



**Navajo Area Indian Health Service
U.S. Department of Health and Human Services**

**Navajo Area IHS Quarterly Report
To Tribal Leaders**

April 2019

This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months of January, February and March, 2019. The information included is as follows:

- Four Major Priorities of the Indian Health Service..... p. 2
- Navajo Area IHS Finance Report..... p. 12
- FY 2019 – 2023 National IHS Strategic Plan..... p. 13
- Navajo Area Facilities Five-Year Plan..... p. 13
- Public Law 86-121 - Sanitation Facilities Construction (SFC) Projects..... p. 14
- FY 2021 Navajo Area Budget Formulation Process Status..... p. 15
- Navajo Area Healthcare Facilities Accreditation Surveys..... p. 15
- Navajo Area IHS Emergency Management Report..... p. 17
- Northern Arizona VA Health Care System (NAVAHCS)..... p. 17
- Navajo Area Special Diabetes Program for Indians (SDPI) Status..... p. 18
- New Navajo Area IHS Employees..... p. 19
- Navajo Area IHS Vacancy and Recruitment Update..... p. 19
- Just Culture (Culture of Safety)..... p. 20
- Brigham and Women's Outreach Program..... p. 21

Four Major Priorities of the Indian Health Service

Since the January 2019 Navajo Area IHS progress report, Federal Service Unit (SU) Chief Executive Officers (CEOs) have distributed updated progress reports to all Service Unit employees. Over the past three months, the Navajo Area IHS has continued to make progress towards the four major IHS priorities. The following activities consistent with the IHS four major priorities include:

People - Recruit, develop and retain a dedicated, competent, caring workforce collaborating to achieve the IHS mission

Chinle Office of Native Medicine recently hired a 30-day temporary Traditional Healer/Counselor at the Pinon Health Center. To permanently fill the position, paperwork for a new Traditional Practitioner Trainee position is currently underway as of March 18, 2019.

- **Chinle Service Unit** - Student nurse and student nurse practitioners are tutored and given the opportunity to follow Chinle Health care professionals to gain experience and training in their respective fields. Currently, there are six students from the Albuquerque College of Nursing who are shadowing Public Health nurses. Chinle is also mentoring a nurse practitioner from South University-Savannah, Georgia. Another nurse practitioner is expected to start soon as well as a current Navajo staff member.
- **Crownpoint Service Unit (CPSU)** Clinical Division continues to focus on recruitment of a dedicated, competent and caring workforce. The medical staff vacancy rate is 32% (down from 37% during the previous report). Some of the major accomplishments by the Clinical Division during the 2nd quarter of FY 2019 include:
 - The Traditional Healer/Counselor provided a ceremony for the CPSU staff in January 2019 to help support them through the partial government shutdown from mid-December 2018 to mid-January 2019.
 - A Physical Therapy Department Chief was hired and he began employment on March 1, 2019.
 - An Optometry Chief has been selected and will start later this spring.
 - A Pharmacy Deputy Chief and a Staff Dentist were also selected.
 - Several site visits for physicians and nurse practitioners have been hosted since the recent government shutdown was lifted, and two nurse practitioners are currently in process to begin employment by spring and summer 2019. It is hoped that one or both of the graduating residents will accept permanent employment. The nurse practitioner residency program is now recruiting for its second year and is also seeking accreditation now that its initial year is nearing completion.
- **Crownpoint Healthcare Facility (CHCF)** - On January 3, 2019, the Methamphetamine Suicide Prevention Initiative (MSPI) Program and the Health Promotion Specialist, held an Active Parenting stakeholder planning meeting at the CHCF. The planning meeting included the Navajo Nation Crownpoint Probation and Parole Services, the Navajo Nation Social Services Program and the Navajo Strengthening Healthy Families Program. The collaboration between the MSPI Program and the participating programs will provide services for program clientele, including participation in a four-week Active Parenting program which started January of 2019.
- **Gallup Service Unit** – The Patient Benefits Coordinator (PBC) section of the business office selected a team member to provide one-to-one education to inpatients and their families. This new strategy will help patients understand their current Third Party coverage and patients can be screened for additional programs that may offer additional assistance with their health needs. The designated team member will work closely with case managers, social workers and providers to discuss benefits and eligibility. The PBC

will continue to participate in daily emergency room huddles, patient registration huddles, weekly staff huddles, staff meetings, discharge planning rounds, palliative rounds and utilization review. Current strategic planning may consider branching out to other clinic areas such as day surgery and a planned primary care services expansion.

- **Gallup Service Unit Clinical Division** - Summary of calendar year 2018 provider activities recruitment for the Gallup Service Unit Clinical Division -
 1. Staffing:
 - CY2018 resulted in 662 leads across all specialties:
 - Of those, 216 people applied on USAJOBS.gov
 - Of those, 26 offers were extended
 - Of those, 17 accepted the offer and were hired including 2 optometrists, 3 dentists, 2 Certified Nurse Midwife (CNM), 2 Nurse Practitioners (NP), 1 Orthopedic Surgeon, 1 Psychologist, 2 Internists, 1 Family Medicine, 1 OB/Gyn, 1 Certified Registered Nurse Anesthetist (CRNA) and 1 Emergency Department physician
 - Strongest recruitment tool: Referrals from current GIMC staff networking with colleagues.
 - 2nd strongest recruitment tool: Medical student/residents rotating through Gallup health facilities
 - The HEAL (Health Education and Assistance Loan) program has been very successful in hiring permanent physicians
 2. Recruitment efforts include national conferences, local and regional career/job fairs, virtual job fairs, recruiting current contract providers.
 3. Retention efforts include streamlining onboarding and orientation to community, timely 3R (Recruitment, Retention, Relocation) memos and verification of employment for National Health Service Corps (NHSC), Indian Health Service (IHS), Health Resources and Services Administration (HRSA) and state loan repayment employees.
 4. Challenges: Job announcements and internal hiring processes. Process in progress to improve use of Human Resources software programs and improve efficiency along with supporting applicants as they visit and apply for positions.
- **Kayenta Service Unit (KSU)** continues to recruit for critical clinical services positions and is pleased to report the following: A Primary Care Branch Supervisory Physician has been selected and started on March 31, 2019. KSU hired an Emergency Branch Supervisory Physician who will start on October 15, 2019. A Primary Care Branch Pediatrician was also selected and has a pending start date.
- **Kayenta Wellness Center's** current staff consists of four Certified Personal Fitness Trainers through the American Council on Exercise (ACE). One Fitness Specialist completed the ACE Sports Performance Specialist course and the Wellness Coordinator completed the ACE Nutrition Fitness Specialist course; and another Fitness Specialist is 60% complete with the ACE Corrective Exercise Specialist course. Certified

wellness staff at KSU demonstrates commitment to promoting a safe and evidence-based wellness and fitness program for patients and staff.


- **Shiprock Service Unit (SRSU) Customer Service Coaching** – Shiprock Service Unit is pleased to report that in 2019, 517 staff have started implementing their customer service pledge to demonstrate positive customer service behaviors. The SRSU Customer Service Committee developed 22 Iina Nizhoni Standards of Behavior and hosted over 30 pledge events at Northern Navajo Medical Center, Four Corners Regional Health Center and Dziłth-Na-O-Dith-Hle Health Center. The 2018 goal was to reach 501 staff. At the end of CY 2018, a total of 517 staff at all three facilities took the customer service pledge exceeding the goal by 3%.
- **Shiprock Service Unit (SRSU)** - Mr. Anthony Reid, Housekeeping Officer, Northern Navajo Medical Center, that has agreed to serve as the Emergency Management Coordinator. In this capacity, the responsibilities will be to provide leadership to improve emergency preparedness and response systems through education, coordination and collaboration activities. Mr. Reid has engaged executives and employees to resume the Continuity of Operations Planning activities, Incident Command System activities and readiness to meet inspection standards for Joint Commission, Centers for Medicare and Medicaid Services, Homeland Security Presidential Directive-5 and National Incident Management System evaluations. The Coordinator has also improved community related EM activities including communication with community agencies, engagement in community emergency table top exercises, and included community-level EM planning with hospital stakeholders.

