Indian Health Service

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Indian Health Service Reform Update

by

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Good morning! It is an honor to speak to you today as the ninth Director of the Indian Health Service (IHS). I have attended this conference many times in the last two decades, but this is my first time to attend as the Director. I am grateful for this opportunity to talk with you today.

I am also grateful that my colleague in the Department of Health and Human Services (HHS), our Surgeon General Dr. Regina Benjamin, honored us with her presence and presentation today. Thank you for your commitment to the health of all Americans, including our First Americans.

And how exciting it is for us all to be together at this historic time, when Congress has finally passed health insurance reform, and the Indian Health Care Improvement Act (IHCIA), the main piece of legislation that authorizes what we do in the IHS, is now permanently reauthorized! I am so grateful for the opportunity to share this important moment in time with you.

Today, I will first provide a brief update on the passage of national health insurance reform yesterday. I then would like to update you on our reform efforts – how we are changing and improving the IHS. I will provide this update in the context of my priorities that are guiding how we do this work over the next months to years. And I consider this meeting as a "call to action" as we move our reform efforts from the national level to the Area and local levels.

First, an update - Health reform has been a priority of President Obama – the goals have been to increase access to quality and affordable health care, provide security and stability for those who have insurance, and reduce health care costs.

The big news is that the health reform legislation that the Senate passed last December, that includes Indian-specific provisions and also the reauthorization of the IHCIA, was passed by the House last night. The House also passed a reconciliation bill that "fixes" the Senate bill and this will now go to the Senate for passage. But at this moment, the Senate bill will become law once the President signs the bill this week.

That means, after 10 long years of hard work by many, including our tribal leadership, the IHCIA will be permanently reauthorized! This is a major victory for Indian country. This bill modernizes and updates the IHCIA and authorizes Congress to provide more funding for the IHS.

The text is the basis of Dr. Roubideaux's oral remarks at the National Combined Councils Meeting on March 22, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

The Senate will now move to vote on the House's reconciliation bill in the next few days, and this will provide further clarification on the basics of health care reform.

Whether the reconciliation bill passes or not, health insurance reform and the IHCIA reauthorization have passed. The IHS and HHS stand ready to begin implementing the bill as soon as the President signs it into law.

So what does this mean for the patients we serve? What does it mean for the IHS? I want to reassure you – the IHS will continue to exist. There were rumors that the IHS would go away with health insurance reform. The President's support for the IHS is evident by inclusion of the reauthorization of the IHCIA and recent increases in the budget. The IHS will still be here.

Health insurance reform means that individuals will have more affordable options for health insurance, and 32 million more Americans will be covered. Our patients, American Indians and Alaska Natives, will have more choices – to use IHS, and/or to purchase health insurance. Tribes can benefit from reduced health care costs and more choices if they provide health care for their employees and members. The Indian health system may benefit from reduced health care costs. If more American Indians and Alaska Natives are covered by health insurance and they choose to see us, we could see more third-party reimbursements.

The challenge we face is that we must become more competitive and demonstrate that we deliver quality health care and provide excellent customer service. Otherwise, we may lose valuable resources as more patients can choose to go elsewhere. So the work we are doing to reform the IHS is even more important now.

The President said last night that "this is what change looks like." Now I would like to talk about what change looks like in the IHS.

You may know that my perspective is first influenced by my experience as a patient, and as a caregiver to family members who use the Indian health system for their health care. My perspective is also informed by my experience as a physician in the IHS, at two rural hospitals here in Arizona – San Carlos and Gila River. I paid back my IHS scholarship and received invaluable experience there. I saw the challenges and frustrations, as well as the joys, of caring for patients in this system. I remember what a privilege it was to be a part of the IHS family.

I have attended this meeting several times over the last two decades – first as a clinical director in the early 1990s. I remember coming to these meetings hoping that something would change, that someone would understand the problems I faced and the challenges I experienced. As a clinical director, I realized that health care isn't just about patient care – it's also about the business of running a health care organization, which seemed to be getting more difficult over time.

After four years, I was burned out, frustrated, and disillusioned. I realized I wanted to continue my lifetime goal of improving health care for American Indians and Alaska Natives, but I wasn't sure how to do that. Then I discovered public health. My public health and minority health policy training was a breath of fresh air because it opened my eyes to the bigger picture – and helped me see that the work that we do in the clinic is in the context of a community, and how essential the role of the community is in improving health. My work in academics for the past 10 years focused on research and education about Indian health issues, especially diabetes in American Indians and Alaska Natives. And I began to see how we could improve IHS.

All of these experiences inform the perspectives that I bring to this job and the work that we are now beginning to do to change and improve the IHS. My perspective now is that we are experiencing many of the same challenges that I faced in the 1990s: the lack of funding, continued disparities, difficulty recruiting and retaining providers, pay systems that cannot compete fully with

the private sector, and many administrative challenges, including old facilities, lack of equipment, and problems with teamwork and morale.

Some things are new – we didn't have e-mail, electronic health records, or telemedicine back when I was a physician in the IHS. Yes, I am that old! Now they are fundamental to how we do business and provide patient care. Tribes now have a greater role in the management of our health facilities – over half of the IHS budget is currently managed by Tribes.

