Indian Health Service

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Indian Health Service Overview

by

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Good afternoon. It is a pleasure to be here with you today to share information on how the Indian Health Service (IHS) is working to improve the health of American Indian and Alaska Native people.

I reviewed the syllabus and presentations scheduled for the Winter Institute and it looks like you are all learning very useful and important information that will certainly benefit you in your future work.

We are very grateful to the Johns Hopkins Center for American Indian Health for the work they are doing to fulfill their mission of raising the health status, self-sufficiency, and health leadership of American Indians and Alaska Natives to the highest possible level. We certainly are appreciative of the Center's commitment to our common goals. The IHS mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

Today I will be giving you a brief overview of the Indian Health Service, and will then discuss our priorities for reforming the IHS in order to better address health disparities among American Indians and Alaska Natives.

I would like to begin with some brief background information about the IHS. The Indian health system provides a comprehensive health service delivery system for approximately 2 million American Indians and Alaska Natives. It serves members of 566 federally recognized Tribes.

The text is the basis of Dr. Roubideaux's oral remarks at Johns Hopkins Center for American Indian 2012 Winter Institute Course Lecture held on January 12, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

The IHS fiscal year 2012 appropriation is approximately $4.3 billion. We just got the news on our 6% budget increase, and are so grateful for the additional resources.

The IHS has a total of about 15,920 employees, which includes approximately 2,590 nurses, 860 physicians, 660 pharmacists, 640 engineers and sanitarians, 340 physician assistants and nurse practitioners, and 310 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 157 Service Units that provide care at the local level. The IHS is predominantly a rural primary care system, although we do have some urban locations.

Our 12 Areas overlap the ten Department of Health and Human Services (HHS) regions. We are doing a lot more to work with HHS and its Regional Directors. The HHS Secretary is very supportive of IHS and has made us a top budget priority – that's why we have been getting increases in our budget even though overall the federal government's budget is being reduced.

IHS has helped improve the health of American Indians and Alaska Natives since it was established in 1955, but we still face significant challenges as we work to fulfill our mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. For instance, diabetes mortality rates are still nearly three times higher for American Indians and Alaska Natives than for the general U.S. population, and suicide rates are nearly twice as great. Alcohol-induced mortality is six times greater.

Addressing these disparities is complicated. In addition to the challenges of delivering health care in a primarily rural location, the Indian health care system also faces a number of other challenges that are driven by a host of medical, cultural, and socio-economic factors, including:

- Population growth, which results in an increased demand for services;
- Medical Inflation, with the rising costs of delivering services – especially in rural areas;
- Difficulty recruiting and retaining medical providers, especially in our remote sites;
- Increased rates of chronic diseases – such as diabetes and cancer, which are more complicated to address;
- Old facilities and equipment;
- Lack of sufficient resources to meet demand for services;
- And balancing the needs of patients served in our diverse network of IHS, tribal, rural, and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. Per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, Department of Veterans Affairs (VA), Medicaid, etc.

When I became Director of the IHS, I certainly was facing great challenges. And it was clear that our patients, our Tribes, and our staff wanted to see us change and improve. I initially set four priorities to help improve the IHS and address health disparities among the American Indian and Alaska Native people we serve:

- The first priority is to renew and strengthen our partnership with Tribes;
- Our second priority is to bring reform to the IHS;

- The third priority is to improve the quality of and access to care for patients who are served by IHS; and
- The fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.

That was almost 3 years ago, and I can say that we have made significant progress on these priorities; however, much of this work involves fundamental changes in how we do business in the organization, so the change will take some time.

As I discuss our priorities for IHS reform over the next few years, I hope some of you will see yourself as being a part of the IHS team as we work to improve health care in Indian Country. Certainly, we could use more staff with the skills you are learning in the Winter Institute!

Our first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we're going to improve the health of our communities is to work in partnership with them. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better in partnership with our communities.

Many of our communities' health problems cannot be solved with efforts that just focus on our clinics or hospitals. Some of the biggest problems we face – diabetes, obesity, suicide, domestic violence, cancer, mental health issues – are influenced by factors in our communities such as education, unemployment, law enforcement, housing, etc. IHS cannot solve these problems alone.

Our Tribes, as sovereign nations, are responsible for the health and wellbeing of their members, and we can accomplish so much more if we work in partnership with them. So we are grateful that with this new administration, tribal consultation is a priority.

Tribes also manage about half of our budget as they have increasingly taken over the management of our health programs since enabling legislation in the 1970s. We must partner with the Tribes we serve.

The President has held three White House Tribal Nations Conferences so far and an historic meeting with Tribes in the Roosevelt Room of the White House. We are so lucky that he wants to honor treaty obligations to Tribes.

