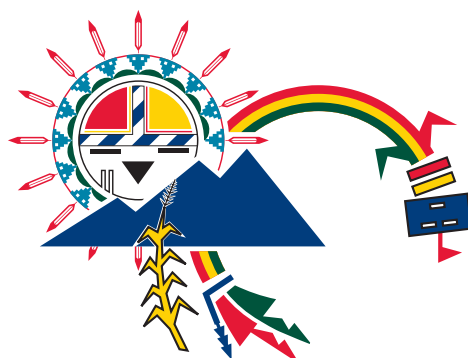


# 2014

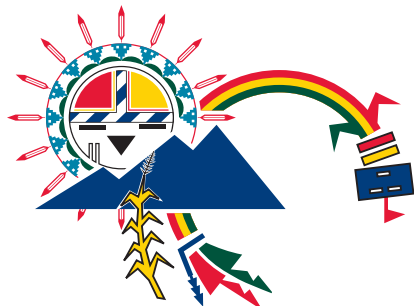
# Annual Report



**Tuba City**  
Regional Health  
Care Corporation



# 2014 Annual Report



**Tuba City**  
Regional Health Care Corporation



# Healthcare Delivery Transformation: TCRHCC Integrated Health Care System

## FISCAL YEAR 2014 STRATEGIC INTEGRATED REGIONAL HEALTH SYSTEM

### Navigating the “New Normal”

More than ever, navigating this “New Normal” means we face a growing array of economic, social, community and infrastructure challenges to successfully meet the health care prevention and wellness needs of those we serve.

These growing challenges include:

- Increased number of ACA-eligible beneficiaries (up estimated 10%) among our primary user population;
- Budget and finance environment pressures, including care reimbursement, needed housing, expanding space needs, and doing “more with less”;
- Decreasing Medicare Inpatient hospital utilization and tighter reimbursement controls;
- Increased Outpatient care and Emergency Department utilization due to diagnostic and treatment improvements in imaging, enhanced pharmaceuticals, and innovative clinical procedures at TCRHCC;
- Greater focus on prevention and wellness in all services;
- Increased primary care provider recruitment competition;
- Federally mandated improvements in data, documentation, and quantifying care measures in quality and care coordination, including certified home health and telemedicine as part of total care coordination;
- Increased partnership opportunities (and pressures) through innovations in medicine, new genomic clinical sequencing, and breakthroughs for improved patient diagnosis and treatment of diseases such as cancer.

These are some of the “new normal” for healthcare systems going forward, and our challenge is to transform and reshape our healthcare delivery system. Whether due to the growth of the Affordable Care Act (ACA) and Indian Health Care Improvement Act (IHCA); whether caused by the competitive crisis in primary care medicine recruitment; whether caused by all the national and Navajo Nation unknowns stemming from CMS/I.H.S. and AHCCCS program mandates and our rights in self-governance – Tuba City Regional Health Care Corporation (TCRHCC) is now in the midst of a new era of transformative health care delivery.



# TCRHCC Integrated Health Care System

TCRHCC Board of Directors' strategic vision for the capital and operating budgets is a continuation of several themes that TCRHCC leadership addressed last year, and several threads discussed that are even more pertinent today, including:

- » Change in health care delivery and reimbursement is moving faster than any time since the 1960s passage of Medicare and Medicaid; this wave will not slow down, but actually increase.
- » We are now in a foundational transition from traditional clinical and financial modalities that rewarded volume growth to what is now grounded in value, quality, and effective patient care coordination systems.
- » We must empower our front-line care givers, as they are the new foundation of population health. The creation of comprehensive care coordination systems is vital to our future sustainability.

Thus, our entire clinical, financial and support infrastructure systems for FY2015 must become able to quickly adapt to new opportunities and priorities, and to make sure that we tactically get there. We can no longer afford to let an identified priority languish or be delayed for months or years.

From the perspective of Population Health alone, we must also proactively involve both the Greater Community, our Providers and our Board of Directors as regional health system stewards and stakeholders in their respective communities. This need for continued "local stewardship" is critical for our regional Board and our ability to meet mission priorities of our Greater Community. The need for expanded education of the Navajo Nation Council is

crucial in balancing the need for a solid Navajo Department of Public Health and the preservation of local stewardship. The TCRHCC Board of Directors and administration, as a Title V 638 "government to government" self-governance tribal organization, will continue to educate on these priorities.

Besides the ACA, federal health reform and local governance issues, the TCRHCC Priorities for 2015-2017" list contains a summary of issues and strategic opportunities facing us. These priorities will help us focus our overall strategic vision. This list also comprises a summary of practical challenges in developing new leaders within our organization as we prepare to take TCRHCC's regional health system forward into the future.

## **Tuba City Regional Health Care Corporation Accomplishments & Priorities 2015 – 2017**

1. New Hospital, Medical Procedures and Technology\*
  - a. Expanded Primary Care
  - b. Long Term Care
  - c. Interventional Radiology
2. Electronic Health Record (EHR) Implementation Timelines
3. Integrated Delivery System Master Plan
  - a. LeChee Pharmacy Staff
  - b. Bodaway/Gap Health Care Clinic
4. Fiber IDS Network\*
5. Correctional Facility Health Care Funding (132 new beds)\*
6. Sustainable Reimbursement and Business Intelligence Model
7. Succession Planning for Future Nation Health
  - Technical school or expanded health science programs at Dine College\*
8. Community Health Center Development
9. Grant Program Expansion & Preventative Care
10. Population Health Care
11. Partnership: 638, Local, PCMH, Joint Venture

*\* Requires Navajo Nation Partnership to Succeed*

We are an integrated community-based Regional Health System serving more than +75,000 patients, and we expect this number will continue to grow +10% through FY2015 due to greater beneficiary eligibility via expanded ACA and AHCCCS which started 1/1/2014. The attached ACA Health Insurance Enrollment flyer is being used by our Patient Benefits Coordinators, Navigators and Patient Registrars to educate Beneficiaries on their options and their health care rights. As changes continue in AHCCCS and employer-based health insurances, competition in Northern Arizona and across the Navajo Nation will increase for us.

Going forward, we must attract and retain sufficient primary care providers as well as maintain the space capacity needed to serve these growing health care demands.

Our space needs are already at the breaking point, so we must bring new ideas and strategies to the table such as the new modular 5,000 sq. ft. outpatient building to be situated on the east side of the new Healthy Living Center.

### 1. FY2014 Operating Outcomes and Priorities

In FY2014, TCRHCC Providers saw over 733,000 patient visits. For the 8th consecutive fiscal year of TCRHCC operations out of the past nine, we again expect to end the fiscal year with a positive margin (in the black). Despite many challenges, the continued “community based” and “integrated regional delivery system” strategic blueprint continues to be effective, e.g., the opening soon of the LeChee primary care clinic. We have continued to take advantage of strong Board stewardship and what I.H.S. Title V self-governance has to offer, coupled with the principles of private entrepreneurship. And we will continue to be transparent in all we do.



*TCRHCC Patient Benefit Coordinators and Navigators' ACA Health Insurance Enrollment outreach flyer.*

Our success continues to emanate from good Board high-level stewardship, a quality Medical and Support Staff, consistent management by Senior Leadership strong healthcare staff, and the support by our Greater Navajo, Hopi and San Juan Southern Paiute Communities which we serve.

While our 2014 patient load exceeded 733,000 visits, we are hopeful we will have FY2015 reimbursement increases at least greater than the rate of inflation the past twelve months so we can continue to put every possible dollar back into expanding our patient care and prevention mission.

As shown in the FY2014 Patient Utilization, the points of inpatient and/or bed-related care are expanding with new types of care.

