NM HSI Summit, September 16, 2015
Tribal Committee

| Topic | Discussion | Next Steps/ Follow-Up |
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| **Introductions** | Pass around sign-in sheet and collect at end of session | |
| | **Discussion** | |
| | A goal is to review the specific design content related to the work done by and recommendations made by <u>your</u> committee and workgroups. Review and refer specifically to slide(s) numbered: 10-11, 13-14, 18-32 and others.<br>The emphasis, at this point, is to refine and/or clarify input and recommendations already made, rather than to provide more recommendations. We hope the questions below help guide you. | |
| **Updates** | • Albuquerque area IHS meeting: this meeting was to bring them up to date on the work of the summits and specifically about the tribal committee, the data sharing project/tribal continuity of care enhancement project was also presented for feedback, the IHS HIE system is close to moving forward as the current RPMS system is antiquated (13 638 clinics are using the RPMS system)<br>o Tribal continuity of care enhancement project: brought on by fragmentation of care for Native Americans in NM, this was conceptually presented to IHS, they are interested in this project.<br>• CMS at the national level has still not had discussions with IHS at the federal level, though they have been communicating with Kitty Marks at CMS, conversations at the community level are not taken seriously without this relationship between CMS and IHS<br>• Purpose and role of community health councils and within statewide health councils – clarifications on SIM/HSI 101 and input sessions being held. Concern by committee participants with connect-the-dots between the councils and what the tribal committee is doing. Request by participants that information be gathered by the tribal health councils are shared with the tribal committee participants and that all DOH Health Councils include and provide information to tribal leadership and tribal programs on activities/meetings held within near their tribes, nations or pueblos.<br>• I/T/U roundtable on September 24 9-12:30, the invitation was directed to tribal leadership, IHS Navajo Area and Albuquerque Area, and First Nations Community HealthSource also invited were tribal health clinic directors and IT personnel, the goal of this meeting is to present what has happened with NMHSI and specifically the work of the tribal committee (the continuity of care enhancement project will be presented), a homework assignment was sent out to the teams to complete prior to the meeting and the focus of the questions is on continuity of care gaps | *Send out link to HSI website* |

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| #1: Does the current version of the HSI design adequately incorporate the recommendations made by and the work done by this committee?<br><br>If not, please describe what needs refining or changing. | • Inconsistency on slide 8 #3 vs. slide 22 #1: will there be one certifying body or not?<br>• Tribes, pueblos and nations must have the opportunity to review the HSI model design prior to submission if they are identified as partners.<br>• Will tribes have a say-so on the proposal that is submitted to CMS? How much will funding request be to CMS (if funds are available, how will the organizations be involved in the implementation process?)<br>• need a general listing of tribal programs and professionals that exist statewide<br>• include tribes on slide 9 #11 (tribes can leverage things that states or other organizations can't)<br>• Noticed that CHWs are consistently referenced but not CHR's (e.g. CHW/CHR)<br>• Judicial programs are missing from the model, collaboration with court system (this is in the MCOs as well?)<br>• traditional healing is not included in the payment system (no billing codes or rates for this) slide #25 needs to include traditional healers<br>• the RPMS system (taken from the VA system) has population health information included, and it is cost-prohibitive to use an off-the-shelf system (previous HSD secretary said that they would not interface with the RPMS)<br>• social service programs incorporated into the model and the legal aspects that may be impacted<br>• Response was offered to the statement of involving tribes with the planning process, that this Tribal stakeholder committee discussions are the planning process. | *The glossary was very helpful*<br><br>*The impacts on federal laws that exist with tribes Social Security law and Indian Self-Determination and Education Act, Indian Healthcare Improvement Act, Tribal Law and Order Act, Snyder Act, and jurisdiction issues)* |
| #2: Are there any components or factors that have <u>not</u> been considered or reflected in the design that are important to <u>your committee's specific area of expertise</u> or interest? If so, what are they?<br>(Again, refer to slide(s) numbered 10-11, 13-14, 18-32) | • This model looks like Centennial Care (CC), there needs to be a clarification with how the tribes will be included in the implementation of this model if at all? Is there assurance of the OMB payment stream (all inclusive rate) staying the same?<br>• In regards to the CC Trauma: This is a cautionary lesson for tribal leaders as tribal input was not initially included in CC resulting in CMS intervention and directive to HSD for further outreach and consultation with tribes.<br>• What type of incentives will be used for PCMHs and how can tribes opt-in or opt-out of this, could it be done through a waiver? | |

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| | • What changes might impact the relationship between the state and the tribes if this model is implemented (payment, licensure, business associated agreements/legal implications)<br>• federal legislation that impacts IHS, 638s; tribal law and order act came up with MCO contracts, "three ring circus" with tribes attempting to implement this as it is hard to understand this model in context of federal/tribal laws<br>• Indian health care improvement act for the 638s and how to work within this<br>• PCMH and HSI is good in concept but caution needs to be exercised<br>• Federal Law trumps state law | |
| #3: Are there any components or factors that have <u>not</u> been considered <u>in the overall design</u> that you feel are important? What factors are missing? | | |
| #4: Is there any other information or input that you would like to provide with regard to the NM HSI design? | • lack of infrastructure for the model implementation (workforce training, broadband issues, space/locations to implement)- to further illustrate this point the Navajo nation had 13M to train a workforce but no facilities to carry out such an endeavor.<br>• opt-in vs. opt-out for tribes similar to Medicaid, this can be a reassurance for discussions<br>• how much will the health council be involved with the hospitals to present the work of the HSI model<br>• With no additional money coming from CMS, does this imply a redistribution of existing healthcare money [should the state continue with HSI] and who will win/lose?<br>• From a clinical standpoint the HSI model is good for several reasons but there is appropriate caution about the details of the model's implementation and any potential impact on tribal health systems with regard to payment models and state mandates | |
| Other agenda items covered by your committee: | • this is a shift towards paying for performance and focusing on well-being instead of putting money into paying for a disease over time (this expands beyond Medicaid into private payers), this begins with focusing on the person<br>• what happens at the tribal roundtable may determine if meetings occur in October and November | *Provide the health council information to the committees* |

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| | • each tribe, pueblo, and nation will be making their own decision on how to implement model (the details need to be figured out before they get on board)<br>• care perspective/clinical model of the model is good and will help to fill in gaps at the local levels as well<br>• a unique relationship exist among the tribes and the federal government | |
| | **Report Out** | |
| What are the key points from your discussion that you want to share with the rest of the Summit participants? | • The model needs to consider many complicated federal laws and the impacts on the state and tribal relationships<br>• jurisdictional issues especially the impacts on behavioral health<br>• Federal Law trumps state law<br>• If HSI is implemented, what changes will occur in the relationship between tribes and the state?<br>• If HSI is implemented, need clarification about what may change about the existing payment system, there need to be assurances or waivers that maintain OMB's all inclusive fee-for-service rate.<br>• HSI should be communicated and truly be an opt-in option for tribal leaders<br>• Sovereignty must clearly be understood, self-governance is unique for tribes, pueblos and nations interacting with the state. | |