

Indian Health Service
Nurse Leaders in Native Care Conference

July 20, 2010

Indian Health Reform

by

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Good morning. It is great to be here with all of you today for this important conference, as we share information on nursing and nurse leadership issues that are important to Indian health care. Today, as part of this information sharing, I will be giving you an update on what we are doing to reform Indian health care, and a few words on the role of nurse leadership in these reform efforts.

As you know, I have set four priorities for our work over the next few years – these priorities are not just the Director’s priorities - they are the agency’s priorities as we move forward:

- To renew and strengthen our partnership with Tribes;
- In the context of national health reform, to bring reform to the Indian Health Service (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.

Today, I will use these priorities as a framework to talk about the progress we are making to change and improve the IHS. As the “front line” of the IHS healthcare system, nurses and nurse leaders have a vital role in implementing many of these changes.

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.

Well, this was true when I was an IHS physician back in the early 1990s. Seems like we are still facing the same daunting challenges today, and that they are still getting in the way of providing the quality of healthcare our patients deserve.

So what is different now?

The text is the basis of Dr. Roubideaux’s oral remarks at the Nurse Leaders in Native Care Conference on July 20, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

I would not have agreed to become the Director of the IHS if I didn't think there was hope for change. President Obama has made it clear that he wants to honor treaty commitments, and Secretary Sebelius has shown strong support for improving the IHS. The leadership in the Department of Health and Human Services (HHS) has demonstrated a willingness to learn about and help address American Indian and Alaska Native health issues. And I have seen significant congressional support for change and improvement in the IHS.

And I already see evidence of change in this new Administration:

- In the fiscal year (FY) 2010 budget – this year's 13 percent increase is the largest percent increase in 20 years;
- In the FY 2011 IHS budget proposal with an almost 9 percent increase – the largest percent increase of all Operating Divisions within HHS;
- In the provision of \$590 million in Recovery Act funding that is resulting in much needed renovations, improvements, and equipment; and
- In the passage of the health care reform bill with several provisions for American Indians and Alaska Natives and Tribes, and
- In the permanent reauthorization of the Indian Health Care Improvement Act (IHCA).

All of these positive changes make me believe that we have a unique opportunity right now, with a supportive administration, to make progress on changing and improving the IHS. I am committed to doing as much as we can in the time we have with the current administration. For me, that's from 3 to 7 years. For the IHS, it needs to be the beginning of fundamental change over the next several years.

I will start my update now with what I see as one of our top priorities, which is to renew and strengthen our partnership with Tribes. I truly believe that the only way we are going to improve the health of our communities is to work in partnership with them.

From both a medical and a public health perspective, it is clear that what we do in our IHS, tribal, and urban health facilities is impacted by the context within which our patients live. You see this everyday - we provide health care in the context of an individual, family, community, and nation. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better as partners with our communities.

I am grateful for my public health training because it helped me see that the solutions to our communities' health problems will not be solved with efforts that just focus on our clinics or hospitals. We need to partner with our communities. Our Tribes, as sovereign nations, are responsible for the health and wellbeing of their members, and we can do so much more working with them. I know many of our nurses, including our public health nurses, work closely with our communities.

So I am grateful that with this new administration, tribal consultation is a priority. In November 2009, President Obama signed the Executive Order on Tribal Consultation, which supports our partnership in health with Tribes. He signed it at the first-ever White House Tribal Nations conference. Both of these historic events sent a strong message that this administration truly supports tribal consultation and working in partnership with Tribes.

Secretary Sebelius has also demonstrated her commitment to tribal consultation and partnership by meeting with Tribes on several occasions so far. This included an historic moment where the Secretary held a private meeting with tribal leaders in her office on March 3, 2010. This was also one more sign of this administration's dedication to tribal consultation.

We recently consulted with Tribes on how to improve the tribal consultation process, how to improve the Contract Health Services program, priorities for health reform/IHCIA implementation, and on the FY 2012 budget. I plan to formally consult on other topics this year, including the Indian Healthcare Improvement Fund, health care facilities construction, and my third priority on improving the quality of and access to care.

I have also held extensive listening sessions with Tribes and am in the process of visiting all 12 IHS Areas to consult with Tribes. I have visited 9 Areas so far, and am looking forward to my upcoming sessions with the Navajo, Aberdeen, and Alaska Areas. I have found these visits to be very helpful in understanding broad themes and the specific needs of each Area. It's important that we strengthen our partnership and that Tribes help create the vision for IHS reform.

During the Area consultations, I usually meet with the tribal elected officials as a group in the morning. In addition to meeting with the entire group, I also meet individually with Tribal Leaders to hear about their priority issues and recommendations from a local perspective. I am grateful that these busy tribal leaders are taking the time to meet with me on health issues. It helps us see how we can move forward in partnership. We all want the same things – better health care for our patients and our communities. It's important that we find more ways to work in partnership together.

