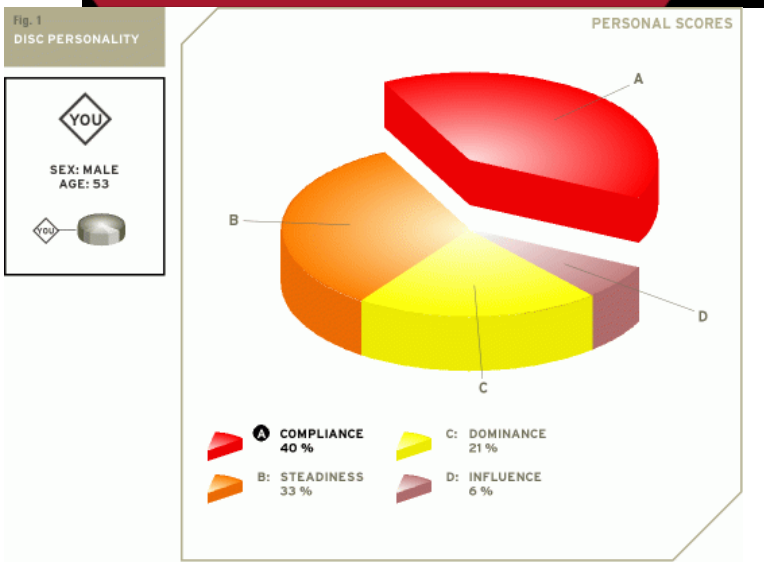
Cherokee Indian Hospital Authority
SDOH – A Hospital Perspective

DISCLOSURES

I have no real or apparent conflict(s) of interest. This pertains to the individual's (spouse, or partner's) financial/professional relationships with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.



Cherokee Indian Hospital

Primary medical home for over 14,000 members of the Eastern Band of Cherokee Indians

Cherokee Indian Hospital (2016):

- Over 26,000 primary care visits/yr
- 19,000 ER visits/yr
- 20-bed inpatient unit with over 600 visits/yr
- ~259,000 prescriptions filled/yr
- Dental clinic seeing with over 12,000 visit/yr
- Eye clinic 4,000/yr

- 3 Satellite clinics
- Detention Center Clinic (Medical and BH)
- Immediate Care Center
- Ancillary services
- Selected specialty clinics
- Interdisciplinary Pain Program including Behavioral Health, Physical Therapy, Nutrition, Acupuncture, Chiropractic services and Massage therapy

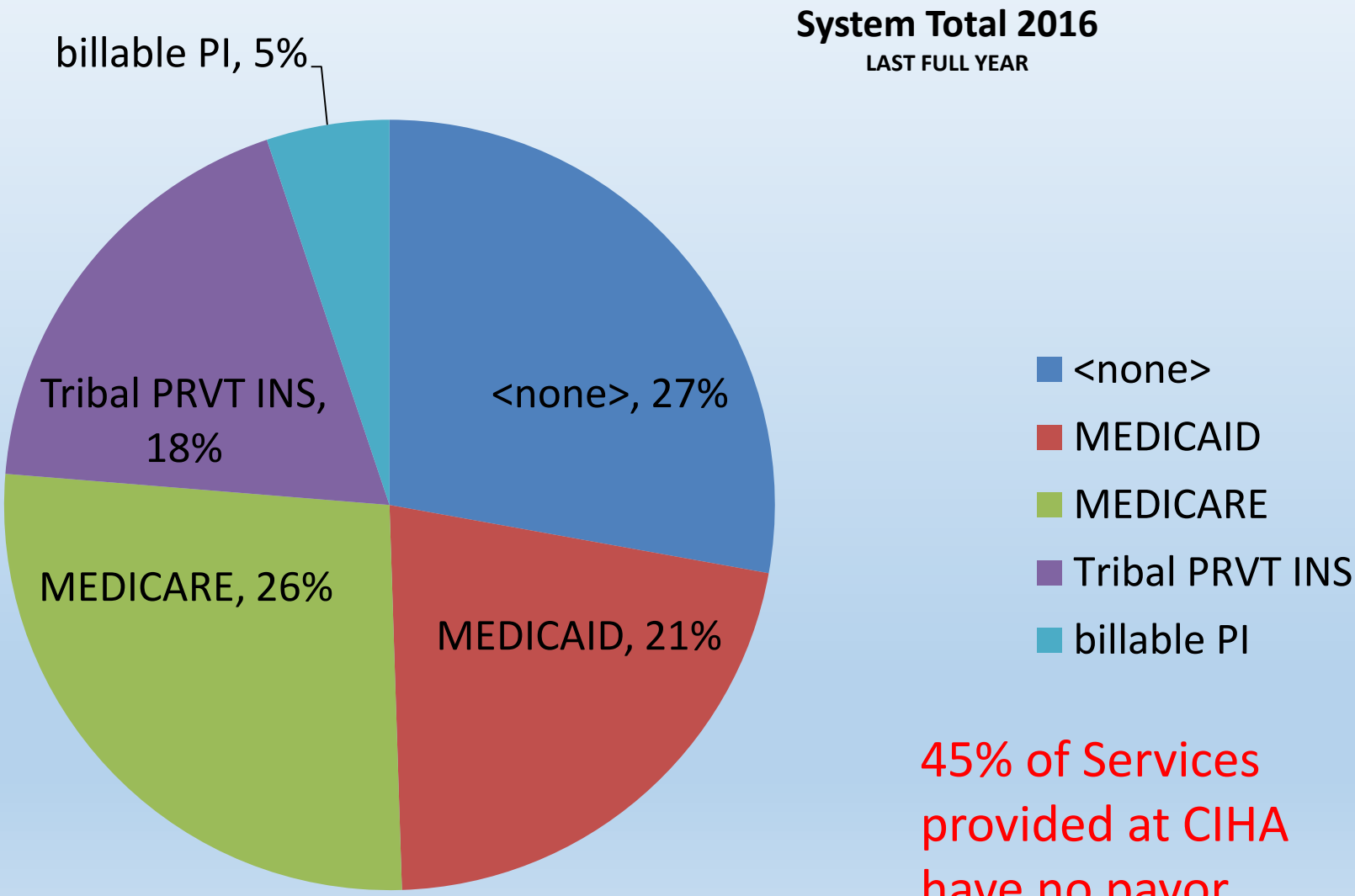
Hospital Funding

100%
FMAP

Billing

North Carolina Medicaid

Payor Mix



45% of Services provided at CIHA have no payor

Purchased and Referred Care (PRC)

Referrals outside our health system

42 CFR 136.61 - Payor of last resort.

eCFR | Authorities (U.S. Code) | What Cites Me

prev | next

§ 136.61 Payor of last resort.

(a) The Indian Health Service is the payor of last resort for persons defined as eligible for contract health services under the regulations in this part, notwithstanding any State or local law or regulation to the contrary.

Core Purpose

To assure the prosperity of the next seven generations of the Eastern Band of the Cherokee

GUIDING PRINCIPLES: ONE

U wa shv u da nv te lv

(oo wa shuh oo da nuh tay luh)

"The one who helps you from the heart"

Cherokees have been misled and mistreated over the centuries by opportunists disguised as well-meaning subject matter experts. For this reason, to be effective in this community requires genuine, evident commitment to the best interest of the community.

"This community doesn't care what you know until it knows you care"

CIHA believes that care and service delivered most effectively is delivered from the heart.

GUIDING PRINCIPLES: TWO

To hi

(toe hee)

"A state of peace and balance"

Cherokee believe that all things endeavor to achieve this ultimate state of peace where all things are in balance and as they should be.

CIHA believes "to hi" can only be achieved through healthy relationships, and is fundamental to living healthy lives.

GUIDING PRINCIPLES: THREE

Ni hi tsa tse li

(nee hee zah zay lee or nee he ja jay lee)

"It belongs to you"

Cherokee like most Native Americans enjoy the first pre-purchased health care in this country. Health care was purchased by ancestors through treaties with the United States, as recompense for the atrocities that resulted from horrific "Indian Policy" in this country.

CIHA believes that all health care services belong to the people and CIHA is a steward of their inheritance, charged with safeguarding it and providing it to them when and how they need it.

GUIDING PRINCIPLES: FOUR

Di qwa tse li i yu s di

(dee gwa shay lee ee you sdee)

"Like family to me" or

"He, she, they are like my own family"

CIHA is committed to being the health partner of choice for this community enjoying the relationships found in healthy families.

The Health System

Hospital
Medical Staff
- Outpatient Department
Dental
Outlying Clinics
Behavioral Health
- Recovery Continuum
Detention Center Clinic

Public Health and Human Services
Nursing Home
Home Health
Community Health
Head Start
Family Safety
Women's Wellness Clinic
THIP (Tribal Health Improvement Project)
WIC
Juvenile Services
Domestic Violence
Cherokee Choices
Tribal Food Distribution Program

CIHA Key Step #1

Nurture a strong partnership with your Public Health Department

Eastern Band of Cherokee Indians

Tribal Health Improvement Plan 2015-2017

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Os-da a-ye-lv-i

"good health or good body"

Eastern Band of Cherokee Indians Tribal Health Assessment

July 1 2013

CHEROKEE HEALTH & MEDICAL

Diabetes

Issue: High rate of Type 2 diabetes among Tribal members

Focus: Prevention

- Address obesity
- Decrease stress
- Increase physical activity
- Improve nutrition

Success: A decrease in incidence of Type 2 diabetes within the Tribe.

