



Indian Health Service
National Congress of American Indians Annual Convention
October 24, 2012

Indian Health Service Update

by

Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service

Thank you to the National Congress of American Indians (NCAI) for the opportunity to speak today. Thank you to NCAI President Jefferson Keel, NCAI Treasurer Ron Allen, and the NCAI Board for your leadership and partnership with the Indian Health Service (IHS). Our partnerships with Tribes and tribal organizations such as the NCAI are critical to our ongoing efforts to eliminate health disparities in Indian Country. We have accomplished a lot in partnership over the past few years, but we know that there is much more to do. Today, I will provide a brief update on what we have been doing to change and improve the IHS.

First, an update on the IHS budget. The IHS budget is a critical part of our reform efforts. Since 2008, the IHS budget has had a 29 percent increase, and this increased funding is making a difference. For example, the 46% increase in Contract Health Service (CHS) funding since 2008 means that some of our facilities are now funding referrals at more than Priority 1. This means more patients are getting the services they need. This increase in the IHS budget, and the improved outcomes associated with it, provide an example of what our partnership can achieve with support from the administration, bipartisan support in Congress, and the support of Tribes. But again, we recognize that there is still more to do.

That's why the President's budget proposed a \$116 million increase for fiscal year (FY) 2013. However, we are currently under a continuing resolution until March, face uncertainty about our annual appropriation, and also are facing possible sequestration on January 2, 2013. Sequestration would mean automatic across-the-board cuts to all federal agencies and programs that would be deeply destructive; the \$356 million in cuts to the IHS would certainly have a very negative impact. So we sincerely hope that Congress will act to make sure these cuts do not happen.

We are near the end of our budget formulation process on the FY 2014 budget, and we are working to make sure tribal priorities are included in the President's budget proposal that will be announced in February.

The FY 2015 budget formulation process is beginning. The instructions are out, and there are many important items to discuss, including the IHS budget, the CHS distribution formulas, the Special Diabetes Program for Indians, the Methamphetamine Suicide Prevention and Domestic Violence Prevention initiatives, and priorities for implementation of the Indian Health

The text is the basis of Dr. Roubideaux's oral remarks at the National Congress of American Indians Annual Convention on October 24, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

Care Improvement Act (IHCIA). Please make sure you participate in your Area budget formulation sessions; we need to hear your input on these important budget issues.

Now I will provide an update on our agency priorities. The first is to renew and strengthen our partnership with Tribes. This has been our top priority over the past few years. Tribal consultation is a priority of President Obama, and you just heard how important tribal consultation is to Secretary Sebelius in her video remarks; she has made the IHS budget a top priority.

At IHS, we have made improvements in national, Area, and local consultation and communication; I hope you are hearing more from your local health facility about their work and improvements. We have held three IHS Tribal Consultation Summits and have made improvements in our consultation process. We have held a number of consultations over the past few years. Today I have updates on a few of them.

For our consultation on improving the CHS program, we have been implementing the recommendations of our tribal workgroup, and will be consulting on the CHS funding distribution formula soon.

We have been consulting on Contract Support Costs (CSC), and you may know about the recent Supreme Court decision. We recently sent a letter to Tribes requesting input on non-litigation matters. I want you to know that IHS intends to follow the holding of the Supreme Court decision when processing tribal claims for additional CSC funding.

We also consulted on the updated Department of Veterans Affairs-IHS Memorandum of Understanding (MOU) and are implementing improvements to the coordination of care for American Indian and Alaska Native veterans who use the VA and the IHS. I have instructed all our Area Directors and CEOs to work with their Tribes, veterans, and the regional and local VA facilities to make improvements at the local level. We hope to soon complete the national VA-IHS reimbursement agreement that will govern reimbursement at IHS facilities. The VA has posted guidance for reimbursement agreements with tribal facilities.

We have also requested comments on our draft *Report to Congress on the Administration of Self-Governance* and have recently extended the deadline. You can find out more about all of our consultations on our tribal consultation website. We also recently posted a summary table that includes actions on each consultation and any outcomes so far. You can send comments at any time to consultation@ihs.gov. I do believe that our partnership with Tribes has grown stronger over the past few years, and IHS appreciates your support.

Our second priority is to bring reform to the IHS. The Affordable Care Act is an important part of reform for IHS since the law has many new benefits for American Indians and Alaska Natives (AI/ANs). The insurance reforms in the law protect those with insurance, and we know that about 20 percent of our patients have insurance. The State and Federally Facilitated Exchanges will make insurance more affordable in 2014. The Medicaid Expansion will cover more AI/ANs based on a higher income level, so more childless adults will have the option to enroll in Medicaid. The Affordable Care Act strengthens Medicare for elders through more affordable prescriptions and free preventive services. And best of all, the Affordable Care Act made the IHCIA permanent.

