Indian Health Service
2012 Self-Governance Annual Conference

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Indian Health Service Update

by

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Good afternoon. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). It is a real pleasure to be here with you today at the annual Tribal Self-Governance Conference.

The Tribal Self-Governance Conference has become one of the most important conferences in Indian Country. This is a reflection of the strong ongoing interest in and promotion of tribal self-governance throughout Indian Country and the Indian health system.

And this is the 20th year of self-governance in IHS. Self-governance works, and we appreciate and value this partnership with you.

The trend toward tribal management and delivery of health services in American Indian and Alaska Native communities continues as Tribes increasingly choose to contract or compact under Public Law 93-638 to administer and provide these services.

In 1994, 14 Tribes had exercised their option to enter into self-governance agreements that constituted approximately 2% of the IHS budget. Today, 337 (59%) of federally recognized Tribes have negotiated self-governance compacts that constitute approximately 33% of the IHS budget. In 1994, there were 14 compacts and 14 funding agreements. Now there are 82 compacts, funded through 107 funding agreements.

This evolution in health care delivery and management is changing the face of health services in Indian Country.

The text is the basis of Dr. Roubideaux's oral remarks at the 2012 Tribal Self-Governance Annual Conference on May 7, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

As the Indian health system changes, so must the IHS. We are in the process of changing and improving the IHS, and because self-governance is part of our past, our present, and certainly our future, we must change our system to fully support tribal self-governance and tribal self-determination – whether a Tribe choses to have IHS manage the health facility in its community or chooses to manage it themselves.

I have made it clear to all our senior leadership and our employees that we support self-governance in the IHS, and it is our job to work with you in partnership. This understanding is an important part of our reform activities.

For the rest of my time, I will be giving you an update on our activities to change and improve the IHS. As leaders in the self-governance arena, your help and input are a vital part of these efforts.

We have set four priorities to guide our work as we change and improve the IHS. They are:

- To renew and strengthen our partnership with Tribes;
- To bring reform to IHS;
- To improve the quality of and access to care for patients who are served by IHS; and
- To have everything we do be as transparent, accountable, fair, and inclusive as possible.

Although there is still much to do, we are making progress on these priorities.

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 your input and support, we have made a lot of progress on increasing the IHS budget.

We received increases in the IHS budget each of the last 4 years. Overall, the IHS budget has increased 29% since fiscal year (FY) 2008. Within this increase, there have been some significant targeted increases: Contract Health Service (CHS) program funding has increased 46%, contract support costs (CSC) funding has 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 all players in the policy arena are in agreement and are working together, significant progress can be made.

These increases have resulted in CHS referrals beyond Priority 1 (life or limb) at some IHS and tribal sites that were not previously able to fund them.

These increases have also provided a significant amount of staffing for new health facilities built by Tribes under the Joint Venture Program, and for funding to continue construction of hospitals and ambulatory centers being built by Tribes. For instance, the FY 2012 appropriation included over $62 million to complete the Barrow Hospital replacement project, which will be finished during FY 2013.

The FY 2012 Enacted Budget for IHS (our current year budget) includes increases in areas that are benefiting self-governance Tribes, including new staffing, CHS, the Indian Health Care Improvement Fund, CSC, health facility construction, and health information technology. We had to include some grant savings in our budget for small grants and sanitation facility construction; however, based on tribal consultation, we did restore the funding for the National Indian Health Board cooperative agreement and the National Congress of American Indians Healthy Youth Lifestyles Grants.

And the FY 2013 budget proposal, which the President recently announced, has a proposed increase of $116 million (2.7%), with a total budget authority of $4.42 billion. The increases are proposed in a tough budget year with a smaller increase, so it was a challenge to try to fit all priorities into the budget, but we did focus on including tribal priorities in the budget.

If the proposed budget is enacted, that would mean a 32% increase for the IHS since FY 2008.

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 Department of Health and Human Services (HHS) Tribal Budget Consultation, Tribes proposed a 22% increase. We are now beginning our HHS budget formulation process and will be incorporating tribal budget priorities as in previous years. While this year also is likely to be a tough budget year as well, we still have strong support from the Administration and Congress.

