



DEC 20 2011

PORTLAND AREA
INDIAN HEALTH SERVICE
1414 NW NORTHTRUP, Suite 800
PORTLAND, OREGON 97209

Dear Tribal Leader:

In October 2005, capping a two-year effort, the Indian Health Service (IHS) Portland Area completed its Health Services Master Plan. One of the Master Plan's key components is the Regional Delivery Plan (RDP). From its measure of requests for services, the RDP shows that groupings of Indian health system populations potentially could support shared services that would benefit all Tribes.

In January 2008, the Area Director chartered the Portland Area Facilities Advisory Committee (PAFAC). The PAFAC's membership is appointed by the Area Director and is comprised of representatives from Area Tribes and IHS-operated facilities so as to closely reflect Area Tribes' differences in size, geographic location, and healthcare delivery method. The PAFAC's charge is to provide recommendations to the Area Director on ongoing issues related to healthcare facilities construction and associated staffing. As a Tribal advisory group, the PAFAC is an important element in the Area's overall tribal consultation commitment.

One of the PAFAC's initial assignments from the Area Director was to develop recommendations on how IHS methodology might be modified to allow regional healthcare facilities and Area-wide medical centers to be ranked under a revised IHS Healthcare Facilities Construction Priority System. Among the twelve IHS Areas, Portland Area is identified as contract health service (CHS) dependent; with no Tribal or Federal secondary-care facilities, the Area relies on CHS funding to purchase from third parties much of the healthcare that our beneficiaries receive. A regional facility, strategically located within a Indian health system population grouping, could provide shared services, thereby easing reliance on CHS dollars, improving access to culturally sensitive care, and enhancing the patient's experience. These objectives, maximizing the purchasing power of our CHS dollars and improving and enhancing patients' experience and access to care, remain a primary focus of the Portland Area Indian health system.

The PAFAC soon will begin contacting Area Tribal leaders to offer an informative presentation on the potential benefit of a regional specialty healthcare referral center and to seek input and endorsement. I encourage and commend the PAFAC in this, and ask that you give due consideration to the information and the concepts presented.

Sincerely

Dean M. Seyler
Director