



# Introduction

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## Introduction

The Phoenix Area Indian Health Service in Phoenix, Arizona, oversees the delivery of health care to approximately 140,000 Native American users in the tri-state area of Arizona, Nevada and Utah.

Services are comprehensive and range from primary care (inpatient & outpatient) to tertiary care and specialty services. In addition, dental services, behavioral health, public health nursing, health education, and environmental health services are provided. The services are provided through nine service units located throughout the tri-state area. The Phoenix Area works closely with the forty (40) tribes within the tri-state area in providing health care services.

There are three federally funded (Title V) urban programs, Reno, Salt Lake City, and Phoenix, within the Area; and two tribal organizations that the PAIHS works with closely, the Inter Tribal Council of Arizona and the Inter Tribal Council of Nevada. There is also a non-federally funded urban walk-in center in Las Vegas accredited with the Nevada State Bureau of Alcohol and Drug Abuse.

There is a Regional Youth Treatment Center that serves both the Phoenix Area and Tucson Area located at Sacaton, Arizona, called the Desert Visions Youth Wellness Center. The Center provides Native American youth culturally relevant behavioral health treatment. The facility is a 24-bed residential treatment center and is accredited by the Joint Commission on Accreditation of Health Care Organizations. Services offered are bio-psychosocial treatment for youth between the ages of 12 and 18. In addition to this a new Youth Treatment Center is being completed in Pyramid Lake, Nevada – Nevada Skies.

## Background

In 2000 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, engaged in a comprehensive planning process to define a regional health care system. The plan examined the scope of services, staff, facilities and contract health dollars needed across the Area. The Plan was presented to Tribal leaders from Arizona, Nevada and Utah for their consideration, comment and approval. The plan was built up from the community based needs and clearly delineated the services and resources necessary at three levels of consideration, the Primary Service Area, the Region and the Area.

Upon completion of the Strategic Plan portion of the planning process, the Work Group moved to the next phase of the effort 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 was 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 were provided in 2002 from this scope of services to help reach this vision.



- An integrated comprehensive health care delivery system for the Phoenix Area
- Prioritized resource efforts involved in evolving the present system to the new delivery system.

Together, these deliverables formed the Phoenix Area Health Services Master Plan, completed November 22, 2002. Further background on that plan, its process and methodology can be viewed either through the Phoenix Area Office or the local PSA since both levels were provided copies of final documentation.

## Update

The Phoenix Area Health Services Master Plan requires updating. The User Population database was substantially changed from 1997 to 2001. RPMS Historical workloads have evolved and increased since the base 1998-2000 data was used in the previous plan. Many of the priorities developed in the previous plan have been addressed and need to be updated. Progress in the implementation of the plan needs to be shown as it has developed for the next five years.

The solution to this need was to update the Phoenix Area Health Services Master Plan with 2002-2004 RPMS data, project workloads to 2015 and establish updated delivery plans and priorities for each Service Area. The Master Plan Summary was to be updated with any resulting corrections.

## Participants

The original scope of the update grew from a projected 27 Primary Service Areas to 50, excluding facilities where PJD/POR and design efforts were already approved, underway or pending: San Carlos, West Side, PIMC, Salt River and Fort Yuma. The effort also included urban programs in Phoenix, Las Vegas, Reno and Salt Lake City. Summit Lake is not identified in the following list and has no plan prepared for it due to its small user population.

Ak-Chin Indian Community Clinic	PITU - Cedar Band Clinic
Battle Mountain Health & Human Services	PITU - Kanosh Clinic
Bylas Health Center	PITU - Koosharem Clinic
Chemehuevi Clinic	PITU - Shivwits Clinic
Cibecue Health Center	Prescott Service Area
Duckwater Shoshone Tribal Health Clinic	Pyramid Lake Health Center
Ely Shoshone Tribe Newe Clinic	Reno Sparks Tribal Health Center
Fallon Health Center	Reno Sparks - Hungry Valley New PSA
Ft. Mojave Indian Health Center	San Lucy District Health Center
Ft. Duchesne Health Center	Skull Valley Service Area
Ft. McDermitt IHS Health Center	Southern Bands (Elko) Health Center
Goshute Clinic	Walker River Health Center
Havasupai Health Center	Washoe Tribal Health Center
Hopi Health Care Corporation	Wassaja Memorial Health Center
Hu-Hu-Kam Memorial Hospital	Wells Band Health Clinic
Kaibab Paiute Clinic	Whiteriver Hospital
Las Vegas Paiute Tribe Health & Human Services	Winnemucca Service Area
Lovelock Service Area	Yerington Tribal Health Clinic
Middle Verde - Yavapai Apache Health Center	Yomba Shoshone Health Services
Middle Verde - Clarkdale New PSA	Urban - Las Vegas Indian Center
Moapa Health Station	Urban - Las Vegas New PSA Opportunity
Owyhee Hospital	Urban - NACHCI (Phoenix)
Parker Indian Health Center	Urban - NUIP (Reno)
Payson Service Area	Urban - NUIP Carson City
Peach Springs Health Center	Urban - Salt Lake Indian Center

