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 visits/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

Billing

100% FMAP

Medicare

North Carolina Medicaid
Payor Mix

- Tribal PRVT INS, 18%
- MEDICARE, 26%
- MEDICAID, 21%
- <none>, 27%
- billable PI, 5%

System Total 2016
LAST FULL YEAR

45% of Services provided at CIHA have no payor
§ 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

Tribal Health Improvement Plan 2015-2017

Eastern Band of Cherokee Indians

Os-da a-ye-lv-i
“good health or good body”
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
As of July 18, 2017
- Dashboard #’s for Current GPRA Year

<table>
<thead>
<tr>
<th>National GPRA Measures</th>
<th>Site Current</th>
<th>Goal</th>
<th>Met</th>
<th>Within 5% of Goal</th>
<th>Within 10% of Goal</th>
<th>More than 10% from Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Glycemic Control -8</td>
<td>45.5%</td>
<td>48.4%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controlled BP &lt; 140/90</td>
<td>68.2%</td>
<td>63.8%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DM Statin Therapy</td>
<td>74.6%</td>
<td>61.9%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephropathy Assessed</td>
<td>65.6%</td>
<td>63.3%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinopathy Exam</td>
<td>78.1%</td>
<td>63.1%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Dental Services</td>
<td>36.7%</td>
<td>29.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Sealants</td>
<td>30.9%</td>
<td>16.6%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical Fluoride</td>
<td>49.2%</td>
<td>29.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccine Rates - 6 mos - 17 yrs</td>
<td>34.1%</td>
<td>37.1%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccine Rates - 18+</td>
<td>46.3%</td>
<td>38.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Vaccineination - 65+</td>
<td>86.4%</td>
<td>86.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Immunizations</td>
<td>75.2%</td>
<td>74.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear Rates</td>
<td>68.5%</td>
<td>56.1%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram Rates</td>
<td>75.1%</td>
<td>56.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>61.2%</td>
<td>40.2%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>87.4%</td>
<td>53.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Screening - 12-75 yrs</td>
<td>83.4%</td>
<td>83.4%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBIRT - 9-75 yrs</td>
<td>3.6%</td>
<td>3.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV/DV Screening - 14-46 yrs</td>
<td>80.2%</td>
<td>65.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Screening - 12-17 yrs</td>
<td>39.7%</td>
<td>39.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Screening - 18+</td>
<td>72.4%</td>
<td>70.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medication Management - Acute Treatment</td>
<td>42.4%</td>
<td>42.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medication Management - Continuous Treatment</td>
<td>28.0%</td>
<td>28.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Million Hearts - Controlled BP &lt; 140/90</td>
<td>61.0%</td>
<td>59.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVD Statin Therapy</td>
<td>62.1%</td>
<td>62.1%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Screen Ever</td>
<td>68.4%</td>
<td>41.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>47.3%</td>
<td>36.4%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Met or Not Met</strong></td>
<td><strong>24</strong></td>
<td><strong>3</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-National GPRA Measures</th>
<th>Site Current</th>
<th>Goal</th>
<th>Met</th>
<th>Within 5% of Goal</th>
<th>Within 10% of Goal</th>
<th>More than 10% from Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Prevalence (should be below goal)</td>
<td>21.6%</td>
<td>14.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use Assessment</td>
<td>86.1%</td>
<td>68.7%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use Prevalence (should be below goal)</td>
<td>32.4%</td>
<td>25.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Weight Control (should be below goal)</td>
<td>25.1%</td>
<td>22.3%</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Met or Not Met</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
<td></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>
CIHA Key #2
Collect as much trustworthy data as you can

BAD DATA = BAD EVERYTHING
Percentage of Diabetics with A1C <8 %

Linear (A1C <8 %)
Traditional Response

A1C Control
Percentage of Diabetics with A1C <8 %
What influences our health?

- Genetics: 30%
- Behavioral Choices: 40%
- Medical Care: 10%
- Physical Environment: 5%
- Social Circumstances: 15%

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)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Non-Native</th>
<th>Native</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse-M</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Physical Abuse-F</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td>Sexual Abuse-M</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Sexual Abuse-F</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>Household alcohol</td>
<td>27</td>
<td>65</td>
</tr>
<tr>
<td>Four or More ACEs</td>
<td>6</td>
<td>33</td>
</tr>
</tbody>
</table>

*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

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

Pooled Interdependence

Sequential Interdependence

Reciprocal Interdependence

CIHA Key #3
Move to Team based Health Care

Cohen & Bailey 1997
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

Fields of Conv

FLOW
IV
Dialogue
Boundaries Collapse
Sharing my Ladder
Slowing Down

REFLECTIVE THINKING

POLITENESS
I
Cautious
Safe / Polite
Check-in
Talking nice

BLAMING NON-REFLECT

Scharmer, 2002

The Power of a
STORY

SUSPENDING
Stepping back or noticing and releasing your judgments, seeking to discover another perspective

LISTENING
Hearing the messages as well as the words, listening past your own interpretations

Respecting
Honoring the legitimacy of another's point of view

Ladder of Inference

Imagery Ground When Engineers Don't Like Features - Thaddeus Torres, Jun 2013
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 end.
QUESTIONS?