The complexity of clinical issues is growing with the increases in chronic disease and new disease outbreaks. Providing care within the available resources is increasingly challenging due to population growth, inflation, and the rising health care costs across the nation. It is clear that a lack of adequate resources continues to be a huge barrier to fully meeting the mission of the IHS. Per capita expenditures for IHS are much lower than those for other federal health care sources, such as Medicare, Veterans Affairs, Medicaid, etc. You see the impact of this lack of resources every day as you try to provide the best care possible with limited resources. 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.

Today, I would like to focus on what we are doing in IHS about internal reform. It is clear that our Tribes, our staff, and our patients want change. The call for change is clear. While most cite the need for more funding for the IHS, its clear that we also need to improve the way we do business.

Why is it different now?

I would not have agreed to become the Director of the IHS if I didn't think there was hope for change. President Obama has made it clear that he wants to honor treaty commitments and Secretary Sebelius has shown strong support for improving the IHS. The leadership in HHS, including my colleagues who are heads of other Operating Divisions or agencies, has demonstrated a willingness to learn about and do something to address American Indian and Alaska Native health issues.

I see evidence of change in the fiscal year (FY) 2010 budget – this year's 13 percent increase is the largest percentage increase in 20 years. And the President's FY 2011 IHS budget proposal has an almost 9 percent increase for the IHS; it is the largest percent increase of all Operating Divisions within HHS. The American Recovery and Reinvestment Act funding is providing much needed renovations, improvements and equipment. IHCIA was attached to health reform, and significant reform activities are in progress in all Operating Divisions in HHS.

I believe we have a unique opportunity, with a supportive administration, to make progress on the budget and to make progress on changing and improving the IHS. I am committed to doing as much we can in the time we have with this administration. For me its 3-7 years – for IHS it needs to be the beginning of fundamental change over the coming years.

President Obama signed the Executive Order on Tribal Consultation at the White House Tribal Nations conference in November, 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 partnership. And, in a historic moment, the Secretary held a private

meeting with tribal leaders in her office on March 3. These are examples of this administration's dedication to tribal consultation.

One of the most hopeful signs I see that I hope will impact policy formulation and execution is the appointment of several Native people to critical positions in the new administration. With so many Native people in the new administration, we can work together in new and innovative ways on a variety of issues of importance to our communities.

So what are we doing to change and improve the IHS? As most of you here know, I have set four priorities for our work over the next few years:

- 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 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.

I will be updating you today on our progress with these four priorities. One of my top priorities as IHS Director 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. We provide health care in the context of an individual, family, community, and nation. What we do in the clinic is impacted by the context within which our patients live. IHS cannot do its work in isolation – we must work together. We have evidence throughout our system that we work better as partners.

This partnership is based on the government-to-government relationship between the federal government and the Tribes, their sovereignty, and their rights to self-determination and self-governance.

With this new administration, tribal consultation is a priority. President Obama issued a Presidential Memorandum requiring all agencies in the federal government to submit a plan in 90 days on how they plan to consult with tribes, in consultation with tribes. HHS submitted its plan in February.

This priority is our most important priority. We are currently consulting with Tribes to see how we can make consultation more meaningful, efficient, effective, and accountable at all levels in the agency. This work is fundamental for us to make progress in reducing disparities in our communities. This is what was missing when I was in the system. We rarely interacted with the local Tribe. I now see that was a big part of the problems and challenges we faced.

We are currently consulting with Tribes on how to improve the tribal consultation process, how to improve the Contract Health Services program, and the FY 2012 budget. I plan to 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 held extensive listening sessions with Tribes and am now in the process of visiting all 12 IHS Areas to consult with Tribes. I am consulting with Tribes in the Phoenix Area on Friday. In these Area consultations, I meet with elected tribal officials and 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 me see how we can move forward.

My second priority is "in the context of national health insurance reform, to bring reform to IHS." I have already covered what is happening with national health insurance reform. I would now like to provide an update on what we are doing on internal IHS reform. By internal IHS reform, I mean we need to look at what we do well, and be honest about where we need to improve. In order to get the support we dearly need, we must demonstrate a willingness to change and improve. I have to admit this is my most popular priority. People want change.

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 where you think we should begin this work.

Tribal priorities for internal reform included more funding for IHS, including a review of how we allocate funding, improvements in the Contract Health Services program, and improvements in the tribal consultation process. We are working on these priorities, as I have already described.

This administration has responded by increasing the IHS budget – this helps our reform efforts. The FY 2011 President's budget proposal for the IHS represents an almost 9 percent increase, which is the largest percent increase of all the HHS Operating Divisions. Despite the current budget freeze and goals for fiscal discipline and debt reduction, the IHS budget proposal represents President Obama's commitment to honor treaty obligations and Secretary Sebelius' priority to improve IHS. These additional resources will help you do the job you need to do on the front lines by increasing access to critical clinical, public health, and preventive health services for our patients.

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 patients, but the way we were doing business was getting in the way.

