



**Indian Health Service (IHS)
Virtual Town Hall Session – Urban Confer and Tribal Consultation
on the Draft IHS Strategic Plan FY 2018-2022**

**Friday, August 3, 2018 (Urban Confer) and
Monday, August 6, 2018 (Tribal Consultation)
2:00-3:30pm (ET)**

AGENDA

- Welcome
- Introductions of Presenters / Speakers
- IHS Strategic Plan Process to Date and Overview of Today’s Session
- Review Draft IHS Strategic Plan FY 2018-2022
- Open Forum: Question and Answer Session
- Closing Remarks

Draft IHS Strategic Plan FY 2018-2022

IHS TOWN HALL SESSIONS

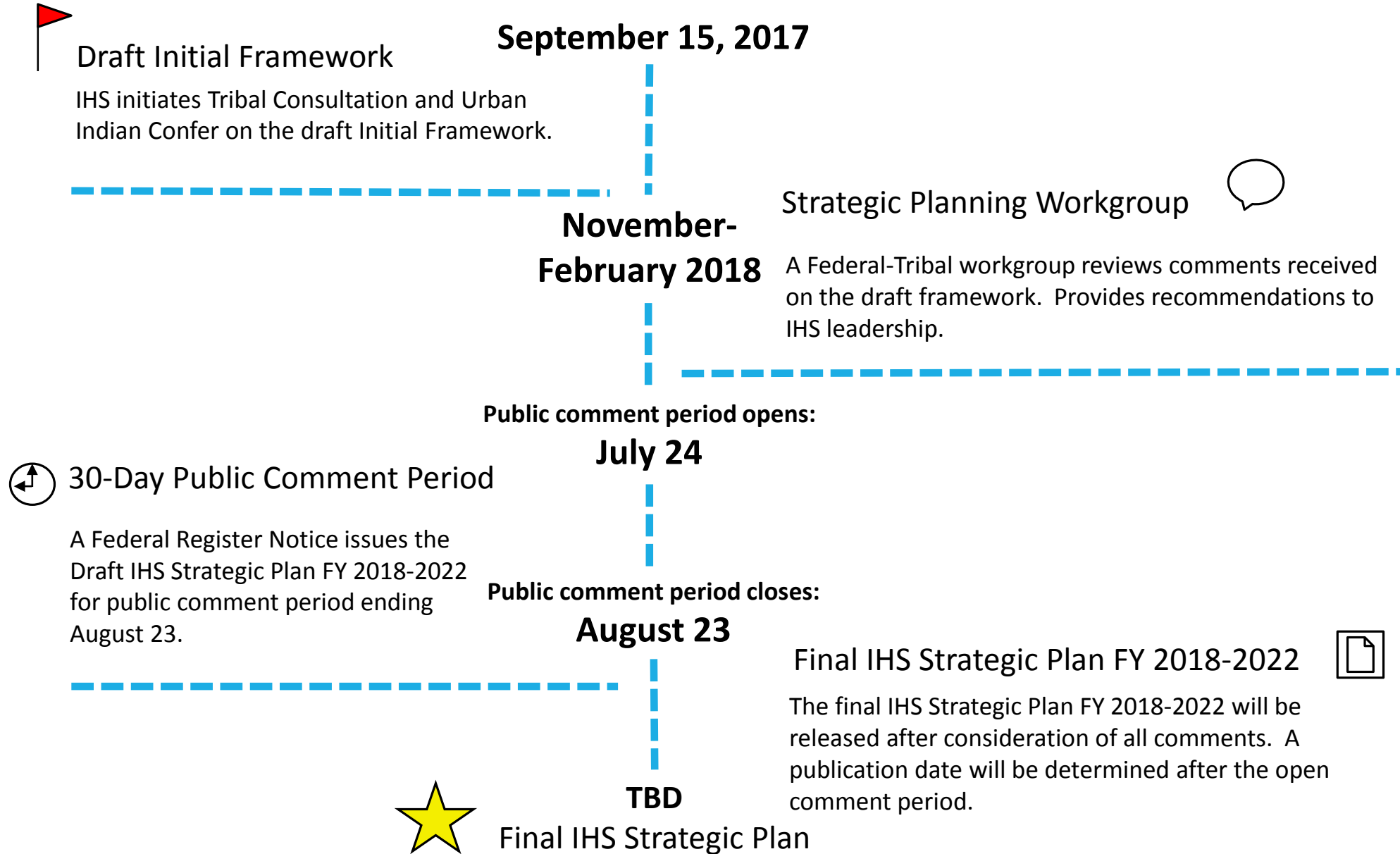
2018



30-day Public Comment Period

- Federal Register Notice dated July 24; 83 FR 35012
 - [Draft Indian Health Service Strategic Plan Fiscal Year 2018-2022](#)
- Dear Tribal Leader and Urban Indian Organization Leader Letter Issued
 - [To announce a 30-day comment period on the Draft IHS Strategic Plan Fiscal Years 2018-2022](#)
- Urban Indian Confer – Friday, August 3
- Tribal Consultation – Monday, August 6
- Comment period closes Thursday, August 23

IHS Strategic Plan Timeline





What's New?

- Vision Statement
- Goal Explanations
- Objective Explanations
- Strategies



Framework Definitions

Mission

Defines who we are, what drives us

Vision

Where we see ourselves in the distant future (5-20 years)

Goals

Broad Initiatives that enable the plan's mission to be realized

Objectives

Changes, outcomes, and impact a plan is trying to achieve

Strategies

Related activities to fulfill strategic objectives



Draft Mission and Vision Statements

- **Mission** - To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.
- **Vision** - Healthy communities and quality health care systems through strong partnerships and culturally relevant practices.



Draft Goal 1-Objective 1.1 and Strategies

GOAL 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.1 Recruit, develop, and retain a dedicated, competent, caring workforce.

Strategies:

Health Care Recruitment and Retention:

1. Improve and innovate a process that increases recruitment and retention of talented, motivated, desirable, and competent workers, including through partnerships with Tribal communities and others.
2. Continue and expand the utilization of the IHS and Health Resources and Services Administration's National Health Service Corps scholarship and loan repayment programs, as authorized by the law, to increase health care providers at I/T/U facilities.
3. Support IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders.
4. Evaluate new organizational structure options and reporting relationships to improve oversight of the Indian Health Professions program.
5. Expand the use of paraprofessionals and mid-level practitioners to increase the workforce and provide needed services.



Draft Goal 1-Objective 1.1 (continued)

GOAL 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.1 Recruit, develop, and retain a dedicated, competent, caring workforce.

Strategies:

Health Care Recruitment and Retention (continued):

