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Indian Health Service Update

by

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Good morning. It's a pleasure and an honor to be here today to speak to all of you about some important changes underway that will have a positive impact on our ability to provide quality health care to American Indian and Alaska Native people. I will be giving you an update on our efforts to reform and improve the Indian Health Service (IHS).

In terms of how we are changing and improving the IHS, I set four priorities for the agency to guide our work over the next few years:

- The first priority is to renew and strengthen our partnership with Tribes;
- Our second priority is, in the context of national health insurance reform, to bring internal 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.

We are making some progress on these priorities; however, much of this work involves fundamental changes in how we do business in the organization, so the change will take some time.

The text is the basis of Dr. Roubideaux's oral remarks at the NCAI conference on November 17, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

Our first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we're going to improve the health of our communities is to work in partnership with them. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better in partnership with our communities.

Many solutions to our communities' health problems will not be solved with efforts that just focus on our clinics or hospitals. Look at some of the biggest problems we face – suicide, domestic violence, obesity, cancer, mental health issues – all are influenced by factors in our communities such as education, unemployment, law enforcement, housing, etc. IHS cannot solve these problems alone.

Our Tribes, as sovereign nations, are responsible for the health and well-being of their members, and we can accomplish so much more if we work in partnership with them. So I am grateful that with this new administration, tribal consultation is a priority.

In the past year, we have consulted with Tribes on improving the tribal consultation process, improving the Contract Health Services (CHS) program, priorities for health reform, implementation of the Indian Health Care Improvement Act (IHCIA), and the fiscal year (FY) 2012 budget. We are beginning to implement some of the recommendations from these consultations.

For example, we're improving the consultation process by making the information on consultations more widely available, giving more time for response, considering options to ensure consultation with all Tribes, and building a website to document progress on our consultation activities and workgroups. My workgroup on tribal consultation just met last month and made some additional recommendations – I just sent a letter out to Tribes about it.

The CHS consultation, listening sessions, and best practices meetings are generating a lot of great ideas to improve the way we do business in CHS. I will be sharing the recommendations of the workgroup with Tribes soon.

I plan to formally consult on other topics this year, including the Indian Healthcare Improvement Fund, health care facilities construction, my third priority on improving the quality of and access to care, our partnership with the Department of Veterans Affairs (VA), and long-term care recommendations from the recent conference. All of these consultations are opportunities for IHS to partner with Tribes.

To aid our consultation efforts, we have a new tribal consultation website – the purpose is to have a "one stop" place for all consultation activities, including information on all the workgroups we have. You can get to this website by going to the Director's corner on the IHS website. There, you can learn about our consultation committees, boards, and workgroups. It gives a short description of the workgroup, and eventually will have a list of members, dates of meetings, and meeting minutes. It also has a link to all Tribal leader letters, which includes current and past consultations. We will add more to this website soon.

I have also held extensive listening sessions with Tribes and have conducted more than 270 Tribal Delegation Meetings at IHS headquarters and at national meetings since being sworn in over a year ago. And I am in the process of visiting all 12 IHS Areas to consult with Tribes, which was one of the recommendations from our consultation last year. I have visited 11 of 12 Areas so far. I will meet with the Navajo Area once their elections are completed and they are ready for a meeting.

I have found these visits to be very helpful in understanding broad themes as well as specific Area and tribal needs. Because not all Tribes can afford to travel to Washington, D.C., these Area visits are critical to ensuring that all voices are heard.

It's important that we strengthen our partnership and that Tribes help create the vision for IHS reform. For every decision I make, I always consider the input I have received from Tribes.

In addition to meeting with the entire group during the Area listening sessions, I also met individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. I am grateful that these busy tribal leaders are taking the time to meet with me on health issues. It helps us see how we can move forward in partnership. We all want the same thing – better health care for our patients and our communities. It's important that we find more ways to work in partnership together.

My director's Workgroup on Tribal Consultation met last month and developed some additional recommendations. I also met with the Tribal Leaders Diabetes Committee just last week. They are working on a strategic plan to further their work to advise and advocate for diabetes treatment and prevention. And I met with the Tribal Self-Governance Advisory Group this summer and in October. We talked about how we can work in partnership with them to help advance some of their issues.

And I held a CHS listening session and best practices session in D.C. in September. In addition to the need for more CHS funding, we heard recommendations on how to improve the way we do business in CHS, such as how we refer patients, negotiate rates, and collect third-party reimbursements. I know CHS is a very important topic to Tribes and improving how we do business is a top priority for the IHS.

