Indian Health Service

Tribal Consultation Summit

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Indian Health Service Update

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS), and it is a real pleasure to be here today to welcome all of you to our third IHS Tribal Consultation Summit.

This one-stop shop for consultation activities has proven to be a valuable forum for sharing important information and updates on health care issues of concern to all of Indian Country, as well as a very effective means of reducing the number of meetings and travel costs for tribal and federal staff. I believe that the Tribal Leaders Diabetes Committee and the National Tribal Advisory Committee on Behavioral Health are also meeting this week. And the Department of Health and Human Services (HHS) consultation on the Federally-Facilitated Exchanges and Medicaid Expansion is on Thursday. So while it is a busy week, hopefully this summit will help everyone get caught up on tribal consultation activities without having to make multiple trips.

Thank you to everyone who helped make this event possible. I am really looking forward to hearing everyone's input and discussions during this summit. In today's session, I will be giving an update on our agency's consultation activities and priorities for reforming the IHS in order to better address health disparities among American Indians and Alaska Natives.

Before I begin an update on our agency priorities, I wanted to update you on the IHS budget. The budget is a huge factor in how we are able to improve the IHS, and tribal consultation is an important part of our budget formulation process. Thanks in large part to tribal input and support, we have made a lot of progress on increasing the IHS budget.

We have received increases in the IHS budget for each of the last four fiscal years (FY). Overall, the IHS budget has increased 29% since FY 2008. Within this increase, there have been some significant targeted increases: contract health service (CHS) funding has increased 46%; contract

support costs (CSC) have increased 76%; and health care facility construction funding has increased 132%.

All of these increases were achieved in partnership with Tribes and with the support of this Administration and Congress. It shows that when we all work together on a common goal, significant progress can be made. The IHS Tribal Budget Formulation Workgroup is a topic of one of the workshops later today.

And the FY 2013 President's budget proposal for next year has a proposed increase of $116 million, or 2.7%, with a total budget authority of $4.42 billion. Since the overall proposed increase is less than in recent years, it was a challenge to try to fit all priorities into the budget. But we did focus on including as many tribal priorities in the budget as possible.

If the proposed budget is enacted, that would mean a 32% total increase for the IHS since FY 2008. The House actually proposed a larger increase, and we are waiting to hear if the Senate will mark up the budget. However, we are hearing that Congress may pass a 6-month Continuing Resolution when they come back in September. That would take us through to next March.

We are also facing sequestration in January 2013, which means automatic across-the-board budget cuts for federal programs. The only way this won't happen is if Congress acts to avoid it before January; we certainly hope they do take action.

We are also in the early stages of the FY 2014 budget formulation process. We have completed the Area consultation sessions and the national budget formulation session. At the HHS Tribal Budget Consultation, Tribes proposed a 22% increase. We are now beginning our HHS and Office of Management and Budget budget formulation process, and we will be incorporating tribal budget priorities as in previous years. While this year is likely to be a tough budget year as well, we still have strong support from the Administration and Congress.

Tribal consultation is a priority of President Obama, who has expressed a commitment to honoring treaty rights and making tribal consultation a priority. Last December, the President held the third White House Tribal Nations Conference, where he also met with a group of key tribal leaders after the larger meeting.

Many other federal agencies and departments are implementing tribal consultation policies and activities as a result of the President's Memorandum to all federal agencies concerning tribal consultation. As a result, Tribes are very busy these days consulting with all agencies in the federal government on programs and issues that directly affect the health and wellbeing of Indian people.

HHS Secretary Sebelius is committed to making IHS a priority, and established the first cabinet-level Secretary's Tribal Advisory Committee. We are very grateful for her support of the IHS.

Tribal consultation is an important part of our first agency priority, which is to renew and strengthen our partnership with Tribes. This priority is founded on our belief at the IHS that the

only way we're going to improve the health of our communities is to work in partnership with them. We have seen evidence throughout our system that we work better and accomplish more when we work in partnership with our communities.

We have done a lot to improve consultation at the national level. We held Area listening sessions each year, either in person or by phone or videoconference. We have held listening sessions with nine IHS Areas so far in 2012. We have also held over 350 tribal delegation meetings, regularly meet with tribal workgroups and advisory groups, and attend tribal meetings and conferences. We have been working on Area and local improvements in consultation and partnership, and Tribes are telling us they see improvements. We have also asked all our Area Directors and CEOs to send updates to Tribes on our progress at least quarterly.

Our Tribal Consultation Summits are a result of a recommendation from the Director's Advisory Workgroup on Tribal Consultation. They are intended as "one-stop shops" for Tribes to learn about IHS consultation activities. This is the third IHS Tribal Consultation Summit. This one is being held here in Denver to ensure that all Tribes have the opportunity to attend. This Summit includes presentations from IHS Advisory Committees on the work they are doing and workshops on current consultation topics.

