Sustaining Healthcare in Rural Communities and the Viability of Rural Providers

August 4, 2015
Presenters

John Goodnow, System Chief Executive Officer
John Goodnow has been a hospital administrator for nearly 40 years at a wide range of facilities and with a record of growth, innovation, improving finances, and cutting costs while improving quality and forging relationships with other organizations and communities. John joined Benefis Health System as CEO in December 2002.

Terry Preite, President of Benefis Spectrum and Regional Relationships
Terry Preite has worked in healthcare for over 40 years. Her focus has been on community programs that support patients returning to home after an acute care stay. Getting her start as a community based social worker, she has been in administration for over 20 years. Terry has worked for Benefis Health System since 1993 and has served as President of Benefis Spectrum Medical since 2007. She currently leads regional relationships for Benefis as well, working with area hospitals to coordinate and improve care in rural Montana.

Terry Olinger, President of Benefis Acute Care Group
Terry Olinger has 30 years of healthcare experience in both for-profit and not-for-profit environments. Mr. Olinger has served in a senior executive role for the past 20 years working within health systems and free-standing hospitals. Currently, Terry provides oversight of the Benefis Acute Care Group, which includes Benefis Hospital, Benefis Medical Group and our rural hospital relationships. Terry joined Benefis Health System in April 2002.

Kathie Avis, CAO of Native American Programs & Population Health Research
Kathie Avis has 32 years of healthcare experience. Before joining Benefis, she was the president of an oncology consulting firm providing strategic planning to over 200 community and academic medical centers throughout the U.S. She joined Benefis ten years ago, and has recently provided leadership in educating communities about the Affordable Care Act, as well as in creating a Community Health Needs Assessment & Improvement Plan. She has provided leadership for Benefis Native American Programs for over nine years.
Benefis Overview
Service Area Overview

<table>
<thead>
<tr>
<th></th>
<th>2013 Population</th>
<th>Benefis 2013 Market Share</th>
<th>Geographic Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Service Area</td>
<td>82,384</td>
<td>96.97%</td>
<td>2,712 square miles</td>
</tr>
<tr>
<td>Secondary Service Area</td>
<td>147,514</td>
<td>26.62%</td>
<td>38,841 square miles</td>
</tr>
<tr>
<td>Total</td>
<td>229,898</td>
<td>55.12%</td>
<td>41,553 square miles</td>
</tr>
</tbody>
</table>

Note: Market Share is defined as the percentage of inpatient discharges as reported to CompData.
Great Falls Operations: Statistics

- 285 Operational Acute Care Beds
- 162 Nursing Home, Memory Care, and Transitional Care Beds
- 12 ORs (ten acute care and two ambulatory surgery)
- 159 Employed Providers
- 199-Member Medical Staff (MDs and DOs)
Great Falls Operations: Campuses

**East Campus**
Acute Care Adult Medical/Surgical, Pediatric/Neonatal Services, Emergency Department, Specialties

**West Campus**
Rehab, Mental Health, Sub-Acute Care

**Senior Campus**
Recently-Opened Grandview at Benefis

**Central Campus**
Leased to the Great Falls Clinic (until February 1, 2016)
Teton Medical Center in Choteau, MT became part of Benefis on May 1, 2015
Employee Count

2007: 2,310
2008: 2,395
2009: 2,460
2010: 2,586
2011: 2,560
2012: 2,639
2013: 2,753
2014: 2,948
2015 YTD: 3,054
Commitment to Employees

**Labor Relations**
- Market-Based Compensation
- Good Benefits
- 403(b) Pension Plan
- Annual Raises
- No-Layoff Policy
- Wellness Promotion and Biometric Screenings
- No Unionization (and none anticipated in the near future)

**Educational Opportunities**
- Tuition Reimbursement
- C.N.A. Scholarship Program
- Offering classes necessary for Benefis employees, such as BLS, ALS, and CPR
- Critical Care Growth Program
- Perioperative Growth Program
- Professional Growth Program
- Continuing Nurse Education Program
- Native American Nurse Development Program

