

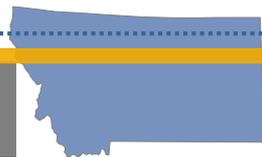
# **Governor's Council on Healthcare Innovation and Reform**

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**September 13, 2016**

# Agenda

- |                     |  |
|---------------------|--|
| 10:00 – 10:10 am    | ■ <b>Welcome</b>   |
| 10:10 – 10:20 am    | ■ <b>ECHO Update</b>   |
| 10:20 – 11:20 am    | ■ <b>American Indian Health Care</b> – Mary Lynne Billy Old Coyote, Director, Office of American Indian Health <ul style="list-style-type: none"><li data-bbox="658 525 1779 805">■ Discussion of questions from July meeting:<ul style="list-style-type: none"><li data-bbox="755 605 1779 685">■ <i>What is one concrete step you or your organization will do differently based on what you learned?</i></li><li data-bbox="755 725 1779 805">■ <i>What could we do better collectively as a Council than we could individually to improve health equity?</i></li></ul></li></ul> |
| 11:20 am – 11:30 am | ■ <i>Break</i>   |
| 11:30 am – 12:30 pm | ■ <b>Comprehensive Primary Care Plus</b> – John Hannigan, Denver CMS Regional Office, Area Regional Administrator for the Division of Financial Management and Fee For Service Operations, and Dustin Allison, Center for Medicare and Medicaid Innovation   |
| 12:30 – 12:45 pm    | ■ <b>Public Comment</b>  |



