



Indian Health Service
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 (AI/AN) people.

Today I would like to provide an update on our efforts to change and reform the IHS, and also on what we are doing related to research. On a personal note - it is great to see old friends and colleagues from my days as a researcher.

We have set four priorities to guide our work as we change and improve the IHS, which are:

- To renew and strengthen our partnership with Tribes;
- To bring reform to IHS;
- To improve the quality of and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable, fair, and inclusive as possible.

Although there is still much to do, I am pleased to report that we are definitely making some significant progress on these priorities.

Our first priority is based on our belief that the only way that we are going to improve the health of our communities is to work in partnership with them. IHS has a tribal consultation policy, and we conduct consultation at the national, Area, and local levels on an ongoing basis.

I spend a lot of time in various types of consultative meetings with Tribes, including Area listening sessions, individual tribal delegation meetings, advisory workgroups, and tribal conferences. Actually, since the President's Memorandum on Tribal Consultation, Tribes are very busy these days consulting with all agencies in the federal government.

The text is the basis of Dr. Roubideaux's oral remarks at the Native Health Research Conference on July 16, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

One of our improvements has been, at the advice of Tribes, to create a Tribal Consultation Summit as a “one-stop shop” for Tribes to learn about IHS consultation activities. Our third Summit is scheduled for August 7-8, 2012, in Denver, Colorado.

Tribal consultation is a priority of President Obama, who has expressed a commitment to honor treaty rights and a priority to consult with Tribes. Last December, the President held the third White House Tribal Nations Conference. And Department of Health and Human Services (HHS) Secretary Sebelius is committed to making IHS a priority. She established the first cabinet-level Secretary’s Tribal Advisory Committee. We are very grateful for her support of the IHS.

I know that partnerships are an important part of research with tribal communities as well, and I thank all of you who are showing that these partnerships do work and do result in better research. I know these partnerships result in better health care.

We have consulted with Tribes on many important issues in the past year, including:

- Improving the tribal consultation process;
- Improving our Contract Health Service (CHS) program;
- Priorities for health reform and implementation of the Indian Healthcare Improvement Act (IHCIA);
- Budget formulation;
- Information technology shares—this is important for our P.L.93-638 negotiations;
- Evaluation of the 2007 Contract Support Costs Policy;
- Implementation of the Federal Advisory Committee Act;
- How to improve our Indian Healthcare Improvement Fund allocation;
- The Tribal Epidemiology Centers (TEC) Data Sharing Agreement;
- Implementation of the long-term care provision in the IHCIA; and
- Behavioral health issues – including suicide prevention, the distributions for the *Methamphetamine and Suicide Prevention* and *Domestic Violence Prevention* Initiatives, and our Memorandum of Understanding (MOU) with the Department of the Interior on alcohol and substance abuse prevention and treatment.

We appreciate all the input that has been provided by Tribes – consultation helps us make better decisions. And many of these consultations involve data issues. The TEC Data Sharing Agreement consultation is an example. We plan more discussions on data sharing at the upcoming Tribal Consultation Summit.

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.

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 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 – and for the recent Supreme Court decision to uphold it – 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 Affordable Care Act for AI/ANs are significant. They can benefit from all the reforms whether they have insurance now or want to purchase affordable insurance through the Exchanges, or they 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.

With the Affordable Care Act, eligible AI/ANs can still use IHS as a health care system. IHS is not going away; it is here to stay. If they 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 AI/ANs because if more have health coverage, services can be expanded at Indian health facilities through increased reimbursements.

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

Despite all the misinformation out there, I encourage all of you to learn about how the Affordable Care Act will benefit our patients and our communities.

The Affordable Care Act includes the **permanent** reauthorization of the Indian Health Care Improvement Act – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund health care services for AI/ANs.

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

- Authorities for the provision of long-term care services;
- New and expanded authorities for behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian health programs;
- 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 the Department of Veterans Affairs.

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.

These are just examples of what is in the new law. We are working on communicating what authorities went into place automatically, which ones require additional work, and which ones require additional funding.