We have consulted with Tribes on many important issues. Current and recent consultation topics include:

- Improving the tribal consultation process;
- Improving our CHS program;
- Priorities for the Affordable Care Act and implementation of the Indian Healthcare Improvement Act (IHCIA);
- Budget formulation;
- Information Technology Shares–this is important for our P.L.93-638 negotiations;
- Evaluation of the 2007 CSC Policy;
- Implementation of the Federal Advisory Committee Act;
- How to improve our Indian Healthcare Improvement Fund allocation;
- The Tribal Epidemiology Centers Data Sharing Agreement;
- Long-Term Care;
- Behavioral Health issues and suicide prevention; and
- Implementation of the long-term care provision in the IHCIA, such as the Department of Veterans Affairs-IHS Memorandum of Understanding and reimbursement agreement.

Several of these issues are also listed on the agenda for this conference, so this is a chance to see the status of these consultations and to discuss these issues.

We also have several new consultation topics, including:

- Health care facility construction;
- CHS prevention funding;
- Traditional medicine;
- Prescription drug abuse;
- Recruitment and retention; and

- The draft urban confer policy that was recently published in the Federal Register for comment and consultation.

One of our improvements to the tribal consultation process is our tribal consultation website – it includes descriptions of all our workgroups and committees, and a complete listing of all our tribal leader letters. I encourage you to visit this site from time to time to see what we are working on with Tribes, and of course to submit input at any time at consultation@ihs.gov.

We've also posted a summary table of tribal consultation activities since 2009. The table is sorted by topic, and the date of the letters and the status or outcomes of the consultation are briefly listed. There have been so many consultations; we hope this table helps provide a bigger picture of the status of these consultations. For more information, you can refer to the letters on our tribal consultation website or attend the sessions today and tomorrow.

Meetings with our advisory groups are extremely important to help us address common issues. For instance, I have recently held meetings with the Tribal Self-Governance Advisory Committee and the Direct Service Tribes Advisory Committee. I also attended the Direct Service Tribes meeting in Massachusetts near the Mashpee Wampanoag tribal lands. These meetings are important for sharing information and listening to issues and concerns from the Tribes. I do try to attend these types of meetings in person, but can join by phone if needed.

I also recently met with the National Indian Health Board. I believe our partnership has been strengthened over the last few years and I regularly join their Board meetings in person or by phone.

Our second IHS priority is "to bring reform to the IHS." This priority has two parts – the first part relates to the passage of the healthcare reform law, the Affordable Care Act, which includes the IHCIA. The second part is about internal IHS reform – how we are changing and improving the organization.

We are so grateful for the recent Supreme Court decision to uphold the Affordable Care Act. As you know, the Court decided that the individual mandate was constitutional, and the entire law, including our IHCIA reauthorization, was upheld. The Medicaid expansion was also upheld with the caveat that States could choose to opt out without loss of their Medicaid funding. The implications of the decision are that we are continuing implementation of the Affordable Care Act and the IHCIA.

The main activities now focus on the State Exchanges and the HHS consultation on the Federally-Facilitated Exchanges and Medicaid Expansion – the third session on these issues is on Thursday.

We are grateful for passage of the Affordable Care Act 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. The benefits of the Affordable Care Act for American Indians and Alaska Natives are significant. They can benefit from all the reforms whether they have insurance now, want to purchase

affordable insurance through the Exchanges, or benefit from the Medicaid expansion that starts in 2014. Our elders will benefit from how Medicare is being strengthened, and of course, we are thrilled that the IHCIA, our authorizing legislation, was made permanent.

With the Affordable Care Act, eligible American Indians and Alaska Natives can still use IHS as a health care system. IHS is not going away; it is here to stay. If they want additional health insurance coverage, they will have more choices, including new insurance protections, State Exchanges, Medicaid, and a stronger Medicare, as well as options such as access to federal insurance for tribal employees. The Act has the potential to benefit all American Indians and Alaska Natives because if more have health coverage, services can be expanded at Indian health facilities through increased reimbursements.

And the delivery system reforms in the Act will shift focus to the quality of care rather than on billing volume or frequency in reimbursements. I encourage all of you to learn about how the Affordable Care Act will benefit our patients and our communities.

We are also continuing our implementation of the permanent reauthorization of the IHCIA – again, you are welcome to submit input at any time at consultation@ihs.gov. We recently posted an update to our table that summarizes progress on implementation of the IHCIA. The table is posted as a link in an April 6 Director's blog.

Of course there are many self-implementing provisions that are already in place. For example, health care professionals in tribal facilities are now allowed to work under a license from any State. And outside providers cannot go after patients for referral charges if the referral is authorized for payment by the CHS program.

I encourage you to visit www.healthcare.gov and my Director's blog on the IHS website for general information and updates on the Affordable Care Act.

We are also partnering with national and Area Indian organizations on education and outreach activities. We certainly appreciate all their support. I recently attended the first meeting of the national and Area organizations that are helping with this outreach and education effort.

We also have a new slide show, tailored to the American Indian and Alaska Native population, to help with outreach and education efforts in Indian communities. We recently distributed it and posted it on our website so everyone can use it. You can check my May 14 blog entry for the link to the slide show. There's also a website developed by the national Indian organizations at http://tribalhealthcare.org. I encourage you to take a look.