***Continuing Resolution (CR) -- Knowing we are now in CR in this FY2015 again, this fiscal year's operating margin is conservatively budgeted for a positive margin, the same as in FY14. We will also continue to monitor several other variables in FY2015, including:***

- Optimizing potential revenue enhancement via such means as the CMS/AHCCCS provision for being reimbursed for up to 5 encounters/visits per recipient per day for AHCCCS beneficiaries, including telemedicine and home health.
- Tighter monitoring of patient "Home of Record" – This means a tighter 12-month monitoring of the Contract Health Services fund. It also means careful management of each department's resources on both the revenue and expense sides of the ledger, a top priority of our Financial Services and SLC leaders.
- CMS RAC Accountability – We are increasing our provider and support staff training, and monitoring such patient service audits as RAC and AHCCCS to ensure greater accountability in patient care quality and reimbursement.
- Patient-centered Medical Home, etc. -- New opportunities include such new changes as potential health alliances, Accountable Care Organizations and Medical Homes that will focus more on quality outcomes.
- Grants -- An annual update on grants activities will be presented, including the status of our current 15 projects and applications. Grant funding is a funding source that we need to continue to apply for and is currently at an annual \$4.2 million.
- Medicare-Like Reimbursement (MLR) for CHS or PRC Patients – There is legislation proposed in Congress that would require 100% maximum Medicare-like reimbursement for all Medicare beneficiaries referred out by TCRHCC providers. When it is enacted, this would lower TCRHCC's CHS expense by a minimum of \$4.0 million a year in FY2015 for beneficiary out-referred care.
- Foundation -- The new Navajo Hopi Health Foundation was launched this prior fiscal year in order to provide an additional means of some financial and related support to TCRHCC mission priorities going forward.



*After securing a Health Resources and Services Administration (HRSA) Grant, TCRHCC Dental and Medical Units bring accessible and quality health care to the Western Navajo Chapter communities.*



**NAVAJO · HOPI  
HEALTH FOUNDATION**



## 2. Regional Health System Partnerships

- We continue to combine the best of Tribal and I.H.S. health care and the private integrated business model as we seek to develop augmented partnerships with other providers and health systems. While we are working closer than ever before between TCRHCC's Sacred Peaks Health Center and Flagstaff Medical Center, but we have a long ways to go before it becomes a true partnership.
- We can also now add the Veterans Administration as a new in-house partner. The recently enacted Congressional reimbursement enabling us to see V.A. patients for care delivered by private physicians will no doubt impact our services as well, both in-house and among our 100+ providers.



- One concern is that we 1st continue to recruit new FP and IM primary care physicians, and 2nd, that we also develop new integrated specialty services and 3rd, that we maintain focus on doing well with the clinical services we have now, that they not be slighted. These steps will all reduce the amount of patient outreferrals, reduce CHS payout to other tertiary facilities and improve insystem quality of care as essential foundations of our regional health system—building on the quality services we provide today.

- Competitive border town health providers and tertiary providers from Flagstaff, Phoenix, etc. are pressuring our service area more than ever. We recently stationed a Case Manager/ RN in Phoenix to assist with the “one stop shop” care process of our patients.
- The TCRHCC Board and Administration will continue to educate the Navajo Nation Council and HEHS Committee as well as the NN Division of Health (NDOH) to provide collaboration to preserve empowered local self-governance implicit in relations with the I.H.S. Office of Tribal Self-Governance (OTSG).

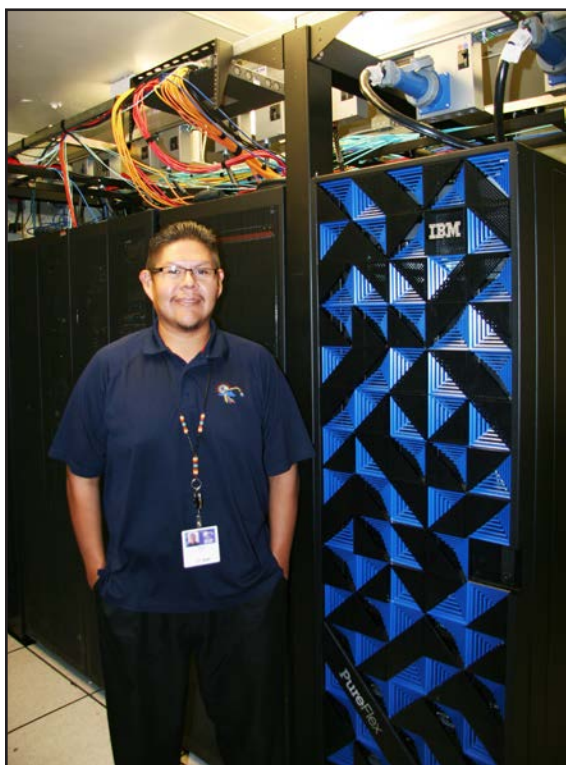
Change will continue to accelerate as we stay on the competitive edge in developing optimal primary and subspecialty medical services to benefit the people of our Greater Community and ensure our long-term sustainability.

## 3. Integrated Clinical Care Center Network

- As an integrated Regional Medical Center system (RMC), we are continuing to strategize more advanced care systems in trauma, diabetes, cardiovascular, oncology, orthopedics and other services suitable to our location and RMC capacity.
- TCRHCC will consistently and aggressively plan our network partnership agreements, as well as develop and maintain reliable infrastructure networks as we focus on best practices and models that can be applied to our health care delivery system.
- Additional AZ partners include the Phoenix Maricopa Integrated Health System, which is a proven statewide model of care for burns and CHCs, and has 200+ residents onsite at any given time—and they would like to partner with TCRHCC.



- TCRHCC will continue to expand another new model of care, i.e., the HRSA Community Health Center (CHC) mobile primary care clinics which service nearly all our chapter communities especially for the elderly, young children and others in needs. CHC's have long been a part of the USA's health resources and are a strong voice in the US government structure. These are now extended through FY 2018 and expanded.
- Fiber Broadband -- Our governing board needs to continue to explore avenues of funding to establish a hard wire network to the current Navajo Nation Broadband system. This Information superhighway is critical for opening a much needed path to care models via data and business intelligence.



#### 4. 638 Title V Self Governance and Community Assessment Needs

- As a whole, TCRHCC must continue to educate and to communicate the importance of 638 Self Governance at all levels. TCRHCC is a Title V organization or health system. This

need for successful education, such as the recent educational forums, will only grow in importance.

- We are completing an updated Service Areawide Community Needs Assessment in order to continue to prioritize chapter and community needs that will assist in the success of all programs of TCRHCC.
- A community needs survey be completed each 3 years to ensure ongoing CMS Medicare and Medicaid reimbursement for TCRHCC as well as optimal linkage between TCRHCC annual priorities and identified community needs. A consistent program to educate the communities we serve is key to an open minded and improved vision of healthcare delivery on Navajo.

#### 5. Human Capital

- The approved TCRHCC Organization Chart is included. A valuable asset is the 150 total physicians and midlevels who provided those 733,000 visits, plus the positive economic benefit for our communities we serve.
- Of our total 1,150+ staff, 80% are Corporate Staff, 15% are Civil Servants or IPA's, and 5% are Commissioned Corp Staff. The HR Department summary also depicts the many Navajos who have grown into higher Management Staff positions, which is by design through our systemwide Mentorship Program. This includes the new incoming Navajo CEO.
- Our Customer Service Program will continue to be augmented by the added Navigator program and to help our communities face the changes in the federal reimbursement models. We intend to be both an employer of choice and a patient destination of choice.