## ECHO Updates



# **Indian Health Service, Tribal and Urban (ITU)**

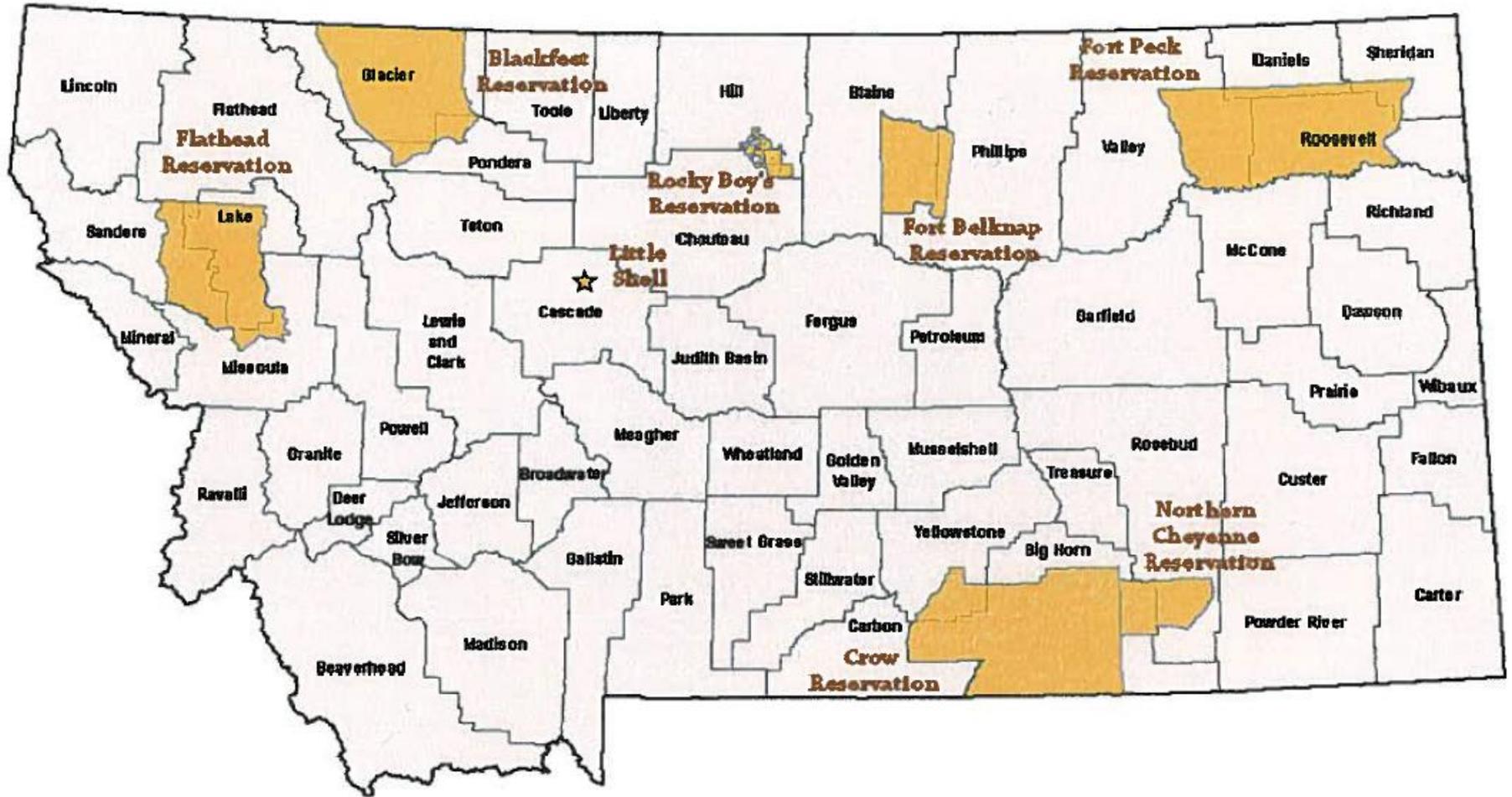
## **American Indian Health Care**



# Overview



# Indian Reservations in Montana



# American Indian Health Care Delivery



# American Indian Health Delivery System

## Unique Health Delivery System in the State of Montana

1

**Direct Service  
Facilities and  
Programs  
Indian Health  
Service (IHS)**

2

**“Contracted” (638)  
Facilities and  
Programs Operated  
by Both Tribes and  
IHS**

3

**“Compacted”  
Facilities and Programs  
Operated by Tribes**

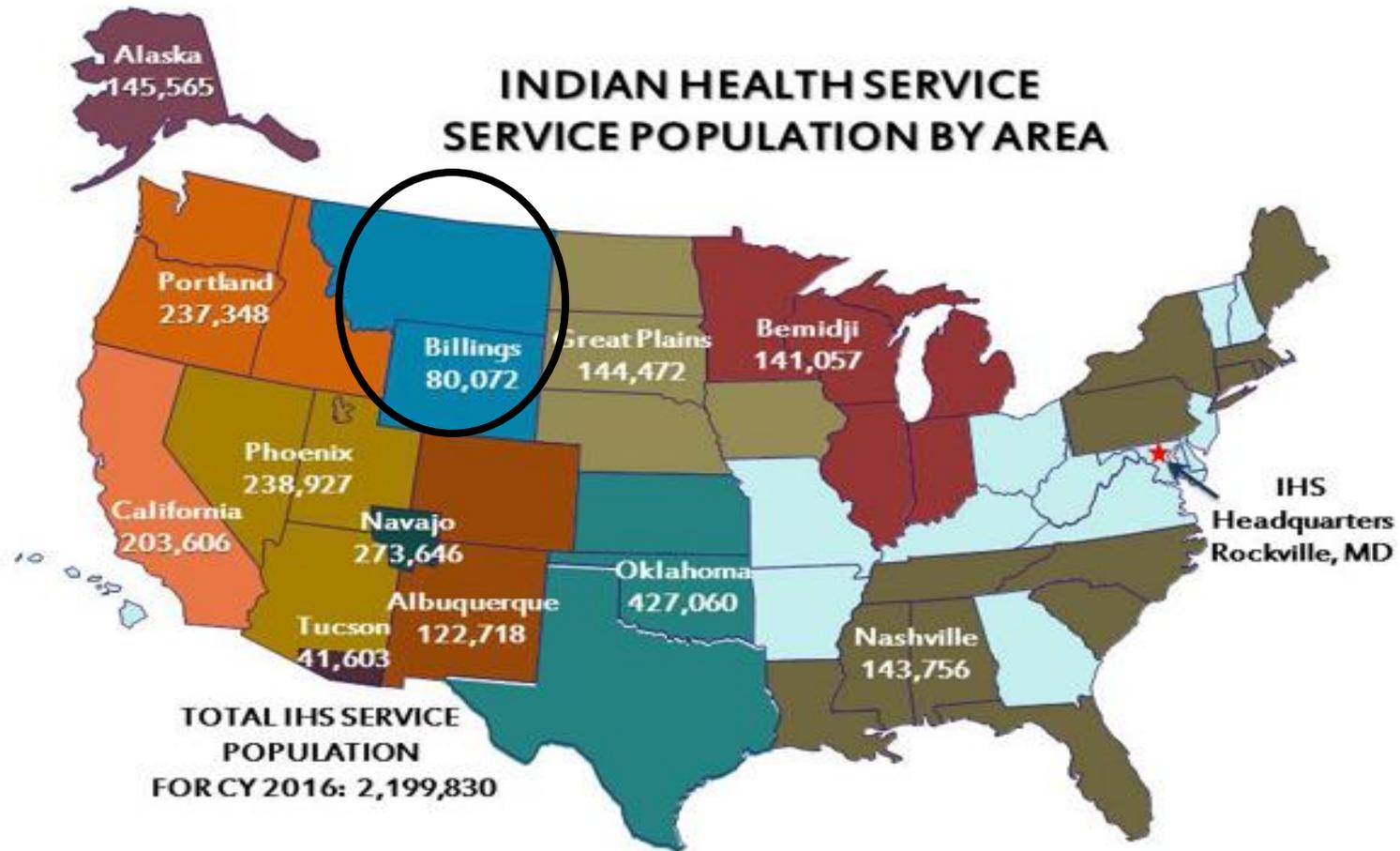
4

