Indian Health Service
National Council of Urban Indian Health
Annual Leadership Conference
April 25, 2012

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 National Council of Urban Indian Health (NCUIH) Annual Leadership Conference. I will be giving you an update today on our efforts to change and improve the IHS and the Urban Indian Health Program.

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 have made some progress on these priorities system-wide, and also with our urban Indian health programs.

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 I know your IHS funding is a critical part of your ability to sustain day-to-day operations.

We have received increases in the IHS budget each of the last 4 years. Overall, the IHS budget has increased 29% since fiscal year (FY) 2008. However, I know you are concerned that the last significant increase for urban Indian health programs was in 2010, when there was a $6.9 million increase. In 2011 and 2012, we did try to get increases in the urban Indian health program line item for third-party billing improvements, but as you know, there was a 0.2% rescission in 2011, and a 0.16% rescission for this year (2012), which means the urban Indian health program line item budget has decreased in the past 2 years. We also know that you are concerned about the small grants savings that we had to include in the FY 2012 budget, which is

The text is the basis of Dr. Roubideaux's oral remarks at the National Council of Urban Indian Health Annual Leadership Conference on April 25, 2012. .It should be used with the understanding that some material may have been added or omitted during presentation.

affecting funding for some urban Indian health programs. This budget climate has resulted in us having to make some tough choices.

The FY 2013 budget proposal, which the President recently announced, has an overall proposed increase of $116 million (2.7%), with a total budget authority of $4.42 billion. However, I am sure you noticed that we were not able to include a specific increase for the urban Indian health program, due to the small overall increase and the challenge of including as many budget priorities as possible. With the overall climate of deficit reduction and funding cuts, this was a tough year for our budget proposals. And of course we are all concerned about the possible sequestration that may occur as a result of the super committee not reaching a budget deal. So while this is the President's proposed budget, we are anxious to hear what the House and the Senate will propose for the IHS budget.

We are in the early stages of the FY 2014 budget formulation process. We have completed the Area consultation sessions and recently held the national budget formulation session. At the Department of Health and Human Services (HHS) Tribal Budget Consultation, Tribes proposed a 22% increase. This included a proposed $1.6 million increase for Urban Indian Health Programs. Tribal leadership has consistently supported funding urban Indian health programs to serve their members who live away from their communities. I want you to know that IHS supports the urban Indian health programs, and even though we are in difficult budget times, we are trying to find ways to help support your programs.

During the next few months, we'll be collaborating with the Budget Formulation Workgroup to identify how the current budget formulation process can be improved to further support the true health needs of our urban Indian health programs. Once the urban confer policy is in place, I think we will be able to have more direct discussions with you on the budget. I also think that the results of the urban Indian health needs assessment are very timely and will provide further evidence of your needs to Congress.

Our first agency priority is to renew and strengthen our partnership with Tribes – and while I am always glad to see urban Indian health programs at our tribal consultation sessions, we know that the new urban confer policy, authorized by the recent reauthorization of the Indian Health Care Improvement Act (IHCIA), will be a new opportunity to strengthen our partnership with urban Indian organization.

We worked really hard to try to get the urban confer policy posted in the Federal Register by today, but we have a little more clearance to complete. The Federal Register Notice will invite comments for 45 days, and then we can make the policy final soon after that. We look forward to your comments and recommendations on the draft policy.

We have had a number of ongoing consultations with Tribes on many important issues in the past year, some of which are directly relevant to urban Indian health programs, including

- Improving the tribal consultation process;
- Improving our Contract Health Service program;
- Priorities for health reform and implementation of IHCIA;
- Budget formulation;
- Information technology shares;
- Evaluation of the 2007 Contract Support Cost 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 IHCIA; and
- The draft agreement on Department of Veterans Affairs (VA) reimbursement of IHS for services to eligible veterans. We are currently reviewing input on this one, and have noticed letters from urban Indian health programs requesting eligibility for the VA reimbursements. However, the law did not mention urban Indian health programs in this provision, as it did in other provisions, so it may be that legislation would be required to add urban programs. We will review your letters with the VA.

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, and the IHCIA. The second part is about internal IHS reform – how we are changing and improving the organization.

The Affordable Care has many new benefits that will make quality, 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 are significant. We are thankful for NCUIH's involvement in the outreach and education efforts we are supporting. We are working on educational materials with a consistent message that includes the following basic points:

- Patients can still choose to use IHS as a healthcare system, since the IHCIA reauthorization is permanent. But they will have more choices for healthcare coverage, including purchasing insurance through the State Exchanges or the Medicaid expansion. They may even get access through their Tribe for Federal Employees Health Benefits insurance.
- The Act has the potential to benefit all American Indians and Alaska Natives because if they more have "outside" health coverage, services can be expanded at Indian health facilities through increased reimbursements.
- We will need to ensure that we are focusing on improving and measuring quality in order to maximize our third-party collections and maintain certification and accreditation.

