



Rural Health & Tribal Partnerships

Oregon Rural Health Conference Salishsan Spa & Resort

Jim Roberts, Policy Analyst
NW Portland Area Indian Health Board

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Presentation Overview

- Oregon Tribes – Indian Health System
- The Federal Trust Responsibility
- The Indian Health System
- Indian Health Disparities
- Guiding Principles for health reform & the Indian health system
- Unique circumstances of the Indian health system
- Discussion & Questions

NPAIHB Mission

To assist Northwest Tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care





Western Oregon Tribes Termination Act

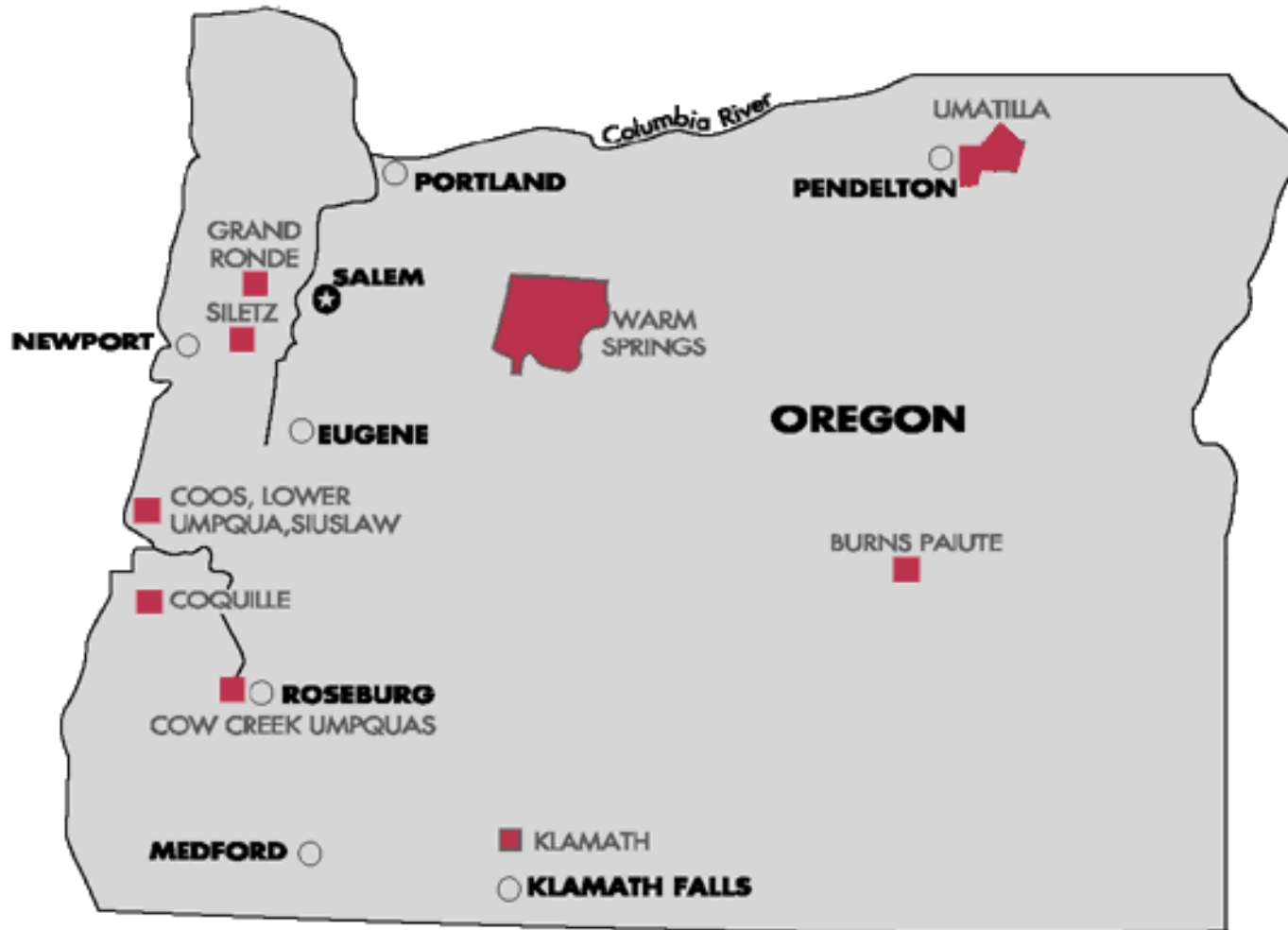
- Passed in 1952 the Act terminated the federal recognition of 36 western Oregon Tribes
 - Klamath Tribes termination act 1954
- Seven of tribes terminated in 1954 has since regained federal recognition