Substance Abuse

Issue: Overindulgence or dependence on an addictive substance that is harmful to individual, family and/or friends.

Focus: Prevention

Success: Lower incidence of addiction in community.

Depression

Issue: Lack of understanding of signs and symptoms associated with depression among children and adults

Focus: Awareness

Success: People in the community able to identify when they are depressed and know where to go for help.

American Indian/Alaska Native Health Disparities

- American Indians are more likely to die from certain diseases than general population --
  - Alcoholism -- 514% higher
  - Tuberculosis -- 500% higher
  - Diabetes -- 177% higher
  - MVA- 229% higher
  - Accidents -- 140% higher
  - Suicide 92% greater
  - Pneumonia, influenza -- 52% higher

Eastern Band of Cherokee

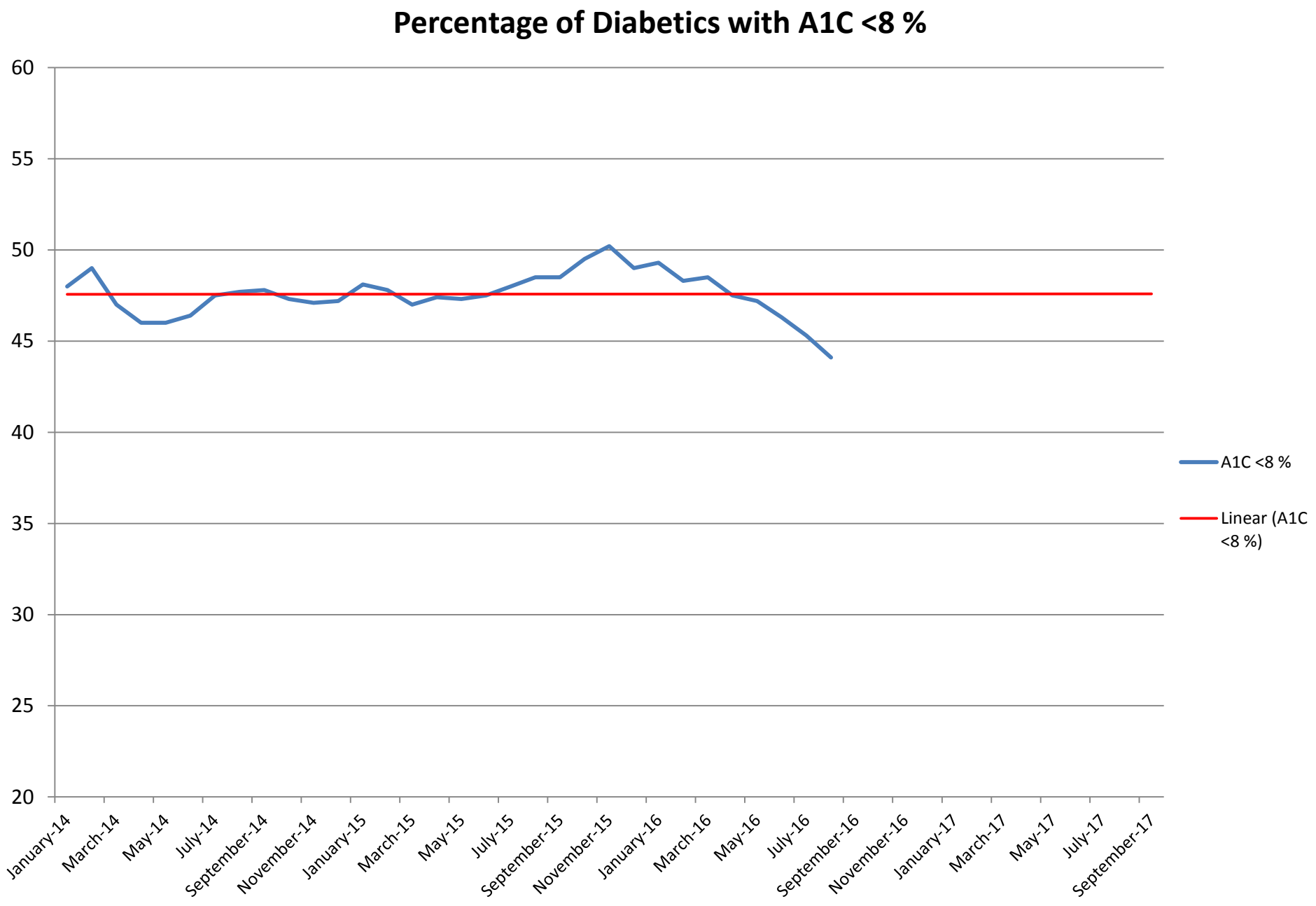
As of July 18, 2017
- Dashboard #'s for Current GPRA Year

National GPRA Measures	Site Current	Goal	Met	Within 5% of Goal	Within 10% of Goal	More than 10% from Goal
Good Glycemic Control <8	45.5%	48.4%		X		
Controlled BP < 140/90	68.2%	63.8%	X			
DM Statin Therapy	74.6%	61.9%	X			
Nephropathy Assessed	65.6%	63.3%	X			
Retinopathy Exam	78.1%	63.1%	X			
Access to Dental Services	36.7%	29.7%	X			
Dental Sealants	30.9%	16.6%	X			
Topical Fluoride	49.2%	29.9%	X			
Influenza Vaccine Rates - 6 mos - 17 yrs	34.1%	37.1%		X		
Influenza Vaccine Rates - 18+	46.3%	38.7%	X			
Pneumococcal Vaccineation - 65+	86.4%	86.7%		X		
Childhood Immunizations	75.2%	74.8%	X			
Pap Smear Rates	68.5%	56.1%	X			
Mammogram Rates	75.1%	56.7%	X			
Colorectal Cancer Screening	61.2%	40.2%	X			
Tobacco Cessation	87.4%	53.2%	X			
Alcohol Screening - 12-75 yrs	83.4%	83.4%	X			
SBIRT - 9-75 yrs	3.8%	3.8%	X			
IPV/DV Screening - 14-46 yrs	80.2%	65.3%	X			
Depression Screening - 12-17 yrs	39.7%	39.7%	X			
Depression Screening - 18+	72.4%	70.0%	X			
Antidepressant Medication Management - Acute Treatment	42.4%	42.4%	X			
Antidepressant Medication Management - Continuous Treatment	28.0%	28.0%	X			
Million Hearts - Controlled BP < 140/90	61.0%	59.7%	X			
CVD Statin Therapy	62.1%	62.1%	X			
HIV Screen Ever	68.4%	41.9%	X			
Breastfeeding	47.3%	36.4%	X			
Total Met or Not Met			**24**	**3**	**0**	**0**

Non-National GPRA Measures	Site Current	Goal	Met	Within 5% of Goal	Within 10% of Goal	More than 10% from Goal
Diabetes Prevalence (should be below goal)	21.6%	14.7%			X	
Tobacco Use Assessment	86.1%	68.7%	X			
Tobacco Use Prevalence (should be below goal)	32.4%	25.7%			X	
Childhood Weight Control (should be below goal)	25.1%	22.3%		X		
Total Met or Not Met			**1**	**1**	**2**	**0**