The updated plan analyzes, justifies and designs a comprehensive Phoenix Area Health Services Master Plan (Plan) that documents the existing status and the total unmet short and long-term needs for tribal healthcare services and facilities. The Plan addresses both outpatient and inpatient needs. The inpatient needs also reflect the amount of Contract Health Services funds necessary in lieu of constructing any inpatient facilities. The effort is based on service area populations, locations (accessibility), travel



distances, workload threshold, provider capacities, space capacities, resource deficiencies, and related data.

### **Development Strategy**

Each PSA established a Planning workgroup to identify and facilitate the needs for their respective healthcare facilities and service areas. An Area-wide Planning Workgroup was established to facilitate the needs of the Phoenix Area as a whole. Based on guidance from this workgroup throughout the process outlined below, the Phoenix Area developed a Master Plan to address the health services and health facilities needs for the Area. The contractor and the IHS project officer were responsible for setting up and coordinating all review meetings required for each phase.

### Primary Care Service Area Master Plans

The PSA Master Plan provides a comprehensive definition of services for each health delivery program. The list of services includes currently provided services to be continued and expanded where appropriate, along with any new services to be provided.

It is intended that the Master Plan for each facility establish a conceptual direction for existing and new healthcare services based on analysis of the community health needs, projected service area population statistics, and other pertinent data. The IHS Health Systems Planning (HSP) standards were used as part of the analysis. Where necessary "out-of-template" programs proposed for a PSA were examined and planned accordingly.

The Master Plan also includes a composite eight-year Development Plan assembled from each PSA's priorities. The Development Plan, however, does not prioritize PSA priorities against any workgroup criteria. The Master Plan does not include projected costs and potential funding sources.

None of the Master Plans are intended to include facility design activities.

PSA plans were facilitated through a joint effort between the contractor and designated planners from the Phoenix Area IHS Office.

### Area Master Plan

The Area Master Plan is an assimilation of all service unit Master Plans into one document. It includes summary documentation of services, CHS \$, Staff and Space.

