



Direct Service Tribes National Meeting

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Update on Indian Health Service Reform

by

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Good morning. It's a pleasure to be here today to update the Direct Service Tribes on what we are doing at the Indian Health Service (IHS) to improve healthcare services for American Indians and Alaska Natives. Thank you to all who were involved in planning this conference. The agenda looks great, and I can see that this conference promises to be an excellent opportunity to share information and lessons learned on a variety of important healthcare issues.

A little over a year ago, I was honored to be asked to assume the role of Director of the IHS in this exciting time of hope and change with the Obama administration. I think we have a great opportunity to make significant strides towards improving the health of American Indian and Alaska Native people over the next few years.

A lot has happened since the last time I addressed the Direct Service Tribes in August of last year. Today, in keeping with this year's conference theme, "A New Era for Health Care," I will update you on our progress in changing and improving the Indian Health Service.

As most of you have probably heard by now, I have set four priorities for our work over the next few years for the IHS as we move forward:

- My first priority is to renew and strengthen our partnership with Tribes;
- My second priority is, in the context of national health insurance reform, to bring internal reform to IHS;
- My third priority is to improve the quality of and access to care for patients who are served by IHS; and
- My fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.

The text is the basis of Dr. Roubideaux's oral remarks at the Direct Service Tribes National Meeting on August 24, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

We are making some 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. Here's a summary of our progress to date.

Our first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we are going to improve the health of our communities is to work in partnership with them. From both a medical and a public health perspective, it is clear that what we do in our IHS, tribal, and urban Indian health facilities is impacted by the context within which our patients live. We provide health care in the context of an individual, family, community, and nation.

The IHS cannot do its work in isolation – we have evidence throughout our system that we work better in partnership with our communities. This is true for all of our programs, including the Direct Service programs. Interestingly, some think that this only applies to the tribally-managed programs. But this also applies to the programs in your communities. They need to be working in partnership with you.

I am grateful for my public health training because it helped me see that the solutions to our communities' health problems will not be solved with efforts that just focus on our clinics or hospitals. Look at some of the biggest problems we face – suicide, domestic violence, obesity, cancer, mental health issues – all are influenced by factors in our communities – 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 I am grateful that with this new administration, tribal consultation is a priority.

President Obama signed the Executive Order on Tribal Consultation at the first-ever White House Tribal Nations conference in November 2009, which supports our partnership in health with Tribes. Secretary Sebelius met with the National Indian Health Board last September, showing her support of Indian health issues and tribal partnerships. And, in a historic moment, the Secretary held a private meeting with tribal leaders in her office on March 3. At that historic meeting, Direct Service Tribes were well represented. These are examples of this administration's dedication to tribal consultation.

In the past year, we have consulted with Tribes on how to improve the tribal consultation process, on how to improve the Contract Health Services (CHS) program, on priorities for health reform and implementation of the Indian Health Care Improvement Act (IHCIA), and on the fiscal year (FY) 2012 budget. We are beginning to implement some of the recommendations from these consultations. For example, we are improving the consultation process by making the information on consultations more widely available, giving more time for response, considering options to ensure consultation with all Tribes, and building a website to document progress with our consultation activities and workgroups

I plan to formally consult on other topics this year, including the Indian Healthcare Improvement Fund, health care facilities construction, and my third priority on improving the quality of and access to care. I have also held extensive listening sessions with Tribes, and I regularly hold tribal delegation meetings at headquarters when Tribes are in town, and at national meetings.

I am also in the process of visiting all 12 IHS Areas to consult with Tribes, which was one of the recommendations from our consultation last year. I have visited 11 Areas so far. I have found these visits to be very helpful in understanding broad themes as well as the specific needs of each Area and of all Tribes. I just visited the Aberdeen Area last week. Because not all Tribes can afford to travel to Washington, D.C., these Area visits are critical to making sure all voices are heard.

During these Area consultations, I met with the tribal elected officials as a group to hear their recommendations on how to improve our partnership and their priority issues. In addition to meeting with the entire group, I also meet individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. I am grateful that these busy tribal leaders are taking the time to meet with me on health issues. It helps us see how we can move forward in partnership. We all want the same things – better health care for our patients and our communities.

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. Some further examples of tribal consultations include:

- The Director's Workgroup on Tribal Consultation met in December and January and made six pages of recommendations on how to improve the tribal consultation process. I plan to meet with them soon to discuss progress on implementing their recommendations – hopefully we can meet in October. Direct Service Tribe representatives were among those representing the IHS Areas.
- The CHS listening session and best practices session was held in Washington, D.C., in July. In addition to the need for more CHS funding, we heard recommendations on how to improve the way we do business in the CHS program, such as how we refer patients, negotiate rates, and collect third-party reimbursements. I know CHS is a very important topic to Direct Service Tribes.
- The recent Direct Service Tribes Advisory Committee Strategic Planning session was very productive. I am glad you met and discussed ideas for how to partner with the IHS as we move forward.

