

IHS Strategic Plan 2018-2022

Summary of Comments received October 16 -20, 2017

The following is a summary of comments received on the draft IHS strategic framework.

IHS Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

- Multiple comments suggest dropping the "highest level" wording since it is not measurable or tied to a number or percentage and difficult to operationalize.
- Suggestion to use "highest potential".
- Add quality.
- GPRA measures – may not necessarily be practical. These measures are nice but not a picture of what's happening on the ground.
- Important to freshen up from time to time (i.e. mental to behavioral health). Consider adding 1-2 other statements.
- Use potential instead of highest level.
- Use behavioral instead of mental.
- Use psycho-social instead of social.
- Use culturally humble/relevant.
- Suggested mission statement: To provide high quality programs, services, functions and activities to allow AI/ANJ physical and psycho-social health to reach full potential.
- How to measure spiritual health.

IHS Vision: A health system that promotes Tribal ownership and pride.

- Use holistic approach/language for tribes, community.
- Focus on strong/healthy.
- What creates pride and how would it be measured.
- Include urban.
- Perhaps partner and provide care to all tribal people.
- When tribes take ownership have to have ability to integrate in system seamlessly. There a lot of policies and procedures that are challenges.
- Doesn't relate well with me and my people, I look at goals as the vision. It's important to look at whether the SP is functional or not – glad to hear this is an organic document how will monitoring lead to reduction in health disparities.
- Native focused health system providing high quality in culturally humble manner.
- Include culturally sensitive, comprehensive, high quality.
- Suggested vision: A Native focused health system that delivers high quality, adequately (or fully) staffed services in a culturally humble manner.
- Align with treaty obligations.
- How to serve tribal member who do not live on tribal lands.
- Address disparities and equity between Areas, Tribes, and stages of life.
- Ownership confusing with self-determination, direct service, self-governance, sovereignty and actual status of ownership.

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

- Culture should be part of our health and wellness. We need excellence and quality thru innovation.
- Review and potentially revise policies and procedures to ensure tribes have equal access to everything so IHS works more effectively at the local level.
- How to deliver care faced with funding cuts.
- Add all services for IHS authorities – long term care, inpatient treatment.
- Add cultural sensitivity/ relevant.
- Add objective or strategy for public health.
- Prevention - Investment in prevention to lower longer-term disease and costs.
- Culture as a part of health and wellness.
- Provide support to tribes.

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

- Develop a successful program to recruit and retain a competent workforce
- Employ tribal members.
- Problem with understaffing hence need to hire more.
- Train health professionals on cultural sensitivity.
- Need to increase workforce, and to be more competitive in pay to attract more providers.
- Commitment to resource allocation.
- Workforce Issues – What is the duration of advertising to hire to interview? What is the turn-around time for re-advertisement?
- Consistency of staff an issue.
- Address standards of care in terms of number of patients seen by providers.
- Expand on success with community aides.

Objective 1.2. Build, strengthen and sustain collaborative relationships.

- Work with other agencies, i.e., A loan guarantee to a bank would be provided by HUD for a repayment program that would come from non-government funds (via IHS employee rental payments) on reservations where the Tribes would have an additional sources of income as well as having their property improved and may address the lack of adequate space.
- Increase partnerships/engagement with sister agencies.
- Address Medicaid.
- Include all service providers in VA agreement (Urbans).
- Collaborate with tribes to develop HPDP community based programs, playgrounds, outdoor basketball courts, walking trails near all clinics and in the tribal communities, etc. This may prevent or decrease obesity in all ages, increase activity levels, decrease juvenile crime/drug use, increase elder socialization, decrease depression, etc.
- Add the word professional.
- Collaborate with Tribes to increase access to quality health prevention programs.

Objective 1.3 Increase access to quality health care services.

- Importance of prevention.
- Priority is to take care of patients.
- Incorporate a true equity factor.

- Address equity issues - make funding non-recurring.
- Excellence and quality of care through innovation.
- Revise policies to ensure tribes have equal access to care and IHS works effectively at the local level.
- Include long term care.
- Provide quality health care services for communities members to access.
- Increase access to quality community and direct/ Specialty care health services
- Add “equitable” increase to health care.
- Include adequate space and technological requirements of facilities.
- Use term health services rather than health care services.
- Need to provide transportation services.
- Address Opioid funding issues especially for children.
- Address health service issues for very small tribes.
- Expand Urban programs to cities not currently served to address needs of large number of AI/AN not living on reservations or in existing service units.