## 6. Strategic Capital Improvement Plan

- The focus for FY2015 is continued provision of accessible primary and specialty care as well as adapting to the major changes in healthcare trends, including new services and changes in reimbursement. Elevating primary care and delivering cost effective models of specialized care are imperative to the sustainability of TCRHCC.
- We are also adapting to a continued CR as well as provide needed services to fully complete a full circle of continuum of care for our population health services.
- We plan to focus on cementing known needs such as barriers with housing, refining our electronic medical record, and adapting to changing reimbursements.
- Our Strategic Plan focuses on many of these areas as we move into the future of health care today and tomorrow. Our team (Board and Senior Leaders) has the capability to be proactive and persistent, to adapt and overcome the challenges we face, and to create a model of healthcare system on our Navajo Nation and surrounding communities.

**Ahe'hee',**

*Joseph Engelken*

Joseph Engelken, CEO

## 7. Strategic Pillars

Each of our strategic pillars will be presented for FY2015 and will help to maintain the fundamentals needed for success, along with our overall strategic and tactical goals in FY2015 and beyond. Our overall strategy is also a living document, with evolving targets as we roll out priorities in FY2015.

### Conclusion:

In summary, and like always, we are a work in progress, and our challenge is to continue to transform and reshape our healthcare delivery system. This means balancing the national health budget even while we maintain our tradition of transparent, community-based health care delivery and stewardship.

We want to thank the HEHS Committee members and everyone for their dedicated work. Without the passionate, hard work of all our providers, support staff, administration and the Board of Directors, we would face an impossible task.



# Strategic Plan FY 2012 - FY 2017

## Mission

We provide accessible, quality, and compassionate healthcare and promote healthy lifestyles through:

- Courteous and culturally sensitive service;
- Innovation and responsiveness;
- Respect for community needs and values; and
- Shared responsibility for health.

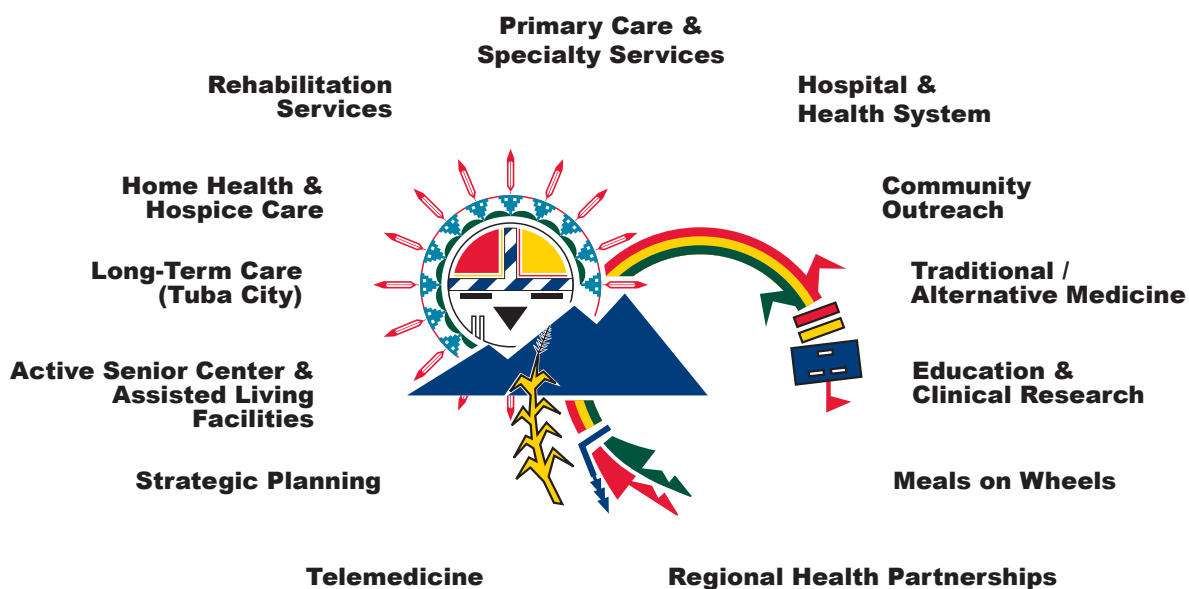
## Vision

To Heal. To Respect. To Console.

## Seven Strategic Pillars:

- Financial Management
- IS/Data Management
- Quality Improvement
- Services Enhancement/Development

## Integrated Regional Health System



# TCRHCC Regional Health System

An Integrated Health System with a Regional Medical Center  
Hub and Network of Mobile / Fixed Satellite Health Services



- Lechee
- Kaibeto
- Coppermine
- Bodaway Gap
- Tonalea

- Moenkopi
- Cameron
- Flagstaff
- Coalmine



Long Term Care (LTC)



Independent Long Care (ILC)