My second priority is “in the context of national health insurance reform, to bring reform to IHS.” This priority has two parts – and as you all know by now, the first part includes passage of the health reform law, the Affordable Care Act, and the IHCA, which I will address in more detail in my presentation this afternoon. I will only mention this topic briefly this morning.

We are grateful for passage of the Affordable Care Act because it will make quality and affordable health care accessible to all Americans, including our First Americans. It helps increase access to health insurance, helps those who have insurance, and is designed to reduce healthcare costs.

It also contains the permanent reauthorization of the IHCA, which modernizes and updates the IHS. It provides new and expanded authorities for a variety of healthcare services. Both laws have the potential to have a positive impact on American Indian and Alaska Native individuals; Tribes; and IHS, tribal, and urban Indian health facilities.

We will be consulting with Tribes on an ongoing basis on the implementation of these new laws. There will be opportunities for Tribes to provide input during the implementation process. We will let you know about these consultation opportunities very soon. I still encourage you to send any input you have to the email address consultation@ihs.gov. The Department of Health and Human Services (HHS) and IHS sent a letter to Tribes in May initiating consultation efforts.

We are working quickly to implement tribal priorities among the many provisions in these laws. I recently sent out a letter to Tribes with information on some provisions that are self-implementing, or that were in effect with passage of the law and require little or no

implementation activities. I will be sending regular updates to Tribes. Again, I will provide more details in my presentation this afternoon.

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. Internal IHS reform is probably most relevant to the Direct Service Tribes, as many of the changes we are making directly impact the programs and staff in your communities.

I want to thank those of you who provided input last year on your priorities for how to change and improve the IHS. There is so much to do – it really helped me to hear from you about your priorities where you think we should begin this important work. Tribal priorities for internal reform included:

- More funding for IHS, including a review of how we allocate funding;
- Improvements in the CHS program; and
- Improvements in the tribal consultation process.

We are working on these priorities, as I have already described. We are also making progress on the top staff priorities for internal IHS reform. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I can understand this – as a clinician, I just wanted to see and help patients, but the way we were doing business was getting in the way. I imagine many of you have felt this same frustration at one time or another with how IHS does its business.

To improve the way we do business, we are working with HHS and our Area Directors to improve how we manage and plan our budgets and improve our financial management. We are working to make our business practices more consistent and effective throughout the system.

To improve how we lead and manage staff, we are working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming. We are also working on improvements in pay systems and strategies to improve recruitment and retention. Many of you know how difficult it is to recruit and retain healthcare providers. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

We recently held a Human Resources Summit with representatives from all IHS Areas and key staff involved in the hiring process. They came up with some very good recommendations for improving and shortening the hiring process.

I have also sent messages to IHS staff on improving our business and management practices – such as the importance of customer service, ethics, performance management, and professionalism. Many of our staff members want improvements in these areas, and our work starts with a strong message from the top that these are important areas for all of us. We are also improving our performance management process to include the agency priorities and to make sure that we do a better job of rewarding employees who perform well and holding accountable those employees who do not perform well.

Nothing is more frustrating than working with someone who is unprofessional, or who does not treat patients or staff well. Our patients – and staff – deserve to be treated with respect and kindness at all times.

Overall, we need to improve how we do business as an agency – yes, we are a “service” organization with a great mission, but we also have to function as an efficient and effective

business to survive, given the challenges we face. And with the Affordable Care Act making insurance coverage more accessible, we need to be as competitive as possible so that our patients will always consider us their first choice for health care. Changing and improving the IHS is more important than ever.

As we do better as a business, you can be assured that as an American Indian physician who has worked in IHS clinics, I will make sure we don't forget that our ultimate focus is on the patient.

In relation to my 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 have heard in particular from Direct Service Tribes that improvements in customer service are needed. 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. Please help us by complimenting those who provide great customer service. Your encouragement will really help.

We also plan to expand the Improving Patient Care initiative to 100 more sites over the next 3 years. This is our “medical home” initiative that puts the focus of our healthcare team on serving the patient. You will hear more about this initiative in a workshop this week.

And I began collecting best practices in providing quality care last year – we need to avoid reinventing the wheel by doing a better job of sharing what we are doing well and disseminating that information more effectively. We know our programs and facilities are doing some great things, especially in the provision of culturally competent care. I would like to hear from you about your best practices and ideas to improve quality – you can send them to quality@ihs.gov.

