

To: All IHS Employees

From: Yvette Roubideaux, M.D., M.P.H.  
Director

Date: December 2, 2009

Subject: Update on Director's Priorities

---

I am writing today to provide an update on progress related to my priorities for our work as we move forward with the important task of change and improvement in the Indian Health Service (IHS). During my first month, I stated that my first task was to listen. Since then, I have listened to both staff and Tribal leaders on their recommendations on a variety of topics related to my priorities in numerous venues. We have now transitioned to the action phase of implementing my priorities and today's message is the first in a series of regular updates on our progress. I apologize for the length of this message – but there is much to tell.

**LISTENING PHASE:** During the past 6+ months, I have discussed my priorities and listened to recommendations from staff and Tribal leaders at the following types of venues:

Examples include:

- 3 White House Tribal Listening Sessions
- White House Tribal Nations Conference
- 2 HHS Tribal Listening Sessions
- 16 Tribal Advisory Group Meetings
- 4 National Tribal Conferences
- 4 Regional Tribal Organization Meetings
- 17 Other IHS Conferences/Meetings
- 30 Tribal Delegation Meetings
- 3 Dear Tribal Leader Letters issued requesting input on National Health Reform, Tribal Consultation Process, and Internal IHS Reform, respectively.
- Call for input from IHS employees on National Health Reform and priorities on Internal IHS Reform

I would like to thank everyone for their input during these and other sessions. We are now moving forward on our priorities based on your input as follows:

**PRIORITY 1: To Renew and Strengthen our Partnership with Tribes**

I stated in my confirmation speech that I believe that the only way that we are going to improve the health of our communities is to work in partnership with them. Based on input and recommendations from Tribal leaders, I heard that while our consultation

policy is in general a good policy, Tribal leaders would like to see improvements in how we implement the policy i.e. the consultation process. Therefore, I issued a Dear Tribal Leader Letter on August 13, 2009 that formally requested input from Tribes on how to improve the Tribal consultation process for IHS. We have received input and are now planning to meet with 2 elected Tribal officials from each IHS area to review the recommendations from Tribes and to come up with some proposed recommendations for improving our Tribal consultation process. This meeting will be held in Washington, D.C. on December 8, 2009 at the National Museum of the American Indian. After the meeting, I plan to send another Dear Tribal Leader Letter to all Tribes to request their input and response to the recommendations from this meeting. Then we will implement recommended improvements to the consultation process. These activities will help us meet the timeline to be responsive to the Presidential Memorandum issued by President Obama at the White House Tribal Nations Conference in November of this year.

## **PRIORITY 2: In the Context of National Health Reform, to Bring Reform to the IHS**

In my confirmation speech, I stated that in order to get the support we need, we must demonstrate a willingness to change and improve the IHS. I have heard a great call for change from Tribal leaders, our staff, and our patients, and the recommendations for change are numerous and vary greatly. I first asked for input from IHS staff on National Health Reform in June, 2009, and received some recommendations on the national health reform debate but received many more recommendations on how to change and improve the IHS, which is an indication of how important this topic is to everyone.

Given that we cannot change everything at once, I decided to gather input from staff and Tribal leaders on their top priorities for Internal IHS Reform for ideas on where to begin.

On August 3, 2009, I officially requested input from IHS employees on their top three recommendations for Internal IHS Reform. Also, on September 4, 2009, I issued a Dear Tribal Leader Letter requesting input from Tribal leaders on their top three priorities for reform. We have compiled all the input from staff and Tribal leaders and, as expected, the input from staff focused specifically on aspects of how we lead and manage people (human resource related topics, hiring, performance issues) and how we do business (improving UFMS, staffing, funding, etc). The Tribal input focused on more global topics, such as the need for more funding, reform of the Contract Health Services Program, improvements in the Tribal consultation process, and changes in various laws and regulations.

We are moving forward to address some of the top priorities as follows:

### **- IHS Staff Priorities for Internal IHS Reform:**

- Human Resources – we have met with HHS to see how they are planning to change and improve HR functions with the new administration and we are developing a method to look at improving/shortening the hiring process within IHS Headquarters and all IHS Area Offices. Work is underway to develop recommendations on how to improve the recruiting process. We understand that HHS is planning on improving our performance management system for the

Department and once we see what they are proposing we will work on improving how we manage performance in the IHS.

