Portland Area Facilities Advisory Committee

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Regional Specialty Care Referral Centers Initiative
Proposed Demonstration Project

Fact Sheet

Problem	The Indian Health Service (IHS) uses a methodology to distribute funding for healthcare facilities construction projects based upon such factors as isolation and barriers, facility deficiencies, facility size and user population in a prescribed geographic service area. This methodology tends to favor service areas with larger user populations in more concentrated communities. Smaller and geographically dispersed Tribal communities receive little or no funding for facilities to support specialty services, such as ambulatory surgery, diagnostics, and treatment.
PAFAC	The Portland Area Facilities Advisory Committee (PAFAC) is a body composed of 10 voting representatives from the 43 Tribes served by the Portland Area. The PAFAC includes representatives from direct service, Title I contracting, and Title V compacting Tribes, and is charged with providing recommendations to the Director, Portland Area Indian Health Service, on issues related to healthcare facilities and staffing.
Regional Specialty Care Referral Centers	The Portland Area IHS, the Northwest Portland Area Indian Health Board, and the PAFAC proposed three specialty care referral centers that would receive their patients through referrals from the existing IHS and Tribally-owned primary care clinics. These facilities are planned to enhance the services already available from existing facilities and to offset the inequity in healthcare facilities funding endured by the Tribes of the Portland Area.
Pilot Study	The PAFAC recently commissioned a pilot study to examine the feasibility of regional referral specialty care centers to improve health care access and quality of health care for Portland Area Tribes. The study concluded that regional referral specialty care centers are feasible, and recommended a demonstration project to validate the concept's viability through the collection of actual data. The pilot study recommended that the demonstration project be located in the Northwest quadrant of the Portland Area. This would serve 24,000 users from Tribal facilities within an hour's drive.
Moving Forward	The results of the pilot study and the proposed demonstration project were presented to the Director of the Indian Health Service in Rockville, MD, in November, 2009. Currently the PAFAC is waiting for IHS Headquarters to make the determination on a request to fund the demonstration project.

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Frequently Asked Questions

1. What is the PAFAC?

The Portland Area Facilities Advisory Committee (PAFAC) is a 10-member committee (plus 1 alternate) made up of representatives of the 43 Tribes of the Portland Area. The PAFAC is responsible for advising the Director, Portland Area Indian Health Service, on issues related to healthcare facilities and associated staffing from funding appropriated to the Indian Health Service. Committee members are appointed by the Area Director to staggered 3-year terms.

2. What is the composition of the PAFAC?

The 2010 committee membership including the alternate member consists of representatives from 6 T1 Tribes, 4 T5 Tribes, and 1 representative from the Area Office. 3 of the 6 T1-represented sites also provide direct care services.

3. What are specialty care referral health centers?

Specialty care referral health centers are direct service outpatient healthcare facilities that offer the services of physician specialists (i.e., cardiology, oncology, day surgery).

4. What are the benefits of regional specialty care referral centers?

Besides improving access and providing cultural competent and quality care, regional specialty care centers will assist to address Contract Health Services (CHS) dependency concerns by providing a certain level of specialty care services for Portland Area Tribes. These services will assist to alleviate CHS demand at the local level and help stretch CHS budgets. Many of these services will be reimbursable under Medicare or Medicaid and will generate third party resources that can be used to provide additional services. Because the centers would be funded with new money, they will enhance the services available from IHS and Tribal programs without affecting their current workload or funding.

5. What is the pilot study of regional specialty care referral centers?

The Indian Health Service has a methodology for calculating the need for specialty care referral services for larger, centralized populations such as those of the Navajo, Phoenix, and other IHS Areas with larger Tribes. However, the IHS does not have a methodology for calculating the need for specialty care in areas where smaller tribal populations are scattered throughout large geographic areas, such as the Portland, California, and Nashville areas. The pilot study is intended to test the viability of providing specialty care to several Tribes from one central location, and to develop recommended changes to IHS planning criteria to quantify the need for specialty care in all settings across Indian Country.

6. How will the locations for the regional specialty care referral sites be selected?

The location of each facility will be driven by several factors including:

a. Centralized location relative to the proposed users – *to the extent possible*

Why? To allow the proposed users the easiest access to the facilities possible.

b. Recruitment and Retention

Why? The location must be attractive to the proposed physician specialists in order to recruit to and retain at the proposed facilities.

c. The proximity of other specialty care facilities

Why? Physician specialists prefer quick and easy access to other specialty care facilities, hospitals, and medical schools for continuing education requirements, networking with other specialists, and quick and easy access to inpatient facilities for follow-up care of their patients.

7. How will the participating Tribe for each region be determined?

All Tribes have the right to use any facility they choose. During the preparation of the *Portland Area Health Services Master Plan, October 1, 2005 (Master Plan),* participating Tribes were polled for criteria to develop the regions; a two-hour travel time was a key criterion for planning the proposed regions. Tribes initially proposed for the respective regions will be confirmed through a specific tribal resolution.

8. What if a proposed regional specialty referral center is not supported by a Tribe or Tribes proposed for that regional specialty referral center?

All Tribes have the right to "opt in" or "opt out" of any or all proposed regional specialty referral centers. If any opt out, the planned workload for the affected regional specialty referral centers is reduced, thereby potentially reducing the number of specialty services to be provided.

9. How will governance and ownership for each regional specialty referral center be determined?

Governance and ownership of each proposed facility will be determined by the Tribes participating in the respective regions.

10. How will the regional specialty referral centers be managed; by IHS as direct service sites, or by the Tribes?

The management of each proposed facility will be determined by the Tribes participating in the respective regions.