### **Urban Indian Health Programs**

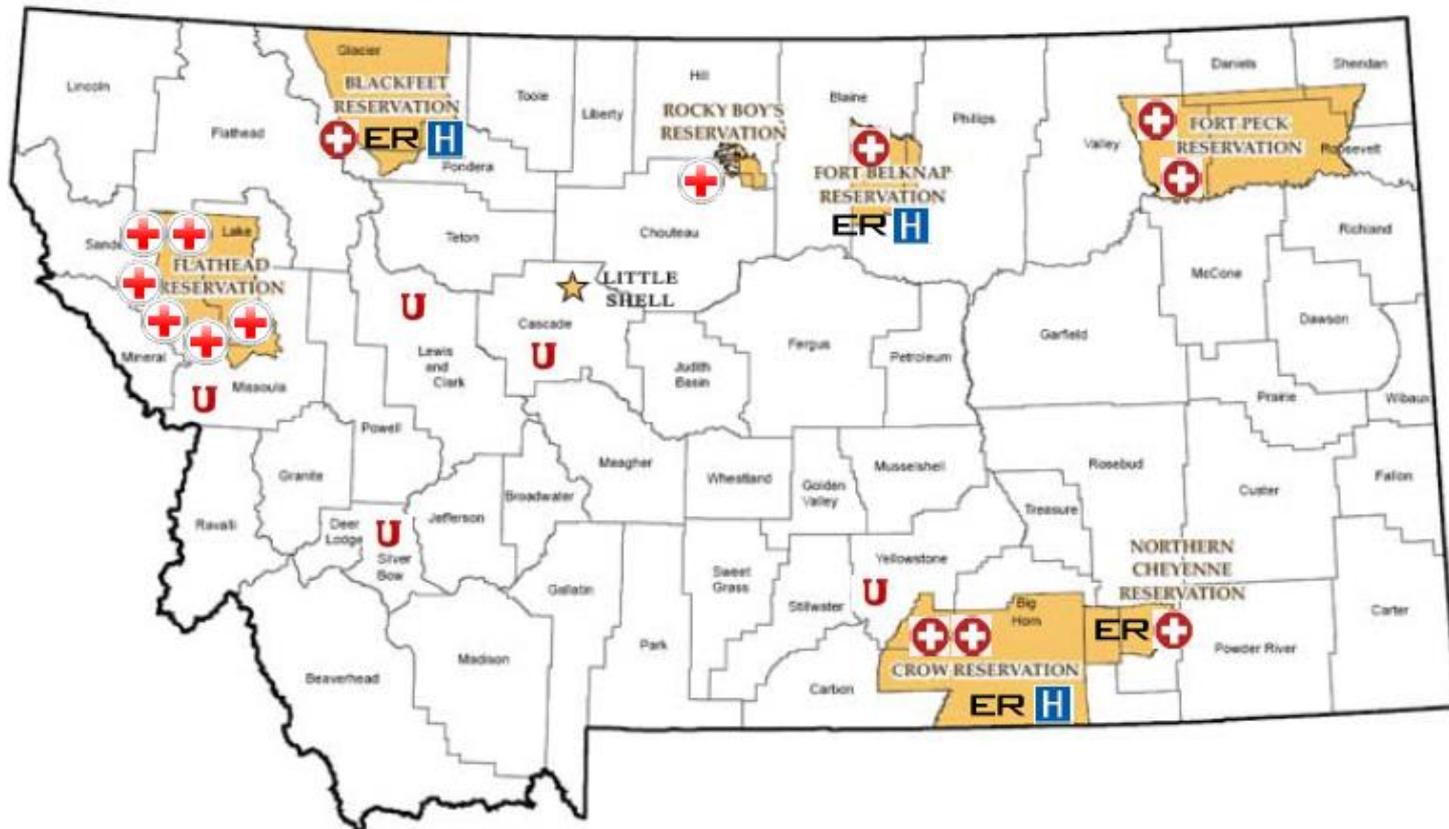
IHS also contracts with, or makes grants to, nonprofit Urban Indian Health Programs



# Indian Health Service



# Indian/Tribal/Urban Providers in Montana



**IHS HOSPITALS** – Blackfeet (Browning), Crow/Northern Cheyenne (Crow Agency), Fort Belknap (Fort Belknap Agency)



**EMERGENCY ROOMS** – Blackfeet (Browning), Crow (Crow Agency), Fort Belknap (Fort Belknap Agency), Northern Cheyenne (Lame Deer)



**IHS CLINICS** – Blackfeet (Heart Butte); Crow (Lodge Grass, Pryor); Fort Belknap (Hays); Fort Peck (Poplar, Wolf Point); Lame Deer (Northern Cheyenne);