My second priority is “in the context of national health insurance reform, to bring reform to IHS.” This priority has two parts – and as you all know by now, the first part includes passage of the health reform law.

Health care reform has been a priority of President Obama – the goals have been to increase access to high-quality, affordable health care; provide security and stability for those who have insurance; and reduce health care costs. And now these goals are being actively addressed with the passing of the health care reform law, the Affordable Care Act, which President Obama signed into law on March 23, 2010.

As part of that bill, the IHCIA has been permanently reauthorized! After 10 long years of hard work by many, including our tribal leadership – many of whom are in this audience – this is a major victory for Indian Country. The new law has numerous provisions that will positively impact our programs and the patients we serve.

One of the most common questions I get is, “How will health care reform help American Indians and Alaska Natives?”

Health care reform means that individuals and small businesses will have more affordable options for health insurance through the creation of state-based Exchanges by 2014. This should result in 32 million more Americans being covered.

In addition, Medicaid coverage will be expanded to individuals with incomes up to 133% of poverty level.

This means that our patients, American Indians and Alaska Natives, will have more choices – to use IHS, and/or to purchase more affordable health insurance.

And it means that the entire Indian health system – our Tribes and our facilities - may benefit from reduced health care costs, more choices, and better coverage. If more American Indians and Alaska Natives are covered by health insurance and they choose to see us, we could see more third-party reimbursements.

The challenge we face is that as more patients have the choice of where they can receive their health care, we must become more competitive. We must demonstrate that we deliver quality health care and provide excellent customer service. So the work we are doing to reform the IHS is even more important.

And the Indian Health Care Improvement Act was included in the health care reform law – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund health care services for American Indians and Alaska Natives. And it *permanently* reauthorizes the IHCA.

There was a rumor that IHS would no longer exist with passage of the health care reform law. That rumor is not true. I want to assure you that the reauthorization of the IHCA and recent increases in the budget underscore that fact that there is strong support for IHS and it will still be here.

The IHCA updates and modernizes the IHS. The provisions are numerous but many of them give IHS new authorities. This includes:

- Authorities for the provision of long-term care services;
- New and expanded authorities for mental and behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian programs;
- Authorities for various demonstration projects, including health professional shortages and innovative health care facility construction;
- The authority for provision of dialysis services;
- Authorities to improve the Contract Health Services program;
- And authorities to improve facilitation of care between IHS and the Department of Veterans Affairs.

Another common question we are getting, beyond what is in the new law, is about what we plan to do to implement the provisions in the IHCA. HHS is taking the lead on implementation of health care reform in general. IHS is working closely with HHS on the provisions that impact American Indians and Alaska Natives, and also taking the lead on implementation of the IHCA.

It is clear that we cannot implement the entire law all at once and that this will need to occur over time. We are reviewing provisions and developing next steps and timelines. Some provisions are immediate, and some require funding or additional work.

We also must take time to consult with Tribes on this important new law. We must consult in a meaningful but efficient way so we can keep moving forward with implementation. We are working very quickly, but also very carefully – we want to do this right the first time.

We recognize that education and communication are priorities at this time. So we are taking step to keep you informed. You can find updates on our implementation process on my Director's Blog at www.ihs.gov, or about health care reform in general at www.healthreform.gov, or www.whitehouse.gov. And HHS just unveiled a new website – www.healthcare.gov – that helps the public understand how health reform benefits them. Also, the letter to Tribal Leaders requesting consultation on health reform and IHCA included a fact sheet and tables that summarize the provisions relevant to Indian country.

I encourage you to learn everything you can – our patients will have questions about how the new law impacts them.

The next part of the second priority is about bringing internal reform to the IHS. In order to get the support we dearly need, we must demonstrate a willingness to change and improve . . . It is clear that Tribes, staff, and our patients want change. By internal IHS reform, I mean we need to look at what we do well, and be honest about where we need to improve.

I want to thank those of you who provided input last year on your priorities for how to change and improve the IHS. There is so much to do – it really helped me to hear from you about your priorities where you think we should begin this important work.

Tribal priorities for internal reform included:

- More funding for IHS, including a review of how we allocate funding;
- Improvements in the Contract Health Services program; and
- Improvements in the tribal consultation process.

We are working on these priorities, as I have already described. We are also making progress on the top staff priorities for internal IHS reform.

Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I can understand this – as a clinician, I just wanted to see and help patients, but the way we were doing business was getting in the way.

To improve the way we do business, we are working with HHS and our Area Directors to improve how we manage and plan our budgets so that we can improve how we work with UFMS. I know this has been an area of significant frustration. I hope you are seeing improvements.

To improve how we lead and manage staff, we are working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming.

We are also working on improvements in pay systems and strategies to improve recruitment and retention. This work is in progress and we will update you as we move forward. I recently held an “HR Summit” that brought together various perspectives on how to improve our hiring process. Everyone who hires someone in our system needs to help us improve in this area.

