TRIBAL COMMITTEE MINUTES
Summit #1: 5/19/15

I. Introductions

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▪ ***Tribal Committee***			
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II. Committee charge and the planning process

A. Background:

a. Description of SIM and Triple Aim model (Institute for Healthcare Improvement) (IHI) :
   - Improve the health of populations
   - Improve patient experience of care (including quality and satisfaction with care)
   - Reduce per capita cost of health care

b. About 33 SIM states (i.e. 11 model tests and 21 model design) are participating.

c. SIM Timeline: Until the end of December 2015.

d. Tribal charge:
   - To work together to develop recommendations that integrate tribal health services into a statewide system of coordinated care that improves overall health outcomes.

Questions:
- Does urban care falls into the tribal charge?
- Does it includes IT use?
- How do we improve health care, access, and reduce healthcare costs?
- How is SIM related to Centennial care?
- Is SIM a bigger Centennial Care?

SIM Concept Struggles:
Cam's answer (SIM consultant):
SIM is a Patient-centered Medical Home like model:
- ✓ Care coordination, outreach to the patient, CHWs, people focus in behavioral health
- ✓ Payment model (will pay provider for achieving outcomes agreed to and changing costs. We need to shift that way...

Concerns:
- How does this fits into IHS and tribes We need to figure out a process for integration...

Consultation Process:
- How do we/did we apply consultation policy?
  - ✓ Must have "voices" at the table right up front (priority)
  - ✓ Recommend following the CMS policy that describes interaction with tribes
    - Request a copy of CMS consultation policy and how it has been applied in SIM model states with Native American populations
    - Sec. Earnest has policy under "Internal Consultation Policies"; Health Department has communication/consultation policy

B. What are the Issues and Opportunities:

Issues and opportunities were discussed simultaneously as one led into the other.

Tension: Perception that changes in healthcare delivery system ~~that~~ will be imposed on the tribes ▪ Suggestion: Ask us how do you want us to interact with you as partners? How shall we work in consultation with you?
CMS Reimbursement: ▪ It is different with tribes. ▪ Payment structure is quite different. ▪ How can Medicaid eligibility be addressed? You may make a little too much to qualify for Medicaid. ▪ Develop a payment structure so people use their fitness centers (e.g. "Just Move it from IHS); IHS hires prevention people but they don't get paid for these services. ▪ CHRs are key. Figure out payment for their services.
Challenges in seeking health care:

- Fragmented care from multiple sources at times
- Transportation and distances to travel for care(will State consider paying for overnight stays, etc)
- Health literacy
- Lack of information on importance of feedback for quality of care at a facility—means patients don't complete feedback surveys

Integrate traditional healing and cultural preservation into SIM—assure that it is incorporated in infrastructure; holistic health services (that include tribal wellness centers, etc)

- We have healthy traditions embedded culturally. However intergenerational traumas don't fit into boxes related to federal and state systems—institutional practices and policies
- Remember we are still dealing with ~~some~~ intergenerational trauma that has "squashed" our traditions. (e.g. Navajo traditional healing services).
- Promote awareness that language preservation may be viewed as health; farming as cultural preservation—embedded as a way of life for pueblos
- How do we improve access to mobile markets to improve nutrition
- Promote walking trails and active living

Assure that Native American voices are not an after-thought—nuances make the difference

- Where we are can't be fixed with an apple. Policy over time not good for Native Americans. Dire trauma and challenges experienced based on government-to-government interactions.
- Look at treaty rights. Is this the federal government trying to bail out on health care obligations?

Education: Attitude prevails for some in terms of why we should get health insurance--This will make us sick

- Need to educate our people about use of health insurance—don't know about incentives, value-added services, emphasis on prevention of diseases
- Suggestion to follow a different visual education model when disseminating information to our people (e.g. Presbyterian Rewards Program).
- Interpretation a barrier as well as information dissemination. Are visual learners; don't have access necessarily to internet
- People are scared to ask questions. When asked, no one gets back
- Need to educate our leaders about health insurance, MCOs. Leadership turns over frequently so will have do education often of past as well as current leaders

Assure that the system responds to needs—break down systemic barriers to care

Have an integrated system that results in health coverage (rely on lessons learned)

- Follow the Behavioral Health local collaborative process for SIM design
- Share the lessons learned from states that have Sovereign nations and tribes--NM often leads the way--looked to nationally by other tribes. Have contracts with MCOs (serve the lifespan of clients) and utilize CHRs. Train CHRs to continue management of chronic diseases

Improve customer services:

- People want to see their needs met: access to quality care, behavioral healthcare providers, and physical healthcare providers (e.g. vision care, hearing screenings to prevent hearing loss)
- Integrate physical and behavioral health services

Youth population and new millenniums into communities. Native youth will want to access services in a different way

- How are we going to provide access for our NA youth?
- President is hiring young people. Good opportunity given awareness and priority for this
- population
- -Internet coverage—how will this work for remote areas
- How will we utilize our youth creatively in our communities.

638s…Can SIM provide more state support so tribes innovate on their own?

Final comments Discussion

- Opportunity: Innovation and creativity for tribal communities
- We always talk about deficits. What are the strengths that we have? It is about relationships; they are critical. Can I trust you? How can we work together to help one another?
- CMS or the state is discovering preventive health practices now when Native Americans have practiced healthy traditions over time (e.g. farming)
- Education and clear communication are important.
- Insurance is brand new. Need Medicaid 101, Medicare 101…Can't explain in into 10 minutes. For Native Americans, information must be presented differently. Cultural responsiveness and sensitivity is needed.
- We need to collect data and show outcomes. When people enroll in Medicaid, they put "unknown" for race and ethnicity.

