



## **Indian Health Service**

# **United South and Eastern Tribes Annual Meeting**

October 29, 2009

### *Indian Health Service Update*

by

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Good morning. It is an honor and a privilege to speak with you today as the Director of the Indian Health Service (IHS). Thank you for the invitation to speak today at the United South and Eastern Tribes (USET) Annual Meeting.

Let me begin by congratulating USET on your 40th Anniversary! This milestone also commemorates a long partnership between the USET and the IHS in working and advocating for Indian health issues. We have come a long way, and we have a long way to go.

But I am confident we will get there. That is why I was honored to be asked to serve as the Director of the Indian Health Service in this time of hope and change. I think we have a great opportunity to make significant strides towards improving the health of our people during this Administration, with this President.

Today, as I discuss my vision of the future and my priorities for IHS Reform over the next few years, I hope you all will see that USET, along with other tribal and Indian health organizations, has the potential to play a critical role over the next several years as we work to improve the IHS.

My presentation today will cover current accomplishments/challenges of the IHS; the call for change; priorities for the future; and partnering with USET.

Let me begin by stating the IHS mission: The IHS Mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

*The text is the basis of Dr. Roubideaux's oral remarks at the USET Conference on October 29, 2009. It should be used with the understanding that some material may have been added or omitted during presentation.*

The IHS is different from other agencies in HHS because it is a healthcare system, and our business is healthcare. We provide services through a comprehensive primary care network of hospitals, clinics, and health stations on or near Indian reservations, and we provide a range of clinical, public health and community services. As you know, our facilities are managed by IHS, tribes, and urban Indian health programs.

Our focus is on our patients; the American Indian and Alaska Native people that we serve. You can be assured that as a physician in the position of IHS Director, I will always make sure we remember that our focus is on the patient. Our healthcare staff daily provide quality healthcare under very challenging and difficult conditions – I know this from experience.

The IHS conducts its business in partnership with tribes. This partnership is based on the government-to-government relationship and the federal trust responsibility we have to provide health care services. We honor tribes as sovereign nations that have the right to self-determination and self-governance.

I cannot overstate the importance of this partnership with tribes in all of our work. This conference has been all about the federal-tribal trust relationship and the importance of establishing effective and targeted policies to fulfill this responsibility. Effective tribal consultation must be an integral part of this effort.

As the new Director, I see that the Indian Health Service has achieved significant accomplishments in improving the health status of the people its services since it was established in 1955. For example, since 1973, mortality rates have decreased about 84% for tuberculosis; 75% for cervical cancer; 68% for maternal deaths; 58% for accidental deaths; and 53% for infant deaths. Public health surveillance is critical for the IHS so that we can monitor the health status of our patient population over time and see improvements such as these.

IHS has also achieved accomplishments in improving the quality of care over time. For example, the proportion of patients with diabetes with ideal A1C (or glycemic) control has increased from 25% in fiscal year (FY) 2002 to 32% in FY 2008. These types of improvements have been shown to result in reduced complications of diabetes.

However, the IHS continues to experience challenges as it works to achieve its mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. Alcohol related deaths are over six times more frequent among American Indian and Alaska Native people than in the general population; mortality from diabetes and injuries for American Indian and Alaska Native people are nearly three times the U.S. All Races rates; and suicide rates are nearly twice the general population rate. Also, the average life expectancy

for American Indians and Alaska Natives is still nearly 5 years less than that for the U.S. general population (72.3 vs. 76.9).

Challenges also remain in terms of the quality of care. Mammography screening rates have improved, but are still far below target levels. The 2008 rate of 46% still falls well short of the Healthy People 2010 goal that “at least 70% of women aged 40 years or older will have had a mammogram in the past two years.”

The challenges we face in the Indian healthcare system are driven by a host of medical, cultural, geographic, and socio-economic factors, including:

- Population growth – that results in an increased demand for services
- Rising costs/medical inflation – especially in rural areas
- Increased rates of chronic diseases – such as diabetes, cancer
- Difficulty recruiting and retaining medical providers in our remote sites
- Challenges of providing rural healthcare
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- And in the face of all these challenges, trying to balance the needs of patients served in IHS, tribal and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. For example, per capita expenditures for IHS are much lower than those for other federal healthcare sources, such as Medicare, Medicaid, Veterans Affairs, etc. And even though the IHS budget has shown some small increases over the years, its buying power has actually decreased, due to inflation and escalating medical costs.

All of these challenges impact programs funded by the IHS, including tribally-managed programs, IHS Direct Service programs, and urban Indian health programs. Tribes often have to use their own resources to make up for the shortfalls in funding. IHS Direct Service programs are concerned about whether the IHS will continue to be able to meet their needs as more tribes apply to contract or compact their health programs. And urban Indian health programs face numerous challenges trying to serve the growing urban Indian population.

Because of these challenges, it wasn't a surprise to hear a great call for change as I did in my work on the Transition Team. In listening sessions with tribes, they indicated the need for both new funding and change and improvement of the IHS. President Obama has stated his goal of quality and accessible care for First Americans. He voted for increased funding and co-sponsored the Indian Healthcare Improvement Act reauthorization while he was a Senator. His administration is all about change.