12



*LeChee Health Facility  
LeChee, Arizona*

*Dinnebito Clinic  
Dinnebito, Arizona*



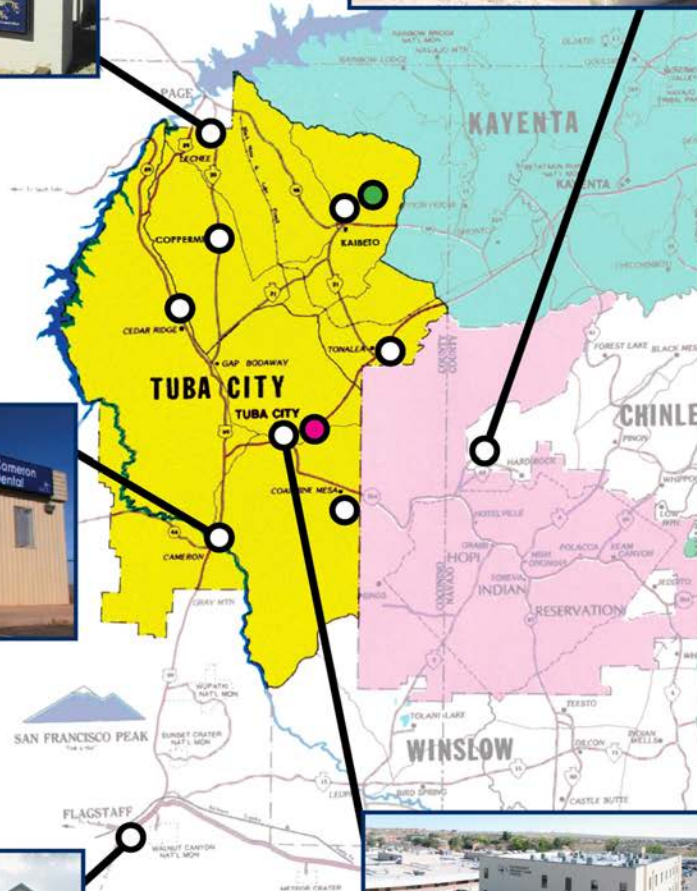
*Cameron Dental  
Cameron, Arizona*



*Sacred Peaks Health Center  
Flagstaff, Arizona*



*Tuba City Regional Health Care  
Tuba City, Arizona*

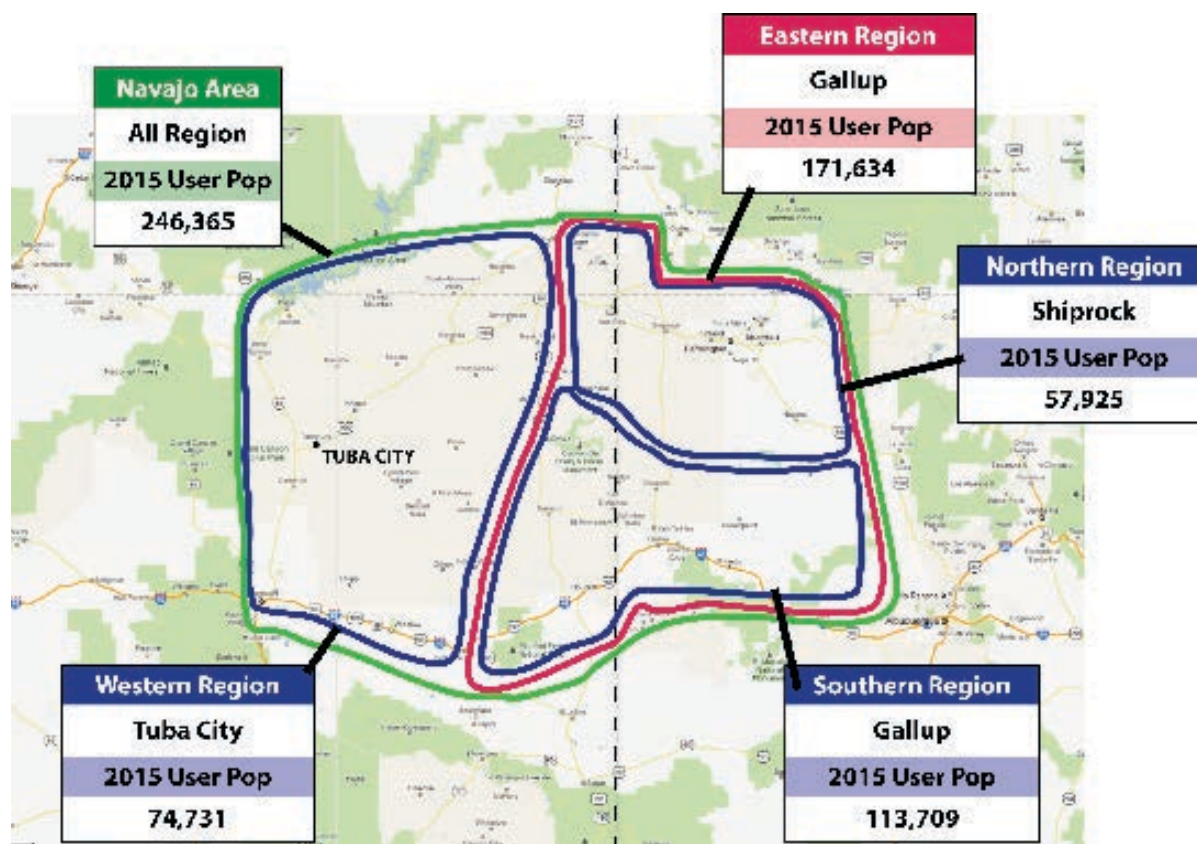




# User Population

## Navajo Area Indian Health Services (IHS)

Tuba City Service Unit, Gallup Service Unit, Navajo Area, Shiprock Service Unit



## Mobile Health Program Serving Outlying, Underserved Communities to Improve Health

Tuba City Regional Health Care Center (TCRHCC) is working to improve the quality of health care for all residents in the communities within its service area through its Mobile Health Program. In February 2013, TCRHCC acquired one large motor home outfitted for medical services, and in July of 2013, another was acquired and outfitted for dental services. Each of these specialized mobile medical units, with the most modern equipment on board, are out in the field, serving outlying, underserved communities four days per week. The TCRHCC Community Health Center (CHC) Mobile Health Program is now able to provide primary health care for chronic health conditions in the TCRHCC area communities as well as dental care, allowing patients better access to health care closer to their homes.

The TCRHCC CHC Mobile Health Program was started with a \$650,000 grant from the Health Resources and Services Administration (HRSA), part of the U.S. Department of Health and Human Services. The Community Health Center Mobile Health Program has been initiated to improve access to health care services for the underserved people, focusing on several program areas. The Mobile Health Program is applying for additional HRSA grant money estimate -- \$716,000 per year for each of the next three years.

The mission of community health centers is to provide patient-centered, community based health intervention that serve medically underserved populations with limited access to health care.

Roselyn Riggs, Manager of the Mobile Health Program, says that the program thus far has been most rewarding. Transportation is a vital issue for access to health care, especially in rural areas where travel distances are great. The Mobile Van Program is improving access to care for the people. The Mobile Health Program will continue to provide primary healthcare for the chronic health conditions in our communities, concentrating on primary care and dental services.

The Mobile Medical Van, with two exam rooms, has a staff of five people – a nurse practitioner, two certified medical assistants (CMAs), a patient registration technician/ Navajo translator, and a CDL certified driver. The Mobile Medical Unit schedule is Mondays through Thursdays. It travels to seven community chapters and one community. The Mobile Dental Van is staffed by dental providers on a rotating schedule, with dental assistants on board as well as the certified driver/patient registration technician. The Dental Van has two dental chairs and X-ray capabilities. It travels to schools and communities Tuesdays through Fridays.

Both vans have secure mobile satellite communications with TCRHCC in Tuba City in order to access patient electronic health records. At present, limited Pharmacy services are also available on board. Prescriptions can be ordered electronically to the Pharmacy at TCRHCC. Patients on the Mobile Medical Van are seen on a walk-in basis as days when the van is scheduled to be in specific





communities are publicized on the TCRHCC website, through emails to chapter officials as to be listed on community calendars, and schedules are handed out at key community locations such as flea markets, stores and laundromats.

Mobile Medical Van services include:

- Primary care
- Preventive diagnostics
- Treatments for infants and children
- Immunizations and well child exams
- Patient case management
- Pharmacy and tele-pharmacy
- Behavioral health referrals

Mobile Vans are not equipped for emergency services.

The Mobile Dental Van has primarily gone to service area schools to provide services to students. It serves 12 schools and eight Head Start facilities. During the summer months, the Dental Van goes to serve summer school programs, and then more broadly focuses on communities in general. Mobile Dental Van Services include:

- Dental exams
- X-rays
- Fluoride treatments
- Sealants.
- Restorative care

After initial exams and X-rays, patients are referred to obtain additional dental services at TCRHCC as needed.

Operating mobile health units is always challenging. Equipment failures are inevitable and to prevent continual equipment failures, monthly routine inspections are completed by the TCRHCC Biomed Department.

On the Mobile Medical Van, in the period February 2013 through May 2014, there were 1,758 patient visits. On the Mobile Dental Van, in the period July 2013 through May 2014, there were 1,407 patient visits.

Program Manager Riggs has a goal to make the Mobile Health Program financially sustainable so that operations can continue well into the future. “There is still a lot of unmet need out there in our remote areas.” She added, “It would be nice to expand the program to include an eye clinic and mammography out in the communities we serve. I do see the program getting bigger and better!”

Patients in remote and outlying areas have praised the efforts of the Mobile Health Program due to increased access to health care – care they might not otherwise receive, leaving comments on satisfaction surveys such as, “It is very convenient for me and my family. Thank you;” and “I’m thankful for the clinic being here where I don’t have to travel to Tuba, due to having no transportation.”



## Sacred Peaks Health Center Continues to Expand & Provide Healthcare Services to Native Americans in Flagstaff, Arizona

The Sacred Peaks Health Center (SPHC) in Flagstaff continues to enhance Tuba City Regional Health Care Corporation's mission to provide accessible, quality, and culturally sensitive healthcare to all of the beneficiaries within the service area. SPHC, located on East Route 66 in Flagstaff, first opened in April of 2010, and its impact in providing healthcare services has steadily grown, serving Native Americans in the city and the surrounding area.

The number and types of services provided at SPHC have been expanding in an attempt to provide much-needed healthcare, especially to the uninsured, as opposed to the financial burden to both the patients and TCRHCC when sending patients elsewhere, according to Raul Rubio, Program Director at SPHC. The facility occupied 10,000 square feet when it opened, and has been expanded to 15,000 square feet, and more space is needed as services and visits continue to grow. By expanding services, more Flagstaff area beneficiaries can choose to visit SPHC, saving them the drive time and expense of making the trip to TCRHCC in Tuba City or Winslow Indian Health Care Center.