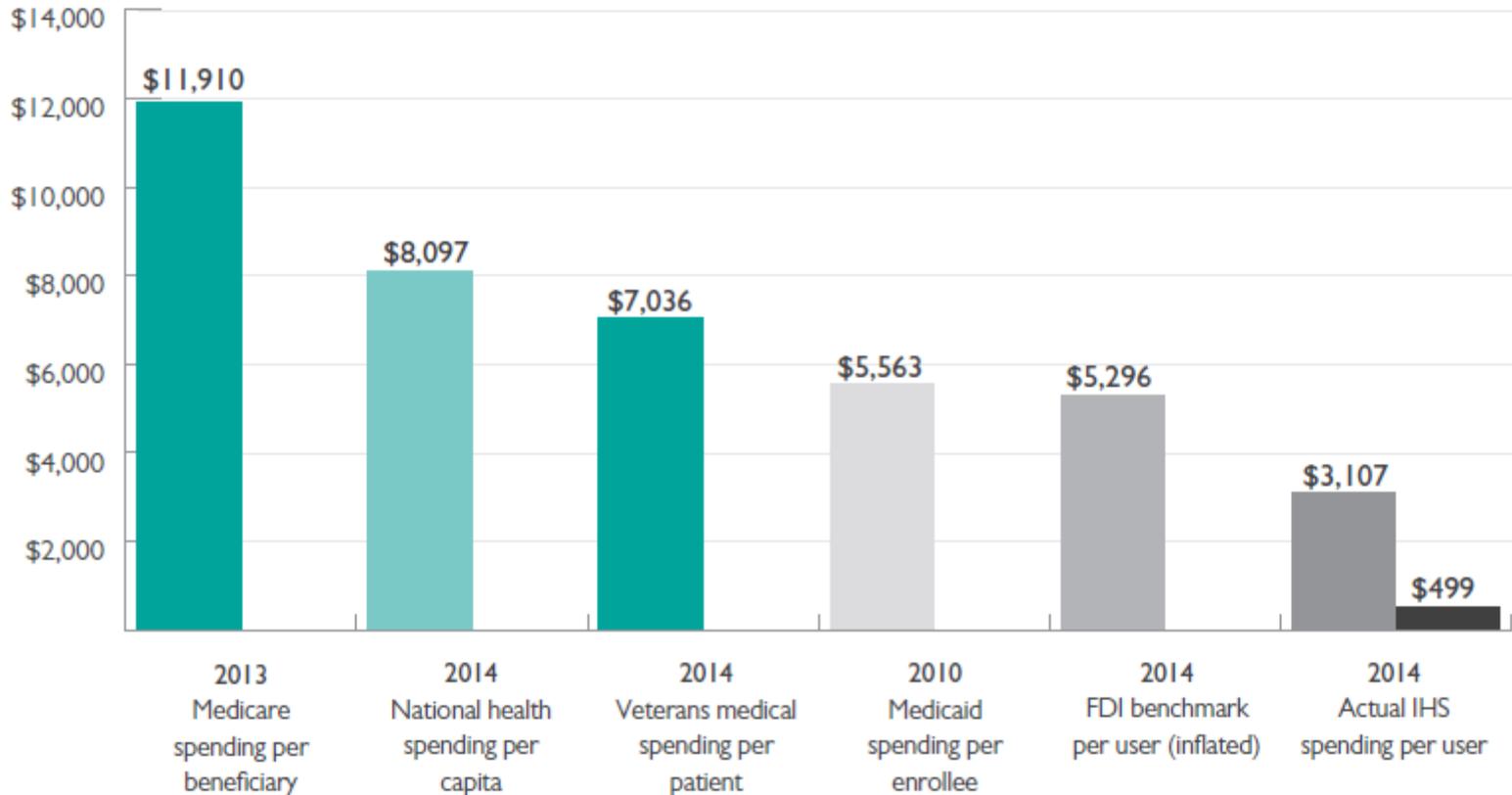
**TRIBALLY-OPERATED CLINICS** – Flathead (Arlee, Elmo, Polson, Ronan, St. Ignatius and Salish Kootenai College); Rocky Boy's (Rocky Boy Agency)



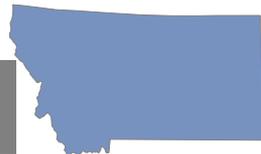
**URBAN INDIAN CLINICS** – Billings, Butte, Great Falls, Helena, Missoula

# IHS Expenditures Per Capita and Other Federal Health Care Expenditures

## 2014 IHS Expenditures Per Capita and Other Federal Health Care Expenditures



Source: The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2017 Budget.