6. Develop training programs in partnership with health professional schools and training hospitals and expand opportunities to educate and mentor Native youth interested in obtaining health science degrees.
7. Enhance and streamline IHS Human Resources infrastructure to hire well-qualified personnel.

Staff Capacity Building:

8. Strengthen the workforce to improve access to, and quality of, services.
9. Improve leadership skills, adopt a consistent leadership model, and develop mentoring programs.
10. Improve continuity processes and knowledge sharing of critical employee, administrative, and operational functions through written communications and documentation within IHS.
11. Improve workplace organizational climate with staff development addressing teamwork, communication, and equity.
12. Strengthen employee performance and responsiveness to the Agency, Tribes, and patients by improving employee orientation and opportunities for training and education, including, customer service skills.



Draft Goal 1-Objective 1.2 and Strategies

GOAL 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.2 Build, strengthen, and sustain collaborative relationships.

Strategies:

Enhancing Collaboration:

1. Collaborate with Tribes in the development of community-based health programs, including health promotion and disease prevention programs and interventions that will increase access to quality health programs.
2. Develop a community feedback system/program where community members can provide suggestions regarding services required and received.
3. Support cross collaboration and partnerships among I/T/U stakeholders.

Service Expansion:

4. Promote collaborations between IHS, other Federal agencies, Tribes, and Tribal Organizations to expand services, streamline functions and funding, and advance health care goals and initiatives.
5. Work with community partners to develop new programs responsive to local needs.



Draft Goal 1-Objective 1.3 and Strategies

GOAL 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.3 Increase access to quality health care services.

Strategies:

Health Care Service Access Expansion:

1. Develop and support a system to increase access to preventive care services and quality health care in Indian Country.
2. Develop and expand programs in locations where AI/AN people have no access to quality health care services.
3. Overcome or mitigate challenges and enhance partnerships across programs and agencies by identifying, prioritizing, and reducing access limitations to health care for local AI/AN stakeholders.
4. Increase access to quality community, direct/specialty, long-term care and support services, and referred health care services and identify barriers to care for Tribal communities.
5. Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties and to expand, standardize, and increase access to health care through telemedicine.
6. Improve team effectiveness in the care setting to optimize patient flow and efficiency of care delivery.
7. Reduce health disparities in the AI/AN population.



