



Indian Health Service
National Indian Health Outreach and Education Meeting
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Indian Health Service Director's Update

by

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Welcome to the National Indian Health Education and Outreach Meeting! I am so grateful that you decided to join us for this meeting to discuss issues that are very important to the future of the Indian health system. The purpose of this meeting is to learn about the new benefits of the Affordable Care Act and to develop strategies for education and outreach to our patients and our communities. Thank you so much for joining us in this important effort.

There are many new benefits from the Affordable Care Act and the permanent reauthorization of the Indian Health Care Improvement Act (IHCA) that will help improve the health of our patients and our communities. We need your help and partnership as we take this major step to ensure that all American Indian and Alaska Native patients and facilities understand how they can benefit from the law.

I would like to thank the national organizations for their leadership in this outreach and education effort in general and specifically for their partnership in planning and hosting this meeting. In particular, I would like to thank Terra Branson from the National Congress of American Indians (NCAI) and Tyra Baer from the National Indian Health Board for their hard work on this event

I would also like to thank our partners in the IHS Areas who have been involved in this project for several months now, and who will also serve a critical role as we move forward. When we started thinking about how we would reach out to the communities we serve, it made the most sense to involve the organizations that know these communities the best. Thank you for your partnership.

This meeting and this outreach and education effort are part of a federal-tribal partnership, and I hope you get a chance to interact with our colleagues from the Department of Health and Human Services (HHS) at the meeting. They are participating in the various workshops and sessions.

The text is the basis of Dr. Roubideaux's oral remarks at the National Indian Health Outreach and Education Meeting on April 18, 2012. It should be used with the understanding that some material may have been added or omitted during presentation.

There are two major components to the meeting agenda. The first is education – we have workshops on the new benefits of the law, on what we need to do now to ensure we benefit from the law as it is implemented, and on the resources available to help us. We are hoping these sessions are the beginning of a dialogue on the Affordable Care Act.

The second part is about outreach – we have sessions where you can help develop strategies for outreach to your local communities, patients, and facilities. Your participation in these sessions, including sharing your good ideas, is critical to the success of this initiative. While I know that the agenda is very busy and full, I am looking forward to hearing the strategies you develop by the end of the meeting.

We have already made progress and have begun talking about and planning how the Affordable Care Act and the permanent reauthorization of the IHCIA will impact progress on our agency priorities. I would now like to provide some context for the work you are doing at the meeting as it relates to our overall progress on our agency priorities.

Of course the budget is a key element in our ability to change and improve the IHS, and we have made progress in this area. Since 2008, the IHS budget has increased 29%, even in the context of overall reductions in the federal budget. The targeted increases in the budget have helped us increase access to services in many ways. However, we know that the need is still significant.

Focusing on the Affordable Care Act now is extremely important. The new law makes improvements that help increase access to health care coverage and help us improve the quality of care. These improvements will have a significant impact on the Indian health system by increasing choices for our patients and also by potentially increasing reimbursements for our facilities, which can be used to expand services for all of our patients. So focusing on the new law now is very timely.

As a part of our first priority, to renew and strengthen our partnership with Tribes, we have been consulting on several topics that relate to the Affordable Care Act. In addition to the general consultation on the new law, we have been discussing it in the context of improvements in the Contract Health Service program. We have also recently held consultations on priorities for implementing the long-term care provision and the Department of Veterans Affairs (VA) reimbursement provisions in the IHCIA reauthorization.

At all the tribal meetings I go to, I am hearing questions from Tribes and our staff on how the new law will impact our system. For instance, there were many probing questions about the Affordable Care Act at the recent Midwest Alliance of Sovereign Tribes Impact Week meeting in Washington, D.C. What was really impressive at that meeting, in addition to the great questions about the Affordable Care Act, was the attendance of the youth at the meeting. It was a strong reminder that the actions and strategies that we take as a result of these meetings will impact the lives of our youth, and the lives of generations to come.

Tribes also often ask questions about the new law at our tribal delegation meetings. And we try to include information and focus sessions on the Affordable Care Act at the many Indian health meetings we attend. The recent HHS Annual Tribal Budget Consultation and the ongoing HHS Regional Consultation Sessions include panel discussions on the Affordable Care Act. And at our recent IHS Tribal Consultation Summit, we had a half-day session on the Affordable Care Act. We plan another Summit in August. Please save the dates – August 6-7, 2012, in Denver, Colorado.

