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Indian Health Service Status Report

by

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I appreciate the opportunity to be here today to speak with you about the new and promising health priorities of the Department of Health and Human Services (HHS) and the Indian Health Service (IHS). These priorities are being implemented to help provide access to high-quality health care and prevention services for all American people.

The IHS, together with other HHS agencies and with the support of the PHS Commissioned Corps, is working in partnership with Tribal Nations and tribal organizations to implement these priorities for American Indian and Alaska Native individuals and communities. There are nine HHS Priorities for America's Health Care, which are:

Value-Driven Health Care,
Information Technology,
Affordable Choices,
Insurance for Children in Need,
Louisiana Health Care System,
Prevention,
Preparedness,
Health Diplomacy, and
Personalized Health Care

The text is the basis of Dr. Grim's oral remarks at the United States Public Health Service Scientific & Training Symposium on June 4, 2007. It should be used with the understanding that some material may have been added or omitted during presentation.

Let me start with *Value-Driven Health Care,* which is a long-term strategy to empower consumers by providing them with more information about the price and quality of healthcare they receive. The power of a health system-wide electronic medical records system will be used to fuel the change.

This is an important initiative for the IHS, and we are committed to ensuring that our health care programs provide accurate information regarding health care quality and price. Since 2001, the IHS has been able to retrieve clinical quality information at local facilities through the use of our health information technology system. This quality information can be shared with IHS and tribal facility staff, as well as local communities and consumers. The IHS is also developing mechanisms to provide internal health care price data.

The President signed an Executive Order in April 2004 announcing a commitment to the promotion of *Health Information Technology*, or HIT. He called for widespread adoption of electronic health records within 10 years so that health information will follow patients throughout their care in a seamless and secure manner.

The goals of this priority include improving population health by connecting different health information systems can they quickly and securely communicate and exchange data. Some of the numerous benefits of HIT initiatives will include a reduction in medical errors, avoidance of costly duplicate testing, and elimination of unnecessary hospitalizations. The President has set a goal for most Americans to have electronic health records by the year 2014.

The IHS already has an advanced integrated HIT system in place, and has had an electronic health records system in place for over 25 years. Our Resource and Patient Management System, or RPMS, consists of more than 60 software applications and is used at approximately 400 IHS, tribal, and urban locations. The IHS maintains a centralized database of patient encounter and administrative data for statistical purposes, performance measurement, and public health and epidemiological studies.

The IHS electronic health records initiative enhances computer-based physician order entry, encounter documentation, access to medical literature, and other essential capabilities. The IHS is also working with Tribes to further enhance information systems to allow better clinical practice management and administrative reporting systems at all sites, even in the most rural and isolated locations.

New models of care delivery through telemedicine are also now a reality. Many different types of telemedicine are helping IHS and tribal health care teams provide quality, cost-efficient care in a timely fashion. Examples of telemedicine innovation include the Joslin Vision Network, care coordination outreach for patients with heart failure and other chronic diseases, increased behavioral health services, and tele-nutrition counseling. Growing telemedicine collaborations with Tribes and other federal agencies − such as our partnerships with the Alaska Native Tribal Health Consortium and with the Veterans Administration − also help extend critical infrastructure and service delivery capabilities for many IHS and tribal facilities.

Affordable Choices, the next priority I would like to address, means ensuring affordable health care is available to all Americans. This includes strengthening programs such as Medicare and Medicaid, as well as State programs, to expand access to coverage.

The IHS continually strives to maximize its Medicare and Medicaid and other third-party collections and enrollments to supplement resources available for health care. Enrollment in the Medicare Prescription Drug Benefit continues to grow in Indian Country. The IHS has signed Medicare Part D agreements with the 15 plans and patient benefit companies. We are now working on agreements with three more plans to meet specific regional needs.

The IHS continues to work with Part D plans to encourage them to develop tribal and urban program agreements with terms and conditions similar to those negotiated by the IHS. Medicare Part-D premiums continue to be an area of concern for the IHS and Tribes. While the IHS does not have statutory authority to pay premiums for Medicare Part D, there is no prohibition against a Tribe using tribal funds to pay for such costs.

The IHS also works to ensure Indian people receive the maximum benefits they are entitled to from state health resources and programs. The IHS reviews state health reform initiatives for any legal or policy implications they might have on the IHS, tribal, and urban Indian health care system, and to determine the impact on access to health care for the Indian population of the state.

The next priority, *Insurance for Children in Need,* is focused on addressing the need for health insurance for low-income children through the State Children's Health Insurance Program, or SCHIP. The goal is to have the SCHIP program renewed for another 5 years with appropriate funding and a continued focus on children in need.