The number of patient visits in Fiscal Year (FY) 2012 was 77,888, rising to 99,906 in FY 2013 and 109,737 in FY 2014. The full service Pharmacy at SPHC filled 54,839 prescriptions in FY 2012, 74,105 in FY 2013, and the number is projected to be nearly 110,000 prescriptions in FY 2014.

Services at SPHC include primary care for babies, children and adults. This includes general, ongoing healthcare, as well as diagnosis and treatment of acute and chronic conditions, Well Child services and immunizations, physical exams, health education, and newborn and well-baby care.

Radiology, Pharmacy Services, Physical Therapy, and Optometry Services (eye exams only) are offered at SPHC. Specialty services include Orthopedic Outpatient Clinic, Surgery outpatient clinic (primarily at present, colonoscopies), Dermatology, Neurology, Women's Health, Pediatric Clinic, and Podiatry. A Rheumatology Clinic is being added once each month, so more patients can be served at SPHC, and sparing these patients the drive to Tuba City.

The SPHC Podiatry Clinic, each Tuesday, primarily targets diabetics in need of wound care, care of toenails, and injuries to the lower extremities. Access to this care is important as early intervention with problems with the feet and legs can prevent advancing wound severity and can help save feet and legs from amputation.

Telemedicine is employed at SPHC for specialty appointments with psychiatrists and dermatologists, where the patient communicates with the doctor using an iPad. The small screens increase patient privacy, and more and more patients are becoming familiar with the use of such tablets in everyday life.



Prenatal care with a board certified OB/GYN is soon coming to SPHC. A Patient Benefits Coordinator is now on duty five days per week at SPHC, providing guidance to those who want accurate information on the Affordable Care Act (ACA). Each patient's eligibility for state programs is analyzed. Those who may want to purchase private insurance through the ACA are assisted with the process, however Native Americans are exempt from the requirement to purchase insurance. In partnership with Flagstaff Medical Center (FMC), SPHC is involved in a pilot program to work closely with Native American patients who are being discharged from the hospital (FMC). Prescription orders are faxed to SPHC for such patients, and they are delivered to bedside at FMC before discharge, where patients are educated in the use of their medications before they are released. In some cases, patients lack the additional transportation to make the trip to the pharmacy, and may go without needed medications. Patients discharged from FMC also receive follow-up care at SPHC for their specific needs.

SPHC's Healthy Living Center provides classes conducted by an internal medical doctor and a dietician. In these group classes, participants learn about diabetes, diet and exercise, and how to keep pre-diabetes under control as not to develop to a more serious illness. The evening classes have also included exercise in SPHC's rehab area, and have incorporated cooking classes where participants learn about proper diet, better grocery shopping habits, and proper cooking practices. Fourteen participants graduated from the class in May, and a new class of 16 participants is now underway.

Services are available at SPHC for Native American students at Northern Arizona University from any tribe. Marketing to the NAU community continues. Students at the Flagstaff Kinlani Dorm (attending Flagstaff High School) are also served by SPHC.

The number of patient visits to SPHC have continued to grow due to continued marketing in the Flagstaff area. In some cases, transportation is still a problem for area patients even though SPHC provides services closer to home for Flagstaff area residents. "We are always looking for ways to meet this challenge," said Rubio.

A pilot program is underway for three months, whereby SPHC has remained open in the evenings to 7:00 p.m., as a study showed that extended hours are needed. Primary care providers are being recruited to fill the need for those who work during the day and would prefer an evening appointment.

The SPHC Pharmacy is open until 7:00 p.m. on weekdays, and is now also open on Saturday and Sunday from 9:00 a.m. – 5:00 p.m. These additional hours serve patients who may have seen a primary care provider late in the day and wish to come back to pick up their prescriptions in the early evening or on weekends. SPHC is fully accredited by the Joint Commission, with the latest visit and accreditation in March 2013, good for three years. This means that care at SPHC meets the high standards on par with healthcare facilities across the U.S.

#### **Sacred Peaks Health Center (clinics)**

3480 E. Route 66  
Flagstaff, AZ 86004  
(928) 863-7333

Regular hours: 8:00 a.m. – 5:00 p.m.

#### **Sacred Peaks Health Center Pharmacy:**

Telephone – (928) 863-7333  
Refill Line -- (928) 863-7331

Monday-Friday -- 8:00 a.m. to 7:00 p.m.  
Saturday-Sunday -- 9:00 a.m. to 5:00 p.m.

For a complete list of services at SPHC and more information, visit: <http://tchealth.org/sacredpeaks/index.html>.

## TCRHCC Health Promotion Program In the Community Encouraging Participants to Be In Control of their Health and Well-Being

The TCRHCC Health Promotion Program (HP) advocates that each individual in the service area should take ownership of his or her personal health and well-being. HP, along with Navajo Area Indian Health Services (NAIHS) Health Promotion, designs and implements programs based on the four cardinal directions -- East, South, West, and North. The program works within the eight chapters in the TCRHCC service area, and in surrounding communities administering community-based activities, school health programs, youth-based activities and a community outreach program. HP partners with departments and agencies both within TCRHCC and in the communities.

TCRHCC's HP Program is one of 338 sites that receives the Special Diabetes Program for Indians (SDPI) Community-Directed Grant. Thus, HP utilizes effective, evidence-based intervention strategies to help prevent diabetes.

Ryan Brown is the Health Promotion Program Manager. A native of Tuba City, Brown attended Black Hills State University in Spearfish, South Dakota, where he received a bachelor's degree in Exercise Science, and excelled in basketball. He stated, "I find it most rewarding to be given this opportunity and to be giving back to my community. I grew up here and got support from the Tuba City community, even when I was away at college. In Health Promotion I can make a positive difference."

Brown has been with TCRHCC for nearly three years, starting as a Community Health Specialist. He's a role model, not only participating in HP events and activities – he also works with high school students as a basketball coach, leading them to other communities and into regional tournaments. He's also able to bring high school basketball players out to community events to provide leadership and serve as additional role models.

While displaying professional leadership skills, Brown is able to relate well to young adults and kids in the community with a personal understanding of their experience and background. "Remembering where I came from, I hope I can be a person of inspiration to the youth of the community," Brown added.

Brown says he remembers the role of TCRHCC in his own youth experience, and that today the corporation provides even more than a decade ago, with community events, fitness programs, diabetes prevention, pediatrics and health education, especially to schools.

Health Promotion has been in transition over the past couple of years, with new staff members coming on board. Brooke Holliday is a Health Promotion Specialist, and Judy Keyonnie is a Youth Specialist.

According to Brown, there is always the need for diabetes education, obesity awareness, and more general health





education. HP plans more outreach to the outlying communities in these areas. Once fully staffed, HP can do more in the areas of early childhood development, school-based events, and community outreach.

"I have a passion for what I do, working with the youth of the community" adds Brown. "I get to see the joy of kids having fun while learning about their health."

### The Four Directions Model

The Four Directions Model utilized by HP incorporates the concepts and values associated with the natural processes identified in the four cardinal directions in Navajo philosophy:

**East** – Include Diné tradition into every dimension of ensuring families have a healthy start.

**South** – Provide each child the skills and knowledge to lead a healthy lifestyle.

**West** – Empower individuals to live in balance, harmony and beauty

**North** – Facilitate opportunities for elders to enrich and sustain the beauty of Diné heritage.

### HP Program Participation

It's only one measure of success, but the following are some numbers illustrating community participation in HP programs:

- All Health Promotion events, January 2011 – June 2014 -- 67,659 participants
- Community-Based Activities (2014) – 6,855 participants
- School Health Initiative (2014) – 2,729 participants
- Youth-Based Activities (2014) – 1,622 participants.