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

- Include quality or quality improvement.
- Add specific attention to innovation.
- Expand reporting beyond GPRA – from screening to actually receiving service.

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

- Quality should be shown and valued at all levels of IHS from top of HQ down through service units.
- Quality in general and how it might relate to (or be limited by) policy and what is considered “reasonable.
- Add continuous quality improvement.
- Need Executive Council for quality
- Strategy on accreditation and services of Youth Treatment Centers.

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

- Expand Urban programs to cities not currently served to address needs of large number of AI/AN not living on reservations or in existing service units.
- Holding staff and management accountable to outcomes and customer service.
- Specific examples of need for better oversight/training of clinical staff to improve communication between providers and those they serve.
- Multiple comments related to identifying additional/new/creative revenue streams and funding sources for improved care.
- Be proactive to address physical, mental, and sexual abuse and provide education for children.
- Address impact of historical trauma in service delivery.
- Expand services currently provided by Youth Treatment Centers.
- How to align clinical services with resources.
- Expand on successful experience with telehealth – can it be standardized?
- Primary care needs improvement, too.

Goal 3: Strengthen IHS program management and operations.

- Strengthen, modernize infrastructure (modernize IT infrastructure and partnership with tribal data, it's not the systems that matter but the numbers do).
- Tribes should have equal and equitable access to whatever IHS has.
- Tribal access to IHS systems (ex. IT), ensure plan doesn't get lost at the Area – regional – facilities – tribal facilities. Priority should be to focus on patient care.
- Strengthening management and operations – if there is no oversight then it is business as usual.
- Include accountability into system.
- Area Offices need to provide technical assistance.
- Address administration and operations.
- Address facility needs.
- How to upgrade infrastructure.
- Improve the safety and resilience of Indian communities, Native Americans, and the Nation.
- Provide health care, environmental engineering, environmental health, and health facilities engineering services in response to disasters.
- Effectively and efficiently execute response, recovery, and mitigation to disasters.
- Manage the life-cycle of health care, environmental engineering, environmental health, and health facilities engineering infrastructure, equipment, and systems in order to deliver sustainable services.
- Support the Nation and the Tribes in achieving energy security and sustainability goals in IHS offices, health care facilities, and completed projects and systems.
- Capitalize and recapitalize public health infrastructure, equipment, and systems to provide maximum value to the Tribes and the Nation.
- Provide reliable facilities that are sustainable and minimize life-cycle costs.
- Strengthening of program management and operations which will add accountability into the system

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

- Address relationship of Areas offices to Service Units and Headquarters.
- Strengthen tribal involvement in policy and care.
- Keep tribes informed of IHS issues.
- Address unpaid bills sent to patients.
- Importance of Communication - Big (formatting, plan roll-out) and Small (interpersonal)
- Inspire dedication to communicate better within the organization, the tribal leaders, and the communities.
- Improve coordination of communication with other federal agencies/partners i.e., Opioid Crisis so that tribal involvement is assisting IHS in Policy & Care.
- Partner with HUD (Title VI and Section 184) and banks to use funds to meet the housing needs of our providers.
- Communicate on day to day activities such as having nurses or Doctors do home visits.
- Ensure that communication details plans to those who stand to benefit from the services are informed of any changes and that there is assurance that they can physically access the services.
- Make communication processes be at the forefront of all changes.

Objective 3.2 Secure and effectively manage the assets and resources.

- Improve the conditions to manage and properly secure all assets and resources.
- Some Areas lack any internal capacity for offering specialty care services or certain standard of care procedural services (i.e., mammography, colonoscopy) and providers are often over worked and under-staffed.
- Research and design business practices.
- Streamline business practices.
- Funding should be higher than currently present.
- IHS would need to educate the Tribes about how IHS effectively manages assets and resources and how this option could benefit the Tribes as well as IHS.
- Employees should be oriented into the IHS system so they are aware of the work, communication and personal boundaries of management and leadership.

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

- Strengthen data driven decisions with state of the art information technology and information technology systems.
- IHS human resources seems to be very limited in their ability to process electronic employment applications in an expedited manner.
- Need the resources and the people to do bring modern tech to IHS.
- The RPMS platform should be invested in and improved on rather than consider COTS, customization and maintenance.
- Increase access to quality health care services by advocating for space that is adequate in size and technologically able to meet modern health care.
- Ensure that urban AI/AN are counted.
- Upgrade systems – some tribes still using paper and pencil.
- Need continued support for programs not using RPMS.
- Expand accessible data.
- Assure system of data sharing.
- Expand telecom so id can be used at any location.