



**American Hospital
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May 26, 2017

The Honorable Markwayne Mullin
Co-chair, Indian Health Service Task Force
Energy and Commerce Committee
United States House of Representatives

The Honorable Raul Ruiz
Co-chair, Indian Health Service Task Force
Energy and Commerce Committee
United States House of Representatives

Dear Chairmen of the Indian Health Service Task Force:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) applauds your leadership in creating the bipartisan Indian Health Service (IHS) Task Force.

We look forward to working with you, as co-chairs of the IHS Task Force, to develop and pass legislation to address barriers to care coordination and improve access to health care services for all American Indian and Alaska Native Tribes.

In 2015, the AHA created the Task Force on Ensuring Access in Vulnerable Communities, which examined ways in which hospitals can help ensure access to health care services in vulnerable communities. As part of that work, the task force examined how care provided by the IHS could be strengthened to improve access and the quality of care available for American Indian and Alaska Native Tribes.

Ultimately, they recommended a multi-step strategy to promote care coordination between IHS facilities and other health care providers. Enclosed is a one-page document highlighting the IHS strategy recommended by the AHA task force, along with an executive summary of their full report.

Again, we look forward to working with you on these important issues.

Sincerely,

//s//

Thomas P. Nickels
Executive Vice President



Emerging Strategies to Ensure Access to Health Care Services

Indian Health Services Strategy



The AHA Task Force on Ensuring Access in Vulnerable Communities examined ways in which the access to and delivery of care could be improved. For American Indian and Alaska Native Tribes that receive health care services from the Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, the AHA recommends a multi-step strategy to promote care coordination between IHS facilities and other health care providers. Doing so would increase access to, and the quality of, care provided for this population.

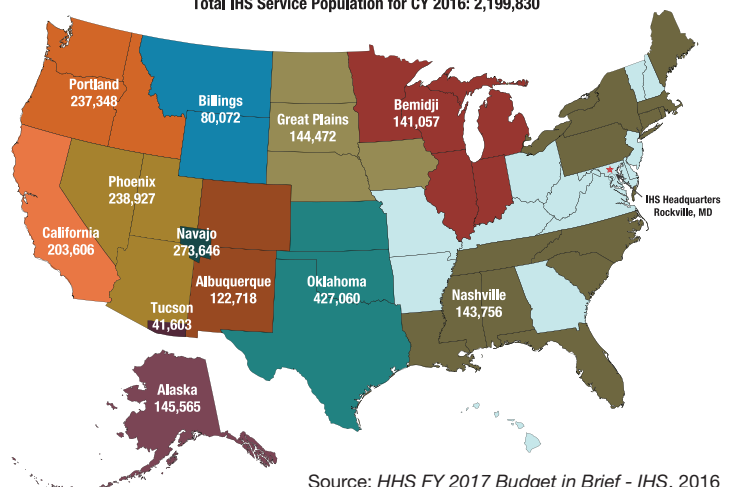
Improve care coordination between IHS facilities and non-IHS facilities

- 1 Assessment.** IHS facilities should conduct an assessment of the health care services they currently offer and those available in surrounding communities. This assessment should identify which health care providers the IHS system could partner with to most efficiently use its limited resources. In addition, the assessment should identify efficiencies that may come from sharing administrative and medical leadership, consolidating capacity and coordinating applications to increase financial support for personnel, equipment or facilities.
- 2 Establish new relationships.** IHS facilities and non-IHS providers should develop relationships to fill service gaps and expand access to needed services. This will include ensuring that financial resources are dedicated to the appropriate health care providers, and that systems are in place to exchange information among the participants responsible for different aspects of care.
- 3 Examine other strategies.** IHS should consider other strategies included in the task force report to improve care coordination. For example, IHS may expand use of virtual care at its facilities to increase access to health care services. IHS facilities could also partner with Federally Qualified Health Centers to eliminate duplication of services or more efficiently use limited IHS resources.

