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Office of the Chief

Chuck Hoskin Jr. Principal Chief

Bryan Warner Deputy Principal Chief

February 27, 2025

TO: Dr. Stephen Jones, Chief Executive Officer of Cherokee Nation Health Services

FR: Chuck Hoskin, Jr.

Principal Chief

CC: Cabinet

Sub-Cabinet

Bryan Warner, Deputy Principal Chief

Mike Shambaugh, Speaker of the Council of the Cherokee Nation

Administration Memorandum Directing a Review of Outpatient hemodialysis Access by Cherokee Nation Health Services (CNHS) Patients and Strategies to Improve Access by the Work Group on Dialysis Access

The purpose of this memorandum is to direct a review of access to outpatient hemodialysis services by Cherokee Nation Health Services (CNHS) patients and to examine strategies to improve access.

I. Overview: Hemodialysis

CNHS has expanded its scope and now directly provides inpatient dialysis services to our patients hospitalized at W.W. Hastings Hospital. CNHS offers comprehensive primary care focused on the prevention, early detection, and management of end-stage renal disease (ESRD), addressing key risk factors such as diabetes and hypertension. Through the Purchased Referred Care (PRC) program, primary care providers can refer patients with existing or elevated risk for ESRD to specialized care, including nephrologists and cardiovascular specialists. Additionally, CNHS works closely with patient benefit coordinators to help secure insurance coverage for dialysis patients, ensuring they have the necessary financial support throughout their treatment. Additionally, in the case of a Sallisaw based third party provider, Cherokee Nation subsidizes operations of that facility through the provision of a building.

II. Elected and appointed leadership can better support future improvements to outpatient hemodialysis access by better understanding current access

as well as opportunities for, and barriers to, future Cherokee Nation support of increased access to these services.

Cherokee Nation's commitment to excellence in health care requires a broad understanding of our growing and increasingly complex health system by not only health care staff and leadership but also by elected and appointed leadership outside of our health system. Cherokee Nation leadership is deeply invested in the success of our health system, and every leader has the opportunity to support and strengthen it. Additionally, citizens look to Cherokee Nation leadership to have sufficient depth of knowledge of the health system to answer questions and understand concerns.

Anecdotal concerns have arisen regarding geographic access to dialysis services and the feasibility of integrating dialysis into Cherokee Nation's health system. In terms of geographic access, Cherokee Nation has prioritized investing in health care facilities that are within reasonable reach of all Cherokees on the reservation. However, dialysis services are primarily provided by private sector entities, whose facility locations may not always align with this approach. Regarding feasibility, Cherokee Nation Health Services has strategically expanded direct services with a focus on quality and sustainability. At this time, outpatient dialysis services have not yet been incorporated into that strategy.

To optimize our Health System's support for dialysis patients, leadership needs an overview of the current dialysis access usage and future strategies for expanding access to dialysis services.

Dialysis Access Work Group

On the basis of the foregoing, I am directing a Work Group on Dialysis Access Support. The Work Group is composed of:

- Health leadership and staff as designated by Dr. Jones
- Chief of Staff Corey Bunch or Designee
- Deputy Secretary of State Canaan Duncan

The Work Group shall draft and submit to the Principal Chief a brief report which outlines current dialysis access and opportunities to support increased patient access to dialysis all as determined by Dr. Jones, but which should address these issues:

- What are the current statistics on dialysis access by our patients?
- What opportunities exist now, or may exist in the future, to support greater patient access to dialysis services? Areas of review should include strategies and investments to encourage the placement of private sector dialysis services in underserved areas.

The Work Group described herein is not a public body within the meaning of Cherokee Nation FOIA, but the report or a summary thereof will be disclosed to members of the Council of the Cherokee Nation and to the general public as the Principal Chief directs. The report should be submitted by July 1, 2025, or by an approved deadline extension.

Chuck Hoskin, Jr.

Principal Chief of the Cherokee Nation