### **Process**

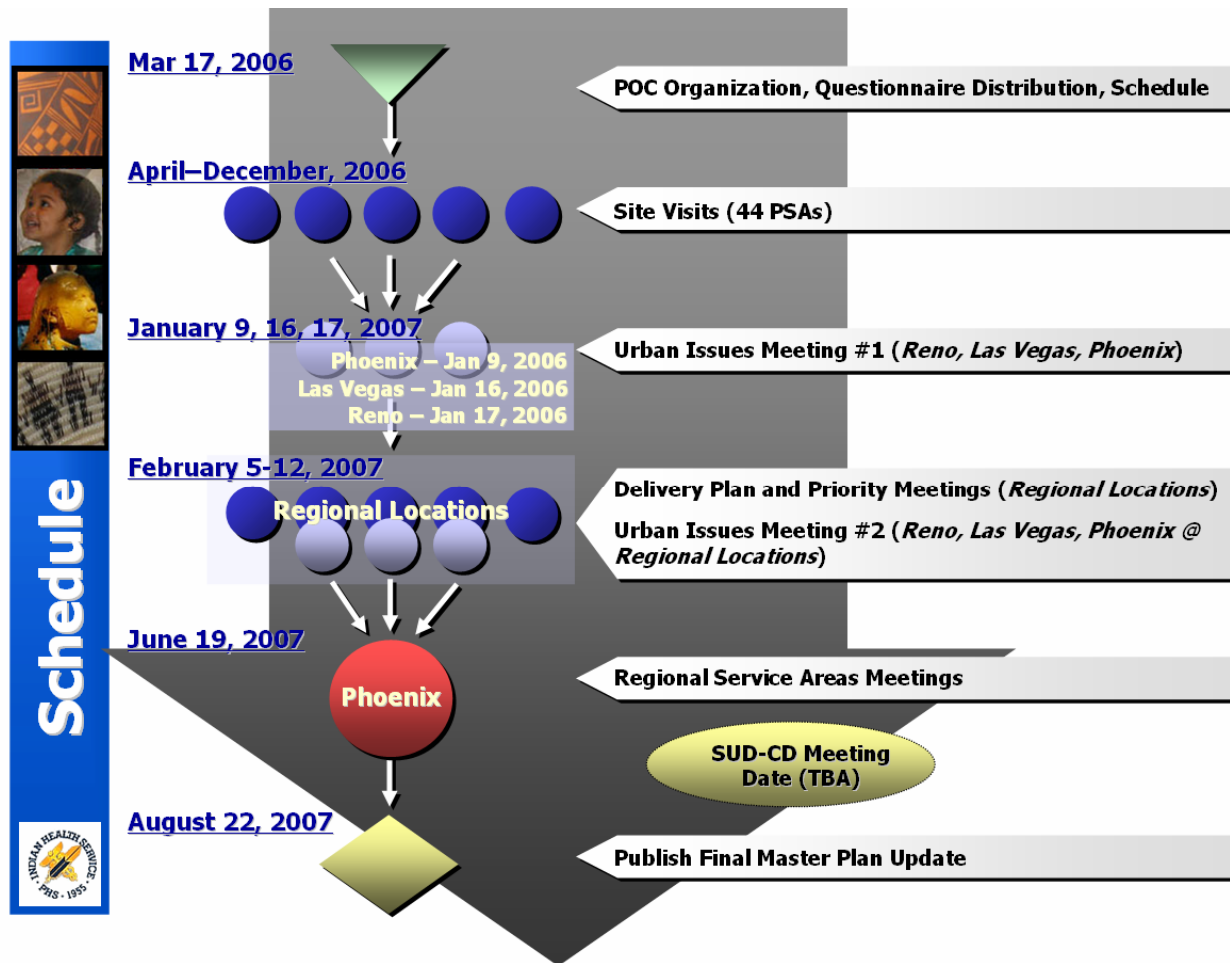
This report is the final step in the update of the Phoenix Health Services Master Plan. Completion is later than projected due to extended efforts at bringing all PSAs in to full participation and support of the effort. The site visit phase of the project took longer than anticipated. This report represents the future healthcare demand of the Area as a whole and each Primary Service Area (PSA) contained therein; as well as the capacity of the Area and each PSA to supply or prepare for this demand.

The steps in the planning process are identified in the brief review below:

- Step One: Point of Contact (POC) Organization, Questionnaire Distribution and Project Schedule on March 17, 2006
- Step Two: Site Visits for each of the Primary Service Areas (PSA) in April – December 2006.
- Step Three: Urban Issues Understanding meetings were held in Phoenix, Las Vegas and Reno in January 2007 to explore planning assumptions where multiple service areas appeared to be competing for the same populations. Clarification of assumptions were detailed and carried forward to develop appropriate planning documents for those urban programs and related



- reservation based service areas. Salt Lake was not included in this step due to its status as sole provider of services to the Salt Lake Native population.
- Step Four: Population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population, forecasting the key characteristics required for each service. From this documentation, a PSA/consultant team worked with each site in February 2007, to draft a Service Delivery Plan and compare existing to needed resources.
- Step Five: Requests for Regional Services were considered at a Regional Services Areas Meeting in Phoenix on June 19, 2007. The meeting reviewed previous planning recommendations and compared them with current requests coming from the local PSA level. Discussions were held by state and area to identify what regional services should be considered further.
- Step Six: the publishing of this report, the Phoenix Area Health Services Master Plan Update, on August 22, 2007.



