# Number of Responses by Tribes

Туре		Responses
Tribal Official	Respondent from Tribal Official or Oganization	51
	Category	Frequency
	GRAMS & SERVICES REFORMS vements to services or shifts in the mix or focus	67
Reform CHS \$/Elig/Rules	augment CHS resources, distribute \$ as the complement of direct \$, align CHS & Direct eligibility, overhaul CHS rules and priorities permiting prevention and primary care	20
Prevention/Wellness	expand preventative services to improve well-being, lower risks, promote healthy lifestyles, prevent disease onset, and self-manage chronic disease	10
Specific Health Condition	support a variety of targeted health programs e.g. diabetes especially, but also cancer, addiction, transportation, etc.	7
Primary Care Svs	more primary care family doctors (GPs), pharmacists, dentists and midwives	4
Specialty Svs	more specialty services/clinics	4
Transport/Travel	more transport of people or providers	4
Chronic Care	more services staged for long-term disease processes	3
Emergency Svs	more Emergency Medical Services and response	3
Clinical Svs	more 24/7, more comprehensive centers	3
Mental/Behavioral	mental health and behavioral programs and/or social services self-care and support outside clinical settings	2
Other (Den,Vis,Rehab, etc)	dental, vision, rehabilitation, and other services not typically provided by MDs	2

Public Health Svs	focus on health of populations, communities (often linked PHN, etc.)	2
Medications/Formulary	drugs, medicines, prescriptions, or IHS formulary	1

Category WORK PRACTICES REFORMS improvements in design and execution of functions "nuts & bolts" of work		Frequency 47
IT/EHR/RPMS/Tele- med	improve Electronic Health Record, Information Technology, reform RPMS, clinical data, Tele-health, internet infrastructure, training and support	9
638/Federal	various suggestions regarding self-determination, tribal contracting, funding of CSC, published residual, etc.	6
Communications/ Feedback/PR	reform practices to inform, listen, publicize, and exchange information	5
Billing/Collections	augment or improve practices for obtaining reimbursements	4
Human Resources	overhaul Human Resources - processes to employ people, develop, utilize, and compensate them at direct care sites	2
UFMS/Finance	improve Unified Financial Management System related financial practices for direct care sites	2
Data/Collect/Report	improve data collection policies and work processes	2
Clinical Process	reform a clinical and clinical support work processes, e.g. patient flows, etc.	2
Admin/Business	change business and administrative support work functions and practices	1
Community Links	augment or change processes involving the community	1
Continuity/ Succession	need smooth succession of workforce (transfer knowledge)	1

	Category	Frequency
<b>RESOURCES &amp; ALIGNMENT REFORMS</b> relating to needs and alignment of funding, staffing, space, equip., etc.		46
Augment Funding	augment IHS funding, fully fund IHS, needs based funding, more funds for CHS, CSC, sites, and other special purposes	23
Uneven / Inequitable Resources	address unequal resources, apply systematic methods, move from base toward capitated, move to equitable direct, CHS among Areas, evaluate specialty access, revisit CHS formula	9
Facilities	more facilities funding, overhaul construction priorities, backlogged and inequitable facility replacement policies, help small tribes build, address changing needs - elder, chronic, mental, rehab	8
Other Coverage	relating to AIAN use of other sources of health care coverage	3
Technology/ Equipment/E-Systems	more technology, equipment, e-systems for health and business work	2
Add/Shift Staffing	more staff, or focus on a specific function	1

	Category	Frequency
<b>AUTHORITIES REFORMS</b> improvements requiring changes to laws, regulations, authorities		34
Laws	variety of reforms requiring authorization or change to laws AIAN entitlement, IHCIA, US health reforms, 51st state concept for M&M, FTCA, tribal exemptions	12
Federal Obligation	focus on the moral basis for federal services to Indians	6
Defined Benefits/Portability	reforms for a defined, uniform health care service package to Indians	4
IHS Authorities	reforms requiring changes in legal/federal authorities for IHS programs and practices	4
Eligibility for IHS	reforms of eligibility rules for whom IHS services can be provided	4
Urban Indian Services	reforms of services to AIAN who reside away from reservations	4

Category <b>STRUCTURE &amp; APPROACH REFORMS</b> organizational design (how parts inter-relate horizontally and vertically)		Frequency 19
Change Policies/Practices	reforms for various policies (finance, medicare, carryover,	5
Self-Determination Issues	relating to self-determination programs	4
Realign Organizational Structure	seeks to realign or change the IHS organizational structure	3
Direct Services Issues	relating to direct tribes programs	1

	Category	
<b>EXTERNAL RELATIONS REFORMS</b> involving external entities in mutual pursuit of improvements		16
Other Fed Govt	variety of collaborations and reforms involving other parts of the Fed. Govt - CMS, FDA, OMB, Congress, SAHMSA, VA	7
Tribal/Community Orgs	relating to relations with or roles of Tribes, community organizations	6
State Local Govt	relating to relations with or roles of states, cities, towns, counties	3

Category		Frequency
<b>INSTITUTIONAL PERFORMANCE REFORMS</b> improvements relating to the workforce and its performance		12
Measures/ Benchmarks	suggestions for measuring work and outputs with a standard	2
Customer Service	calls for peformance in a polite, respectful, friendly manner	2

Open/Transparent	calls for open transparent approach to information and management	2
Qualifications/ Credentials	relating to lack or needed skills, abilities, qualifications to perform properly	1
Accountability	calls to rectify inadequate or sub-standard performance	1
Motivation/ Attitude/Values	relating to changes in values, views, feelings that are the personal basis for employee work effort/performance	1
Indian Preference Application	calls to broaden or narrow Indian Preference practices	1
Civil Services vs. Commissioned Corps	assertions about civil service versus commissioned corps systems, practices, equity, costs	1
Quality of Care	relating to high standards of patient care	1

Category		Frequency
<b>OTHER REFORMS</b> variety of internal and external ideas / improvements		11
Study/Assess/Plan	relating to information, studies, assessments, planning	3
Lifestyle/Behavior	relating to changes to lifestyle and behavior that affect health	2
Patient Incentives/ Responsibility	relating to patient incentives and responsibilities - for both clinical and outside settings	2
Remoteness	calls to compensate for rural, remote, and isolated conditions	2
Other	other topics	1
Health Status	relating to health outcomes of groups and populations	1