We appreciate and thank you for your partnership on the budget formulation process each year.

Tribal consultation is the first of our four priorities. I have stated many times that the only way we are going to improve the health of our communities is to work in partnership with them.

We have done a lot to improve consultation at the national level – we hold Area listening sessions each year, either in person or by phone or videoconference. I have held listening sessions with seven IHS Areas so far in 2012, by phone or in person. We have also held over 350 tribal delegation meetings, regularly meet with tribal advisory groups and workgroups, and attend tribal meetings and conferences.

Since last year, we have been working on Area and local improvements in consultation and partnership, and Tribes are telling me they see improvements. I have also asked all Area Directors and CEOs to send updates to Tribes on our progress at least quarterly. I hope you have been receiving those updates and can see some of our progress.

Tribal consultation is a priority of President Obama, who has expressed a commitment to honor treaty rights and a priority to consult with Tribes. I saw many of you at the President's third White House Tribal Nations Conference in December. The President also met with tribal leaders after the larger meeting.

Many other 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. I know that it is keeping many of you very busy!

Secretary Sebelius is committed to making IHS a priority, and established the first cabinet level Secretary's Tribal Advisory Committee. She recently attended the National Congress of American Indians Executive Winter Session meeting.

We began our consultation on the IHS tribal consultation process in August of 2009. I formed the Director's Tribal Advisory Workgroup on Consultation and they reviewed input from Tribes. Overall, Tribes have told us that they think the IHS Tribal Consultation Policy is good, but that we could improve the process.

There are many consultation activities ongoing, including many workgroups and committees. We have been careful to hold meetings only when we really need to, since we know you are busy and travel is expensive.

One suggestion of the workgroup was to hold Tribal Consultation Summits. They wanted us to create a "one-stop shop" where Tribes could learn about all of our consultation activities in one place. We began holding these Summits in July 2011. We held another one in March this year, and are planning a third summit for August 7-8, 2012. The IHS Office of Tribal Self-Governance was a primary planner for both consultation summits.

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 have consulted with Tribes on many important issues in the past year, including:

- Improving the tribal consultation process;
- Improving our CHS program;
- Priorities for health reform and implementation of the Indian Healthcare Improvement Act;
- 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;
- Implementation of the long-term care provision in the Indian Health Care Improvement Act (IHCIA); and
- Behavioral health issues – including suicide prevention, the distributions for the Methamphetamine and Suicide Prevention and Domestic Violence Prevention Initiatives, and our MOU with the Department of the Interior on alcohol and substance abuse prevention and treatment.

We appreciate the input you have provided – consultation helps us make better decisions.

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

One of our activities has been to do more outreach and education on the Affordable Care Act to ensure that all American Indians and Alaska Natives understand the benefits of the law. The Act includes insurance reforms that protect those who have insurance from the worst abuses of the insurance industry. It also includes establishment of the State Exchanges, where individuals

and small businesses will be able to purchase more affordable health insurance. And it includes the federally-facilitated Exchange that will be developed for those who live in States that do not fully develop State Exchanges.

The Affordable Care Act also includes an expansion of Medicaid to higher income levels, without other conditions as requirements, which will likely help many of those in our communities. The law also strengthens Medicare and includes the permanent reauthorization of the IHCIA, which is the main authorizing legislation for the IHS.

The IHCIA reauthorization helps increase access to affordable health coverage in many ways, including the new option for Tribes to purchase federal insurance for their employees, and the provision that authorizes the Department of Veterans Affairs (VA) to reimburse IHS for services to eligible veterans.

The benefits of the Affordable Care Act for American Indians and Alaska Natives are significant. Eligible American Indians and Alaska Natives can still use IHS as a health care system. 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 Office of Personnel Management is now accepting applications from Tribes who plan to purchase Federal Employees Health Benefits for their 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 billing volume or frequency in reimbursements. This is a positive change, but it means we will need to ensure we are focusing on improving and measuring quality to maximize our third-party collections and maintain certification and accreditation. I know that many tribal health programs are well positioned to take advantage of the benefits of the Affordable Care Act.

