

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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JUNE 10, 2021



# Welcome & Agency Update



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Ms. Elizabeth Fowler  
Acting Director  
Indian Health Service



# IHS Incident Command Structure Demobilization Update



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RADM Chris Buchanan  
Deputy Director  
Indian Health Service



# Indian Health Service Fiscal Year 2022 Budget



Ms. Jillian Curtis

Director, OFA

Indian Health Service



# Fiscal Year 2022 President's Budget

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The President's Budget for fiscal year 2022 includes a total discretionary budget authority of \$8.5 billion, which is \$2.2 billion or 36 percent above the enacted FY 2021 funding level.

This includes four accounts:

- Services: \$5.7 billion
- Facilities: \$1.5 billion
- Contract Support Costs: \$1.1 billion
  - Remains an indefinite discretionary appropriation for fully funding CSC
- Payments for Tribal Leases: \$150 million
  - Remains an indefinite discretionary appropriation for fully funding the cost of section 105(I) leases
- Contract Support Costs and Payments for Tribal Leases are proposed to shift to mandatory funding in FY 2023.

# Funding Increases (*Services & Facilities*)

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- \$207 million to fully fund Current Services
  - Offsets increasing costs due to pay, inflation, and population growth
- \$125 million for staffing and operating costs of newly-constructed healthcare facilities:

Yukon-Kuskokwim Primary Care Center, AK (JVCP)	Alternative Rural Health Center, AZ
Naytahwaush Health Center, MN (JVCP)	Omak Clinic, WA (JVCP)
Salt River Health Center (NEACC), AZ	Elbowoods Memorial Health Center, ND (JVCP)
Phoenix Indian Medical Center Central, AZ	North Star Health Clinic, AK (JVCP)
Yselta Del Sur Health Center, TX (JVCP)	

# Services Program Increases

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Proposed increases to the Hospitals and Health Clinics budget line include:

- \$190 million for a general program increase
- \$22 million for the Hepatitis C and HIV Initiative (\$27 million total)
- \$20 million for the National Community Health Aide Program (\$25 million total)
- \$27 million to offset the rising cost of HHS-wide assessments for information technology, human resources, financial management, and other activities

# Services Program Increases (Cont.)

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Increases to other budget lines within the Services account include:

- \$250 million for modernization of the Electronic Health Record system (\$285 million total)
- \$50 million for Dental Health
- \$5 million for opioid grants (\$15 million total)
- \$190 million for Purchased/Referred Care (\$1.2 billion total)



# Services Program Increases (Cont.)

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Increases to other budget lines within the Services account include:

- \$243 million for the Indian Health Care Improvement Fund
- \$34 million for Urban Indian Health (\$100 million total)
- \$25 million for Loan Repayment and Scholarship programs
- \$23 million for Direct Operations, to support efficient and effective administration and oversight of national and Area-level functions

# Facilities Program Increases

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Increases in the Facilities appropriation account include:

- \$50 million for Maintenance and Improvement (\$223 million total)
- \$150 million for Sanitation Facilities Construction (\$351 million total)
- \$266 million for Health Care Facilities Construction (\$526 million total)
  - Includes \$25 million for Staff Quarters, \$33 million for the Small Ambulatory Program, and \$5 million for green infrastructure.
- \$71 million for Equipment (\$101 million total)
- \$13 million for Facilities and Environmental Health Support (\$300 million total)

# FY 2023 Advance Appropriation

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- The FY 2022 President's Budget also proposes an advance appropriation for FY 2023.
- The FY 2023 advance appropriation totals \$9 billion, which is \$500 million above the FY 2022 President's Budget request.
- This funding level includes:
  - \$207 million to fully fund estimated current services costs (pay, inflation, population growth),
  - \$39 million for staffing and operating costs of newly-constructed healthcare facilities, and
  - \$254 million for general program increases.

# FY 2023 Advance Appropriation (*Cont.*)

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- Under advance appropriations, the IHS would request funding in two phases, comparable to the Veteran's Health Administration.
- The first phase would address the amount necessary to maintain the current level of services and fully fund known costs, like staffing of new facilities.
  - This amount that would be included for FY 2023 in the FY 2022 President's Budget and appropriation.
- In the second phase, the FY 2023 President's Budget would address policy proposals that reflect input from Tribal and Urban Indian Organization leaders, as well as the Administration's goals.
- While advance appropriations would provide the IHS funding for both FY 2022 and FY 2023, the funding for FY 2023 would not "score" against the discretionary funding caps until it became available in FY 2023.

# Additional Highlights

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The FY 2022 President's Budget includes funding for the Special Diabetes Program for Indians at \$147 million, a decrease due to mandatory sequester.

The Budget also includes the following legislative proposals:

- Exempt the IHS from discretionary sequester
- Authorize Urban Indian Organizations to use their resources for facilities activities
- Provide the IHS full discretionary use of Title 38 hiring authorities

Finally, the Budget commits to conducting robust tribal consultation and urban confer to evaluate options, including mandatory funding, to provide adequate, stable, and predictable funding for IHS in the future.