Our internal reform efforts are focused on improving the way we do business and how we lead and manage our staff. Overall, we have implemented many improvements. We have set a strong tone at the top for how we will conduct business, with an 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. This past year we

had our best performance ever as a part of the HHS Annual Audit. 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 using the new HHS supervisory training for our managers, and we are improving our performance management process.

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.

We recently sent an update to tribal leaders on our corrective actions and other responses to the Senate Committee on Indian Affairs investigation of the IHS Aberdeen Area. The letter is available on our consultation website.

In relation to our third priority, to improve the quality of and access to care, we began with the importance of customer service – how we treat our patients and how we treat each other. We are now starting to see activities to improve customer service throughout the system, and are hearing stories about some improvements. We recently gave out awards for customer service to several outstanding individuals and groups at the IHS Director's Awards Ceremony.

We are also working on a number of initiatives to help improve the quality of care. We have expanded our Improving Patient Care, or IPC, initiative to 90 sites in the Indian health system. The IPC is our patient-centered medical home initiative that is designed to improve the coordination of care for patients. We are starting a new cohort of programs – IPC4 – and plan to expand this initiative throughout the entire IHS system. This program is essential to our ability to adapt to the new delivery system changes that come with the Affordable Care Act, and to helping us improve customer service by making our care more patient-centered.

A patient-centered medical home model is about quality improvement, and making changes that will result in measurable improvements in care that are focused on the needs of the patient. We have many programs that are doing really outstanding work.

A few other initiatives are also helping us improve the quality of care. The Special Diabetes Program for Indians is continuing its successful activities. They have shown that in partnership with our communities, we can prevent and treat diabetes in Indian country with innovative and culturally appropriate activities.

The Special Diabetes Program for Indians is up for reauthorization in 2013, and I know we are all hoping this successful program will be reauthorized as soon as possible.

We also are focusing on behavioral health, which is a top tribal priority. IHS is making progress on its recently released National Behavioral Health Strategic Plan and its National Suicide Prevention Plan. We are beginning a focus on addressing the problem of prescription drug abuse,

and the evaluation data from our Methamphetamine and Suicide Prevention Initiative and our Domestic Violence Prevention Initiative are very promising.

We've also launched the Healthy Weight for Life initiative to unify all our efforts to promote a healthy weight among American Indians and Alaska Natives. We now have a website with information on evidence-based, proven approaches to help fight the obesity epidemic that is threatening the health and well-being of Indian people. The link to the website is www.ihs.gov/healthyweight. I encourage you to have a look at the Action Guides.

I also encourage you to go to the website for the HBO series "The Weight of the Nation," which tells the story of the epidemic of obesity in this country. It makes the point that obesity is a public health emergency and everyone's help is needed to reverse this alarming trend.

And we have joined the First Lady's *Let's Move! in Indian Country* initiative, which includes our IHS Baby-Friendly Hospital initiative. We will be promoting breastfeeding in our IHS hospitals because it has been shown that breastfeeding can reduce childhood obesity. We are working to make all IHS hospitals Baby-Friendly and to encourage all tribally-managed hospitals to join us in this effort. The Rosebud IHS Hospital was recently the first facility to undergo the certification process.

We are also participating in the national Million Hearts Campaign, with its goal of preventing a million heart attacks and strokes over the next 5 years. We are already doing a lot to help with this initiative. Virtually all clinical programs in the IHS address the Million Hearts Campaign directly or indirectly as part of their standard programs and services. And we are able to measure our progress on reducing risk factors for cardiovascular disease and stroke through the Government Performance and Results Act (GPRA) measures and our Healthy Heart Program.

And the new Partnership for Patients that was launched by the HHS will help improve the quality of care by focusing on reducing harm and improving patient safety in our hospitals. This initiative focuses on reducing hospital-acquired conditions and hospital readmissions. This will also impact our ability to demonstrate improvements in the quality of care delivered to our patients. The ability to demonstrate improvements may also help with reimbursements in the future.

And we just signed an agreement with the Centers for Medicare and Medicaid to establish a new hospital consortium to work on improving quality and meeting accreditation requirements in our hospitals.

IHS also recently released a new community-based resource, the Tribal HIV/STD Kit and Policy Guide, which is available on the IHS website. This kit is for use by American Indian and Alaska Native tribal leaders, health advocates, and decision-makers as they work to address HIV and STD in their communities. It was released at the International AIDS Conference that was recently held in Washington, D.C.

We have accomplished a great deal as we work to meet our priorities, and this is reflected in our recent GPRA measures. In FY 2011, for the first time ever, we met all of our clinical GPRA

measurement goals. We are proud of all the IHS and tribal sites that worked so hard to make improvements in the quality of healthcare that we deliver. We are waiting for the results for FY 2012, and I know some of the measures were on the edge, so we'll see where we ended up as of the end of June 2012.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. We 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.

And I use the Director's Blog on the IHS website 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. I was pleased to hear that we had approximately 32,000 visits to my Director's blog in 2011, far more than I expected!

In summary, we are working hard, in partnership with Tribes, to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and provide higher 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. We need and appreciate all your input and support. Tribal consultation is fundamental to our progress. I hope you take full advantage of the opportunities this conference offers to share ideas and information on how to improve health care services for American Indians and Alaska Natives.

Thank you.