Native Health Research Conference

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Indian Health Service Update

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). It is a pleasure to be here with you today to provide an update on what we are doing to improve healthcare services for American Indian and Alaska Native people. It is also great to see old friends and colleagues from my days as a researcher.

Today I would like to provide an update on our efforts to change and improve the IHS, and also what we are doing related to research.

In his State of the Union speech, President Obama talked about "winning the future." While we face many challenges, we must out-innovate, out-educate, and out-build the rest of the world. We can secure prosperity for ourselves and future generations of Americans by taking responsibility for our deficit, investing in what makes us stronger, and reforming government. Above all, we must overcome the politics that divide us and work together to win the future.

I believe we are making progress in winning the future for the IHS, our patients, and the communities we serve. After over two years as the IHS Director, I believe we are changing and improving for the better. But to keep making progress, we need to continue to work together – especially as we face the challenges ahead.

I know that you are helping us win the future of IHS and Indian health care. Research helps inform our efforts and evaluate what we do. I know that all of you are making important contributions for the people we serve.

As many of you may know, we have set four priorities to guide our work as we change and improve the IHS:

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

Tribal consultation is one of our highest priorities. I believe the only way we are going to improve the health of our communities is to work in partnership with them. Clearly, the only way to conduct research in tribal communities is in partnership. I am glad this topic is a focus area at this conference.

Our IHS Tribal Consultation Policy describes the need for national, Area, and local consultation. We have done a lot to improve consultation at the national level. I held Area listening sessions with all 12 IHS Areas this year and last year, either in person or by phone or videoconference. I have held over 300 tribal delegation meetings, and I regularly meet with tribal advisory groups and workgroups and attend tribal meetings. We are transitioning to more consultation at the Area and local levels.

All of these consultation efforts have helped me see the national, regional, and local tribal priorities that guide our work.

We have been consulting with Tribes on many important issues, including:
- Improving the tribal consultation process;
- Improving our Contract Health Services (CHS) program;
- Priorities for health reform and implementation of the Indian Healthcare Improvement Act;
- The IHS fiscal year (FY) 2013 budget;
- Implementation of the recently signed VA-IHS Memorandum of Understanding (MOU);
- Our Indian Healthcare Improvement Fund allocation;
- The Special Diabetes Program for Indians 2-year extension; and
- The Data Sharing Agreement between IHS and the Tribal Epidemiology Centers.

All of these consultations will result in better decisions for the future of IHS and will help us improve patient care. I know we are making better decisions because we are partnering with the people we serve.

We have a new tribal consultation website that contains a listing of all our tribal leader letters. This was one of the recommendations from our consultation on the tribal consultation process.

We are fortunate that President Obama has expressed a commitment to honor treaty rights and a priority to consult with Tribes. And Department of Health and Human Services (HHS) Secretary Sebelius is committed to helping to improve the IHS. She signed an updated HHS Tribal Consultation Policy at a meeting of her new Tribal Advisory Committee – the first Cabinet level tribal advisory group.

My Director's Workgroup on Tribal Consultation met earlier this year – they reviewed input from all Tribes and have made many recommendations to improve the tribal consultation process. One of their recommendations was to hold a "tribal consultation summit" that would be a "one stop shop" for Tribes to learn about all the consultation activities in IHS. That summit has

been set for July 6 – 7, 2011, in the Washington, D.C., Area. We are hoping all the advisory groups, committees, and workgroups can attend and provide an update.

The summit will include a breakout session on the progress of our consultation on the Tribal Epidemiology Centers Data Sharing Agreement. The IHS has worked with the Centers, in consultation with our Office of the General Counsel, Area Directors, and Chief Medical Officers, to develop a draft Data Sharing Contract to enable the exchange of health data. The IHS has shared the draft with Tribes and we have received a lot of feedback during the consultation.

As I mentioned, I have held over 300 tribal delegation meetings since becoming the IHS Director. I enjoy listening to the health priorities of tribal leaders in my meetings with them. We really have common goals, such as better patient care and the need for more funding and services. I believe we will be so much more successful if we work in partnership with Tribes. We don't have to be in an adversarial relationship – we can find positive ways to work together to achieve our common goals.

