

BELLIN HEALTH/ONEIDA BUSINESS COMMITTEE
EXPANSION OPPORTUNITIES

THURSDAY, SEPTEMBER 21, 2000
11:00 A.M. BUSINESS COMMITTEE CONFERENCE ROOM

- ◆ Opening/Introductions
- ◆ Review
- ◆ Present Status
- ◆ Future Possibilities
- ◆ Recommendations

Investing in the Bellin Building Expansion Concerns of the Oneida Community Health Center

Based on the Health Care needs of the Oneida Community and the Diversification Strategy of the Oneida Nation there are reasons to do both projects. In no way should Tribal investment in buildings to be leased by Bellin replace the need for internal investment in the Oneida Community Health Center.

It is important not to confuse the issues of Oneida medical care. Oneida patients have extensive health care needs compared to the typical patient population in the area. Furthermore, the Oneida Community Health Center is the lowest cost option for delivering needed care. Too often private and non-profit "HMO" type systems are viewed as the "norm." This is very far from the truth. Health Maintenance Organizations (HMO's) make their money by managing "healthy" populations - basically providing "family practice" health care. Oneida patients for the most part have complex medical needs, i.e., diabetes, upper respiratory, hypertension, cardiovascular, all of which require extensive treatment.

The bottom line is to keep the two issues separate. If Bellin fits in with a real estate ownership and development strategy of the Tribe, then so be it. Such an investment will not limit the need for the Oneida Community Health Center (OCHC). Here are some reasons why.

- 1) Private and Non-profits must operate like a business. They have a bottom line to manage. In all previous discussion with area medical groups, only Oneida insured patients were desired.
- 2) The OCHC serves all Native Americans that "present themselves" for care. Would another group be willing to do that?
- 3) Many of our patients have no resources.
- 4) We accept and provide care to any Native American Medicaid/Medicare patient. Many health care providers do not accept Medicaid/Medicare patients. Will there come a time when our community member receiving Medicaid/Medicare benefits be denied services from a healthcare provider outside of the OCHC? Heard just this morning on the news, that many Nursing Homes are going bankrupt in the State of Wisconsin due to the lowest Medicare and Medical Assistance reimbursement rate in the United States. If, the Medicare reimbursement rate for Nursing Homes is the lowest, what about the reimbursement rates for ambulatory clinics? Will our Medicaid/Medicare population be required to pay co-pays before being able to obtain the services?
- 5) Many local groups are really "Family Practice" groups providing non-specialized medical care. Due to our complicated patient base we provide Internal Medicine, Pediatric, and other specialties at the OCHC. Would our patients have access to the same level of care on a regular basis?
- 6) Historically, area medical groups tend to provide Oneida patients mostly "mid-level" care - Nurse Practitioners and Physician Assistants. Based on the medical profile of our patients they are seriously under served unless treated by Physicians.
- 7) Prevea is the Oneida self-funded insurance preferred provider. How will a "partnership"

with Bellin to provide services to Oneida impact the Prevea relationship?

8) Would supporting the expansion of services at Bellin undermine the revenue streams currently utilized and needed by the OCHC to expand their services to Oneidas who reside outside of Brown and Outagamie Counties?

9) Being in charge of health care for its own population, enables Oneida to control its medical care costs. What will Oneida's role be in determining health care services for its people? Or is health care limited to what the HMO allows?

10) Are we jeopardizing the new health center?

11) Win / Win solution:

a) Invest in rental property;

b) Build a new Oneida Community Health Center;

If, Bellin is truly interested in partnership and has a critical need for space, why don't they partner with Oneida Health Works for sports medicine and use the space currently used by sports medicine for the additional offices/exam rooms for OB/GYN.

12) Giving away "3rd" party patient revenue "cuts the OCHC off at the knees." The DHS funds the OCHC at only 37% level of need, the accessibility to 3rd party resources is critical.

13) Bellin, or other local medical systems, are "for profit." The Oneida Community Health Center is "none profit." A relationship between the two creates a "conflict of interest."

14) A high number of Oneida patients are diabetic with a multiple of other medical problems. Oneida patients need a specialty clinic - like the Oneida Community Health Center's Diabetes Specialty Clinic.

15) Logically, would it seem prudent...if all parties were playing on the same level field, to partner with Bellin for services that wouldn't fit within our proposed 67,000 square feet new facility? At one point, we had determined that we needed 120,000 square feet to provide services to our patient base. That's 50,000+ more square feet than we are currently looking to build. Maybe there are some services we could co-op.

16) Another issue is the Federally Qualified Health Center (FQHC) recovery. I'm sure Bellin is not FQHC and as a result, could not collect the MA recovery as we can.

17) Another issue is the Dental service we provide to ALL patients. MA patients are boycotted by almost all dental practices in Wisconsin. Tribes impact on this where possible. Does Bellin have a Dental practice?

18) Community Options Program (COP) is a social services program with medical pieces. I suppose this could be shifted to Oneida Social Services, or given back to the County. But then we lose the cultural portion of our care.

19) For Women Infants and Children (WIC), Reproductive Health, and all the other grants...you must be a county or a tribe to receive these dollars. These grants also support our very successful Diabetes Specialty Clinic.