Staff from IHS and the Centers for Medicare and Medicaid Services, or CMS, meet regularly to ensure close coordination of policies, foster increased state/tribal innovation, and develop ways to improve access to care for Indian people. The IHS has also provided assistance to CMS in its efforts to improve communications with tribal and state governments in the implementation of SCHIP. As part of this effort, IHS is currently working with CMS to provide outreach and education to Tribes on SCHIP and other CMS programs. Training sessions will be conducted across IHS Areas in FY 2007 and FY 2008.

The next priority, *Louisiana Health Care System,* focuses on helping Louisiana recover from the devastating effects of Hurricane Katrina. The goal of this priority is to leverage the power, resources, and authority of HHS and other federal agencies to accomplish the redesign efforts of the Louisiana Healthcare Redesign Collaborative.

I am proud to say that the IHS is playing a key role in meeting this goal. The IHS Phoenix Area CMO Vincent Berkley served as the HHS Senior Health Official in Louisiana until February of this year, and IHS Commissioned Corps officers are serving as key members of assessment teams that are evaluating the region's hospitals, nursing homes, and other health systems.
The HHS Prevention priority is one that is closely aligned with the main health care initiatives of the IHS. It mirrors our focus on reducing the risk factors of many health conditions through preventive actions. Also, there is an emphasis on taking personal responsibility for one's health by exercising, eating right, taking advantage of medical screenings, and avoiding risky behaviors.

The *Prevention* priority has an overarching agenda organized around the President's "Healthier U.S." initiative with four broad organizing principles:

Eat a nutritious diet
Be physically active
Get your medical screenings
Make healthy choices

These are principles that I would all like for every American Indian and Alaska Native and their communities to understand and embrace. I am pleased to report that the IHS and Tribes have many wellness programs already in place that support these goals.

For instance, tribal and IHS wellness programs throughout Indian Country are focusing on increasing physical activity to improve health. Exercise is a cornerstone in the treatment and prevention of many chronic conditions, especially type 2 diabetes, which has reached epidemic proportions in the Indian population. Regular exercise and physical fitness promote weight loss, improve insulin sensitivity, increase muscle strength, reduce stress, enhance self-esteem, and improve the overall quality of life.

The *Prevention* priority also emphasizes the importance of nutrition to good overall health. The availability of community nutrition services, both IHS and tribal, throughout Indian Country has increased. These programs are most effective when there are developed at the local level. Blending traditional and local nutrition and fitness activities can help families and communities make the lifestyle changes needed to lose weight.

Screening programs are an important part of IHS and tribal prevention programs. For instance, screening to identify people who have diabetes or who are at risk for developing diabetes is an important step in preventing and treating diabetes. Screening for pre-diabetes provides an opportunity for primary prevention by encouraging individuals to make lifestyle changes that can prevent or delay the onset of diabetes. Since over one-third of people with diabetes do not know that they have it, screening also provides an opportunity for secondary prevention by diagnosing diabetes as early as possible to prevent or delay complications.

I'm happy to say that additional medical screening will come to various places in Indian Country this year through the high-profile Medicare Prevention Bus Tour. Preventive services such as prostate cancer screening, diabetes screening, and glaucoma screening will be offered when this mobile service visits various communities throughout the U.S., including stops in cities with large Urban Indian populations. Indian Country Medicare Prevention Bus Tour stop locations currently include Cherokee, North Carolina; Mashpee, Massachusetts; and Crow Agency, Montana.

The underlying principle of prevention in the IHS is that the best health promotion programs are those that are developed in consultation with our key stakeholders, the American Indian and Alaska Native people**.** We know that listening to those who are most affected by the outcomes helps us to best target the specific needs of each community.

Building on the existing strengths and assets of Indian people, families, and communities ensures the most effective use of resources and yields the best possible results, whether we are dealing with ongoing chronic conditions or emerging infectious diseases.

Prevention is also a key issue in the behavioral health field. Suicide Prevention is an area of great concern to the IHS and Tribes:

- Suicide rates are from 1.5 to 3 times higher for American Indians and Alaska Natives.
- Suicide is the second leading cause of death for Indian youth ages 15-24.

To help address this alarming problem, IHS and tribal programs have been working at the local and national level to develop effective preventive approaches. At the national level, the IHS is supporting the HHS National Strategy for Suicide Prevention. We are working to:

- Promote awareness that suicide is a public health problem that is preventable.
- Implement training to aid in recognizing at-risk behavior.
- Develop and implement community based suicide prevention programs.
- Improve and expand surveillance systems.