**Employee Satisfaction Scores**

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3.98</td>
</tr>
<tr>
<td>2008</td>
<td>4.05</td>
</tr>
<tr>
<td>2009</td>
<td>4.11</td>
</tr>
<tr>
<td>2010</td>
<td>4.08</td>
</tr>
<tr>
<td>2011</td>
<td>4.03</td>
</tr>
<tr>
<td>2012</td>
<td>4.17</td>
</tr>
<tr>
<td>2013</td>
<td>4.18</td>
</tr>
<tr>
<td>2014</td>
<td>4.14</td>
</tr>
<tr>
<td>2015</td>
<td>4.03</td>
</tr>
</tbody>
</table>

*Note: Scores are determined based on a combination of Pride Survey scores and Employee Forums scores, on a scale from 0-5.*
Operating Margin

Note: Data includes Benefis Hospitals and Nursing Home in Great Falls only.
Benefis [Great Falls] Hospitals

**Emergency Services**
- Fully-employed emergency department providers
- Montana’s first medical jet (twin engine model helicopter)
- NICU flight team made of four specially trained flight nurses and a neonatal nurse practitioner

**Orthopedic Services**
- Most comprehensive orthopedic facility in Montana:
  - Outpatient surgical suites
  - Physical, speech, and occupational therapy
  - Sports Medicine

**Cancer Services**
- First program in a five-state region to offer CyberKnife stereotactic radiosurgery
- Only oncology program in Montana to offer its own onsite housing for patients

**Heart & Vascular Services**
- Offers electrophysiology testing for the diagnosis/treatment of heart arrhythmias, which can lead to stroke and heart failure
- Includes a variety of other services, including a cardiovascular catheterization laboratory and cardiovascular care unit
Benefis Medical Group

Specialties
- Acupuncture
- Anesthesiology
- Cancer
- Critical Care
- Dermatology
- Ear, Nose & Throat
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- Geriatrics
- Heart & Vascular
- Internal Medicine
- Medical Spa
- Neonatology
- Neurology
- Neurosurgery
- Obstetrics, Gynecology & Infertility
- Orthopedics
- Pain Management
- Pathology
- Pediatrics
- Plastic & Reconstructive Surgery
- Psychiatry/Psychology
- Pulmonary
- Rehabilitation
- Sports Medicine
- Urology
- Urgent Care

Number of Providers

Number of Visits

Annualized Total: 245,052

Total: 102,105

2015 YTD: 159
Benefis Senior Services

- Resident-directed care delivered in a Cottage or Neighborhood environment
- 146 long term care units (transitional care, skilled nursing, intermediate care, memory support)
- 64 assisted living units (16 memory support)
- Transitioning to all private rooms
- Only continuum of care in north-central Montana
Benefis Spectrum Medical

- Hospice Care
- Licensed/Skilled Home Health
- Equipment Services
- Home Community Based Services and Severe Disabling Mental Illness Waiver
- Correctional Medicine
- Private Duty
- Infusion Partnership
A major initiative or focus area is chosen annually, allowing for the completion of several large projects at Benefis.

**Annual Contributions**

<table>
<thead>
<tr>
<th>Year</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$2.01</td>
</tr>
<tr>
<td>2010</td>
<td>$1.57</td>
</tr>
<tr>
<td>2011</td>
<td>$1.33</td>
</tr>
<tr>
<td>2012</td>
<td>$2.27</td>
</tr>
<tr>
<td>2013</td>
<td>$2.64</td>
</tr>
<tr>
<td>2014</td>
<td>$1.96</td>
</tr>
</tbody>
</table>
Vision for Rural Healthcare

Benefis believes that your community should receive the appropriate care as close to home as is reasonably possible. Benefis:

• Recognizes the critical role that hospitals play in rural and frontier communities, in not only providing much needed medical care, but also as an economic pillar

• Desires to support the delivery of care in rural communities through different options

• Recognizes that every market is unique, and is flexible in its approach to supporting local health care through arrangements specifically created to address community needs and objectives
Northcentral Montana Healthcare Alliance
Mission
• To collaboratively develop strategies, synergies, relationships, products, and services that will improve delivery, access, and quality, while controlling the cost of not-for-profit healthcare in all Alliance member communities.

