Indian Health Service

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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), and it is a real pleasure to be here today to welcome all of you to the Direct Service Tribes 9th Annual National Meeting.

I am so glad you are able to join us for this important meeting. The theme of the meeting, "together, we will...,"refers to the importance of partnering with Tribes, tribal organizations, other federal and state agencies, and universities and other private partners to bring all of our resources to bear on improving health care services for American Indians and Alaska Natives.

Thank you to everyone who helped make this event possible; I am really looking forward to hearing your input and discussions during the meeting. We know that we have a responsibility through treaties, laws, and policies to do our best to provide health care for the patients we serve.

I will be giving an update today on our agency's activities and priorities for changing and improving the IHS.

Before I begin an update on our agency priorities, I wanted to update you on the IHS budget. The budget is a huge factor in how we are able to improve the IHS, and tribal consultation is an important part of our budget formulation process. Thanks in large part to tribal input and support, we have made a lot of progress on increasing the IHS budget over the past few years.

We received increases in the IHS budget each of the last 4 years:

- Fiscal year (FY) 2009 – 7% increase
- FY 2010 – 13% increase
- FY 2011 – 0.4% increase ($17 million)
- FY 2012 – 5.8% increase ($237 million)
- $4.3 billion overall budget

Overall, the IHS budget has increased 29% since FY 2008. Within this increase, there have been some significant targeted increases: Contract Health Service (CHS) funding has increased 46%; Contract Support Costs (CSC) funding has increased 76%; and Health Care Facility Construction funding has increased 132%. The increases in CHS funding have made a

The text is the basis of Dr. Roubideaux's oral remarks at the IHS Direct Service Tribes National Meeting on August 14-16, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

difference; more patients are getting the referrals they need. In fact, at some facilities, patients are having referrals paid for beyond Priority 1 (life or limb).

And the FY 2013 President's budget proposal for next year has a proposed increase of $116 million, or 2.7%, with a total budget authority of $4.42 billion. Since the overall increase proposed is less than recent years, it was a challenge to try to fit all priorities into the budget. But we did focus on including as many tribal priorities in the budget as possible.

If the proposed budget is enacted, that would mean a 32% total increase for the IHS since FY 2008. The House actually proposed a larger increase, and we are waiting to hear if the Senate will mark up the budget. However, we are hearing that Congress may pass a 6-month Continuing Resolution when they come back in September. That would take us through to next March.

We are also facing sequestration in January 2013, which means automatic across-the-board budget cuts for federal programs. The only way this won't happen is if Congress acts to avoid it before January; we certainly hope they do take action.

We are also in the FY 2014 budget formulation process. We have completed the Area consultation sessions and the national budget formulation session. At the Department of Health and Human Services (HHS) Tribal Budget Consultation, Tribes proposed a 22% increase. We are now in the middle of our HHS and Office of Management and Budget formulation process and will be incorporating tribal budget priorities as in previous years. While this year is also likely to be a tough budget year, we still have strong support from the Administration and Congress.

All of these increases were achieved in partnership with Tribes and with the support of this Administration and Congress. It shows that when we all work together on a common goal, significant progress can be made.

I would now like to provide an update on progress on our agency priorities.

Tribal consultation is an important part of our first agency priority, which is to renew and strengthen our partnership with Tribes. This priority is founded on our belief at the IHS that the only way we're going to improve the health of our communities is to work in partnership with them. We have seen evidence throughout our system that we work better and accomplish more when we work in partnership with our communities.

We have done a lot to improve consultation at the national level. We held Area listening sessions each year, either in person or by phone or videoconference. I have held listening sessions with nine IHS Areas so far in 2012. We have also held over 350 tribal delegation meetings, meet regularly with tribal workgroups and advisory groups, and attend tribal meetings and conferences. Through all these meetings, I have a chance to hear the issues of Direct Service Tribes.

We have been working on Area and local improvements in consultation and partnership, and Tribes are telling me they see improvements. I have also asked all Area Directors and CEOs to send updates to Tribes on our progress at least quarterly.

Tribal consultation is a priority of President Obama, who has expressed a commitment to honoring treaty rights and making tribal consultation a priority. Last December, the President held the 3rd White House Tribal Nations Conference. The President also met with tribal leaders after the larger meeting, and Direct Service Tribes were at the table that day.

Many other federal agencies and departments are implementing tribal consultation policies and activities as a result of the President's Memorandum to all federal agencies concerning tribal consultation. As a result, Tribes are very busy these days consulting with all agencies in the

federal government on programs and issues that directly affect the health and wellbeing of American Indian and Alaska Native people.

HHS Secretary Sebelius is committed to making IHS a priority, and established the first cabinet-level Secretary's Tribal Advisory Committee, which includes Direct Service Tribes representation. I am very grateful for her support of the IHS; she has consistently made IHS a top budget priority.