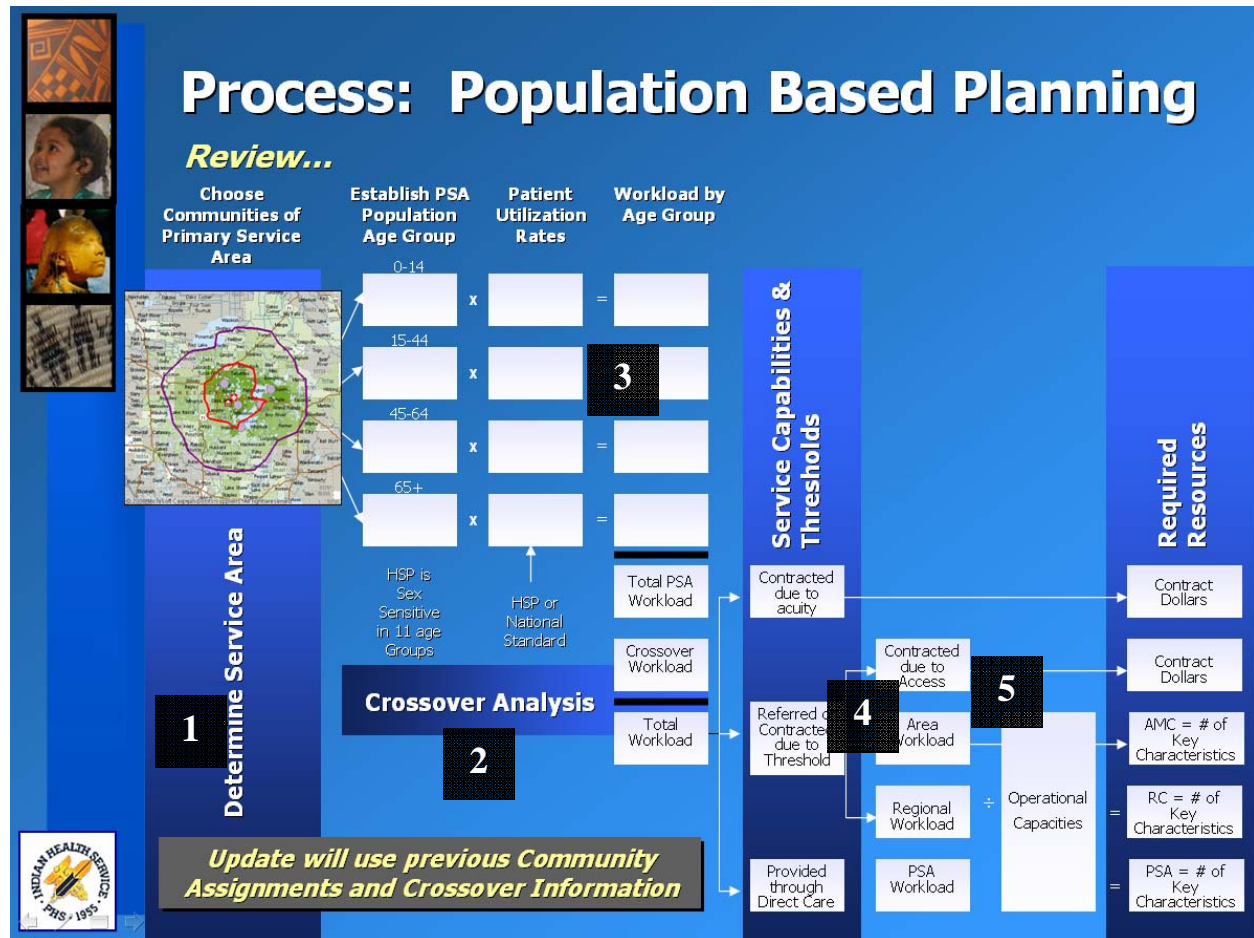
## Methodology

Healthcare is a population-based enterprise. The goal of this exercise is to allow the Area workgroup and the PSA workgroups to view the complexity of the healthcare industry in such a way as to allow each service to be considered at its simplest element. We define that element as a Key Characteristic. Key Characteristics are typically the most expensive attribute to a service and range from Dental Chairs to Providers to FTEs. Making decisions along the way, based on these Key Characteristics, allows us in the end to define a Delivery Plan per Service. That Delivery Plan mandates the Required Resources.