Federal solutions needed for successful implementation

- Increase IHS funding.** Congress should ensure IHS is adequately funded through the appropriations process. In addition, Congress should conduct a study to evaluate funding of IHS—so that limited funds may be used to improve care coordination, and incentivize those providing necessary services.
- Provide technical assistance.** IHS facilities often lack the technical expertise and assistance necessary to bill and collect additional reimbursement for services that may be covered by other federal programs. Congress and the Administration should provide additional technical assistance so that IHS may improve its operations.
- Reduce regulatory burden.** Congress should authorize a study to evaluate regulations that best match the needs of IHS facilities.

Indian Health Service: Service Population by Area
Total IHS Service Population for CY 2016: 2,199,830



To learn more about the task force's report, including case examples, visit www.aha.org/EnsuringAccess.



Task Force on Ensuring Access in Vulnerable Communities

Millions of Americans living in vulnerable rural and urban communities depend upon their hospital as an important, and often only, source of care. However, these communities and their hospitals face many challenges. As the hospital field engages in its most significant transformation to date, some communities may be at risk for losing access to health care services. It will be necessary for payers and health care providers to work together to develop strategies that support the preservation of health care services for all Americans.

Recognizing this, the American Hospital Association (AHA) Board of Trustees, in 2015, created a task force to address these challenges and examine ways in which hospitals can help ensure access to health care services in vulnerable communities. The task force considered a number of integrated, comprehensive strategies to reform health care delivery and payment. Their report sets forth a menu of options from which communities may select based on their unique needs, support structures and preferences. The ultimate goal is to provide vulnerable communities and the hospitals that serve them with the tools necessary to determine the essential services they should strive to maintain locally, and the delivery system options that will allow them to do so. While the task force's focus was on vulnerable communities, these strategies may have broader applicability for all communities as hospitals redefine how they provide better, more integrated care.



Characteristics and Parameters of Vulnerable Communities

The task force defined a vulnerable community as a population that, due to their individual circumstances, is much more likely to be in poor health and have disabling conditions. While the reasons a population may be deemed vulnerable vary widely, the task force found there is no formulaic, defined set of factors that can determine whether or not a community is vulnerable. However, they created a list of characteristics and parameters, of which one or more may be necessary and sufficient to identify a vulnerable rural or urban community.

Characteristics and Parameters of Vulnerable Rural Communities

- Declining population, inability to attract new businesses and business closures
- Aging population

Characteristics and Parameters of Vulnerable Communities

- Lack of access to primary care services
- Poor economy, high unemployment rates and limited economic resources
- High rates of uninsurance or underinsurance
- Cultural differences
- Low education or health literacy levels
- Environmental challenges

Characteristics and Parameters of Vulnerable Urban Communities

- Lack of access to basic “life needs,” such as food, shelter and clothing
- High disease burden

Essential Health Care Services

The range of health care services needed and the ability of individuals to obtain access to health care services varies widely in each community. The task force determined, however, that access to a baseline of high-quality, safe and effective services must be preserved. Table 1 below highlights the essential health care services identified by the task force and illustrates those which may be maintained or enhanced by each emerging strategy.

		Essential Health Care Service								
										
Table 1		Primary care	Psychiatric and substance use treatment services	ED and observation care	Prenatal care	Transportation	Diagnostic services	Home care	Dentistry services	Robust referral structure
Emerging Strategy	Addressing the Social Determinants of Health					X				X
	Global Budget Payments	X	X	X	X	X	X	X		X
	Inpatient/Outpatient Transformation Strategy	X	X	X	X		X			X
	Emergency Medical Center	X		X		X	X			X
	Urgent Care Center	X					X			X
	Virtual Care Strategies	X	X	X						X
	Frontier Health System	X	X	X	X	X	X	X		X
	Rural Hospital-Health Clinic Strategy	X	X	X	X		X		X	X
	Indian Health Services Strategies	X	X	X	X	X	X	X		X

Emerging Strategies to Ensure Access to Health Care Service



Addressing the Social Determinants of Health

Social challenges often prevent individuals from accessing health care or achieving health goals. This strategy includes screening patients to identify unmet social needs; providing navigation services to assist patients in accessing community services; and encouraging alignment between clinical and community services to ensure they are available and responsive to patient needs.