We are working with the HHS on implementation of the Affordable Care Act and are continuing our IHS implementation of the permanent reauthorization of the IHCA. We recently posted an update to our table that summarizes progress on implementation.

We continue consultation on implementation – and we have an address for Tribes to submit input at any time at consultation@ihs.gov. You can also visit www.healthcare.gov for information and updates on the Affordable Care Act, and my Director's blog on the IHS website for general updates. 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.

There is also a slide presentation that is available on my blog or at www.healthcare.gov that is tailored for AI/AN audiences. I encourage you to get a copy and actually use it in your work presentations.

We are also making progress on the top staff priorities for internal IHS reform. In 2009, we requested input on priorities for changing and improving the IHS. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. To start, I've sent messages to IHS staff on improving our business and management practices – such as the importance of customer service, ethics, performance management, and professionalism.

To improve the way we do business, we're working with our Area Directors to make our business practices more consistent and effective and to have better management controls throughout the system. One important area where we have made significant improvements is in how we manage and monitor our budgets. This past year we had our best performance as a part of the HHS Annual Audit.

We are also making improvements in human resources, with improved hiring times, better pays for some health professional groups, and supervisor training. And we have implemented a stronger performance management system for the agency.

Of course, the major challenge we face in IHS is our budget; the demand for services far outweighs available resources. Our reform efforts are dependent on our ability to implement them. Fortunately, IHS has fared well with a 29% increase in the IHS budget since 2008; we are a priority in this administration and have bipartisan support in Congress. This increase is resulting in improved access to care – for example, this increase includes a 46% increase in CHS funds, which is how we pay for referrals. We are now able to pay for more than life or limb referrals in some sites. More patients are getting the care they need, which is the best outcome of these reform efforts.

Our third priority is to improve the quality of and access to care. Improving customer service is an important activity for us as we move forward, and I am seeing some great new activities throughout the system.

Our Improving Patient Care (IPC) initiative is an important part of how IHS will make progress on this priority. The IPC is a patient-centered medical home initiative focused on improving healthcare delivery that is centered on what our patients want and need. It also is about working together better as a team and implementing quality improvement activities. 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. We have expanded the IPC initiative to 90 sites in the Indian health system and plan to gain support for expanding these types of activities to all of our sites. This initiative will help us with all the delivery system reforms in the Affordable Care Act.

A few other initiatives are also helping us improve the quality of care. The Special Diabetes Program for Indians (SDPI) is continuing its successful activities. They have shown that in partnership with our communities, we can reduce diabetes and cardiovascular disease risk factors in Indian country with innovative and culturally appropriate activities. For example, the Diabetes Prevention Program, designed as a demonstration project to translate research findings into real world settings, achieved the same level of weight loss as the original Diabetes Prevention Program Research study funded by the National Institutes of Health (NIH). The SDPI is up for reauthorization in 2013.

We've also launched the Healthy Weight for Life initiative to unify all our efforts to promote a healthy weight among AI/ANs. 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.

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 encouraging all tribal hospitals to join us in this effort. The webpage for the Healthy Weight initiative is at www.ihs.gov/healthyweight. We are working to make all IHS hospitals Baby-Friendly and to encourage all tribally managed hospitals to join us in this effort.

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 much to help with this initiative and are able to measure our ability to make progress on reducing risk factors for cardiovascular disease and stroke.

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.

We also just signed an agreement with the Centers for Medicare and Medicaid Services to establish our new hospital consortium to work on improving quality and meeting accreditation requirements in our hospitals in a consistent manner.

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 Indian health sites that use the IHS Resource and Patient Management System (RPMS) to qualify for and receive the new Electronic Health Record (EHR) Incentive Payments from Medicare and Medicaid. IHS is the first large federal healthcare system to have a certified EHR.

This could help bring valuable new resources to the Indian health care system. It is also important for Tribes that don't use RPMS, because they can still qualify for incentive payments if they use a certified EHR. And we are working to implement the new ICD-10 so we can continue to be able to bill for reimbursements.