Partnerships - Build, strengthen and sustain collaborative relationships that advance the IHS mission

- **Chinle Service Unit** supports off-site patient visits to schools, senior centers and community centers. Patient advocates, dietitians, mental health practitioners, and Public Health and Health Promotion Departments from Tsailé and other service areas participate in these events. Important information is disseminated at these events as well as providing patient care depending on the department extending outreach. As an example, Chinle has offered to deliver pharmacy medications to the Chapter Houses in the area as a service to assist patients in obtaining their medications.
- To enhance **Chinle Wellness Center's (CWC)** purpose and scope of operation, CWC staff held a strategic planning session to update the Mission, Vision, Aim statement, and added Core Values in March 2019.

This effort helped to identify the type of services provided, the intended audience, and what values CWC will follow as a team.

- Crownpoint Service Unit (CPSU)** Division of Clinical Services continues to work on collaborative relationships with numerous universities and colleges continues to place medical residents and students at Crownpoint. The medical staff teamed up with the Division of Public Health's Diabetes Program to launch 14 Diabetes Mobile Clinics from March through October 2019. The Diabetes Mobile Clinic utilizes a mobile unit to deliver comprehensive diabetes standards-of-care services at various Chapter Houses in the eastern part of the Navajo Nation. The first clinic on March 26th was a success and the team looks forward to providing more accessible diabetes services to local communities. This project has been made possible through the support of the Chapter Houses as the mobile unit parks adjacent to the various chapter houses, utilizes the chapter house parking lots, and where possible, utilizes the chapter houses for overflow clinic space. The schedule for CPSU "Wellness on Wheels Diabetic Care Clinic" schedule is as follows:




Crownpoint Service Unit presents:
Wellness on Wheels
Diabetes Care Clinic

Dates:	Locations:	Time:
March 26, 2019	Thoreau Chapter	9:00 AM - 3:00 PM
April 09, 2019	Baca Chapter	9:00 AM - 3:00 PM
April 23, 2019	Crownpoint Chapter	9:00 AM - 3:00 PM
May 07, 2019	Pueblo Pintado Chapter	9:00 AM - 3:00 PM
May 21, 2019	Standing Rock Chapter	9:00 AM - 3:00 PM
June 11, 2019	Smith Lake Chapter	9:00 AM - 3:00 PM
June 25, 2019	Lake Valley Chapter	9:00 AM - 3:00 PM
July 09, 2019	Casamero Lake Chapter	9:00 AM - 3:00 PM
July 26, 2019	Eastern Navajo Fair	9:00 AM - 3:00 PM
August 13, 2019	Mariano Lake Chapter	9:00 AM - 3:00 PM
August 27, 2019	Whitehorse Lake Chapter	9:00 AM - 3:00 PM
September 10, 2019	Becenti Chapter	9:00 AM - 3:00 PM
September 24, 2019	Nahodishgish Chapter	9:00 AM - 3:00 PM
October 08, 2019	Littlewater Chapter	9:00 AM - 3:00 PM

Call 505-786-6325 or 505-786-2502 for an appointment.

Services Available:

 - Nutrition Education
 - Immunization
 - Pharmacy (Medication)
 - Foot Exams
 - Provider available at each site

- Crownpoint Service Unit (CPSU)** - The Pueblo Pintado Steering Committee met at Pueblo Pintado Chapter House on February 21 and March 21, 2019 to continue its work on the replacement of the Pueblo Pintado Health Center. In July 2018, the U.S. Congress approved \$10.2 million in FY 2018 IHS funding and \$300,000 was made available to complete the planning documents for the new health center and associated staff quarters. The Steering Committee continues to actively work with the stake holders on the project including: Navajo Area staff; Seattle Office of Engineering Services Contracting Office; CPSU management staff; Navajo Office of the President/Vice President; Navajo Department of Health; and local Navajo Chapters. Some of the highlights which were shared from recent meetings included:

- Seattle, (WA) Design & Engineering Services held a telephone conference call in November and December 2018 with the Innova Group (Consultant) to complete Phases I and II of the Site Selection and Evaluation Report.
 - The Innova Group and the Project Leadership Team held a “Kick off” meeting on February 8, 2019.
 - The Phase I and II reports are projected to be completed by summer 2019 and thereafter, the project design phase will start in the late summer or fall 2019;
 - The Steering Committee was concerned about the delayed FY 2019 federal budget approval process, but the project proceeded with the planning and design work with minimal interruption;
 - The team will work in partnership on the preparation of justification documents, planning, advocacy, funding, site selection, and design work.
 - At a March 21st meeting, the Steering Committee was informed that one of the three proposed land sites in Pueblo Pintado was highly recommended (Section 19) and the necessary approval process will begin as soon as the final site selection is made.
- **Crownpoint** - The Division of Nursing is actively engaged and collaborating with the Partnership to Advance Tribal Health (PATH), HealthInsight, and Improving Patient Care (IPC). One national IHS initiative is that all ambulatory care facilities become Patient Centered Medical Home (PCMH) certified by 2020. The CPSU Ambulatory Care Department is engaged in the journey of becoming PCMH certified. The staff has established care teams, redesign and sustaining flow processes, utilizing Best Practices, and initiated primary care provider (PCP) empanelment. The Clinical Division has empaneled 8,908 patients to 15 providers. The PCMH model encourages patients and their provider team to work closely together to ensure that care is more comprehensive, coordinated, and consistent.
- **Gallup Indian Medical Center (GIMC)** Bio-Medical Engineering Program is working closely with GIMC maintenance, the OR Department, the Sterile Processing Department, and the Steris Corporation to reopen endoscopy services for GIMC. The endoscope sterilization room was not meeting ventilation requirements based on manufacturer specifications. However, after collaborating with Facility Maintenance, the ventilation requirements are now met. The manufacturer also requires drain pipes to be replaced with a wider base for which the specifications were provided to Bio-Med and Facility Maintenance. Work is in process on a plan to replace the pipes without affecting other clinical departments that provide essential patient care.
- **Kayenta Service Unit (KSU)** - The availability of medical transports to a higher level of care is a concern at the KSU. KSU Emergency Department clinical and nursing services joined other IHS Emergency Departments and Tribal Emergency Medical Services (EMS) programs at recent meetings at the Navajo

Area office concerning emergency transports. The discussion items included availability of ground ambulance teams, availability of specialty teams (pediatric, bariatric), issues regarding long distance ground transports, political boundaries restricting transport movement, qualifications of ground ambulance teams, and response time and flight team availability. Additional meetings will continue to identify and resolve transport issues.

