Indian Health Service

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Overview of the Indian Health Service

by

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Good morning. It is an honor and a privilege to speak with you today as the Director of the Indian Health Service (IHS). Today I will be talking about the IHS and about health care reform in Indian Country.

Reform is a big topic of conversation in Indian Country today. Whether we are discussing how national health reform will impact American Indians and Alaska Natives or how the IHS is undergoing a process for reform to help change and improve what we are doing, there is a lot going on and a lot to talk about. And while the tasks ahead may seem enormous, I am excited about the possibilities for change and improvement over the next few years with this new administration and this new President who is so supportive of Indian Country issues.

That is why I was honored to be asked to serve as the Director of the Indian Health Service in this exciting time of hope and change. I think we have a great opportunity to make significant strides towards improving the health of our people over the next few years.

Today, as I discuss my vision of the future and my 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.

My presentation today will cover current accomplishments and challenges of the IHS, the call for change, priorities for the future, and opportunities for you to join our efforts to reform Indian health care.

Let me begin by stating the IHS mission: *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*.

The IHS, together with other Department of Health and Human Services (HHS) agencies, is working in partnership with tribal nations and tribal organizations, as well as with various other organizations, to fulfill this mission. I am grateful that there is a growing appreciation that you must address all types of health to promote wellness in individuals and in our communities.

The Indian Health Service is different from other agencies in HHS because it is a health care system, and our business is health care. We provide services through a comprehensive primary care network of hospitals, clinics and health stations on or near Indian reservations, and we provide a range of clinical, public health and community services. Our facilities are managed by IHS, tribes, and urban Indian health programs.

Our focus is on our patients; the American Indian and Alaska Native people that we serve. As a physician in the position of IHS Director, I will always make sure we remember that our focus is on the patient. Our health care providers and staff provide quality health care under very challenging and difficult circumstances – I know this from experience.

The Indian health system provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives. It serves members of 564 federally recognized tribes. The IHS fiscal year (FY) 2010 appropriation is approximately $4.05 billion. The IHS has a total of about 15,700 employees, which includes approximately 2,400 nurses, 800 physicians, 700 engineers and sanitarians, 500 pharmacists, and 300 dentists. The IHS system consists of 12 Area offices, which are further divided down into 161 Service Units that provide care at the local level.

Health services are provided directly by the IHS, through tribally contracted and operated health programs, and through services purchased from private providers. There are over 600 facilities in the Indian health system. The federal system consists of 31 hospitals, 63 health centers, and 30 health stations. In addition, 34 urban Indian health projects provide a variety of health and referral services.

The IHS conducts its business in partnership with tribes. This partnership is based on the government-to-government relationship and the federal trust responsibility we have to provide health care services. We honor tribes as sovereign nations that have the right to self-determination and self-governance. I cannot overstate the importance of this partnership with tribes in all of our work. Effective tribal consultation must be an integral part of this effort.

The Indian Health Service has achieved significant accomplishments in improving the health status of the people its serves since it was established in 1955. For example, since 1973, mortality rates have decreased about 84% for tuberculosis; 75% for cervical cancer; 68% for maternal deaths; 58% for accidental deaths; and 53% for infant deaths.

IHS has also achieved accomplishments in improving the quality of care over time. For example, the proportion of patients with diabetes with ideal A1C (or glycemic) control has increased from 25% in FY 2002 to 32% in FY 2008. These types of improvements have been shown to result in reduced complications of diabetes.

However, the IHS continues to experience challenges as it works to achieve its mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. Alcohol related deaths are over six times more frequent among American Indians and Alaska Natives than in the general population; mortality from diabetes and injuries for American Indian and Alaska Native people are nearly three times the U.S. All Races rates; and suicide rates are nearly twice the general population rate. Also, the average life expectancy for American Indians and Alaska Natives is still nearly 5 years less than that for the U.S. general population (72.3 vs. 76.9).

Challenges also remain in terms of the quality of care. Mammography screening rates have improved, but are still far below target levels. The 2008 rate of 46% still falls well short of the Healthy People 2010 goal that “at least 70% of women aged 40 years or older will have had a mammogram in the past two years.”

The challenges we face in the Indian health care system are driven by a host of medical, cultural, geographic, and socio-economic factors, including:

- Population growth – that results in an increased demand for services
- Rising costs/medical inflation – especially in rural areas
- Increased rates of chronic diseases – such as diabetes, cancer
- Difficulty recruiting and retaining medical providers in our remote sites
- Challenges of providing rural health care
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- And in the face of all these challenges, trying to balance the needs of patients served in IHS, tribal, 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. For example, per capita expenditures for IHS are much lower than those for other federal health care sources, such as Medicare, Medicaid, Veterans Affairs, etc. And even though the IHS budget has shown some small increases over the years, its buying power has actually decreased, due to inflation and escalating medical costs.

All of these challenges impact programs funded by the IHS, including tribally-managed programs, IHS Direct Service programs, and urban Indian health programs. Tribes often have to use their own resources to make up for the shortfalls in funding. IHS Direct Service programs are concerned about whether the IHS will continue to be able to meet their needs as more tribes apply to contract or compact their health programs. And urban Indian health programs face numerous challenges trying to serve the growing urban Indian population.