CIHA Key #2

Collect as much trustworthy data as you can


Percentage of Diabetics with A1C <8 %
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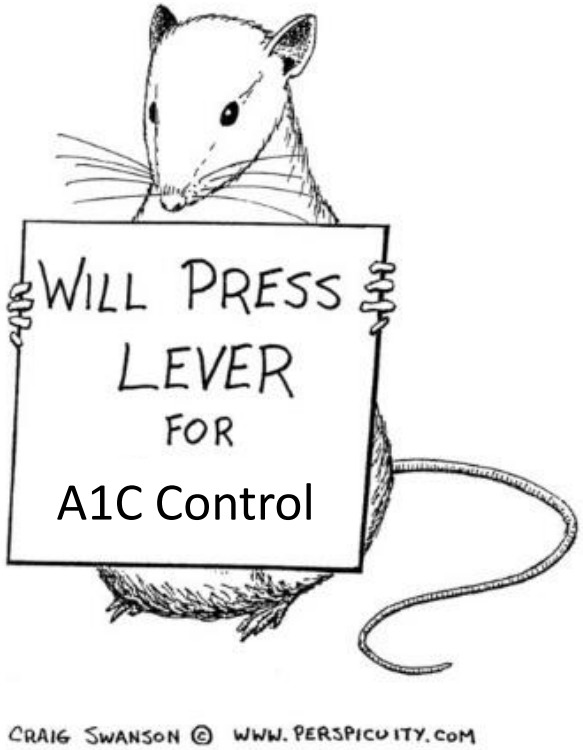
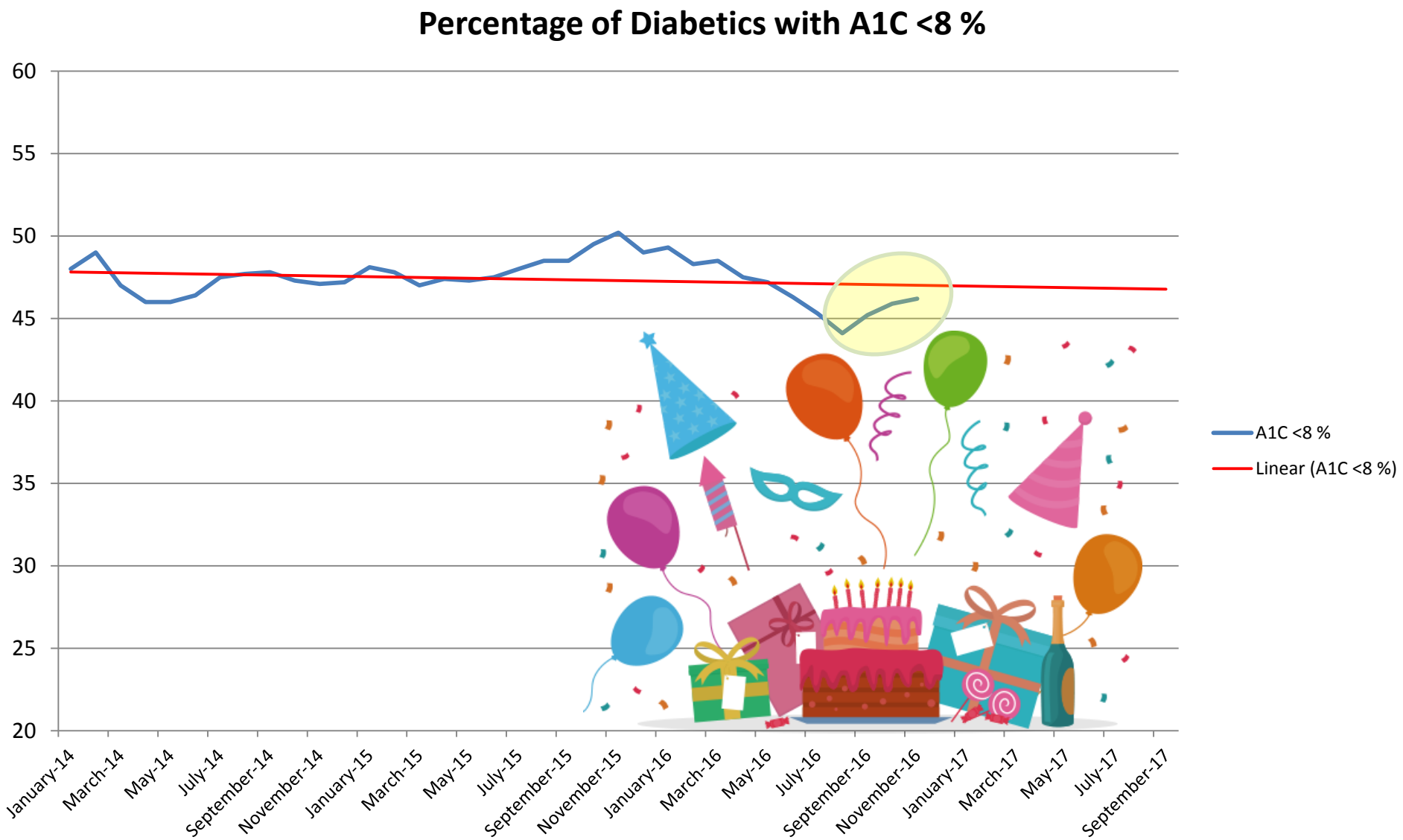
September-17
A1C <8 %
Linear (A1C <8 %)

