

***Building Bridges and  
Enhancing Care  
Together:  
Leveraging Partnerships for  
Improved Services to Native  
American Patients***

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# Objectives

- Understand the distinctive aspects of healthcare delivery within Indian Health Service (IHS) and Tribal Healthcare organizations.
- Recognize opportunities for relationship building and collaboration to address healthcare gaps and improve outcomes for Native American patients.



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# Federal Government and Indian Tribes have a unique legal relationship

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The unique “trust relationship” between the U.S. and federally-recognized Indian Tribes has long been recognized in the Constitution, statutes, regulations, case law, Presidential executive orders and agency policies, and the general course of dealings between Indian Tribes and the Federal government. In its role of “guardian,” the United States provides a variety of services, including health care, to Indian people.



# Indigenous Civilizations and Tribes in North America Prior to 1492

# AMERICAN INDIAN RESERVATIONS & TRIBAL JURISDICTIONS



Present Day

**American Indian Reservations**

- Federal American Indian Reservations
- State American Indian Reservations
- Oklahoma Tribal Jurisdictions

represents what is left of lands held by Native American Nations, roughly 3% of the contiguous United States. Approximately half of all Native Americans live on a reservation or within their Nation's tribal jurisdiction, the rest living throughout other parts of the US, and the world. Oklahoma is that all but 1 of Nations there had their reservation "dissolved" by the Federal Government shortly before statehood. Many Tribes are involved in lawsuits to regain their territories. In an ironic twist, many Tribes have had to "purchase back" parts of their own homelands - including sacred places - and those lands were promised by railroad treaty to be left in their hands. Many Tribes also exist as entities today without a single acre held legally through their memories continue to connect them to their lands. Many Tribes were removed from their ancestral territories, and therefore their reservation is not necessarily where they are from originally. The struggle for sovereignty and treaty recognition continues.

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# FEDERAL INDIAN POLICY TIMELINE

A brief history of US policy

## Colonization Period

- Doctrine of Discovery (1492-1600's)
- Treaty Making Era (1600's to late 1800's)
- Indian Removal Era (1830-1850)
- Reservation Era (1850-1880's)

## Indian Reorganization Period

- Meriam Report (1928) reports conditions of American Indians
- 1934- Congress passed the Indian Reorganization Act
  - Allotted lands reconsolidated into reservations
  - Tribal governments to be reinstated and reorganized

## PRESENT:

- American Indian Religious Freedom Act, 1978
- Native American Languages Act, 1990
- Native American Free Exercise of Religion Act, 1993 (Gonzales and Stansbury; 2006)

## Self-Determination Period

- Tribes begin programs in education, forestry, economic development, and other areas.
- Employing qualified Tribal members.

PRE-1492

1492-1887

1887-1934

1934-1945

1945-1961

1968-PRESENT

## Pre-Colonial Period

Indigenous communities co-existed with other tribes and the land


## Allotment and Assimilation Period

Dawes Act: Aggressively works to end tribal sovereignty and assimilate and civilize Indians by breaking up tribal land-holdings.

## Termination Period


- More than 100 Tribes were terminated
- Members from any Tribe were given opportunities to relocate into urban areas to assimilate into mainstream society

# Snyder Act 1921



- First formal legislative authority allowing health services to be provided to Native Americans.
- Codified with the purpose of "direct[ing], supervis[ing], and expend[ing] such moneys as Congress may from time to time appropriate, for the benefit, care, and assistance of the Indians ... [for relief of distress and conservation of health," (Snyder Act of 1921, 25 U.S.C. § 13)

# Transfer Act 1954



- Responsibility transitioned to the Public Health Service.
- "all functions, responsibilities, authorities, and duties...relating to the maintenance and operation of hospital and health facilities for Indians, and the conservation of Indian health ... shall be administered by the Surgeon General of the United States Public Health Service."
- This was the beginning of specific directives on how such health care services were to be provided i.e., through the construction of facilities.
- PL 86-121 added water and sanitation services.



# Indian Self-Determination & Education Assistance Act (ISDEAA)

1975



- The Indian Self-Determination and Education Assistance Act of 1975, PL 93-638, authorized the Secretary of the Interior, the Secretary of Health, Education, and Welfare, and some other government agencies to enter into contracts with, and make grants directly to, federally recognized Indian tribes.

