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**To:** Public Input

**Cc:** Carroll, Mark; [chester.antone@tonation-nsn.gov](mailto:chester.antone@tonation-nsn.gov); Fallon, Angela B (IHS/TUC); Geronimo, Veronica (TONHC)

**Subject:** American Indian Medical Home proposal comment

As the Acting Facility Director of the Tohono O'odham Nation San Xavier Health Center, I support the American Indian Medical Home proposal. Tohono O'odham Nation Health Care (TONHC), formerly Sells Service Unit, has been working over the past eight years to implement a medical home for our patients. This was largely done through participation in the national IHS Improving Patient Care (IPC) program. Our mission was "to create a patient-centered environment that provides the care our patients deserve and need when they need it. We will empower patients to take an active role in improving their health by providing care that emphasizes prevention and healthy lifestyles. Using a care team approach we will partner with the Tohono O'odham Nation, local communities, families, and patients to enhance the health of all eligible persons in harmony with their cultural values and customs." We began this work by empaneling our patients to multidisciplinary Family Practice Primary Care Teams and tasked these team with implementing change utilizing the Model for Improvement and clinical measures.

Initially, we started slow with a single Care Team at two sites. Today, 95% of the patients receiving care at any Tohono O'odham Nation Health Care facility are empaneled to a team. Care Team composition has also grown from not only the Primary Care Physician, Nurse Team Leader (RN), Medical Assistant (or LPN), and Medical Clerk, but now also include a Pharmacist, Clinical Nurse Case Management, Social Work Services, Public Health Nursing, Health Education, Nutritional Education as well as business and support functions of Purchased and Referred Care, Benefits Coordination, and Medical Records Management. Through this work we have developed improvements in appointment reminders, preventative screening, care coordination and case management, and have even implemented a 24/7 Nurse Call Line available to all of our patients.

These improvements do not come without expense. It was recently calculated that TONHC expends over \$1.5 million to provide care coordination services not covered under the AHCCCS fee-for-service program to our American Indian Health Program (AIHP) enrolled patients. At TON SXHC alone we have increased our Ambulatory Care Visits from 49,993 in FY 2009 to 71,125 in FY 2016. Our nurse visits have risen from 546 in FY 2009 to 4348 in FY 2016. Despite this expansion of services, we still struggle meet the needs of our ever growing population with appointments and related care coordination services. The American Indian Medical Home section of the 1115 Waiver that AHCCCS is proposing to the Centers for Medicare and Medicaid Services (CMS) would greatly support our efforts to further improve the quality of, and access to, care and services that we strive to provide to our patients.

Respectfully,

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