I attended and participated in the third White House Tribal Nations Conference that was recently held on December 2, 2011. The White House held regional listening sessions during the two days prior to the meeting to give Tribes an additional opportunity to engage with federal officials.

The White House also hosted an event to honor Native youth leaders as Champions of Change. The Conference included a presentation by HHS Secretary Sebelius, breakout sessions on various topics of interest to Tribes, and remarks by President Obama.

I got a chance to thank President Obama for his support for the IHS during a recent White House meeting. His support of tribal consultation and honoring treaty obligations has been so critical to the progress we are making throughout the administration on American Indian and Alaska Native issues.

Secretary Sebelius is also committed to helping improve the IHS. She recently signed an updated HHS Tribal Consultation Policy with her new Tribal Advisory Committee – the first Cabinet level Tribal Advisory Group.

I spend a lot of time consulting with Tribes to hear their input and priorities. I have visited all 12 IHS Areas and hold listening sessions on a regular basis. I have conducted over 350 tribal delegations meetings since being Director.

During the Area listening sessions, I also meet individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. I have found these visits to be very helpful in understanding broad themes as well as specific Area and tribal needs. Because not all Tribes can afford to travel to Washington, D.C., these Area visits are critical to ensuring that all voices are heard. For 2011, we held telephone and videoconferences with most of the Areas to further increase accessibility for Tribes and to reduce travel costs.

It's important that we strengthen our partnership and that Tribes help create the vision for IHS reform. For every decision I make, I always consider the input I have received from Tribes.

Our second priority is "to bring reform to IHS." This priority has two parts –the first part includes passage of the health reform law, the Affordable Care Act, and the Indian Health Care Improvement Act (IHCIA).

We are grateful for passage of the Affordable Care Act because it will make quality and affordable healthcare accessible to all Americans, including our First Americans. It is designed to increase access to health insurance, help those who have insurance, and reduce healthcare costs. It also contains the permanent reauthorization of the IHCIA, which modernizes and updates the IHS. It provides new and expanded authorities for a variety of healthcare services.

Both laws have the potential to positively impact American Indian and Alaska Native individuals and Tribes, and IHS, tribal, and urban Indian health programs. We are consulting with Tribes on an ongoing basis on the implementation of these new laws. We are working quickly to implement tribal priorities among the many provisions in these laws.

As I mentioned, the IHCIA reauthorization was included in the Affordable Care Act – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund health care services for American Indians and Alaska Natives. And it permanently reauthorizes the IHCIA.

The IHCIA updates and modernizes the IHS. The provisions are numerous but many of them give IHS new authorities. This includes:

- Authorities for the provision of long-term care services;
- New and expanded authorities for behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian health programs;
- Authorities for various demonstration projects, including innovative health care facility construction and health professional shortages;
- The authority for provision of dialysis services;
- Authorities to improve the Contract Health Services program;

- And authorities to improve facilitation of care between IHS and the VA.

These are just examples of what is in the new law. We recognize that education and communication on the IHCIA and the Affordable Care Act are priorities at this time. So we are taking steps to keep everyone informed. You can find updates on our implementation process on my Director's Blog at www.ihs.gov, and HHS has a website – www.healthcare.gov – that helps the public understand how health reform benefits them.

We are also sending letters to tribal leaders to keep everyone updated, and the National Congress of American Indians, National Council of Urban Indian Health, and the National Indian Health Board are helping IHS with outreach and education. We will be focusing this year more on education of patients and community members on the benefits of the Affordable Care Act. I am encouraging everyone to learn everything they can about this important new law and its impact on Indian health care.

The second part of this priority is about bringing internal reform to the IHS. In order to get the support we dearly need, the IHS must demonstrate a willingness to change and improve. It is clear that Tribes, staff, and our patients want change. By internal IHS reform, I mean we need to look at what we do well, and be honest about where we need to improve.

Everyone wants IHS to change and improve. We have requested and received extensive input on tribal and staff priorities for how to change and improve the IHS. It was important to first listen to what the priorities were for change. Tribal priorities were focused on topics related to more funding for IHS. And staff emphasized improving the way we do business and how we lead and manage our staff.

I have set a strong tone at the top for how we will conduct business, with emphasis on customer service, ethics, professionalism, and performance management. To improve the way we do business, we're working with HHS and our Area Directors to improve how we manage and plan our budgets and improve our financial management. We're working to make our business practices more consistent and effective throughout the system.

To improve how we lead and manage staff, we're working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming. We are beginning use of the new HHS supervisor training for our managers. We are improving our performance management process.