Our second priority is "to bring reform to the 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). The second part is about internal IHS reform – how we are changing and improving the organization.

We are grateful for passage of the Affordable Care Act because it will make quality, 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. We just recently celebrated its one year anniversary.

The focus of this past year has been on access to health insurance, with many new insurance reforms. Also, discussions have begun on implementation of the State Insurance Exchanges in 2014, as well as the Medicaid expansion up to 133% of poverty level that will also start in 2014.

This year, we are starting to hear more about delivery system reforms, such as the accountable care organizations and the new Partnership for Patients, which was just launched this past month. The Partnership for Patients will help reduce harm by focusing on reducing hospital acquired conditions and hospital readmissions. We will be working on this initiative soon. Many of the delivery system reforms involve measuring the quality of healthcare, which is likely of interest to many of you.

The Affordable Care Act has the potential to benefit American Indian and Alaska Native individuals and Tribes, and IHS, tribal, and urban Indian health facilities. Greater access to health insurance will help individuals, in terms of more coverage and choices, and our health facilities, in terms of reimbursements. However, our efforts to change and improve even more important because we must make sure we are competitive and that our patients continue to see us if they have better access to insurance coverage. I hope you are thinking about the impact of the Affordable Care Act in some of the research you are conducting.

HHS is taking the lead on implementation of the Affordable Care Act, and IHS is working closely with HHS on the provisions that impact American Indians and Alaska Natives. We have been conducting consultation activities on many parts of the Affordable Care Act through outreach calls, meetings, and listening sessions, and an email address for consultation input at consultation@ihs.gov. There are facts sheets and other information on www.healthcare.gov, and we have provided information in tribal leader letters. And the National Indian Health Board, National Congress of American Indians, and National Council of Urban Indian Health are helping IHS with outreach and education.

I encourage everyone to learn as much as they can about this new law and how it will impact Indian country.

One big question I have been getting is what will happen if the Affordable Care Act is repealed? While congressional efforts are ongoing, there are challenges in the courts in several states. However, we are continuing to implement the law – both the Affordable Care Act and the reauthorization of the IHCIA.

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

- New and expanded authorities for behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian health programs;
- Authorities for the provision of long-term care services;
- 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 CHS program;
- And authorities to improve facilitation of care between IHS and VA; and
- The designation of Tribal Epidemiology Centers as public health authorities.

These are just examples of what is in the new law. Some provisions went into place at the time the law was passed, some provisions require more work, and some require funding to be implemented. IHS is the lead on implementation and is working quickly to implement provisions of the law, in consultation with Tribes.

The next part of our second 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.

We requested and received tribal and staff priorities on how to change and improve the IHS. Tribal priorities for internal reform included more funding for IHS, including a review of how we allocate funding; improvements in our CHS program; and improvements in the tribal consultation process. We're working on these priorities, as I have already described.

We know that the budget is going to be the subject of a national discussion and that we are headed for potentially tough budget times. However, the more we can show that we are working to change and improve, the more support we will have in this discussion.

We're also making progress on the top staff priorities for internal IHS reform. I gathered extensive input during my first year. Overall, 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 an emphasis on customer service, ethics, professionalism, and performance management. Many of our staff 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.

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'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.

We have been working to address the issues raised in the Senate Committee on Indian Affairs (SCIA) investigation of the Aberdeen Area and are now conducting reviews of all IHS Areas to make sure that the findings of the investigation are not happening elsewhere. One improvement we have made is to ensure that we check all new hires to make sure they are not excluded from federal hire due to past offenses. This was a problem found in the SCIA investigation. We have since required this important background check before any new hires, and actually went back and checked all 15,700 IHS current employees to make sure none were on the list. Fortunately, we didn't find anyone else.

We have been working closely with our Area Directors to make improvements and reforms. We are also working with our CEOs to encourage them to help change and improve the IHS.

Our third priority is to improve the quality of and access to care. Improving customer service is the most important activity for us as we move forward, and I am seeing some great new activities throughout the system. However, we still have much to do in this area.