# Indian Self- Determination & Education Assistance Act (ISDEAA)

1975




- “The Congress declares its commitment to the maintenance of the Federal Government’s unique and continuing relationship with and responsibility to the Indian people through the establishment of a meaningful Indian self-determination policy which will permit an orderly transition from Federal domination of programs for and services to Indians to effective and meaningful participation by the Indian people in the planning, conduct and administration of these programs and services...”

# Indian Healthcare Improvement Act 1976



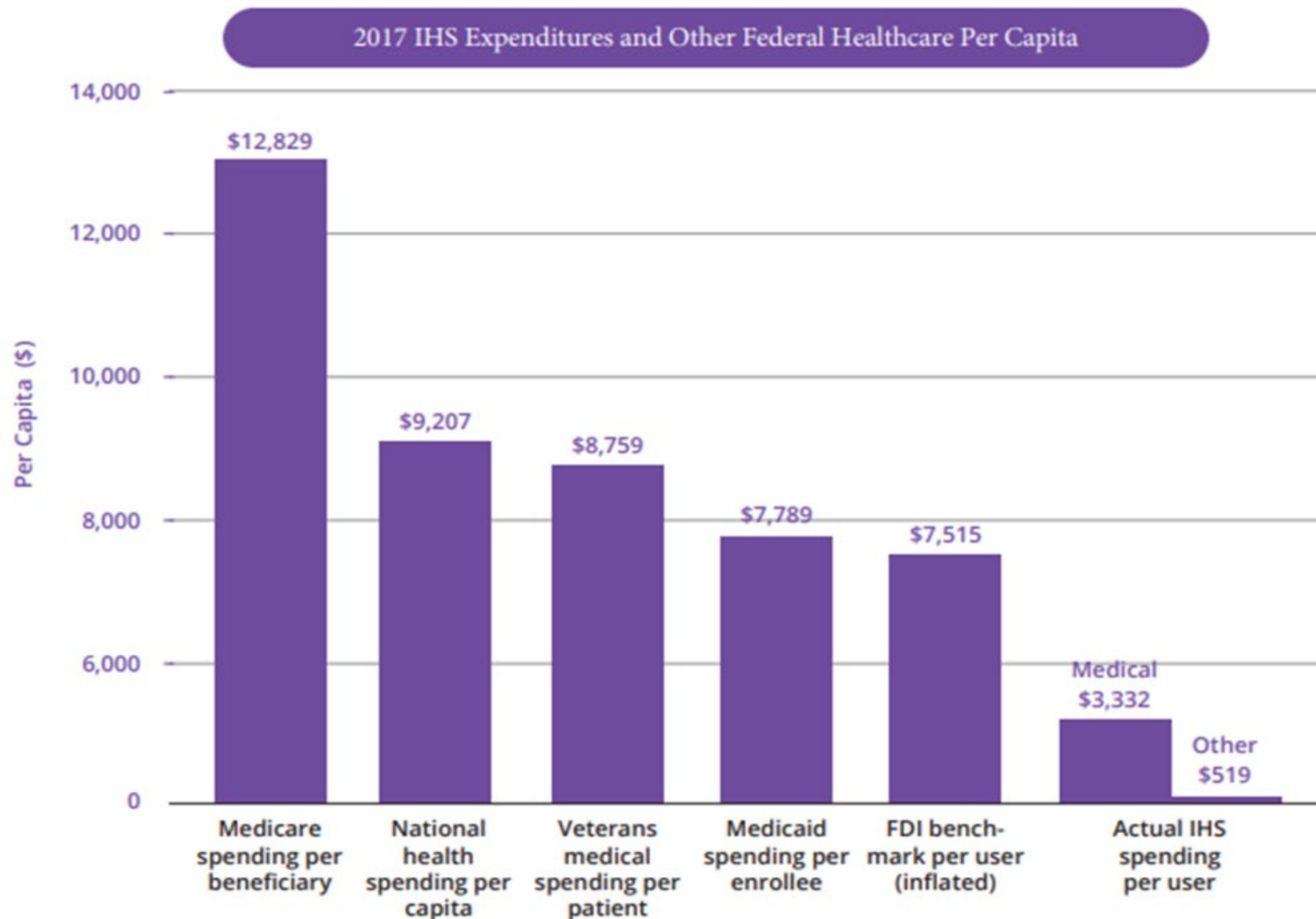
- Has provided the programmatic and legal framework for carrying out the Federal Government's trust responsibility for Indian health
- "the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."
- Established Urban Indian Health Programs
- Authorizes I/T/U programs to bill Medicaid and Medicare
- Permanent reauthorization with the Affordable Care Act of 2010

