

Home Based Primary Care (HBPC) and the Eastern Band of Cherokee Indians

American Indian and Alaska Native Long
Term Care Conference

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Background

Funding made available in 2009 through Office of Rural Health (ORH) to develop Home Based Primary Care (HBPC) in Franklin, NC with focus on serving the Eastern Band of Cherokee Veterans.

HBPC

- HBPC provides primary care to Veterans living within a defined radius of VA hospital or Community Based Outpatient Clinic (CBOC).
- HBPC uses an interdisciplinary team approach for care.
- Goal of HBPC is to enable Veterans to remain at home, avoid unnecessary hospitalization or nursing home placement.

HBPC

- HBPC targets Veterans with complex chronic diseases that have difficulty accessing primary care in traditional settings, such as VA hospitals or CBOCs.
- Care is longitudinal -
 - HBPC provides ongoing monitoring, care coordination, routine comprehensive assessment, timely interventions.
 - Care often provided for remainder of Veteran's life.

Staff Hired in May 2009 through ORH funding

- Social Worker (clinical & Program Coordinator)
- Nurse Practitioner
- Registered Nurse
- Physical Therapist (0.5 time)
- Registered Dietitian (0.5 time)
- Program Support Assistant (0.5 time)
- Medical Director (0.25 time designated)

Program Formation

- HBPC Program housed in Franklin CBOC.
- 3 GSA Vehicles for home visits.
- CBOC medical staff had already identified potential patients.
- First HBPC patient admitted June 22, 2009.

Characteristics

- Patients in 90 minute radius of CBOC.
- Geography is rural, mountainous, lacks Interstate access, mostly two-lane roads
- Impacted by weather events, such as snow/ice, floods, mud slides, etc.
- Cherokee Indian Reservation expansive
 - Located on 2 counties in NC
 - Cherokee also live within surrounding 5 counties

The program begins

- First several months spent developing a new HBPC team.
- HBPC steadily admitted Veterans to program, but no Cherokee Veterans identified.

Developing a Relationship with the Eastern Band of Cherokee Veterans

Some infrastructure existed:

- Memorandum Of Understanding between Charles George VAMC in Asheville and the Cherokee Indian Hospital.
- VA liaison at Cherokee Indian Hospital Authority.

Initial Steps

- Meeting at Cherokee Indian Hospital (CIH) on September 1, 2009 to develop a partnership.
 - VA/Cherokee Indian Hospital Liaison
 - CIH SW/Case Management
 - Medical Administration Physician

Results

Nothing Happened.

Contacting Service Officers

- Service Officers exist in each county to assist Veterans with benefits, link Veterans to available resources.
- Beginning in October, had phone contact and/or face-to-face meetings with all 6 county Service Officers.

Results

Nothing Happened.

Specific Targeting

- Used computer data to identify Cherokee Indian Veterans who had used VA in previous 3 years.
- Designed brochure and drafted a letter specifically for Cherokee Veterans to explain HBPC services.
- Mailed letters and brochures to more than 100 Cherokee Indian Veterans in December 2009.

Results

Nothing Happened.

What next?

- Although we could document efforts, we were having no success in actually working with Cherokee Veterans. It was time to take a *different* approach to develop a relationship with the Cherokee Tribe.

A Different Approach

- Internet search to locate all Veteran Service Organizations in HBPC service area.
- Scheduled first two presentations on/near the Reservation, including:
 - VFW meeting on 1/12/10, and
 - Vietnam Veteran Association meeting on 1/14/10.

Finally, contact is made...

- Mr. C., an enrolled Cherokee Indian, attended both meetings and expressed interest in referring his Uncle to HBPC.
- Mr. C. invited HBPC to present at the Steve Youngdeer American Legion meeting (1/18/10) on the Reservation.

The American Legion Meeting

- Met Commander Lou Harding, who is a well-respected community leader and is an enrolled member of the Eastern Band of Cherokee Indian.
- At time of American Legion meeting, informally met with the Women who were preparing a dinner to follow the meeting for a short presentation on HBPC.

Contacts continue

- Contacted by Mr. Warren Dupree, at Commander Harding's direction, to discuss partnership between Steve Youngdeer American Legion, Post 143 and the VA to promote HBPC.
- Invited by Mr. Dupree and Commander Harding to attend the Tribal Council meeting scheduled for 2/4/10.

Understanding the Structure on the Reservation

- Tribal Council members are elected, including:
 - Principal Chief, who is the Chief for all enrolled members.
- Tribal Council members are elected and include:
 - Representatives from each district.
- Tribal Council meetings are held monthly.
- Speakers are allowed to address the Tribal Council, if:
 - Sponsored by a Tribal Council member.
 - Allocated speaking time granted by Tribal Council Member.

