

Follow up to 5/22/15 call between Health and Human Services and State of South Dakota

South Dakota is interested in implementing a **Community Health Worker** Model as part of this proposal to improve the health of Native American and other rural populations in South Dakota.

The Community Health Worker Model (CHW) is being used across the US as a model to improve health and social outcomes through the support provided by trained community health workers. It is seen as especially effective as a strategy to help rural and/or at-risk populations. South Dakota views this model as an especially promising model for improving the health outcomes of Native Americans in our state.

CHWs help people access medical services and supports. The CHW role would include:

- Creating more effective linkages between vulnerable populations and the health care system;
- Managing care and care transitions for vulnerable populations;
- Ensuring cultural competence among health care professionals serving vulnerable populations;
- Providing culturally appropriate health education on topics related to chronic disease prevention, physical activity and nutrition, and cultural competence;
- Advocating for underserved individuals to receive appropriate services;
- Providing informal counseling; and
- Building community capacity to address health issues.

South Dakota is also interested in expanding the use of **telehealth services** to individuals eligible for services through Indian Health Services. Providers in South Dakota have a strong track record of success in providing innovative, high quality health care using telehealth services.

These services are provided in several different ways. For instance, the Avera "eHelm" center serves over 200 hospitals and clinics covering almost 550,000 miles and is the first telehealth center in the world to provide around-the-clock access to board-certified intensivists and emergency physicians, hospital-trained pharmacists and experienced nursing staff. Other providers support dialysis patients in professional shortage areas such as Pine Ridge, Eagle Butte, Rosebud and Sharps Corner. In that situation nephrologists are on-site at least monthly and use telehealth for follow-up care. In other examples, primary care physicians are able to facilitate specialty consults with various providers for their patients for routine or emergent matters.

Services provided in South Dakota using telehealth include:

- Emergency Room
- Behavioral health
- Specialty consults such as nephrology, pulmonology, dermatology, infectious disease, radiology
- Telestroke services
- Neonatology
- ICU
- Pharmacy

Outcomes include:

- Over 200,000 patients served
- \$140 million in health care costs saved
 - Over \$18 million saved in unnecessary transfers
 - 18% reduction in unnecessary transfers via ER/telestroke services
- More than 22,000 serious safety events avoided via telepharmacy services
- Over 2 million miles of patient travel saved in last year
- Very high rates of patient satisfaction

Finally, the state Medicaid program pays almost twice as much for health care for Native Americans by non-HIS providers as IHS providers. A breakdown of **state plan expenditures for Native Americans reimbursed at the regular FMAP rate** is below. Increasing access to needed services via IHS 100% federal funding would free up state general funds to be redirected to expand Medicaid in South Dakota.

Department of Social Services- Medicaid State Plan

SFY14 Expenditures for Native Americans (state plan only-funded at regular FMAP)	133,299,856
Physician	30,956,296
FQHC/RHC	5,333,527
Other Clinic	3,471,885
Family/General Practice	3,369,552
Internal Medicine	1,939,883
OB/GYN	1,828,284
Other Physician Spec	1,206,355
Pediatrics	3,732,118
Radiology	1,281,849
Physician Assistant/Nurse Practitioner	1,502,213
Out of State Physicians **	1,557,746
Other Services	5,732,884
Inpatient Hospital	50,375,286
Inpatient Hospital	27,905,971
Specialized Surgical Hospital	913,103
Out of State **	11,887,001
Instate Specialty Units (Psych, Rehab, NICU)	8,661,475
Rehabilitation	1,007,736
Outpatient Hospital	18,746,863
Outpatient Specialized Surgical	16,012,668
Dialysis	1,345,863
Out of State **	1,243,306
Rehab Hospital	145,027
Prescription Drugs	14,155,316
Pharmacies	14,155,316
Other Medical Services	6,062,289
Ground Ambulance	1,366,525
Air Ambulance	1,689,078
Medical Equipment	2,069,923
Other Services	936,764
Chiropractic	42,610
Medicare Crossover	5,503,107
Adult Optometric	227,354
EPSDT Screening	248,388
EPSDT Optometric	483,446
CHIP	2,485,745
EPSDT Treatment	4,013,157
Instate Psych Res Treat Facility (PRTF)	2,981,901
Other Services	1,031,256
TOTAL ALL *	133,299,856

* Does not include dental services

** Includes services provided to recipients whose closest provider is located in a bordering state.