- **Kayenta Service Unit (KSU)** Chief Executive Officer (CEO), Clinical and Nursing Executives met with the Veterans Administration Regional Director and Northern Arizona Veterans Administration Health Care System (NAVAHCS) Coordinator on March 5, 2019 to review VA patient medical record audit and quality of care measures. The VA services' objective is to improve their quality patient care measures which include Pain Assessment checks, Pneumovac vaccination, Tetanus vaccination, Depression screening, Alcohol screening, Diabetic foot checks, HgbA1C checks, Microalbumin checks, Retinol eye examinations and Blood Pressure (BP) checks for Hypertension for BP greater than 140/90. The KSU VA record audit shows that KSU met 80% of the quality measures. KSU will continue to work with the VA to further promote the record audit quality scores.
- **Shiprock Service Unit (SRSU) Public Health Nursing (PHN) Immunization Campaign** - In January and February 2019, a U.S. National Declaration State of Emergency was issued due to an outbreak of measles in ten states. Some of the impacted states were within traveling distance of New Mexico and Arizona. Because of the close proximity of the outbreak, the SRSU PHN began an immunization campaign to alert Navajo chapters and communities of the measles outbreak. The PHNs reviewed child immunization records, conducted education to schools and community sites, mailed out alert letters and visited homes to ensure community members were up to date on their Measles Mumps and Rubella (MMR) immunizations. The MMR vaccine is the best protection against measles infection.

Quality - Excellence in everything we do to assure a high-performing Indian health system

- **Chinle Service Unit Diabetes Program** kicked off the 2019 Podiatry Shared Medical Appointments (SMA) program to foster peer support and culturally congruent patient-centered care. The goal of the SMA is to connect high-risk diabetes patients that have foot infections, amputations, poor glycemic control and those who are frequent users of urgent/emergency care to primary care service. Setting up high-risk patients with routine involvement in primary care and the SMA will increase patient access to and knowledge of diabetes management, improved glycemic control, decreased foot infections and amputations resulting in reduced emergency care visits, admissions and readmissions and overall better health.

- **Tsaile Clinic in the Chinle Service Unit (CSU)** will soon add a Joslin Vision Network (JVN) patient care services to better serve the diabetic population in Tsaile, Arizona. Chinle and Pinon already offer this service, but due to the age of the Tsaile facility (built in the 1980's) and lack of space, it has been difficult to add programs that require additional space. This new service will offer the ability to catch eye conditions early and offer effective treatments to prevent blindness and other complications caused by diabetes. Tsaile was able to add the JVN component through the collaboration of several CSU departments. The CSU will continue to work to streamline patient care services and identify ways to improve existing services.
- **Crownpoint** – The Erythrocyte Sedimentation Rate (ESR) test is now available in-house which eliminates the waiting time for an ESR test result. This test was previously referred out and the waiting time for a result was often greater than one day.
- **Crownpoint Service Unit (CPSU)** – As of the end of the second quarter, CPSU is presently meeting 62% of the 2019 GPRA (Government Performance and Results Act) measures. The Quality Management Division Data abstractor continues to monitor the 2019 GPRA measures. There is close coordination with all Department Supervisors and Project Leads in addition to the monthly meetings with the GPRA committee.
The involved staff meet on a routine basis to review and GPRA measures and results.
- **Gallup Service Unit** – For January 2019 to March 2019, GSU has continued to maintain an average of 90 percent positive funds for all budget line items. The Operating Budget for March 2019 estimates a projected balance of \$19.2M by the end of the fiscal year. Positive funds balances have allowed GSU to acquire needed services, supplies, equipment and meet payroll expenses for the clinics within the Gallup Indian Medical Center and Tohatchi Health Center.
- **Gallup Service Unit** – Despite the 35-day government shutdown in FY 2019, Basic Life Support, Advanced Cardiovascular Life Support, and Pediatric Advanced Life Support classes continued to ensure staff maintained current and valid certifications. Classes are being developed under the guidance and coordination of the GIMC Nurse Educator and Supervisory Nursing Staff including addressing pain assessment, education on fall prevention, review of 2019 National Patient Safety Goals, and ongoing review of policies and procedures for the Nursing Department.
- **Kayenta** – From January 1, 2019 to March 21, 2019, 404 patients were treated at the Inscription House Health Center. The Dental Program is reduced by two staff members, one Dental Assistant and one Dentist retired in December 2018. In spite of staffing deficits, the Inscription House dental program

completed Headstart screenings and fluoride varnish applications for the communities of Shonto, Inscription House and Navajo Mountain. Dental Sealants were also completed for Shonto and Navajo Mountain K-8th grades, and the high school students.

- **Kayenta Service Unit** School Health Program is currently re-engineering the school health approach using the “Whole School, Whole Community, Whole Child” (WSCC) model. This model was created in collaboration between the Centers for Disease Control and Prevention (CDC) and the Association for Supervision and Curricula Development (ASCD). WSCC is centered on the students’ whole health (physical, mental, emotional, social and spiritual) and it represents a team effort that includes the school and the entire community. The goal is to bring together existing resources in the community to assist the school to create healthy environments for all students to learn and grow.
- **Shiprock Northern Navajo Medical Center** - The Four Directions Health Communication (FDHC) Program celebrated its 100th health prevention and information video. The Program began taping and airing health related interviews and presentations in 2004. The videos are designed for patients to strengthen provider-patient relationships, increase awareness, promote lifestyle changes, prevent disease, encourage action, and motivate compliance. Recorded prevention and information topics include women’s health, medical records, mental health, clinical programs, diabetes prevention, child safety and other topics. The prevention and information videos are viewed on television screens in waiting rooms throughout the hospital and clinics.

Resources - Secure and effectively manage the assets needed to promote the IHS mission

- **Chinle Service Unit Health Promotion** – To strengthen efforts to reduce the onset of diabetes and its health complications through the CDC recognized Diabetes Prevention Program, Chinle Wellness Center hosted a Lifestyle Coach training March 23-24, 2019. The training was provided to 14 staff, including Wellness Center staff, Health Promotion staff, Diabetes Health Coaches, and Navajo Nation Special Diabetes Program employees and Chinle Chapter Wellness Center employees. The training provided participants the opportunity to gain the knowledge and skills to effectively deliver the *Prevent* train-the-trainer curriculum.
- **Crownpoint** - The Division of Public Health-MSPI (DOPH-MSPI) Program collaborated with the Gallup McKinley County Schools and sponsored the *Bullying Prevention Best Practices* presentation at the Navajo Technical University Wellness Center on Saturday, February 09, 2019. The Division of Public Health staff

attended the International Bullying Prevention Association Conference at the end of FY 2018 last year and met the presenters who were contracted to provide bullying prevention education to the McKinley County Schools. The *Bullying Prevention Best Practices* presentation was geared toward school staff/administration and parents. Participants learned specific techniques and strategies that helped them develop a better understanding of offline and online bullying behavior. Participants also reviewed research-based best practices and learned practical guidelines for implementing a whole-school approach to preventing peer abuse. The Crownpoint Division of Public Health wanted to provide this presentation as a way to plant a seed in the participants' minds and in their work to start developing a bullying prevention program in local schools and organizations. The main message of the presentation is that Bullying Prevention cannot be addressed in one single day, nor should it have an end date for bullying prevention activities. Bullying prevention should be woven into the entire school environment each and every day to ensure results. The DOPH-MSPI Program plans to implement another Bullying Prevention Best Practices training during FY 2019 to reach more school staff/administrators and parents.

- **Gallup Service Unit** Division of Community Health held a strategic planning meeting to outline critical success factors, assets, and SWOTs (Strengths, Weaknesses, Opportunities, Threats) for building a successful and culturally compatible future. Strategic Priorities for 2019-2021 are:
 - One collaborative office (PHN, ONM, HPDP, MSPI, DVPI) under Community Health
 - Culturally appropriate teachings using the Navajo Wellness Model
 - Re-evaluate the structure of GSU – specifically Community Health
 - Specialized positions
- **Kayenta** Division of Information Technology staff completed the network installation for a mobile Magnetic Resonance Imaging (MRI) unit. Once MRI services are offered at Kayenta, patients will no longer need to travel outside the Kayenta Service Unit for this service. The project started in November of 2018 but due to the Government shutdown the project was not completed until January 2019.
- **Kayenta Service Unit (KSU)** has hired a Compliance Officer, a new position for KSU. A Compliance Officer is responsible for ensuring that waste, fraud and abuse do not occur at the Service Unit, a compliance plan is key to guiding this work. The Compliance Officer will maintain an effective, best practices compliance and integrity program. The focus on compliance will prevent and detect violations of law and other misconduct, and will promote ethical conduct and a commitment of compliance with the law. Internal audits and reviews, as well as educational in-services will be part of the Compliance Officer's roles

and responsibilities. Kayenta Service Unit is pleased to announce that the new Compliance Officer is Mr. Alex Pina. Mr. Pina brings an extensive background with employee/labor relations and human resources.

