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Indian Health Service in the Era of Reform

by

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Good morning. Thank you so much for the opportunity to talk with you today about health reform and the Indian Health Service (IHS). I would like to thank the National Congress of American Indians for having this session on a topic that is very important to all of us, including our patients and our communities.

I would first like to point out that the term “health reform” can mean many things. In the context of the discussion today, I believe there are two distinct topics – the debate about national health insurance reform and what we are doing about change and improvement in the IHS, or as I call it, “internal IHS reform.” While I plan to focus on the latter topic, I will first say a few words about national health insurance reform.

As you know, national health insurance reform has been a priority of President Obama. The goals are to increase access to quality and affordable health care by expanding coverage to those who don’t have it, to achieve security and stability for those who do have insurance, and to reduce health care costs. A part of this that is especially important to Indian Country is that the President also supports passage of the Indian Health Care and Improvement Act (IHCIA), and it has been a constant in all the proposals so far.

You are likely very aware of the current national debate on health insurance reform – the House and the Senate worked on passing legislation and were in conference to find common ground when the Massachusetts election had a big impact and resulted in discussions about how to move forward. Last Monday, President Obama revealed his proposal for health insurance reform – fortunately it still contained the IHCIA. The President also held a bipartisan health care meeting last week – where there was some agreement, and some disagreement, on the issues discussed. However, the President is committed to moving forward to pass meaningful health insurance reform legislation.

It is clear that many of the proposed provisions would impact American Indian and Alaska Native individuals, Tribes, and our IHS, tribal, and urban Indian health care programs. I am sure you will be discussing some of these issues in the session today.

The text is the basis of Dr. Roubideaux’s oral remarks at the National Congress of American Indians Executive Council Winter Session on March 1, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

Today, I would like to focus on what we are doing in IHS about reform. It is clear that Tribes, our staff, and our patients want change. The call for change is clear. While most cite the need for more funding for the IHS, its clear that we also need to improve the way we do business.

The new administration and new leadership at IHS provide an opportunity to begin this change. As the new Director of IHS, in my confirmation speech I identified four priorities for change to guide our work over the next few years:

- My first priority is to renew and strengthen our partnership with Tribes. I truly believe the only way we can improve the health of our communities is to work in partnership with them.
- My second priority is, in the context of national health insurance reform, to bring reform to the IHS.
- My third priority is to improve the quality of and access to care.
- My fourth priority is to ensure that all our work is transparent, accountable, fair and inclusive.

Today I will provide an update on our progress on these priorities. In terms of the first priority, my first step as Director was to listen. I listened to extensive input from Tribes in a variety of settings. As a result of this input, we have two active consultations.

The first is the consultation on the consultation process. I sent a letter to Tribes in August to ask for input on how to improve our consultation process, in the context of Tribes having said that our consultation policy is a good one. The President issued a memorandum requiring all agencies in the federal government to submit a plan in 90 days on how they plan to consult with Tribes, in consultation with Tribes. HHS submitted their plan in February.

I then held a workgroup meeting of two tribally elected officials from each IHS Area to review input received from Tribes and to make recommendations. The workgroup met in December and then again in January, and came up with six pages of recommendations. I sent a letter to Tribes in January asking for input on these recommendations. I also have started to implement some of the recommendations, including the recommendations to go to the IHS Areas to meet with Tribes. I have already visited the Tucson and Billings IHS Areas and plan to visit all other Areas in the next 3-4 months.

The second active consultation is on how to improve the Contract Health Services (CHS) program. While Tribes want more funding for CHS, they also want us to improve the way we do business with this program.

I sent a letter to Tribes in January asking for input on how to improve the CHS program. The letter requested written input by March 15, 2010, and notified Tribes of an upcoming listening session and best practices meeting. These meetings are being rescheduled due to the blizzard last month. I also plan to convene a workgroup of two representatives from each IHS Area to review the input received and to make recommendations.

I anticipate that we will conduct other consultations in 2010, including on the distribution formula for the Indian Health Care Improvement Fund, the priority list for facilities construction, the fiscal year (FY) 2012 budget (which is happening this week), and my third priority on improving the quality of and access to care in IHS. All of these consultations will help us improve IHS in partnership with Tribes.

My second priority is, in the context of national health insurance reform, to bring reform to IHS. We are making progress on the priorities identified in the extensive input we gathered from Tribes and staff. I have already mentioned what we are doing with the top tribal priorities for reform. Staff priorities focused on how we do business, and how we lead and manage people.

In terms of human resources, we are working on specific activities to improve/shorten the hiring process, to improve our performance management process, and to improve recruitment and retention.

We are making improvements in our financial management throughout the agency, including developing common budget management tools among the IHS Areas, providing more training on UFMS, our accounting system, and making our budget more transparent. We are also working on some ways to offer more in terms of career development for our staff.

One important part of reform is the resources available, and the President's FY 2011 budget proposal is an important next step in addressing unmet needs throughout our system. It signals the President's commitment to treaty obligations and the Secretary's priority to improve the IHS. It also reflects tribal budget priorities.

My third priority is to improve the quality of and access to care. Our reform activities over the next few months will focus on improving customer service and also looking at how we can improve the quality of and access to care. I plan to consult with Tribes on this as well as work with our providers on best practices and innovative ideas.

My fourth priority is to make all our work transparent, accountable, fair, and inclusive. 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, making presentations at meetings like this, and enhancing our website by making the Director's Corner a one-stop place for important updates and information. On the Director's Corner, there are links to our reforms page, presentations, tribal leader letters, messages to staff, and the new Director's Blog. The Director's Blog is where I will post regular brief updates on our activities, in order to help us be more transparent about all that we are doing to change and improve the IHS.

We also are working on being more accountable by improving how we manage the performance of our staff and better evaluate our programs. An example of how we are more accountable is in the improvements we have made to our property management system. We are being inclusive by making sure that any changes we make benefit all our patients, whether they receive care at IHS, tribal, or urban Indian health programs.

In summary, as we look at IHS in this era of reform, we are all watching the progress of national health insurance reform. The President is committed to moving forward and supports passage of the IHCA. I am sure you will hear more about this during the panel discussion today.

In terms of internal IHS reform, we have gathered input from our staff and Tribes on priorities for change, and there is strong support for change. Therefore we are moving forward with specific activities to change and improve the IHS. Thank you for your help as we move forward in the days, weeks, and months ahead.