Traditional Response

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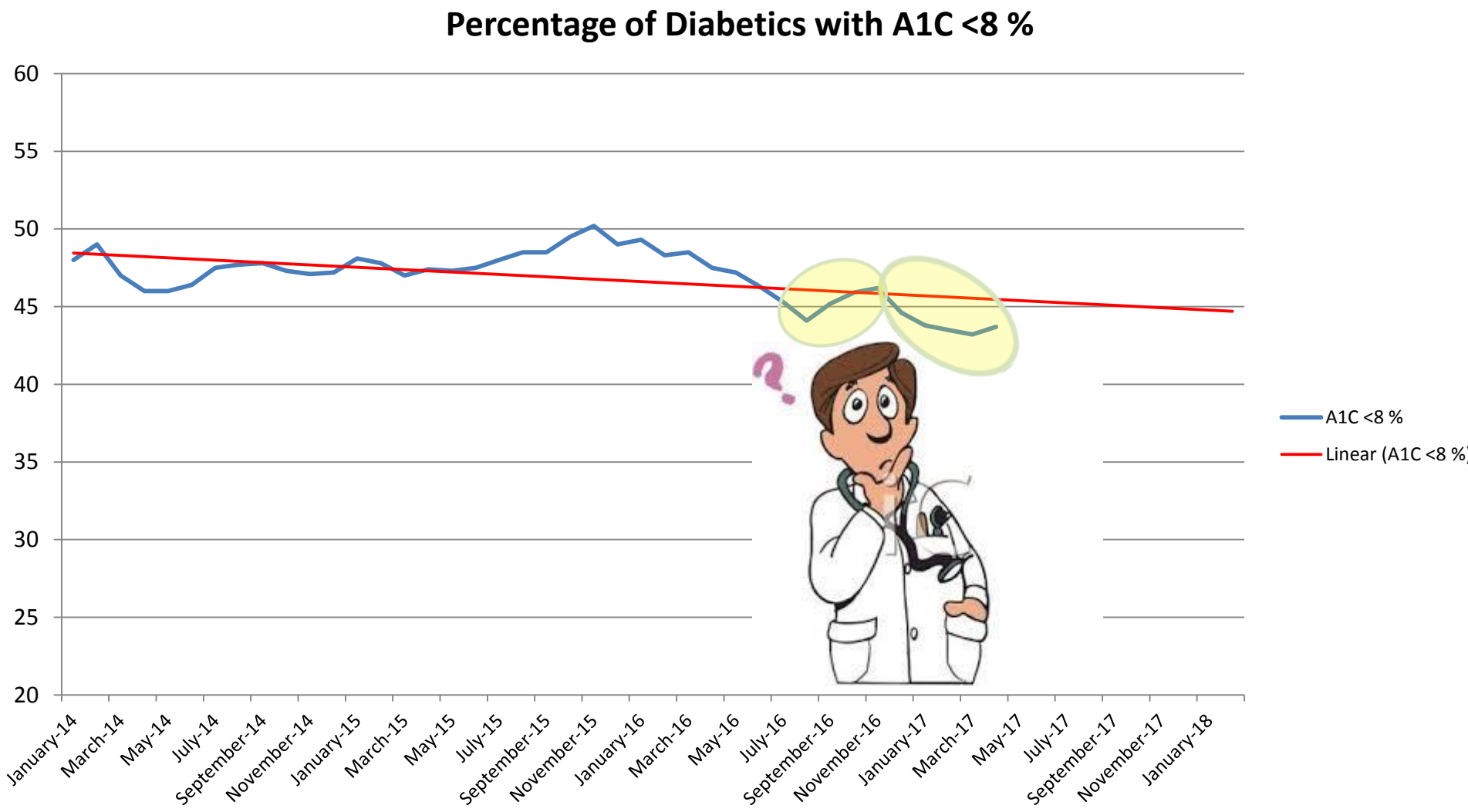
A1C <8 %
Linear (A1C <8 %)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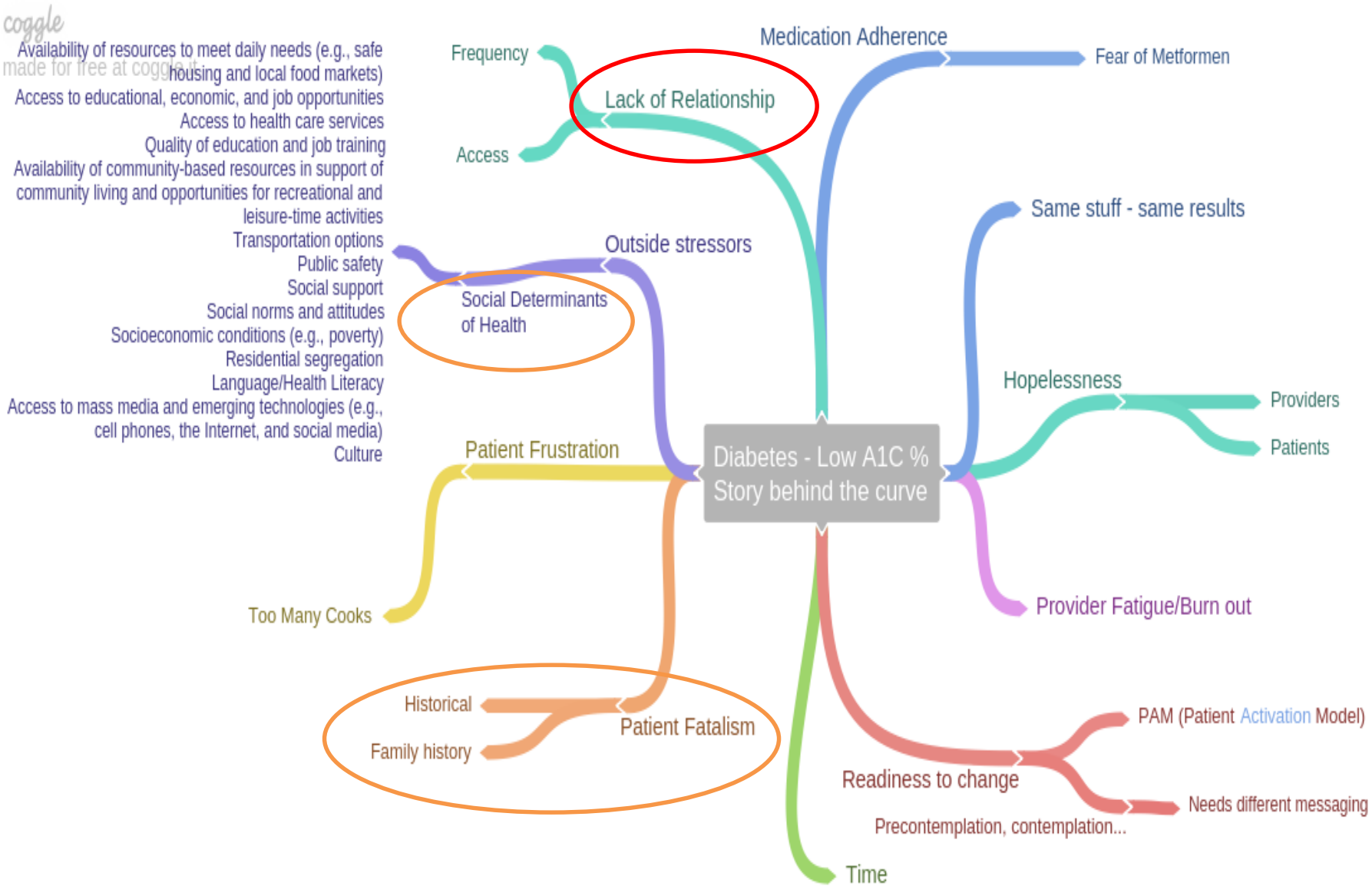
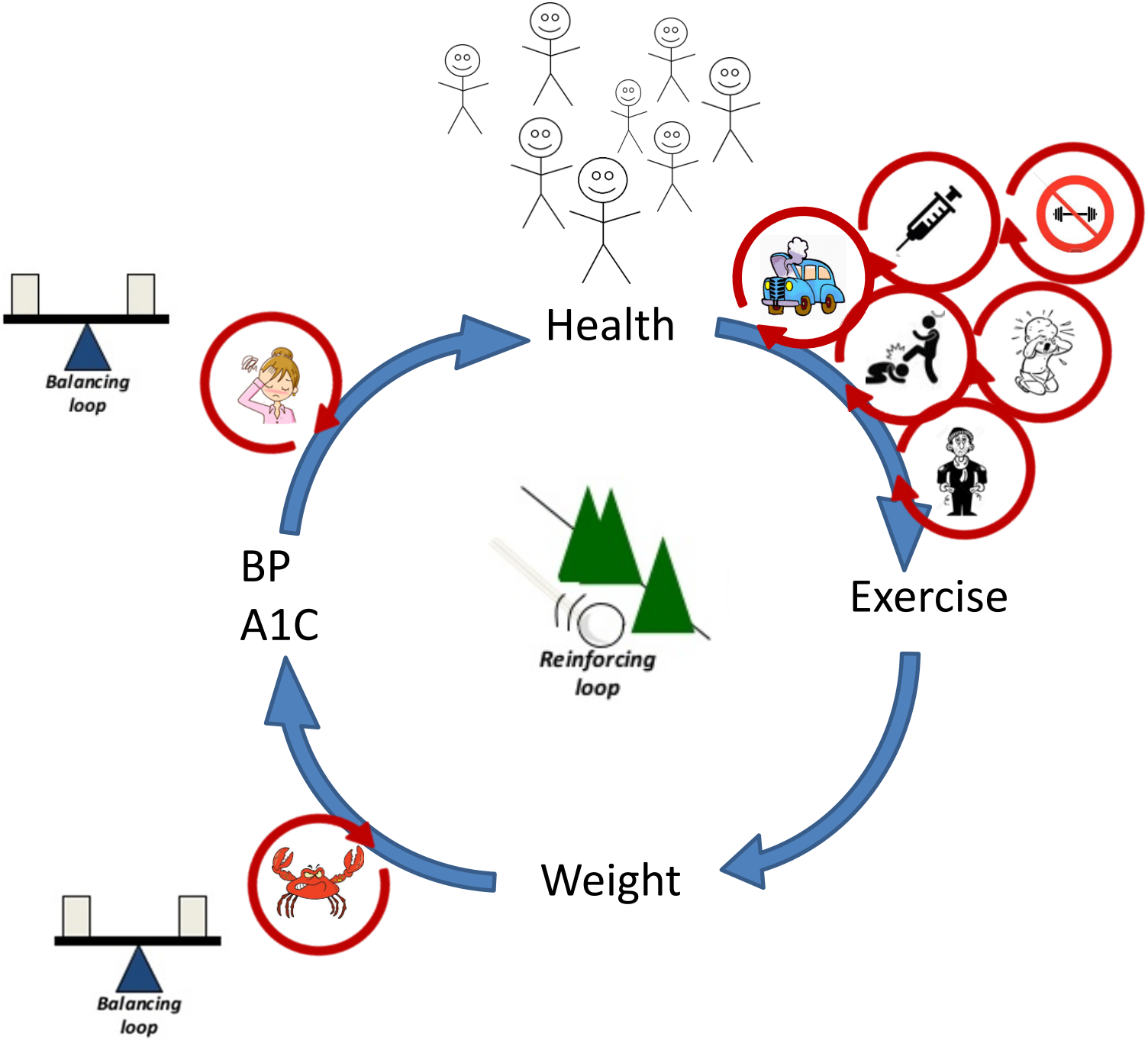
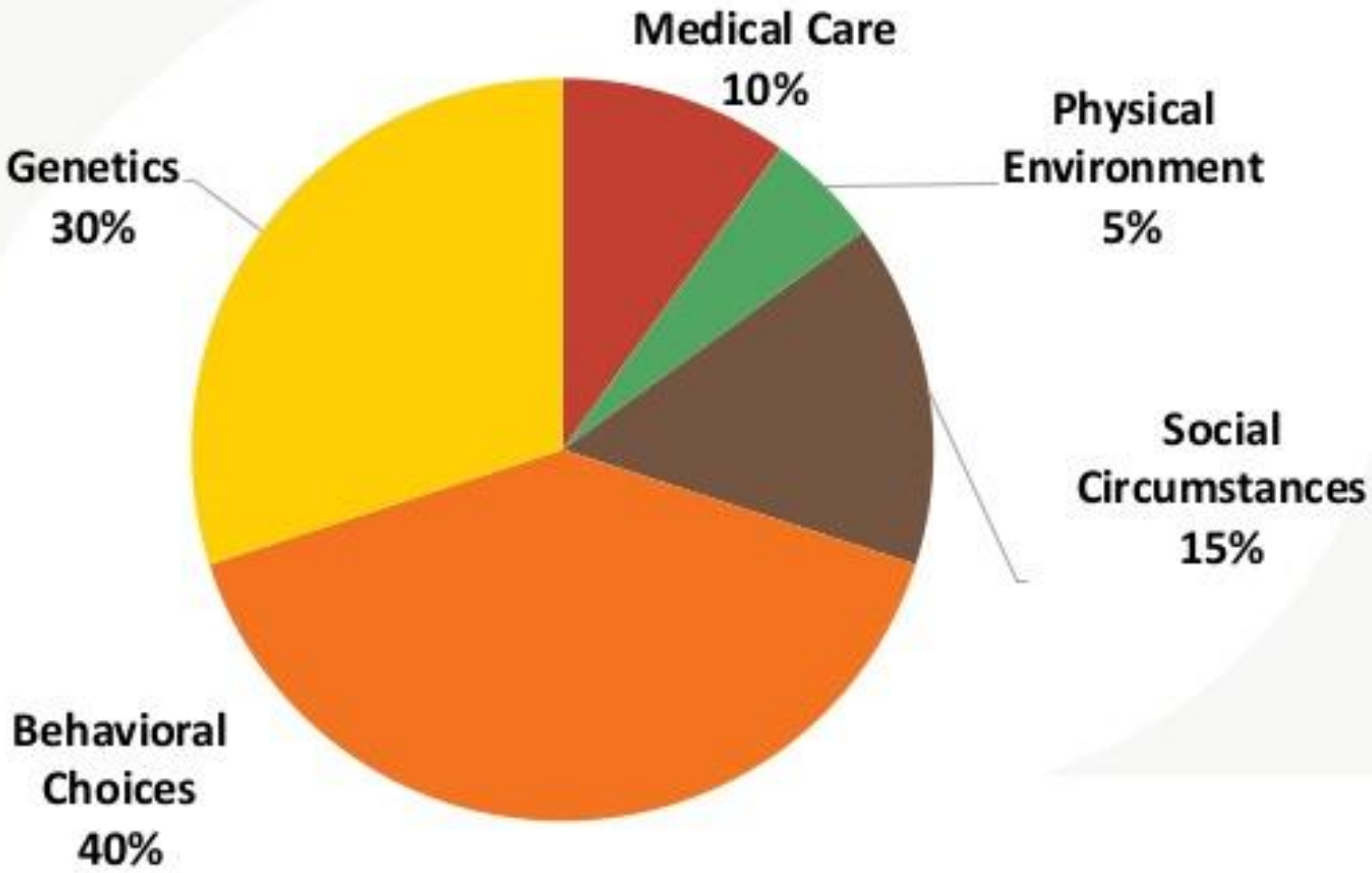
September-17
November-17
January-18
A1C <8 %
Linear (A1C <8 %)


coggle
made for free at coggle.it
Availability of resources to meet daily needs (e.g., safe housing and local food markets)
Access to educational, economic, and job opportunities
Access to health care services
Quality of education and job training
Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
Transportation options
Public safety
Social support
Social norms and attitudes
Socioeconomic conditions (e.g., poverty)
Residential segregation
Language/Health Literacy
Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
Culture
Frequency
Access
Lack of Relationship
Medication Adherence
Fear of Metformen
Same stuff - same results
Outside stressors
Social Determinants of Health
Hopelessness
Providers
Patients
Patient Frustration
Diabetes - Low A1C %
Story behind the curve
Too Many Cooks
Provider Fatigue/Burn out
Historical
Family history
Patient Fatalism
PAM (Patient Activation Model)
Readiness to change
Needs different messaging
Precontemplation, contemplation...
Time