We are also developing a policy to confer with urban Indian programs – this is a new provision in the IHCIA. The first meeting of the workgroup was held last month.

My second priority is "in the context of national health insurance reform, to bring reform to IHS." This priority has two parts – and as you all know by now, the first part includes passage of the health reform law, the Affordable Care Act, and the IHCIA.

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. It also contains the permanent reauthorization of the IHCIA, which provides new and expanded authorities for a variety of healthcare services. Both laws have the potential to benefit all American Indians and Alaska Natives, Tribes, and facilities in the Indian health system.

We are working quickly to implement tribal priorities among the many provisions in these laws. I recently sent out a letter to Tribes with information on some provisions that are self-implementing, or that were in effect with passage of the law and require little or no implementation activities. I will be sending regular updates to Tribes, with another letter on the way very soon.

We also successfully negotiated new authorities with Tribes during Public Law 638 negotiations in 2010. We will be holding ongoing consultations with Tribes on the implementation of these new laws, and we will let you know about these consultation opportunities along the way. The Department of Health and Human Services (HHS) and IHS sent a letter to Tribes in May initiating consultation efforts. I still encourage you to send your input to the email address consultation@ihs.gov.

We sent a letter to Tribes in October about consulting on the access to federal insurance provision in the IHCIA, and we are sending a letter this week on the special provisions for Indians related to the State Exchanges. We will be consulting soon with Tribes on the VA provisions, which are also a top priority. The National Congress of American Indians, the

National Indian Health Board, and the National Council of Urban Indian Health, are helping us with outreach and education on the new law.

The second part of this 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.

I want to thank those of you who provided input last year on your priorities for how to change and improve the IHS. There is so much to do – it really helped me to hear from you about your priorities on where you think we should begin this important work. The Aberdeen Area investigation by Senator Dorgan and the Senate Committee on Indian Affairs is also helping us see areas where we must improve.

Tribal priorities for internal reform included:

- More funding for IHS, including a review of how we allocate funding;
- Improvements in the CHS program; and
- Improvements in the tribal consultation process.

We're working on these priorities, as I have already described. We're also making progress on the top staff priorities for internal IHS reform. Overall, staff emphasized improving the way we do business and how we lead and manage our staff.

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're also working on improvements in pay systems and strategies to improve recruitment and retention. We don't want to lose good people due to a long hiring process..

We are also responding to the concerns raised in the hearing on the Senate Committee on Indian Affairs investigation of the Aberdeen Area. Some of the issues raised are serious and unacceptable, and we are acting to correct them immediately. We are implementing stronger reforms to ensure that we hire the right people, deal with problem employees rather than shuffle them around, increase security in our pharmacies, and make sure that our providers have updated licenses or else they cannot practice. Our patients are depending on it.

I just posted a blog that contains more information about some of these initial steps. They are the first steps to make sure we are addressing these issues in the Aberdeen Area and system-wide. Many of these improvements are happening behind the scenes, so you may not be seeing specific improvements yet, but they are fundamental improvements that will pay off over time.

I have also sent messages to IHS staff on improving our business and management practices – such as the importance of customer service, ethics, performance management, professionalism, and program integrity. Many of our staff members 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.

We're also improving our performance management process to include the agency priorities and to make sure we do a better job of rewarding employees who perform well and holding those accountable who do not.

Overall, we need to improve how we do business as an agency – yes, we are a "service" organization with a great mission, but we also have to function as an efficient and effective business to survive, given the challenges we face. And with the Affordable Care Act making insurance coverage more accessible, we need to be as competitive as possible so that our patients will always consider us their first choice for health care. So changing and improving the IHS is more important than ever. And even with improving business practices, we must always focus on the patient.

In relation to our third priority, to improve the quality of and access to care, I started by identifying 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 starting to hear stories about some improvements. However, we still have a lot of work to do to improve our customer service.

We also plan to expand the Improving Patient Care (IPC) initiative to 100 more sites over the next 3 years. This is our "medical home" initiative that puts the focus of our healthcare team on serving the patient. We're now beginning phase 3 of the IPC and 67 sites have been selected to join the current sites.

We just released a press release on the *Special Diabetes Program for Indians* Diabetes Prevention and Healthy Heart Demonstration Projects. They achieved successful results 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.

Since health issues are impacted by many other stakeholders in our communities, I have also been working on collaborations with other agencies in HHS and throughout the federal government to improve quality care. Given that we have limited resources in Indian health, we have to leverage all resources to improve care for our patients.