Required Resources as indicated below can include Contract Health Dollars, Key Characteristics, as well as Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan. The process utilized for each product line is indicated below. The key decisions in this process are as follows:

1. Determine Service Area
2. Crossover (Migration) Analysis
3. Project Workload
4. Regional Area Determination
5. Apply Operational Capacities



### Wrap-Up

The Master Plan presented on the following pages starts at the community level and builds. This development of needs has considered Tribal, IHS and Urban input, historical and national norms of patient utilization and productive models of health care delivery. This 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 crossover for care to other 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.

This project has involved the people on the following pages and has brought together IHS, Tribal, and Urban Leaders to establish and share goals and priorities for their communities.



## Points of Contact

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

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email

### Phoenix Area Office

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### Colorado River Service Unit

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**Points of Contact**

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<b>Administrative Unit</b>			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
<b>Havasupai Health Center - P.O. Box 10, Supai, AZ 86435</b>			
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Collette Lewis	Behavioral Health Director		
<b>Duck Valley Shoshone-Paiute Service Unit</b>			
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Leah Exendine	Duck Valley Shoshone Health Director	(775) 757-2416	<a href="mailto:leah.exendine@mail.ihs.gov">leah.exendine@mail.ihs.gov</a>
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<b>West End Health Center</b>			
<b>Not Included due to recent PJD-POR development</b>			



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Name	Title			
<b>Ak-Chin Indian Community Clinic - 45203 W. Farrell Rd., Maricopa, AZ 85239</b>				
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## Points of Contact

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## Glossary of Terms

The Master Planning process is an extensive multi-month process that employs its own terminology, one not always known to all document users or process participants. The terms below are defined in an attempt to give some help in understanding how these terms are generally used, verbally as well as within the deliverable documents.

- Additional Services..... Medical or Healthcare support services offered that are typically not provided for by IHS. These services are usually tribal and hold no IHS supported planning metrics or thresholds.
- Alternative Care ..... Alternative rural or urban hospitals within 90 miles of a Primary Service Area. These are profiled in the first phase of the Master Planning process as part of the PSA deliverable.
- Area..... The IHS consists of 12 large geographic and/or tribally organized administrative units responsible for the planning and provision of healthcare within each of their Service Units.
- CHS..... Contract Health Services. Healthcare services that must be purchased from Non-IHS providers, based upon threshold issues or high acuity. These are generally facility and professional services of greater scope and intensity than are available through IHS facilities and providers.
- CHSDA..... Counties defined all or in part as the Contract Health Services Delivery Area. To receive CHS payment for needed services outside of the IHS delivery system, a Native American must reside within this area.
- Crossover..... (See also “Migration”). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or “Out” crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or “In” crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- Deliverable ..... A specific planned report from The Innova Group given to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as on the web for PSA download and printing as needed.
- Defining Characteristic..... The recognized significant component of a discipline’s ability to deliver care (e.g.: physician, radiology room).
- Discipline..... A specific medical specialty (e.g.: primary care, dentistry or radiology).
- Existing Delivery System ..... A table of medical services presently offered by access distance.
- HSP ..... Health Systems Planning process software. The computer application that manages the IHS tool for the planning, programming and design of health facilities.



- Historical Workload Analysis..... The past workload generated by a PSA’s communities. This workload reflects an average number over a 3 year period by service line. It is not countable for CHS purposes when the payor is a third party. This measure is typically visits but varies by service.
- IHS ..... The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
- Justification ..... Used within the context of whether or not workload, criteria and market assessment “justify” the placement of resources or services at an identified location.
- Market Assessment..... A part of the Delivery Plan report wherein a PSA’s historical 3 year workload is compared to the United States National Average (USNA) workload understanding for an identical non-native population number, and the HSP understanding of expected workload for an identical native population number. The largest of these three is typically carried forward to the Delivery Plan as a planning assumption.
- Market Share..... The percentage of the user population from a specific community that is expected to be served at a facility for a specific discipline.
- Migration ..... (See also “Crossover”). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or “Out” crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or “In” crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- Patient Utilization Rates..... The annual healthcare demand a single patient has for a discipline.
- Payor Profile..... An analysis of the payor mix for a Service Area, typically focusing on Medicare, Medicaid, Veterans and other third party payors that may or may not affect the Service Area’s ability to raise third party billing thereby increasing revenue.
- Primary Care Service Area ..... A group of communities and its population for which, at a minimum, the primary care disciplines are being planned and resourced. Referred to as the PSA.
- RRM ..... Resource Requirements Methodology: The IHS staffing methodology.