11. Will any Tribal workload or user population data be used in the planning of the regional referral centers?

More than likely, a combined user population of all participating Tribes will be used to project the space needs of the respective regional specialty referral centers. Participating Tribes may also be asked to furnish data on specific specialty care referral in order to establish a baseline specialty referral rate to determine what services should be provided at the referral center.

12. Will Tribal workload data and user populations be used to justify resources being shifted from Tribal primary care facilities to the regional referral centers?

No. The regional specialty referral centers were approved by NPAIHB resolution on the condition that none of the referral centers resulted in any Tribe losing any of its primary care resources.

13. What are the key findings of the Pilot Study (*Interim PAFAC Report)*?
That there is enough primary care in a 60-minute radius, however the specialty care needs of small, geographically dispersed Indian communities are not being adequately addressed under the current the IHS's current methodology for scoring and ranking.

14. What is the PAFAC's Recommendation?
The PAFAC recommends funding of a "Demonstration Project or Projects" (at least one in the Portland Area) to include the planning, design, construction, and staffing of a regional center to provide secondary care referral services to Portland Area Tribes. The PAFAC conceives of the Demonstration Project as "Phase I" of a 3-phased plan, or the first of 3 regional specialty referral centers. In this plan, one regional specialty referral center would serve each region (as identified in the *Portland Area Health Services Master Plan*). The PAFAC envisions these 3 centers operating as a network or system, capitalizing on the efficiencies of telemedicine. The Demonstration Project (or Phase I) would serve all eligible users until Phases II and III may be implemented.

15. What is a regional specialty referral center?
Regional specialty referral centers provide eligible users with culturally sensitive access to specialty care beyond "CHS Priority One". These centers would provide specialty services not currently available at existing Tribal and Federal (Direct Service) facilities and would not duplicate primary care provided at Tribal and Federal (Direct Service) facilities. In practical terms, these centers provide eligible users access to the "Priority Two" level of care.

16. What services would these centers provide?
Scenario 4 of the *Interim PAFAC Report* proposes that intermediate specialty services such as advanced ambulatory screenings, diagnostic services, and day surgeries would be provided at regional centers. The regional centers are envisioned to function through an interlocking network that accepts and supports the core community primary care sites. A more precise identification of specialty care disciplines would be determined during the POR/PJD process and would be dependent on the number of participating Tribes and their specialty care needs.

17. How were the regions for specialty referral centers determined?
The *Portland Area Health Services Master Plan* identified 3 regions (Service Areas) to be served with regional specialty centers.

18. Why is the Seattle Market (Scenario 4) recommended as the first region to be served (Phase I) of the Demonstration Project?
Scenario 4 relies on a projected primary care user population base of approximately 24,000, representing 7 existing Primary Service Areas within 60 minutes travel time.

19. How do you address workforce or IHS recruitment/retention issues?
Regional specialty referral centers would be located in urban settings in close proximity to medical schools and a network of specialists.

20. Why isn't primary care in your model?
The PAFAC and the Northwest Portland Area Indian Health Board (NPAIHB) felt strongly that primary care is best delivered at the community level, and that a regional center would

complement and augment this strength. Provision of primary care at the community level is also consistent with the intent of the *Portland Area Health Services Master Plan*. The analysis of the *Interim PAFAC Report* shows that in the Seattle market (NW region of Portland Area), existing community Tribal facilities could serve as a "base" of primary care, driving the workload of a regional specialty referral center.

21. Do the Tribes of Portland Area IHS endorse the PAFAC's Recommendation?

The PAFAC presented its Recommendation to the Tribes of the Portland Area at the October 2009 meeting of the NPAIHB. The NPAIHB expressed its support (24 for, 0 against, 0 abstain) for the PAFAC's Recommendation through a Health Board Resolution on October 22, 2009.

22. Is Portland Area confident multiple Tribes could collaborate to define the needs for services and facilities in a project of this type?

The PAFAC considered the question of governance in its *Interim PAFAC Report*. They believe the Tribes of the Portland Area IHS have a long history of successful collaborative efforts. There are several successful examples of Tribal governance models in the Portland Area, including: the Healing Lodge of the Seven Nations (YRTC; 7 Tribes), the SDPI Consortium in Southern Oregon (3 Tribes) and the American Indian Health Consortium (25 Tribes).

23. What will you do if your expenses exceed your income, or revenues don't meet projections?

Because the initial facility is proposed as a demonstration project, all operations, including the budget, will be carefully and continually monitored. The PAFAC is confident that participating Tribes would take necessary actions to balance the budget and address deficits.

24. Does IHS HQ endorse regional referral specialty care centers?

On November 6, 2007 IHS HQ acknowledged that "…regions of the country where Indian populations are geographically dispersed have generally not had their facilities ranked highly enough to be considered for funding." Late in 2008, HQ recognized the need to address the issue of regional referral centers and funded the pilot study.

Does IHS HQ support their funding?

The PAFAC requested funding for a demonstration project in November 2009. As of May 21, 2010, a response to that request is forthcoming.

25. How does telemedicine fit into your concept?

Telemedicine would be used to the maximum extent possible and particularly during Phase I, to give remote locations access to specialty care. Telemedicine equipment for facilities of participating Tribes would be factored in during the preliminary project planning process.

26. What is a reasonable travel distance to access specialty care at a regional facility?

The *Interim PAFAC Report* shows that 100% of eligible users within a 60 minute driving distance would drive to receive specialty care at a regional facility.

27. Would the proposed regional facilities provide primary care to the urban Indian population?

No. Only eligible users referred through their direct primary care site would utilize the facility.