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# The Future of American Indian and Alaska Native Healthcare

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# Overview

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- Current accomplishments/challenges
- The call for change
- Priorities for the future
- The role of this conference



# Mission

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- The IHS mission, in partnership with American Indian and Alaska Native people, is to raise the physical, mental, social and spiritual health to the highest level



# Indian Health Service



- Our business is healthcare
  - Network of Hospitals, clinics, health stations
  - IHS, tribal, urban Indian health programs
  - Clinical, public health and community services
- Our focus is on the patient
  - American Indian and Alaska Native people
- Our healthcare providers/staff
  - Continue to provide quality care under difficult and challenging circumstances



# Partnership with Tribes

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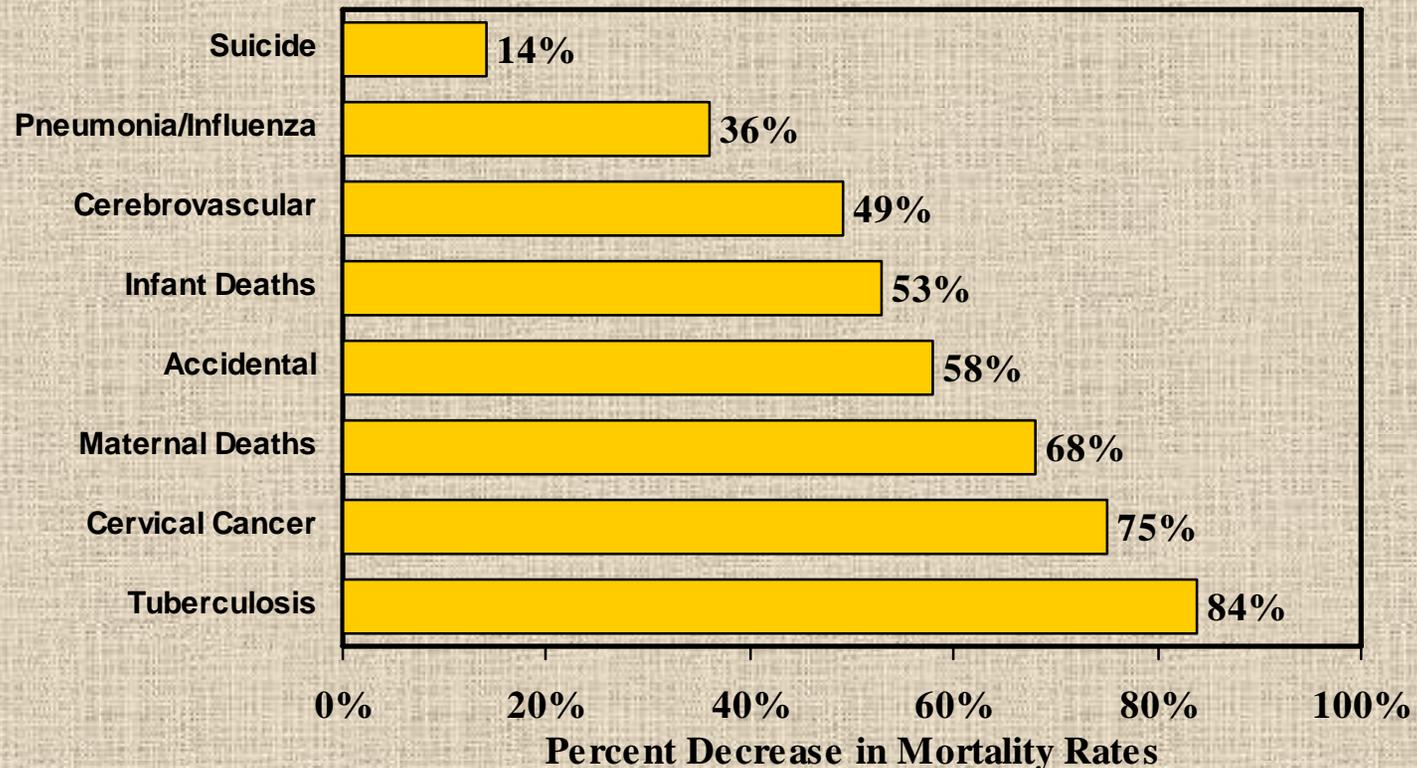
- Government to Government relationship
- Sovereign nations
- Federal trust responsibility
- Rights to self-determination and self-governance – P.L. 93-638
- Importance of Tribal consultation