While the Supreme Court is due to hear the repeal efforts for the Affordable Care Act, the Administration is confident in its argument that the law is constitutional and is continuing implementation of the law as planned.

We are also continuing our implementation of the permanent reauthorization of the IHCIA. We recently posted an update to our table that summarizes progress on implementation. Also, we

recently consulted with Tribes on priorities for implementation of the long-term care provision, and a conference was held. We also posted the draft agreement for the VA reimbursement of IHS for services to eligible veterans.

Of course there are many provisions that were self-implementing that are already in place. For example, health care professionals in tribal facilities are 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.

We continue consultation on implementation – you are welcome to submit input at any time at consultation@ihs.gov. We are also partnering with national and Area Indian organizations on education and outreach activities. I encourage you to visit www.healthcare.gov for information and updates on the Affordable Care Act in general, and my Director's blog on the IHS website. We also have a new PowerPoint presentation to help with outreach and education efforts with our community members, which we will be distributing soon so everyone can use it.

We are also making progress on the top staff priorities for internal IHS reform. In 2009, we requested input on priorities for changing and improving the IHS. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I realize that if you manage your own health program, you may not be as interested in this part of the presentation, but some Tribes have asked to hear about what we are doing on our internal IHS reforms.

To start, I've sent messages to IHS staff concerning our focus on improving our business and management practices – such as the importance of customer service, ethics, performance management, and professionalism.

To improve the way we do business, we're working with our Area Directors to make our business practices more consistent and effective and to have better management controls throughout the system. One important area where we have made significant improvements is in how we manage and monitor our budgets. This past year we had our best performance as a part of the HHS Annual Audit.

We are making improvements in human resources, with improved hiring times, better pay rates for some health professional groups, and supervisor training. We have also implemented a stronger performance management system. And the IHS Aberdeen Area is making improvements in its corrective action plan from the Senate Committee on Indian Affairs

investigation. We are also reviewing all other Areas to make sure these issues are not occurring elsewhere.

Our third priority is to improve the quality of and access to care. I know that you share this goal in your health programs. Improving customer service is an important activity for us as we move forward, and I am seeing some great new activities throughout the system.

Our Improving Patient Care (IPC) initiative is an important part of how IHS will make progress on this priority. The IPC is a patient-centered medical home initiative focused on improving healthcare delivery that is centered on what our patients want and need. It also is about working together better as a team.

We have expanded the IPC initiative to 90 sites in the Indian health system and plan to gain support for expanding these types of activities to all of our sites. This initiative will help us with all the delivery system reforms in the Affordable Care Act. IPC4 is recruiting new sites now – if you are not a part of this initiative, I encourage you to join.

A few other initiatives are also helping us improve the quality of care.

The Special Diabetes Program for Indians (SDPI) is continuing its successful activities. They have shown that in partnership with our communities, we can reduce diabetes and cardiovascular disease risk factors in Indian country with innovative and culturally appropriate activities. For example, the Diabetes Prevention Program, designed as a demonstration project to translate research findings into real world settings, achieved the same level of weight loss as the original Diabetes Prevention Program Research study funded by the National Institutes of Health. The SDPI is up for reauthorization in 2013.

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.

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 much to help with this initiative.

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.

And the new Partnership for Patients that was recently launched 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 will likely help with reimbursements in the future.

I encourage you to learn more about these important initiatives. The webpage for the Healthy Weight initiative is at www.ihs.gov/healthyweight. I encourage you to have a look at the Action Guides. I also encourage you to watch the upcoming HBO series, *The Weight of the Nation*. It tells the story of the epidemic of obesity in this country and how we all need to join this public health effort to address it. It will air on May 14 and 15.