Alcohol and Substance Abuse also continue to be severe behavioral health problems in Indian Country. A recent study by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that American Indians and Alaska Natives were about 1.5 times more likely than other ethnic groups to have a past year alcohol use disorder (10.7% vs. 7.6%) and use illicit drugs (5.0% vs. 2.9%).

There are many factors that contribute to substance abuse problems, including socioeconomic status, law enforcement issues, mental health problems, educational levels, etc. So it is imperative to realize that despite our best efforts, Tribes and the IHS can not resolve all these issues by ourselves. Collaboration with other federal and public agencies is the key. IHS is actively collaborating the Bureau of Indian Affairs (BIA) , SAMHSA, Housing and Urban Development, Department of Justice, and others in order to coordinate resources to address this problem.

One other crucial area of behavioral health prevention that I, and many other Indian health leaders, are very concerned about, is addressing the alarming increase in the use of methamphetamine in Indian Country.

- Beginning in 2000, marked increases were noted in patients presenting at IHS and tribal clinical sites for amphetamine related problems; that trend has continued through today.
- The number of patient services related to amphetamine abuse went from about 3,000 contacts in 2000 to over 7,000 contacts in 2005, an increase of almost 250% over 5 years.

I am sure many of you here today have either heard about or seen firsthand the deadly impact of this drug and its devastating effects on our young people and their families, and on the entire community. I believe more extensive information is needed on this problem, and that is why we are working with Tribes to collect reliable data to measure the extent and severity of Meth abuse in Indian Country.

Addressing all the diverse elements that contribute to overall good health demands, among many other things, adopting a strong Chronic Care Model to help guide our health care efforts. Chronic care issues are currently the focus of many health care efforts, both in Indian Country and across the nation. The IHS is adapting the MacColl Institute Chronic Care Model for use in the Indian health care system. This model of chronic care highlights the importance of an informed, interactive patient in the health care process. The chronic care model is based on the premise that improved outcomes result from productive interactions between a proactive health care team and an informed patient.

During 2006, the IHS Chronic Care Workgroup developed an innovative program using the Chronic Care Model at pilot sites across Indian Country. The purpose of these pilot sites is to demonstrate that changing the way we deliver care can improve patient outcomes for a variety of chronic illnesses in a cost-effective manner. The pilot program will also support other innovative efforts within the Indian health system to address chronic conditions, especially those that integrate behavioral health and health promotion principles.

Each IHS Area has at least one pilot site. Eight federal pilot sites, five tribal sites, and one urban site have been selected. So far, eight federal pilot sites have been selected at:

Gallup Indian Medical Center –Albuquerque Area
Albuquerque Service Unit – Albuquerque Area
Warm Springs Service Unit – Portland Area
Chinle Comprehensive Health Care Center – Phoenix Area
Windriver Service Unit - Billings Area
Sells Service Unit – Tucson Area
White River Service Unit - Phoenix Area
Rapid City Service Unit – Aberdeen Area

Also, five tribal sites were recently added:

Indian Health Council, Inc. - California Area
Cherokee Nation Health Services - Oklahoma Area
The Choctaw Health Center – Nashville Area
Eastern Aleutian Tribe - Alaska Area
Forest County Potawatomi Health and Wellness Center - Bemidji Area

We also have one urban program site:
The Gerald L. Ignace Indian Health Center - Bemidji Area

As I mentioned before, in order to effectively combat chronic conditions, we must address a host of factors. This requires active partnerships between tribal, federal, state, and private organizations. This is why the IHS and Tribes have worked hard over the years to establish partnerships with private and public entities.

One important collaboration I would like to highlight is the IHS/Veterans Health Administration (VHA) partnership, which has resulted in several initiatives of value to Indian veterans. One outcome of this partnership has been the IHS/VHA website collaboration. This website contains

important information specifically for Indian veterans, including key points of contact for IHS/VHA services, updated information on various programs that are offered, and answers to questions frequently asked by Indian veterans.

Other examples of IHS/VHA partnership initiatives include areas such as patient safety, health information technology, diabetes prevention, and behavioral health. This includes 64 training programs provided by VHA to IHS staff and the tribal community through satellite and web based technology. It is estimated that these programs have saved the IHS millions in training costs.

There is also an important program called "Seamless Transition" that is currently underway to address issues for all veterans, including Indian veterans, who are returning from recent and current conflicts abroad.