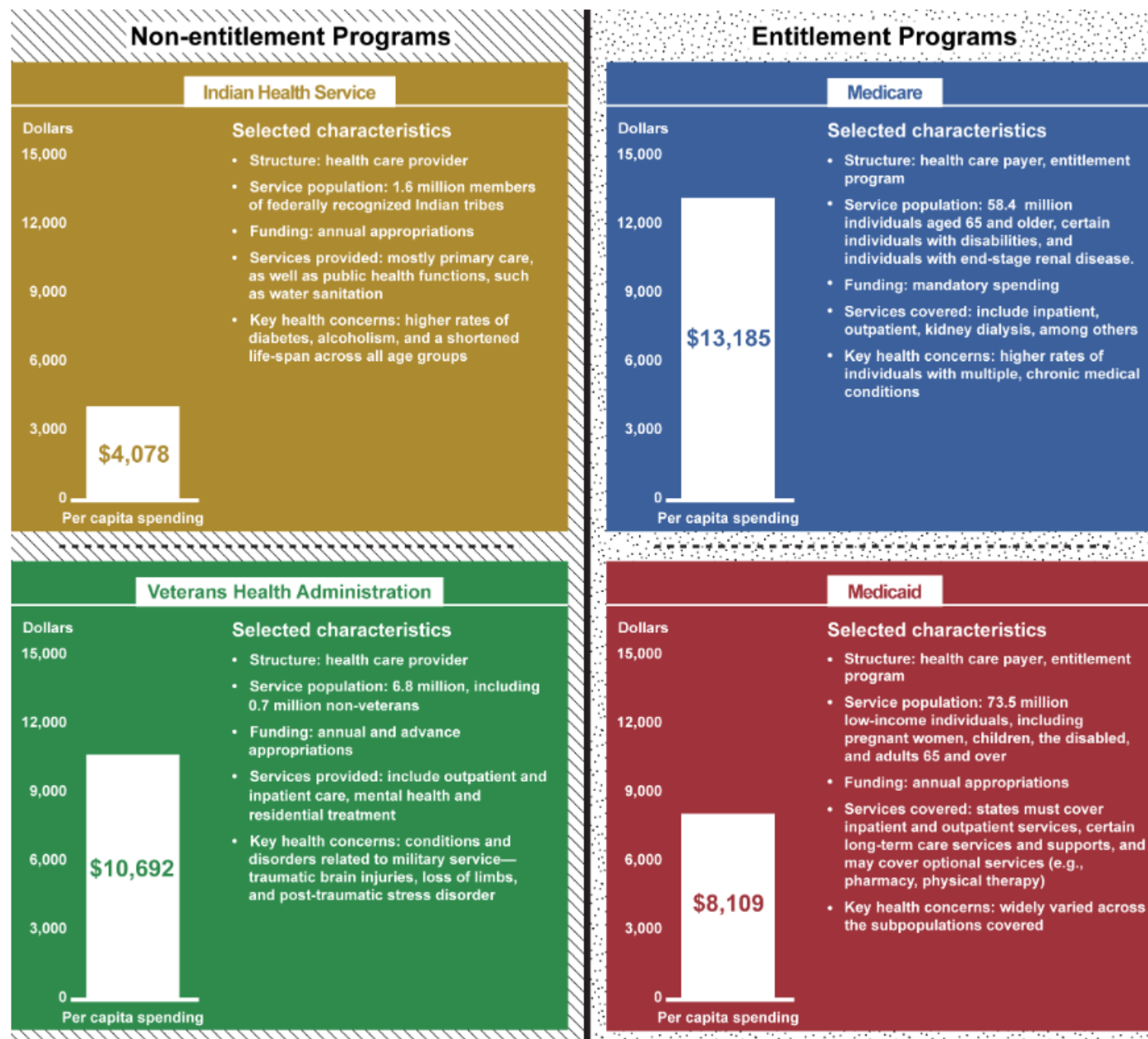
# Current Day Problems for IHS and Tribal Healthcare