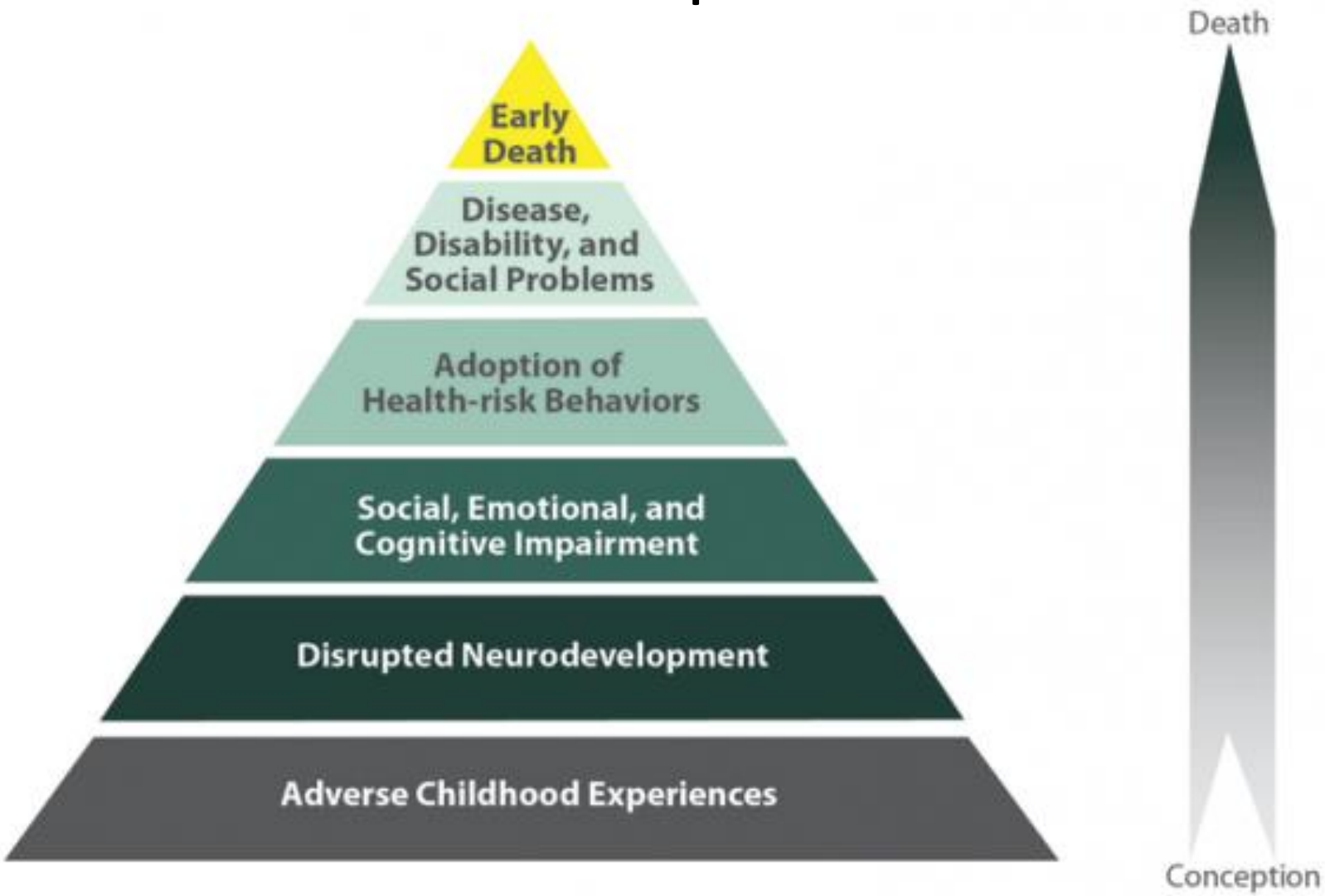

Health
Exercise
Weight
BP
A1C
Balancing loop
Reinforcing loop
Balancing loop

What influences our health?



** McGinnis, J., Williams-Russo, P. and Knickman, J. The Case For More Active Policy Attention To Health Promotion. Health Affairs, 21, no.2 (2002):78-93*

Adverse Childhood Experiences



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Adverse Childhood Experiences (ACE)

- **Physical, emotional, sexual abuse; mentally ill, substance abusing, incarcerated family member; seeing mother beaten; parents divorced/separated**

--Overall Exposure: 86% (among 7 tribes)

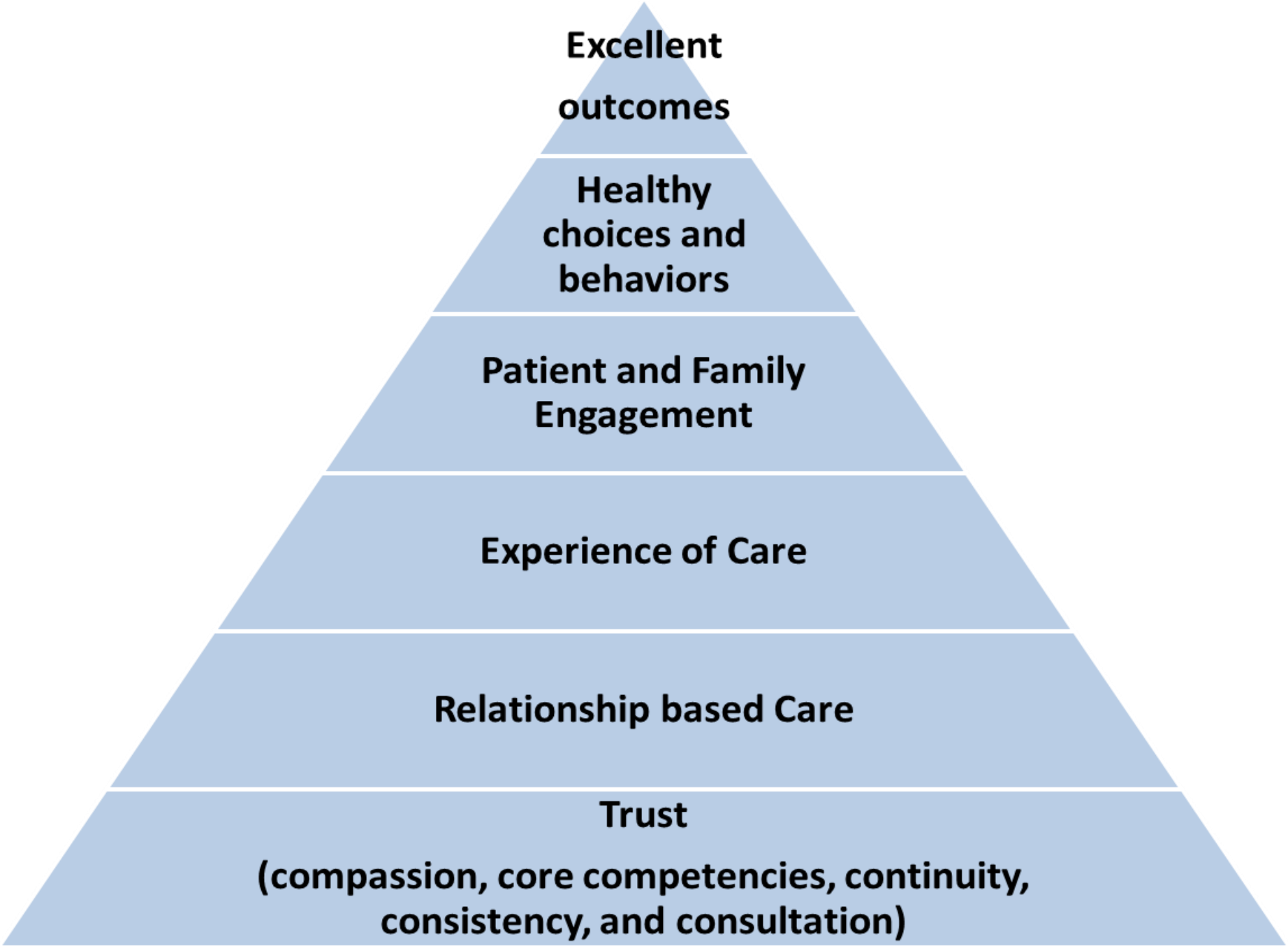
	Non-Native	Native
Physical Abuse-M	30%	40%
Physical Abuse-F	27	42
Sexual Abuse-M	16	24
Sexual Abuse-F	25	31
Emotional Abuse	11	30
Household alcohol	27	65
Four or More ACEs	6	33

