



CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL SAULT STE MARIE, MI

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Executive Summary

Sault Ste Marie has a large Native American population. Although the tribe has a comprehensive, state-of-the art medical center, it has not made business sense to keep the medical center open after business hours. As a result, the Chippewa County War Memorial Hospital was experiencing an overwhelming number of patients in its emergency room, many of which were non-emergency cases. Because the majority of these non-emergency cases were Native Americans, the hospital approached the tribe and proposed a business agreement.

The agreement resulted in opening a Community Care Clinic next to the hospital's emergency room. The clinic's physical location and administrative staff are funded by the hospital, while the caregivers are provided by the tribe. It is open during high-volume hours (10 a.m.-11 p.m.), with a focus on providing care to the community's indigent population. Although the partnership has not yet earned back the initial cost of opening the clinic, the community's greater access to primary care services combined with the hospital's decline in non-emergency cases are indicators of the program's success.

Organization Size: 83 acute beds, 52 long-term care beds

Program/Initiative Description

Community Care Clinic: Chippewa County War Memorial Hospital created a Community Care Clinic in partnership with the local Native American tribe. The clinic is located next to the hospital's emergency room, and is open during high-volume hours (10 a.m. – 11 p.m.) to provide non-emergency care to community members, with a focus on the area's indigent population. The creation of the clinic was a 50-50 business partnership, with each party funding half of the initial investment. Now that the clinic is operational, the hospital funds administrative staff and the physician location costs, while the tribe provides the caregivers to staff the clinic. The tribe's care providers are trained and certified, and their staffing of the clinic integrates the Native American culture into the community.

The partnership is currently exploring information system collaborations that would allow the hospital, Community Care Clinic, and tribal health center to share patient information. This would provide patients who visit more than one of the care centers with a continuum of care and patient-specific responsiveness from the providers. In addition to the Community Care Clinic, the hospital also exchanges staff with the tribe when they experience a shortage, such as offering a pharmacist at an hourly rate to the tribe when they are in need.

Establishment of Program/Initiative: 1996

Racial or Ethnic Disparities Problem the Program/Initiative Was Designed to Address

- The community has a high proportion of Native American residents, many of whom are genetically at higher risk for specific diseases, such as diabetes.
- Many diabetic elders of the tribe are experiencing complications with their disease, and need additional care for renal failure or dialysis.
- The younger members associated with the tribe have not taken advantage of educational opportunities or have been discriminated against, and as a result are of a lower economic status.
- The hospital emergency room was overwhelmed with low-severity, non-emergency cases that could have been treated in a physician's office rather than the emergency room. A significant number of these non-emergency patients were tribal members, because their medical center was not open 24 hours a day.

Major Objectives

- Create a partnership to assist the tribe to care for its members and to benefit the entire community with a clinic open in off-hours
- Open the emergency room for those truly in need of an emergency care

Significant Results

- Overall health and access to primary care for tribal members around the clock has dramatically improved.
- The hospital's ability to track people with chronic illnesses has improved significantly. Before establishing the partnership, people seeking specific therapies would move between hospitals and providers, with no continuity of care. The hospital and the tribal health center now have a good exchange of patient information, allowing all providers to track patient information and provide comprehensive care and improved case management.
- The Tribal Community Care Clinic has contributed to improvement in the overall health of the Native American population as well as the general community.

External Partners in the Program/Initiative: The local Native American tribe (Sault)

Limitations or Problems Encountered: A large portion of the Indian Health Service funding is from federal dollars. The hospital had to ensure its business relationship fell within federal and state laws.

Estimated Cost of the Program, To Date

- Initial start-up costs for the clinic were \$400,000, divided equally between the hospital and the tribe.

- The clinic began generating a surplus of revenue at the end of the fourth year, and is just beginning to pay back the start-up costs. Although the clinic hasn't yet achieved a total return of the money initially invested, the community benefit, emergency room savings, and improvement in the general health status are important but difficult-to-measure benefits.

Advice to Other Organizations That May Want to Start a Similar Program

- Don't be afraid to approach the Native American population with a solid business proposal that benefits them. They must be given control in order to ensure buy-in.
- A program such as this is an excellent method to ensure sensitivity to tribal customs.

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