

# Zaniya IHS Workgroup

Zaniya Task Force Update

July 12, 2007

## Zaniya Task Force Members

Jerry Hofer

Dr. Doug Larson

Greg Miner

Judy Buseman

Mike Shaw

Roger Campbell

Dr. Jeff Henderson

Larry Iversen

Donna Keeler

Senator Tom Katus

Maeve King

Terry Dosch

## Additional Workgroup Members

Dixie Gaikowskie,

Aberdeen IHS

Maureen Cadwell,

Sanford Mid-Dakota

Medical Center

Pris Boroniec,

Seller Feinberg

Dr. Gail Gray, SD DOH

Wanda Seiler, SD DHS

\*Still pursuing a Tribal  
Chairmen's Health Board  
representative

# Zaniya IHS Workgroup Meetings

Meeting 1 – June 14: Organizing / Planning

Meeting 2 – June 25: IHS Overview / Gap Analysis

Meeting 3 – July 2: European Health Care

Systems / Gap Analysis / Identify Problems

Meeting 4 – July 9: Gap Analysis / Identify

Problems

Meeting 5 – July 12: Gap Analysis / Define and

Select Problems to Pursue

# IHS Services

## Primary Care

- Evaluation and management by midlevel practitioners or physicians
- Dental Care (oral exams, sealants and amalgam restorations)
- Visions Care (eye exams and prescriptions for vision correction)

Ancillary Care – ordered by a primary care provider or specialist

- Laboratory and pathology services
- Diagnostic imaging and testing
- Pharmacy
- Durable med equipments and adaptive devices
- Emergency medical transportation

## Specialty Services

- Medical care (Ob/gyn, podiatry, nephrology and other specialties)
- Dental Care (root canals, crowns, dentures, and periodontal surgery)
- Vision Care (diabetic eye exams and cataract surgery)
- Behavioral health care (outpatient and inpatient mental health care and substance abuse treatment)
- Rehabilitative Services (PT)

# Eligibility for IHS Services

Direct Care – All persons of NA descent who belong to the NA community are eligible for direct care at IHS-funded facilities

Contract Care – A NA generally must also reside within a federally established contract care area and either (1) reside on a reservation within the area or (2) belong to or maintain close economic and social ties with a tribe based on such a reservation.

\* In most cases a contract care area consists of the county or counties in which a reservation is located as well as any counties it borders.

\* Contract care pays for services only when patients are unable to obtain such services through other sources.

# Comparison of European Health Care Systems

United Kingdom – National Health Services acts as both the purchaser and provider of health care. Coverage is universal and citizens can choose to purchase additional insurance in the private sector. Funding issues result in waiting lists, controls on utilization and physician training.

Germany – All citizens are eligible for public system and those that meet income requirements may opt out and purchase private coverage. Funded like social security through payroll taxes.

Switzerland – All citizens are required to have a basic benefit package purchased in the private market. Premiums are subsidized by the government based on income.

# Comparison of Per Capita Health Care Expenditures (2004)

United Kingdom – \$2,300 (7 – 8% of GDP)

Germany – \$3,000 (11% of GDP)

Switzerland – \$3,800 (11% of GDP)

United States – \$5,700 (15% of GDP)

Indian Health Services - \$1,714

# Gap Analysis

- Medicaid Enrollment / Penetration Rate
- Estimating the Number of Uninsured Native Americans
- Availability of IHS Services and Providers by Geographic Region
- Projecting Shortfalls in IHS Contract Care Funding
- Estimating Shortfalls in Overall IHS Funding

# Possible Problems to Address

1. Not all people who are eligible for Medicaid are enrolled in Medicaid
2. 100% federal Medicaid funding for IHS services is not being maximized
3. Indian Health Care Improvement Act – Is it enough?
4. Funding shortfalls within IHS system
5. Consider ways tribes have used advisory councils to promote collaboration and initiatives that result in positive health outcomes

6. Transportation barriers
7. Waiting time for direct and contract care
8. Quality of care
9. Increase opportunities for IHS practitioners to increase their earnings, for example, through private practice opportunities to promote recruitment and retention
10. Identify and address issues within the public health care delivery system that simplify access and use, promote collaboration, enhance capacity, and support data collection and analysis
11. Status of American Indian Health

# Problems Selected to Address

1. Not all people who are eligible for Medicaid are enrolled in Medicaid