Patty Iron Cloud National Native American Youth Initiative Meeting

June 20, 2011

Indian Health Service Overview

by

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(The Patty Iron Cloud National Native American Youth Initiative is an intense academic enrichment program designed to better prepare American Indian and Alaska Native high school students to remain in the academic pipeline and pursue a career in the health professions and/or biomedical research. It is made possible through a cooperative agreement with the Office of Minority Health and funding through the National Institute on Minority Health and Health Disparities.)

Good afternoon. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). I am a member of the Rosebud Sioux Tribe, and grew up in South Dakota. It is a pleasure to be here with you today to share information on how the IHS is working to improve the health of American Indian and Alaska Native (AI/AN) people.

Congratulations on being selected to participate in this program! It is truly a great program and I hope you have a great experience this week.

Today I will be giving you a brief overview of the IHS, and will then discuss our priorities for reforming the IHS in order to better address health disparities among American Indians and Alaska Natives.

I would like to begin with some brief background information about the IHS, which is an "Operating Division" within the U.S. Department of Health and Human Services (HHS). The IHS mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

The Indian health system provides a comprehensive health service delivery system for approximately 2 million American Indians and Alaska Natives. We are a healthcare system, which makes us different than all the other Operating Divisions in HHS. We serve members of 565 federally recognized Tribes in our system of over 600 hospitals, clinics, and health stations in 35 states.

The Indian Health Service fiscal year 2011 appropriation is approximately $4.06 billion. The IHS has a total of about 16,000 employees, which includes approximately 2,700 nurses, 900 physicians, 650 pharmacists, 650 engineers and sanitarians, 350 physician assistants and nurse practitioners, and 300 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 163 Service Units that provide care at the local level. The IHS is predominantly a rural primary care system, although we do have some urban locations.

IHS has helped improve the health of American Indians and Alaska Natives since it was established in 1955, but we still face significant challenges as we work to fulfill our mission. Health disparities continue to persist for AI/ANs compared to other populations. For instance, diabetes mortality rates are still nearly three times higher for AI/ANs than for the general U.S. population, and suicide rates are nearly twice as great.

Addressing these disparities is complicated. In addition to the challenges of delivering health care in a primarily rural location, the Indian health care system also faces a number of other challenges that are driven by a host of medical, cultural, and socio-economic factors, including:

- Population growth, which results in an increased demand for services;
- Medical Inflation, with the rising costs of delivering services – especially in rural areas;
- Difficulty recruiting and retaining medical providers, especially in our remote sites;
- Increased rates of chronic diseases – such as diabetes and cancer, which are more complicated to address;
- Old facilities and equipment;
- Lack of sufficient resources to meet demand for services; and
- Balancing the needs of patients served in our diverse network of IHS, tribal, rural, and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. It has been shown that per capita expenditures for IHS are much lower than those for other federal healthcare sources such as Medicare and Medicaid, Veterans Health Administration, etc.

Since I became Director, the IHS has conducted its work under four priorities to help improve the IHS and address health disparities among the AI/AN patients we serve:

- The first priority is to renew and strengthen our partnership with Tribes;
- Our second priority is to bring reform to the 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.

After almost two years in this job, I can say that 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.

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 of our communities' health problems can not be solved with efforts that just focus on our clinics or hospitals. Some of the biggest problems we face – diabetes, obesity, suicide, domestic violence, cancer, mental health issues – 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 wellbeing of their members and we can accomplish so much more if we work in partnership with them. So we are grateful that with this new administration, tribal consultation is a priority.

Tribes also manage about half of our budget as they have increasingly taken over the management of our health programs since enabling legislation in the 1970s. We must partner with the Tribes we serve.

President Obama has held two White House Tribal Nations Conferences so far, including an historic meeting with Tribes in the Roosevelt Room of the White House last month. We are so lucky that he wants to honor treaty obligations to Tribes.

HHS Secretary Kathleen Sebelius is committed to helping improve the IHS. She signed an updated HHS Tribal consultation policy with her new Tribal Advisory Committee – the first Cabinet level Tribal Advisory Group.