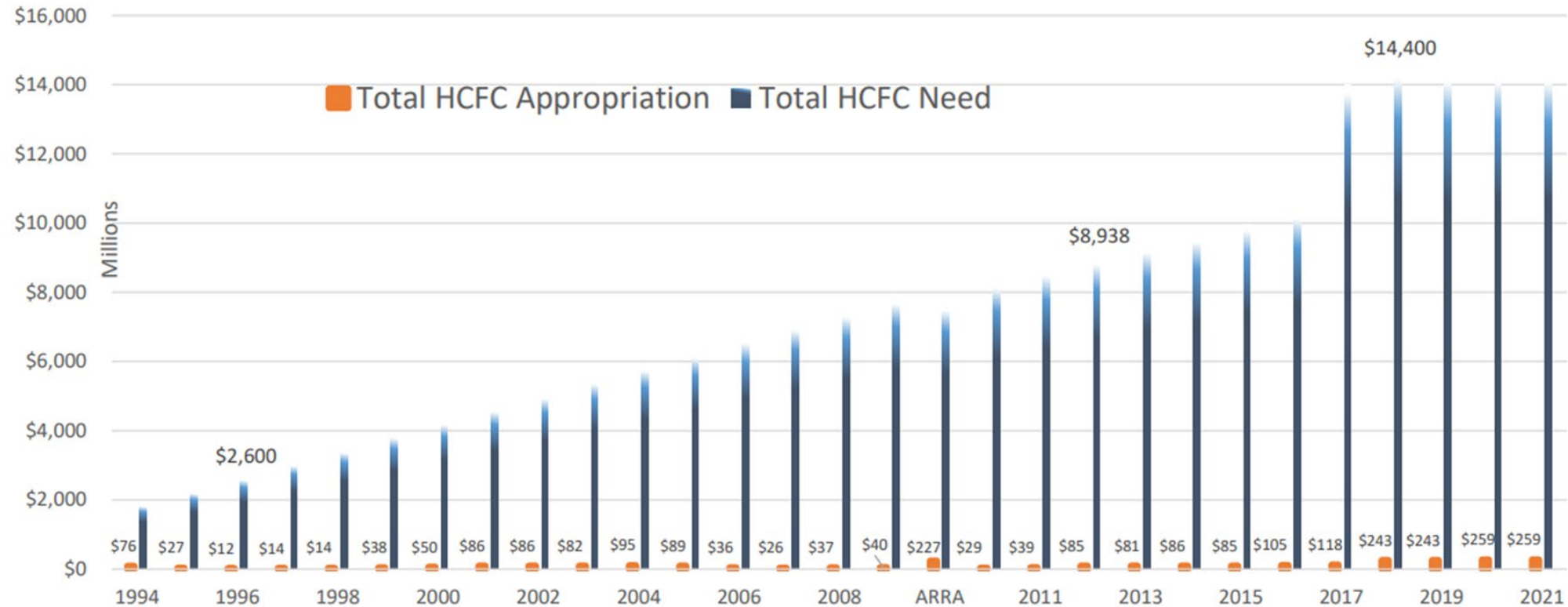
- Discretionary funding structure
- Large system serving communities with unique needs
- Workforce shortages
- Infrastructure challenges
  - Facilities
  - Information Technology
- Limited ability to address Social Drivers of Health

**FIGURE 3: 2017 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita** (Note: "other" to Indian Health Service expenditures for facilities)





## Annual Healthcare Facilities Appropriation Verses Total Need



### Data relevant to Tribal and IHS healthcare facilities include:

- IHS Service-Population is ~2.6 million AI/ANs.
- The User-Population is ~1.6 million (active users).<sup>1</sup>
- The Service-Population increases ~1.8% per year.<sup>2</sup>
- There are ~70,000 hospital admissions annually.
- There are ~14 million outpatient visits annually.
- Tribes operate 151 of the 203 Service Units (SU).
- The average age IHS healthcare facility is ~40 years.
- The average age US healthcare facilities is ~10-years.<sup>3</sup>