C. Why are you interested in the SIM design process?

a. To ensure people access to health coverage and services
   - Many Native people have coverage (29,000) but can't access services (78,000);
   - "We want our people to be healthy";
   - "Dreaming of a day for when people aren't dying of diabetes".

b. To ensure there is a focus on Native Americans
   - Need to put effort into the communities before the onset of diseases-- makes the difference
   - Native Americans shouldn't be an afterthought
   - Our Community Centers are already Patient-Centered Medical Homes

c. To ensure we look at payment models for CHRs
   - Key initiatives for the pueblos and tribes (i.e. what they would like to see rather than what the grant people want)
   - Traditional healing and reimbursement of CHRs

d. To assess SIM—in terms of benefit to tribes rather than harm

e. Doesn't know how to fit in to the process as a preventionist

D. Who else needs to be included in this discussion?

- Urban Indian Population (included already)
- Tribal leadership (informed via letters, emails, phone calls to Administrative Assistants, Governors, Presidents, Chairpersons, staff and at meetings of the All Pueblo Council of Governors through Secretary Kelly Zunie, Indian Affairs Department). Information provided on SIM. Each leader asked to recommend participants.
- IHS. One participant present. Dr. Thomas asked to make recommendations already.
- McKinley County. First health council orientation has taken place. Navajo Nation President newly elected. Ramona Nez is currently director of the newly formed Navajo Nation health department.
- Navajo Area IHS: Floyd Thompson (John Hubbard) and Public Health Analyst. Deli Notah.
- Reconnect with Albuquerque Office.
- Follow-up with Linda Sun-Stone (First Nations Health Clinic, Albuquerque)
- 638s? One director present today.
- Peer-Support Specialists. Concerned about homeless population. Payment structure? Don't know how to generate reimbursements. Workforce Development in Gallup area.

- Fire Department in Kirtland. People aren't taking their medications. Idea of having CHWs embedded into fire departments would be helpful.
- Utilize CHWs and CHRs.
- New Mexico Health Exchange or Centennial Healthcare?
- Health boards from the Pueblos. Tribal Health Councils.-Done
- People coming to the table: community members.
- Utilize community workgroups (e.g. Cochiti)
- NM, Southern CO board members.

Clarification: How many can we have as the core group?

- You have working groups within your communities. This is the core group. You can go out into your communities and have a workgroup and include leadership so it contributes to SIM. There are five tribal health councils that are conducting SIM projects (Cochiti, Santa Clara, San Ildefonso, Acoma, Tohajiilee).

Suggestion: Participants in this core group should participate in content workgroups to assure Native American perspectives incorporated in these subject areas.

Tribal Committee Members that will Participate in other Summit Committees

- Population Health: Roxanne Spruce-Bly
- Healthcare: Joyce Naseyowma
- Integration: David Antle
- Workforce: Valerie Quintana, Ophelia Reeder
- Payment Model:, Dr. Morris, Theresa Bellanger
- David Antle
- Health Information Systems: Dr. Thomas? Floyd? Sandra Winfrey?

Priscilla Caverly will follow-up with proposed individuals.

E. What would you need to know about the planning process to move it forward?
   - Documents that describe consultations, CMS docs.
   - State Health Improvement Plan: include that. Send it to the group.
   - How was SIM developed? One sheet summary.
   - Are we talking to other agencies? (e.g. MVD): EMS, transportation…(i.e., transportation plan in our state-no collaboration happening). Break down silos. Current practice: MCOs have transportation for their individual members: look into their own needs. Transportation not allowed into the managed-care programs. Only through MCOs ~~we~~ can expand that.

   Recommendations for next summit:
   - Have a tribal organization presentation at each of the SIM Summits
   - Integration is crucial when addressing health inequities
   - Look at the existing infrastructure and how we can augment it from the community perspective.
   - Take-Home Messages:_Positive message to communities: opportunities through SIM

F. Discuss Meeting 2 objectives – June 17 Next Summit. Albuquerque (location to be announced) 8AM – 5PM.

Questions to be addressed:

1. What are the health leading indicators of tribal communities in New Mexico?
2. What are the areas and populations with the most critical need related to access to heathcare services?
3. What are examples of integrative healthcare ongoing in tribal communities in New Mexico?
4. What are the healthcare issues common to all tribal communities that could be addressed in the statewide model?
5. Are there policies in New Mexico or elsewhere that allow individuals (tribal and non-tribal) to utilize tribal/non-tribal healthcare services?
6. What are the cultural issues that must be addressed?

G. Preparation for Report-out (general assembly)

Discussion Highlights Document (Notes to be presented by Facilitator Team)

- Tribal Consultation should be done early in the process
- Make sure we are getting the word out; talk about opportunities
- Tribal leadership need to know what state intends to do and needs to be documented (i.e. APCG or any governing councils)
- Communication about SIM and integration of tribal input across workgroups and committees
- Keep in mind that not all tribes are the same
- Have Presentation at next Stakeholder Summit from a Native American perspective (e.g. Best practice from Chinle)
- Native American subject matter experts into all other stakeholder groups
- Must honor consultation and tribal leadership
- Go out with positive messages and framework
- Use visual models
- Big concern about data
- Building on our health traditions (i.e. Healing)
- Education, education, education.

H. Items to Bring for Next Summit:

a. Recorders for committees.