



Tribal Self-Governance Conference

May 9, 2007

Priorities for American Indian and Alaska Native Health

by

Charles W. Grim, D.D.S., M.H.S.A.

Assistant Surgeon General

Director, Indian Health Service

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). I am also here today to represent HHS Secretary Michael Leavitt, who extends his sincere regrets that he could not be here in person.

Under the leadership of Secretary Leavitt, 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, is working in partnership with Tribal Nations and tribal organizations to implement these priorities for American Indian and Alaska Native individuals and communities.

The nine HHS Priorities for America's Health Care are:

- Value-Driven Health Care,
- Health Information Technology,
- Medicare Rx (Prescription),
- Medicaid Modernization,
- Louisiana Health Care System,
- Emergency Response & Commissioned Corps Renewal,
- Prevention,
- Pandemic Preparedness, and
- Personalized Health Care.

The text is the basis of Dr. Grim's oral remarks at the Tribal Self-Governance Conference on May 9, 2007. It should be used with the understanding that some material may have been added or omitted during presentation.

Tribal Self-Governance Tribes play an important role in helping to support and implement these HHS health priorities for the benefit of American Indian and Alaska Native people across the nation. The success of tribal self-governance in bringing innovative ideas and unique approaches to rural health care delivery could serve as models for improved health care and prevention in the 21st century. Tribes have expressed their desire to help IHS and HHS reduce the current health disparities that exist throughout the country by offering recommendations of best practices that have proved effective in their constituent area, as well as participating in nationwide studies and data collection efforts that will heighten awareness of such disparities on a nationwide level.

Going back to the HHS priorities - Let me start with Value-Driven Health Care. The Secretary's vision for this priority is that "the growth of health care costs is restrained because consumers know the comparative costs and quality of their health care . . . Consumers gain control of their health care and have the knowledge to make informed health care decisions."

Value-Driven Health Care 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 so they can 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 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.

The next priority is a continuation of the largest expansion of Medicare in 40 years. It includes continuing quality improvement to make Medicare Part D even better, with streamlined and better choices for beneficiaries. 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 also 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. During the National Indian Health Board meeting in 2006, Phil Norrgard, Human Service Director for the Fond du Lac Tribe, spoke about how the Fond du Lac Tribe was able to increase collections by paying Medicare Part D premiums for tribal members. A copy of Mr. Norrgard's presentation is available on the IHS website at www.pharmacyissues.ihs.gov under the "Medicare and Medicaid" section.

Linked to the Medicare Rx priority is the Medicaid Modernization priority. This priority seeks to:

- Help provide coverage to millions of people who are not covered now.
- Help people in differing economic situations through flexible benefits and incentives tailored to meet their needs.

To facilitate Medicare/Medicaid innovation for the benefit of Indian people, staff from the 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. This interaction is crucial as we work on a variety of Medicare/Medicaid issues important to Indian Country, such as the requirement that Medicaid beneficiaries provide citizenship documentation and the reduction in Medicaid reimbursement for pharmaceuticals.

CMS works closely with Tribes on various CMS payment and program policies and regulations that impact on Indian people. The CMS Tribal Technical Advisory Group is an official advisory committee to CMS and has worked with CMS on a variety of Medicare and Medicaid issues this past year. Because CMS Medicaid and Medicare revenue is critical to the IHS and tribal facilities, I will continue to support the efforts of the Advisory Group for 2007.

The IHS has also provided assistance to CMS in its efforts to improve communications with tribal and state governments in the implementation of Medicaid, Medicare, and the State Children's Health Insurance Program, or SCHIP. One area that IHS is working closely with CMS on is getting Medicare-like rates approved and in place.

Part of the Medicaid Modernization initiative focuses on long-term care, an important issue in Indian Country. The Secretary's vision for Long-Term Care Reform includes ensuring that seniors and people with disabilities have access to care in their homes and communities. The IHS Vision for Long-Term Care complements the Secretary's vision, with a focus on supporting Indian elders and their families with medical, personal, and social services delivered in a variety of settings, ranging from a person's own home to institutional settings.

