National Indian Health Board Consumer Conference

October 12, 2006

Priorities for Improving the Health Status of American Indian and Alaska Native People

by

Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director, Indian Health Service

Good Morning!
I appreciate the opportunity to be here today to speak with you about the new and promising health priorities of the Department of Health and Human Services (HHS) and the Indian Health Service (IHS). Under the leadership of Secretary Leavitt, these priorities are being implemented by HHS to help provide access to high-quality health care and prevention services for all American people. The IHS, together with other HHS agencies, will be working in partnership with Tribal Nations and Tribal organizations such as the NIHB to implement these priorities for American Indian and Alaska Native individuals and communities. As the theme of this conference states, we want Indian people to "Live the Dream" of a healthier, brighter future.

There are nine HHS Priorities for Transforming the U.S. Health Care System, which are:

- Health Transparency,
- Health Information Technology,
- Medicare Rx,
- Medicaid Modernization,
- New Orleans Health System,
- Emergency Response & Commissioned Corps Renewal,
- Prevention,
- Pandemic Preparedness, and
- Personalized Health Care

With only 830 days left in the Administration, time is obviously of the essence to make these healthcare priorities work for the benefit of all Americans.

Let me start with Health Transparency. The Secretary's vision for this priority is that "the growth of health care costs is restrained because consumers know the comparative costs and quality of their health care . . . Consumers gain control of their health care and have the knowledge to make informed health care decisions."

Health Transparency means harnessing the power of major purchasers of healthcare, including the federal government, to drive change in the healthcare marketplace. It is a long-term strategy to empower consumers by providing them with more information about the price and quality of healthcare they receive. The power of a health system-wide electronic medical records system will be used to fuel the change.

The President signed an Executive Order in April 2004 announcing a commitment to the promotion of Health Information Technology, or HIT. He called for widespread adoption of electronic health records within 10 years so that health information will follow patients throughout their care in a seamless and secure manner. The goals of this priority include improving population health by connecting health care so that different health information systems can quickly and securely communicate and exchange data.

Some of the numerous benefits of HIT initiatives will include a reduction in medical errors, avoidance of costly duplicate testing, and elimination of unnecessary hospitalizations. The President has set a goal for most Americans to have electronic health records by the year 2014.

The IHS already has an advanced integrated HIT system in place. The Resource and Patient Management System, or RPMS, is the IHS enterprise health information system. The RPMS consists of more than 60 software applications and is used at approximately 400 IHS, Tribal, and Urban Indian Program locations. The IHS maintains a centralized database of patient encounter and administrative data for statistical purposes, performance measurement for accreditation**,** and public health and epidemiological studies.

The IHS Electronic Health Records initiative will provide computer-based physician order entry, encounter documentation, access to medical literature, and other essential capabilities. The IHS is also working with Tribes to further enhance information systems to allow better clinical practice management and administrative reporting systems at all sites, however rural and isolated.

New models of care delivery through telehealth are also now a reality. Examples of emerging telehealth projects include home telehealth for heart failure care, mobile women's health and tele-mammography, tele-pharmacy, Electronic Intensive Care, ENT tele-consultation, and other Telehealth Centers of Excellence. The IHS and Tribal facilities reported experience in 2005 with over 30 different types of clinical telemedicine applications, including radiology, retinal screening, dermatology, mental health, and cardiology. Such telemedicine services helped address a diverse array of clinical needs, and highlight evolving opportunities for both evidence-based and community-based chronic disease management.

The next priority, Medicare Rx, is a continuation of the largest expansion of Medicare in 40 years. It includes continuing quality improvement to make Medicare Part D even better, with streamlined and better choices for beneficiaries. The Secretary's vision for this initiative includes:

- Every Medicare beneficiary having access to affordable prescription drugs.
- Consumers inspiring plans to provide better benefits at lower cost.
- Medicare Part D being streamlined and improved to better connect people with their benefits.
- Improved access is to low-cost, coordinated-care coverage through Medicare Advantage plans.
- Effective use of drug coverage and other preventive benefits to improve health and avoid costly complications.