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

HHS is taking the lead on implementation of the Affordable Care Act, and IHS is working closely with HHS on the provisions that impact American Indians and Alaska Natives. IHS is the lead on IHCIA implementation. I recently posted an update on my Director's blog to our table that summarizes progress on IHCIA implementation.

We have been conducting consultation activities through outreach calls, meetings, and listening sessions, and input is gathered from Tribes at www.consultation@ihs.gov. We know that many of you participate in these activities. We have also directly provided information through letters to tribal leaders.

We are focusing on education and outreach this year to make sure all American Indians and Alaska Natives understand the new benefits available in the Affordable Care Act. The national Indian organizations are helping us with outreach and education, and they just held a meeting on April 18-19 to provide resources and information on the Affordable Care Act.

I would like to commend the NCUIH staff for the excellent work they are doing in partnering with the National Indian Health Board and the National Congress of American Indians to develop and present training and education sessions on the Affordable Care Act.

Several urban health programs are also doing an exemplary job of working with their local health care organizations to implement the Affordable Care Act. I just visited the Minneapolis Indian Health Board and was pleased to see that they are participating in an Accountable Care Organization.

As I mentioned, we recently posted an update to our table that summarizes progress on implementation of the IHCIA update. Included in that update was Subtitle E, which gives new authorities for urban Indian programs. It includes two provisions that we are making progress on in our implementation efforts: Section 162, which deals with the treatment of the Tulsa and Oklahoma City clinics as Service Units (I understand that tribal consultation was held on this in Oklahoma), and Section 163, which establishes "conferring with urban Indian organizations."

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

We have to improve as a business. The first step is accepting we are in the business of healthcare. We have to be fiscally responsible, balance our budgets, and find more efficient and effective ways to provide quality care. And we all need to consider our business plans for the impact of the Affordable Care Act.

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 ever as a part of the HHS Annual Audit.

Other areas of improvement include reducing staff hiring times and increasing retention rates, improving our performance management system, implementing corrective action plans, and conducting comprehensive Area reviews.

Our lessons learned on all these topics may be of interest to the urban Indian health programs as they develop their business plans for the future.

Our third priority is to improve the quality of and access to care. This includes improving customer service, which 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. Currently, nine urban programs are participating in IPC-3. We are encouraging more urban Indian health programs to apply for IPC-4.

We are also working to maintain and achieve accreditation and certification in our facilities, which I know is of great interest to you. While 6 of the 21 full-ambulatory urban Indian health programs are already AAAHC accredited, we need to help support and encourage the remaining 14 programs to get accredited. Accreditation is going to be linked more with reimbursement over time, so it is part of the business side of healthcare at this point.

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. I also want to mention that HBO is running a series this month on "The Weight of the Nation." This is a good opportunity for us – we can use this as a call to action in our communities. There are some toolkits that will be available.

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 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. We will be focusing 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. Urban Indian health programs are often involved in the follow-up for patients who suffer from these avoidable bad outcomes.

And we are working hard to implement the meaningful use of electronic health records (EHR) in the Indian health system. I know that 26 urban Indian health programs have chosen to use the IHS Resource and Patient Management System (RPMS) EHR system and more are in the process. Our certified EHR is the first step for sites to receive Medicare and Medicaid incentive payments. Three urban programs have signed up for Meaningful Use so far.

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.

And 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. So I am delighted to report that Third-Party Billing and ICD-10 training was implemented in all urban Indian health programs this fiscal year to improve billing and collections.

I encourage you to learn more about these important initiatives.

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 messages from the Director and my Director's Blog, which has the most updated information on IHS activities and initiatives. We actually had 35,000 hits to the blog last year!

Accountability for individual and program performance is important, especially in this political 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. That's why your work to try to meet Government Results and Performance Act targets and to use

the Uniform Data System reports to evaluate your program are important and will help us be more accountable.

As I mentioned, we are also implementing the IHCIA provision that directs IHS to establish a policy to "confer" with urban Indian health organizations. This will help us communicate better with the organizations that we fund to provide health services in urban communities.

In summary - we are working to change and improve the IHS through our reform efforts. The great work you are doing to improve your business practices, as well as the new opportunities we have with the urban conferring policy and the needs assessment, represent new possibilities for partnership with urban Indian health programs.

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. However, we do need to prepare now for the new benefits and their impact on our system and programs.

I want to thank all of you for your ongoing efforts to meet the healthcare challenges of urban American Indians and Alaska Natives and to help us change and improve.