Elders play a vital role in providing a sense of structure and cultural identity that helps keep Indian families and communities emotionally and mentally healthy. It is therefore essential that the IHS and Tribes work together to develop services to support our Elders so they can remain as much as possible with their families and within their communities. The IHS as an agency supports tribal development of long-term care services with technical support, with grant funding to help develop services, with advocacy within the federal system, and with support for the integration of health services into the long-term care system.

The next priority 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 is serving as the HHS Senior Health Official in Louisiana. IHS Commissioned Corps officers are also serving as key members of assessment teams that are evaluating the region's hospitals, nursing homes, and other health systems. This effort, of course, benefits the state's Tribes as well as the general population. I know you share our pride in this IHS effort, which reflects the Indian tradition of doing more than our share for the welfare of our nation.

The next HHS priority is focused on ensuring that America is prepared to prevent and address the health effects of a disaster, natural or manmade. Part of this initiative includes a transformation of the Commissioned Corps. Strategies will be 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 assigning officers.

The Secretary's Prevention priority is one that is closely aligned with the main health care initiatives of the IHS. The Secretary's Vision for Prevention mirrors our goal for chronic care management, with a 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 am sure we 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, by or at least with the local tribal governments. 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.

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.

In recent years, IHS has also addressed this issue through:

- A joint conference with Canada to share information and promising programs.
- The National Suicide Prevention Project, which supports programming and service contracts for suicide cluster response and suicide prevention, and the development of a website with information on community mobilization.

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%). This is not a problem we will solve by ourselves; collaboration with other federal agencies is the key. IHS is actively collaborating with 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 care 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.

There is some good news: The HHS recently awarded \$1.2 million to the American Association of Indian Physicians to address methamphetamine abuse in Indian Country. Indian organizations

and Tribes will share in the award to combat Meth abuse. And the IHS and the BIA have joined forces to address this epidemic from both a public health and law enforcement prospective. There are also many tribally owned and operated programs that are doing great things to address this heartbreaking issue.

The underlying principle of prevention in the IHS is that the best health promotion programs are those that are developed either by or 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.

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, Pandemic 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.

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 15 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.

The last HHS priority I want to mention briefly is Personalized Medicine. Personalized Medicine 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.

The Secretary's priorities for health obviously complement and support the IHS and tribal goal of eliminating health disparities among American Indian and Alaska Native people. Together with the support of our sister agencies in HHS, the IHS is working in concert with Tribes and tribal

organizations to further our mutual mission of raising the health status of Indian people to the highest level possible.

In order to support the IHS and HHS in the formidable task of overcoming health disparities, the IHS Office of Tribal Self-Governance serves as an advocate to assisting in strengthening relationships between Tribes and the federal government. To help accomplish this goal, I have tasked the OTSG to actively participate in and provide funding for:

- Promoting tribal consultation throughout HHS and other Federal and non-Federal agencies and organizations. The IHS Office of Tribal Self-Governance (OTSG) is currently assisting other agencies in HHS to establish Tribal Consultation Policies.
- Exploring innovative and collaborative approaches towards developing and implementing standards that are consistent with new technology that affects both the Tribes and the Government. There is currently a report available on OTSG web-site exploring how to improve Tribal-State Relations (Washington State).
- Continuing Education and Outreach to educate senior IHS Staff on activities relating to the self-governance program at all levels, from Headquarters to Service Units. OTSG will be participating in nationwide conferences to focus on education and outreach.
- Implementation of Title V: The Agency needs a comprehensive quality control system to ensure the Agency's compliance with P.L. 106-260 is being carried out in a timely manner.
- Promoting Better Business: Continuing to increase the efficiency of Agency and Department initiatives in implementing best business and operational practices. The OTSG supports projects throughout the nation that assist in data collection and exchange between Tribes and the IHS.

Thank you for your time and attention as I talked about the challenges and successes we face **together** as we pursue our goal of raising the health status of American Indian and Alaska Native people to the highest level possible.