Oregon Tribes

- Nine federally recognized Tribes in Oregon
 1. Burns Paiute Tribe
 2. Coos, Siuslaw, and Lower Umpqua Tribes*
 3. Coquille Tribe*
 4. Cow Creek Band of Umpqua*
 5. Grand Ronde Tribes*
 6. Klamath Tribes *
 7. Siletz Tribes *
 8. Umatilla Tribes
 9. Warm Springs

Oregon Tribes





The Indian Health System

- Indian Health Service established in 1955
- Divided into 12 administrative “Areas”
 - Portland Area Office (ID, OR, WA)
 - Portland Area has 43 tribes
- IHS oversees health care for 557 federally recognized tribes
- 1,139 health facilities located in 34 states
 - 49 hospitals, 545 health clinics, 231 ambulatory facilities, 133 health stations, 176 Alaska Native village clinics
 - 34 Urban Indian Health programs



The Indian Health System

- Types of Health Services
 - Ambulatory Primary Care (outpatient care)
 - Inpatient care - Hospitals
 - Medical specialties
 - Traditional healing practices
 - Dental and Vision Care
 - Behavioral health services
 - Specialty Care Services (CHS)



Indian Health Delivery System

- Indian Health Programs can be grouped into 3 categories:
 1. IHS Directly Operated
 2. Tribally Operated (P.L. 93-638)
 3. Urban Programs (34)



Indian Health System - Oregon

- Tribal Health System provides care to
 - Tribal user population is 47,475
 - Urban Indian Program users 7,000
 - AI/AN population is 85,667 (2000 Census)
 - Provide services to many non-beneficiaries
 - Rural patients (collaborative opportunities)



Federal Trust Responsibility

Origins --

- U.S. Constitution
 - Indian Commerce Clause
 - Treaty Clause
 - Supremacy Clause
- Treaties, Executive Orders, Court Decisions
- Cession of over 400 million acres of land by tribes to the United States



Federal Trust Responsibility

- Snyder Act 1923
- Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638)
- Indian Health Care Improvement Act of 1976 (P.L. 94-437)
- DRA, MMA, CHIPRA, ARRA, Health Reform