Am J Prev Med 2003;25:238-244

ACE Score ≥4

- 4-12x risk: alcoholism, drug abuse, depression, suicide attempt
- 2-4x risk: smoking, teen pregnancy, multiple sexual partners
- 1.4-1.6x risk: severe obesity
- Strong graded relationship at all levels of ACEs for almost all outcomes, including heart disease

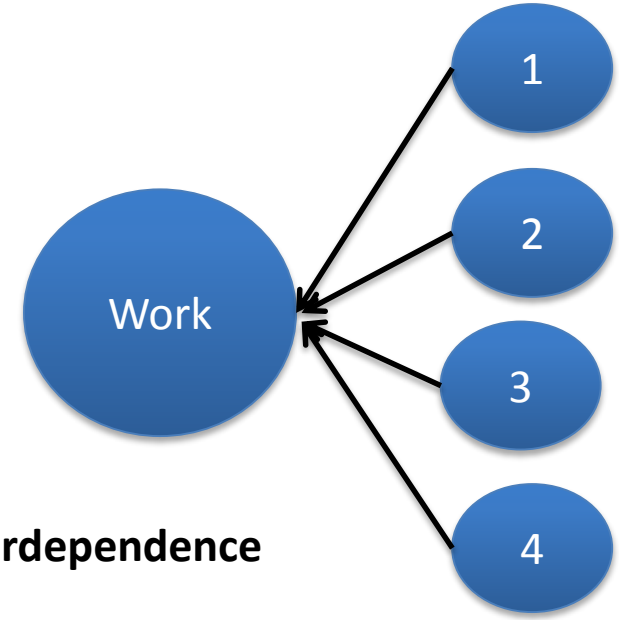
Am J Prev Med 1998;14:245-258 and *Circulation* 2004;110:1761-6


Excellent
outcomes
Healthy
choices and
behaviors
Patient and Family
Engagement
Experience of Care
Relationship based Care
Trust
(compassion, core competencies, continuity,
consistency, and consultation)