# Accomplishments: Health Status



- Percent decrease in mortality rates since 1973

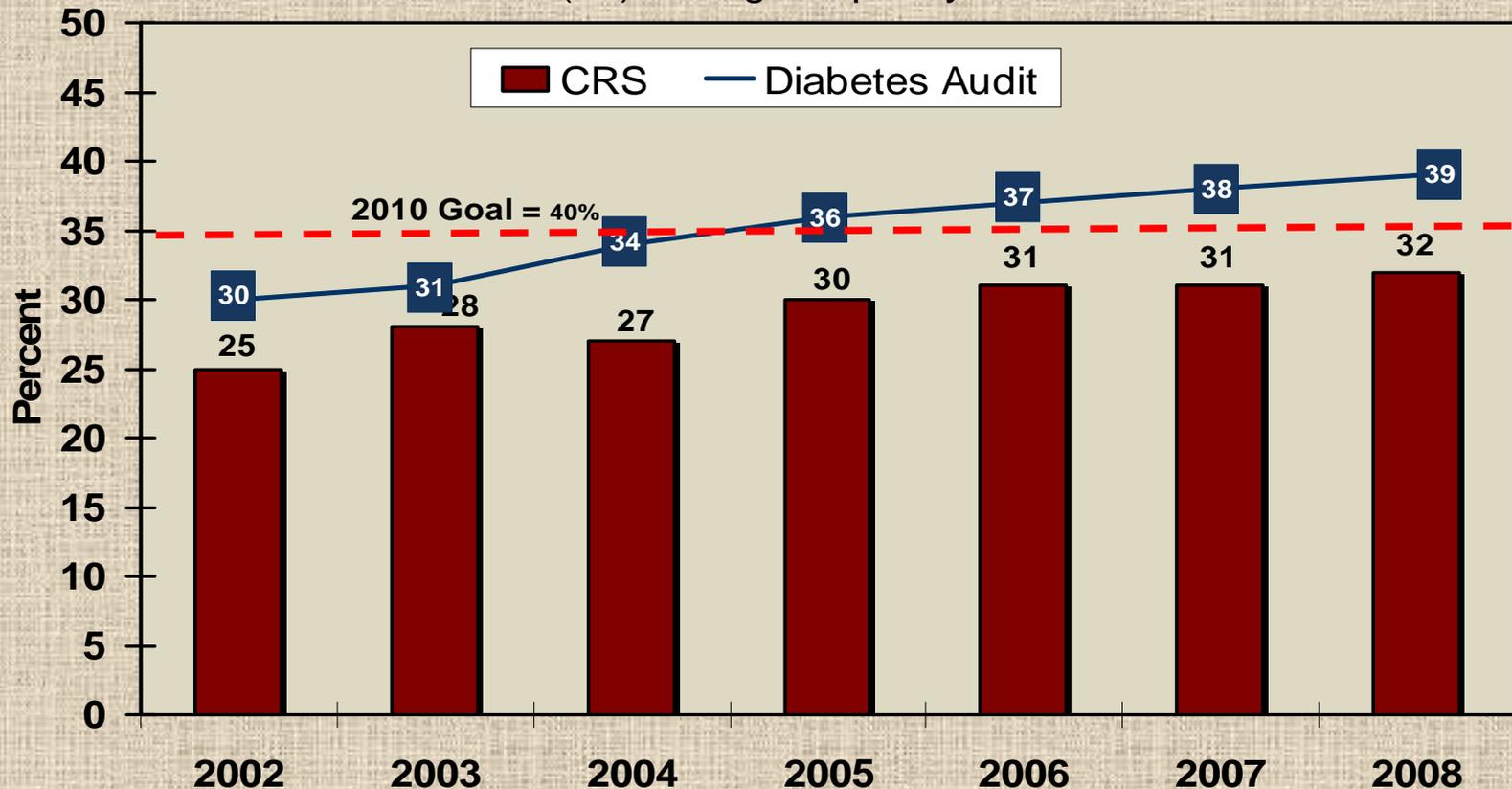




# Accomplishments: Quality of Care



AI/AN patients with diabetes who have maintained Ideal A1c control (<7) during the past year.





# Challenges

- Disparities in mortality rates continue