Our Methamphetamine and Suicide Prevention Initiative is also reporting some impressive accomplishments for 2011. During the first year of this congressionally-funded initiative:

- 4,370 individuals were identified with a methamphetamine disorder;
- 1,240 people entered a methamphetamine treatment program;
- Over 4,000 people participated in suicide prevention activities;
- 42,895 youth participated in prevention or intervention programs; and
- 647 people were trained in suicide crisis response.

And in 2011, our Domestic Violence Prevention Initiative:

- Created over 220 project-affiliated FTE positions;
- Developed 21 interdisciplinary Sexual Assault Response Teams;
- Served over 2,100 victims of domestic violence and/or sexual assault;
- Screened over 9,100 patients for domestic violence;
- Made over 3,300 referrals for mostly domestic violence services;
- Reached nearly 9,500 community members through community and educational events; and

- Provided 37 trainings events for approximately 442 participants on domestic violence, mandated reporting for abuse, child maltreatment, dating violence, and bullying.

Our list of accomplishments also includes Government Performance and Results Act (GPRA) measures. In FY 2011, for the first time ever, we met all of our clinical GPRA measurement goals. Congratulations to all the IHS and tribal sites that worked so hard to make improvements in the quality of healthcare that we deliver!

Everyone should know where they are for FY 2012 measures – we are almost through with the GPRA year and now is the time to push to ensure we have a good result this year also. I know the Self-Governance Program is working toward this goal with five tribal GPRA pilot projects that have successfully developed and sustained specialized GPRA training for providers, staff support, tribal leaders, and the trainers themselves.

And a second Tribal Best Practices Conference is being planned to assist and encourage tribal programs with GPRA reporting. This conference will also include information on Meaningful Use, IPC, and ICD-10 implementation for tribal systems. The conference is planned for July 22-25, 2012, in Salt Lake City, Utah.

We are also working hard to implement the meaningful use of electronic health records (EHR) in the Indian health system. For Indian health sites that use the IHS Resource and Patient Management System (RPMS), this is an important first step in the process to qualify for and receive the new EHR Incentive Payments from Medicare and Medicaid. IHS is the first large federal healthcare system to have a certified EHR.

This could help bring valuable new resources to the Indian health care system. It is also important for Tribes that don't use RPMS, because they can still qualify for incentive payments if they use a certified EHR. It is important for everyone to make sure they register for the EHR incentive payments.

We need to implement the new ICD-10, or we won't be able to bill for reimbursements. It is extremely important that everyone learns more about what they need to do now, because even with the recently announced delay in implementation by the Centers for Medicare and Medicaid Services, we still have much to do to prepare. As I mentioned, the Tribal Best Practices conference planned for July will include information on the ICD-10 implementation.

Our fourth priority is to make everything transparent, accountable, fair, and inclusive. These principles guide our work and decision-making. I have been communicating more, including sending out IHS-wide "Messages from the Director" and posting the most updated information on IHS activities and initiatives on my Director's Blog. We actually had approximately 35,000 hits to the blog last year!

Accountability for individual and program performance is important, especially in the current environment. In order to get the support we need, we have to demonstrate that our activities result in improved outcomes – for local programs and for the system as a whole. I am pleased that this conference helps us share best practices, and that you choose to help us through your participation in GPRA and other accountability measures.

We are also implementing the IHCIA provision that directs IHS to establish a policy to "confer" with urban Indian health organizations. We will be posting the draft confer policy in the Federal Register soon, and we invite your input.

In summary - we are working to change and improve the IHS through our reform efforts. Renewing and strengthening our partnership with Tribes is an IHS priority, and the IHS continues to support self-governance. The Affordable Care Act, and the reauthorization of the IHCIA, will also help Tribes and the IHS provide better care to American Indian and Alaska Native people.

I still believe we're in a unique time in history, with a supportive President and administration, lots of support at HHS, and bipartisan support in Congress for reform. We must take advantage of this opportunity to change and improve the IHS as we work together. We are making progress, and I know we can continue changing and improving.

I want to thank all of you for your ongoing efforts to meet the healthcare challenges of American Indians and Alaska Natives through self- governance. Let's make the next 20 years of self-governance in IHS even better than the first 20 years!