



Winslow Indian Health Care Center, Inc.

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May 6, 2016

Thomas Betlach,
AHCCCS Director
801 E. Jefferson St., MD-4100
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Regarding:

Comments from Winslow Indian Health Care Center Re: Section 1115 Waivers: AHCCCS is seeking public comment regarding recommendations that were produced by three (3) very important Tribal Section 1115 Waiver Workgroups:

- 1) American Indian Medical Home,**
- 2) Traditional Healing Benefit, and**
- 3) Uncompensated Care Payments to IHS and Tribal 638 facilities**

The purpose of this letter is to support and provide comments on the 1115 Waiver Public Comments. The following are comments provided by the staff and leaders at the Winslow Indian Health Care.

1) American Indian Medical Home:

Winslow Indian Health Care Center (WIHCC) implemented the Patient Centered Medical Home (PCMH) model in 2013 and this is essentially modernizing and improving WIHCC's health care delivery system in alignment with the Improving Patient Care Program (IPC). This model of care aims to transform the delivery of comprehensive primary care to children, adolescent, and adult Native American Indians in the southwestern portion of the Navajo Nation. A key component in implementing this model of care was the creation of Nurse Clinical Care Coordinator positions. Given the challenges our patients face accessing care, our coordinators have played a key role guaranteeing patients receive services in a culturally and linguistically appropriate manner. Coordinators' tasks and duties include but are not limited to:

- Patient panel population
- Comprehensive chart reviews, including identifying and monitoring of primary care case management
- Identify patients with high-risk or complex health care needs
- Track follow-up tests and results, referrals designated as high priority
- Attempt to follow up with patients within 48 hours of discharge from the hospital or ER to ensure a safe transition
- Track and maintain quality measures using portions of the Government Performance Results Act (GPRA) tool
- Monitor appointment usage and show rates
- Monitor continuity for patients in walk-in and appointments
- Patient education – education includes all areas of health illness/diseases including focusing on diabetes and its contributing factors

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Prior to PCMH implementation, care coordinators identified and empaneled providers at WIHCC. Each team has its own coordinator that works closely with the patients and the team to ensure that care is not fragmented and communication is fluid. There are six PCMH teams at WIHCC with several providers on each team. Each PCMH team has a panel of at least 500 patients. Each nurse clinical care coordinator manages over 1,400 patients. Not only are coordinators responsible for directing care within WIHCC's direct care facilities, these nurses also work closely with Purchased and Referred Care and outside facilities to organize contracted care. Coordinators track patient admissions by accessing the records of local inpatient facilities, such as Little Colorado Medical Center (LCMC) and Flagstaff Medical Center (FMC), to arrange follow-up and avoid gaps in care. This information is valuable and allows the nurse to stay current with the status of the patient and informs the provider of all outside care provided to the patient.

Nursing efforts with this delivery model have provided consistent, high-quality care allowing WIHCC to receive certification by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) as a PCMH facility. WIHCC is the first healthcare organization to be nationally recognized on the Navajo Nation for its efforts implementing PCMH.

Recommendation:

- WIHCC supports AHCCCS' proposal to develop a system of care called the Indian Health Medical Home Program (IHMHP) to align the efforts in Arizona to complement the efforts being made by the Indian Health Service and Federal Government to modernize and improve the health care delivery system for the Alaska/Native American population.
- WIHCC is already working with similar concept and initiative as described above, and it has proven to be successful.

2) Traditional Healing Benefit:

Winslow Indian Health Care Center (WIHCC) started its traditional healing program in the late 1990s when the Indian Health Service (IHS) developed a policy to initiate a Traditional Medicine Program (TMP), under the direction of former IHS Director, Michael Trujillo, MD, MPH. Since then WIHCC has honored and respected the inclusion of traditional healing concepts in its overall health care program. WIHCC developed its traditional healing program in accordance with the Navajo philosophy of K'e (positive relationship) and the Value Statement of WIHCC of supporting Hozhojii doo K'e (Harmonious Relationships).

WIHCC has developed and implemented its own policy for traditional healing related to diagnosing, counseling or referrals in coordination with other care provided by WIHCC. WIHCC's TMP practitioner also serves as a resource and educator to the WIHCC staff and programs to familiarize and acquaint service providers with Traditional Medicine concepts. WIHCC's TMP practitioner works with WIHCC staff and programs to facilitate the optimum health of patients who seek a collaborative treatment plan that includes Western and Traditional medicine. The intent and goal is to demonstrate that both methods compliment each other in meeting the health goals of the patient.

Recommendation:

- During the last three decades, WIHCC has never received compensation for the Traditional Healing Services provided for the Native people in the southwest region of the Navajo Nation. Therefore, WIHCC supports AHCCCS Reimbursement for Traditional Healing Services.





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- Traditional medicine services are a great benefit for the Native people in WIHCC's service area. WIHCC's TMP services incorporate traditional and cultural values and interventions for WIHCC's clients through counseling and ceremonial healing including providing services at bedside, in urgent care units and in emergency cases. WIHCC's TMP services honor and implement its beliefs and values of Hozhoji do K'e (Harmonious Relationship).
- WIHCC supports traditional healing services and supports AHCCCS to obtain federal authorization to have health care organizations receive reimbursements for TMP services.

3) Uncompensated Care Payments to IHS and Tribal 638 facilities:

WIHCC is providing direct care to all patients that come to the facility including the non-covered services. It would be very beneficial to have non-covered services reimbursed through AHCCCS. Currently unreimbursed services, such as podiatry and dental services for adult patients, including emergency dental services, are necessary to provide quality care to WIHCC's patients and to meet the needs of WIHCC's patient population. Reimbursement for currently uncompensated care is appropriate to meet the specific health needs of WIHCC's clients.

Recommendation:

- WIHCC supports AHCCCS' proposal to reimburse IHS and Tribal 638 facilities for currently uncompensated care, such as podiatry and adult dental services. Reimbursement for these services will support and allow WIHCC to continue to provide services that are required to meet the needs of WIHCC's patients.

Please contact me at (928) 289-6100 if you have any questions.

Sincerely,

Sally N. Pete
Chief Executive Officer

Copies:

WIHCC Board of Directors (7)
Honorable Jonathan Hale, Chair
Health, Education and Human Services Committee - 23rd Navajo Nation Council

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