# Health Information Technology Modernization



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Mr. Mitchell Thornbrugh, MBA

Chief Information Officer

Indian Health Service

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# Industry Engagement

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- April – Request for Information(RFI) from the Industry [SAM.gov](https://www.sam.gov)
  - Technology Challenges
  - Pricing Structures
  - General Acquisition Information
- May – Industry Day to share information with the Industry [SAM.gov](https://www.sam.gov)
  - Overview
  - Health IT Project
  - Notional Contracting Strategy



# Tribal and Urban Organization Engagement

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- May 14, 2021: [Data Call for existing Health IT Investments.](#)
- May 26, 2021: [Modernization Listening Sessions in June](#)

**Tuesday, June 15, 2021, 1:00-4:00 p.m., Eastern Time**  
**Thursday, June 17, 2021, 1:00-4:00 p.m., Eastern Time**





# Additional Information

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**Website:** <https://www.ihs.gov/hit/>

**IHS Health Information Technology Modernization (HITMod) Listserv:**

**Email Address:** [HITMod@listserv.ihs.gov](mailto:HITMod@listserv.ihs.gov)

**Sign-Up**

**URL:** [https://www.ihs.gov/listserv/topics/signup/?list\\_id=611](https://www.ihs.gov/listserv/topics/signup/?list_id=611)



# Office of Quality



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Mr. Jonathan Merrell

Deputy Director for Quality Health Care

Indian Health Service

# Office of Quality (OQ)

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- Formally established in 2019 to:
  - Provide national leadership and promote consistency in health care quality across the agency.
  - Provide training to support compliance with required certifications/accreditations and ongoing improvements in quality, safety and patient satisfaction.
  - Improve processes to monitor and upgrade safety and patient satisfaction.
  - Consolidate and enhance oversight of quality assurance and improvement.
  - Improve accountability and effectiveness of agency programs and management of organizational risks.
- Three Divisions
  - Quality Assurance
  - Patient Safety & Clinical Risk Management
  - Innovation & Improvement
- Office Priorities
  - Reliable, high quality, and safe care.
  - Drive Innovation and Improvement
  - Strengthen critical operational processes



# OQ FY2021-Accomplishments

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- Quality Assurance - 100% of all IHS hospitals and CAHs have achieved and maintained CMS conditions of participation, 21 of 24 hospitals and CAHs have TJC accreditation, and 15 of 24 hospitals and CAHs have PCMH designation.
- Credentialing - The system is being used in all Areas to facilitate the hiring and ongoing monitoring of qualified practitioners. This improved process provides real time situational awareness to governing boards on providers.



# OQ FY2021-Accomplishments, continued

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- Patient Safety – Implemented a new Adverse Events Reporting system IHS Safety Tracking & Response (ISTAR). In partnership with CDC, provided the Infection Control Assessment and Response tool virtually (TeleICAR) to IHS and Tribal hospitals and health centers.
- Innovation and Improvement – Building quality improvement capacity through 45 Health Care Improvement trained staff and 140 QI projects implemented across IHS in 8 IHS Areas, HQ, and 1 Urban Program.



# Quality Assurance Activities

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- **Improve the accreditation readiness system to sustain compliance**
  - Provide tools and resources to help facilities maintain compliance
  - Right sizing of hospitals – conversion to Critical Access Hospitals and ambulatory care health centers
- **Standardize the credentialing and privileging system**
  - Promote 100% paperless credentialing and standardization
  - Establish data reporting for HQ monitoring and reporting
  - Credentialing and privileging system tracking and monitoring
- **Design and Implement a standardized Governance System in IHS.**
  - QI project – started in Bemidji area now Billings and Nashville are participating



# Patient Safety Activities

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- **Promote appropriate adverse events reporting for potential and actual events**
  - Improve standardization and optimization of the I-STAR
- **Reduce all cause harm in the IHS Healthcare System**
  - Design/redesign the Patient Safety systems focused on harm reduction and safe environment of care
  - Design/redesign the Infection control and prevention systems focused on sterilization and high level disinfection, COVID-19, relationship with CDC including data reporting and Tele-ICAR assessments, employee health, and environmental services training
- **Improve Infection control and prevention system**
  - Infection control and prevention assessments in collaboration with the CDC
  - Training and certification for Infection control and prevention staff and environmental services technicians

# Innovation and Improvement Activities

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- **Build Quality Improvement capability and infrastructure**
  - 3 Healthcare Improvement Professional (HIP) courses held – educated 45 IHS
  - Use of Accelerated Model for Improvement (Ami™) – Currently 140 QI projects have been implemented across IHS in 8 IHS areas, HQ, and 1 Urban Program
    - Administrative – business office functions, HR processes, procurement processes, electronic storage of documents, VA reimbursement, and telemedicine coding
    - Clinical – diabetes management, decreasing wait times, sterilization, standing orders, lab processes, reducing lab errors, standing orders templates, optometry, acupuncture, screening – colon cancer, alcohol, and suicide, tobacco cessation, stroke protocols, pharmacy – medication ordering, error reduction, expansion for clinic access, biomedical equipment, telemedicine and telehealth, ED utilization, and adverse event reporting
    - COVID-19 – surveillance data collection and reporting, vaccination, and situation reporting



# Innovation and Improvement Activities

- **Promote the Improving Patient Care (IPC) Program using quality improvement to achieve improved patient outcomes, patient experience of care, and staff satisfaction**
  - Support for PCMH Designation to meet the 2017 SGM directed all IHS hospitals and health centers to become PCMH designated by end of calendar year 2021
    - Currently 90% of IHS health centers (27 of 30) and 63% of IHS hospitals (15 of 24)
  - Advance Primary Care project –
    - APC will provide an opportunity for IHS, Tribal, and Urban Indian Health primary care programs to further develop their systems to provide resilient, capable systems of primary care, improve outcomes, and prepare for participation in CMS, state, and commercial payer primary care Alternative Payment Models (APMs).
  - Patient experience of care – developed core survey questions from pilot project, working with the VA to leverage their work
  - Developing a family of measures and dashboard for system, area, and facility level
- **Innovation project**
  - 3 projects funded and are using the Ami
    - Ft Hall – Diabetes
    - Wellpinit – Telehealth for correctional facility
    - Oklahoma City Indian Clinic – Prenatal services



