

## Improving Access to Care among Native Americans

*Draft: 2/2/00*

**Audience:** I/T/U providers and other Native American health policymakers

**Purpose:** To present strategies for addressing issues seriously affecting health status and access to care among Native Americans in both rural and urban areas.

#	<i>Time</i>	<i>Title/Content</i>	<i># of Speakers</i>
<b>D</b> DAY 1			
1	9:00-9:30 am	<i>Welcome, Introductions and Overview of the Workshop</i>	2
2	9:30-11:30 am (inc. 15-min. break)	<p><b>R</b> <i>Trends in Native American Health Care Status and Service Delivery</i></p> <p>This session would set the stage for the workshop by presenting research about trends in Native American health status and epidemiology. It will also present access trends, including service utilization, health care coverage, long-term care, and barriers to access. Finally, it will explore what these trends may say about future health care needs, and what these trends mean for provider organizations serving Native Americans.</p> <p><b>A</b> <i>Would this audience find health status information useful or is this "preaching to the choir"? If it's useful is this the right amount of time to devote to this subject?</i></p>	2
3	11:30-11:45 am	<i>Understanding AHRQ</i> (required ULP workshop session)	1
	11:45 am-1:00 pm	Lunch	
4	1:00-2:45 pm	<p><b>T</b> <i>Disease Management and Prevention</i></p> <p>This session will focus on prevention and disease management of health issues affecting Native Americans. It will make workshop participants aware of available guidelines in prevention and disease management — including providing relevant information from AHRQ's "Put Prevention into Practice" (PIIP) program — and present brief case studies of programs with successful outcomes in prevention and disease management.</p> <p><i>Potential focus areas for case studies (which 3?):</i></p> <ol style="list-style-type: none"> <li>1. Coronary disease</li> <li>2. Diabetes</li> </ol>	3 - case studies (increasing awareness of existing guidelines could be handled either through a hand-out or by an additional

#	Time	Title/Content	# of Speakers
		3. Substance Abuse 4. Asthma 5. Smoking (including cessation programs)	speaker)
5	3:00-4:30 pm	<p><b>Long Term Care in Indian Communities</b>            This session will identify the services needed by Native American elders and people with severe chronic illnesses or disabilities so that they can live in communities rather than institutions. It will discuss the accessibility of these needed services, and will present creative strategies to meet these long term care needs, including strategies for maintaining functionality and preventing increased disability.</p> <p><i>Would participants rather hear about programs primarily serving a Native American clientele, or others with similar access issues, such as non-Indians living in rural areas?</i></p>	2-3
<b>DAY 2</b>			
6	9:00-10:30 am	<p><b>Coordinating Acute and Chronic Care</b>            This session will examine different models of coordinating primary and acute care with chronic care, such as models utilizing an individual care coordinator or care coordination team, and clinic models offering "one-stop-shopping" for multiple services. Issues particular to care in rural and urban settings will be explored.</p>	2
7	10:45 am-12:15 pm	<p><b>Strengthening System Infrastructure</b>            This session will discuss various issues in service delivery system infrastructure which can affect access to care, particularly workforce recruitment and development, use of telemedicine, and transportation. Case studies of rural programs which have successfully developed these pieces of infrastructure will be examined.</p>	2-3
	12:15-1:30 pm	Lunch	
8	1:30-3:00 pm	<p><b>Quality Improvement and Performance Measurement on a Shoestring</b>            Quality improvement and performance measurement can be effectively utilized to assess patient outcomes, target areas for improvement, and begin crafting strategies to do so. This session will examine how organizations with limited resources can use performance measurement in a quality improvement system to help decision-makers most effectively use their resources to improve quality.</p>	1-2

#	Time	Title/Content	# of Speakers
9	3:15-4:30 pm	<p><i>Quality Measurement in Practice</i></p> <p>In this session a panel of health policymakers from programs that serve American Indians will present ways in which they have collected, analyzed and used data to improve their practices (either in care or administration). The focus would be on small programs with limited resources.</p> <p>OR</p> <p>In this session, the presenter(s) from the previous session would present a hypothetical case study. Workshop participants would have the opportunity for "hands-on" learning by developing a hypothetical measurement system and identifying ways to use the data collected.</p> <p><i>Which approach do you think would work best? If you prefer the first can you recommend programs you would like us to highlight? If the second, please think of a few topics that the hypothetical system could address, what barriers should be presented, and what "roles" need to be represented to make the hypothetical system relevant to workshop participants.</i></p>	2-3
<b>DAY 3</b>			
	8:00-9:15 am	<i>Breakfast Roundtables with the Experts</i>	
10	9:30-9:45 am	<i>Areas for Additional Research</i> (required ULP workshop session)	1
11	9:45-11:45 am	<p><i>Laying the Groundwork: Partnering to Improve the Health Status of Native Americans</i></p> <p>(Note: Tribal representatives would be encouraged to invite their State counterparts to this session.)</p> <p>This session would present two significant issues in providing care for Native Americans: the Memorandum of Agreement (MOA) between HCFA and IHS and its implications for payment of Medicaid services delivered to American Indians, and Tribal-State consultation. First, representatives from the Central Offices of HCFA and IHS would discuss the policy and intent of the MOA. This should clarify what is/is not Medicaid-reimbursable, as well as administrative issues, and how these apply to specific circumstances. The HCFA/IHS presentation will be followed by a responder panel of a Tribe and a State representative who will pose questions to the presenters regarding areas where the current policy is unclear. Ending</p>	6 (IHS, HCFA, 2 Tribal reps (one for each part; and 2 State reps (also one for each part)

		<p>confusion on HCFA/IHS intent should enable Tribes and States to work together more effectively. <i>This part of the session will only work well with a lot of preparation, both the HCFA and IHS presenters would need to have a good idea of the questions they will be asked so that they can be prepared to answer them otherwise it is possible that Tribal and State participants will not get answers. So please think of the questions that are likely to arise. We will also need to identify and secure the participation of the correct federal speakers.</i></p> <p>The second part of this session would focus on a case study of a State with effective State-Tribal consultation. The presentation would include the elements that make the collaboration effective, barriers to consultation, and how these barriers have been handled. This would also be a presentation with a State and a Tribal representative each presenting from their point of view in the process.</p> <p><i>Is there existing research on this issue? We can only do this portion of the session if we can find research (probably a case study) that includes evidence of health-related results of the consultation. If there is no existing research we may be able to develop some. In that case, which State would you recommend for a case study and do you know if they (or anyone else) has any data on the impacts of this consultation on health status, access, service utilization, or satisfaction.</i></p>	
12	11:45 am-12:15 pm	<b>Summary, and Wrap-Up</b>	2

F  
T