Linked to the Medicare Rx priority is the Medicaid Modernization priority**.**
This priority seeks to:

- Help provide coverage to millions of people who are not covered now.
- Help people in differing economic situations through flexible benefits and incentives tailored to meet their needs.
- Help people with disabilities have access to care in their homes and communities.

The Secretary's vision for Long-Term Care Reform is that:

- States can give people access to health insurance without waivers.
- Self-direction is available in long-term and acute care settings and access to community-based long-term care is increased.
- The integrity of Medicaid is assured while guarding against financial abuse.

To facilitate Medicare/Medicaid innovation for the benefit of Indian people, staff from the IHS and Centers for Medicare/Medicaid Services (CMS) meet regularly to ensure close coordination of policies, foster increased State/Tribal innovation, and develop ways to improve access to care for Indian people.

The establishment of a CMS Tribal Advisory Group of Tribal leaders has improved Tribal input on various CMS payment and program policies and regulations. The IHS has been able to provide assistance to CMS in its efforts to improve communications with Tribal and State governments in the implementation of Medicaid, Medicare, and the State Children's' Health Insurance Program.

One area that IHS is working closely with CMS on is getting Medicare-like rates approved and in place. We have been working with CMS, the Department, and OMB to review and approve

all comments, recommendations, and regulation language. This is a time-consuming process, and the IHS has been working diligently to get the rates implemented as soon as early Spring.

Medicare Part-D premiums are another area of concern. While the IHS does not have statutory authority to pay premiums for Medicare Part D, there is no prohibition against a Tribe using Tribal funds to pay for such costs. The IHS staff will be working with Part D plans to encourage them to develop Tribal and Urban program agreements with terms and conditions similar to those negotiated by the IHS.

The IHS Vision for Long-Term Care complements the Secretary's vision, with a focus on supporting Indian elders and their families with medical, personal, and social services delivered in a variety of settings, ranging from a person's own home to institutional settings.

Elders play a vital role in providing a sense of structure and cultural identity that helps keep our families and communities emotionally and mentally healthy. It is therefore essential that we develop services to support Elders so they can remain as much as possible with their families and within their communities.

The IHS as an agency supports Tribal development of long-term care services with technical support, with grant funding to help develop services, with advocacy within the federal system, and with support for the integration of health services into the long-term care system.

The next priority focuses on helping New Orleans recover from the devastating effects of Hurricane Katrina. The goal of this priority is to leverage the power, resources, and authority of HHS and other federal agencies to accomplish the redesign efforts of the Louisiana Healthcare Redesign Collaborative established last July.

I am proud to say that the IHS is playing a key role in meeting this goal. Phoenix Area Chief Medical Officer Vincent Berkley is devoting half of his schedule to serve as the HHS Senior Health Official in Louisiana. IHS Commissioned Corps officers are also serving as key members of assessment teams that are evaluating the region's hospitals, nursing homes, and other health systems. This effort, of course, benefits the state's Tribes as well as the general population. I know you share our pride in this IHS effort, which reflects the Indian tradition of doing more than our share for the welfare of our nation.

The next HHS priority is a continuation and extension of the preparedness tasks from the Katrina Lessons Learned report, to achieve a nation prepared to prevent and address the health effects of a disaster, natural or manmade. It includes a transformation of the Commissioned Corps to establish the Corps as an essential national resource that is ready to respond rapidly to urgent public health challenges and emergencies.

Strategies will be developed to increase the size of the corps and improve its ability to respond quickly to urgent public health needs. This includes:

- Increasing the number of officers by 10 percent, from approximately 5,925 officers to 6,600 officers by December 2008.

    - Approximately 2,150 officers are currently assigned to IHS. It is anticipated that this increase will occur primarily in clinical positions. Since the IHS is the primary user of these clinical positions, we could be the primary recipient of these new officers.
    - This should aid in the IHS goal to reduce the number of funded vacancies and positions filled by costly contractors.
- Changing the recruitment process so that it includes stronger personal incentive programs and a better approach for assigning officers.