I spend a lot of time consulting with Tribes to hear their input and priorities. I visited all 12 IHS Areas in 2010 and held listening sessions on a regular basis. I have conducted over 300 tribal delegations.

During the Area listening sessions, I met with all the Tribes in the morning session and discussed issues impacting the Area in general. I also met individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. 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. For 2011, we are holding videoconferences with most of the Areas to further increase accessibility for Tribes and to reduce travel costs.

It's important that we strengthen our tribal 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.

Our second priority is "to bring reform to IHS." This priority has two parts –the first part includes passage of the health reform law, the Affordable Care Act, and the Indian Health Care Improvement Act.

We are grateful for passage of the Affordable Care Act (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.

It also contains the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA), which modernizes and updates the IHS. It provides new and expanded authorities for a variety of healthcare services.

Both laws have the potential to positively impact AI/AN individuals; Tribes; and IHS, tribal, and urban Indian health programs. We will be consulting with Tribes on an ongoing basis on the implementation of these new laws. We are working quickly to implement tribal priorities among the many provisions in these laws.

And the IHCIA was included in the ACA – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund health care services for American Indians and Alaska Natives. And it permanently reauthorizes the IHCIA.

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 Contract Health Services program;
- And authorities to improve facilitation of care between IHS and the VA.

These are just examples of what is in 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. We requested and received input last year on tribal and staff priorities for how to change and improve the IHS.

The most popular part of this priority is IHS reform – how we are changing and improving. Everyone wants IHS to change and improve. Tribal priorities focus on topics related to more funding for IHS.

We're also making progress on the top staff priorities for IHS reform. I gathered extensive input during my first year. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I have set a strong tone at the top for how we will conduct business, with emphasis on customer service, ethics, professionalism, and performance management.

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 are beginning use of the new HHS supervisor training for our managers.

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

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 year. 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 recently released information on the results of the IHS 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. For instance, we just launched our Healthy Weight for Life initiative to coordinate all of our efforts to address the epidemic of obesity in our communities, which impacts on diabetes rates.

We are working on a number of other initiatives to help improve quality, including the provision of technical assistance and training to maintain accreditation and to improve our credentialing of providers process. We are also collaborating with a number of other agencies on improvements.

Other ways we are working to improve quality care include collaborations with other departments and agencies. 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 on health issues in our communities – I recently met with Assistant Secretary of Indian Affairs Larry Echohawk. He understands how we must work together to address some of the most difficult health problems we are facing in tribal communities.

I am also working with other Operating Division heads in HHS to expand availability of resources and services for American Indians and Alaska Natives. For instance, I have worked with Mary Wakefield, the Administrator of HRSA, 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. The Health Resources and Services Administration just designated all IHS, tribal and urban Indian health program sites as eligible for National Health Service Corp loan repayment, which is a huge accomplishment.

And we are working with the Surgeon General on improving the United States Public Health Service Commissioned Corps organization in HHS – IHS employs the largest number of commissioned officers in HHS.

I also met with Secretary Shinseki from the Department of Veterans Affairs (VA) last 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 Agreement – updated from the one we signed in 2003 – to help improve how we coordinate care for our veterans.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began as the Director of the IHS, I 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. 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.

I 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.

In summary – the IHS provides healthcare to American Indians and Alaska Natives under challenging circumstances. However, we are working to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and provide better quality services.

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 to change and improve the IHS.

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, where we have a supportive President and administration, including lots of support at HHS, and bipartisan support in Congress for reform.

I would like to take a moment to encourage all of you here today to consider being a part of these historical efforts with a career in Indian health care. The IHS needs health care professionals who envision themselves as leaders who want to help us deliver quality healthcare services. We have many exciting health profession job opportunities that offer medical professionals choices in over 600 facilities located in 35 states from Florida to Alaska.

Make sure you learn about all the opportunities and resources we have to offer for your future, such as the IHS Scholarship Program and the IHS Loan Repayment Program. For more information about IHS, our website is www.ihs.gov. I know the benefits of these programs – I am the first IHS Director to have been an IHS scholarship recipient. Without this program, I would not be standing here.

Congratulations on your selection to be a participant in the Patty Iron Cloud Youth Initiative, and I hope you have a great week.

Thank you.