Our 2nd Tribal Consultation Summit was held in March 2012; these summits were a recommendation from the Director's Advisory Workgroup on Tribal Consultation and are intended as a "one-stop shop" for Tribes to learn about IHS consultation activities. The Direct Service Tribes Advisory Committee was included in the reports from the IHS Advisory Committees.

And we just held our 3rd Tribal Consultation Summit in Denver, Colorado, last week. The Summit had presentations from IHS Advisory Committees on the work they are doing and workshops on current consultation topics.

We have consulted with Tribes on many important issues. Current and recent consultation topics include:

- Improving the tribal consultation process;
- Improving our CHS program;
- Priorities for the Affordable Care Act and implementation of the Indian Healthcare Improvement Act;
- Budget formulation;
- Information Technology shares–this is important for our P.L.93-638 negotiations;
- Evaluation of the 2007 CSC Policy;
- Implementation of the Federal Advisory Committee Act;
- How to improve our Indian Healthcare Improvement Fund allocation;
- The Tribal Epidemiology Centers Data Sharing Agreement;
- Long-term care;
- Behavioral health issues and suicide prevention; and
- Implementation of provisions in the Indian HealthCare Improvement Act for Indian veterans, such as the Department of Veterans Affairs(VA) /IHS Memorandum of Understanding (MOU) and reimbursement agreement.

We discussed many of these issues at the Tribal Consultation Summit last week and will be discussing some of them here this week. We have several new consultation topics, including Health Care Facility Construction, CHS Prevention funding, Traditional Medicine, and the draft Urban Confer Policy that was recently published in the Federal Register for comment and consultation.

New topics introduced at the Summit that have letters in progress include prescription drug abuse and recruitment and retention. You can find information on them in the letter I sent to Tribes dated August 2, 2013, or on our tribal leader letter website.

One of our improvements to the tribal consultation process is our tribal consultation website – it includes descriptions of all our workgroups and committees, and a complete listing of all our tribal leader letters. I encourage you to visit this site from time to time to see what we are working on with Tribes, and of course to submit input at any time at consultation@ihs.gov.

We also posted a summary table of tribal consultation activities since 2009. The table is sorted by topic, and the date of the letters and the status or outcomes of the consultation are briefly listed. There have been so many consultations – we hope this table helps to provide a

bigger picture of the status of these consultations. We know that Tribes don't just want consultation; they want to see progress and outcomes from these consultations, and you can see that in the summary table.

Meetings with our advisory groups are extremely important to help us address common issues, including a recent quarterly meeting of the Direct Service Tribes Advisory Committee. I do try to attend these meetings in person, but can join by phone if needed.

I also recently attended the Direct Service Tribes meeting in Massachusetts near the Mashpee Wampanoag tribal lands. The Tribe graciously hosted the group for a tour of their new clinic, their community, and a traditional clambake.

I also meet with other advisory groups, such as a recent meeting of the Tribal Self-Governance Advisory Committee. I know that there is some planning in progress to have the Direct Service Tribes Advisory Committee and the Tribal Self-Governance Advisory Committee meet at the National Indian Health Board conference in September. These meetings are important for sharing information and listening to issues and concerns from the Tribes.

Our Area listening sessions, such as our recent one in the Phoenix Area, are also an important venue for me to hear about Area and local issues,.

I also recently met with the National Indian Health Board. I believe our partnership has been strengthened over the last few years, and I regularly join their Board meetings in person or by phone. I know that while they represent the interests of all Tribes, they are an important voice and resource for Direct Service Tribes.

Our second IHS 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 (ACA), and the Indian Health Care Improvement Act (IHCIA). The second part is about internal IHS reform – how we are changing and improving the organization. Both of these categories of reforms have an impact on Direct Service Tribes.

We are so grateful for the recent Supreme Court decision to uphold the ACA. As you know, the Court decided that the individual mandate was constitutional, and the entire law, including our IHCIA reauthorization, was upheld. The Medicaid expansion was also upheld with the caveat that States could choose to opt out without loss of their Medicaid funding.

The implications of the decision are that we are continuing implementation of the ACA and IHCIA. The main activities now focus on the State Exchanges and the HHS consultation on the Federally-Facilitated Exchanges and Medicaid Expansion – the third session was this past Thursday.

We know that efforts will continue in Congress to try to repeal the ACA. However, we are continuing to implement the new law and are consulting with Tribes on the various provisions.

We are grateful for passage of the ACA because it will make quality and 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.

The benefits of the ACA for American Indians and Alaska Natives are significant. They can benefit from all the reforms, whether they have insurance now, or want to purchase affordable insurance through the Exchanges, or can benefit from the Medicaid expansion starting in 2014. Our elders will benefit from how Medicare is being strengthened, and of course, we are thrilled that the IHCIA, our authorizing legislation, was made permanent.

