



Indian Health Service

United South and Eastern Tribes Annual Meeting & EXPO Board of Directors Meeting

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Remarks

by

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Good afternoon. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). I am very pleased to have this opportunity to provide an update for you today on how we are changing and improving the IHS. I am grateful for all that you do for the health of American Indians and Alaska Natives and for your partnership with the Indian Health Service.

I would first like to provide an update on the IHS budget, since we all know that the budget is a huge factor in how we are able to change and improve the IHS.

You may remember that we got a 13% increase in the IHS budget in fiscal year (FY) 2010, which was a great help to all of us. In FY 2011, while the President proposed a 9% increase, the congressional debate on the budget and the near government shutdown resulted in Congress passing a Continuing Resolution through the end of the fiscal year with only a 0.4% increase (about \$17 million) for IHS. We did fare much better than most other agencies that received millions of dollars in cuts. However, you likely know that we need an increase of at least \$200-300 million each year to maintain current services.

The budget for FY 2012 is still in progress. The President proposed a 14% increase, then the House proposed a 10% increase, and just recently the Senate proposed a 5% increase for IHS. We are currently on a continuing resolution until November 18 and Congress is still talking about budget cuts, and the congressional "super committee" is meeting on a plan for further deficit reduction. We don't know at this time where we will end up for the rest of FY 2012, but we will keep you posted.

The text is the basis of Dr. Roubideaux's oral remarks at the USET Annual Meeting & EXPO, Board of Directors Meeting, on November 9, 2011. It should be used with the understanding that some material may have been added or omitted during presentation.

We are in the middle of the FY 2013 budget formulation process with the Department of Health and Human Services (HHS) and the Office of Management and Budget (OMB), and we have been promoting tribal priorities from our budget formulation process. We will learn the outcome of these deliberations with the announcement of the President's budget in February.

We are also ready to begin the FY 2014 budget formulation process. I hope you participate actively in making recommendations in the Area budget formulation meetings this fall. I do consider the national recommendations as well as the recommendations from all IHS Areas in our budget formulation process to make sure to take into account the priorities of Tribes from all Areas.

I have been working aggressively with HHS, OMB, the White House, and Congress to advocate for the IHS budget. We have to do everything we can to take advantage of the immense support we have right now.

I would like to mention a few things about our progress on IHS priorities, and then will answer some questions.

In terms of our first priority, to renew and strengthen our partnership with Tribes, we have continued implementation of tribal recommendations for improvements in our tribal consultation process. We are making improvements in our communication about consultations and the information on our website, and we are looking at ways to ensure all our workgroups and committees are more effective and efficient. Our Tribal Consultation Summit in July, which was a one-stop shop for information on our tribal consultation activities, received a good evaluation, and we plan to hold another one soon. I am starting to hear that in addition to our national consultation improvements, Tribes are starting to see some improvements in Area and local consultation. We still have much to do, but it was our goal to focus improvements this year at the Area and local levels, so let me know if you are seeing improvements.

We should be communicating with you soon on the outcomes of a few of our active consultations, including the final recommendations from the Improving the Contract Health Services (CHS) workgroup; the final decision on whether to make improvements to the Indian Health Care Improvement Fund formula; the final data sharing agreement between IHS and the Epidemiology Centers; and the final recommendations on Information Technology Shares. New consultations include evaluation of the 2007 Contract Support Costs policy, and for HHS, a consultation on expansion of self-governance in HHS beyond IHS. Secretary Sebelius also recently sent a letter to States encouraging them to consult with Tribes on programs receiving federal funding from HHS.

I also would like to hear your thoughts about our Nashville Area Director position. I am grateful for the service of RADM Ritchie Grinnell as acting director for the Nashville Area, and now that he has moved on to the Albuquerque Area, we continue to have Martha Ketcher in the acting director position. I would like to have an Executive Session at some point with the USET tribal leadership to discuss our options. Perhaps we can take 5 minutes out towards the end our discussion for this purpose.

In terms of our second priority, to reform the IHS, we have made progress on implementation of the Affordable Care Act (ACA), the Indian Health Care Improvement Act (IHCIA), and our internal IHS reform efforts. Tribes have submitted comments on the Notice of Proposed Rulemaking for the State Affordable Insurance Exchanges. Starting in 2014, the Exchanges are how individuals and small businesses will be able to purchase more

affordable insurance and get access to the Medicaid expansion. HHS recently announced that it is willing to work with Tribes and Congress on a legislative solution to address the non-uniformity of definitions of Indian in the ACA. I recently held a discussion session at the National Indian Health Board (NIHB) Annual Consumer Conference on the new delivery system reforms and payment reforms that will mean our facilities must improve their ability to demonstrative quality in order to maximize their reimbursements.