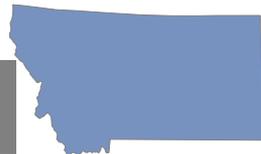
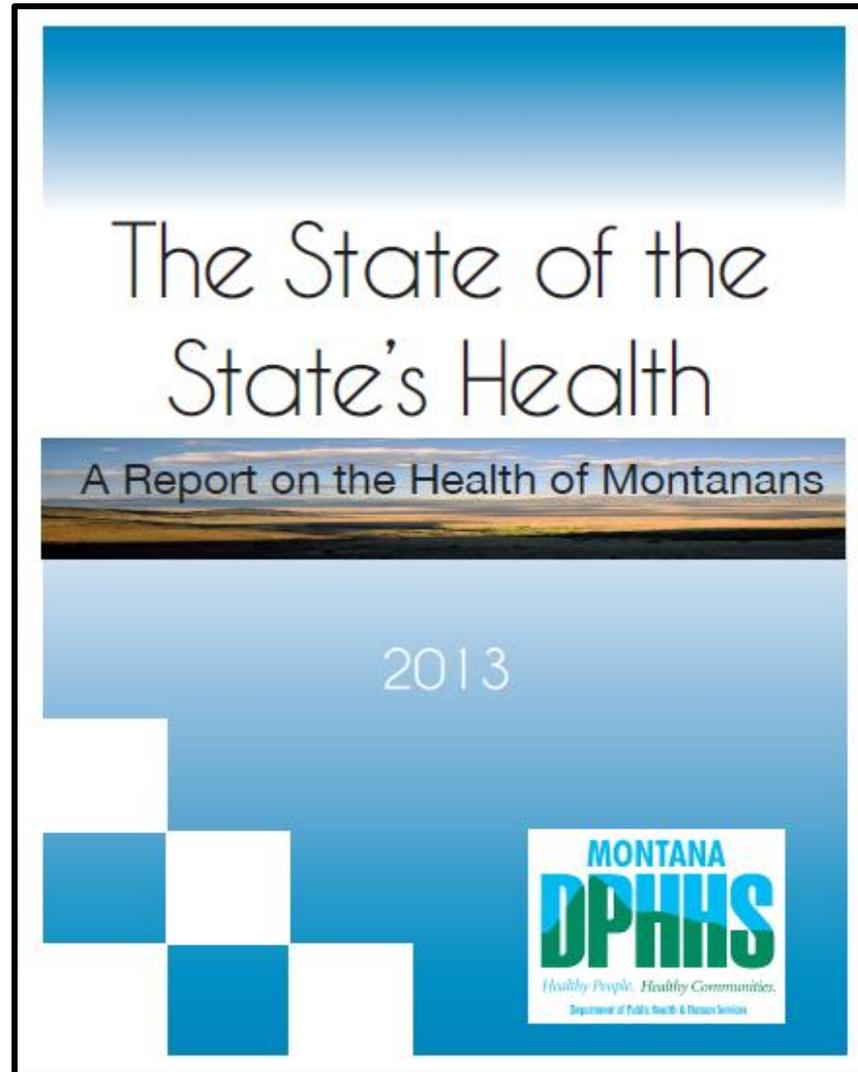
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# **State of the State's Health American Indian Residents**