	AI/AN Rate 2002- 2004	US All Races Rate 2003	Ratio: AI/AN to US All Races
<b>ALL CAUSES</b>	1027.2	832.7	1.2
<b>Alcohol Induced</b>	43.6	6.7	6.5
<b>Diabetes</b>	74.2	25.3	2.9
<b>Unintentional Injuries</b>	94.8	37.3	2.5
<b>Suicide</b>	17.9	10.8	1.7
<b>Pneumonia/Influenza</b>	32.3	22.0	1.5

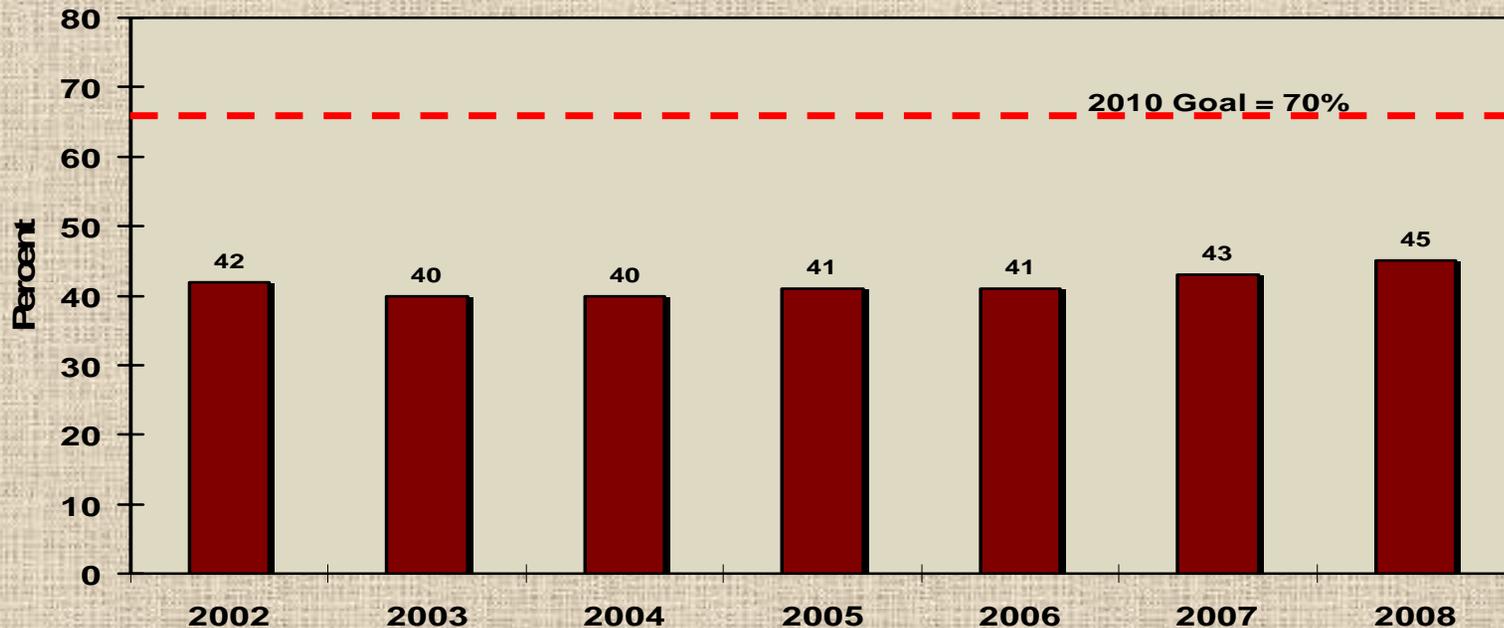
(per 100,000 population)