- **Shiprock Northern Navajo Medical** Center has new radiology technology. The Dual-Energy X-Ray Absorptiometry (DEXA) Scanning is a new technology used in the NNMC Radiology Department to detect the presence of osteoporosis and fracture risk. The DEXA scans emit low-radiation and is precise, painless, safe and simple during the x-ray examination. This safe procedure enables doctors to prescribe appropriate treatment before conditions worsen. The prevalence of osteoporosis can be influenced by ethnicity and race, therefore Native Americans are in a population group most likely to be lactose intolerant that creates a risk for developing osteoporosis.

Navajo Area IHS Finance Report

The FY 2019 Federal Budget was signed on February 15, 2019. The FY 2019 NAIHS accounts were fully funded at FY 2018 levels with no reductions. All NAIHS Federal Service Units are operating on funds received through April 16, 2019 at a total of 54.28%. The 4th Quarter funding will be received on July 1, 2019.

The NAIHS Federal Service Unit FY 2019 Third Party collections from Medicare, Medicaid, Private Insurance and the Veterans Administration increased by 4.9% when compared to FY 2018 (see Collections Report under Attachment A).

The Consolidated Appropriations Act (H.J. Res. 31) was approved by the U.S. Congress and signed by President Trump on February 15, 2019. The bill included the approval of the FY 2019 IHS Budget. The total discretionary IHS budget for FY 2019 was approved at the \$5.8B funding level which is a funding increase of \$266M over the FY 2018 enacted amount of \$5.5B. Some of the budget changes include:

- Funds previously available for one fiscal year (expiring on September 30, 2019) will now be available for two years (expiring on September 30, 2020).
- Staffing for new facilities is funded at \$115M
- Program increases include:
 - \$25M for tribal clinic operational costs
 - \$2M for new Tribes
 - \$10M for opioid grants

- \$2M for Urban Indian Health
- \$8M for Indian Health Professions
- \$104M for Contract Support Costs
- The bill also includes a 1.9% pay raise for federal civilian employees

FY 2019 – 2023 National IHS Strategic Plan

In February of 2019, the Indian Health Service (IHS) announced a new national IHS Strategic Plan for FY 2019-2023. The IHS Federal-Tribal Strategic Planning Workgroup began working on the Strategic Plan in 2017 and included Tribal consultation and urban health program confers. A framework comment period was offered for two months in 2017 which included listening sessions and conference calls. The IHS vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices. The Strategic Plan details how the IHS will achieve its mission through three strategic goals:

- (1) To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people;
- (2) To promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and
- (3) To strengthen IHS program management and operations.

Each goal is supported by objectives and strategies that will set standards for performance. The national IHS Strategic Plan is available online at <https://www.ihs.gov/strategicplan>. This year, Navajo Area IHS (NAIHS) will use the new National IHS Strategic Plan to create a Navajo Area IHS Strategic Plan to be presented in a future Navajo Nation Council report.

Navajo Area Facilities Five-Year Plan

- **Bodaway/Gap Health Center and Pueblo Pintado Health Center - Site Selection and Evaluation Reports and Program Planning Documents:**

On May 18, 2018, the IHS allocated \$600,000 in planning funds for the Bodaway/Gap and Pueblo Pintado Health Centers (\$300,000 for each health center). On January 31, 2019, Navajo Area IHS awarded two contracts to The Innova Group to prepare Phases I and II of the Site Selection Evaluation Reports (SSER) for the future Bodaway/Gap and Pueblo Pintado Health Centers and associated staff quarters on the Navajo

Nation. The Innova Group performed site visits to the communities of Ojo Encino, Torreon and Pueblo Pintado to review potential construction sites for the Pueblo Pintado Health Center and staff quarters. In regards to the Bodaway/Gap Health Center and staff quarters, site visits took place on March 7, 2019. The Pueblo Pintado SSER is expected to be completed by July 2019 while the Bodaway/Gap SSER is projected to be completed by October 2019. The Program Justification Documents (PJDs) for both projects were originally approved in 2008. Amendments to the PJDs and Program of Requirements are in progress. The amendments will focus on updating the health programs, user populations, staffing and space requirements. For more information on the new construction funding, please see the FY 2020 Annual Facilities Planning Document under Attachment B.

Public Law 86-121 - Sanitation Facilities Construction (SFC) Projects

In an effort to improve Native American and Alaska Native health, the Indian Sanitation Facilities Act (P.L. 86-121) dated July 31, 1959 authorized the Public Health Service to provide essential domestic and community sanitation facilities for Native American homes. Since 1959, water, sewer, and solid waste projects totaling approximately \$1,180,000,000 have been managed by the NAIHS SFC program. Navajo Area P.L. 86-121 funding increased approximately 34% from \$22.3 million in FY 2017 to \$29.9 million in FY 2018. Construction continues at a high rate with 2018 construction expenditures exceeding \$22 million. Fiscal Year 2018 key accomplishments for the SFC program include:

- 84 miles of water main installed (10", 8", 6", 4", and 2")
- 2.6 miles of 4" sewer service lines installed;
- 0.9 miles of sewer main installed;
- 119 houses were plumbed;
- 537 septic and drain field systems installed;
- 62 cistern water systems installed;
- 376 house water service connections were completed;
- 2 community wells at Tuba City, AZ were installed; and
- 1 water storage tank was installed at Torreon, NM.

In FY 2018, the Navajo Area SFC program completed more than \$41 million in new project summaries and executed Memoranda of Agreements (MOAs) for 120 projects with approximately \$13.2 million in contributed funding from other sources such as the Environmental Protection Agency (EPA), the Navajo Nation, and others.

FY 2021 Navajo Area Budget Formulation Process Status

The FY 2021 Budget Formulation process has been underway since last announced in the October 2018 Navajo Area IHS Quarterly Report to Tribal Leaders. The initial Budget Formulation meeting occurred in November 2019 and included representatives from various Navajo Area consumer groups including the Navajo Nation Administration and Programs, the San Juan Southern Paiute Tribal Council, Navajo Area IHS administration, P.L. 93-638 organizations and Native Americans for Community Action, Inc. All participated in this process as an IHS Tribal Consultation event guided by IHS Headquarters Administration and the United States Department of Health and Human Services (DHHS) leadership.

The participants provided budget recommendations including budget priorities, health issues and challenges faced by the Navajo Area beneficiaries. Following the Budget Formulation process, the budget recommendations were prepared and sent to IHS Headquarters to be consolidated into one set of National Tribal Budget Recommendations. The selected National Tribal Budget Workgroup Chair and members then present National Tribal Budget Recommendations testimony to DHHS leadership.

The National IHS Budget work session was held on March 14-15, 2019 in Crystal City, VA. The two Navajo Area Representatives selected to attend the National IHS Tribal Budget work session were Honorable Council Delegate Otto Tso of the 24th Navajo Nation Council and Theresa Galvan, Health Services Administrator, Navajo Nation Division of Behavioral and Mental Health Services.