Goals
• Render care to the sick, injured, and elderly through the provision of shared healthcare services amongst members
• Advance scientific knowledge and healthcare
• Further health education for the communities of members
• Take an active part in the promotion of general health in northcentral Montana
• Cooperate and affiliate with people and organizations having similar purposes
NMHA Background

- Formed in 2003 to improve coordination among hospitals and enhance the level of care received in rural areas
- 12 member organizations (10 critical access hospitals, a rural hospital, and Benefis Health System)
- Nature of alliance is currently evolving from members remaining fiercely independent to looking more closely at partnerships
Membership and Governance

**Board of Directors**
- Approves all new members
- Consists of one representative from each Primary Member site, with no term limits
- Meets at least four times each year
- Selects and employs a President to handle operational and managerial aspects of the organization

**Primary Members**
Licensed governmental, public or private non-profit, acute care healthcare facilities doing business in Montana

**Affiliate Members**
Other non-profit facilities doing business in Montana
Coverage Area
Putting it in Perspective: Montana and Arizona
Choteau
- Population: 1,694
- Hospital: Benefis Teton Medical Center
- Licensed Beds: 10
- Swing Beds: 10
Conrad

- Population: 2,602
- Hospital: Pondera Medical Center
- Licensed Beds: 20
- Swing Beds: 8
Coverage Area

Cut Bank
- Population: 2,987
- Hospital: Northern Rockies Medical Center
- Licensed Beds: 20
- Swing Beds: 9
Coverage Area

Shelby
- Population: 3,294
- Hospital: Marias Medical Center
- Licensed Beds: 21
- Swing Beds: 21
Coverage Area

Chester
- Population: 863
- Hospital: Liberty Medical Center
- Licensed Beds: 25
- Swing Beds: 25
Coverage Area

Havre
- Population: 9,771
- Hospital: Northern Montana Hospital
- Licensed Beds: 49
- Swing Beds: 5
Coverage Area

Malta
- Population: 1,967
- Hospital: Phillips County Hospital
- Licensed Beds: 6
- Swing Beds: 6
Coverage Area

Big Sandy
- Population: 605
- Hospital: Big Sandy Medical Center
- Licensed Beds: 8
- Swing Beds: 4
Coverage Area

Fort Benton
- Population: 1,474
- Hospital: Missouri River Medical Center
- Licensed Beds: 7
- Swing Beds: 7
Coverage Area

Lewistown
- Population: 5,901
- Hospital: Central Montana Medical Center
- Licensed Beds: 25
- Swing Beds: 25
Coverage Area

White Sulphur Springs
- Population: 970
- Hospital: Mountainview Medical Center
- Licensed Beds: 25
- Swing Beds: 24
Services

- Annual Regional Governance Conference
- Annual Rural Providers CME Conference
- Mobile DEXA Scan Van
- Shared Provider Recruiting
- Shared Regional Community Needs Assessments
- Strategic Planning for Member Governing Boards
- Annual Strategic Planning Retreat
- State and Federal Advocacy
- Grants Development and Management
Note: Counties shaded in light grey represent those in which Benefis has a direct presence, whether through outreach, community based, home health, or other services.
Current NMHA Priorities

• Information Technology Alliance
• Next Generation NMHA
• Industry Information Sharing
• Labor Shortage Strategies
• Physician-to-Physician Connectivity Opportunities
• Formal Executive-to-Executive Connectivity for New Players
• Center for Rural Healthcare Transitions
Center for Rural Healthcare Transitions: Challenges

- Episodes of poorly executed discharges
- Incomplete handoff communication
- Inconsistent timely patient follow-up
- Lack of clarity for patients and caregivers regarding treatment plan/medication management
- Lack of knowledge regarding red flags
- Lack of referrals back to the patient’s local facility
Center for Rural Healthcare Transitions: Opportunity

- Grant is active from May 1, 2014 to April 30, 2017
- Awards approximately $730,000 to Liberty Medical Center on behalf of Northcentral Montana Healthcare Alliance (NMHA)
- Purpose is to optimize care transitions in northcentral Montana, in conjunction with the following:
  - Improved patient safety
  - Improved quality of regional care
  - Improved satisfaction for patients, caregivers, and providers
  - Realization of cost efficiencies
Center for Rural Healthcare Transitions: Funding

- Funding Amount: approximately $243,000 annually for three years
- Funding Purpose: to support a collaborative effort to improve rural healthcare
- Supported Areas:
  - Personnel
  - Regional travel
  - Miscellaneous office supplies (i.e. Live Well Binders)
  - Telehomecare monitors
  - Information Technology support
- Funding Limitations: restrictions on the amount of funding that can be used for equipment or direct care (services for/on behalf of individual patients)
Center for Rural Healthcare Transitions: Activities