Draft Goal 1-Objective 1.3 (continued)

GOAL 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.3 Increase access to quality health care services.

Strategies:

Health Care Service Access Expansion (continued):

8. Provide evidence-based specialty and preventive care that reduces the incidence of the leading causes of death for the AI/AN population.
9. Incorporate Traditional cultural practices in existing health and wellness programs, as appropriate.
10. Improve the ability to account for complexity of care for each patient to gauge provider productivity more accurately.
11. Hold staff and management accountable to outcomes and customer service through satisfaction surveys.

Facilities and Locations:

12. In consultation with Tribes, modernize health care facilities to expand access to quality health care services.
13. In consultation with Tribes, review and incorporate a resource allocation structure to ensure equity among Tribes.
14. Develop and execute a coordinated plan (including health care, environmental engineering, environmental health, and health facilities engineering services) to effectively and efficiently execute response, recovery, and mitigation to disasters and public health emergencies.



Draft Goal 2-Objective 2.1 and Strategies

GOAL 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objective: 2.1 Create quality improvement capability at all levels of the organization.

Strategies:

Quality Data:

1. Improve the quality of data collected regarding health care services and program outcomes.
2. Develop and integrate quality standards and metrics into governance, management, and operations.
3. Standardize quality metrics across the IHS and use results to share information on best practices, performance trends, and identification of emerging needs.

Continuous Quality Improvement:

4. Provide training, coaching, and mentoring to ensure continuous quality improvement and accountability of staff at all levels of the organization.
5. Evaluate training efforts and staff implementation of improvements, as appropriate.



Draft Goal 2-Objective 2.1 (continued)

GOAL 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objective: 2.1 Create quality improvement capability at all levels of the organization.

Strategies:

Standards of Care:

6. Develop and provide standards of care to improve quality and efficiency of health services across IHS.
7. Adopt the Model of Improvement in all clinical, public health, and administrative activities in the Indian health system.
8. Adopt patient-centered models of care, including patient centered medical home recognition and care integration.



Draft Goal 2-Objective 2.2 and Strategies

GOAL 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objective: 2.2 Provide care to better meet the health care needs of Indian communities.

Strategies:

Culturally Appropriate Care:

1. Strengthen culturally competent organizational efforts and reinforce implementation of culturally appropriate and effective care models and programs.
2. Promote and evaluate excellence and quality of care through innovative, culturally appropriate programs.
3. Promote the total health integration within a continuum of care that integrates acute, primary, behavioral, and preventive health care.
4. Explore environmental and social determinants of health and trauma-informed care in health care delivery. Expand best practices across the IHS.
5. Continue to develop and implement trauma-informed care models and programs.

Sharing Best Practices:

6. Work collaboratively within IHS, and among other Federal, State, Tribal programs, and Urban Indian programs to improve health care by sharing best practices.



Draft Goal 3-Objective 3.1 and Strategies

GOAL 3: To strengthen IHS program management and operations.

Objective 3.1 Improve communication within the organization, with Tribes and other stakeholders, and with the general public.

Strategies:

Communication Improvements:

1. Improve communication and transparency among all employees, managers, and senior leadership.
2. Develop and define proactive communications plans for internal and external stakeholders.
3. Enhance health-related outreach and education activities to patients and families.
4. Design social media platforms that will ensure wide dissemination of information to interested and affected individuals and organizations.

Strengthened Partnership:

5. Assure quality reporting relationships between service units, Area offices, and headquarters are clearly defined and implemented.
6. Effectively collaborate with other IHS offices (e.g., the Loan Repayment Program) and HHS Staff and Operating Divisions where missions, goals, and authorities overlap.



Draft Goal 3-Objective 3.2 and Strategies

GOAL 3: To strengthen IHS program management and operations.

Objective 3.2 Secure and effectively manage assets and resources.