# Challenges

- Improvements in quality of care still needed
  - Example: Cancer Screening - Mammography

AI/AN women (age 52-64) who have received mammography screening within the previous two years.





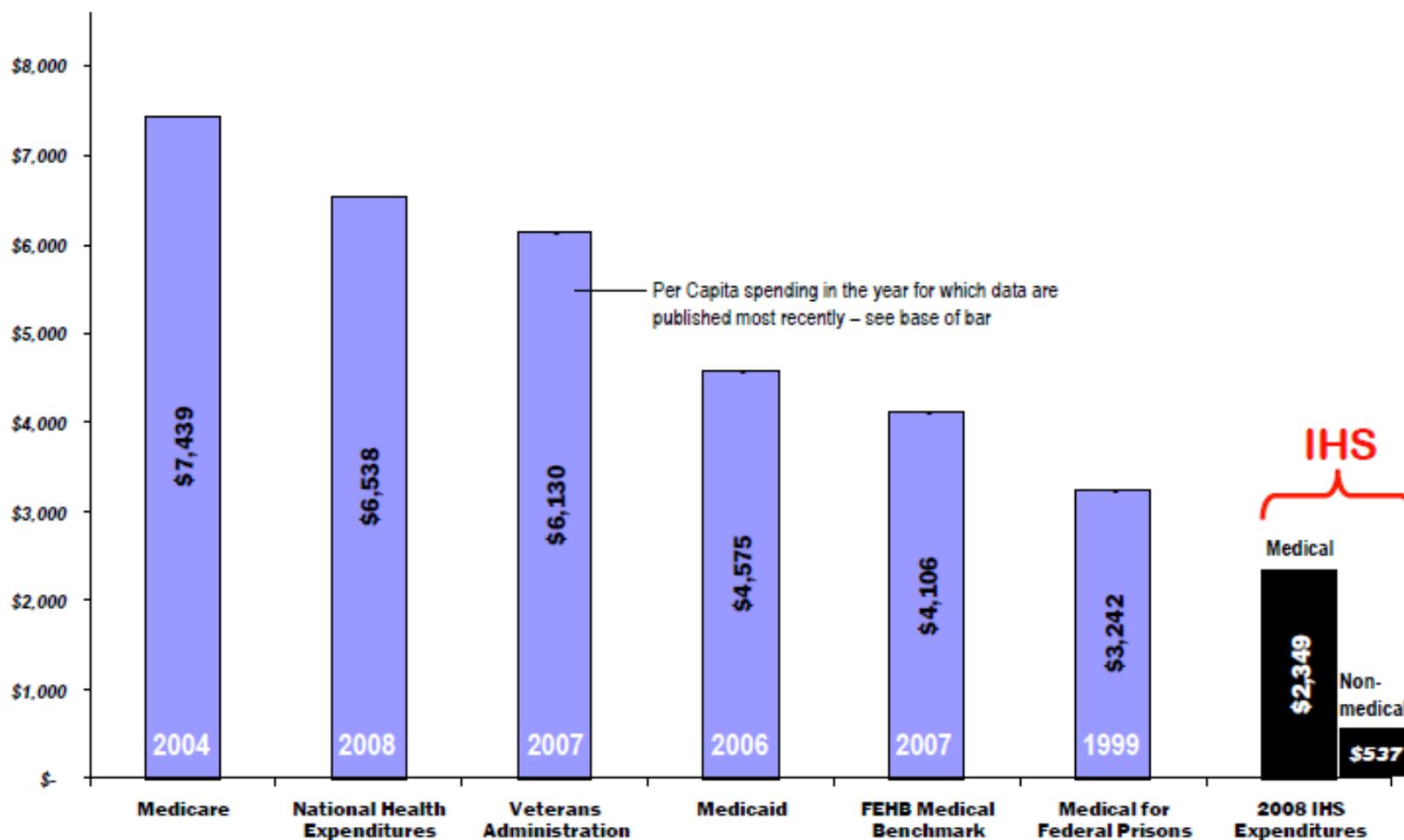
# Challenges

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- Population growth – increased demand for services
- Rising costs/medical inflation
- Increased rates of chronic diseases
- Difficulty recruiting and retaining medical providers
- Challenges of providing rural healthcare
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- Balancing the needs of patients served in IHS, tribal and urban Indian health programs



