Training our Own: How to Address Primary Care Shortages Within the Indian Health Service

Prepared by Alec Calac for the National Indian Health Board - Tribal Youth Health Policy Fellowship.

Please refer to accompanying paper for additional material and references.
The United States will face a shortage of between 40,800 and 104,900 physicians by 2030, according to a new study commissioned by the Association Of American Medical Colleges.

Released March 14, 2017, the study found that the numbers of new primary care physicians and other medical specialists are not keeping pace with the demands of a growing and aging population.
About Me

Miiyu - Hello

- Pauma Band of Luiseño Indians
- M.D.-Ph.D. Student, UC San Diego
- Fellow, NIHB (2017-2018)
- Postbac, NIH/NINDS (2016-2018)
- B.S., University of Arizona (2016)
  - Neuroscience, Biology, and Biochemistry
Overview

● What is the National Indian Health Board?
● What is the Indian Health Service?
  ○ Background
  ○ Tribal Self-Governance
● What is the Health Resources and Services Administration?
  ○ Health Professional Shortage Areas
● Primary Care Shortages Within the Indian Health Service
  ○ HPSA Site Score Overview
  ○ Vacancy Rates
● Recommendations
National Indian Health Board (NIHB)

- Serves all 567 federally recognized tribes by providing the unified voice on healthcare and public health related policy and programs
- Located on Capitol Hill in Washington, DC
The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.

The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
Indian Health Service (cont.)

- This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.
- The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.
12 IHS Service Areas

Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland and Tucson
IHS provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives who belong to 573 federally-recognized Tribes in 36 states.

Each of 12 physical service areas has a unique group of Tribes that they work with on a day to day basis.
Tribal Self-Governance

- Titles I and V of the Indian Self-Determination and Education Assistance Act, provide Tribes the option of exercising their right to self-determination by assuming control and management of programs previously administered by the IHS.
- Since 1992, the IHS has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs authorized under Section 102 of the Act.
60% of IHS Appropriations Administered by Tribes

These appropriations are delivered through self-determination contracts or self-governance compacts.
The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.
Health Professional Shortage Areas

- Health Professional Shortage Areas (HPSAs) are HRSA designations that indicate health care provider shortages in any of the following areas:
  - Primary Care
  - Dental Health
  - Mental Health
- IHS, Tribally-run, and Urban Indian health clinics that provide medical services to members of federally-recognized tribes are automatically designated as a HPSA.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.
HPSAs - Indian Health Service

- There are three types of HPSA designations for Indian health programs:
  - Native American Tribal Populations
  - Alaskan Native Tribal Populations
  - Indian Health Service Facility
- In 2018, the IHS released HPSA Site Scores in Primary Care for FY2018. The report can be found here.

<table>
<thead>
<tr>
<th>HPSA Type</th>
<th>Total Number of Facilities</th>
<th>Average HPSA Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American Tribal Population</td>
<td>159</td>
<td>14.68</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td>14</td>
<td>16.43</td>
</tr>
<tr>
<td>Indian Health Service</td>
<td>89</td>
<td>17.39</td>
</tr>
</tbody>
</table>
Vacancy Rates - Indian Health Service

- The IHS tracks the vacancy rates for medical officers (physicians), nurses, nurse practitioners, certified registered nurse anesthetists, nurse midwives, dentists, pharmacists, and physician assistants. Note, that Tribal-run facilities are not required to report vacancy rates, which is why some positions show 0% vacancy rates.
273 IHS Medical Officer Vacancies

As of January 2018

Medical officer definition (physicians in the IHS, PHS)
Vacancy Rates - Indian Health Service

- With available data, the target number of IHS medical officers is 934.
- The average medical officer vacancy rate (MOVR) across all IHS service areas is 29%.
- The Great Plains, Billings, and Bemidji Areas have ≥40% MOVRS.

<table>
<thead>
<tr>
<th>IHS Area</th>
<th>Target Number of Medical Officers</th>
<th>Total Number of Medical Officer Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>92</td>
<td>25</td>
</tr>
<tr>
<td>Bemidji</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Billings</td>
<td>72</td>
<td>34</td>
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<tr>
<td>California</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Great Plains</td>
<td>121</td>
<td>49</td>
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<tr>
<td>Headquarters</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Nashville</td>
<td>9</td>
<td>1</td>
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<tr>
<td>Navajo</td>
<td>284</td>
<td>65</td>
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<td>Oklahoma City</td>
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</tr>
<tr>
<td>Phoenix</td>
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<td>59</td>
</tr>
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<td>Tucson</td>
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<td>0</td>
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<tr>
<td>Portland</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>Total:</td>
<td>934</td>
<td>273</td>
</tr>
</tbody>
</table>
Recommendations to Address the IHS Primary Care Shortage
Recommendation

The Indian Health Service (IHS) should request an exemption from the United States Congress to provide tax-free awards up to $50,000 USD to individuals participating in the LRP, alleviating the financial burden associated with the award and increasing the number of primary care providers in the Indian Health Service.
Recommendation

The Indian Health Service (IHS) should request additional appropriations for the IHS Scholarship Program, which will alleviate the significant financial burden on AI/AN pre-health undergraduate students who want to become health professionals.
Recommendation

Increase the number of American Indian/Alaska Native health professionals through programs that foster the development of students interested in health careers.
Increased funding and tax-free exemption for the IHS Loan Repayment Program (LRP)

- The IHS Loan Repayment Program (LRP) awards repayment of up to $40,000 for qualified health profession education loans to clinicians who commit to practice in health facilities serving American Indian and Alaska Native communities for an initial two-year commitment.

However, the award is taxable. The IHS will pay 20% of the federal tax liability, but there is a simpler solution. The National Health Service Corps (NHSC) offers tax-free loan repayment assistance up to $50,000 to support qualified health care providers who choose to take their skills where they’re most needed.
Increased funding for the IHS Scholarship Program

- The IHS Scholarship Program provides qualified American Indian and Alaska Native health professions students an opportunity to establish an educational foundation for each stage of their pre-professional careers.

- However, the program does not fund all eligible undergraduate pre-health students who apply. In 2015, only 21 of 112 (19%) of eligible students were funded. All of the eligible unfunded students (n = 91) were American Indian/Alaska Native from state or federally-recognized Tribes.
Bolster student development programs to increase the number of AI/AN health professionals

- The number of individuals applying to medical school, who sole-identify as American Indian/Alaska Native, has progressively decreased since 1996. There were 385 AI/AN applicants for the 1996-1997 academic year, and 100 AI/AN applicants for the 2017-2018 academic year; a remarkable 74% decrease.

- Furthermore, the number of individuals who graduated from medical school between 2012 and 2017, who sole-identify as American Indian/Alaska Native, represent only 131 (0.14%) of all medical school graduates in that time.

- See next slide.
0.14% (131) Self-Identified as American Indian or Alaska Native.

93,127 Medical School Graduates 2012-2017

Reference: Association of American Medical Colleges (AAMC)
References listed on the accompanying paper.

Thank You!
Questions?
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