HHS Secretary Sebelius also attends many meetings to talk about the Affordable Care Act, such as the recent NCAI Executive Winter Session Meeting in Washington, D.C.

The implementation of the Affordable Care Act and the permanent reauthorization of the IHCIA are fundamental to our second priority, to reform the IHS. The benefits of the Affordable Care Act include insurance reforms that protect those who already have insurance from the worst abuses of the insurance industry; establishment of the State Exchanges, where individuals and small businesses will be able to purchase more affordable health insurance; and the federally-facilitated Exchange that will be developed for those who live in States that do not fully develop State Exchanges.

The law also includes an expansion of Medicaid to higher income levels, without other conditions as requirements, which will likely help many of those in our communities. The law also strengthens Medicare, and includes the permanent reauthorization of the IHCIA, which is the main authorizing legislation for the IHS. The IHCIA reauthorization helps increase access to affordable health coverage in many ways, including the new option for Tribes to purchase federal insurance for their employees, and the provision that authorizes the VA to reimburse IHS for services to eligible veterans. The benefits for American Indians and Alaska Natives in the reauthorization are significant.

Eligible American Indians and Alaska Natives can still use IHS as a health care system. If they want additional health insurance coverage, they will have more choices, including new insurance protections, State Exchanges, Medicaid, and a stronger Medicare, as well as options such as access to federal insurance for tribal employees.

One question we get is “what will happen as a result of the Supreme Court Case?” We expect that we will hear the decision in this case at the end of June. The administration is confident that the law will be found to be constitutional, and is continuing its implementation efforts. We are also continuing our implementation of the permanent reauthorization of the IHCIA.

We recently posted an update to our table that summarizes progress on implementation. One item of note is that the Office of Personnel Management is now accepting applications from Tribes who plan to purchase Federal Employees Health Benefits for their employees.

Also, we recently consulted on priorities for implementation of the long-term care provision, and in March we held the Long-Term Services and Supports Conference in Denver. We also recently posted the draft agreement for the VA reimbursements to IHS for services provided to eligible veterans.

And we are continuing consultation on implementation of the Affordable Care Act and IHCIA– this meeting is an important part of our outreach and education activities.

I encourage you to visit www.healthcare.gov for information and updates on the Affordable Care Act, and visit my Director’s blog on the IHS website for general updates.

We also have a new PowerPoint presentation to help with outreach and education efforts in our communities. I believe Mayra Alvarez from the HHS Office of Health Reform will highlight this presentation in the consumer workshop today.

The Affordable Care Act also relates to our work to reform the IHS. As we are implementing improvements in human resources and budget management, conducting oversight activities, and making improvements in our business offices and the Contract Health Services program, we are improving our ability to conduct the business activities that will be impacted by the Act, such as increased education, assistance in enrollment, and billing third parties for reimbursements.

Our third priority, improving the quality of and access to care, relates to the Affordable Care Act because many of our initiatives will help us as the delivery system reforms of the new law are implemented, such as the emphasis on payment for quality rather than volume. Focusing on

the patient in our customer services efforts and in our Improving Patient Care initiative will help us provide better quality. Our collaborations and other initiatives will help us measure quality better and implement quality improvement strategies.

Our fourth priority includes transparency, and this meeting will go far towards helping make sure everyone understands the new benefits of the Affordable Care Act throughout the Indian health system.

So as we learn more about the Affordable Care Act, in the context of our agency priorities, it is clear that the insurance reforms, the State Exchanges, the Medicaid Expansion, a stronger Medicare, and the provisions in the IHCA all have the potential to help us increase access to services for the patients we serve. And our patients will have more options. They can still go to IHS – IHS is here to stay as a health care system for eligible American Indians and Alaska Natives. But they also will have more choices for health coverage, and if more of our patients are covered, this could mean more resources for IHS services.

So it's clear that our progress on changing and improving the IHS will be positively impacted by the Affordable Care Act. Now it is time to make sure our patients and our communities understand its benefits and to take steps to prepare our facilities and communities for Affordable Care Act implementation.

Thank you for attending this meeting, and I look forward to hearing your ideas and suggestions on how we should move forward.