

OUR STAFF

COORDINATOR

Ext. 1109

ASSISTANT

Ext. 1112

PATIENT RESOURCE ADVOCATE

Ext. 1110

FAMILY RESOURCE ADVOCATE

Ext. 1604

REFERRAL COORDINATOR

Ext. 1615

PLEASE NOTE

The following priorities of care are NOT currently funded by Lake County Tribal Health's Purchased Referred Care Program:

Level IV Chronic Tertiary Care

Level V Excluded









PURCHASED REFERRED CARE



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Purchased Referred Care

LEVELS OF CARE

Contingent upon the current level of funding, the LCTHC Board of Directors has approved the following Levels of Care under Lake County Tribal Health's Purchased Referred Care Program.

> Indian Health Service **Medical Priorities**

Purchased Referred Care Medical Care

Level I Emergent/Acutely **Urgent Care**

Level II Acute Primary & Preventative Care

Level III Chronic Primary & Secondary Care



Lake County Tribal Health

Modern Medicine Personalized Care 925 Bevins Ct., Lakeport • www.lcthc.com

Level I: Emergent/Acutely Urgent Care Services

Definition: Emergent or acutely urgent care services are diagnostic or therapeutic services that are necessary to prevent the immediate death or serious impairment of the health of the individual, and which, because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries or medical conditions that if left untreated, would result in uncertain but potentially grave outcomes. Categories of emergent or acutely urgent care services include (random order):

- Emergency room care for emergent/urgent medical conditions, surgical conditions, or acute trauma
- Emergency outpatient care for emergent/ urgent medical conditions, surgical conditions, or acute injury
- Emergency psychiatric care involving suicidal persons or those who are a serious threat to themselves or others
- Services and procedures necessary for the evaluation of potentially life threatening illnesses or conditions
- 5. Obstetrical deliveries and acute perinatal care
- 6. Neonatal care

Examples of Level I Services Include (but are not limited) to:

- Musculoskeletal trauma acute
- Cholecystitis, acute
- Concussion
- · Dehydration, severe
- Delirium tremens
- Diabetic ketoacidosis

- Drowning, near
- · Eye disease, acute
- Fractures
- Head injury
- · Heat exhaustion and prostration
- Hemorrhage
- · Obstetrical emergencies
- · Pelvic inflammatory disease
- Pneumonia, acute
- Poisoning
- Premature infant
- Puncture or stab wounds
- · Rape, alleged, examination
- Respiratory failure
- · Spinal column injuries
- Suicide attempt
- · Urinary retention, obstruction

Level II: Acute Primary & Preventative Care Services

Definition: Preventive care services are available at most IHS facilities. Preventive care service is primary health care that is aimed at the prevention of disease or disability. This includes services proven effective in avoiding the occurrence of a disease (primary prevention) and services proven effective in mitigating the consequences of an illness or condition (secondary prevention). Categories of services included (random order):

- 1. Routine prenatal care
- Non-urgent preventive ambulatory care (primary prevention)
- Screening for known disease entities (secondary prevention)
- 4. Screening Mammograms
- 5. Public Health Intervention

Examples of Level II Services Include (but are not limited) to:

- Audiology Screening
- Diabetes Maintenance

- Hemophilus prophylaxis
- HIV Testing
- Immunizations
- Mammography
- · Periodic health exams of
- · infants, children, and adults
- · STD testing & treatment
- Vision Examinations
- · Cancer screening
- · Family planning services
- · Hepatitis prophylaxis
- Hypertensive screening, diagnosis, & control
- Laboratory services supporting primary care evaluations
- Pregnancy and infant care
- Routine PAP smears/Colposcopy
- TB screening, prophylaxis & treatment
- X-ray services supporting primary care evaluations

Level III: Chronic Primary & Secondary Care Services

Definition: Primary and Secondary Care Services include outpatient care services that involve the treatment of prevalent illnesses or conditions that have a significant impact on morbidity and mortality. This involves treatment for conditions that may be delayed without progressive loss of function or risk of life, limb, or senses. It also includes services that may not be available at many IHS facilities and/or may require specialty consultation. Categories of services included (random order):

- Scheduled ambulatory services for nonemergent conditions
- Specialty consultations in surgery, medicine, obstetrics, gynecology, pediatrics, ophthalmology, ENT, orthopedics, and dermatology
- Elective, routine surgeries that have a significant impact on morbidity and mortality
- 4. Diagnostic evaluations for non-acute conditions

Specialized medications not available at IHS facility, when no suitable alternative exists

Examples of Level III Services Include (but are not limited) to:

- Bladder suspension
- Cancer chemotherapy
- Cardiac catheterization
- Cardiology referral (non-acute)
- CT Scan/MRI
- Dermatology
- Endocrinology
- Exercise stress testing
- Eye glasses refractions
- Gynecology
- Hearing aids
- · Hematology referral
- Nephrology/urology referral
- Neurology evaluations (elective)
- Ophthalmology
- Podiatry, non-diabetic
- Pulmonary referral
- · Pulmonary function testing
- Radiation therapy, palliative
- Rheumatology
- Surgery referral, elective

The condition of the patient at the time of the referral will influence the ultimate determination of Level III services. In order to determine whether or not the needed care is within established medical priorities, the following questions will be considered:

- 1. What is the rate of deterioration of the patient's condition?
- 2. What will be the potential morbidity of the patient, if the desired care is not rendered (are there any uncertain but potentially grave outcomes)?
- 3. What is the expected benefit from the evaluation or treatment (will the care likely result in a cure or improvement)?
- 4. Is the procedure experimental or purely cosmetic (is the requested service on the excluded list)?