• Improve regional care transitions by collaboratively designing a standard care transition process
• Improve and standardize patient-centered communication across all care settings
• Ensure that everyone involved with the patient is knowledgeable of and satisfied with the new system
• Promote rural community participation to help support patients discharged at home
• Increase the use of technology as appropriate
• Ensure overall success and sustainability
Center for Rural Healthcare Transitions: Impact

- Provides funding and a defined mechanism for NMHA to collaboratively improve care transitions
- Provides a mechanism to define and address other regional quality initiatives
- Improves patient safety
- Improves access to healthcare
- Reduces costs
- Ultimately leads to the provision of better care for residents of northcentral Montana
# Pilot Program Results

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility of Care Transitions Coaches by phone</td>
<td>Electronic notifications of admission/referral so regional staff can prepare for incoming patients</td>
</tr>
<tr>
<td>Some patients missing Live Well Binders</td>
<td>Educate staff to ensure that every patient is given a binder</td>
</tr>
<tr>
<td>Lack of patient understanding regarding the role/benefit of Care Transitions Coaches</td>
<td>Patient handout, local newspaper articles, provider education</td>
</tr>
</tbody>
</table>
Types of Partnership

**Affiliation**
- An organization becomes associated with Benefis Health System to seek benefits through collaboration

**Services Agreement or Management Contract**
- Benefis Health System provides an organization with needed services at a contracted rate
- Contracts can range from single service provision to full entity oversight

**Joint Venture**
- Benefis Health System works with an organization to create a new entity to provide a service, sharing risk equally with the partner organization

**Acquisition**
- An organization becomes a wholly-owned subsidiary of Benefis Health System
**Current Partnerships**

- **Benefis**
  - **Community Hospital**

- **Joint Venture**
  - **Benefis**
  - **Community Hospital**

- **Benefis & Community Hospital**

### Affiliation or Services Agreement or Management Contract

- **Montana Independent Health Alliance (MIHA) and Mountain States Reciprocal Risk Retention Group** are both multi-member affiliations.

- Benefis has a services agreement with **Central Montana Medical Center** in Lewistown for the provision of select services.

- Through a management contract, Benefis provides **Missouri River Medical Center** in Ft. Benton with full oversight.

### Joint Venture

- Benefis formed a joint venture with **Northern Montana Hospital** for the provision of cancer care in Havre.

- Benefis opened **Cascade Ridge Low-Income Senior Apartments** in a joint venture with Mountain Plains Equity Group.

- Though a joint venture, Benefis owns part of the **PEAK Health & Wellness Center**.

### Acquisition

- Benefis made a complete acquisition of Choteau’s **Teton Medical Center** in May 2015.
Cost Reduction Collaboratives: Examples

**Montana Independent Health Alliance (MIHA)**  
- Six-member collaborative vehicle that benefits members through collective cost savings, revenue enhancement, education, and peer networking  
- Members:  
  - Benefis Health System (Great Falls, MT)  
  - Bozeman Deaconess Hospital (Bozeman, MT)  
  - Community Medical Center (Missoula, MT)  
  - Kalispell Regional Healthcare (Kalispell, MT)  
  - St. Peter’s Hospital (Helena, MT)  
  - Wyoming Medical Center (Casper, WY)  
- Saved members a collective total of $1.91 million in 2013 and 2014

**Mountain States Reciprocal Risk Retention Group**  
- 20-member professional liability insurance captive  
- Provides collective medical malpractice insurance and risk management to reduce members’ medical malpractice costs  
- Benefis Health System joined on January 1, 2006  
  - Without joining, our 2006 premium would’ve been $2.4 million  
  - Even if that premium amount had remained static at $2.4 million over the past nine years, we would have spend $8.5 million more in premiums throughout those years than we actually did  
  - Instead, in 2015 (nine years later) our annual premium—which now includes coverage for our entire physician practice in addition to the groups we covered in 2006—just hit $2.3 million
Management Contact Service Offering

Provider and Personnel Support
- Contractual provision of physicians, mid-level providers, clinical staff, and nonclinical personnel
- Recruiting assistance
- Temporary call coverage arrangements
- Credentialing services

IT Support
- Contractual access to Benefis EHR platform
- IT support including technical personnel and/or hosting capabilities
- Development of enhanced telemedicine services and capabilities