Virtual Care Strategies

Virtual care strategies may be used to maintain or supplement access to health care services. These strategies could offer benefits such as immediate, 24/7 access to physicians and other health care providers, the ability to perform high-tech monitoring and less expensive and more convenient care options for patients.



Global Budgets

Global budgets provide a fixed amount of reimbursement for a specified population over a designated period of time. They may be designed in a way that allows each provider to create a unique plan to meet mandated budgets, thereby allowing vulnerable communities autonomy and flexibility to create solutions that work best for them.



Frontier Health System

This strategy addresses challenges faced by frontier communities, including extreme geographic isolation and low population density. It provides a framework for coordinated health care as individuals move through primary and specialized segments of the medical system.



Inpatient/Outpatient Transformation Strategy

This strategy involves a hospital reducing inpatient capacity to a level that closely reflects the needs of the community. The hospital would then enhance the outpatient and primary care services they offer.



Rural Hospital-Health Clinic Strategy

This strategy allows for integration between rural hospitals and various types of health centers in their communities (e.g., Federally Qualified Health Centers and Rural Health Clinics). These partnerships also could facilitate integration of primary, behavioral and oral health and allow for economies of scale between both organizations.



Emergency Medical Center (EMC)

The EMC allows existing facilities to meet a community's need for emergency and outpatient services, without having to provide inpatient acute care services. EMCs provide emergency services (24 hours a day, 365 days a year) and transportation services. They also would provide outpatient services and post-acute care services, depending on a community's needs.



Indian Health Services (IHS) Strategies

This strategy includes development of partnerships between IHS and non-IHS health care providers aimed at increasing access to health care services for Native American and Alaska Native Tribes and improving the quality of care available and promoting care coordination.



Urgent Care Center (UCC)

UCCs allow existing facilities to maintain an access point for urgent medical conditions that can be treated on an outpatient basis. They are able to assist patients with an illness or injury that does not appear to be life-threatening, but requires care within 24 hours.

To learn more about these strategies and explore case examples, please see the full report at www.aha.org/ensuringaccess.

Barriers to Implementation

The task force identified four types of barriers that could impede transitioning to or implementing these emerging strategies:



Federal Barriers

Many federal policies serve as barriers to successful implementation of these strategies. These include, but are not limited to, fraud and abuse laws and Medicare payment rules.



State Barriers

State laws also present barriers to implementation of these strategies. For example, issues related to clinician licensure across state lines must be addressed for broad implementation of virtual care strategies.



Community Barriers

At the community level, the ability to attract or retain health care providers will remain a challenge, regardless of which of these strategies are selected. Community input, buy-in and acceptance will be critical for success as hospitals transition to these new strategies.



Provider Barriers

Transitioning to these new strategies also may be challenging. For example, it may take longer or require significant investments of time, effort and finances for providers to implement these strategies.

Advocacy Agenda and Assistance Strategy

Successful implementation of these emerging strategies by vulnerable communities is dependent on numerous public policy changes. The task force recommends that AHA develop an advocacy strategy to facilitate adoption of these emerging strategies. This includes advocating for:

- Creation of new Medicare payment methodologies and transitional payments, as appropriate, that would allow for successful implementation of the strategies identified above;
- Creation of new and expansion of existing federal demonstration projects;
- Modification of existing Medicare Conditions of Participation to allow for the formation of the strategies identified above, where necessary;
- Modification of laws that prevent integration of health care providers and the provision of health services;
- Modification of the existing Medicare payment rules that stymie health care providers' ability to identify and place beneficiaries in the clinical setting that best serves their short- and long-term recovery goals; and
- Expansion of Medicare coverage and payment for telehealth.

Even with public policy changes, vulnerable communities and the hospitals that serve them may not have the resources they need to successfully adopt these emerging strategies. AHA will explore providing operational tools and resources to assist our member hospitals and health systems, including toolkits, data analyses, information on grant opportunities, and convening learning networks for information and idea sharing.

To learn more about the work of the AHA Task Force on Ensuring Access in Vulnerable Communities, please visit www.aha.org/ensuringaccess.