### An Outline of Health Promotion Programs and Activities

#### • Community Based Activities

- Just Move It Series
- Biggest Loser Challenge
- Adult sports leagues (basketball and volleyball)
- Morning circuit training workouts

#### • School Health Program

- Tuba City Coordinated Approach to School Health Programs
- Pediatric Obesity Task Force

#### • Youth Based Activities

- Summer Active Program (Series of camps & programs)
- Youth Basketball League
- After-school programs

#### • PERFORM HOOPS Clinic / BE Fit 4Kids Programs

#### • Community Outreach Program

- Health education





## About Tuba City Regional Health Care Corporation

**The Tuba City Regional Health Care Corporation (TCRHCC) is a 73-bed, acute and outpatient regional health system organized as a private nonprofit healthcare organization operating under the Indian Self-Determination Act P.L. 93-638 since September 30, 2002. TCRHCC serves a large geographic area, primarily encompassing over 6,000 square miles on the western Navajo Nation and adjacent Hopi and other communities.**

Tuba City is the largest community by zip code on the Navajo Nation. Tuba City's Hospital is the primary campus, or hub, for TCRHCC's integrated health system. The hospital and satellite clinics in Flagstaff, Dinnebeto, and Cameron provide primary care services to over 33,000 Navajo, Hopi and San Juan Southern Paiutes.

TCRHCC also serves as a regional referral medical center for over 75,000 residents across the Navajo Nation and adjacent communities.

In FY 2014, the TCRHCC health system had 733,361 total patient visits. Building on the legacy of the Navajo Area Indian Health Service, previously as Tuba City Indian Medical Center (TCIMC), the formal incorporation process under P.L. 93-638 for Tuba City Regional Health Care Corporation (TCRHCC) began on January 19, 2001 followed by approval by the Navajo Nation Council as a Title I 638 contractor in 2002. In June 2005, the Navajo Nation Council approved the organization for the purpose of managing and operating contracts with the Indian Health Service for a 15-year period through September 30, 2020.

Today, TCRHCC is in its twelfth year of 638 funding and operation, and it continues to grow as a regional, community-based health care system. In July, 2010, TCRHCC was approved as a Title V Compactor under the IHS Office of Tribal Self-Governance by the 21st Navajo Nation Council.

TCRHCC provides hundreds of clinical and patient care support services spanning the medical spectrum. It provides a full range of primary and specialty care preventive health and wellness services. All areas of service incorporate cultural sensitivity and the Navajo philosophy of the four sacred directions.

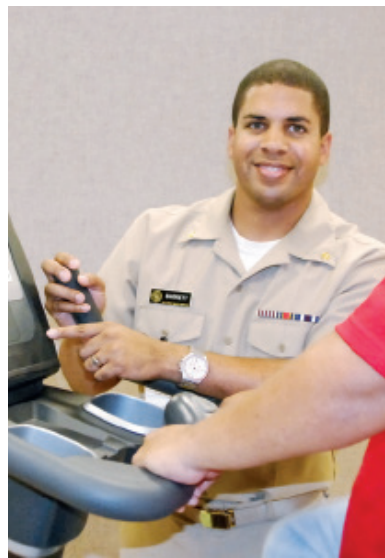
The condition of TCRHCC is fiscally and operationally sound. The top priority of the Board of Directors, Executive Leadership, Medical Staff and support staff is the quality of patient care. Patients, families and communities can be assured that TCRHCC adheres to the highest standards of patient care as evidenced by its accreditation by the national accrediting body - The Joint Commission. All areas of the facility meet or exceed national health care standards. All medical service providers are fully credential to practice medicine. TCRHCC has an experience and stable medical staff. Many of the physicians, nurses and allied professional staff have been at TCRHCC for decades.

An audit is conducted each year by an independent accounting firm to assure that TCRHCC is reporting financial information at high level of standards and practices. Fiscal Year 2014 ended with a positive operating margin and reserves. The Clinical and Finance Department team continuously reviews the practices of the corporation in order to capture every dollar that is due to TCRHCC from third-party sources for the improved health care of the community we serve. Every dollar is put back into our healthcare Mission.

TCRHCC is fully compliant with the Navajo Preference in Employment Act (NPEA). Ninety-five percent of all new hires for non-technical positions are Navajo, and the remaining five percent meet a category under the order for Navajo Preference (spouse of Navajo or other Native American). Every effort is being made to encourage, train, mentor and attract Navajo and Native American individuals to health professions for the future, including leadership, technical and professional positions.

TCRHCC has set the goal of being the Employer of Choice in the Tuba City region to attract, retain and promote talented and qualified Navajos and Native Americans residing on the reservation, in Flagstaff, and other accessible areas.





# Operating Revenue and Expenditures

## FY 2002 - FY 2014

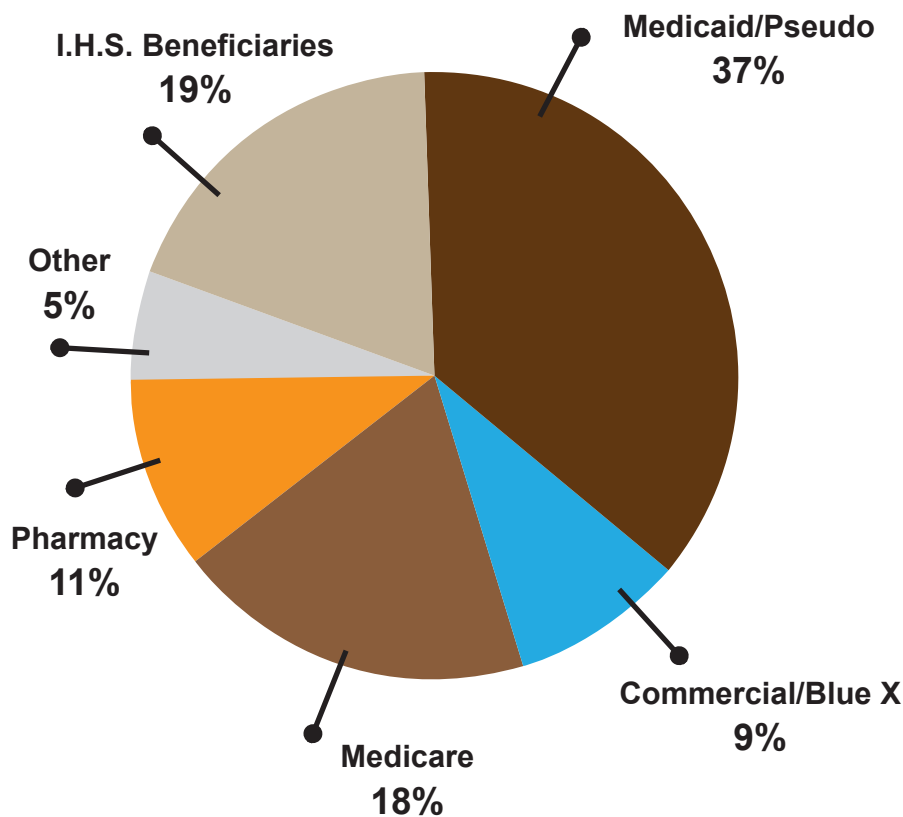
Last fiscal year FY 2014, TCRHCC was again in the black. It was a period of continued stable utilization with 733,361 patient utilization or workload visits. This was the case despite continued provider fluctuation, and purchase of capital property and equipment during FY2014. We continued to invest heavily back into TCRHCC facilities and modern medical technology.