The Secretary's Prevention priority is one that is closely aligned with the main health care initiatives of the IHS. The Secretary's Vision for Prevention mirrors our goal for chronic disease management:

"The risk of many diseases and health conditions is reduced through preventative actions. Individual health care is built on a foundation of responsibility for personal wellness.

Many chronic conditions and diseases can be prevented or mitigated by making healthful lifestyle choices, taking advantage of medical screenings, and avoiding risky behaviors."

The Prevention priority has an overarching agenda organized around the President's "Healthier U.S." initiative with four broad organizing principles:

- Eat a nutritious diet
- Be physically active
- Get medical screenings
- Make healthy choices

These are principles that I would like for all American Indians and Alaska Natives and their communities to understand and embrace. I am pleased to report that the IHS and Tribes have many wellness programs already in place throughout Indian Country that support these goals. These wellness programs are focusing on promoting healthy lifestyles in a number of ways, especially by increasing physical activity to improve health. Exercise is a cornerstone in the treatment and prevention of many chronic conditions, especially type 2 diabetes, which has reached epidemic proportions in the Indian population. Regular exercise and physical fitness promote weight loss, improve insulin sensitivity, increase muscle strength, reduce stress, enhance self-esteem, and improve the overall quality of life.

Another important aspect of prevention, as the Prevention priority states, is nutrition. The availability of community nutrition services throughout Indian Country has increased. Blending traditional and local nutrition and fitness activities can help families and communities make the lifestyle changes needed to lose weight.

Screening programs are also an important part of IHS prevention programs. For instance, screening to identify people who have diabetes or who are at risk for developing diabetes is an important step in preventing and treating diabetes. Screening for pre-diabetes provides an opportunity for primary prevention by encouraging individuals to make lifestyle changes that can prevent or delay the onset of diabetes. Since over one-third of people with diabetes do not know

that they have the disease, screening also provides an opportunity for secondary prevention by diagnosing diabetes as early as possible to prevent or delay complications.

One crucial area of prevention that I, and many other Indian health care leaders, are very concerned about, is addressing the alarming increase in the use of methamphetamine in Indian Country. Beginning in 2000, marked increases were noted in patients presenting at IHS and tribal clinical sites for amphetamine related problems, and that trend continues through today. The number of patient services related to amphetamine abuse went from about 3,000 contacts in 2000 to over 7,000 contacts in 2005, an increase of almost 250% over 5 years.

I have heard firsthand from Indian people about the deadly impact of this drug, and the devastating effects on our young people and their families, and on the entire community. I believe more extensive information is needed on this problem, and that is why we are working on collecting reliable data to measure the extent and severity of Meth abuse in Indian Country.

However, there is some good news. The HHS has just awarded $1.2 million to the American Association of Indian Physicians to address methamphetamine abuse in Indian Country. Indian organizations and Tribes will share in the award to combat Meth abuse. And the IHS and the BIA have joined forces to address this epidemic from both a public health and a law enforcement prospective.

Addressing all the diverse elements that contribute to disease prevention and overall good health demands, among many other things, adopting a strong Chronic Disease Management Model to help guide our health care efforts. Chronic disease issues are currently the focus of many health care efforts, both in Indian Country and across the nation.

Our Chronic Care Model addresses the underlying causes of poor physical and mental health, rather than just treating the symptoms. This means addressing all the elements that contribute to good health, including the cultural, medical, behavioral, social, and sanitation needs of the population we serve.

Our model of chronic care highlights the importance of an informed, interactive patient in the health care process. The chronic care model is based on the premise that improved outcomes result from productive interactions between a proactive health care team and an informed patient.

During FY 2006, the Chronic Care Management Workgroup developed an innovative program using the Chronic Care Model at pilot sites to test foundational changes in the delivery of care for chronic disease.

The purpose of these pilot sites is to demonstrate that changing the way we deliver care can improve patient outcomes for a variety of chronic illnesses in a cost-effective manner. The pilot program will also support other innovative efforts within the Indian health system to address chronic illness, especially those that integrate behavioral health and health promotion and disease prevention principles. So far, five federal pilot sites have been selected:

- Gallup Indian Medical Center,

- Sells Service Unit,
- Albuquerque Indian Medical Center,
- Warm Springs Indian Medical Center, and
- Chinle Comprehensive Health Care Center.