I know that some are concerned that with the ACA, the IHS will go away, or that the responsibility of the federal government towards American Indian and Alaska Native health care will somehow be reduced. However, I want to assure you there is no need for concern. With the

ACA, eligible American Indians and Alaska Natives can still use IHS as a health care system. IHS is not going away; it is here to stay. The IHCIA made IHS permanent.

If our patients want additional health insurance coverage, they will have more choices, including new insurance protections, State Exchanges, Medicaid, and a stronger Medicare, as well as options such as access to federal insurance for tribal employees. The Act has the potential to benefit all American Indians and Alaska Natives because if more have health coverage, services can be expanded at Indian health facilities through increased reimbursements. More coverage means more services for everyone we serve.

And the delivery system reforms in the Act will focus on the quality of care rather than on billing volume or frequency in reimbursements.

I encourage all of you to learn about how the ACA will benefit our patients and our communities.

We are also continuing our implementation of the permanent reauthorization of the IHCIA. We recently posted an update to our table that summarizes progress on implementation. The update is located in the April 6 ACA posting on my Director's blog.

Of course there are many self-implementing provisions that are already in place. For example, health care professionals in tribal facilities are now allowed to work under a license from any state, and outside providers cannot go after patients for referral charges if the referral is authorized for payment by the CHS program. Third-party reimbursements must remain at the Service Unit where they were received. And the law includes authorities to better coordinate care for American Indian and Alaska Native veterans, which we are doing under the VA/IHS MOU.

We continue consultation on implementation – you are welcome to submit input at any time at consultation@ihs.gov. I also encourage you to visit www.healthcare.gov and my Director's blog on the IHS website for general information and updates on the ACA.

We are also partnering with national and Area Indian organizations on education and outreach activities. We certainly appreciate all their support in this important outreach effort. I know that they are doing trainings in each Area on the ACA.

We also have a new slide show, tailored to the American Indian and Alaska Native population, to help with outreach and education efforts in Indian communities. We recently distributed it and posted it on our website so everyone can use it. You can check my May 14 blog entry for the link to the slide show. There's also a website developed by the national Indian organizations – I encourage you to take a look at www.tribalhealthcare.org.

Our internal reform efforts are focused on improving the way we do business and how we lead and manage our staff. Overall, we have implemented many improvements.

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. This sets expectations for our staff and reaffirms that we are changing as an organization.

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. This past year we had our best performance ever as a part of the HHS Annual Audit.

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 using the new HHS supervisory training for our managers, and we are improving our performance management process. This allows us to praise top performing employees and to better hold accountable those employees who are not performing well.

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.

I recently sent an update on our corrective actions and responses to the Senate Committee on Indian Affairs investigation of the IHS Aberdeen Area to tribal leaders. The letter is available on our consultation website. The investigation is helping us improve the way we do business, and we are addressing the issues found in the investigation system-wide.

For Direct Service Tribes, we know that these internal reform efforts are most important to you, our most direct customers. It is our responsibility to continue to change and improve how we conduct the business of the organization, how we lead and manage staff, and how we deliver care.

In relation to our third priority, to improve the quality of and access to care, we began with the importance of customer service – how we treat our patients and how we treat each other. I am now starting to see activities to improve customer service throughout the system, and am hearing stories about some improvements. I recently awarded IHS Director's Awards for Customer Service to several outstanding individuals and groups at the IHS Director's Awards Ceremony.

We are also working on a number of initiatives to help improve the quality of care. We have expanded our Improving Patient Care (IPC) initiative to 90 sites in the Indian health system. The IPC is our patient-centered medical home initiative that is designed to improve the coordination of care for patients. We are starting a new cohort of programs – IPC4 – and plan to expand this initiative throughout the entire IHS system. This program is essential for us to be able to adapt to the new delivery system changes with the ACA, and to help us improve customer service by making our care more patient-centered.

This initiative should help us improve customer service and improve care. Many of the sites have been able to reduce waiting times and arrange the system so that patients can see the same providers each time they come to the clinic, resulting in better coordination of care. A patient-centered medical home model is about quality improvement and making changes that will result in measurable improvements in care that are focused on the needs of the patient. We have many programs that are doing really outstanding work.

A few other initiatives are also helping us improve the quality of care. For instance, the Special Diabetes Program for Indians (SDPI) is continuing its successful activities. They have shown that in partnership with our communities, we can prevent and treat diabetes in Indian country with innovative and culturally appropriate activities. The SDPI is up for reauthorization in 2013, and I know we are all hoping this successful program is reauthorized as soon as possible.

We also are focusing on behavioral health issues, which is a top tribal priority. IHS is making progress on its recently released National Behavioral Health Strategic Plan and its National Suicide Prevention Plan. We are beginning a focus on addressing the problem of Prescription Drug Abuse, and the evaluation data from our Methamphetamine and Suicide Prevention and Domestic Violence Prevention Initiatives are very promising.