And while I know that there is some concern with the law, don't worry – with all these new benefits, the IHS was made permanent, and is here to stay. AI/ANs can still use IHS since the law made it a permanent healthcare system for the patients we serve as a part of the federal responsibility. The Affordable Care Act is also a part of the overall federal responsibility and means more health coverage choices for individual AI/ANs and more resources and services for Indian Country.

IHS continues to make progress on implementation of the IHCIA reauthorization. We posted an updated progress table in April on the IHS Director's blog. Several provisions are already in place, such as tribal providers being able to be licensed in one state; outside providers not being able to go after patients who have referrals authorized to be paid by CHS;

and third-party resources staying at the Service Unit where they were generated. There are provisions that require more work, and there are also provisions that require more funding, such as long-term care and some of the demonstration projects. We are working in the budget formulation process on priorities for funding.

Thank you to NCAI for joining the National Indian Health Board, the National Council on Urban Indian Health, and our IHS Areas and tribal organizations in helping with our National Indian Outreach and Education effort for the Affordable Care Act. This year we are focusing on planning for implementation of the Exchanges and the Medicaid expansion in 2014. For outreach efforts, you can use our AI/AN-specific PowerPoint presentation posted on the May 14 IHS Director's blog, or you can use the materials provided to you by NCAI. Please visit healthcare.gov for more information on the Affordable Care Act.

We are also making progress on our internal IHS reform efforts – how we are changing and improving the IHS. We have set a strong tone at the top that we will change and improve, and we have implemented improved budget planning and financial management, and more consistent business practices. And we are implementing improvements in hiring times and recruitment and retention efforts.

We also recently sent a letter to Tribes with an update on our response to the Senate Committee on Indian Affairs investigation of Aberdeen Area and the status of the reviews of all other IHS Areas, which are almost completed. We have made progress; for example, we have reduced the number of pharmacy discrepancies from more than 3600 in 2010 to fewer than 100 this year in the Aberdeen Area. That means we are more accountable for the security of medications that our patients need.

Our third priority is to improve the quality of and access to care. We continue to implement activities to improve customer service, and we also are expanding our Improving Patient Care (IPC) initiative, which is our patient-centered medical home initiative. We have 90 sites already and have started a new cohort of sites called IPC4. This initiative means better coordinated care, more teamwork, more patients seeing the same providers, and better quality of care.

We recently released our *Special Diabetes Program for Indians Report to Congress*, and it shows the tremendous successes of these programs in preventing and treating diabetes. The Report is available on the IHS Division of Diabetes Treatment and Prevention website, and we are working on making a print-ready version available.

We continue to work on behavioral health and suicide prevention strategic plans, and the Methamphetamine Suicide Prevention and the Domestic Violence Prevention initiatives have great data that shows the evidence-based activities they are implementing in tribal communities. We continue work on our Healthy Weight for Life initiative to reduce obesity, and the Million Hearts Campaign to reduce heart attacks and strokes. We have a new collaboration with the Centers for Medicare and Medicaid Services, the Partnership for Patients, which will establish a Hospital Consortium to develop a system-wide approach to certification and accreditation and to make our hospitals safer.

We have seen great results and improvements on our Government Performance and Results Act measures in the past few years. We met all indicator goals last year, and almost all of them this year. We are also seeing trends that show improvements in measures, such as finally seeing an increase in the percent of women receiving screening mammograms, after years of no progress. This progress is a result of a greater focus on improvement and more resources to fund these services.

Our collaborations with other agencies have resulted in improvements such as better coordination of care through the VA-IHS MOU, more sites eligible for National Health Service Corps providers due to our partnership with the Health Resources and Services Administration, and more attention to tribal issues throughout the Department of Health and Human Services.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive, and this includes more communication about what we are doing. I hope you are able to follow the IHS Director's blog for updates and information. We continue our focus on accountability of our staff and our programs. And we also make sure we are inclusive in our work. We have a responsibility to try to make our decisions benefit all our patients, whether they are served by IHS, tribal, or urban Indian health programs.

In summary, we are making progress in changing and improving the IHS. Thank you for your partnership – it has been critical to our progress so far. And while we are in a time of uncertainty, I know that the partnership between the IHS and Tribes is more important than ever. The work of the past few years has clearly established that we must work together to continue our efforts to change and improve the IHS so that our patients and communities receive the quality health care that they need and deserve.

Thank you.