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From: Roubideaux, Yvette (IHS/HQ)
Sent: Thursday, October 06, 2011 7:09 PM
To: IHS ALL
Subject: Message from the Director: New Fiscal Year

To: All IHS

Even though we are entering FY 2012 on a continuing resolution and are spending cautiously until we have a final budget, I am certain that all of you are doing everything possible to deliver the best quality healthcare to our patients. I hear positive comments all the time about the good work being done throughout the IHS, and I am pleased to share with you some performance highlights for FY 2011, sorted by our agency priorities.

1. Renew and Strengthen our Partnership with Tribes

- Listening sessions have been held by the IHS Director in all 12 IHS Areas each year for the past two years in person or by videoconference or teleconference;

- The IHS Director has conducted over 300 Tribal delegation meetings in the last 2 years;

- IHS held its first Tribal Consultation Summit in July where Tribes could learn about current consultation activities in a "one stop shop" event as recommended by Tribes;

- A new website was developed to increase access to all Dear Tribal Leader Letters from the IHS Director to Tribes;

- In FY 2011, 9 Tribes and Tribal organizations newly entered self-governance in FY2011, the most in a single year since FY1995.

2. Reform the IHS

- IHS received a budget increase when most other agencies had cuts, indicating continued strong support of IHS by this administration and the Congress;

- The increase in contract health services (CHS) funding allowed many sites to approve CHS referrals beyond priority 1 for the first time and catastrophic health emergency cases were funded until mid-September instead of running out of funds as early as June in the past;

- IHS reduced its average overall hiring time from 140 days to 81 days by making improvements to the processes we use to hire employees;

- Improvements are in progress in the Aberdeen Area to address the Senate Committee on Indian Affairs investigation findings, and IHS has investigated 4 other Areas so far to ensure that the findings are not present elsewhere;

- A check of all 15,700+ IHS employees against the Office of the Inspector General Exclusion List revealed no current employees had past offenses that exclude them from federal hire;

- Improvements in the EEO program in the Aberdeen Area, in collaboration with IHS Headquarters, resulted in a reduction in EEO complaints by 50 percent;

- IHS established a new National Labor Relations Council;

- IHS developed a table summarizing current progress on implementation of the reauthorization of the Indian Health Care Improvement Act;

- IHS funded national and regional Indian health organizations/boards to help with outreach and education on the new benefits of the Affordable Care Act

- The Request for Proposals for Affordable Care Act State Exchange Planning Funds included a requirement for States to develop a plan to consult with Tribes.

3. Improve the Quality of and Access to Care

- For the first time that anyone can remember, IHS met all of its GPRA targets for FY 2011, demonstrating that with strong teamwork and focus, we can improve care while our resources are limited;

- IHS was the first large federal system to achieve certification of its electronic health record (EHR), thus enabling our facilities to register to receive EHR incentive payments for meaningful use;

- IHS obligated 100 percent of its Recovery Act funding on time and many American Indian and Alaska Native people are benefiting from new equipment, renovations, sanitation facility construction, and information technology improvements;

- The IHS Director established a new Director's Award for Customer Service and awarded 19 recipients from IHS and tribal programs;

- IHS recently achieved the top OPDIV rating for IT portfolio management in HHS;

- An IHS team was awarded as a Secretary's Pick for the *HHSInnovates* Awards for its Influenza Awareness System;

- The recent Action Summit for Suicide Prevention featured numerous best practices and training sessions to address recommendations from the 10 listening sessions held by a collaboration of IHS, SAMHSA and DOI;

- During the first year of the Congressionally-funded Methamphetamine and Suicide Prevention Initiative (MSPI), 4,370 individuals were identified with a methamphetamine disorder and 1,240 people entered a methamphetamine treatment program. Over 4,000 people participated in suicide prevention activities, 42,895 youth participated in prevention or intervention programs, and 647 people were trained in suicide crisis response;

- The Special Diabetes Program for Indians (SDPI) Diabetes Prevention Program, designed as a demonstration project to translate research findings into real world settings, achieved the same level of weight loss as the original NIH-funded Diabetes Prevention Program Research study, and the new SDPI Diabetes Prevention Initiative grant programs are developing strategies now to disseminate lessons learned from the original demonstration projects;

- The Improving Patient Care initiative has expanded to 90 sites and is improving care through the creation of patient-centered medical homes for our patients;

- The Congressionally-funded Domestic Violence Prevention Initiative (DVPI) created over 220 project-affiliated full-time equivalent positions and the development of 21 interdisciplinary Sexual Assault Response Teams. Over 2,100 victims of domestic violence and/or sexual assault were served, and over 3,300 referrals were made for mostly domestic violence services, culturally-based services and clinical behavioral health services. Over 9,100 patients were screened for domestic violence and nearly 9,500 community members were reached through community and educational events.

The DVPI provided 37 trainings events in FY2011 on domestic violence, mandated reporting for abuse, child maltreatment, dating violence, and bullying for approximately 442 participants.;

- IHS established its first ever Sexual Assault Treatment Policy under the authority of the reauthorization of the Indian Health Care Improvement Act and the Tribal Law and Order Act;

- IHS partnered with the Office of the Surgeon General, Office of Force Readiness and Deployment, and the Oglala Sioux Tribe to conduct a field training exercise at Pine Ridge, SD in August that also included provision of needed medical services. The medical unit completed 1300 patient encounters for 730 total patients that included 567 medical encounters, 374 dental encounters, 359 optometry encounters with 329 pairs of eyeglasses made on site.

- Collaborative work by IHS and HRSA has resulted in approval of 490 IHS, Tribal and urban Indian health programs for placement of National Health Service Corps health care providers, and the number of placements has increased to 221 providers in FY2011. This has allowed the IHS loan repayment program to expand its awards to additional disciplines.

4. Make all our work transparent, accountable, fair and inclusive

- The IHS Director's Blog has become an important source of information to Tribes, employees, and other stakeholders with over 10,000 hits from over 8,800 unique users in the past three months;

- IHS honored the Indian Health Care Improvement Act provision that allows all collections to stay at the facility where they were generated, thus enabling improved budget management;

- The IHS performance management system has more specific, measurable elements that are based on agency priorities and that help us ensure accountability for improving our organization which has resulted in better outcomes.

I am very proud of all employees and of our delivery partners that help us make progress on our Agency priorities and help us provide quality healthcare to the people we serve. We should take pride in our accomplishments, recognize that there is more to do, and resolve to keep making progress in FY 2012.

Yvette Roubideaux, M.D., M.P.H.
Director