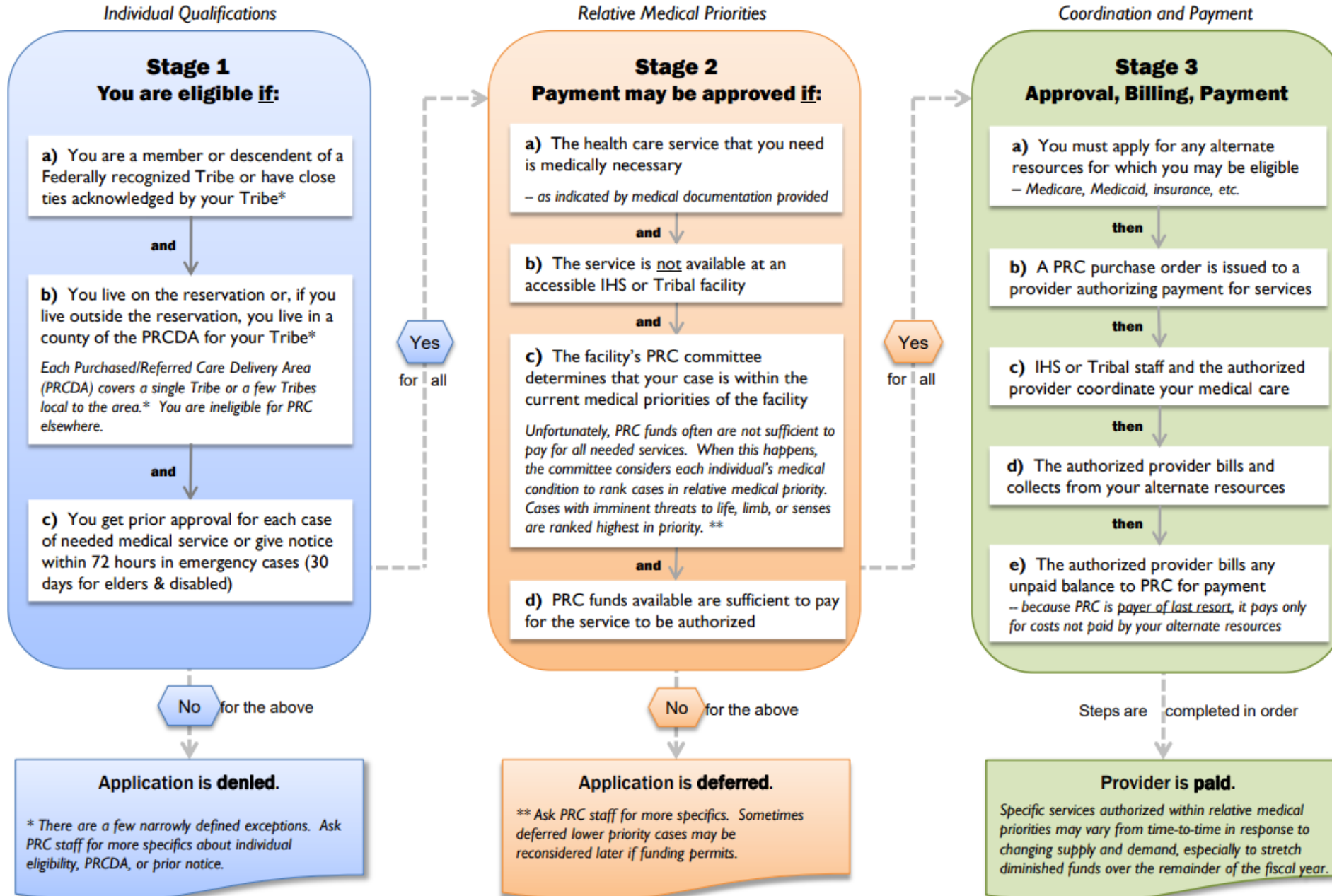
# Purchased Referred Care (PRC)