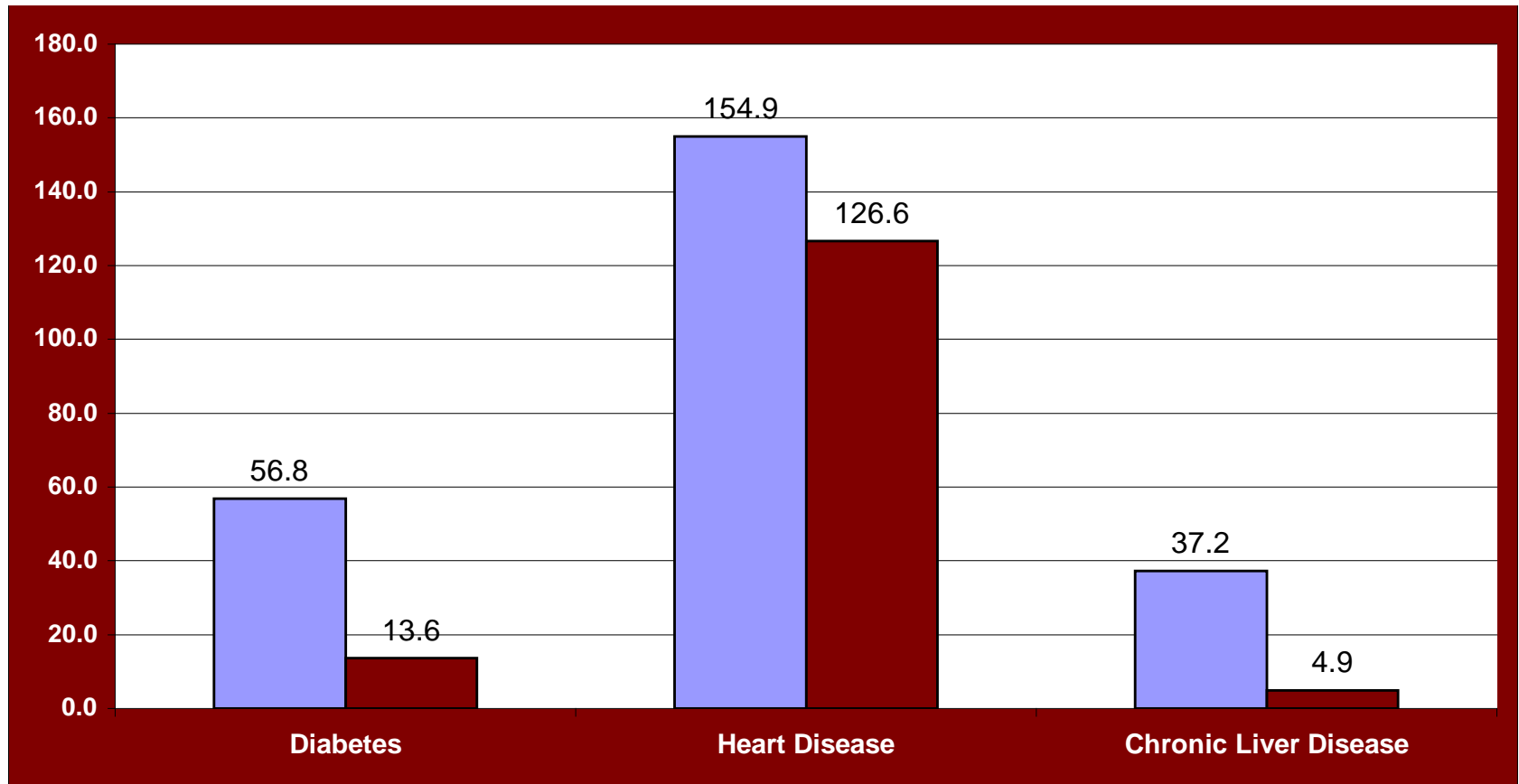


Federal Trust Responsibility

- Medicare, Medicaid
 - part of IHClA (1976)
 - authority for IHS, tribes to collect M+M
 - increase Indian enrollment in M+M
 - improve Indian health facilities
 - 100% FMAP for Medicaid
 - U.S. obligation for Indian health

