



Introduction

Background

The tribes of Arizona, Nevada and Utah, in partnership with the Phoenix Area Indian Health Service and the Inter Tribal Council of Arizona, Nevada and Utah, have engaged in a comprehensive planning process to define a regional health care system. This plan will examine the scope of services, staff, facilities and contract health dollars needed across the Area. The Plan as it is developed will be presented to Tribal leaders from Arizona, Nevada and Utah for their consideration, comment and approval. The plan will be built up from the community based needs and clearly delineate the services and resources necessary at three levels of consideration, the Primary Service Area, the Region and the Area. The basis for these levels of care comes from the tribal representatives who served on the Workgroup and the many individuals who participated in the fourteen community meetings held across the three-state area during the Strategic Planning phase of this effort..

This Work Group identified basic “Principles” which would guide the methodology or approach. These were as follows:

- It will be a “Community-Based” model;
- System-wide analyses will be done, including the “Referral Network”;
- Look at the Service Population in addition to the User Population;
- Needs of ALL locations will be reflected;
- This effort will document and help start the development of a facility Master Plan area-wide;
- Address regional referral needs including those in rural and isolated areas;
- Tribal leaders will have the final say, the Work Group will make recommendations only;
- We will be open to new strategies and “thinking outside the box”.

Upon completion of the Strategic Plan portion of the planning process, the Work Group moved to the next phase of the effort. The purpose of this phase of work, identified as the Phoenix Area Health Services Master Plan, is: To quantify the services and resources of the Phoenix Area Comprehensive Regional Health Care System in accordance with the Vision Statement of the Strategic Plan. This vision statement is as follows:

We envision a “Comprehensive Regional Health Care System” which is built upon the success and ability of each local health care delivery area within the Phoenix Area, to access a full range of health care services and facilities in the fairest, most equitable and cost-effective manner possible. We envision a regional health care system, which maintains uniform standards of care, integrated data and information systems, high quality staffing, cultural responsiveness, consumer involvement and the utilization of the latest, proven technology to reach even the most remote community. To achieve this vision we see regional levels of care which value patient treatment as close to their homes and families as possible, but which provides for the highest quality referral services and inpatient treatment as necessary to ensure the best treatment available. This will be achieved through improved linkages, case management, and coordination strategies with regional hospitals, academic institutions, and medical centers, including PIMC and other regional providers. We see tribal governance of PIMC as fundamental to the future growth and responsiveness of this important regional resource.

Two major deliverables will be provided from this scope of services to help reach this vision.

- To outline and resource an integrated comprehensive health care delivery system for the Phoenix Area





- Prioritize the resource efforts involved in evolving the present system to the new delivery system.

Methodology

This report represents the final step in a five step process in the quantification of your comprehensive health care system and involves the final shaping of the Direct Care System at the Primary and Regional and Area-wide level with regard to accessing care and services distribution.

The project was initiated at a meeting, July 17, 2001. The process was reviewed, the site visit schedule prepared, the questionnaire content overviewed and initial conversations of priorities conducted. Site Visits were held in August and September.

The November 7, 2001 meeting, or first step ensured we understood:

- What are the Regional Service Areas.
- What proposed stratification of services between the Primary Service Area, Regional Center and Area is appropriate.
- What migration rates between Service Areas appropriate for planning.
- What communities are located in what Primary Service Area (PSA).

The conclusions from this meeting can be found in our Regional Analysis portion of this deliverable. Also included in the first report, was the data collected in our site visits and questionnaires that were used in our further analysis.

The December 12, 2001 meeting was the second step in our process. That meeting involved initial population based market projections by product line. Through this projection, the resources required to meet this projection, the availability of alternative care, and discussions with leadership at the Tribes and Service Units a specific service delivery plan was evolved. That view of our health care system was from the Community level.

The January meeting or the third step, allowed us to verify our earlier decisions regarding our Delivery Plan while considering the impact of our decisions on the system as a whole. We also discussed and weighted the priority criteria and each of its factors.

The fourth step, held April 22 and 23rd, involved Prioritizing the resource efforts involved in evolving the present system to the new delivery system. At this meeting, a comparison of required resources to existing resources was identified at the PSA level and the PSA's own resource priorities were revisited and established. This comparison coupled with the prioritization criteria and the issues identified by the local Service Area Leadership during our site visits provides a solid picture of needs for consideration and prioritization in our ten-year plan.

The fifth and final step is the presentation of the master plan and its priorities to tribal leadership, receiving their comments and revising the document as whole to meet their concerns.

Wrap-Up

The Master Plan presented on the following pages, starts at the community level and builds. This development of needs has considered tribal and IHS input, historical and national norms of patient utilization and productive models of health care delivery. The proposed system has been viewed from the community level as well as at the Regional and Area-wide level. It is a plan built on age sensitive projection of population and the user's historical tendency to migrate to centers of greater specialization and market activity. It provides a framework for local organizations and Service Areas





to guide their own resource allocation, showing needs as well as establishing local priorities. It also provides the Master Plan Task force with a ranking system that de-politicizes what communities needs should be prioritized. This ranking system allows for groupthink, based on the criteria established by the Task Force. The initial goal, met by this exercise, has been to document needs for the Phoenix Area Health Care System and provide direction for their resolution.

This project has involved the people on the following pages and has brought together both IHS and tribal leaders to establish and share goals and priorities for their communities.





Points Of Contacts

The table below lists the points of contact for each of the twenty-one Service Areas involved in the development of the Phoenix Area Health Services Master Plan.

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