Clinical and Nonclinical Spend Reduction
- Access to agreements with MedAssets and others to secure preferred pricing, reducing spend on supply chain and purchased services
- Assistance in revising employee benefits (i.e. setting up third-party administrator arrangements and/or narrow network development)
- Access to proven employee productivity and efficiency tools and methodologies to reduce labor cost/spend

Institutional Management Services
- Employment of CEO and/or other senior personnel as BHS employees under a management contract
- Access to management experience, human resources department, educational opportunities, intellectual capital, financial management systems, and back-office personnel
- Periodic board and compliance educational opportunities
Central Montana Medical Center – Lewistown, MT
- Providing Benefis-employed physicians
- Providing urology and cancer services
- Reading specialized tests such as EKGs

Missouri River Medical Center – Ft. Benton, MT
- Agreement signed on June 1, 2015
- Benefis-employed President
- Benefis-employed Chief Financial Officer
- Recruiting and providing Benefis-employed physicians
- Oversight of strategic planning and budgeting
- Assistance with management planning and leadership development
- Quality assurance and risk management programs
- Purchasing and supply chain functions
- Facility planning and repair/maintenance of physical plant, furnishings, and equipment (at Missouri River Medical Center’s expense)

Services Agreement and Management Contract Examples

Single Service  Select Services  Full Oversight
Joint Venture Examples

Northern Montana Hospital Cancer Services – Havre, MT
- Benefis located a linear accelerator in Havre and provides patients with access to Benefis radiation and medical oncologists and treatment without leaving Havre

Cascade Ridge Low Income Senior Apartments – Great Falls, MT
- Opened in partnership with Billings-based Mountain Plains Equity Group
- 40 units (20 one-bedroom and 20 two-bedroom)
- Open to seniors age 55 and over with incomes at or below 60% of the Cascade County Area median income

PEAK Health & Wellness Center – Great Falls, MT
- 65,000 square-foot health club
- 51% owned by Benefis Health System
- Physical therapy and rehab services
Acquisition Example

**Benefis Teton Medical Center – Choteau, MT**

- Teton Medical Center became a wholly owned subsidiary of Benefis Health System, and was renamed Benefis Teton Medical Center, on May 1, 2015
- As part of the acquisition, Benefis Health System made a long-term commitment to maintain healthcare services in Choteau/Teton County
- The risk (and rewards) of owning and operating the facility passed from the Hospital District to Benefis Health System in the acquisition
- In addition to assuring local healthcare services, the acquisition benefits local citizens because they will no longer have to provide tax levy support to the hospital
Background on Our First Acquisition

- Purchase of Teton Medical Center Closed on May 1, 2015
- Purchase Price: $500,000
- Number of Nursing Home Beds: 36
- Number of Inpatient Beds: 10
- Number of FTEs: 74
- Book Value of Assets: $3.4 million
- Book Value of Total Equity: $2.4 million
- 2014 Annual Net Revenue: $6.5 million
Lessons Learned From Our First Acquisition

Lesson #1: The Value of Educating the Community Hospital Board
• Discussion and dialogue
• Sharing written materials such as articles from the *Wall Street Journal* and other trade magazines:
  o “Hospital Mergers Can Lower Costs and Improve Medical Care”
  o “When the Tiny Hospital Can’t Survive: Freestanding EDs with primary care seen as new rural model”
  o “Rural Hospitals Pressured to Close as Healthcare System Changes”
  o “Life Support: Hospitals may be rural America’s single most important institution. They are also its most endangered”
  o “Rural Hospitals in Critical Condition”
• The board is looking out for the community and will make the right decision, given the right information
• No matter what, there are going to be naysayers; the board takes the heat regarding the transaction and needs the right information when conversing with the community

Lesson #2: The Value of a Good Community Hospital CEO
• Knowledge of critical access hospital reimbursement
• Understanding of local politics
• Relationships with community leaders, staff, and the media
Lessons Learned From Our First Acquisition

Lesson #3: The Value of Supportive Providers
• Physicians are as powerful as the CEO in small communities, if not more powerful

Lesson #4: Community Hospital Transactions are Difficult to Value
• You can’t rely on valuations from the entity being acquired because you don’t know what’s included in their assumptions
• You can’t rely on your own assumptions because you don’t know the details of their business
• Timing of lump sum payments (in and out) have significant impact on both Balance Sheet and Income Statement projections
• Due to anti-trust issues, both organizations are limited in what they can share
• Although costly, the best solution is to engage a third party to complete the analysis
• No matter what you do, you are going to miss something; you just want it to be close
• The level of resources available to small community hospitals is limited