The final DHHS Tribal Budget Formulation Consultation event is scheduled for April 23-24, 2019 to include budget recommendations at a 46% increase over FY 2019 as shown in the attached table under Attachment C.

Navajo Area Healthcare Facilities Accreditation Surveys

The Joint Commission completed a full hospital survey at the Gallup Indian Medical Center and the Tohatchi Health Center on December 11-14, 2018. The hospital received condition-level findings which resulted in a 30-45 day follow up visit by the Joint Commission. GIMC corrected all the findings and The Joint Commission accepted the evidence of standards compliance in March 2019 after receiving clarification findings that required more time and could not be corrected within 45 days. The Joint Commission also conducted Clinical Laboratory Improvement Act (CLIA) survey at GIMC on March 3-5, 2019. The Laboratory only received six findings. The

Laboratory submitted the evidence of standards compliance to The Joint Commission in March 2019. GIMC continues to work on the Patient Centered Medical Home (PCMH) designation.

The Joint Commission completed a full hospital survey at the Chinle Hospital on February 12-15, 2019. The hospital received condition-level findings which resulted in a 30-45 day follow up visit by The Joint Commission. Chinle corrected all the findings and The Joint Commission accepted the evidence of standards compliance in April 2019. The hospital received the PCMH designation during The Joint Commission survey. The Chinle Hospital Laboratory is currently awaiting a CLIA Laboratory survey which should take place soon.

The Joint Commission conducted a CLIA Laboratory survey at the Northern Navajo Medical Center (NNMC) on January 28 - February 1, 2019. The hospital submitted the evidence of standards compliance on April 2, 2019. The Joint Commission conducted a full hospital survey and PCMH assessment at NNMC on March 26-29, 2019. The hospital received full accreditation with no condition-level findings and received the PCMH designation.

The Crownpoint Hospital is not accredited at this time. The Laboratory is accredited for CLIA by The Joint Commission. The hospital has a mock survey scheduled in May 2019 by Joint Commission Resources to assess survey readiness for The Joint Commission and plans to submit an application for accreditation once the findings have been corrected.

The Kayenta Health Center is due for a Joint Commission Ambulatory survey and a Laboratory CLIA survey. The facility has been conducting accreditation tracer activities in preparation for the surveys. The Navajo Area IHS will continue to improve patient care services and is committed to maintaining and exceeding accreditation standards.

The survey findings from Laboratory and Hospital were shared within the Navajo Area. Several of the facilities reviewed the findings and addressed findings within their facility prior to TJC survey. Subsequently, many findings were not repeated at the next surveyed facilities. GIMC had only six findings in their CLIA survey and had assessed whether they had the same issues that were identified in the NNMC CLIA report. NNMC did not

receive any condition-level findings after assessing whether issues were present that were identified at GIMC and Chinle. This demonstrated a proactive response to the information that was shared within the Navajo Area.

Navajo Area IHS Emergency Management Report

All Joint Commission Accredited IHS and Tribal P.L. 93-638 facilities are required to conduct a minimum of two full scale emergency preparedness exercises annually per The Joint Commission accreditation standards and the CMS Conditions of Participation. In 2018, the NAIHS Emergency Management program executed four exercises in October, November and two exercises in December. The participating sites included the Navajo Area Office, Crownpoint Service Unit, Gallup Indian Medical Center and Kayenta Health Center and involved BIA, Tribal, County and other health facility partners to assist with evaluation and other aspects of the exercises. The NAIHS Emergency Management program also provided technical assistance to Navajo Nation First Responders to establish and test a Unified Command during the annual Navajo Nation Fair to develop an Incident Action Plan for the Navajo Nation Fair weekend. More exercises are planned for 2019 as direct service healthcare facilities work to maintain accreditation.

Northern Arizona VA Health Care System (NAVAHCS)

NAVAHCS currently serves over 27,000 northern Arizona Veterans with primary and secondary health care services, mental health, long term care, and residential rehabilitation services. The total number of Navajo Veterans currently enrolled with NAVAHCS is 1,412. The current number of Navajo Veterans served is 447. The Navajo Area is under the VISN 22, the Desert Pacific Healthcare Network out of Long Beach, CA. The good news is, VISN 22 includes access to health care services located in Southern California as well as New Mexico, and Arizona.

There are currently three NAVAHCS VA/IHS partner clinics on the Navajo Nation:

- Chinle VA Clinic – located inside the Chinle Comprehensive Health Care Facility, Chinle, AZ
- Kayenta VA Clinic – located inside the Kayenta Health Center, Kayenta, AZ
- Tuba City VA Clinic – located inside the Tuba City Regional Health Care Corporation, Tuba City, AZ

Each clinic provides primary care and mental health services to Veterans in their own communities through a combination of face-to-face (F2F), telephone encounter (TE), and clinical video telehealth (CVT) appointments.

Emergency care and walk-in services are available at these facilities in partnership with the IHS and Tribal Health Programs (THP).

Due to the success of the three clinics, the VA Mobile Medical Unit has been reassigned to Orlando, Florida to serve as part of VA's National Disaster Preparedness fleet. NAVAHCS is working continuously to increase and improve services by encouraging the use of telehealth, conducting more outreach activities, and hiring a new RN to be stationed in Tuba City. A new float RN will be stationed at the Kayenta VA Clinic to provide coverage to RNs at Kayenta and Chinle VA Clinics five days a week in the events of leave or training duties.

Additional information on the VA's ongoing challenges, VA Clinic enrollment data and local staff is available in Attachment D.

Navajo Area Special Diabetes Program for Indians (SDPI) Status

Three (3) new staff have joined the NAO Diabetes (DM) Program. This includes Dr. Vivian Huang, NAO Diabetes Consultant; Renee Chase, NAO Diabetes Clinical Applications Coordinator and Delphine McThomas, NAO Diabetes Program Assistant. The NAO DM program works with Federal, Tribal, Urban units and Navajo Nation grantees to ensure SDPI grant requirements are met, that reports and audits are submitted on time and provide technical assistance to all eight Navajo Area grantees.

The Indian Health Service (IHS) Division of Diabetes and Treatment (DDTP) SDPI finalized and awarded all eight Navajo Area grantees (including Federal, Tribal and Urban units and Navajo Nation) for full SDPI funding through 2019. All Notices of Award were issued prior to the government shutdown. All eight SDPI grantees have submitted their fiscal year (FY) 2018 Annual Progress Reports (APR) by the deadline of March 31, 2019. These 2018 APRs submitted to IHS DDTP are used to report to Congress for continued support and funding for SDPI initiatives.

On March 19-20, 2019, NAO DM/HPDP program staff attended the Tribal Leaders Diabetes Committee Meeting in Washington, DC. The meeting focused on preparation for SDPI FY 2021 Grant Cycle. It is important to note that although SDPI was established in 1997 and originally funded at \$30 million per year, Congress has renewed SDPI in increments varying from five years to as short as one year and that SDPI is potentially in

jeopardy every time it is up for renewal (next renewal in FY 2021). Since FY 2014, SDPI funding has flat lined at \$150 million/year.

Navajo Area SDPI Grantee Progress Reports

1. **Chinle** – A new Diabetes Education Accreditation Program (DEAP) site as of January 2018. The benefits of being a DEAP site include national recognition for delivery of high quality diabetes care and diabetes prevention services and the ability to bill Medicare for outpatient Diabetes Self-Management Training (DSMT).
2. **Crownpoint** – Francis Mariano, RN is the new DM Coordinator since Spring 2018.
3. **Kayenta** – Currently, Mr. Randall Reardon is the acting DM Coordinator. Kayenta has dedicated diabetes team members to carry out SDPI activities/services for 2019. The position for DM Coordinator is being advertised until filled.
4. **GIMC** – GIMC is a DEAP site, accredited 2012-2016 and recertified 2016-2020.
5. **Shiprock** – Anticipates applying for DEAP status in 2019. An FY 2019 Kick-off meeting occurred on January 30, 2019 to review 2019 SDPI grant requirements.