The IHS has also recently begun an important chronic care management collaboration with the prestigious Institute for Healthcare Improvement, or IHI. The IHI is a not-for-profit health care organization that provides a source of expertise and knowledge to improve health care worldwide. The IHI has a strategic partnership network that includes other organizations such as large hospitals and HMOs. Their mission is to improve healthcare by working with different hospital and health-based groups using evidence-based care. They are specifically working with us on all the elements of implementing and evaluating the Chronic Care Management Initiative, which will help address some of the most pressing health care needs in Indian Country.

The IHS is also well into addressing another HHS priority, *Preparedness*. HHS has developed a Pandemic Influenza Implementation Plan based on the actions outlined in the *White House Homeland Security Council's Implementation Plan for the National Strategy for Pandemic Influenza.* This priority focuses on ensuring that:

- The capacity to rapidly produce vaccine is increased.
- National stockpiles and distribution systems are in place.
- Communication and disease monitoring systems are expanded.
- Local preparedness has been dramatically enhanced.
- Planning and preparedness encompasses all levels of government and society.

In order to be as prepared as possible to deal with such a disaster, the IHS has developed an agency pandemic influenza plan. It supports the HHS Pandemic Influenza Plan, which, in turn, supports the National Strategy for Pandemic Influenza. It is included in the high-level HHS operational plan, which includes plans for all the HHS agencies.

To assist local pandemic influenza plans, the IHS planning efforts include a "workbook" that is designed specifically for use at the local levels to gather specific details. The detailed plan may also serve as a template for Tribes to use in developing tribal-specific plans.

Linked to the Preparedness Priority is the HHS emergency response initiative, which is focused on ensuring that America is prepared to prevent and address the health effects of a disaster, natural or manmade. This includes the ongoing HHS initiative to transform the Commissioned Corps. Strategies are being developed to increase the size of the corps and improve its ability to respond quickly to urgent public health needs. This includes:

- Increasing the number of officers by 10 percent, from approximately 6,000 officers to 6,600 officers by December 2008. Approximately 2,130 officers are currently assigned to IHS. It is anticipated that this increase will occur primarily in clinical positions. Since the IHS is the primary user of these clinical positions, we may receive most of these new officers. This should aid in the IHS goal to reduce the number of funded vacancies.
- Changing the recruitment process so that it includes stronger personal incentive programs and a better approach for the assignment of commissioned officers.

The IHS Areas and Tribes are obviously committed to emergency planning and response. Each of the Areas has included pandemic influenza planning into their general emergency preparedness plans. In fact, on November 9, 2006, the IHS Navajo Area, in coordination with numerous Navajo Nation Agencies, held a highly successful mass flu vaccination exercise at 16 sites throughout Arizona and New Mexico. They vaccinated more than 23,600 community members in **one day**. HHS Deputy Secretary Alex Azar participated in a live video teleconference with the Navajo Area Office at the start of the exercise. This event was made successful in part by the dedication of many commissioned officers in the Navajo Area.

The *Health Diplomacy Priority* focuses on the importance of international partnerships and collaborations to foster information sharing and innovative breakthroughs in health care throughout the world.

The IHS over the years has served as a model of rural health care delivery and participated in mutually beneficial exchanges of information with nations around the globe. Delegates from New Zealand, Australia, Mexico, Canada, and China have looked to the IHS for innovative solutions and best practices developed in our health care delivery system for use with their own indigenous populations.

The IHS currently has an MOU in place with Canada for ongoing information sharing and other activities related to indigenous health, including an upcoming Indigenous Summer Research Institute on Social Determinants of Health, which will be attended by scholars from the U.S., Canada, Australia, and New Zealand.

And just a couple of weeks ago, the IHS met with the Chinese Minister of Health in Alaska to discuss and conduct site visits on the IHS Telehealth and Community Health Aides programs.

The last HHS priority I want to mention briefly is *Personalized Medicine*, which is the approach to managing a disease by using genomic or molecular analysis to achieve the optimal medical outcomes for that individual. Recent scientific advances have positioned us to harness new and increasingly affordable potential in medical technology. With clinical tools that are increasingly targeted to the individual, our health care system can give patients and providers the means to make more informed, personalized, and effective choices.

The goals of this initiative include:

- Establish a secured electronic system to exchange, aggregate and analyze key data from a large number of existing secure health care databases.
- Support the science and health information technology base and enable it to expand.

- Support efficient and effective drug development partnerships between public and private sector leadership.
- Help integrate the Personalized Health Care into the mainstream of clinical practice.

Together with the support of our sister agencies in HHS, the IHS is working in concert with Tribes and tribal organizations, and with the help of the Public Health Service Commissioned Corps, to further our mutual mission of raising the health status of Indian people to the highest level possible.