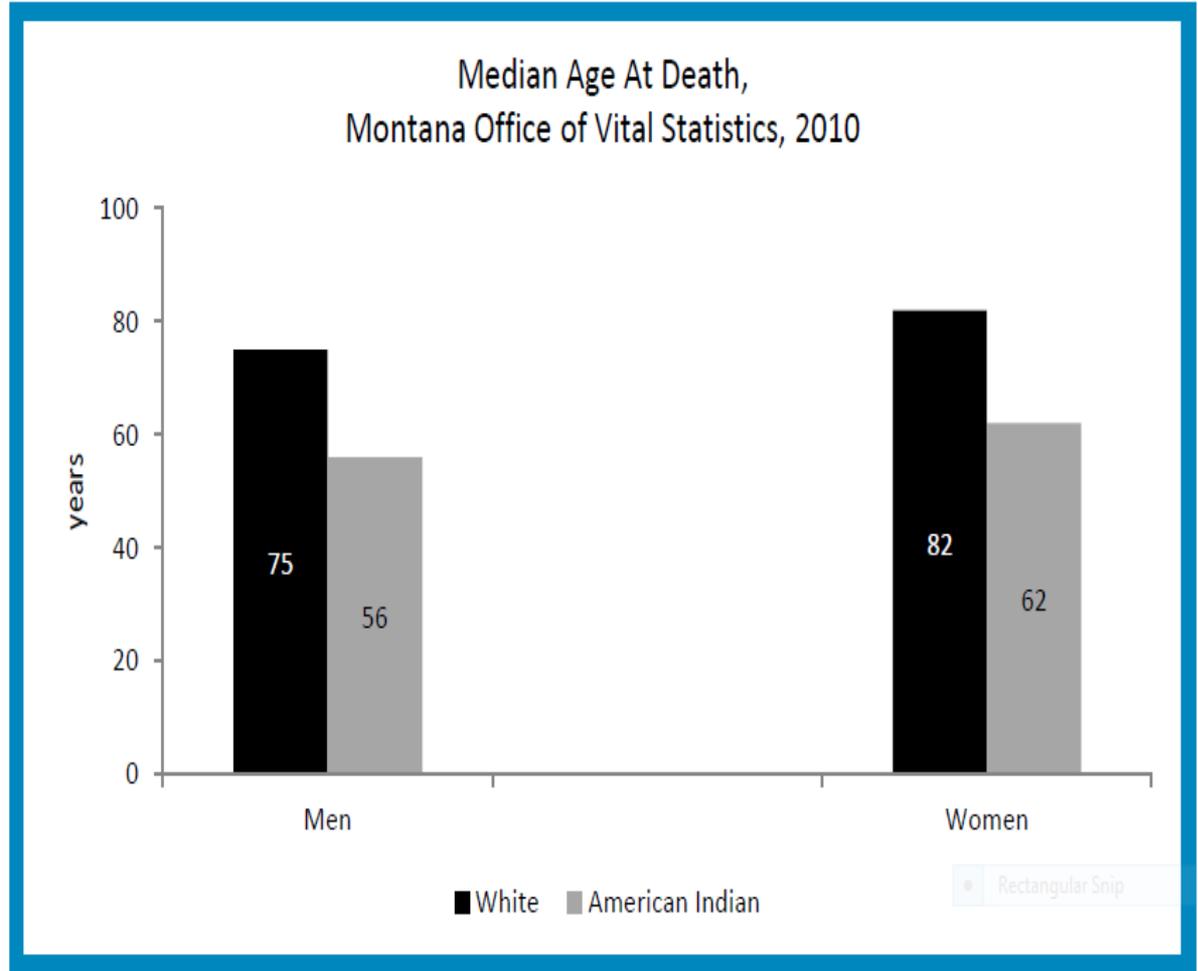
# State of the State's Health

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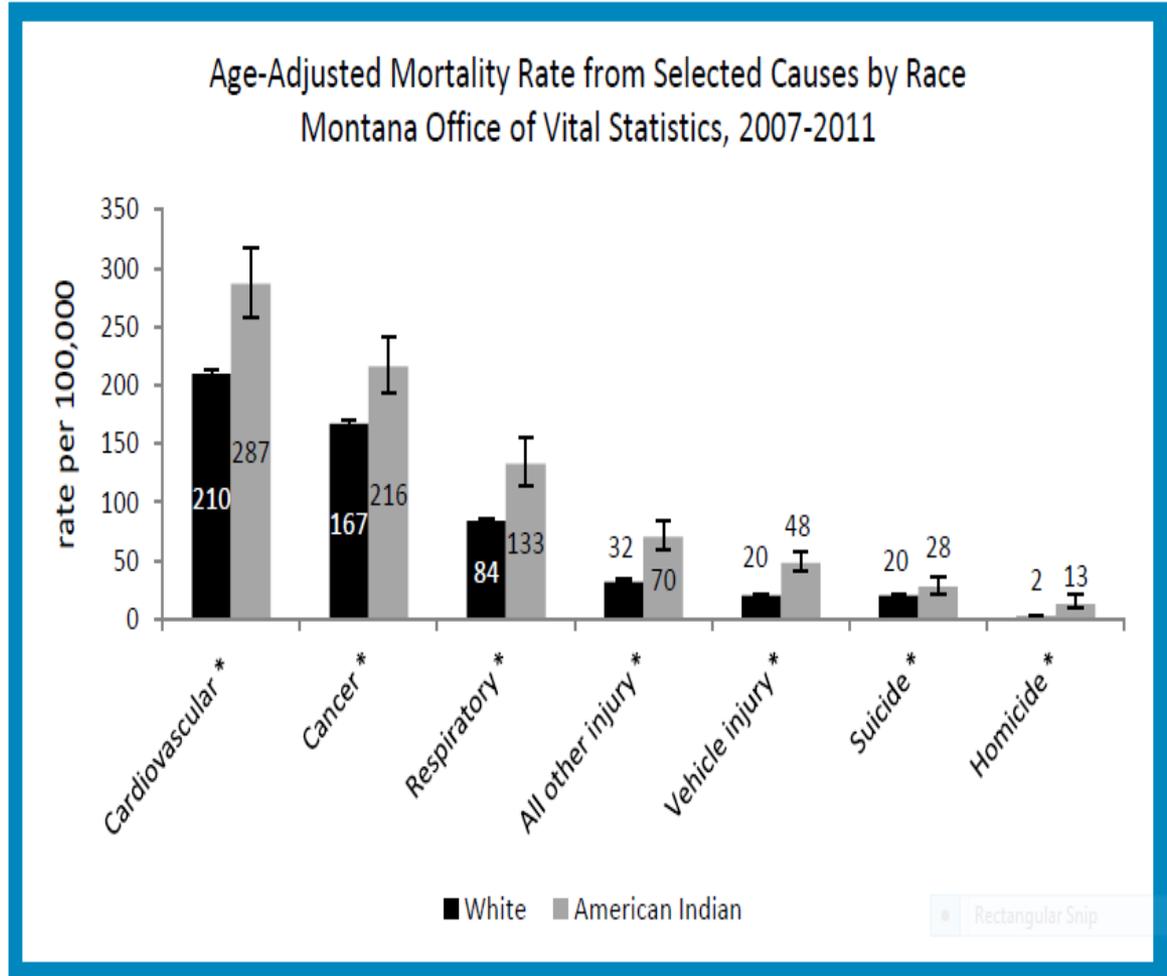
# Median Age At Death

White men in Montana lived 19 years longer than American Indian men, and white women lived 20 years longer than American Indian women. White women lived seven years longer than White men, and American Indian women lived six years longer than American Indian men.