New Navajo Area IHS Employees

NAIHS is pleased to announce the following new employees that have joined or taken new positions within the Navajo Area IHS in the last quarter:

- Ms. Larrisa Emerson, MBA – Selected as the Regional Human Resources Director, Navajo Area Indian Health Service
- Ms. Beverly Luce, MHSA – Selected as the Chinle Service Unit Quality Management Director
- Ms. Sayeeda Hyder, MSc – Selected as the Chief of Quality Management at the Gallup Indian Medical Center
- Mr. Randall Morgan, BA – Selected as the Associate Manager for the Office of Indian Self Determination, Navajo Area IHS

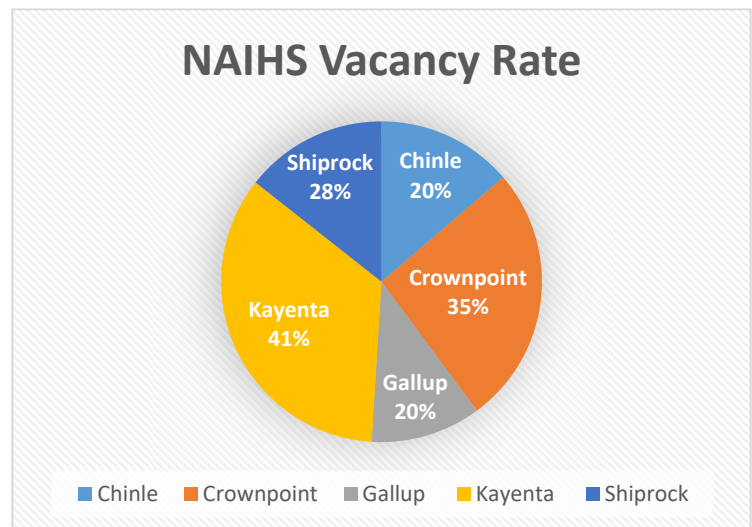
Navajo Area IHS Vacancy and Recruitment Update

The Navajo Area Indian Health Service (NAIHS) overall physician vacancy rate was recently calculated to be 26%. The vacancy percentage remained steady over the past several months. Though new physicians were

successfully hired, others departed due to retirement and various other life situations. The NAIHS Physician Recruiter continued to attend national conferences to meet physicians and in some cases interested candidates led to site visits and eventual hires. In some instances, current NAIHS physicians assisted with recruitment by sharing first-hand experiences of working on the Navajo Nation. In fact, NAIHS physicians are one of IHS's greatest assets in recruitment through referrals. The NAIHS Recruitment Program continues to implement best practices to on-board new candidates.

Gallup Indian Medical Center is currently fully staffed in its Pediatrics Clinics and Family Medicine units and has increased its permanent providers within the Emergency Department. Chinle Service Unit (CSU) has the lowest vacancy rate among NAIHS Service Units. The CSU physician community is extremely cohesive and receives excellent responses from interested candidates.

Northern Navajo Medical Center has lost several emergency doctors and qualified dentists, but they continue to strive for and have received a number of interested candidates from conferences attended and by word of mouth from NAIHS physicians. Kayenta and Crownpoint are noted as being hard-to-fill remote areas; however, with more staff living quarters added, there is hope for improvement. The Physician Recruitment priority continues to be decreasing the overall physician vacancy rate. The NAIHS Physician Recruiter plans to attend more national conferences to recruit for Family Medicine, Emergency, Pediatric, and Internal Medicine physicians, Dentists, Physical Therapists, Psychiatrists, and Optometrists. NAIHS looks forward to continued successful recruitment.



Just Culture (Culture of Safety)

One of the Navajo Area Indian Health Service's (NAIHS) goals is to establish a culture of safety. *Just Culture* is a vital part of an organizational culture of safety. *Just Culture* is a system of justice in a workplace that reflects the design of IHS systems so that IHS employees make the right choices. When an error occurs, there should be no individual blame. Instead, there should be an investigation of the constructed system. A *Just Culture*

ensures that each employee is treated fairly and consistently by management. *Just Culture* places less focus on events, errors, and outcomes, and more focus on risk, system design, and the management of behavioral choices. This helps IHS build a culture which encourages coaching and honesty at all levels in order to bring about the best possible outcomes while working with IHS employees to continually improve the care delivered by IHS.

In the past year, Navajo Area Indian Health Service hosted two *Just Culture* certification courses that provided training for 60 personnel, including mandatory training for executive leaders. To be certified in *Just Culture*, personnel must complete three phases: 1) course pre-work, 2) *Just Culture* certificate course, 3) and a *Just Culture* proficiency exam. Many of the attendees completed the intensive training and are now considered "*Just Culture Champions*." These Champions will lead their respective NAIHS Service Units and/or departments and will provide *Just Culture* Training to all staff. All NAIHS employees have completed a mandatory introductory class of *Just Culture*.

Brigham and Women's Outreach Program

The Brigham and Women's Physician Organization and Navajo Area IHS have a long-standing collaboration with the goal to teach IHS clinicians, treat patients and develop sustainable clinical programs that can continue to thrive after the Brigham Health clinical volunteers have returned to Boston.

Since 2008, over 200 Brigham Health physicians, representing all 13 clinical departments of Brigham and Women's Hospital, have participated in the onsite component of the program. The clinicians spent up to 5 days teaching and treating patients at one of the hospitals and together have made over 240 site visits to Navajo Area IHS hospitals in Gallup and Shiprock New Mexico and Chinle Arizona. Brigham Health physicians not only care for patients, they also train IHS physicians to increase their ability to provide care in the future. This training collaboration has already resulted in a new skin clinic, advanced training in radiologic screening patients for strokes, management of common orthopedic trauma, and chronic disease management for complex conditions including advanced congestive heart failure and interstitial lung disease.

The impact of the program is long lasting and goes well beyond the visits. By making use of telemedicine technology, ongoing interactive learning and clinical consultation is encouraged. Dozens of Brigham Health

faculty physicians have contributed by leading bimonthly remote-teaching CME conferences from Boston, which are broadcast to the Navajo Area IHS hospitals and their satellite clinics. All CME remote talks are converted to an MP4 format and stored in an online medical library for IHS for future use and training via website:

<https://bwhedtech.media.partners.org/programs/ihs/>

In addition, Brigham Health physicians are available in real-time for second opinion and challenging patient-case consultations. Additionally, each year Brigham Health faculty host 2-3 IHS clinicians in Boston to allow for in-depth and intensive education and training in specialty care at the Brigham and Women's Hospital.

The Brigham Health physician volunteers—many of whom use personal vacation time to participate—have contributed thousands of hours of teaching and patient care time and have influenced the direct care of thousands of Navajo living on the reservation, in addition to the indirect care of thousands more due to expanded clinical capacity of the Navajo Area IHS clinical providers.

It is a privilege for Brigham Health to be in this collaboration with the Navajo Area IHS. The extraordinary and dedicated IHS clinicians we work with in Shiprock, Gallup and Chinle are an inspiration to all of us. We look forward to our continued work together. A booklet entitled Commitment to People and Community is included with this report.

Concluding Comments

Navajo Area Indian Health Service staff remain committed to supporting Tribal leaders of the Navajo Nation and the San Juan Southern Paiute Tribe in their efforts to address Indian health policy issues, improve the health of individual Native beneficiaries, and in development of healthy communities. Please contact the office of the Navajo Area IHS Director regarding additional information or questions.