- IHS and tribal facilities purchase services from private health care providers in certain scenarios
- Eligibility criteria and referral/approval process
- Not an infinite amount of funding
- Vital for access to appropriate levels of care
- Collaboration is **CRUCIAL**





# Can PRC pay for your referral medical care? Find out in 3 stages.





# Understanding Billing for IHS/Tribal Beneficiaries at External Healthcare Facilities

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- IHS is not an insurance benefit
- Payer of last resort
- Not all services covered
- Communication with patient and referring provider is important



Continuity of Care

# Building Partnerships

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Set up  
Monthly/Quarterly  
Meetings

- Case Management
- Billing
- Care Teams

Engage in Statewide  
Meetings


- Tribal Consultation
- Tribal Health Directors

Conferences

- National Indian Health Board
- Great Plains Tribal Leaders Health Board
- Academic Institutions

# Indian Health Service Website

## IHS Directory

**Indian Health Service**  
The Federal Health Program for American Indians and Alaska Natives

[A to Z Index](#) [Employee Resources](#) [Feedback](#)

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[About IHS](#) [Locations](#) [for Patients](#) [for Providers](#) [Community Health](#) [Careers@IHS](#) [Newsroom](#)

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Directory

### Directory

Search for federal IHS employees, volunteers, contractors, and some employees of tribal organizations and urban Indian health programs. You must enter at least one piece of information to search. Names must be at least two letters. Searches must result in less than 5000 matches.

Person			Location		
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>		<input type="text" value="Street Address"/>		
<input type="text" value="Job Title"/>	<input type="text" value="Desk or Mobile #"/>	<input type="text" value="Select An Area"/>	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip Code"/>
<input type="button" value="Submit"/>			<input type="button" value="Clear"/>		

## Facility-Level Info

### Great Plains Area

#### Healthcare Facilities

Cheyenne River Health Center

Fort Thompson Service Unit

Great Plains Youth Regional Treatment Center

Great Plains Area Regional Drug Dependency Unit

Lower Brule Service Unit

Pine Ridge Service Unit

Rapid City Service Unit

Rosebud Service Unit

Woodrow Wilson Keeble Memorial Health Care Center (WVKMHCC)

Standing Rock Service Unit

Turtle Mountain Service Unit

Yankton Service Unit

Recruitment

Programs and Services

Contact Us

### Rosebud Service Unit



Rosebud hospital is a 35 bed comprehensive medical/surgical hospital located in Rosebud, South Dakota. The hospital is the primary source of health care for the Rosebud Sioux (Sicangu Oyate) tribal members, in and around the Rosebud Sioux reservation.

### Ambulatory Services

Adult and Pediatric Outpatient Care  
Monday through Wednesday - 8:00am to 5:00pm  
Thursday - 12:30pm to 9:00pm  
Friday - 8:00am to 5:00pm

### Dental

Sign in Daily  
8:00am and 12:00pm  
\*Thursday reserved for Headstart & 17 and under patients.

### Medical Record and Billing Questions

#### PHS Indian Hospital

P.O. Box 400  
Rosebud, South Dakota 57570  
Phone: 605-747-2231  
[Notice of Privacy Practices](#) [PDF - 776KB]  
[IHS HIPAA Forms](#)

### Immunization Clinics

Immunization Clinics will be held in conjunction with WIC, local school districts, Tribal Health Programs and Community Health Fairs. Please call for calendar schedule

- Maternal Child Health (prenatal, postnatal and breastfeeding) education available to the community

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Building  
relationships  
promotes better  
experiences for  
all involved





# Thank You

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# Resources

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## **Tribal Liaisons/Outreach:**

### **North Dakota:**

[Community Engagement Team | Health and Human Services North Dakota](#)

### **South Dakota:**

South Dakota Department of Health; Office of Disease Prevention and Health Promotion  
Laura Streich, MPA  
Deputy Administrator, Chronic Disease Director  
[Laura.streich@state.sd.us](mailto:Laura.streich@state.sd.us)

## **Indian Health Service (IHS):**

<https://www.gao.gov/products/gao-19-74r>

<https://www.ihs.gov/greatplains/healthcarefacilities/>

## **American Journal of Public Health:**

*American Indian Health Policy: Historical Trends and Contemporary Issues*  
Published April 2014

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035886/>