Lesson #5: Having an Operational Team is a Must
• Benefis developed a 28-member Operations Committee, including representatives from Human Resources, Accounting, Nursing, Benefis Medical Group, Radiology, Laboratory, Facilities, and Community Relations
Lesson #6: The Level of Detail is Daunting

• Questions included: How does this affect licensure, payer credentialing, or medical staff credentialing? What do their contracts look like?
• Number of pages in the final agreement: 62
• Post-acquisition task list contained over 300 items, many of which needed to be completed in sequential order
• Despite being a relatively small transaction, it still had to meet all regulatory requirements
• Quote from national legal counsel: “The amount of work for a small transaction is roughly the same as for a large transaction.”

Lesson #7: You Never Know What You Will Find

• Squirrely contracts
• Sweetheart deals: They had leased space to provide a private workout facility and supervise physical therapy at a high market rate
• Oversights: The county ambulance service garage was on their property for free
Lessons Learned From Our First Acquisition

Lesson #8: It’s Amazing What Small Hospitals Are Doing and How We Can Help
- Staff wear multiple hats
- No bench strength
- The value Benefis brings is in numbers

Lesson #9: We Can Bankrupt Our Organization if We Aren’t Careful
- We must phase in employees rather than simply take them into our system
  - Automatically, our pension gave participants an increase in matching funds (3% to 5%)
  - Converting their health plan to ours would have meant $200,000 more in expense
- Sometimes there are advantages to standardizing; other times there aren’t
- We need to be thoughtful as we make decisions

Lesson #10: It Takes Time
- The process took nearly a year, despite initial estimates of three to four months
- We thought initial time estimates were easily attainable, as both partners wanted it to move quickly
Native American Outreach
Native American Programs Overview

Mission
• Reduce health disparities among Native Americans in Montana with the purpose of improving quality of life and saving lives in a culturally and spiritually sensitive manner

Vision
• Identify barriers to healthcare, starting with cancer and then expanding to other chronic diseases
• In partnership with Native Americans, determine solutions to healthcare barriers
• Determine which areas are most appropriate for our joint involvement
• Identify resources available at Benefis
• Seek external funding from governmental agencies and private foundations to support these efforts
• Implement plans to address issues
Native American Programs Background

- Native Americans have long experienced lower health status when compared to other Americans, including lower life expectancy and disproportionate disease burden.
- This health disparity is caused by factors such as:
  - Poverty
  - Poor delivery of healthcare
  - Cultural differences
- The primary service area at Benefis includes four Native American Reservations and the Great Falls urban Indian community, resulting in more than 40,000 Native Americans in the 229,000-person service area.
- In an effort to improve service for Native American patients at Benefis, we partnered with area tribes to better understand the needs of Native American patients and their families.
Partnerships

- Blackfeet Tribe
- Chippewa & Cree Tribes
- Assiniboine & Gros Ventre Tribes
- Assiniboine & Sioux Tribes
- Little Shell Chippewa Tribe
- Great Falls Urban Indian Population
- Benefis Health System Native American Programs
Native American Board

• Board Consists Of:
  o Tribal Leaders
  o Tribal College Presidents
  o IHS Representatives

• Board Members Come From Area Tribes/Reservations in the Benefis Service Area, Including:
  o Blackfeet
  o Fort Belknap
  o Rocky Boy
  o Fort Peck
  o Great Falls Indian Family Clinic
  o Little Shell Chippewa
Projects and Initiatives

- Native American Relations and Communications
- Blackfeet Community College Issksiniip Job Shadow Project
- Native American Nurse Internship Program
- Health Disparity Reduction Efforts
- Affordable Care Act Certified Application Counselors
- Native American Patient/Family Advocate
Native American Welcoming Center

- Serves as a point of contact for reservation hospitals/clinics and community health representatives
- Assists family members
- Offers a kids’ area, kitchenette/lunch, waiting/TV area, and prayer room
- Provides patient transportation
Religious Ceremonies

• Benefis employees are encouraged to make every effort to accommodate Native American religious ceremonies and to understand Native American culture and spirituality.

• Benefis employs a Spiritual Advisor to facilitate Native American religious ceremonies such as smudging, and to provide cultural education to staff.
Questions?