We can also use your input on this priority since I know nurse leaders are very familiar with nursing workforce issues that impact on retention and turnover rates, and how to best manage our human resources. I am sure you can help us deal with these issues.

I have sent messages to IHS staff on improving our business and management practices – such as the importance of customer service, ethics, performance management, and professionalism. Many of our staff members want improvements in these areas, and our work starts with a strong message from the top that these are important areas for all of us. Nothing is more frustrating than working with someone who is unprofessional, or who does not treat patients or staff well.

I can use your help with getting this message out – nurse leaders are connected to the largest workforce in the Indian health system, which places you in a unique position to help communicate the importance of customer service, ethics, performance, and professionalism to our staff. We are also updating our performance management process and measures to better reflect the priorities and work of the agency, and we will be further clarifying expectations for managers and staff on successful performance management.

Overall, we need to improve how we do business as an agency – yes, we are a “service” organization with a great mission, but we also have to function as an efficient and effective business to survive, given the context and challenges we face. As we do better as a business, you can be assured that as a health professional who has worked in IHS I will make sure we don’t forget that our ultimate focus is on the patient.

In relation to my third priority, to improve the quality of and access to care, I started by identifying the importance of customer service – how we treat our patients and how we treat each other. I am now starting to see activities to improve customer service throughout the system.

I have communicated my expectations to all staff that it is a part of their job performance to treat all our customers with outstanding customer service – this includes our external customers, which would be our patients and Tribes, as well our internal customers, which would be our staff.

We also plan to expand the Improving Patient Care initiative to 100 more sites over the next 3 years. This is our “medical home” initiative.

And I began collecting best practices in providing quality care last year – we need to avoid reinventing the wheel by doing a better job of sharing what we are doing well and disseminating that information more effectively. We know our programs and facilities are doing some great things, especially in the provision of culturally competent care.

I hope to hear from you about your best practices and ideas to improve quality – you can send them to quality@ihs.gov.

As leaders of our largest workforce, I am relying on each and every one of you to help us achieve high-quality customer service, care, and access. We need all of you to make your settings the best possible place to receive care because we know that satisfaction with nursing care is one of the strongest indicators that patients are happy with their place of care.

As nurse leaders we need you to ensure that evidence-based practice is a part of everyday care, and that care is delivered in a culturally competent manner.

As leaders of the largest numbers of direct care providers, we need you to ensure that our environment of care is safe for the patient, family, and staff. We need you to monitor your Webcident reports, track trends in patient and staff safety incidents, and be proactive about addressing problem areas.

And as nurse leaders, we rely upon you to ensure we have the most competent workforce. We count on you to monitor competence and provide staff with opportunities to maintain and update their competency.

My fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began my tenure as the Director of the Indian Health Service, I have worked hard to improve our transparency and communication about the work of the agency. This includes working with the media, sending more email messages and *Dear Tribal Leader* letters, holding regular internal meetings, and giving presentations at meetings like this.

We have also enhanced our website with the IHS Reform page, Director's Corner, and Director's Blog, which contain important updates and information about reform activities.

Nurses are key to communicating our agency priorities, strategies, and messages to the bulk of our workforce. I rely upon you, our nurse leaders, to ensure that my messages are conveyed, and that our staff are aware of the many venues available for information sharing and gathering.

And we are looking at ways to improve IHS-wide communication among Areas, Service Units, and Headquarters. We need to be functioning as one unit, as a team, more than as separate entities, in order to provide the best services possible to our patients and our people. Not only do we need to communicate better with each other, we also need to communicate better with the patients and Tribes we serve.

To help us be more transparent about all we are doing to change and improve the IHS, I have made, with the help of our IT staff, some important updates to our IHS website. One addition that I mentioned earlier is my "Director's Corner," which is linked to the IHS home page. There you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages. And you will also see an orange "Director's Blog" button that you can click on that will take you to my blog. I plan to use the Director's Blog to post brief updates on our activities and the latest IHS news at least weekly. This is one of many efforts to be more transparent about what we are doing as an agency.

I encourage you to visit this blog at least once a week for updates. I have posted pictures of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings. Here's a picture from the Billings Area consultation. I think it is important that the public know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work to change and improve the IHS. Over the next weeks to months, our activities should become more visible in all IHS Areas. The changes we are working on are fundamental improvements in how we do business as an agency, and I believe they will help address many of the priorities for change as expressed by staff and by Tribes.

Our staff, our patients, and the tribal communities we serve need to see that we heard their priorities and their input, that we are committed to changing and improving, and that we are now implementing specific activities to change and improve IHS.

But we will need your expert help and guidance as we move forward over the next few years. With your help, I am confident we can make real progress in improving health care for American Indian and Alaska Native people. You are a critical part of our healthcare teams and we need your help to change and improve the IHS.

I would like to conclude by thanking all of you for the work you do to help improve and enhance the provision of quality health care services to the patients we serve.

Thank you.