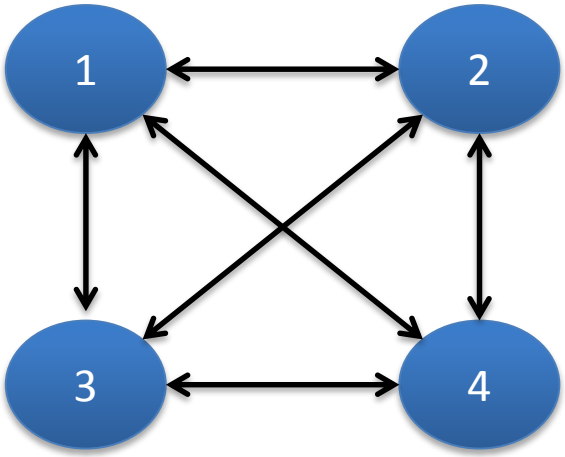
CIHA Key #3

Move to Team based Health Care

What is a Team



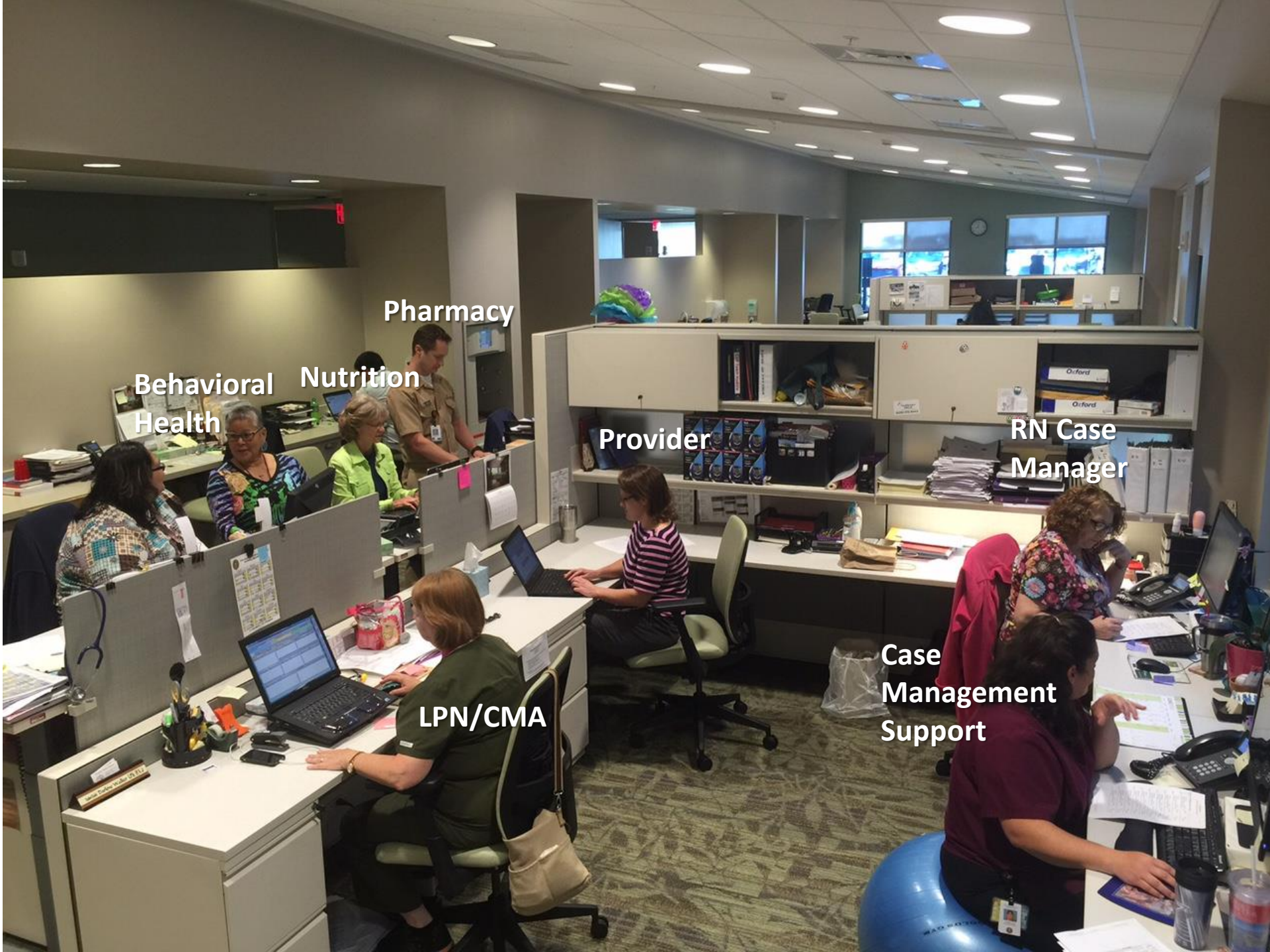
Pooled Interdependence



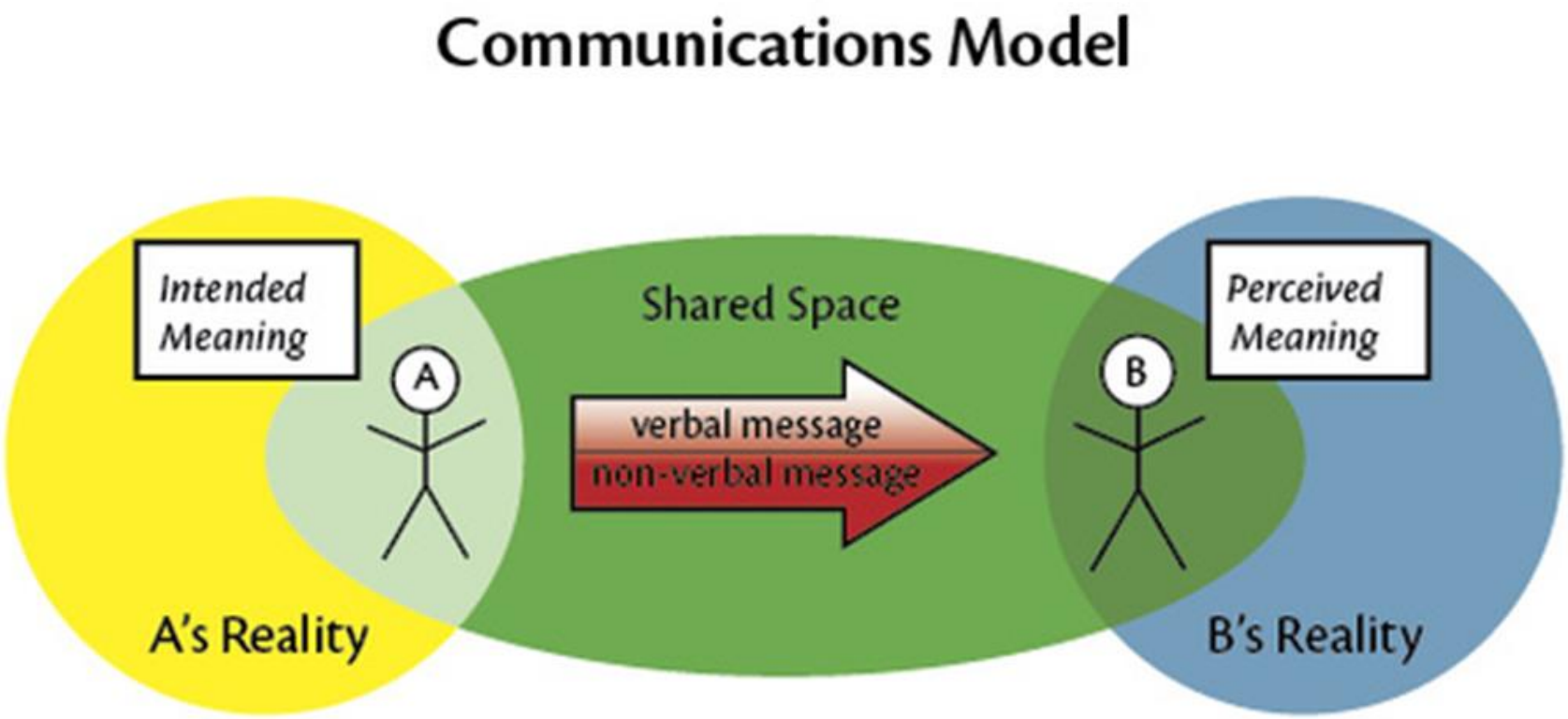
Reciprocal Interdependence

Sequential Interdependence

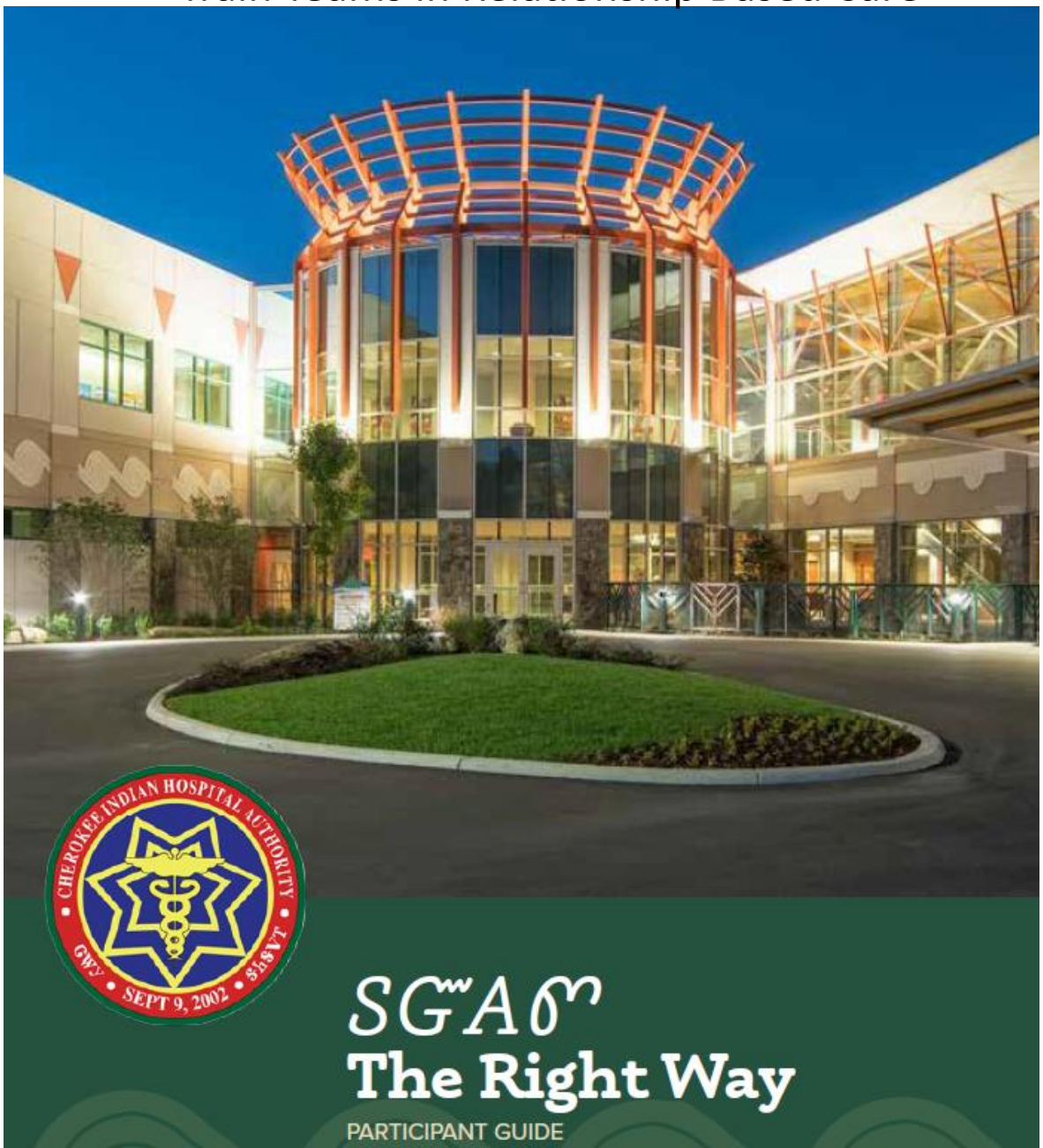
Cohen & Bailey 1997


Pharmacy
Behavioral Health
Nutrition
Provider
RN Case Manager
Case Management Support
LPN/CMA

How do we even know what social determinants of health are in play?



CIHA Key #4
Train Teams in Relationship Based Care



DEFINITION OF THE RIGHT WAY

- Guiding principles each employee should use in every interaction in order to create healthy relationships

WHY THE RIGHT WAY TRAINING?

- Better at communicating and working together with our patients and each other in order to achieve our mission and vision
- Increase in patient satisfaction
- Increase in the climate of trust for employees
- Proactive in making a change on major issues facing our community

BOTTOM LINE

- The Right Way Training is about a set of tools to enable employees, wherever they are on their own journey, to increase their capacity to relate to those with whom they work
- Better relationships = healthy patients AND healthy employees

COURSE OBJECTIVES

- Understand how to improve the health of the population by being a more effective member of the CIHA team
- Understand how the power of empathy and compassion for yourself and others can improve the experience of care for patients
- Understand how to improve patient and family engagement through relationships and effective communication

PURPOSE OF THE RIGHT WAY

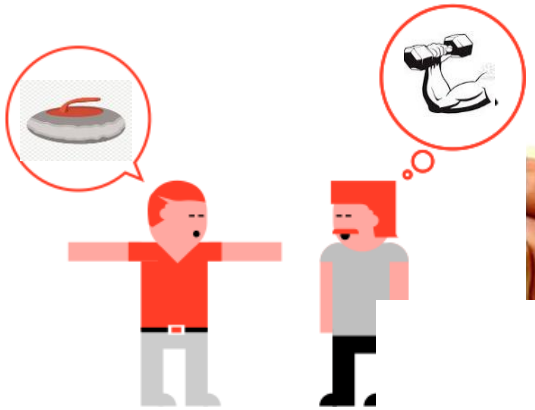
- Improve the health of our local population
- Improve the experience of care for patients
- Increase patient and family engagement
- Improve customer loyalty

HEALTH IMPROVEMENT INITIATIVES

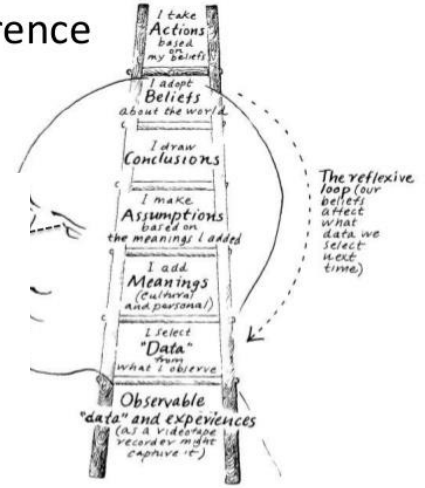
From the Eastern Band of Cherokee Indians' 2015-2017 Tribal Health Improvement Plan:

