



## Native Health Research Conference

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(Video Presentation)

### Director's Update

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). I am sorry I am unable to be with you in person today. I'm truly disappointed that I am unable to attend, especially since I grew up in Rapid City and I was also hoping to see some old friends!

I have reviewed the conference agenda, and the sessions look very relevant and timely. Thanks so much to everyone involved in the planning for this conference.

Today I would like to provide an update on what we are doing to change and improve the IHS, along with what we are doing related to research.

As I stated last year at this conference, I set four priorities for our agency's work over the next few years – to help guide how we are changing and improving. We have accomplished a lot, but have much work still to do. Here's a summary since last year:

- **Our first priority is to renew and strengthen our partnership with Tribes.**
  - We have strengthened this partnership through various consultation activities throughout the year, including formal consultations on the contract health services program, the tribal consultation process, and the Affordable Care Act and Indian Healthcare Improvement Act (IHCA) implementation. I have attended numerous tribal meetings and have visited 9 of 12 IHS Areas to meet with Tribes.
  - I know that these efforts are creating the foundation for a better partnership. We need to partner with our Tribes in all our efforts, including research and data issues – we will be more effective at improving the health of our communities.

*The text is the basis of Dr. Roubideaux's oral remarks to the Native Research Network Conference on July 29, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.*

- **Our second priority is, in the context of national health insurance reform, to bring internal reform to IHS.**
  - Since I saw you last year, we had big news – the health reform law finally passed along with the long-awaited reauthorization of the Indian Health Care Improvement Act!
  - The health reform law, or the Affordable Care Act, will benefit American Indians and Alaska Natives by increasing access to quality and affordable health care, and by reducing health care costs. There are many provisions in the law that impact American Indian and Alaska Native individuals and Tribes and our IHS facilities.
  - The reauthorization of the IHCIA is permanent, and modernizes and updates the IHS. This includes new authorities for programs and services that will benefit our communities over the years.
  - The IHS is actively participating in the implementation of the Affordable Care Act with the Department of Health and Human Services (HHS), and is leading the implementation of the IHCIA. We are very, very busy trying to implement the IHCIA as soon as possible. You can find out the most current information on my Director’s blog on the IHS website.
  - If you want updated information on the health reform law, please visit [www.healthcare.gov](http://www.healthcare.gov), which is an interactive website where individuals can actually find affordable insurance options.
  - The other part of this priority is how we are reforming the IHS. I gathered input from Tribes and staff last year on their priorities for how we can change and improve the IHS. Tribal priorities included more funding, improving the contract health services program, and improving consultation.
  - Staff priorities focused on improving the way we do business and how we lead and manage people. As a result, we are working on improving our hiring process and how we do performance, communication, and financial/budget management.
  
- **Our third priority is to improve the quality of and access to care for patients who are served by IHS.**
  - Our initial focus in this priority has been on customer service. Our patients deserve to be treated in the kindest and most respectful manner. We have a long way to go, but I am starting to see some improvements.
  - We are also expanding our Improving Patient Care, or medical home initiative, to 100 more sites over the next 3 years. This will help us improve the environment and process of care to focus on making the care experience better and more focused on the patient.
  - I know that some of you are doing research on best practices and improving the quality of care – I am asking for examples of best practices that we can learn from and share. I think we don’t need to reinvent the wheel here – we have some sites in IHS, tribal, and urban Indian health programs that are providing excellent customer service, quality care, and accessible care. If you have any examples, please send them to [quality@ihs.gov](mailto:quality@ihs.gov).
  
- **Our fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.**

- To be more transparent and accountable, I have been doing more to communicate what we are doing on all these priorities. In addition, we are updating our website and my Director's corner, which includes my Director's blog, which provides short updates and the most current information.
- Accountability is also about how we measure performance of our staff and our programs, and we are making improvements in this area as well.

I developed these priorities based on a significant call for change from Tribes, our staff, and patients. The call for change is clear. While most cite the need for more funding for the IHS, it's clear that we also need to improve the way we do business. We are making progress, and I hope you can help us improve in these areas.

**So how do these priorities relate to Native research efforts?** It is true that the IHS is not a research organization; we do not have a line item budget for research. As a result, research is not one of our primary activities – our primary focus is on health care. However, research, data, and evaluation impact all we do in the IHS. And they will play an important role as we move forward with my priorities for our work in the IHS.

We are strengthening our partnership with Tribes on issues related to research data and evaluation – we need to work well together to ensure that we effectively share good data to monitor the overall health of our communities.

We need to consider, as a part of our efforts to incorporate health care reform and improve the IHS, how to ensure we are doing the best we can for our patients – that we have the best quality of health care. Research and evaluation help us in ensuring we have evidenced-based care with high-quality standards, and in evaluating our quality improvement efforts to improve what we do as an agency.

This also helps us improve the accountability of what we do – demonstrating that we are performing well, providing quality care, and meeting the expectations of patients. Congress is increasingly demanding that we evaluate our efforts and show that we are improving outcomes and using our resources wisely.

I have met with Dr. Francis Collins, the Director of the National Institutes of Health, and with other Institute Directors on several occasions. They have indicated a strong commitment to working with the Indian health program to increase research activities in American Indian and Alaska Native communities. I have also talked with other agency heads in HHS, such as the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, about how we are evaluating our programs and trying to make sure we are coordinating our efforts on a number of topics.

We are so proud of the Native American Research Centers for Health (NARCH) program and all the collaborative research and training activities that are truly a result of tribal and university partnerships. We are starting the NARCH 6 funding cycle, and plan to have a NARCH 7 Requests for Applications in the coming year.

We have increased our participation in the HHS Health Disparities Council, with a focus on coordinating and collaborating on research activities among ethnic minorities and other vulnerable populations.

The health care reform legislation I mentioned earlier has many provisions for using research to enhance the quality of health care services being delivered in this country. The IHS is

committed to working with other federal agencies to ensure that American Indian and Alaska Native issues are addressed as the laws are enacted. It is one of my key priorities.

Because of the need for expertise in conducting research, we have renewed our efforts in working with academic and research institutions in a more formal arrangement. For example, we have renewed our Memorandums of Agreement with Mayo Clinic and Harvard University to address student programs and to collaborate on research that the Tribes want in their communities.

All these efforts are aimed at supplementing our resources and enabling us to have a part in the research activities in American Indian and Alaska Native communities, even though as I mentioned earlier, the IHS is not actually a research organization. We rely on organizations like the Native Research Network to work with us to ensure American Indian and Alaska Native communities and researchers are actively engaged in research as peers, and not just as volunteer human subjects.

In summary, it is clear that the Indian health system needs more resources to meet our mission. We must demonstrate a 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?

It's clear to me that as we move forward, research, data and evaluation will play very important roles as we change and improve the IHS. My career prior to this job was as a researcher, and my staff members now know that I always want to see the data and emphasize evaluation in everything we do. I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. I hope you all can join us in this critical work over the next few years.

Thank you.