TCRHCC is committed to serving its entire population in all geographical areas. FY 2014 was a year of further extension and commitment serving these communities and delivering medical services as efficiently as possible. TCRHCC also received \$4.2 million for 15 projects via Grants.

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### TCRHCC Revenue FY 2014

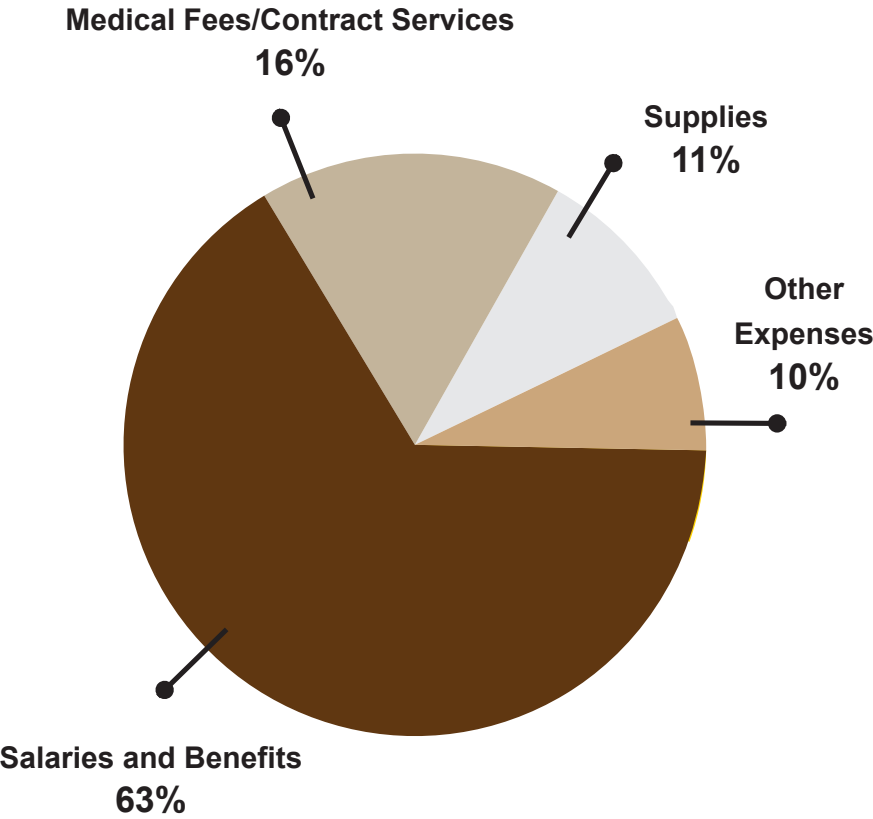
**Where the money comes from...**



The charts provide a breakdown of the revenue source and expenditure for FY 2014. The twelve-year growth is triple and is indicative of key enhancements in additional mission via health services, technology and staff. The revenues generated by TCRHCC from third party

sources, aside from IHS, have also increased, and this has allowed TCRHCC to grow as a Regional Medical System. The health system ended FY14 with 72.5 days cash on hand for reserves going forward.

**TCRHCC Expenditures FY 2014**  
**Where the money goes...**



# Patient Care Utilization Data

## FY 2002-2014

The TCRHCC Inpatient and Outpatient Summary Report displays patient visits by the Navajo Area Indian Health Service (NAIHS). Trends in patient care workload from 2002 to 2014 are readily apparent. This growth helps the hospital's ability to grow and to provide new health services because it helps set reimbursement and funding levels each year. This data includes patient visits, as well.

The average rate of total utilization growth has been 26% annually in the period of 2002 through 2014. The majority of growth occurred on the outpatient side, while some also came from inpatient activity, as shown in the tables below.

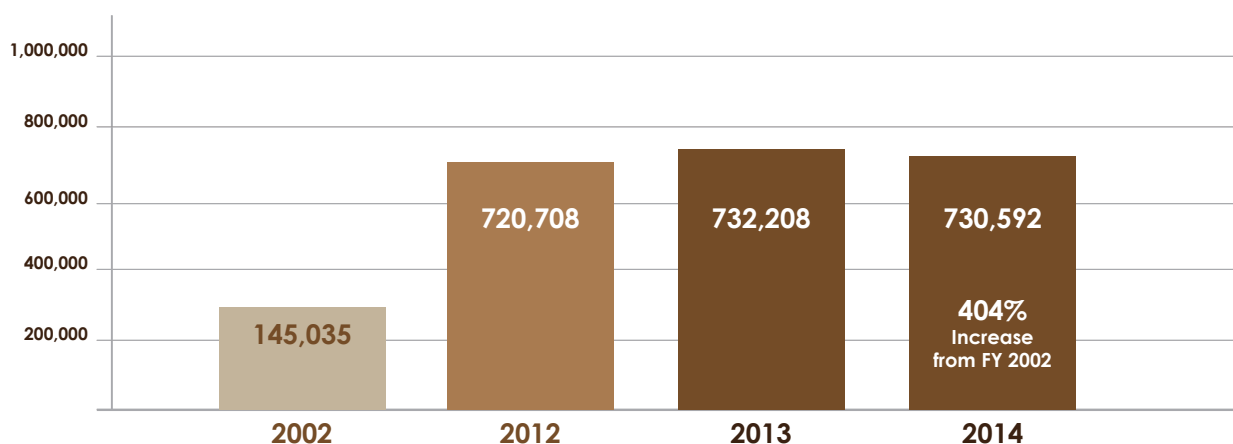
In FY 2014, total combined hospital inpatient and outpatient visits grew to a total of 733,361 visits. This

represents a +358% increase in total patient visits during the ten year period, growing from 160,134 visits in 2002.

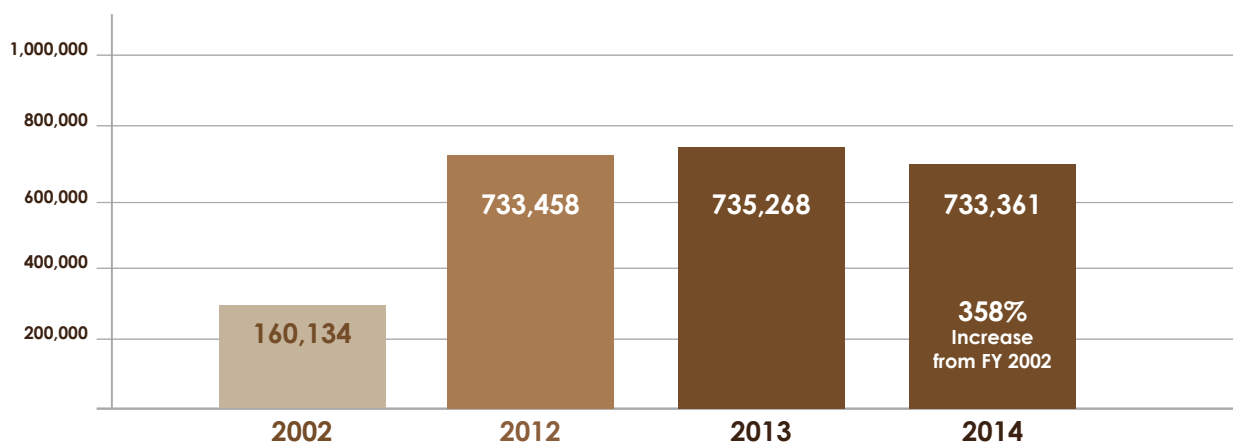
The outpatient visit dropped -0.22% in 2014 versus 2013 was impacted by the expanded services in care through satellite clinics, such as Sacred Peaks Health Center. Other new services changes in hospital utilization continue to grow such as Surgery Cases, which continues to grow 10% each year. Sacred Peaks Health Center and Cameron Dental also continued to grow. The need for additional housing for clinical staff continues to have a major bearing upon our ability to continue to grow with additional patient services, including inpatient, outpatient and emergency room services and other specialty services needed at TCRHCC as a regional medical center.