During my congressional visits for my confirmation hearing, I found great support for increased funding and improvements for the IHS. And I see evidence of hope and change already:

- The President's proposed 2010 budget for the IHS calls for an almost 13% increase – the largest in 20 years.
- The American Recovery and Reinvestment Act funding provided \$590 million to the IHS for facilities and sanitation projects, maintenance and improvement, medical equipment, and health information technology.

One of the most hopeful signs I see is the appointment of several Native people to critical positions in the new administration. With so many of us in the new administration, we can work together in new and innovative ways on a variety of issues of importance to our communities.

Therefore, as the new Director of the Indian Health Service, I plan to focus on four priorities for our work over the next few years:

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

One of my top priorities as IHS Director is to renew and strengthen our partnership with tribes. I believe that the only way that we can improve the health of our communities is to work in partnership with them. This partnership is based on the government-to-government relationship between the federal government and the tribes. It is also based on the federal trust responsibility to provide healthcare.

Tribes are important partners to IHS; they currently manage over half of the IHS budget. I am now consulting with tribes on our tribal consultation process to see how we can improve the process of how we work in partnership and make consultation more meaningful at all levels.

I want to distinguish between the internal reform we need to bring to IHS over the coming months and years and the broader system reform currently under consideration in Congress– legislation is pending on national reform.

In terms of National Health Insurance Reform, this is a priority of President Obama. The Goals of National Health Reform have been consistent – that all Americans, including First Americans, should have increased access to quality and

affordable healthcare. In addition, the various proposals have worked to try to reduce healthcare costs, and to promote security and stability in coverage, so that, for example, you are not denied health insurance due to pre-existing conditions.

National Health Insurance Reform has been the subject of spirited debate in Congress. Several bills have been introduced by both the House (3) and the Senate (two with Senate Finance Committee markup).

Various provisions under consideration include public options, coops, insurance marketplaces or exchanges, penalties, expansion of Medicaid, subsidies, employer requirements and subsidies, and quality of care and prevention provisions. The next step is for the Senate and then Congress to come up with a final bill for the President to sign. Overall, there is 80% agreement on these types of provisions – closer than ever to a health reform bill.

National Health Insurance Reform applies to American Indians and Alaska Natives because they are a part of the U.S. healthcare system, and often use other sources of healthcare than IHS, including private insurance, Medicare, Medicaid, the VA, etc.

I now want to distinguish between the internal reform we need to bring to IHS over the coming months and years and the broader system reform currently under consideration in Congress.

It is clear that in order to get the support we so dearly need, we have to demonstrate that we can change and improve. My priority to bring internal reform to IHS means taking a look at what we are doing, in partnership with tribes, and with all of our staff, and identify what we are doing well, and where we need to improve.

I have started by gathering a wide range of input, including through tribal consultation (such as the letter I sent last month to tribes asking for input), input from health providers and staff, and input from our patients/consumers. Once we identify our priorities for change, we can begin the process. I hope to hear ideas and get input from all those involved in Indian health care.

I am currently asking about “priorities” for internal IHS reform – since we cannot do it all at once – I want to know where tribes think we should start. You can track our progress on [www.ihs.gov/reforms](http://www.ihs.gov/reforms). We are posting information about both national health reform and internal IHS reform activities on the website. This will help us be as transparent as we can as we move forward with these important activities.

My third priority is to improve the quality of and access to care for the patients we serve. I will review ideas we receive through the input process for internal IHS reform in the coming weeks to months. I will also seek input more formally from tribes, providers and patients served by our system

My fourth priority is to make all of our work more transparent, accountable, fair and inclusive. Transparency and accountability are priorities of the Obama administration. This will involve better communication and information about our activities; for example, we have established a website for tracking activities related to health reform by IHS – [www.ihs.gov/reforms](http://www.ihs.gov/reforms) .

We also have to make sure that any changes or improvements that we make to the Indian health system benefit all of our patients, whether they are served by IHS, tribal or urban Indian health programs.

With these priorities in mind, I value the partnership IHS has with USET because we need your help and expertise as we move forward. We are already partnering on a number of activities:

- USET and the IHS have collaborated on improving health information data quality and collection in a number of ways;
- USET has worked with the IHS on standardizing coding to meet Government Performance and Results Act (GPRA) billing and data demands;
- The USET tribal epidemiology center is collaborating with IHS epidemiologists on improving the methods use by epidemiology centers for producing community health profiles;
- USET has partnered with the IHS Alaska Area tribal organizations to promote GPRA reporting for tribally operated health programs and to document best practices that can be shared nationally;
- USET has worked with IHS in providing training in electronic health records and patient care component documentation to nurses; and
- USET has been instrumental in advocacy issues.

I hope to see USET members and the organization play an important role as we move forward with internal IHS reform. I am interested in hearing your ideas for reform and improvement of the IHS. I hope we can come up with some new and creative ideas, based on lessons learned from what we are doing well and not doing well. How can USET have a role in the input process and the process for change?

I am looking forward to strengthening our partnership with USET as we move forward with this exciting work.

In summary, it is clear that we need more resources to meet our mission, and that we must demonstrate willingness to change and improve. I know we all agree on the outcomes of these efforts: we need to improve the quality of and access to

care for our patients, and we need to improve the health status of our people and eliminate health disparities in our communities

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients.

I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. This is our opportunity for change. I hope you all can join us in this critical work over the next few years.

Thank you.