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 worked so hard to make improvements in the quality of healthcare that we deliver.

Research, data, and evaluation are increasingly becoming an important part of quality health care delivery and play an important role in our agency priorities and our reform efforts.

Tribal consultation, our first priority, should also be an integral part of research efforts in Indian Country – honoring tribal sovereignty and ownership of data is critical. Many of you are demonstrating that partnering with Tribes is essential when conducting research. The first part of the theme of this conference, “Asking permission to come ashore,” speaks eloquently to the need for community involvement in Native research and outcomes.

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

An example of this was shown at the recent IHS National Behavioral Health Conference. This conference included the grantees from our Methamphetamine and Suicide Prevention Initiative and our Domestic Violence Prevention Initiative. Data was presented that showed the impact of these programs and that they are increasingly using evidence-based strategies in their programs, which will clearly help improve the health of the people these programs serve.

It is true that the IHS is not a research organization; we are not authorized or funded to do research. As a result, research is not one of our primary activities – our primary focus is on health care services. However, as I mentioned, research, data, and evaluation impact health care and therefore certainly impact what we do in the IHS. They are an important part of the business of the organization.

We do have a very active IHS Institutional Review Board and our Tribal Epidemiology Centers are helping us with our data, evaluation, and public health surveillance activities. We also have our successful Native American Research Center for Health (NARCH) program. The NARCH program is one of the best examples of a successful partnership with Tribes.

As you know, since 2000, IHS and NIH have supported NARCH. This initiative is a partnership between AI/AN Tribes and tribal organizations and academic institutions to conduct intensive academic-level biomedical, behavioral, and health services research. Many NIH institutes have supported NARCH research over the years.

The NARCH program has been a success, and has helped increase the capacity of AI/AN Tribes and academic institutions to conduct culturally-appropriate research in partnership with tribal communities that will help us reduce AI/AN health disparities. Some great research has resulted from this partnership, and many students and faculty members have benefited from this great program.

We are very proud of the NARCH program and all the collaborative research and training activities that have resulted from these tribal and university partnerships. In 2012, this partnership was strengthened by a new MOU between NIH and IHS, in which the National Institute of General Medical Sciences (NIGMS) will administer the program and provide funding directly to the programs, rather than through IHS, which technically is not a research organization. This is a great sign of positive growth in this initiative.

The NARCH 6 grants are in progress and the NARCH 7 Request for Application was published and was recently due; NIH will be reviewing the applications soon. I would like to give special recognition to Dr. Clifton Poodry and CAPT Philip Smith, who devoted their time and talent to establishing and supporting NARCH from the beginning.

I am so proud of the NARCH program – it has been a great success, and will surely continue to be a success.

Because of the need for expertise in conducting research, we have continued our efforts to work with academic and research institutions in more formal arrangements. For example, we have renewed our MOUs with Mayo Clinic and Harvard University to address student 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.

We are also continuing our work with the HHS AI/AN Health Research Advisory Council, which is charged with advising the Secretary about research needs and priorities in Indian country. We hold an annual Research Conference that gives you the opportunity to learn about and share recent research results in partnership with the Native Research Network. 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.

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 sending “messages from the Director” and posting updates on my Director’s Blog, which has the most updated information on IHS activities and initiatives. We actually had approximately 35,000 hits to the blog last year!

Accountability for individual and program performance is important, especially in the current budgetary environment. 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.

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. 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.

In summary – we are continuing to work to change and improve the IHS through our reform efforts. The Affordable Care Act and the reauthorization of IHCA will also help Tribes and the IHS provide better care to AI/AN people.

We are making progress, and I know we can continue changing and improving. It's clear to me that research, data, and evaluation play very important roles in these efforts.

I want to thank all of you here today for your ongoing efforts to help us meet the healthcare challenges of AI/AN people. I know that the work you are doing is having a great impact. The research you do has the potential to improve the care we provide and to reduce health disparities in our communities. Thank you so much and enjoy the rest of the conference.