You are helping us improve the quality of and access to care by helping us understand your priorities for improvement. As I mentioned, we consulted with Tribes on the FY 2012 budget this past spring, and they shared their health priorities with us at that time. These are the health priorities identified by Direct Service Tribes at that consultation:

1. Diabetes
2. Heart Disease
3. Cancer
4. Contract Health Services
5. Mental Health (Behavioral Health)
6. Health Promotion / Disease Prevention
7. Injury Prevention
8. Maternal / Child Health
9. Alcohol / Substance Abuse (Behavioral Health)
10. Facilities

I have mentioned several of these that we have already started work on, such as Contract Health Services. And the need for new and improved health care facilities is well known to all of us. We have also been meeting with the Department of Interior on health issues in our communities. I recently met with Assistant Secretary of Indian Affairs Larry Echohawk, who understands how we must work together to address some of the most difficult health problems we are facing in tribal communities. And the signing of the Tribal Law and Order Act will help us improve behavioral health in our communities by addressing the serious problem of violence against women. Also, many of these priorities are addressed in the reauthorization of the IHCA.

You will be hearing about our progress and challenges on many of these priorities during this conference, including mental health and the related issue of youth suicide, which is a topic of grave concern to me and to all of Indian Country.

I also met with Secretary Shinseki from the Department of Veterans Affairs (VA) and we are working to update our Memorandum of Agreement and collaborate on several activities, including coordination of care for veterans who are eligible for both IHS and VA services.

My fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began my tenure as the Director of the Indian Health Service, I have worked hard to improve our transparency and communication about the work of the agency. This includes working with the media, sending more email messages and Dear Tribal Leader letters, holding regular internal meetings, and giving presentations at meetings like this. 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 reform activities.

And we are looking at ways to improve IHS-wide communication among Areas, Service Units, and Headquarters. We need to be functioning as one unit, as a team, more than as separate entities, in order to provide the best services possible to our patients and our people. Not only do we need to communicate better with each other, we also need to communicate better with the patients and Tribes we serve.

We are 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 make sure that all my decisions consider the impact on all the patients we serve, whether they are served in IHS-Direct, tribally-managed, or urban Indian health facilities. Balancing the needs of the various parts of our healthcare system is a challenge, but inclusiveness is very important as we change and improve the IHS.

As I mentioned, we have created a "Director's Corner" webpage that is linked to the IHS home page. There you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages. You will also see an orange "Director's Blog" button that you can click on that will take you to my blog. I plan to use the Director's Blog 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 are doing as an agency. I have posted pictures of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings. I think it is important for the public to know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps. This really is the place where you can get the most up-to-date information. I encourage you to check this site every one to two weeks.

So what are our accomplishments so far? Well, we are making progress on IHS reform, but a lot of the work is internal to the organization right now and much of the work to improve the way we do business is in progress.

Certainly the most visible progress to date for this new administration is the increases in funding for the IHS. The FY 2010 budget with its 13 percent increase has the largest percent increase in over 20 years for IHS. We are now just feeling the impact of this increase in funding. For example, there was a \$100 million increase in CHS – that meant an increase in the range of 14-30 percent in each IHS Area, which will result in more referrals being paid. And this increase included a substantial increase in our Catastrophic Health Emergency Fund, which pays for high cost cases. This year, we may be able to make it to the end of the year and not run out in June, as has been the past experience.

The FY 2011 President's budget proposed an almost 9 percent increase, and we are waiting to see if Congress decides to keep that increase in the budget.

And the American Recovery and Reinvestment Act funding provided \$590 million for health facilities construction, sanitation facilities construction, maintenance and improvement, equipment, and health information technology. Some of you may be seeing this funding benefiting your communities now.

While changing and improving the IHS may seem like a daunting and challenging task, I still believe we are 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. We must all take advantage of this opportunity to change and improve the IHS.

We have had some accomplishments for the Direct Service Tribes in the past year. We elevated the Office of Direct Service and Contracting Tribes (DSCT) to the level of the Office of the Director last year (at this conference), even before the IHCA passed (which has a similar provision). And the DSCT now has an operating budget, as requested last year. Also, the DSCT Director position is being advertised again – and we have an Acting Director, Roselyn Tso, helping us now that Ron Demaray has retired. We look forward to working with you on the interviews and selection of the permanent Director as soon as possible.

I am glad that the Direct Service Tribes Advisory Committee continues to meet quarterly, holds this annual conference, and is represented at other consultation sessions and meetings. And I am looking forward to working with you as you complete your strategic planning. I look forward to strengthening IHS' partnership with the Direct Service Tribes.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work to change and improve the IHS. The changes we are working on are fundamental improvements in how we do business as an agency, and I believe they will help address many of the priorities for change as expressed by staff and by Tribes.

Our staff, our patients, and the tribal communities we serve need to see that we heard their priorities and their input, that we are committed to changing and improving, and that we are now implementing specific activities to change and improve IHS.

We will need your help and guidance as we move forward over the next few years. With your help, I am confident we can make real progress in improving health care for American Indian and Alaska Native people.

How we change and improve the IHS will most directly impact the health care that patients receive in your communities. I look forward to continuing to work with the Direct Service Tribes.

Thank you.