We're also working on improvements in pay systems and strategies to improve recruitment and retention. It has been historically difficult for the IHS to recruit and retain healthcare providers, due to remote locations and noncompetitive salaries. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

And I am working with my senior leadership and the 12 Area Directors to promote better teamwork throughout the senior leadership of the agency.

In relation to our third priority, to improve the quality of and access to care, I started by identifying the importance of customer service – how we treat our patients and how we treat each other. I am now starting to see activities to improve customer service throughout the system and

am starting to hear stories about some improvements. However, we still have a lot of work to do to improve our customer service.

Our Improving Patient Care initiative is an important part of how IHS will make progress on this priority. This is our patient-centered medical home initiative. It is basically about teamwork, improvement in care delivery, and a focus on the patient.

The Partnership for Patients that was recently launched by HHS will also help improve the quality of care by focusing on reducing harm and improving patient safety in our hospitals; we will be focusing on reducing hospital acquired conditions and hospital readmissions.

Our Special Diabetes Program for Indians, Methamphetamine and Suicide Prevention, and Domestic Violence Prevention Initiatives are also continuing to show great outcomes from their work. And we recently launched our Healthy Weight for Life initiative, which will unify all our efforts to promote a healthy weight among American Indians and Alaska Natives across the lifespan. We now have a website with information on evidence-based, proven approaches to help fight the obesity epidemic that is threatening the health and well-being of Indian people. And we continue to promote and develop collaborations with other federal agencies and departments to help advance American Indian and Alaska Native health and wellness.

These collaborations are helping us improve quality care. Given that we have limited resources in Indian health, we have to leverage all resources to improve care for our patients. For instance, we are working with the Department of Interior on health issues in our communities. I have met with Assistant Secretary of Indian Affairs Larry Echohawk, and he understands how we must work together to address some of the most difficult health problems we are facing in tribal communities. We recently held listening sessions on the problem of suicide in Indian communities and held two Action Summits on Suicide Prevention to share best practices.

I am also working with other Operating Division heads in HHS to expand availability of resources and services for American Indians and Alaska Natives. For instance, I have worked with Mary Wakefield, the Administrator of the Health Resources and Services Administration (HRSA) on workforce issues, including getting more healthcare professionals through the National Health Service Corps to work in Indian country. This required collaboration to make sure tribal sites are eligible. As a result, HRSA has designated all 490 IHS, tribal, and urban Indian health program sites as eligible for the National Health Service Corp Loan Repayment Program, which is a huge accomplishment. We have also hired 221 new healthcare providers through the NHSC program, which helps us fill critical vacancies.

And we are working with the Surgeon General on improving the United States Public Health Service Commissioned Corps organization in HHS – IHS employs the largest number of commissioned corps officers in HHS.

I have also met with VA Secretary Shinseki to discuss IHS-VA partnership efforts. We are working to collaborate on several activities, including coordination of care for veterans who are eligible for both IHS and the VA. We signed a VA-IHS MOU in 2010 – updated from the one we signed in 2003 – to help improve how we coordinate care for our veterans.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began as the Director of the IHS, I have worked hard to improve transparency and communication about the work of the agency. This is an important component of changing our organization.

This includes working with the media, sending more email messages and letters to tribal leaders, and holding regular internal meetings. We have also enhanced our website with the IHS Reform page, Director's Corner, and Director's Blog, which contain important updates and information about IHS reform and other Indian health activities.

We're also emphasizing accountability and fairness in the way we do business – by evaluating our programs and focusing on areas of greatest benefit, and by always considering fairness when dealing with staff and making programmatic decisions.

Inclusiveness is a part of these priorities because as the IHS Director, I have to ensure that all my decisions consider the impact on all our patients, whether they are served in an IHS, tribal, or urban Indian health facility. Balancing the needs of the various parts of our healthcare system is a challenge, but inclusiveness is very important as we work to improve the IHS.

Our efforts to increase transparency about what we do at the IHS includes presentations to various tribal, public, and private groups, such as this presentation today and others, including presentations at tribal meetings. And I use the Director's Blog on the IHS website to post brief updates on our activities and the latest IHS news at least weekly. This is one of many efforts to be more transparent about what we're doing as an agency. I think it's important for the public to know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps. I was pleased to hear that we had approximately 32,000 visits to my Director's blog in 2011, far more than I expected!

In summary – the IHS provides healthcare to American Indians and Alaska Natives under challenging circumstances. However, we are working to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and provide better quality services.

The Affordable Care Act, and the reauthorization of the IHCIA, will also help Tribes and the IHS provide better care to American Indian and Alaska Native people.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work to change and improve the IHS. While changing and improving the IHS may seem like a daunting and challenging task, I still believe we're in a unique time in history, where we have a supportive President and administration, including lots of support at HHS, and bipartisan support in Congress for reform.