Strategies:

Infrastructure, Capacity, and Sustainability:

1. Enhance transparency of the IHS management and accountability infrastructure to properly manage and secure assets.
2. Ensure that Federal, State, Tribal, territorial, and local Tribal health programs have the necessary infrastructure to effectively provide essential public health services.
3. Provide technical assistance to strengthen the capacity of service units and Area Offices to enhance effective management and oversight.
4. Apply economic principles and methods to assure ongoing security and sustainability of Federal, Tribal and Urban Indian facilities.

Improved Business Process:

5. Routinely review management operations to effectively improve key business management practices.
6. Optimize business functions to ensure IHS is engaged in discussions on value-based purchasing.



Draft Goal 3-Objective 3.2 (continued)

GOAL 3: To strengthen IHS program management and operations.

Objective 3.2 Secure and effectively manage assets and resources.

Strategies:

Improved Business Process (continued):

7. Develop policies, use tools, and apply models that ensure efficient use of assets and resources.
8. Strengthen management and operations through effective oversight.
9. Develop standardized management strategies for grants, contracts, and other funding opportunities to promote innovation and excellence in operations and outcomes.

Patient Education and Resources:

10. Strengthen patients' awareness of their health care options, including Medicaid and Medicare enrollment, which may increase access to health care and optimize third party reimbursements.



Draft Goal 3-Objective 3.3 and Strategies

GOAL 3: To strengthen IHS program management and operations.

Objective 3.3 Modernize information technology and information systems to support data driven decisions.

Strategies:

Health Information Technology (HIT):

1. Evaluate electronic health record needs of the IHS and the ability for the health information systems to meet those needs, create seamless data linkages, and meet data access needs for Tribes and Tribal program health information systems.
2. Develop a consistent, robust, stable, secure, state-of-the-art HIT system to support clinicians workflow, improve data collection, and provide regular and ongoing data analysis.
3. Modernize the HIT system for IHS Resource and Patient Management System (RPMS) or commercial off-the-shelf packages.
4. Align with universal patient record systems to link off-reservation care systems that serve AI/AN.
5. Enhance and expand technology such as the IHS telecom to provide access for consultative care, stabilization of care, decreased transportation, and timeliness of care at any IHS-funded health program.

Data Process:

6. Provide available data to inform decision making for internal and external stakeholders.



Draft Goal 3-Objective 3.3 (continued)

GOAL 3: To strengthen IHS program management and operations.

Objective 3.3 Modernize information technology and information systems to support data driven decisions.

Strategies:

Data Process:

7. Act upon performance data and standardize data and reporting requirements.
8. Assure system of data sharing to solidify partnerships with Tribal Epidemiology Centers and other Tribal programs.
9. Establish capability for data federation so that data analytics/business intelligence may be applied to disparate data stored in a single, general-purpose database that can hold many types of data and distribute that data to users anywhere on the network.

Data federation provides an organization with the ability to aggregate data from disparate sources in a virtual database so it can be used for business intelligence or other analysis.



Next Steps

- Virtual Town Hall Sessions

Urban Indian Confer

Date: Friday, August 3

Time: 2:00-3:30pm (ET)

Call in: (888) 790-1920

Passcode: 7577474

Webinar link: [IHS Adobe Connect](#)

Webinar passcode: ihs123

Tribal Consultation

Date: Monday, August 6

Time: 2:00-3:30pm (ET)

Call in: (877) 716-4289

Passcode: 5475675

Webinar link: [IHS Adobe Connect](#)

Webinar passcode: ihs123

- Review Comments Received by Thursday, August 23
- Finalize Plan and Respond to FRN Comments



Open Forum

What comments or questions do you have regarding the
Draft IHS Strategic Plan FY 2018-2022?



Written Comments

- Email:
 - Tribes: consultation@ihs.gov
 - Urban Indian Organizations: urbanconfer@ihs.gov
- Mail to:
 - RADM Michael D. Weahkee, MBA, MHSA
 - Acting Director
 - ATTN: Draft IHS Strategic Plan FY 2018-2022
 - Indian Health Service
 - 5600 Fishers Lane, Mailstop: 08E86
 - Rockville, Maryland 20857
- Federal Register 83 FR 35012
 - [Draft Indian Health Service Strategic Plan Fiscal Year 2018-2022](#)



For More Information

- For updates: [IHS Strategic Plan](#) web site
- Upcoming Meetings: [IHS Event Calendar](#)
- Questions: Email the IHS Strategic Plan team
- IHSStrategicPlan@ihs.gov