A call for pilot sites for Tribal and Urban programs will go out in FY 2007.

The underlying principle of prevention in the IHS is that the best health promotion and disease prevention programs are those that are developed in consultation with our key stakeholders, the American Indian and Alaska Native people. We know that listening to those who are most effected by the outcomes helps us to best target the specific needs of each community.

And we know that building on the existing strengths and assets of Indian people, families, and communities ensures the most effective use of resources and yields the best possible results, whether we are dealing with ongoing chronic conditions or emerging infectious diseases.

The IHS has also recently begun an important collaboration with the prestigious Institute for Healthcare Improvement (IHI) concerning chronic disease management. The IHI is a not-for-profit health care organization that provides a source of expertise and knowledge to improve health care worldwide. The IHI has a strategic partnership network that includes other organizations such as large hospitals and HMOs. Their mission is to improve healthcare by working with different hospital and health-based groups using evidence-based care.

They are specifically working with us on all the elements of implementing and evaluating the Chronic Disease Management Initiative, which will help address some of the most pressing health care needs in Indian Country.

The IHS is also well into addressing another HHS priority, Pandemic Preparedness. HHS has developed a Pandemic Influenza Implementation Plan based on the actions outlined in the *White House Homeland Security Council's Implementation Plan for the National Strategy for Pandemic Influenza.*

The current priorities for HHS pandemic preparedness and response activities are:

- Advance international capacity for early warning and response.
- Limit the arrival and spread of a pandemic into the U.S.
- Provide clear guidance to stakeholders.
- Accelerate the development of countermeasures.
- Fulfill planning requirements for Pandemic Influenza Business Continuity of Operations.

In order to be as prepared as possible to deal with such a disaster, the IHS has developed a pandemic influenza plan. It supports the HHS Pandemic Influenza Plan, which, in turn, supports the National Strategy for Pandemic Influenza. It is included in the high-level HHS operational plan, which includes plans for all the HHS agencies.

The IHS plan also builds upon considerable existing IHS emergency planning efforts in all IHS areas. Each of the Areas has included pandemic influenza planning into their general emergency preparedness plans.

To assist local pandemic influenza plans, the IHS planning efforts include a "workbook" that is designed specifically for use at the local levels to gather specific details. The detailed plan may also serve as a template for Tribes to use in developing Tribal-specific plans.

The last HHS priority I want to mention briefly is Personalized Medicine, which is an approach to managing disease by using genomic or molecular analysis to achieve the optimal medical outcomes for an individual. Recent advances in basic science have positioned us to harness new and increasingly affordable potential in medical and scientific technology. With clinical tools that are increasingly targeted to the individual, our health care system can give consumers and providers the means to make more informed, personalized, and effective choices.

The goals of this initiative include:

- Accelerating the development of targeted therapeutics and prevention methods,
- Improving regulatory/oversight processes,
- Enhancing safety and effectiveness of health care,
- Translating expanded information for clinical and personal use, and
- Increasing value in health care through personalized approaches.

The Secretary's priorities for health obviously complement and support our goal of eliminating health disparities among American Indian and Alaska Native people. Together with the support of our sister agencies in HHS, the IHS is working in concert with Tribes and Tribal organizations such as the NIHB to further our mutual mission of raising the health status of Indian people to the highest level possible.

Another important part of achieving our goals for Indian health is the reauthorization of the Indian Health Care Improvement Act, the cornerstone of legal authority for the provision of health care to American Indians and Alaska Natives. I'm optimistic that the remaining issues concerning the Act can be resolved and that reauthorization could occur in the 110th Congress. There has been much progress over the past 6 years and I applaud your hard work and patience. We just celebrated the 30th anniversary of the Act and recognize its significance in elevating the health status of Indian people.

I thank each of you and the NIHB for your support of the IHS and HHS over the years as we addressed and overcame many health challenges, and for your continued support as we address future challenges on behalf of the health and welfare of American Indian and Alaska Native people.

Thank you.