Community Club Council

- Community Club Council Officers represent all districts, or Community Clubs (10), on the Reservation, including:
 - Chair
 - Co-Chair
 - Secretary
 - Treasurer
- Officers elected by enrolled tribal members in each district.

Individual Community Clubs

- 10 Community Clubs on the Reservation.
- Each Community Club has officers, including:
 - Chair
 - Co-Chair
 - Secretary
 - Treasurer
- Monthly meetings.
- Well attended by Tribal members in the community.

Tribal Council Meeting

- Commander Harding requests time allocation from Tribal Council Member which is granted.
- Tribal Council meeting televised on closed Tribal cable channel, rebroadcast throughout the month.

Community Club Contacts

- Presented at the Community Club Council Officers meeting 3/1/10, partnered with Mr. Dupree.
- Presented at 3 Community Club Council meetings, partnered with Mr. Dupree.
- Goal is to attend all 10 Community Clubs meetings annually to present HBPC.

Results

- Able to identify community leaders.
- Receiving referrals from the reservation.
 - Currently serving 4 Cherokee Indian Veterans.
 - 3 pending referrals (Veterans need to enroll in VA.)
- Renewed interest in collaboration from CIH.

Lessons: Behind-the-Scenes

- Issues: Trust and Consistency
 - Will you do as promised?
 - Are you dependable?
 - Will you be back tomorrow, next week, next month, next year?
- Difficult to enroll Veterans in VA due to distance and cultural issues, although can enroll through VA Liaison at CIH, which has mixed reviews.
- Lack of knowledgeable Service Officers who understand pensions/compensation as it relates to Cherokee Indians.

Lessons (continued)

- Tribal structure is complex and political
 - Governed by tradition.
 - Matriarchal.
 - Enrolled members have specific rights and benefits.
 - Being an Elder comes with privilege, preferential treatment.
 - Rules can be fuzzy about who is “accepted” by the Tribe.
- Outsiders must be invited and sponsored to be involved in Tribal activities on the Reservation.
 - Sponsors are essential. Without a sponsor, no success can be achieved.

Lessons (continued)

- Outsiders must be invited and sponsored by a Tribal member to be involved in Tribal activities on the Reservation.
 - Sponsors are essential. Without a sponsor, no success can be achieved.
- Reverse Chain of Command structure.
 - The sponsor provides the access to the Tribal Council to request permission to come onto the Reservation to present at Tribal functions and provide services.
- Respect is essential.
- Tradition rules.

Lessons (continued)

- Protocol is important.
 - Respect is essential.
 - Communication styles may vary.
 - Elders may not respond directly to outsiders.
 - Listen carefully and allow Tribal Members opportunity to initiate conversation.
 - Introduce yourself and state who you represent.
 - Tell audience who has granted you permission to speak and express gratitude to those involved.
 - Honor the Veteran when speaking, but address the women (who are the caregivers.)

Lessons (continued)

- Remember that everyone is related, either literally or figuratively. The tribe is paramount.
- Most Important –
 - Remain trustworthy and consistent.

Who do we serve?

- Currently serve 4 Cherokee Indian Veterans
 - One veteran with ALS; HBPC supplements his specialized care.
 - Monitoring for physical changes, providing all medications.
 - Specialized equipment and home modifications.
 - Education about food and nutrition; including peg/feeding tube.
 - Referrals for in-home aides, respite, support.
 - Ongoing assistance as needs change.

Pending Referrals

- Currently 2 pending referrals, including:
 - 90 year old, WWII and Korean War, female Cherokee Indian.
 - Lives alone, becoming frail, no longer driving.
 - Needs to be enrolled in VA.
 - Will benefit from in-home primary care services, along with in-home aide program and home modifications.

Challenges for HBPC

- Franklin HBPC program near census, no current funding for expansion.
- Realization that partnership between VA and Cherokee Indian Tribe is dependent on individual relationships rather than an officially designated role.
- Difficulty enrolling new Veterans.
- Medical panels at capacity in Franklin CBOC, waitlist for new Veterans, which limits access.

Future Wish List

- Two year funding for an additional full-time Nurse Practitioner (plus ancillary staff and vehicle) to expand program.
- Focus on specific areas on Reservation not currently targeted due to distance from Franklin.
- Consider different models of care, such as Richmond's program.
- Develop new Veteran Service Officers who understand unique issues when working with Cherokee Indians.