessary, patient education would be administered via telehealth by the Regional Center.



All findings will be studied further in future planning efforts to better quantify staff and space requirements.

2024 UPDATE – ADD ON SERVICES

What Services Were Not Added to the Regional Centers?

Labor & Delivery

The feasibility of Labor & Delivery services was re-considered in response to Service Unit interest and Area guidance.

Findings

- Updated projections resulted in volumes that would only support low risk services.
- Services (like C-Sections) which might motivate expectants mothers to travel a significant distance to regional care will not be available.
- Analysis did not support consideration of a low risk level of care appropriate to support patient travel to distant regional care.

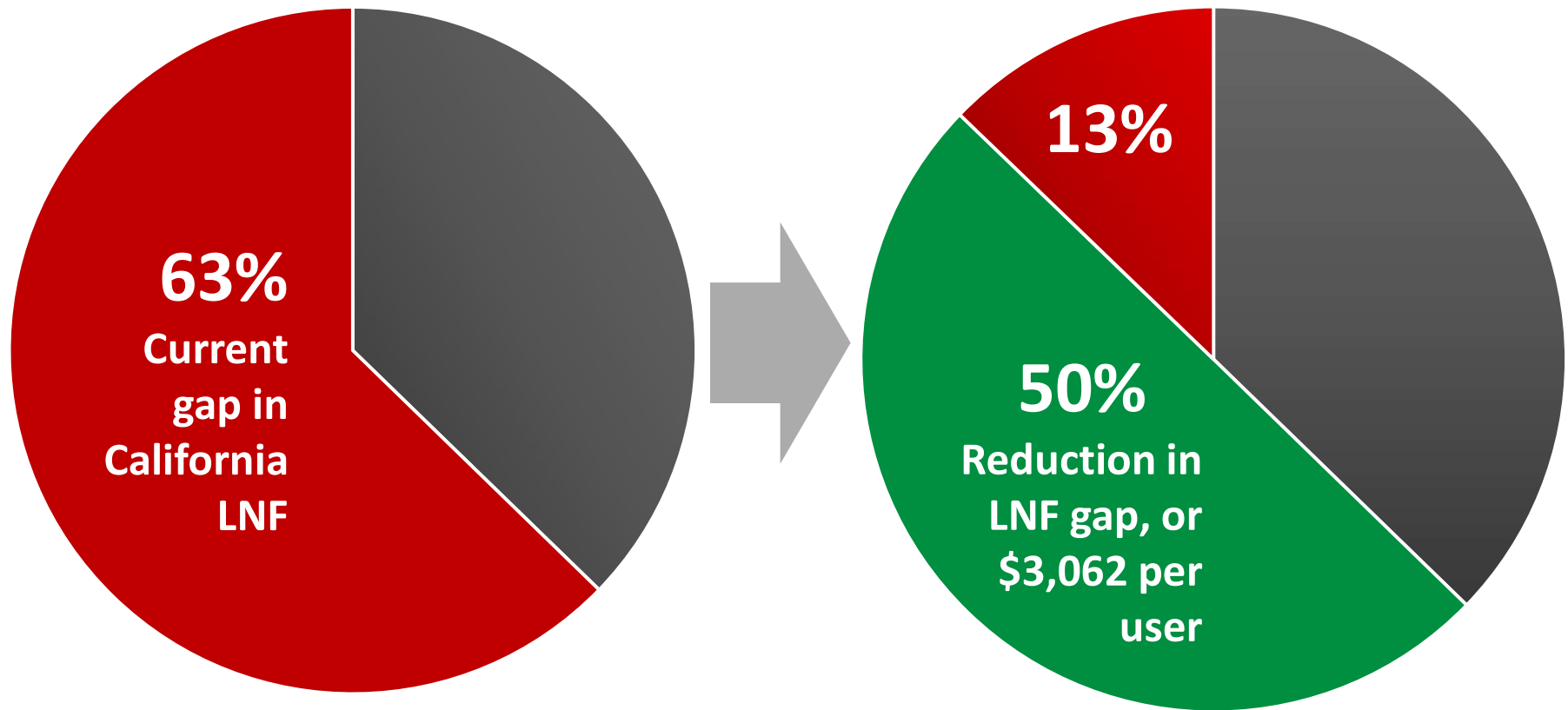


Further study of this service is not anticipated.

LEVEL OF NEED FUNDING

What is the Impact of Regional Care on California's Future Level of Need (LNF)?

It Should Significantly Reduce the Gap in California's LNF



WHY THIS STRATEGY

Historic Path Toward Implementation

- Because population is growing
- Because historically PRC funds fall short of need and the PRC shortage problem is national in scope
- Because Nation-Wide Area Health Services Master Planning (2002 – 2006), the 2013 Regional Ambulatory Surgical Specialty Health Services Feasibility Study, and the Update of that Study showed a similar national picture
- Because it documents a need most in alignment with IHS' historic implementation and funding path and connects it with an innovative future solution



2024 UPDATE – PATH FORWARD

What are the next steps?

Critical Path Forward for Regional Centers Planning

- Comprehensive Population Study of California Users
- Program Justification Document (PJD) & Program of Requirements (POR)
- Site Selection Evaluation Reports (SSER) I & II
- Business Planning

Other Supportive Planning Efforts

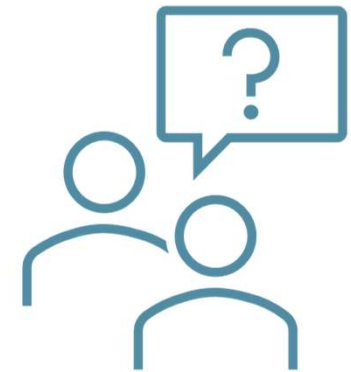
- California Area Health Services Master Plan Update
- Broadband and Technology Assessment
- Traffic Study



QUESTIONS AND CONCERNS

What are your thoughts?

- What questions do you have about the 2024 Updated Regional Care Report?
- What questions do you have about today's presentation on that Report?
- What questions do you have about the next steps in planning for Regional Care?
- Do you have other questions?



ADJOURN

Thank you for your attention and questions!



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