Because of these challenges, it wasn't a surprise to hear a great call for change as I did during my work on the Transition Team. In listening sessions with tribes, they indicated the need for both new funding and change and improvement of the IHS. President Obama has stated his goal of quality and accessible care for First Americans. He voted for increased funding and co-sponsored the Indian Healthcare Improvement Act reauthorization while he was a Senator. His administration is all about change. He recently held the White House Tribal Nations Conference and told tribal leaders, "you will not be forgotten as long as I'm in this White House" − which reaffirms his commitment to American Indians and Alaska Natives.

During my congressional visits for my confirmation hearing, I found great support for increased funding and improvements for the IHS. And I see evidence of hope and change already:

- The President's 2010 budget for the IHS includes a 13% increase – the largest in 20 years.
- The American Recovery and Reinvestment Act funding provided $590 million to the IHS for facilities and sanitation projects, maintenance and improvement, medical equipment, and health information technology.

One of the most hopeful signs I see is the appointment of several Native people to critical positions in the new administration. With so many of us in the new administration, we can work together in new and innovative ways on a variety of issues of importance to our communities. I hope some of you here today will join our team of Native health care professionals and administrators as we work to make real and lasting improvements in Indian health care.

As the new Director of the Indian Health Service, I plan to focus on four priorities for our work over the next few years:

- To renew and strengthen our partnership with tribes
- In the context of national health reform, to bring reform to IHS
- To improve the quality and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable, fair, and inclusive as possible.

One of my top priorities as IHS Director is to renew and strengthen our partnership with tribes. I believe that the only way that we can improve the health of our communities is to work in partnership with them. This partnership is based on the government-to-government relationship between the federal government and the tribes. It is also based on the federal trust responsibility to provide health care.

Tribes are important partners to IHS; they currently manage over half of the IHS budget. I am now consulting with tribes on our tribal consultation process to see how we can improve the process of how we work in partnership and make consultation more meaningful at all levels.

I want to distinguish between the internal reform we need to bring to IHS over the coming months and years and the broader system reform currently under consideration in Congress – legislation is pending on national reform.

National Health Insurance Reform is a priority of President Obama. The Goals of National Health Insurance Reform have been consistent – that all Americans, including First Americans, should have increased access to quality and affordable health care. In addition, the various proposals have worked to try to reduce health care costs, and to promote security and stability in coverage, so that, for example, you are not denied health insurance due to pre-existing conditions.

National Health Insurance Reform has been the subject of spirited debate in Congress. We now have House and Senate versions. The next step is for the Senate and then Congress to come up with a final bill for the President to sign. Various provisions are relevant to Indian Country and to the reauthorization of the Indian Healthcare and Improvement Act.

National Health Insurance Reform applies to American Indians and Alaska Natives because they are a part of the U.S. health care system, and often use other sources of health care other than IHS, including private insurance, Medicare, Medicaid, the Veterans Administration, etc.

My priority to bring internal reform to IHS means taking a look at what we are doing, in partnership with Tribes and with all of our staff, and identify what we are doing well and where we need to improve. I have started by gathering a wide range of input, including through tribal consultation (such as the letter I sent last month to tribes asking for input), input from health providers and staff, and input from patients/consumers.

Once we identify our priorities for change, we can begin the process to change and improve. I hope to hear ideas and get input from all those involved in Indian health care. I am currently asking about "priorities" for internal IHS reform – since we cannot do it all at once – I want to know where Tribes think we should start.

You can track our progress on www.ihs.gov/reforms, where we are posting information about both national health reform and internal IHS reform activities. You can click on the links and see the input we have received so far. This will help us be as transparent as we can as we move forward with these important activities.

My third priority is to improve the quality of and access to care for the patients we serve. I will review ideas we receive through the input process for internal IHS reform in the coming weeks

to months. I will also seek input more formally from tribes, providers, and patients served by our system.

My fourth priority is to make all of our work more transparent, accountable, fair, and inclusive. Transparency and accountability are priorities of the Obama administration. This will involve better communication and information about our activities. We also have to make sure that any changes or improvements that we make to the Indian health system benefit all of our patients, whether they are served by IHS, tribal, or urban Indian health programs.

In summary, it is clear that we need more resources to meet our mission, and that we must demonstrate willingness to change and improve. I know we all agree on the outcomes of these efforts: we need to improve the quality of and access to care for our patients, and we need to improve the health status of our people and eliminate health disparities in our communities

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients?

I would like to encourage all of you here today to consider being a part of these historical efforts with a career in Indian health care. The Indian Health Service needs health care professionals who envision themselves as leaders with a sense of purpose. We have many exciting health profession job opportunities that offer medical professionals choices in over 600 facilities located in 35 states from Florida to Alaska, with various roles in IHS, tribal, and urban Indian health programs. IHS is both a clinical and public health system with unique challenges and opportunities.

I hope that those of you who are still deciding on a final career choice will seriously consider the IHS. I encourage you to look at the IHS recruitment website at http://www.ihs.gov/JobsCareerDevelop/DHPS/DHPS for information on scholarship and school loan repayment. As I look around this room, I see the future of Indian people. And I hope that among you, I also see the future of Indian health care.

This is our opportunity for change. I hope you l can join us in this critical work over the next few years.

Thank you.