# Age-Adjusted Mortality Rate

The age-adjusted mortality rate for White residents of Montana was substantially lower than for American Indian residents: 742.6 per 100,000 (95% Confidence Interval 735.4 -749.7) compared to 1184.6 per 100,000 (1129.9-1242.0). In addition, the mortality rates for many individual causes of death were lower for White residents than for American Indian residents.



\* American Indian mortality rates statistically significantly higher than White mortality rates.



# The Quest for Quality Indian Healthcare

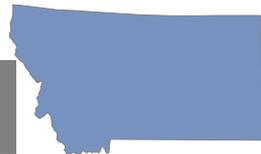
FY2018 TRIBAL BUDGET RECOMMENDATIONS TO THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
National Tribal Budget Formulation Workgroup Presentation  
HHS 18th Annual Tribal Budget Consultation



# American Indian Health

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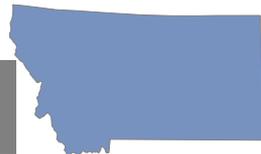
- Unique Nature of the Health Care Delivery System
- Relationships with Federal, State, and Tribal Governments
- Indian Health Care Improvement Act (PL 94-437)
- Sovereignty & Self-Determination (PL 93-638)
- Resources and funding for Indian Health Service
- Urban Indian Health funding and support
- Support and funding of Public Health Programs in Indian Country



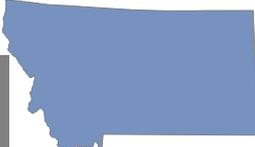
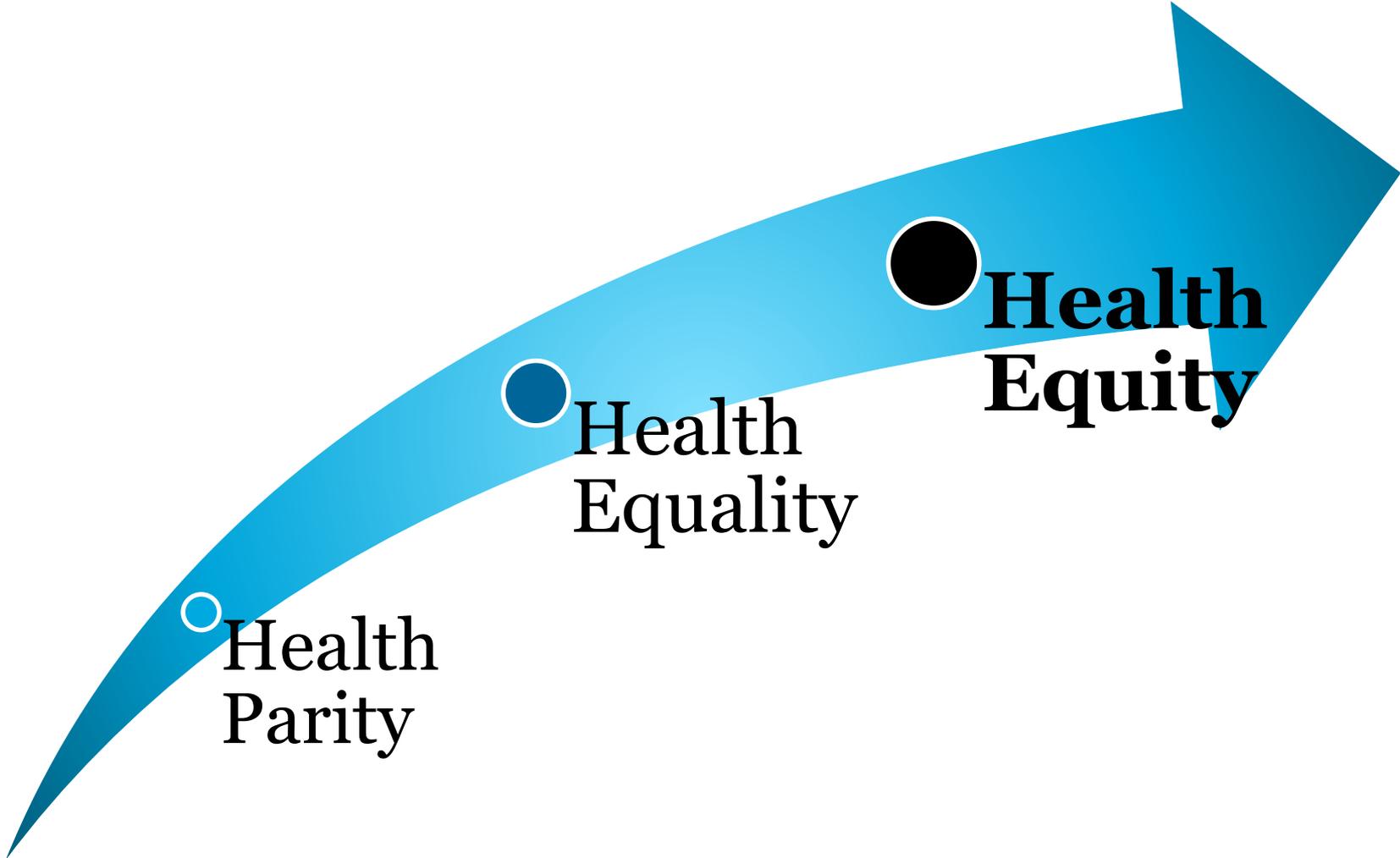
# American Indian Health

