AHCCCS Tribal Care Coordination Initiative
The Four Strategic Areas of Focus

- Staff
- Relationships
- Data
- The Model
American Indian Health Program

• Health status data
  o Alcohol induced deaths
  o Chronic liver disease and cirrhosis
  o Diabetes
  o Mortality of infants from low birth weight
  o Lung cancer
  o Alzheimer’s disease
  o 17 years younger at time of death compared to all racial/ethnic groups
American Indian Health Program

- Of the 353,386 American Indians in the state, nearly 104,000 are enrolled with AIHP
- Annual budget of nearly $1 billion
- Strategic partnerships
Building and Maintaining Relationships - Outreach Visits

- IHS Areas (Navajo, Phoenix, Tucson)
- 13 IHS/638 Facilities
- Hospitals
- 4 RBHAs: on-going meetings
- 2 TRBHAs
- 2 Tribally Funded Programs/2 Urban Program
Improving Information and Data Sharing Capabilities

- System partnerships:
- CPSA, Tucson Area IHS, and AIHP
- NARBHA, FMC, and AIHP
Improving Information and Data Sharing Capabilities

- 100 + members identified for care coordination
- Customized Reports - Supporting work already being done
Data Matters

• Metrics and Evaluation

Track outcomes:
- Decreased ED use
- Reduce avoidable hospital re-admissions
- Improved medication compliance
- Increase timely BH utilization
- Improve member satisfaction
Next Steps

• Continue to establish Care Coordination meetings with IHS/638, non-IHS/638 facilities and RBHAs/TRBHAs

• Expand outreach for data sharing to additional IHS/638 facilities

• Begin outreach to non-IHS/638 facilities regarding the AI HP population

• Refine Data that is shared
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Questions?
Thank you!