The Improving Patient Care (IPC) initiative is an important part of how IHS will make progress on this priority. This is our patient-centered medical home initiative. We plan to expand this initiative to 100 new sites and to gain support for expanding these types of activities to all of our

sites. We are making improvements to the IPC, including building more internal capacity, simplifying and focusing the activities, creating a better evaluation, and making it work at all sites, not just those that have more resources or staff. It is basically about teamwork, improvement in care delivery, and a focus on the patient.

We are working to develop capacity and leadership within IHS to ensure that we can eventually implement this important initiative in all of our sites. By developing this initiative with our own leadership, we have a better chance of understanding how to successfully create a medical home in all of our facilities. Creating a patient centered medical home in all of our sites will help us strengthen the Indian health system over time, and will also help us with participating in many new aspects of the affordable care act.

The new Partnership for Patients that was recently launched by HHS will help reduce harm by focusing on reducing hospital acquired conditions and hospital readmissions. This will also involve being able to demonstrate improvements in the quality of care delivered to our patients.

The recent 2-year extension of the Special Diabetes Program for Indians (SDPI) will helps us continue the successful activities of this program. They have achieved some important goals and showed that in partnership with our communities, we can reduce diabetes and cardiovascular disease risk factors in Indian country with innovative and culturally appropriate activities. The SDPI Diabetes Prevention and Healthy Heart Demonstration Projects are a great example of how a group of diverse IHS, tribal, and urban Indian health programs can demonstrate through an intensive evaluation that they can achieve results similar to the research studies that informed their efforts. We are so happy that these efforts can continue with the extension of the funding for the SDPI through 2013. They have shown that you can prevent diabetes and cardiovascular disease.

We also just launched the 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. While progress has been made, overweight and obesity continue to drive up high rates of chronic disease. Taking action now is vital. The webpage for the Healthy Weight initiative is at ihs.gov/healthyweight.

We also have joined the First Lady's *Let's Move in Indian Country* initiative by launching our IHS Baby-Friendly Hospital initiative last week in Shiprock, NM. During the launch, mothers shared stories of the importance of breastfeeding through digital storytelling. We will be promoting breastfeeding in our IHS hospitals since breastfeeding has been shown to reduce childhood obesity.

I am proud to say that with the help of Recovery Act funds, IHS has become the first large federal healthcare system to have a certified electronic health record (EHR). And we are working hard to implement the meaningful use of electronic health records in the Indian health system. This is an important first step in the process for IHS, tribal, and urban Indian health sites that use the IHS Resource and Patient Management System (RPMS) to qualify for and receive

the new EHR Incentive Payments from Medicare and Medicaid. This could help bring valuable new resources to the Indian health care system. -

Meaningful use of an EHR involves gathering data that can help improve the quality of care and help guide clinical decision-making, which should lead to better outcomes.

We have developed some materials to explain the EHR Incentive Programs for both Medicare and Medicaid and how adopting, implementing, upgrading, or demonstrating meaningful use of a certified EHR can qualify for incentive payments. It is important to know that all eligible hospitals and eligible professionals must register as a first step to qualifying for the incentive payments.

If you go to my Director's blog, you can get access to the RPMS EHR certification press release, a fact sheet, some slides with basic steps, and links to websites for more information. It is now time for all eligible hospitals and eligible professionals to take steps to qualify for EHR incentive payments for meaningful use from Medicare and/or Medicaid.

Collaborations with other agencies are important in our efforts to improve the quality of and access to care. We have a number of key collaborations we are working on with other federal entities, including the Health Resources and Services Administration (HRSA), the Department of Veterans Affairs (VA), the Centers for Medicare and Medicaid Services, the Department of the Interior (DOI), the U.S. Public Health Service Commissioned Corps, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

I met with VA Secretary Shinseki last May, and after our meeting we signed an updated MOU between IHS and the VA to improve collaboration and coordination of care for eligible veterans. We will be working on implementation more at the local levels soon.

I also have met with Assistant Secretary of Indian Affairs Larry Echohawk and his staff about several collaborative efforts, including suicide prevention. DOI, SAMHSA, and IHS held listening sessions on suicide prevention with Tribes recently and plan a suicide prevention summit this summer.

