HOT ISSUES
Portland Area Indian Health Service
Prepared: January 5, 2018

ISSUE: Advanced Appropriations & Exemption from Sequestration

BACKGROUND:

Indian Health Service is currently funded through annual appropriations. Fiscal Year 2017 final appropriations were received in June 2017, leaving only three months in the fiscal year to expend funding. Incremental funding received through Continuing Resolutions makes it difficult for Indian Health Service, Tribal and Urban (I/T/U) health programs to plan, budget for and sustain services to American Indian and Alaska Native (AI/AN) people. Advanced appropriations would reduce administrative costs and allow federal and Tribal health programs to formally plan and address emergent health issues. In addition sequestration in 2013 resulted in an approximate 5% reduction in recurring funds. This loss of funding has only recently been restored through annual funding increases, further eroding purchasing power of an already underfunded system over the last 4 years.

RECOMMENDATION:

Provide advanced appropriations to the Indian Health Service. This has greatly benefited the Veterans Administration, and could similarly benefit Indian Health Service and the Tribes that operate programs under P.L. 638. Also recommend exempting the Agency from any discretionary spending caps that may result due to further provisions of sequestration.

ISSUE: Medicaid Transformation – Waivers & Value Based Payments (VBP)

BACKGROUND:

Medicaid regulations prohibit funding from being expended at I/T/U health facilities classified as Institutions for Mental Diseases (IMD) for patients between 21-65 years old. Current law also excludes Medicaid payments to facilities exceeding 16 beds. The IMD limitations are too restrictive and have prevented AI/AN patients from accessing needed behavioral health services. Additionally, Value Based Payment (VBP) models are being adopted by states to reform how health care is delivered and paid for. These models are based more on the quality of care they provide versus the quantity of care and move away from fee-for service.

RECOMMENDATION

Facilitate the expansion of Medicaid services and reimbursement to I/T/U health facilities through 1115 behavioral health waivers. Encourage the use of 1915(c) waivers for home and community based services to provide long-term care services in home and community settings rather than institutional settings. Assist in educating tribes on VBP models, including metrics, expected outcomes, incentives and penalties to ensure tribes can maximize collection revenue.

ISSUE: Information Technology & Electronic Health Record Replacement

BACKGROUND:

The Veterans Administration's (VA) will move to a new health record system, which will leave the Indian Health Service's current Registration and Patient Management System (RPMS) without system support. Portland Area Tribes recognize there will be a need for substantial investment in IT infrastructure and software in order to transition to an alternate system.

RECOMMENDATION:

It is recommended that the software replacement have features to integrate behavioral health, as well as work with standardized Health Information Exchange (HIE) platforms to ensure data can be shared across health systems as seamlessly as possible. It's also crucial to have features for enhanced billing capabilities as third party resources from Federal and private sources have been key to healthcare delivery within the Indian Health Service system and will only increase in the future.

ISSUE: Permanent Authorization of Special Diabetes Program for Indians (SDPI)

BACKGROUND:

The Special Diabetes Program for Indians has become a critical program in addressing the diabetes epidemic among AI/AN people since it was enacted in 1997. Through the grant program, tribes and tribal organizations have benefited from the increased funding, support and focus to develop key measures and indicators to monitor diabetic patients and help those in the pre-diabetic range to delay or avoid the onset of the disease.

RECOMMENDATION:

Permanently authorize the Special Diabetes Program for Indians to make it part of recurring base funding and subject to annual congressional increases.

ISSUE: Behavioral Health & Substance Abuse

BACKGROUND:

AI/AN people have many socioeconomic factors that contribute to poor behavioral health outcomes such as high rates of poverty, unemployment and lower rates of education. They are 1.7 times more likely to die of suicide than all U.S. races. Suicide is also the second leading cause of death for AI/AN teens and young adults. According to national data on drug and alcohol use, AI/AN have the highest rates of substance dependence or abuse of all ethnic groups at 14.9% compared to 8.4% for whites.

RECOMMENDATION:

The Indian Health Service collaborated with Substance Abuse and Mental Health Services Administration (SAMHSA) and Tribes to develop a National Tribal Behavioral Health Agenda in December 2016 (see http://store.samhsa.gov/product/PEP16-NTBH-AGENDA). Recommend increased funding to implement this collaborative tribal-federal blueprint for improving the behavioral health of American Indians and Alaska Natives. In addition fully fund IHCIA sections 702, 704, 705, 709, 710, 711,712, 714, 715, 723 and 724 to increase behavioral health funding to provide inpatient treatment, training for mental health technicians and expansion of tele-mental health as well as provide demonstration grants to tribes and tribal organizations.