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Phone (928) 871-5801 Fax (928) 871-5872
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ATTACHMENT A

Navajo Area - Service Unit Collections Report - FY 2019
as of 03/28/2019

SERVICE UNIT	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL	FY '18 Comparison
CHINLE	\$94,902,858 Projected Collection													Oct'16 - Mar'18 46,805,672.54 3.92%
Medicare	1,314,655.22	1,129,374.80	1,204,452.39	1,612,616.80	1,081,966.02	1,356,708.39	0.00	0.00	0.00	0.00	0.00	0.00	7,699,773.62	
Medicaid	5,788,160.43	7,064,992.73	5,731,082.95	6,248,991.52	6,000,237.17	8,520,993.26	0.00	0.00	0.00	0.00	0.00	0.00	39,354,458.06	
Private Insurance	313,315.97	207,516.52	233,473.89	275,539.66	167,106.21	185,512.78	0.00	0.00	0.00	0.00	0.00	0.00	1,382,465.03	
Veteran Affairs	32,718.79	17,981.77	21,660.62	56,288.30	30,840.37	43,784.54	0.00	0.00	0.00	0.00	0.00	0.00	203,274.39	
TOTAL	7,448,850.41	8,419,865.82	7,190,669.85	8,193,436.28	7,280,149.77	10,106,998.97	0.00	0.00	0.00	0.00	0.00	0.00	48,639,971.10	
% of Projected	7.8%	8.9%	7.6%	8.6%	7.7%	10.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	51.3%	
CROWNPOINT	\$22,500,000 Projected Collection													12,728,590.23 -9.51%
Medicare	553,998.65	318,154.97	232,421.60	615,272.89	267,089.26	389,069.76	0.00	0.00	0.00	0.00	0.00	0.00	2,376,007.13	
Medicaid	1,479,231.94	1,436,361.51	1,164,677.00	1,875,042.64	1,101,453.39	1,491,178.08	0.00	0.00	0.00	0.00	0.00	0.00	8,547,944.56	
Private Insurance	69,315.98	84,433.77	87,588.02	112,423.13	76,077.68	80,990.63	0.00	0.00	0.00	0.00	0.00	0.00	510,829.21	
Veteran Affairs	6,550.82	20,755.03	7,964.94	5,735.36	24,901.95	16,877.71	0.00	0.00	0.00	0.00	0.00	0.00	82,785.81	
TOTAL	2,109,097.39	1,859,705.28	1,492,651.56	2,608,474.02	1,469,522.28	1,978,116.18	0.00	0.00	0.00	0.00	0.00	0.00	11,517,566.71	
% of Projected	9.4%	8.3%	6.6%	11.6%	6.5%	8.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	51.2%	
GALLUP	\$100,000,000 Projected Collection													51,019,898.60 9.60%
Medicare	2,921,128.62	2,262,511.36	2,010,751.25	2,796,830.71	2,181,563.95	3,626,791.43	0.00	0.00	0.00	0.00	0.00	0.00	15,799,577.32	
Medicaid	6,793,391.71	6,103,220.52	6,170,784.97	6,588,781.65	3,612,168.83	6,795,970.33	0.00	0.00	0.00	0.00	0.00	0.00	36,064,318.01	
Private Insurance	642,129.40	596,337.36	518,987.44	738,809.51	532,318.30	662,157.60	0.00	0.00	0.00	0.00	0.00	0.00	3,690,739.61	
Veteran Affairs	70,055.66	57,218.04	83,387.76	61,836.84	2,423.19	88,107.75	0.00	0.00	0.00	0.00	0.00	0.00	363,029.24	
TOTAL	10,426,705.39	9,019,287.28	8,783,911.42	10,186,258.71	6,328,474.27	11,173,027.11	0.00	0.00	0.00	0.00	0.00	0.00	55,917,664.18	
% of Projected	10.4%	9.0%	8.8%	10.2%	6.3%	11.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	55.9%	
KAYENTA	\$23,904,195 Projected Collection													10,479,714.01 5.81%
Medicare	208,710.99	205,848.69	176,981.40	258,636.51	106,019.92	196,527.45	0.00	0.00	0.00	0.00	0.00	0.00	1,152,724.96	
Medicaid	1,724,170.52	1,401,580.04	1,392,144.16	1,440,637.45	1,425,305.26	1,985,337.55	0.00	0.00	0.00	0.00	0.00	0.00	9,369,174.98	
Private Insurance	90,828.71	86,079.56	99,287.38	115,783.54	65,670.19	107,340.95	0.00	0.00	0.00	0.00	0.00	0.00	564,990.33	
Veteran Affairs	810.18	0.00	0.00	909.09	0.00	412.00	0.00	0.00	0.00	0.00	0.00	0.00	2,131.27	
TOTAL	2,024,520.40	1,693,508.29	1,668,412.94	1,815,966.59	1,596,995.37	2,289,617.95	0.00	0.00	0.00	0.00	0.00	0.00	11,089,021.54	
% of Projected	8.5%	7.1%	7.0%	7.6%	6.7%	9.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46.4%	
SHIPROCK	\$85,406,386 Projected Collection													39,946,643.02 13.33%
Medicare	1,900,420.85	2,442,199.88	1,614,581.91	2,339,382.82	2,490,823.60	1,812,421.06	0.00	0.00	0.00	0.00	0.00	0.00	12,599,830.12	
Medicaid	4,334,911.44	4,805,077.40	4,698,801.50	5,850,011.81	4,498,646.09	5,023,999.08	0.00	0.00	0.00	0.00	0.00	0.00	29,211,447.32	
Private Insurance	437,381.45	579,004.59	499,500.61	728,770.99	468,863.02	523,219.33	0.00	0.00	0.00	0.00	0.00	0.00	3,236,739.99	
Veteran Affairs	22,610.43	10,755.12	75,017.48	40,184.93	23,222.81	50,110.87	0.00	0.00	0.00	0.00	0.00	0.00	221,901.64	
TOTAL	6,695,324.17	7,837,036.99	6,887,901.50	8,958,350.55	7,481,555.52	7,409,750.34	0.00	0.00	0.00	0.00	0.00	0.00	45,269,919.07	
% of Projected	7.8%	9.2%	8.1%	10.5%	8.8%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	53.0%	
GRAND TOTAL	28,704,497.76	28,829,403.66	26,023,547.27	31,762,486.15	24,156,697.21	32,957,510.55	0.00	0.00	0.00	0.00	0.00	0.00	172,434,142.60	160,980,518.40

Oct'17 - Mar'19	172,434,142.60
Monthly Average	28,739,023.77

	Oct'17 - Mar'19	Straight-line Projection for FY19 Collections	FY18 Final Collections	% change
NM collections	112,705,149.96	225,410,299.92	215,201,615.89	4.7%
AZ collections	59,728,992.64	119,457,985.28	113,439,729.81	5.3%
TOTAL	172,434,142.60	344,868,285.20	328,641,345.70	4.9%

Medicare	39,627,913.15
Medicaid	122,547,342.93
Private Insurance	9,385,764.17
Veteran Affairs	873,122.35
TOTAL	172,434,142.60

ATTACHMENT B

March 14, 2019

FY 2020 Annual Facilities Planning (Five-Year Plan) ^{a/}

(Dollars in Thousands)