We work with Pam Hyde, SAMHSA Administrator, and I am really excited about their FY 2012 budget proposal for prevention grants that will go directly to Tribes. And we have a great partnership with HRSA. We would like to thank Dr. Mary Wakefield, the HRSA Administrator, for helping get all Indian health sites eligible for the National Health Service Corp program, which will help with recruitment of healthcare providers.

I have also met with Dr. Thomas Frieden, the Director of the Centers for Disease Control and Prevention, to discuss ideas for collaborative efforts. 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 officers in HHS.

Our fourth priority is to make everything transparent, accountable, fair, and inclusive. These principles guide our work and decision-making. I have been communicating more, including

Messages from the Director and my Director's Blog. That is where you can receive the most updated information on IHS activities and initiatives.

Accountability for individual and program performance is important. In order to get the support we need, we have to demonstrate that our activities result in improved outcomes – for local programs and for the system as a whole.

We are also implementing the IHCIA provision that directs IHS to establish a policy to "confer" with urban Indian health organizations. This will help us communicate better with the organizations that we fund to provide health services in urban communities.

To get updates on implementation of health care reform and other Indian health issues, you can visit my "Director's Corner," which is linked to the IHS home page. There you can get information on presentations, Dear Tribal Leader letters, new and ongoing health initiatives, 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 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're doing as an agency. This is the place where we post the most updated information on the IHS and Indian health care.

Research, data, and evaluation are becoming an increasing part of the delivery of quality healthcare and play an important role in our agency priorities and our reform efforts. Tribal consultation is important in research – honoring tribal sovereignty and ownership of data is critical.

In terms of our reform efforts, research and evaluation help us ensure we are delivering high quality, evidence-based care. Congress is increasingly requesting information on how we evaluate the effectiveness of our programs and improving outcomes to ensure that we are using our resources wisely.

It is true that the IHS is not a research organization; we don't have a budget line item for research. As a result, research is not one of our primary activities – our primary focus is on health care. However, research, data, and evaluation impact what we do in the IHS. And they will likely play an important role as we move forward with our priorities for our work in IHS and are an important part of the business of the organization. We have a very active IHS Institutional Review Board and our Tribal Epidemiology Centers are an important way to help us with our data, evaluation, and public health surveillance activities.

We are so proud of the Native American Research Centers for Health (NARCH) program and all the collaborative research and training activities that have resulted from tribal and university partnerships. The NARCH 6 grants are now underway, and we are working on plans to have a NARCH 7 Requests for Applications. For some of the NARCH 5 and 6 grantees, we have secured an additional $4 million from the HHS Office of Minority Health's Minority AIDS Initiative to culturally adapt and scientifically evaluate Evidence Based Interventions for AIDS and STDs in Native communities.

The National Institutes for Health (NIH) Research Roundtable that we held yesterday is an important step in generating recommendations towards more partnerships between the IHS and NIH.

We are also working with the HHS American Indian and Alaska Native Health Research Advisory Council, which is charged with advising the Secretary about research needs and priorities in Indian country.

We rely on organizations like the Native Research Network to work with us to engage with researchers working in Indian communities in a culturally appropriate manner. Thank you for your partnership on this great conference.

Because of the need for expertise in conducting research, we have renewed our efforts in working with academic and research institutions in more formal arrangements. For example, we have renewed our MOUs with Mayo Clinic and Harvard University to address students programs and to collaborate on research that the Tribes want in their communities. And Johns Hopkins University has been a NARCH recipient from the beginning of the program and has a robust research program in Indian Country.

In summary – we are working hard to change and improve the IHS through our reform efforts. These efforts should help us to improve how we conduct the business of healthcare and to provide higher quality services.

The Affordable Care Act, and the reauthorization of the Indian Health Care Improvement Act, will 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 of changing and improving the IHS. It's clear to me that research, data, and evaluation play very important roles in these efforts.

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, with a supportive President and administration, lots of support at HHS, and bipartisan support in Congress for reform. I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people.

I hope you all can join us in this critical work over the next few years. I know that the work you are doing is having a great impact.

Thank you.