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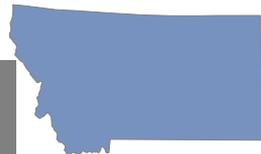
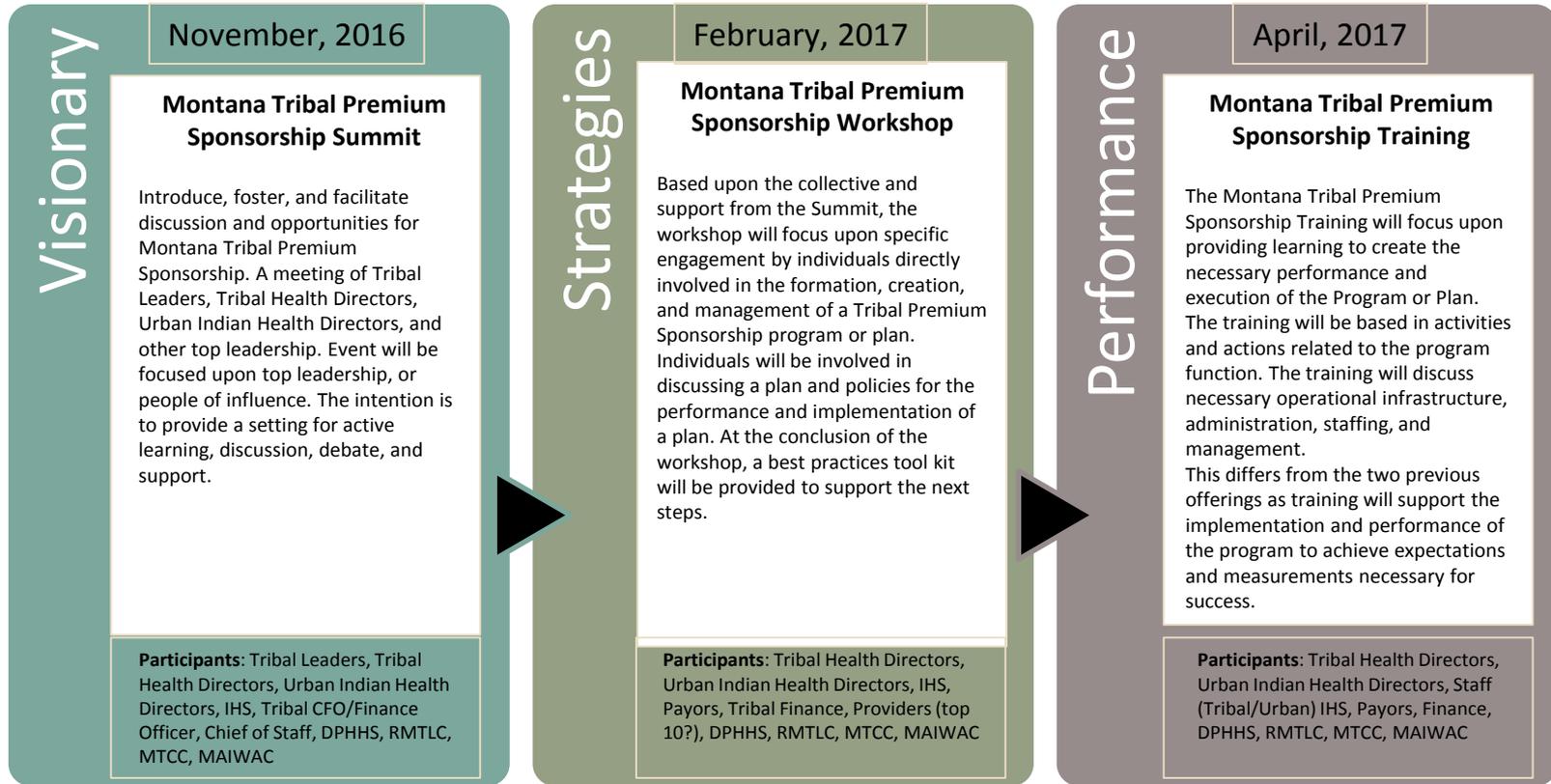
- Medicaid and Medicare Interaction
- Medicare Like Rates for IHS and Tribes
- Special Diabetes Program for Indians
- Affordable Care Act and Implementation Opportunities
- Data and Research, Data Coordination and Tribal Data Sharing Agreements
- Tribal Premium Sponsorship
- Health Parity, Health Equity, Health Equality



# American Indian Health



# Tribal Sponsored Health Insurance Premium



## Comprehensive Primary Care Plus

- John Hannigan, Denver CMS Regional Office, Area Regional Administrator for the Division of Financial Management and Fee For Service Operations
- Dustin Allison, Center for Medicare and Medicaid Innovation



**Public Comment**