We are working on specific activities to improve and streamline the hiring process by making it more efficient and proactive. We are working on improvements in pay systems and strategies to improve recruitment and retention. For instance, we are beginning to develop some standard position descriptions that will allow for more efficient advertising of positions. We are also working on shortening the time to hire new staff. We plan to implement changes consistent with Human Resources reform efforts at HHS.

We are also working with HHS and our IHS Area Directors to improve how we manage and plan our budgets, so that we can improve how we work with our Unified Financial Management System, or UFMS. I know this has been an area of frustration.

I have sent messages to all IHS staff on our priorities in how we do business and management practices – such as the importance of customer service, ethics, performance management, and professionalism. Many staff members want to see improvements in these areas, and our work starts with a strong message from the top that these are important issues for all of us. We are also updating our performance management process and measures to better reflect the priorities and work of the agency, and we will be further clarifying expectations for managers and staff on successful performance management. I am interested hearing your ideas about career development – how to encourage and support our staff.

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 context and challenges we face. As we do better as a business, you can be assured that as a physician, I will make sure we do not forget our ultimate focus is on the patient.

While some are anxious for progress on these priorities, and some are anxious about change, we are making progress. I plan to regularly communicate with you on our progress. I also would like to start involving more of you in the process, but with respect to your busy schedules, plan to only convene people to work on these issues on an ad hoc basis so that we can be efficient in our work. We are focusing on what we can realistically do in the short term versus the long term, and are focusing on priorities identified by you.

And while most of the work has been at the national and Area level, I now see this meeting as the beginning of your participation at the local level in the solutions to these problems. It is now time to transition to involvement of local leadership in these improvements.

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 now will expect to see activities to improve customer service throughout the system. I have communicated my expectations to all staff that it is a part of their job performance to treat both external customers (patients and Tribes) and internal customers (other staff) with outstanding customer service. We are also developing ways to recognize excellent customer service, as well as making those who do not provide good customer service accountable for their poor job performance.

I also started collecting best practices 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.

Now, I would like to ask for your input – I have waited for this meeting to begin formal work on this priority. I would like to hear your priorities for how we move forward to improve the quality of and access to care for the patients we serve. I am particularly interested in hearing your input on the following topics:

- How to improve the Improving Patient Care (IPC) initiative – I have discussed with the IPC team how we need to clarify exactly what this initiative is about, communicate about it clearly without all the jargon, evaluate and assess its progress, and develop it as an IHS initiative with internal capacity for training, implementing, and evaluation. As we are now moving forward with expanding it to 100 more sites over the next 3 years, we have to demonstrate exactly what we are doing and how it is improving care. We cannot just accept that it is a good idea because someone said it is a good idea – we are accountable to demonstrate in a systematic way that it is effective and works for IHS. This has the potential to create fundamental change in the way we care for patients. Let's now show how it works for IHS.
- I also want to underscore that I want to hear from you about other strategies to improve the quality of and access to care in our system. The IPC is not and will not be the only initiative under this priority. We have to look at other innovative and evidence based strategies. I also want us to talk about how we provide culturally competent care and how we can mentor and teach our new providers in this area.

My fourth priority is to make all our work transparent, accountable, fair, and inclusive. I have worked hard to improve our transparency and communication about the work of the agency. This includes working with the media, sending more e-mail messages and Dear Tribal Leader letters, holding regular internal meetings, and giving presentations at meetings like this. I also hope to do more visits to our Areas and local Service Units.

We have also enhanced our website with the IHS Reform page, Director's Corner, and Director's Blog that contain important updates and information about reform activities. And we are looking at ways to improve IHS-wide communication between 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. Especially as we move forward together to change and improve.

Not only do we need to communicate better with each other, but we also need to communicate better with the patients and Tribes we serve.

We also are working on being more accountable by improving how we manage the performance of our staff and how we evaluate our programs. An example of how we are more accountable is in the improvements we have made to our property management system. We now have an accountable property management system.

As I have mentioned a couple of times, because it is a very important issue, we must improve customer service. We are working to hold our staff accountable to higher professional standards for how we treat our patients, customers, and each other.

We are being inclusive by making sure that any changes we make benefit all our patients, whether they receive care at IHS, tribal, or urban Indian health programs. Fairness is an important principle for us as we do business.

To help us be more transparent about all we are doing to change and improve the IHS, I have made some important updates to our IHS website. One addition is my "Director's Corner" – the link is on the IHS home page. On the "IHS Director's Corner," you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages. From there, you can click on the orange "Director's Blog" button to go to my blog.

I have gone from not knowing what e-mail is in the 1990s to having a blog today for communication about agency business! 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.

Overall, we are making progress on our priorities and are moving forward on the challenging work to change and improve the IHS. Over the next weeks to months, our activities should become more visible in all IHS Areas. I know that some people are anxious about change, and that others are anxious for progress. 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. As the leadership of this agency, we need your continued support and expert guidance as we move forward with IHS reform.

Thank you for all you do to provide health care to the patients we serve. I appreciate your willingness to do this with all the challenges you face; challenges that I hope we can make progress on overcoming. I look forward to talking with you over the next few days about how we can work together to improve and change the IHS. Let's see what progress we can make together in this exciting time.

Thank you.