We have a lot to do to prepare for the ACA provisions that go in place in 2014. I know that tribal leaders get questions on the ACA all the time from their members wondering how it will impact them. That's why I have provided funding to the NIHB, National Congress of American Indians, National Council of Urban Indian Health, and all IHS Areas to work with health boards on outreach and education on what is in the new law. I encourage you to go to www.healthcare.gov to learn more about the Affordable Care Act.

In terms of the reauthorization of the IHCA, we are still working hard to implement the provisions that we can within available resources and have published a table summarizing our progress. Today I would like to provide an update on two important IHCA implementations. First, the Office of Personnel Management posted an update last week on their website on their implementation of the Access to Federal Insurance provision in the IHCA. This includes Federal Employees Health Benefits and Federal Employees Group Life Insurance coverage. Tribes, tribal organizations, and urban Indian health organizations can begin purchasing Federal Employees Health Benefits coverage for their employees in Spring 2012, with the earliest effective start date to be May 1, 2012. A tribal technical workgroup is scheduled to meet November 8, 2011, to help with implementation details. Second, we are working with the Department of Veterans Affairs (VA) to develop a reimbursement agreement for the Secretary of the VA and HHS by the end of the year. We welcome any input you have on how you think this should work and will be formally consulting with Tribes soon.

In terms of internal reform of IHS, we continue to improve our business practices, such as financial management, human resources, and performance management. For example, we have reduced average hiring times from 140 days to 81 days and are continuing to make improvements to the hiring process. We are continuing to make improvements in response to the recommendations of the Senate Committee on Indians Affairs investigation of the Aberdeen Area and are in the middle of conducting IHS Area reviews to make sure the findings are not occurring elsewhere. We are responding to the recommendations from the GAO on Unmet Need for the CHS program and incorporating them into the work of our Tribal Federal Workgroup on Improving CHS. You may have noticed that we are paying for more CHS referrals due to the increase in funding we received in FY 2010 – but it is clear there is still significant unmet need.

In terms of the third priority, to improve the quality of and access to care, we continue to promote better customer service and to implement the Improving Patient Care initiative to create a medical home for our patients. And this year, for the first time, both IHS and tribal programs met all of their clinical Government Performance Results Act indicator targets, thus demonstrating quality care and good use of federal resources. Our Special Diabetes Program for Indians, Methamphetamine Suicide Prevention, and Domestic Violence Prevention Initiatives are continuing to show great outcomes of their work.

I hope you all heard that the Health Resource and Services Administration (HRSA) approved 490 IHS, tribal, and urban Indian health sites for the National Health Service

Corps loan repayment and scholarship programs, and we all must make sure we benefit from the increased number of healthcare providers who will be available to work in underserved areas. I sent a letter out with instructions previously to make sure HRSA has your updated information. We also continue our work with the Centers for Medicare and Medicaid Services on accreditation/certification, an important marker of quality, and with the VA on the implementation of the VA-IHS Memorandum of Understanding to improve coordination of services for veterans eligible for both IHS and the VA. I have asked all of my Area Directors to meet with VA's Veteran Integrated Services Network directors and with Tribes to help improve coordination of services for the American Indian and Alaska Native veterans we serve.

In terms of the fourth priority, to make all our work transparent, accountable, fair, and inclusive, we continue to try to find ways to communicate more about what we are doing. I just found out that in the past 3 months, my Director's blog had over 10,000 hits on our website from over 8,800 unique visitors. I continue to use it to provide access to the most current announcements and information.

We are doing a better job holding employees and programs accountable through a better performance management and overall program management process. And I do everything I can to factor in the needs of all Tribes, both direct services and self-governance, in my decision-making.

I recently posted an email on my Director's Blog on some of our accomplishments in FY 2011 – I hope you get a chance to review it. I do think we are making progress on changing and improving the IHS, but we clearly have more to do. I look forward to continuing to work in partnership with Tribes to make improvements and advocate for the resources we dearly need. While the future may seem uncertain, we know that right now, we have incredible support and the opportunity to work together to make lasting improvements and changes. Thank you for your partnership with the Indian Health Service.