# 2008 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita

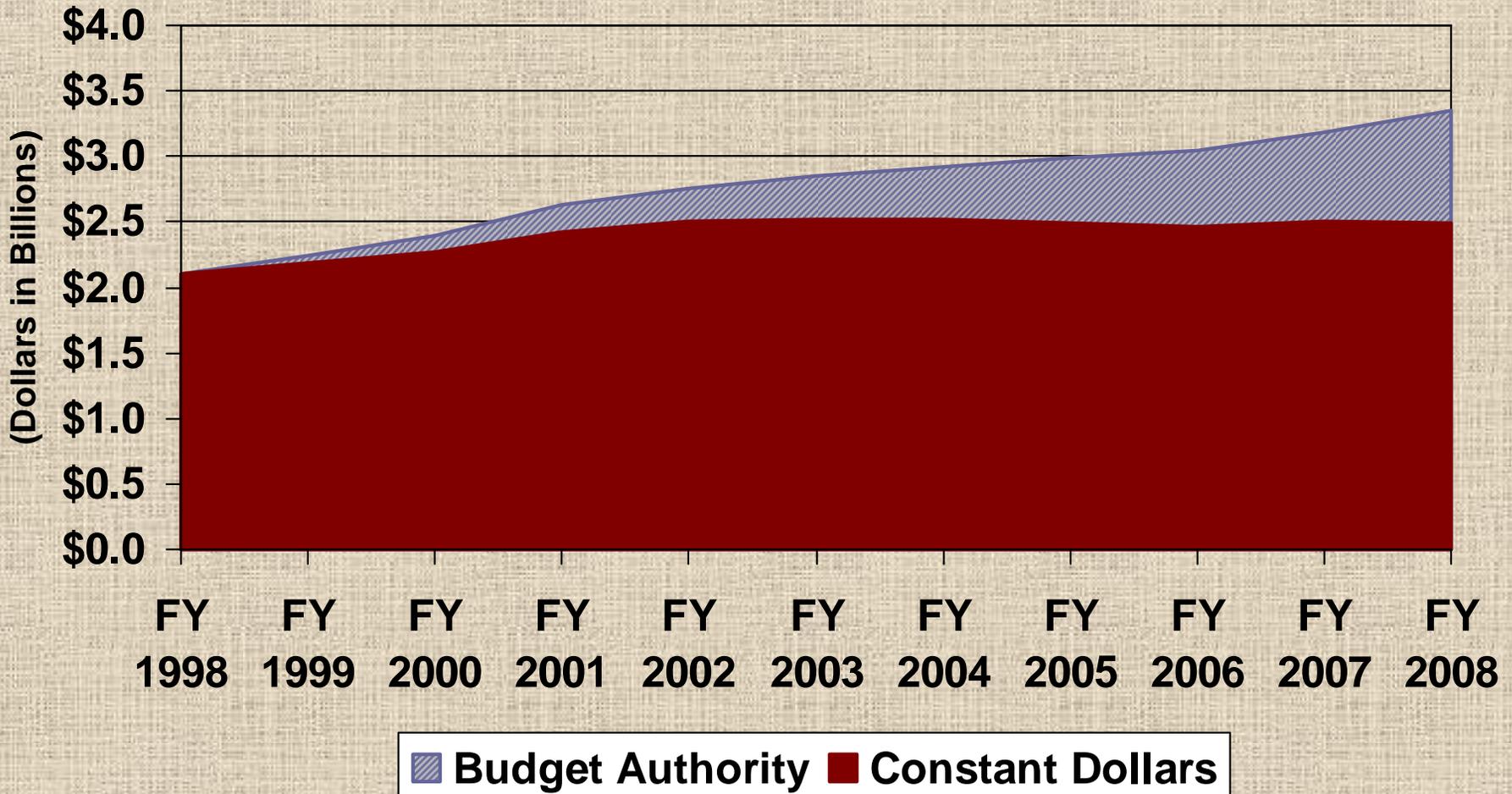


See page 2 notes on reverse for data sources and extrapolation assumptions.

5/28/2009



# IHS Budget – Buying Power





# Impact on the Indian Health System

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- Tribally-managed programs
- IHS Direct Programs
- Urban Indian health programs
  
- All face unique challenges



# Call for Change

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- Obama-Biden Transition Team
- President Obama
- Congress
- Hopeful signs so far
  - President's 2010 budget
    - almost 13% increase – largest in 20 years
  - ARRA funding - \$500 million to IHS
    - Facilities, Sanitation projects, Maintenance and Improvement, Medical Equipment, Health IT



# Director's Priorities

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- Renew and strengthen our partnership with tribes
- In the context of national health reform, bring reform to IHS
- Improve the quality of and access to care
- Ensure that our work is transparent, accountable, fair and inclusive



# Director's Priorities

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- Renew and strengthen our partnership with tribes
  - Government to Government relationship
  - Federal trust responsibility
  - Tribes manage over half IHS budget
  - In order to improve the health of our communities, we must work in partnership with them
  - Tribal consultation – how can we improve the process, make it more meaningful at all levels



# Director's Priorities

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- Health reform
  - National health reform
    - Legislation in progress – time sensitive
    - Potentially significant impact on Indian healthcare
      - Complex issues – insurance options, reimbursement, cost, competition, quality and access issues
    - Tribal advocacy, discussion forums