For instance, we have been meeting with the Department of Interior (DOI) on health issues in our communities. I met with Assistant Secretary of Indian Affairs Larry Echohawk, and he understands how we must work together to address some of the most difficult health problems we are facing in tribal communities, such as youth suicide. We just announced a series of listening sessions on suicide prevention – the DOI/Bureau of Indian Affairs, IHS, and Substance Abuse and Mental Health Services Administration (SAMHSA) are participating. And we have heard from Tribes that they want more coordination by federal agencies on this important issue. The press release and tribal letter were released on Friday and Monday.

I also am working with other Operating Division heads in HHS to expand the availability of resources and services for American Indians and Alaska Natives. For instance, I have worked with Mary Wakefield, Administrator of the Health Resources and Services Administration, on workforce issues, including trying to get more healthcare professionals through the National Health Service Corp to work in Indian country. This requires collaboration to make sure tribal sites are eligible. And I have worked with Pam Hyde, Administrator of SAMHSA, on suicide and behavioral health efforts.

I also met with Secretary Shinseki from the VA in May. We are working to collaborate on several activities, including coordination of care for veterans who are eligible for both IHS and VA services. We just signed a VA-IHS Memorandum of Understanding (MOU) – updated from the one we signed in 2003 – to help improve how we coordinate care for our veterans. We will be consulting with Tribes on implementation shortly. – a letter is on its way to you and a press release was released on Tuesday. We want your input on implementation of the updated MOU.

And 2 weeks ago in D.C., I met with Cindy Padilla, the Principal Deputy Assistant Secretary on Aging from the Administration on Aging. That was the beginning of a critical conversation on how we can use the authorities of the IHCIA to support and enhance the delivery of long-term care services in our communities. We are going to send you the recommendations from the meeting and ask for your input soon.

The signing of the Tribal Law and Order Act is another example of a collaborative effort that will help us improve health in our communities by addressing the serious problem of violence against women. Many federal agencies are collaborating on implementation of this law, and we are involved in those activities. Violence against Indian women is unacceptable, and we all need to work to eliminate it in our communities.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began my tenure as the Director of IHS, I have worked hard to improve our transparency and communication about the work of the agency. This includes working with the media, sending more email messages and *Dear Tribal Leader* letters, holding regular internal meetings, and giving presentations at meetings like this.

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.

And we're looking at ways to improve IHS-wide communication among Areas, Service Units, and Headquarters. We need to be functioning as **one unit, as a team**, in order to provide the best services possible to our patients. This includes not just federal sites, but our tribal and urban sites as well. We are all a part of the same team.

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. 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.

As I just mentioned, we have enhanced our IHS website. One addition is my "Director's Corner," which is linked to the IHS home page. There you can get information on presentations, *Dear Tribal Leader* letters, updates on internal IHS reform, and other messages. Our tribal consultation website will have a link here also.

You will also see an orange "Director's Blog" button that you can click on that will take you to my blog. I plan to 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.

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. This really is the place where you can get the most up-to-date information. I encourage you to check this site every 1-2 weeks.

So what are our accomplishments so far? Well, we are making progress on IHS reform, but a lot of the work is internal to the organization right now and much of the work to improve the way we do business is in progress. Certainly the most visible progress to date for this new administration is the increases in funding for the IHS:

- The FY 2010 budget with its 13 percent increase has the largest percent increase in over 20 years for IHS. We're just now feeling the impact of this increase. For example, there was a $100 million increase in CHS funding – this meant an

increase in the range of 14-30 percent in each IHS Area, which will result in more referrals being paid.

- And this increase included a substantial increase in our Catastrophic Health Emergency Fund, which pays for high cost cases. This year, we may be able to make it to the end of the year and not run out in June, as has been the past experience.
- The FY 2011 President's budget proposed an almost 9 percent increase, and we're waiting to see if Congress decides to keep that increase in the budget.
- The Recovery Act funding provided $590 million for health facilities construction, sanitation facilities construction, maintenance and improvement, equipment, and health information technology. Some of you may be seeing this funding benefiting your communities now. For instance, hospital constructions in Eagle Butte, South Dakota, and Nome, Alaska, are making progress.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work to change and improve the IHS. The changes we're working on are fundamental improvements in how we do business as an agency, and I believe they will help address many of the priorities for change as expressed by staff and Tribes.

We are now implementing specific activities to change and improve IHS. We will need your help and guidance as we move forward over the next few years. With your help, I am confident we can make real progress in improving health care for American Indian and Alaska Native people.

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. We must all take advantage of this opportunity to change and improve the IHS. Tribal consultation and our IHS/tribal partnership are essential to these efforts.

Thank you for helping us change and improve the IHS.