

INDIAN HEALTH SERVICE PORTLAND AREA DIRECTOR'S UPDATE



Dean M Seyler - Area Director
October 16, 2018

The Point Casino & Hotel – Port Gamble S'Klallam Tribe
NPAIHB Quarterly Board Meeting

Indian Health Service Portland Area



Portland Area Direct Service Tribes Meeting

- ❖ Occurred on August 21, 2018 at Fort Hall, ID
- ❖ Next Portland Area DST Meeting Location 2020 – Omak, Washington

❖ National Tribal Advisory Committee On Behavioral Health


- ❖ October 25th & 26th
- ❖ Albuquerque, NM
- ❖ <https://www.ihs.gov/newsroom/ihs-blog/september2018/update-on-upcoming-national-tribal-advisory-committee-on-behavioral-health-meeting/>

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- ❖ November 8-9, 2018- Portland Area Fall Clinical Director's Meeting

- ❖ Doubletree Hotel- Washington Square, Tigard, OR




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❖ **PAIHS FY 2018 Recurring Budget \$284M**

- ❖ Clinical Services, \$109M
- ❖ Preventative Health, \$8.6M
- ❖ Urban, \$6.3M
- ❖ Direct Ops, \$2.6M
- ❖ CSC, \$55M
- ❖ PRC, \$102M

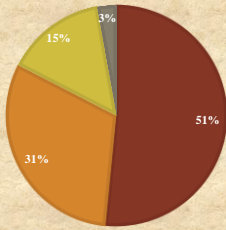


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PAIHS FY 2018 RECURRING BUDGET


■ TS ■ TI ■ Federally Managed ■ Urbans



Category	Percentage
TS	51%
TI	31%
Federally Managed	15%
Urbans	3%





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❖ **FY 2019 Budget**



- ❖ The President signed the appropriations minibus funding bill into law that includes a continuing resolution through December 7 for IHS.
- ❖ FY 2019 funding for IHS through December 7 will be the CR portion of the recurring 2018 base.
- ❖ The CR percentage we expect to receive is about 19.50%

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FY 2021 Portland Area Budget Formulation Meeting



- ❖ Date: November 15, 2018
- ❖ Location: Embassy Suites Portland Airport
- ❖ Purpose: Develop budget priorities and create budget recommendation

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P.L. 93-638 Title 1 Model Agreement/Contracts (3-year)



- ❖ Area is revisiting model contracts and Scopes of Work (SOW) with tribes to ensure they are fully covered for:
 - ❖ **Tort Claims** – SOW should corresponded to services being delivered
 - ❖ **CMS billing** – facilities should be listed in SOW and all services that are billed should be included
 - ❖ **Partner Agencies** – Terms of the Model Agreement ensures access to other services (GSA-Fleet Management, Federal Supply or VA contracts for Medical providers)

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Process improvement underway

- ❖ Annual Funding Agreements (AFA's) need to be done each year. (no successors)
- ❖ 120-days prior to expiration a package will be sent to Tribe to review AFA (FY2019).
- ❖ If not on Model Agreement/Contract it would be the time to update along with SOW to allow for all authorities.
- ❖ Draft CSC template will also be provided with package, to calculate initial Direct and Indirect for coming FY/CY period.

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- ❖ **New Staff in Tribal Operations**
 - ❖ New ISDEAA Specialist – Rena Macy
 - ❖ Admin Support – pending selection
- ❖ Fiscal Year AFA Packages are being compiled will be sent to tribes no later than Oct 31.
- ❖ Calendar Year Packages will be sent no later than Nov 30.
- ❖ Initial C.R. payment will be based on FY18 recurring. AFA must be signed and returned to ensure accurate CSC payments for FY19

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Health Facilities Engineering Update


- ❖ Backlog of Essential Maintenance, Alteration, and Repair (BEMAR)
 - ❖ FY 2018
 - ❖ Portland Area Received \$2,388,000 For Tribal Program BEMAR.
 - ❖ Funding Notices Sent to 18 Participating Tribes
 - ❖ Funds Distribution is Ongoing, Complete by December 2018.
 - ❖ FY 2019
 - ❖ **BEMAR Funding Currently Proposed in Draft Budget**
 - ❖ Integrating Health Facility Deficiency Data Reporting into Annual Combined Data Call
 - ❖ Reported Deficiencies Impact the Funding Portland Area Receives
- ❖ Please Respond to IHS Requests to Update Supportable Space and Health Deficiency Information
 - ❖ Annual Data Call in November





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Tribal Leader Letters

- ❖ Sept 24th Letter from RADM Weahkee – IHS IT catalog
- ❖ https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_ITServiceCatalog_09242018.pdf
- ❖ https://www.ihs.gov/oit/includes/themes/responsive2017/display_objects/documents/IHS_OIT_ServiceCatalog.pdf
- ❖ Sept 15th Letter Regarding Denied Pharmacy Claims
- ❖ https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_DUIOLL_CVSCaremarkUpdate_09152018.pdf




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Tribal Leader Letters


- ❖ Sept 14th Letter from RADM Weahkee – Reprogram Of Funds
- ❖ https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_DUIOLL_ISDE_AA_09142018.pdf




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- ❖ Opioid Resources
 - ❖ Pain and Opioid Use Disorder www.ihs.gov/opioids/
 - ❖ Combined website that includes resources and tools regarding:
 - ❖ Pain Management
 - ❖ Opioid Dependence Management
 - ❖ The IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE Committee)
 - ❖ TBHCE <https://www.ihs.gov/telebehavioral/seminararchive/>



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- ❖ **Preparing for the 2018-2019 Flu Season**
- ❖ Trivalent Vaccines
 - ❖ A/Michigan/45/2015 (H1N1)pdm09-like virus (same strain as last year)
 - ❖ A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus—updated
 - ❖ B/Colorado/06/2017-like virus (Victoria lineage)—updated
- ❖ Quadrivalent Vaccines
 - ❖ Above three, plus B/Phuket/3073/2013-like virus (Yamagata lineage) (also same as last year)
 - ❖ LAIV4 ("Flu Mist") will be available again this year for ages 2-49 who do not have contraindications to receiving a live vaccine

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Who should receive a flu shot?



- ❖ All individuals aged 6 months and older:
 - ❖ Children and adolescents
 - ❖ Healthy adults
 - ❖ Adults with chronic medical conditions
 - ❖ Pregnant women
 - ❖ Health-care providers

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When should you receive a flu shot?

- ❖ For most people, the earlier the better!
 - ❖ Flu vaccines become available in mid-September to early October
 - ❖ Community vaccine events should be planned to begin after October 1st
 - ❖ Vaccination efforts should continue throughout November and December with a goal of vaccinating as many people as possible before the Thanksgiving Holiday
 - ❖ Flu vaccine should be available and given for as long as there are flu viruses circulating and susceptible people who have not been vaccinated
 - ❖ It is recommended that flu vaccines be available at all clinic locations/visits, even without an appointment

Questions or Comments

Our Mission... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal... to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation... to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.