- Regionalization/Referral Partners ..... The grouping of workload from different PSAs for the purpose of stretching resources and improving access. A region may be as simple as a referral pattern among facilities creating effective leverage to purchase commonly needed services, or it may be a facility where on site resources are justified and can be offered to one or more PSAs thereby stretching CHS dollars.
- RPMS ..... Registered Patient Management System: the IHS standard Patient record system that forms the data basis for the master planning process.
- Resource Allocation ..... Analysis that follows the Delivery Planning phase. This focuses on the capacities exceeded by Delivery planning decisions, documenting shortfall and need. Resource deficiencies identified and documented include providers, rooms, staff, square feet, and CHS dollars.
- Service Area..... The communities and its population intended to be supported by a specific discipline's resources.
- Service Delivery Plan ..... Analysis that follows the Regional Analysis and Services Stratification Report. This plan is final component of a report that includes the historical workload and market assessment pieces as well. The Delivery Plan assigns a projected workload assumption to a specific delivery option for approximately 120 service lines. Options typically include one of the following: delivery on-site, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for consideration, referral to the Region for consideration, or referral to the Area for consideration.
- Service Access Distribution Template ..... A table of medical services, either desired or planned, detailing services offered by access distance.
- Service Population ..... The IHS understanding of the number of Native Americans living within a county which may or may not be users. Census based and projected into the future. Primarily used for growth projection and market opportunities.
- Service Unit..... An administrative unit overseeing the delivery of healthcare to a specific geographic area. May consist of one or more facilities, Service Areas, or PSAs.
- Threshold ..... The minimum workload and/or remoteness necessary to justify the provision of a specific discipline.
- Travel Distance ..... The distance a User has to travel from his home to a facility to receive care.
- User..... A Native American that has received or registered to receive healthcare in the past three years.
- User Population..... The number of Active Indian Registrants in the healthcare system from a specified area.



### Small Ambulatory Care Criteria (SAC)

In order to provide consistent appropriate healthcare to remote Native American communities, the Indian Health Service relies on a number of standard tools to distribute resources based on a community's population and medical workload. The standard tools, the Resource Requirements Methodology (RRM) and the Health System Planning software (HSP) do not adequately address communities of less than 4,400 primary care provider visits (PCPVs). Typically this is a population of approximately 1,320 Active Users.

The Small Ambulatory Care Criteria (SAC) was developed as a means of understanding and planning for needs in such communities as mentioned above. This Master Planning document applies those criteria where appropriate for smaller service areas. The guide below illustrates what services a service area might expect based upon their active user population.

User Population	Facility	Staffing & Service Concept
900-1,319	Small Health Clinic	A Physician utilized between 70 – 100%. Two Dentists or a Dentist and Hygienist at all times
588-900	Large Health Station	Minimal facility to allow One full time dentist work with a medical provider 3 days a week.
256-587	Medium Health Station	Minimal facility that allows dentist to work 4 days a week and medical provider 2.5 days/week. One full time Public Health Nurse and Contract Health Clerk.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days/week
25-137	Health Location	Minimal facility with visiting providers less then one day per week.

SAC plans are identified with tan shading in the header section of the delivery plan and resource allocation. The notation includes the specific clinic criteria applied (see example below).

#### Delivery Plan - *Native American (IHS)*

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

**Medium Health Station SAC**

Discipline	Projected Need				Delivery Options						
	PSA Direct Care	+ ESA Direct Care	Key Characteristics (KC)	# Req'd in 2015	PSA			Referrals due to Threshold			
					On Site	On Site VP	CHS*	Srv Unit	Region	Area	Remarks

**Note:**

- Other criteria must be applied to justify consideration for a small ambulatory care facility. Standard planning scenarios would apply to populations greater than represented in the table above.
- The SAC criteria (SAC Proposed Criteria for Tribal Review) is available from The Innova Group website at [www.theinnovagroup.com](http://www.theinnovagroup.com) under client access, username = "Phoenix", password = "012007".

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