I mentioned earlier that we are working to address the growing problem of prescription drug abuse in Indian Country. A Prescription Drug Abuse Summit was held in the Bemidji Area in July. Prescription drug abuse includes the non-medical use of prescription-type pain relievers, sedatives, stimulants, and tranquilizers. In a 2009 national survey, 6.2% of American Indians and Alaska Natives reported engaging in current non-medical use of prescription drugs, more than

twice the rate of whites and the highest rate of all races nationally. Some reservations report prescription drug abuse at epidemic levels among their communities.

I was pleased to see there is a session on "prescription drug abuse and youth" at this conference. We all have to come together to address this serious problem in our communities.

We've also launched the Healthy Weight for Life initiative to unify all our efforts to promote a healthy weight among American Indians and Alaska Natives. 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. The webpage for the Healthy Weight initiative is at www.ihs.gov/healthyweight. I encourage you to have a look at the Action Guides for providers and communities.

I also encourage you to go to the website for the HBO series "The Weight of the Nation" at http://theweightofthenation.hbo.com. It tells the story of the epidemic of obesity in this country and how we all need to join this public health effort to address it. It makes the point that obesity is a public health emergency and everyone's help is needed to reverse this alarming trend. Obesity is a major risk factors for chronic diseases, such as diabetes, heart disease, and cancer.

And we have joined the First Lady's *Let's Move! in Indian Country* initiative, which includes our IHS Baby-Friendly Hospital initiative. We will be promoting breastfeeding in our IHS hospitals because it has been shown that breastfeeding can reduce childhood obesity. We are working to make all IHS hospitals Baby-Friendly and to encourage all tribally-managed hospitals to join us in this effort. The Rosebud IHS Hospital was recently the first facility to undergo the process for designation as a Baby-Friendly hospital..

We are also participating in the national Million Hearts Campaign, with its goal of preventing a million heart attacks and strokes over the next 5 years. We are already doing a lot to help with this initiative, as virtually all clinical programs in the IHS address the Million Hearts Campaign directly or indirectly as part of their standard programs and services. And we are able to measure our progress on reducing risk factors for cardiovascular disease and stroke through GPRA and our Healthy Heart Program.

And the new Partnership for Patients that was launched by HHS will help improve the quality of care by focusing on reducing harm and improving patient safety in our hospitals. This initiative focuses on reducing hospital-acquired conditions and hospital readmissions. This will also impact our ability to demonstrate improvements in the quality of care delivered to our patients. The ability to demonstrate improvements will also likely help with reimbursements in the future.

And we just signed an agreement with the Centers for Medicare and Medicaid to establish a new hospital consortium to work on improving quality and meeting accreditation requirements in our hospitals. We plan to establish a system-wide business approach to accreditation.

IHS also recently released a new community-based resource, the *Tribal HIV/STD Kit and Policy Guide,* which is available on the IHS website. This kit is for use by American Indian and Alaska Native tribal leaders, health advocates, and decision-makers as they work to address HIV and STD in their communities. This was released at the International AIDS Conference that we recently held in Washington, D.C.

We have accomplished a great deal as we work to meet our priorities, and this is reflected in our recent Government Performance and Results Act (GPRA) measures. In FY 2011, for the first time ever, we met all of our clinical GPRA measurement goals. We are proud of all the IHS and tribal sites that have worked so hard to make improvements in the quality of healthcare that we

deliver. We are waiting for the results for FY 2012, and I know some of the measures were on the edge, so we'll see where we ended up as of the end of June 2012.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. We have worked hard to improve transparency and communication about the work of the agency. This includes working with the media, sending more email messages and letters to tribal leaders, and holding regular internal meetings. 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.

We're 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 ensure that all my decisions consider the impact on all our patients, whether they are served in an IHS, tribal, or urban Indian health facility. We always consider the needs of Direct Service Tribes in our decisions. Balancing the needs of the various parts of our healthcare system is a challenge, but inclusiveness is very important as we work to improve the IHS.

And I use the Director's Blog on the IHS website 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. I think it's important for the public to know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps. I was pleased to hear that we had approximately 32,000 visits to my Director's blog in 2011, far more than I expected!

In summary, we are working hard, in partnership with Tribes, to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and to provide higher quality services. These efforts should help us address the health disparities we continue to experience in Indian Country.

The Affordable Care Act, and the reauthorization of the Indian Health Care Improvement Act, will also 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. We need and appreciate all your input and support. Tribal consultation is fundamental to our progress.

I hope you take full advantage of the opportunities this conference offers to share ideas and information on how to improve health care services for American Indians and Alaska Natives who are served by Direct Service Tribes.

Thank you.