- Diabetes
- Substance Abuse
- Depression

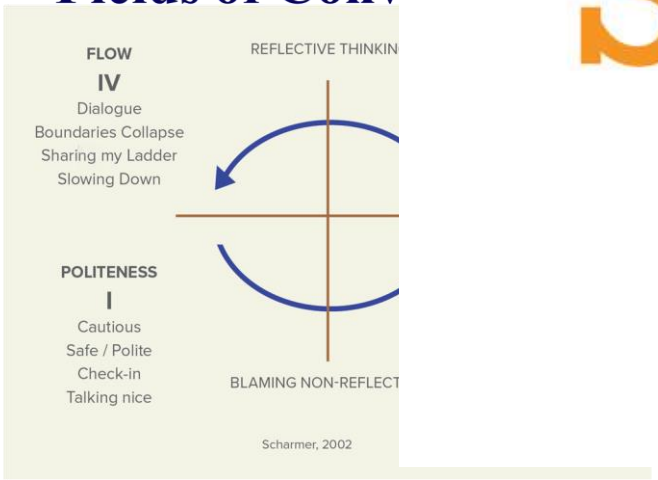
Right Way Tools



Ladder of Inference

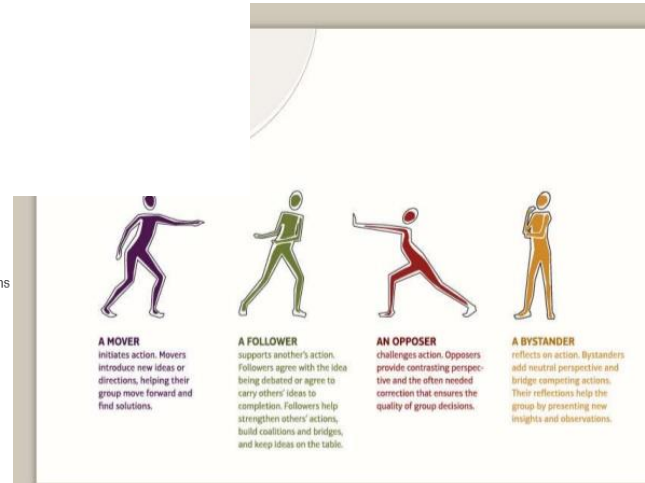


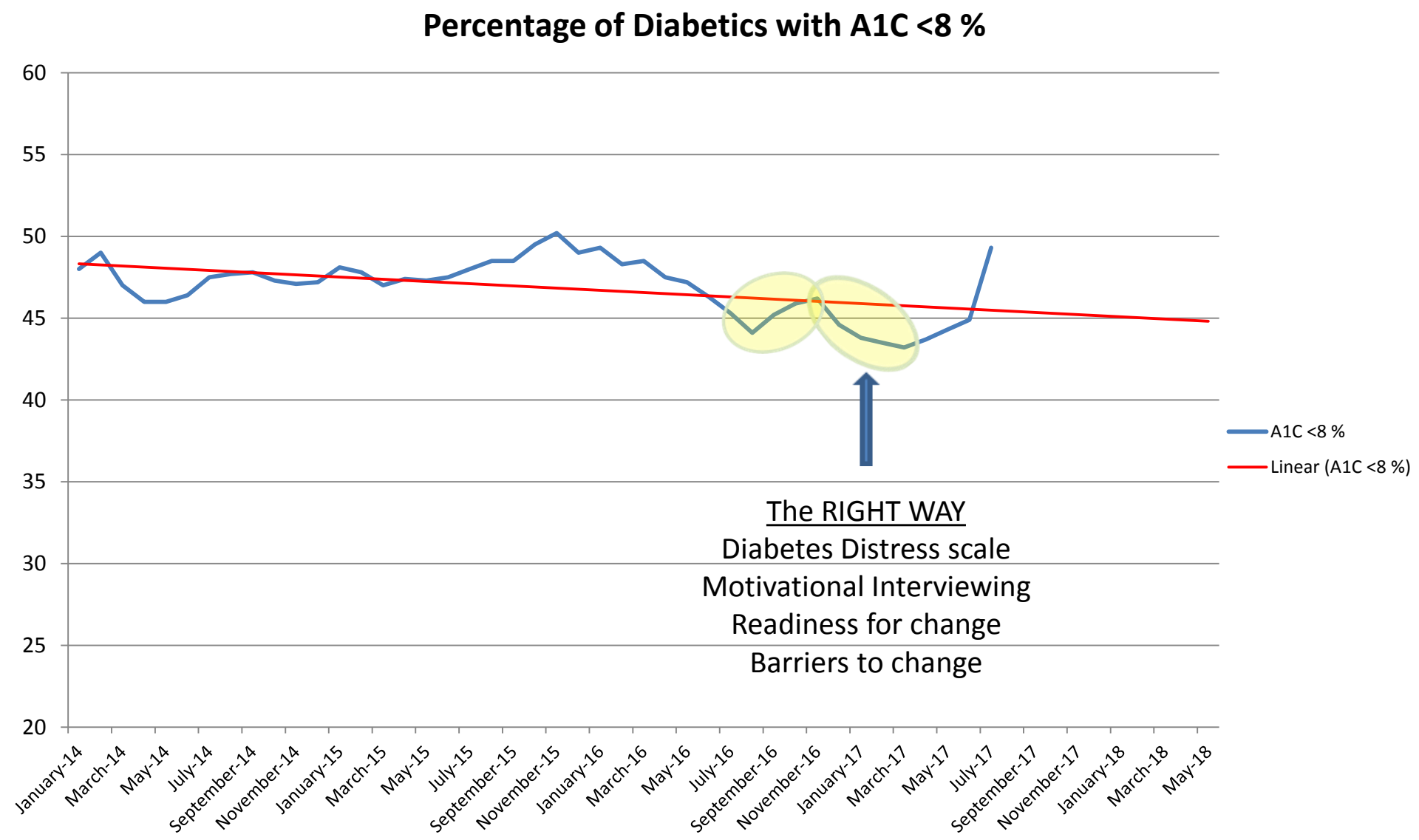
mmon Ground When Engineers Don't Like Features – Teresa Torres, Jan 2013



Left Hand Column	Right Hand Column
What I was thinking but did not say...	What was actually said...

Impact Leadership Development Group, LLC

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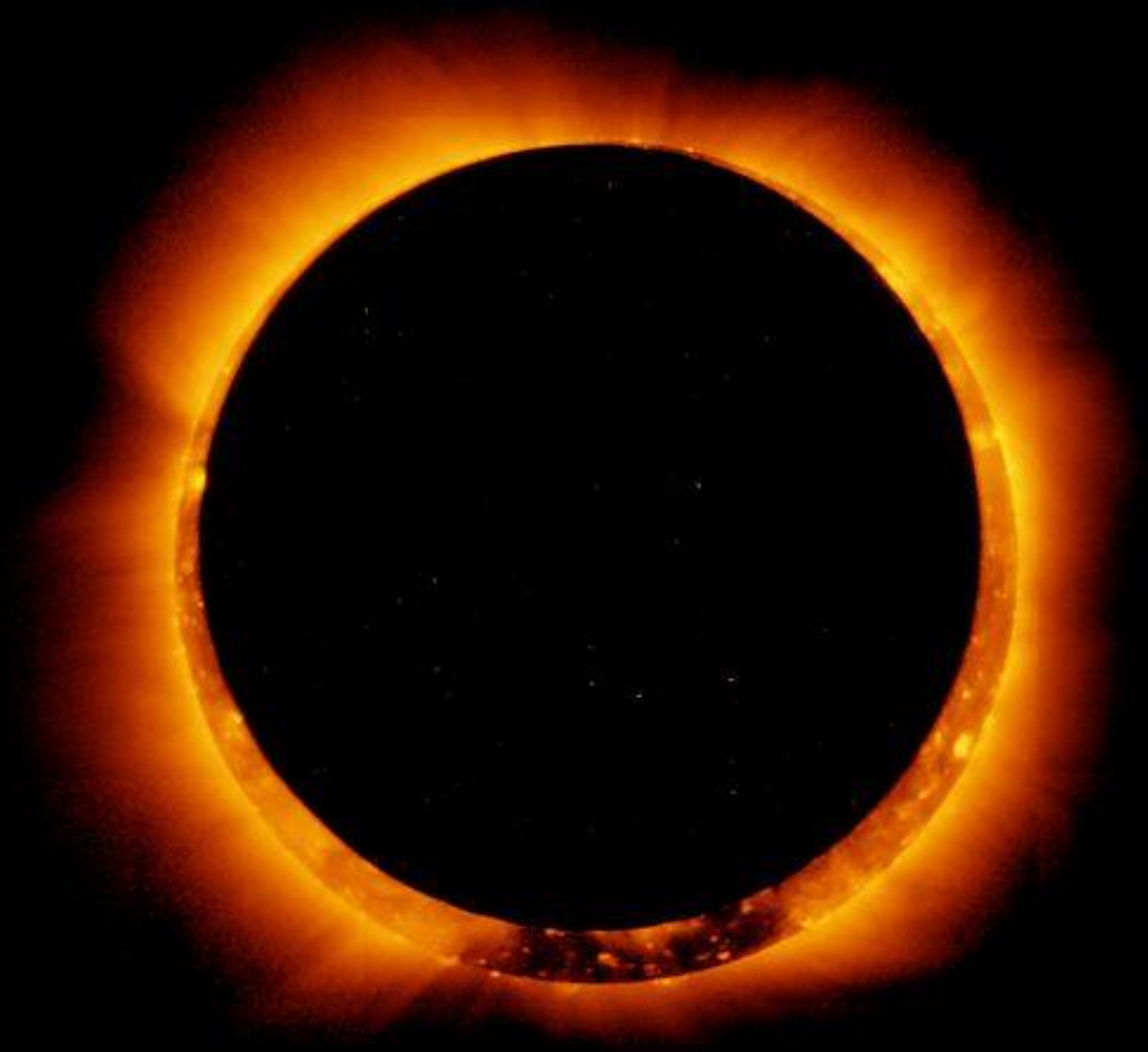
November-16
January-17
March-17
May-17
July-17
September-17
November-17
January-18
March-18
May-18
A1C <8 %
Linear (A1C <8 %)
The RIGHT WAY
Diabetes Distress scale
Motivational Interviewing
Readiness for change
Barriers to change

SUMMARY – What We Did

- Nurtured a strong partnership with Public Health
  - Understand what SDOH's are in our community
  - Be influential in community efforts for healthy change
- Gathered as much trustworthy data as we could
  - Influence internal priorities as well as public policy
- Moved to team based care with embedded supports
  - Bringing the services to the patient
  - No one can do this alone!
- Effect behavioral change through relationship building
  - Improves communication between teams and patients
  - Increase effectiveness of Health Care Interventions
    - Stronger, more effective teams
    - Opening the door for people to tell us how SDOH are affecting their lives

We are all *just stories* in the



QUESTIONS?