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### Total Outpatient Visits



### Total Inpatient and Outpatient Visits



# TCRHCC Total Patient Utilization

## FY 2002 - FY 2014

INPATIENT	FY 2002	FY 2012	FY 2013	FY 2014	FY 02-14 CHANGE
<b>Hospital Discharges</b>	<b>3,458</b>	<b>2,951</b>	<b>2,620</b>	<b>2,340</b>	<b>-32.3%</b>
<i>Swing-Bed</i>	–	95	90	54	–
<i>ACU</i>	–	2,856	2,530	2,286	–
<b>Inpatient Days</b>	<b>14,153</b>	<b>11,880</b>	<b>11,595</b>	<b>11,159</b>	<b>-21.2%</b>
<b>Average Daily Census</b>	<b>38.0</b>	<b>32.5</b>	<b>32.0</b>	<b>29.0</b>	<b>-23.7%</b>
<b>Newborns</b>	<b>512</b>	<b>454</b>	<b>440</b>	<b>429</b>	<b>-16.2%</b>
<b>Newborn Days</b>	<b>946</b>	<b>870</b>	<b>926</b>	<b>869</b>	<b>-8.1%</b>
<b>Grand Total Inpatient Days</b>	<b>15,099</b>	<b>12,750</b>	<b>12,521</b>	<b>12,863</b>	<b>-14.8%</b>
– <i>ACU/SB</i>				11,159	
– <i>Observations</i>				835*	
<b>Discharges</b>	<b>3,970</b>	<b>3,405</b>	<b>3,060</b>	<b>2,769</b>	<b>-30.3%</b>
<b>ALOS</b>	<b>3.8</b>	<b>3.7</b>	<b>4.1</b>	<b>4.5</b>	<b>18.4%</b>
OUTPATIENT	FY 2002	FY 2012	FY 2013	FY 2014	FY 02-14 CHANGE
<b>Total Outpatient Visits</b>	<b>145,035</b>	<b>720,708</b>	<b>732,208</b>	<b>730,592</b>	<b>403.7%</b>
<i>Observations</i>	–	519	666	613	–
<i>Outpatient</i>	–	720,189	731,542	729,979	–
GRAND TOTAL UTILIZATION	FY 2002	FY 2012	FY 2013	FY 2014	FY 02-14 CHANGE
<b>Grand Total Inpatient &amp; Outpatient Visits</b>	<b>160,134</b>	<b>733,458</b>	<b>735,268</b>	<b>733,361</b>	<b>358.0%</b>
<b>Total Patients</b>	<b>27,115</b>	<b>33,701</b>	<b>33,700</b>	<b>33,700</b>	<b>24.3%</b>

\* Observation Days are included in Grand Total Inpatient Bed Utilization days.

## TCRHCC Breaks Ground for Kaibeto Creek Elder Independent Living Center – New Dimension in Elder Care

On June 17, members from the community of Kaibeto, Kaibeto Chapter House, Kaibeto Creek Independent Inc., and Tuba City Regional Health Care Corporation (TCRHCC) gathered for the groundbreaking ceremony of Kaibeto Creek Independent Living Center in Kaibeto, AZ, off of Navajo Route 21; located across the Kaibeto NHA Sub-Division.

The Independent Living Center will have four 6-plex residential housing units.

“The idea started with the Kaibeto community then they approached the Tuba City Regional Health Care with the idea to help collaborate then the Foundation for Senior Living was called on for their expertise in this type of service,” said Franklin Fowler, President of the Kaibeto Creek Inc. “It became a three way partnership which was proposed to the Navajo Housing Authority (NHA) which was able to seek funds to start construction of the facility.” The diligent efforts of Franklin Fowler, President of the Kaibeto Creek Independent Inc., Navajo Housing Authority (NHA) and TCRHCC helped to drive the project smoothly through the planning and approval process.

The Kaibeto Creek Independent Living Center begins construction this summer. The completion in Fall of 2015. Tuba City Regional Healthcare Corporation (TCRHCC) Associate Executive Director Lynette Bonar said it is important to keep the elderly in the community instead of

sending them to different facilities off the reservation.

“Many of the elderly go to centers in Payson or Phoenix,” she said. “There are plans to build a senior living facility in Tuba City right on the hospital grounds as well in the future.”

Guy Mikkelson, president/CEO for Foundation for Senior Living said he is “excited about the partnership and is proud to be a part of the process.”

Ramsey Singer, development officer for the Navajo Housing Authority, was instrumental in finding money to start construction on the facility.

“HUD grants are being utilized to build the facility. My dad is from Kaibeto and my grandfather was a councilmember so I spent a lot of time here,” Singer said. “He told me to get a good education and bring back the knowledge to the community. I am proud of the Kaibeto community. Now the elderly will not have to live in rough conditions chopping wood going to an outhouse in the freezing cold. With a design team from Albuquerque and Salt Lake City they designed a culturally sensitive facility with views of Navajo Mountain and White Mesa.”

Orville Arviso, owner of Arviso Construction, said he has been building on the Navajo Nation for 30 years and this is his first project in Kaibeto.









## Board of Directors

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Christopher Curley  
President  
Tonalea Chapter



Dr. Alan Numkena  
Vice-President  
Moenkopi Village



Tincer Nez  
Treasurer  
Coalmine Canyon Chapter



Esther Tsingine  
Member  
Coppermine Chapter



Merle Beard  
Member  
Tuba City Chapter



Kimberly Williams  
Member  
Kaibeto Chapter



Dolly Lane  
Member  
Bodaway/Gap Chapter



Laura Gon  
Member  
Cameron Chapter



Herman Tso  
Member  
LeChee Chapter

# Leadership Council



**TOP (L to R):** Joseph Engelken, Chief Executive Officer; Tanya "T.J." Riggs, MA, Chief Human Resources Officer; William Dey, RN, BS, MHA, Chief Quality Officer; Katie Magee, MD, Outpatient Medical Director; Lynette Bonar, RN, MBA, BSN, Associate Executive Officer; Tim Newland, MHA, RN, CHSP; Chief of Support Services; Alan Spacone, M.D., MBA, Chief Medical Officer; Kathleen Harner, MD, Chief of Staff; Shawn Davis, BS, MIS, Information Technology Director; William Phillips, BS, CPA, FHFMA, Interim Chief Financial Officer.

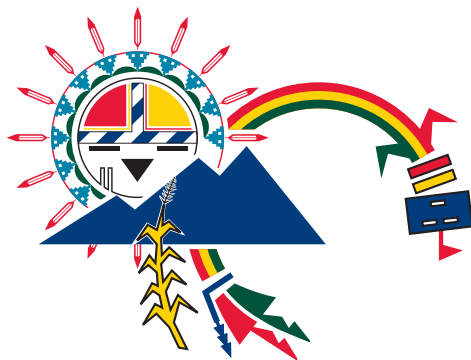
**BOTTOM (L to R):** Joette Walters, RN, Clinical Education Manager; Christine Keyonnie, Deputy Chief Financial Officer; Lorraine Begay, BS, BA, Deputy Chief Human Resources Officer; Dollie Smallcanyon, MSN, RN, Assistant Chief Nursing Officer; Alvina Rosales, RN, Chief Nursing Officer; Holly Van Dyk, MD, Deputy Chief Medical Officer.











# **Tuba City**

## **Regional Health Care Corporation**

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