ISSUE: Focus on Prevention

BACKGROUND:

Much of the funding distributed by Indian Health Service is based on user population or health disparities. This creates a resource distribution imbalance geared toward larger tribes with higher disease rates. Since Portland Area is comprised of smaller, geographically disbursed tribes, the funds received in prevention aren't sufficient to conduct larger interventions within a community.

RECOMMENDATION

Increase funding for Community Health Aide Programs (CHAPs) in order to expand and implement the program nationally under IHCIA section 111. Provide more resources for behavioral health and dental aides, in order to leverage individuals who already live in a community that can build trust between providers and patients, while also ensuring that services are available and delivered as close to the patient as possible. Low cost investments in prevention programs can have a tremendous impact within the community and prevent future expenditures for more costly chronic diseases such as diabetes and heart disease.

ISSUE: Dental Health Aide Therapists (DHATs)

BACKGROUND:

AI/AN people suffer disproportionately from untreated tooth decay, periodontal disease and tooth loss. The 2015 Indian Health Service Oral Health survey found that AI/AN people also have twice the prevalence of untreated caries than the general U.S. population and more than any other racial/ethnic group. They are also more likely than the general population to report poor oral health, oral pain, and food avoidance. Many adults don't utilize the dental system due to lack of access at their primary care facility, as well as, limited providers and appointment wait times.

RECOMMENDATION:

Expand the Dental Health Aide Therapists (DHAT) program to allow sites to provide more preventative and routine care by allowing DHATs to perform exams and basic services. This will allow dental providers to focus on complex care such as restorative root canals, crowns and periodontal therapy. One of the benefits of DHAT program is that local individuals can be trained to provide services within their own community. The training program is currently provided in Alaska. To allow more people the opportunity to obtain certification, Portland Area Tribes would like the training program expanded to sites located within the lower 48 states. Authorities need to be established to ensure that the services provided by the DHATs are authorized to be billed through Medicaid or Medicare reimbursements.

ISSUE: Access to Treatment for Hepatitis C

BACKGROUND:

Recent data show that AI/AN people have the highest rate of acute hepatitis C virus (HCV) infection and a HCV-related mortality rate that is nearly double the national rate. There have been recent advances in treatment options for HCV that has reduced HCV-related deaths. Unfortunately, these treatments can be costly, which has been a barrier to many receiving treatment. Many Medicaid programs and

insurance companies mandate significant liver damage, such as cirrhosis, as a requirement for eligibility. The lack of access to acceptable treatment has created health inequities for AI/AN patients, as well as, the fact that early treatment can prevent more costly treatment for liver disease and failure.

RECOMMENDATION:
Additional targeted funding needs to be provided so Indian Health Service can adopt a similar policy as the Veterans Administration (VA) to ensure all patients with HCV are treated regardless of stage of liver disease. Screening needs to be emphasized and HCV positive patients need to be enrolled in care. Currently, Indian Health Service facilities are highly dependent on Patient Assistance Programs, and third party payers to access HCV drug therapies, which leave gaps in treatment for many.

ISSUE: Public Health Emergencies

BACKGROUND:
Most Portland Area Tribes are not equipped to respond to public health emergencies related to severe weather, infectious disease outbreaks, wildfires and active shooter events. Emergency funding distribution is generally contingent on density of population. This can negatively impact smaller and geographically dispersed tribes that already have limited resources at their disposal.

RECOMMENDATION:
Portland Area Tribes request the authorization of a Public Health Emergency Fund established through the Secretary of Health and Human Services. Through the Secretary, public health emergencies could be declared after consultation with federal, state and local health officials. Funding should not be limited for a particular response but be available for a wide-range of emergencies and their overall impact within a community. It should also allow tribes the flexibility to utilize the funding as needed to appropriately respond to their particular emergency. In addition resources, training and support need to be shared throughout the year so, if and when disasters occur, each tribe understands when and how to access emergency assistance.

ISSUE: Regional Referral Center

BACKGROUND:
Portland Area Indian Health Service doesn't have hospitals or specialty centers, which forces tribes to rely on Purchased Referred Care. Additionally, Portland Tribes are concerned with the limited amount of appointments available and increased wait times for Tribal members who are not part of the State's managed care Medicaid program.