- UFMS – we have met with HHS to see how they can help us with some of the challenges we are facing with UFMS, which is our new accounting system, and we also recently trained all Area Directors on how to better use UFMS. In addition, we are beginning a more transparent and proactive budget planning process at Headquarters and at all IHS Areas which should help with how we use UFMS.
- Additional staff/allocation of resources – while much of this is dependent on the appropriations/budget we receive from Congress, we are working to develop a more transparent and proactive budgeting process to better evaluate and estimate needed resources and staff throughout the year that are aligned better with our priorities as an organization.
- Management - We have begun conducting IHS Area Management Reviews as a way to look at how we are doing business and how we can improve on an ongoing basis.

#### **- Tribal Priorities for Internal IHS Reform:**

- Tribal consultation - As per Priority 1, we are consulting with Tribes on how to improve the consultation process
- Funding - Now that we have received our FY2010 budget, we plan to have further consultations with Tribes about the budget formulation process and whether they want us to consider changing or improving the ways we allocate certain types of funding.
- Contract Health Services - Tribes have made a number of recommendations related to Contract Health Services (CHS). While much of our problems with CHS relate to funding levels, we also are looking at ways to improve the way we do business with CHS on a number of levels. I plan to consult with Tribes on these efforts.

#### **PRIORITY 3: To Improve the Quality of and Access to Care**

Now that we are moving along with progress on the first two priorities, I plan to focus more on this priority by the first of the year. This will involve more input and work with our healthcare providers and patients. My first work in this area was actually in my Message from the Director on Customer Service. Treating our patients well is the first step to improving quality and access. I will be asking all staff and facilities to do more in this area soon. I also plan to review input from my call for IHS Best Practices. Some of these ideas on what IHS does well may help guide us as we move forward with this priority.

#### **PRIORITY 4: To Make All of our Work Transparent, Accountable, Fair and Inclusive.**

In terms of transparency, I have tried very hard to communicate as broadly as possible about our priorities as we move forward in our process relative to change and improvement. In addition to the venues mentioned above in the listening phase, I have visited 4 Area Offices and 5 IHS or Tribal facilities, held 7 Congressional meetings,

testified in 3 Congressional hearings, sent out at least 12 Messages from the Director with updates, completed at least 21 press interviews and attended at least 15 other types of meetings with IHS related organizations. I also regularly attend HHS and White House meetings on topics related to IHS and health reform, and have started monthly meetings with the Department of Interior. We have a website to post updates and summaries of input on our reform activities. We are working on a communication plan to make sure that we regularly communicate progress on our priorities and also communicate about what we do well. At IHS Headquarters, I provide updates on our priorities on a monthly basis and have held initial meetings with all of our offices. I have asked all of our Area Directors to begin the process of becoming more transparent about their activities in their respective Areas and how they plan to change and improve in line with our priorities.

One area in which we have demonstrated great improvement is in our accountability in management of personal property. As you know, there was a GAO report that indicated problems with how IHS manages and accounts for personal property. However, during the last year we have taken several steps to develop an accountable personal property management system and have demonstrated significant improvements in 2009 since the last GAO report. We have implemented accountability at the senior management level, individual accountability with 100% implementation of the new hand receipt system, 100% use of our Property Information Management System, 100% completion physical inventories by end of FY2009, and we are reviewing our policies and procedures. So we have made significant process in a very short period of time on this one issue.

Overall, I have been pleased with the enthusiasm I see in our staff and our Tribal leaders as we move forward on these priorities. While the work ahead of us at times seems daunting and enormous, we must begin the process of change and improvement of IHS now, and make sure we make progress over time. While we cannot correct everything in IHS at once, I hope you can see that we are moving forward on the priorities that you have helped define. I encourage you to look for ways to improve in these areas in the places you work as well. I will keep you updated on our progress and also on how you can help us move forward. Thank you for all your efforts to help us change and improve.

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