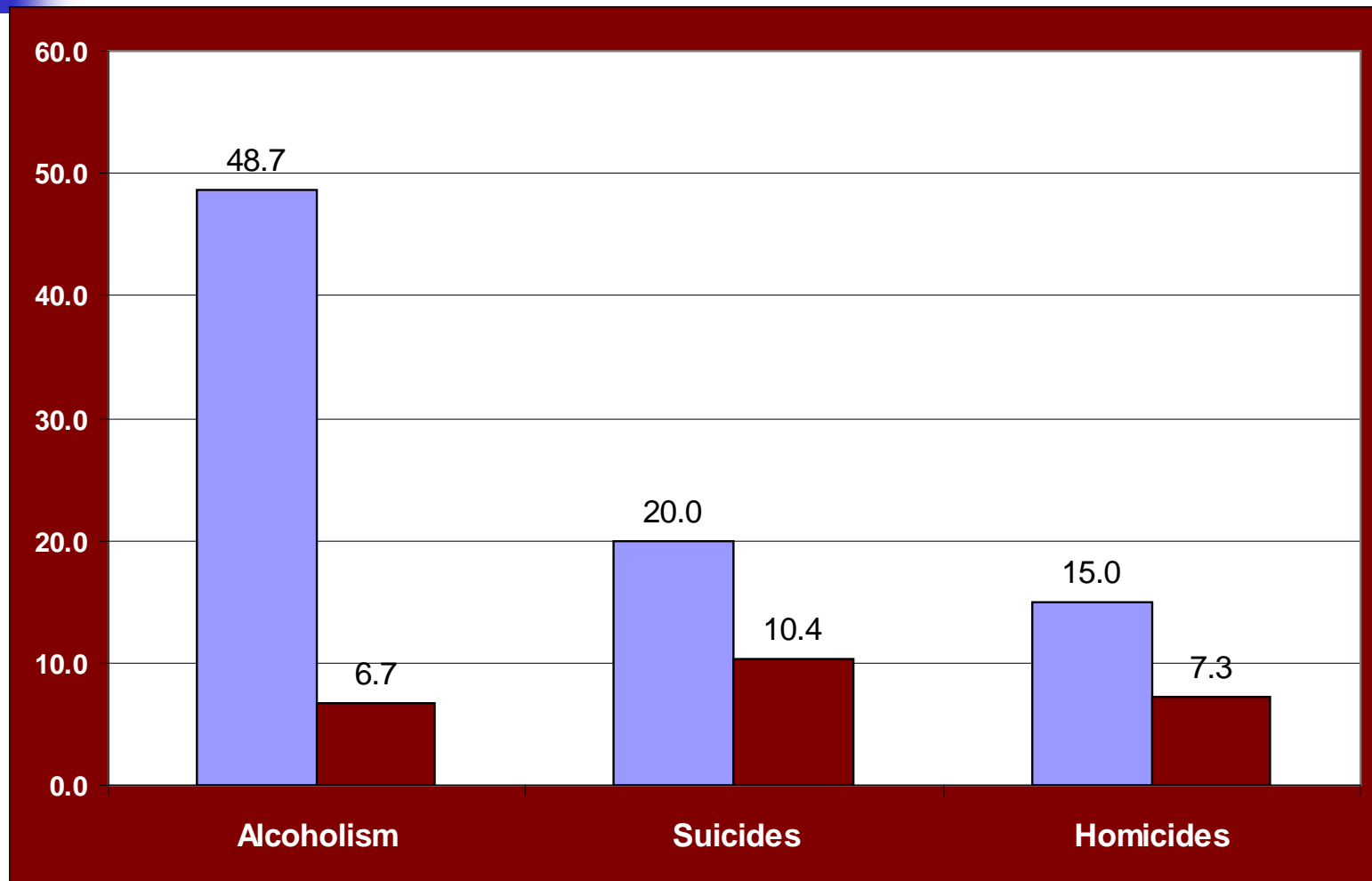
Indian Health System - Disparities

Chronic Disease



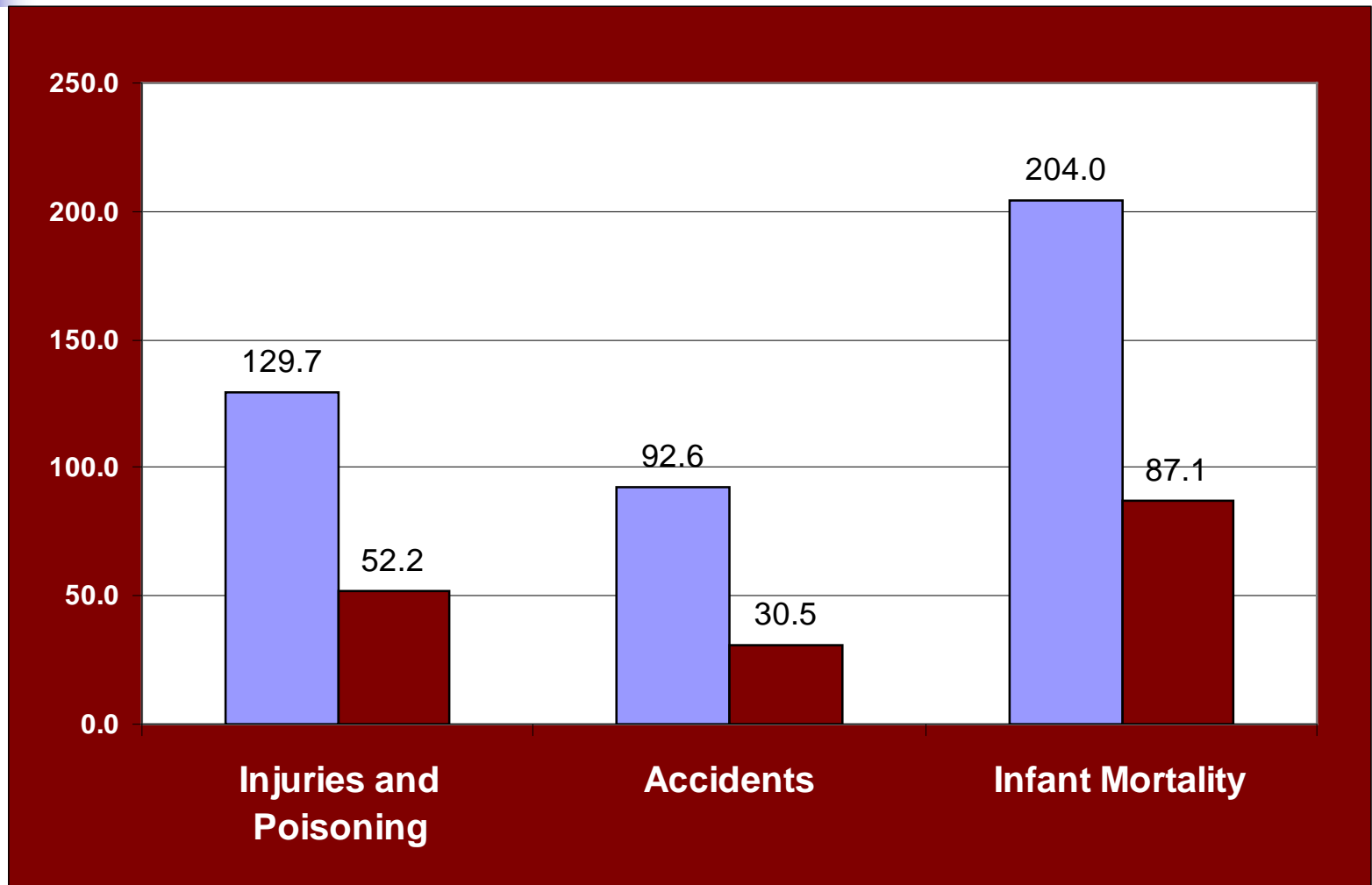
Indian Health System - Disparities

Behavioral Health



Indian Health System - Disparities

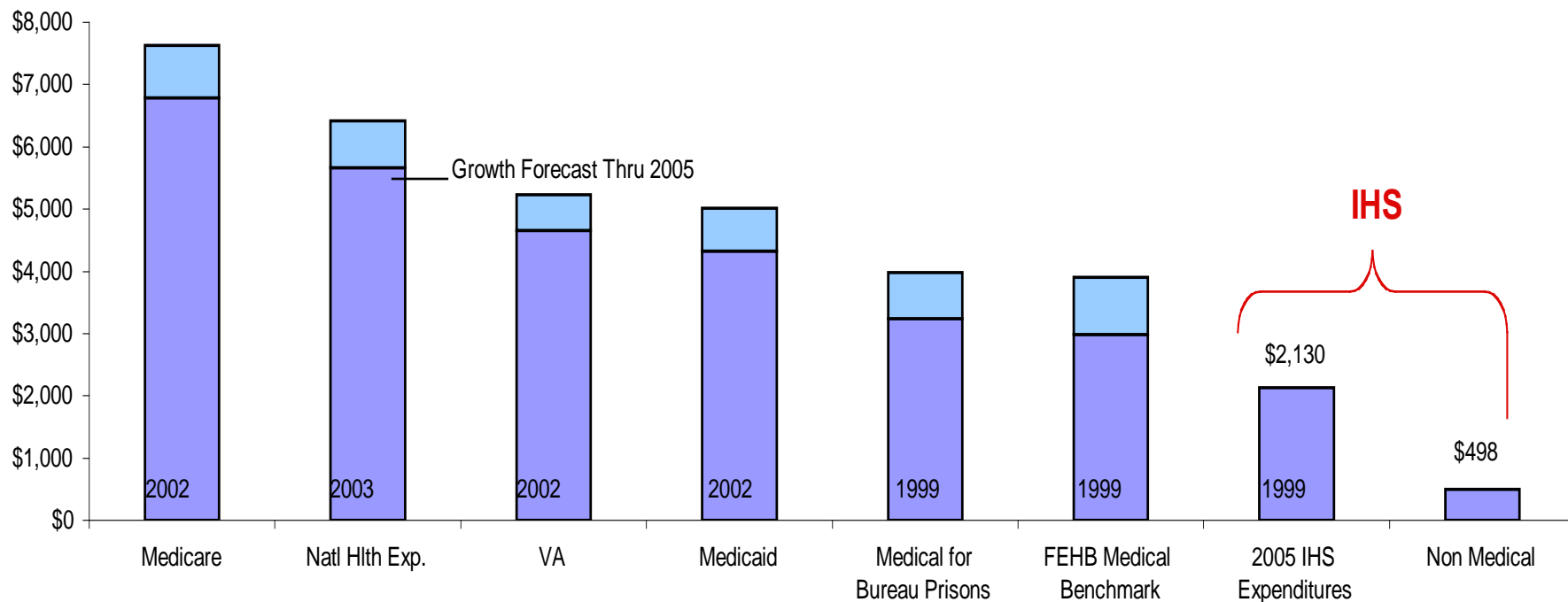
Preventative Health



Indian Health System – Disparities

Per capita funding

2005 IHS Expenditures Per Capita Compared to Other Federal Health Expenditure Benchmarks





An Example: Alaska Dental Health Aide Therapy Program

- Dental provider shortage throughout rural American and Indian Country
- Alaska Native Tribal Health Consortium created the DHAT Program
 - DHAT perform cleanings, fillings, and uncomplicated extractions, in addition to a wide range of preventive services.
 - All work is done under the general supervision of dentists at regional hospitals
