



# Tribal Delegation Meeting

Northwest Portland Area Indian Health Board – May 4, 2010



## ISSUE: Regional Specialty Referral Healthcare Facility

The Northwest Portland Area Indian Health Board (NPAIHB) has supported through formal resolution the recommendation by the Portland Area Facility Advisory Committee (PAFAC) for a system of three regional referral centers to provide specialty care for patients to be referred from existing primary care facilities (both Tribal and Federal) within the Portland Area. This concept was developed by the PAFAC as a way to address unmet needs for specialty care identified by many Tribes in their health services and facilities master plans in 2005.

At its quarterly meeting on April 20, 2010, the NPAIHB expressed interest in knowing whether such regional referral centers would be supported by IHS through a demonstration project.

## Background:

The Northwest Portland Area Indian Health Board (NPAIHB) is comprised of 43 Delegates representative of all Indian Tribes located in the States of Idaho, Oregon and Washington. The NPAIHB's strategic plan contains four main functional areas: health promotion and disease prevention, legislative and policy analysis, training and technical assistance, and surveillance and research. NPAIHB houses a tribal epidemiology center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy. The NPAIHB collaborates and works closely with the Portland Area Indian Health Service on myriad of Indian health issues, programs, initiatives and partnerships.

In the Indian Health System, geographically dispersed populations lacking access to specialty care, in a culturally appropriate environment-of-care, remain largely dependent on Contract Health Service (CHS) funds for any care above primary. CHS funds are inadequate, and buying power of these limited funds continues to erode each year due to medical inflation. For CHS-dependent patients in Portland Area, access to care above primary doesn't occur until circumstances are dire. To address this concern, in 2005, the Tribes of the Portland Area proposed an approach for regional specialty referral healthcare facilities in the IHS-approved *Portland Area Health Services and Facilities Master Plan*. However, the IHS facility funding programs and planning models do not include templates for sizing or planning the type of regional specialty facilities that serve geographically dispersed Tribes.

The regional specialty referral healthcare facilities do not fit the IHS planning model for a primary care facility or an inpatient facility, but they are consistent with a healthcare model that acknowledges the geographic dispersion of Tribes in some areas of the country and the need for access to a level of specialty care not currently provided within the Indian Health System.

In some locations, regional and area-wide facilities have been prioritized, constructed, and staffed, but such regional facilities are limited to those with large populations, concentrated in

an area close to one community/facility, generating large demand for both primary and specialty care at the facility. IHS funding programs and planning models do not include templates for sizing or considering regional specialty facilities that serve geographically dispersed Tribes.

Portland Area Tribes, continue to advise IHS through the Portland Area Facilities Advisory Committee (PAFAC), that such a model of care will alleviate issues associated with CHS dependency and access to quality care.

The acceptance of a model for regional specialty referral center that serves geographically dispersed tribes is complicated by different views regarding the availability of alternative care above the primary level. The PAFAC and the Portland Area IHS believes that such care is severely limited by available CHS funds, and that patients will travel considerable distance to obtain such care in a culturally-appropriate setting. Others question whether there is a need for direct care above the primary level and doubt that patients will travel past a private facility to obtain appropriate care. This is being examined through a pilot study, supported by OEHE at headquarters, guided by input from the PAFAC.

### **Current Situation:**

The PAFAC continues to develop the regional referral center concept with national applicability, through a pilot study. Headquarters has supported the pilot study. The Innova Group, a health care planning consultant, is examining issues such as user population for specialty care, recognizing that the referral market will be eroded by factors such as availability of third-party payers (for some patients), travel distances and other factors. The study team is developing the concept of Operations for this type of health care model. Preliminarily, the study has indicated that the specialty care visits and workload will exist, and that patients will travel significant distances to access direct care from an Indian Health System facility.

### **Action Plan:**

The PAIHS supports the efforts of the NPAIHB in its advocacy for a Regional Specialty Care Referral Healthcare Facility in the Portland Area.

Submitted by: Portland Area IHS