FACILITY	Prior to FY 19 *	FY 19 Appr	FY 20 Pres Bud	FY 21 Est.	FY 22 Est.	FY 23 Est.	Out years Est.	Total Cost **
PROJECTS								
Inpatient Facilities b/ c/								
PIMC, AZ, Health Care System 1/								
Central - Hospital & ACC	228	2,000	-	45,000	150,000	150,000	326,772	674,000
Whiteriver, AZ, Hospital 2/	-	15,000	-	100,000	120,000	120,000	-	355,000
Gallup, NM Hospital	-	2,000	-	35,000	100,000	200,000	215,000	552,000
Outpatient Facilities b/ c/								
Dilkon, AZ 3/	155,700	59,100	-	-	-	-	-	214,800
Pueblo Pintado, NM 4/	10,200	87,200	-	-	-	-	-	97,400
Bodaway Gap, AZ 5/	10,200	28,180	60,200	26,020	-	-	-	124,600
Albuquerque Health Care System								
Albuquerque West, NM 6/	14,683	25,000	51,417	-	-	-	-	91,100
Albuquerque Central, NM	734	-	44,193	89,293	-	-	-	134,220
Sells, AZ 7/	15,750	-	-	80,000	100,000	-	-	195,750
Total	207,495	218,480	155,810	375,313	470,000	470,000	541,772	\$2,438,870
UNFUNDED (FY 2020-Outyears)								\$2,012,895
PROGRAMS								
Small Ambulatory d/								
Small Health Clinics		15,000	-	-	-	-	-	-
Staff Quarters e/								
Staff Quarters		10,000	10,000	-	-	-	-	-
Joint Venture Construction f/								
Health Facilities		-	-	-	-	-	-	-
Total Health Care Appropriation		\$243,480	\$165,810	\$375,313	\$470,000	\$470,000	\$541,772	

NOTES:

* All funds appropriated prior to FY 2018 are consolidated including NEF for Rapid City, Dilkon, Albuquerque West & Sells projects.

** Cost based on mid-point of construction.

a/ Subject to the availability of funds and does not include M&I, or staffing.

b/ This project list includes projects from the IHS Construction Priority List of 1992.

c/ Projects which require staff quarters have them included in the total cost of the project.

d/ The SAP is for construction, expansion, and modernization of small clinics.

e/ An initiative to fund new and replacement energy efficient staff quarters in isolated and remote locations.

f/ 25 prior year JVCP agreements have been signed, 20 JV facilities are now serving patients, 3 are in process of approval.

1/ The PIMC Hospital system includes three satellite facilities and the main hospital in the Phoenix area.

2/ Total cost estimate 144 new staff quarters. The number of quarters will be verified by the PJDQ.

3/ The Dilkon project was supplemented with \$20,500,000 in NEF. Total estimate includes 109 staff quarters.

4/ Total estimate includes 82 staff quarters. The number of quarters will be verified by the PJDQ.

5/ Total estimate includes 82 staff quarters. The number of quarters will be verified by the PJDQ.

6/ The Albuquerque West Project was supplemented with \$13,933,000 of 2019 NEF.

7/ The Sells Project was supplemented with \$14,999,562 of 2019 NEF.

ATTACHMENT C

INDIAN HEALTH SERVICE
FY 2021 Summary of National Tribal Budget Recommendation Rollup
UPDATED-FY 2019 Enacted Base
+46% Level

Planning Base (FY 2019 Enacted)	\$5,804,223
Current Services - All 12 Areas recommended full funding	\$203,654
Staffing Costs for Newly-Constructed Facilities Health Care Facilities Construction Projects (estimate)	75,000
Contract Support Costs Need (estimate)	100,000
Health Care Facilities Construction Projects Priority List (estimate)	100,000
ISDEAA Section 105(l) lease cost agreements	138,000
Total Binding Obligations	413,000
Current Services & Binding Obligations Total:	\$616,654

Rank	Program Expansion	Increase Amount
1	Hospitals & Health Clinics	729,503
2	Purchased/Referred Care (formerly CHS)	485,743
3	Mental Health	286,689
4	Alcohol and Substance Abuse	242,662
5	Dental Services	210,426
6	Maintenance & Improvement	138,979
7	Health Care Facilities Constr./Other Authorities	114,427
8	Indian Health Care Improvement Fund	96,227
9	Sanitation Facilities Construction	89,634
10	Community Health Representatives	69,004
11	Health Education	56,597
12	Urban Indian Health	50,888
13	Public Health Nursing	45,923
14	Equipment	28,339
15	Indian Health Professions	18,166
16	Facilities & Environmental Health Support	5,728
17	Direct Operations	700
18	Self-Governance	138
19	Tribal Management Grants	127
20	Alaska Immunization	44
Total (Program Expansion)		\$2,669,943

ATTACHMENT D

Ongoing Challenges the VA Clinics Face

- In many cases, Veterans prefer face-to-face (F2F) encounters over clinical video telehealth (CVT), mostly because they are not familiar or comfortable with the advanced medical technology that these CVT carts use to deliver live, interactive conferencing.
- Transportation to on and off reservation VA facilities.
- Co-pays to off reservation VA facilities.
- Veterans utilizing other health care facilities resulting in duplication of medicines, orders, and/or consults.
- Much like IHS, the VA struggles with staff turnover of providers and nurses. In October 2018, the clinics' Post-Traumatic Stress Disorder (PTSD) Specialist transferred to the Salt Lake City VA Health Care System. The position description is currently under review and will be posted in the near future. Meantime, Veterans are encouraged to utilize NAVAHCS CVT-mental health, VA Vet Center, or self-refer to their local IHS/THP behavioral health service.
- Delays in Non-VA care consult authorizations, Veterans Choice Program (VCP) referrals.
- VCP bills resulting in collections. This occurs when the non-VA provider bills the Veteran when the agreement clearly states all billing should go directly to NAVAHCS.
- Veterans with a VA service-connected disability rating above 30%, favor out of town VA appointments over their local VA Clinic to claim VA mileage reimbursement. VA currently pays 41.5 cents per mile.
- Concerns over privacy when a family member or relative works at a VA-IHS/THP partnered facility, discourages usage of the VA Clinic.
- Network connectivity issues resulting in slow computer and telecommunication operations, rescheduling of appointments, and poor CVT quality.
- Veterans rarely update their demographics causing delays in coordination of care.
- Cell phone connectivity issues resulting in poor network signal, low minutes, and/or disconnection of service.

VA Clinics' Enrollment and Reimbursement Data

VA Site	# Navajo Vets Enrolled with NAVAHCS & Served (as of 4/2/19)	
Chinle VA Clinic	96	
Kayenta VA Clinic	36	
Tuba City VA Clinic	57	
<i>*clinics were transitioning primary care providers between Apr. 2017 - Aug. 2018; intermittent clinical video telehealth available</i>		
Total # Navajo Vets Enrolled with NAVAHCS (as of 4/2/19)	Total # Navajo Vets Served by NAVAHCS (as of 4/2/19)	
1412	447	
IHS/THP Site	Total Reimbursement (Agreement Date to FYTD)	Unique Vets Served (Agreement Date to Current FYTD)
Chinle Service Unit	\$1,712,537.02	372
Kayenta Health Center	\$75,518.49	31
Tuba City Health Care Corporation (638)	\$432,464.79	139
<i>*from Veterans Health Administration Office of Community Care; transactions through 1/31/19</i>		
NNVA Agency	Veteran Count	
Chinle	1,031 (as of 4/2019)	
Western	1,891 (as of 3/2019)	
<i>*data retrieved from respective NNVA Agencies</i>		

NAVAHCS Key Staff for VA IHS/THP Partnerships

The Northern VA Health Care System (NAVAHCS) located in Prescott, AZ has partnered with the Navajo Area IHS since 2010. The following NAVAHCS staff are available Monday through Friday from 8:00 AM to 4:30 PM Mountain Standard Time, excluding Federal Holidays:

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