 - Trained at 2-year program and a 2 year preceptorship



WA State Medicaid Program Tribal/Rural Model for Collaboration

- WA State Medicaid reimburses Tribal providers at 100% FMAP for services to non-Indian
 - State later certifies and pays the state match
- Tribal health programs have become the medical home for rural WA communities
- Assists meet Medicaid comparability and state-wideness requirements
- Generates funds for Tribal providers to expand levels of care to its members
- Let to mutual understandings and collaborations in other areas of the community



Rural Health & Tribal Health Opportunities for Collaboration

- Legislative & Budget Advocacy
 - *“Our issues are the same”*
- Health Care Reform
- Research agenda specific to rural health & Indian Country
- Workforce development & health care professional recruitment/retention
- National Health Service Corp
- Information technology (electronic medical records and infrastructure)



Rural Health & Tribal Health Opportunities for Collaboration

- Coordinating services in local rural communities and refer specialty care to one another?
- Developing a referral system of providers?
 - Locum Tenens – shared between Rural/Tribal health providers?
 - Workload may not justify FTEs but sharing providers between Rural/Tribal health programs might?
- Pharmacy Access & Services
- Veterans Health issues
- Home Health Care models



Questions/Discussion

Jim Roberts, Policy Analyst
Northwest Portland Area Indian Health Board
527 S.W. Hall Street, #300
Portland, OR 97201
(503) 228-4185
jroberts@npaihb.org