    - HHS Tribal consultation session today
    - Opportunity for input: [healthreform@ihs.gov](mailto:healthreform@ihs.gov)



# Director's Priorities

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- Health Reform
  - Internal IHS reform; improve quality and access
    - Next focus – months to years
    - Need to demonstrate change and improvement
    - What do we do well?; Where do we need to improve?
    - Plan to gather wide range of input
      - Tribal consultation
      - Input from health providers, staff
      - Input from patients/consumers
    - Priorities for change; Process to develop solutions



# Role of the Summit

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- Broad exposure to a variety of agency initiatives
  - Behavioral Health
  - Chronic Care
  - Health Promotion and Disease Prevention
  - Special Diabetes Program for Indians
  - Health Information Technology
  - Trauma Care
  - Injury Prevention
  - Environmental Health
  - Urban Indian Health
  - Agency Partnerships



# Role of the Summit



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- How do these efforts inform the future of AIAN healthcare
    - Ideas for reform/improvement?
    - New/creative ideas
    - Lessons learned
    - Cross-cutting themes
    - Strengths/Challenges
    - How can we apply/adapt these ideas to be even more effective in our diverse settings?
    - How can you implement some of these ideas in your program/community?



# Future of AIAN healthcare



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- Need more resources to meet our mission
  - Must demonstrate willingness to change and improve
  - Outcomes
    - Improved quality of and access to care
    - Improved health status; elimination disparities
  - Gratitude/Thanks
    - For all you have done so far for our patients
    - Your dedication and commitment despite challenges
    - And for your input and participation in the work ahead