In 2005, as a result of Master Planning activities, three facilities were proposed to fill this unmet need within the Portland Area. The Portland Area Office, in consultation with the Portland Area Facilities Advisory committee (PAFAC), a local tribal advisory group, is actively planning the first of these facilities. Program of Requirements (POR) and Program Justification Document (PJD) were finalized in April 2016.

RECOMMENDATION:

The current Indian Health Service Health Care Facility Priority system does not provide a mechanism for funding specialty referral centers. The Portland Area Facilities Advisory Committee recommends that the first specialty referral center be constructed as a demonstration project under the new authorities in the IHCIA section 143. The facility would utilize the submitted Program of Requirements (POR) and Program Justification Document (PJD). The facility is anticipated to provide services such as medical and surgical specialty care, specialty dental care, audiology, physical and occupational therapy as well as advanced imaging and outpatient surgery. It's anticipated that this facility could provide services for approximately 50,000 users within the regional service area as well as an additional 20,000 in telemedicine consults.

ISSUE: Staffing, Recruitment & Retention

BACKGROUND:

Both federally operated and tribally operated facilities have difficulty with recruitment and retention of qualified medical providers. Tribes are concerned that the expansion of Medicaid and Medicare, as well as, new funding authorities for Veterans Administration (VA), has created more competition for the same amount of providers. This has increased the need for multiple approaches like market pay and retention bonuses, to ensure qualified and competent staff commit to working for the Indian Health Service.

RECOMMENDATION:

Expansion of Title 38 authorities for market pay for all provider positions, including physician assistants, to ensure that Indian Health Service and tribal facilities can be competitive in the current job market. It would also benefit I/T/U to have the same competitive advantage as the VA in granting higher levels of annual leave accrual to providers under Title 38 PDP. Funding of IHCIA section 112, 132 as well as 134 would also provide additional resources to address recruitment as well as training programs to increase AI/AN representation in provider positions.

ISSUE: Urban Program Funding

BACKGROUND:

Indian Health Service programs are able to claim reimbursements for services provided at Indian Health Service facilities at 100% Federal Medical Assistance Percentage (FMAP). Urban Indian Health Organizations (UIHO) who use a combination of private and federal funds to provide care to AI/AN people living in urban areas are not authorized to bill at 100% FMAP. Over half of the AI/AN population in the US live in urban areas without direct access to an Indian Health Service facility. Portland Area Tribes are concerned that without the 100% FMAP reimbursement to UIHOs, most services are either paid for out of the state Medicaid program or the states have specifically excluded UIHOs from their provider networks.

RECOMMENDATION

Portland Area Tribes and Urban programs recommend the expansion of100% FMAP reimbursement to include UIHOs. This will allow for more direct services to be provided to AI/AN people in urban areas as well as increase the ability for UIHO's to collect revenue to improve service delivery.

ISSUE: Environment and Health Effects

BACKGROUND:

In the Pacific Northwest, AI/AN people have rates of asthma nearly double that of the general population. They are more likely to report having asthma symptoms everyday as well as health status in the "fair" or "poor" category. AI/AN people are also exposed to many other contaminants within their communities such as uranium, lead, and environmental hazards related to methamphetamine labs, and prolonged substance abuse. Many tribes are located within areas that have been designated as Super Fund sites by EPA or experienced contamination from pesticides or other commercial activities. Harmful substances like radiation, as well as other heavy metals including arsenic, cadmium, and manganese have been found to contaminate surface and ground water in many Tribal communities.

RECOMMENDATION:

Targeted funding to increase asthma treatment programs including education and remediation of the environmental triggers associated with poor asthma control. Funding to support and implement asthma home visits on a broader basis to ensure that the home environment is addressed and any factors that contribute to the health effects are removed. It has also been demonstrated that Written Asthma Action Plans can assist individuals in better management of their disease. Portland Area Tribes recommend that more Indian Health Service providers are trained in how to develop these plans and work with patients to implement them.

Additionally, more funding needs to be devoted to training and remediation for those tribes that are dealing with housing contamination due to clandestine drug labs and substance abuse within homes. Indian Health Service has partnered with agencies such as ATSDR to host courses to train tribal housing staff but more funding needs to be devoted to these programs to ensure they can be delivered consistently and offered to all tribes within the region. Increased funding in the Sanitation Facilities program will also address training as well as provide evaluation and maintenance of current water systems to help mitigate or treat contamination from heavy metals such as lead and other harmful substances.