

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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JANUARY 5, 2023



# IHS Update



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ROSELYN TSO

DIRECTOR

INDIAN HEALTH SERVICE





# Chief Medical Officer Updates



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LORETTA CHRISTENSEN, MD, MBA, MSJ, FACS  
CHIEF MEDICAL OFFICER  
INDIAN HEALTH SERVICE



# Strategy 1 - Prevent

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- Get vaccinated, get your bivalent (Omicron) booster
- Getting vaccinated is the key to decreasing the impact of COVID-19
- There is an increase in flu this season
- There is an early increase in cases of RSV
- Flu vaccinations are available!!!!



# American Indian/Alaska Native Vaccination Rates

Data reflective of 12/24/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Completed Primary Series + Bivalent Doses Administered
Age 65+	94.4% (139,861)	71.7% (106,188)	31% (32,885)
Age 18+	79% (673,837)	58% (494,207)	20.7% (102,300)
Age 12-17	51.1% (74,609)	40% (58,408)	14.6% (8,552)
Age 5-11	25.4% (45,997)	18.5% (33,540)	12.1% (4,068)
Age <5	8.6% (9,648)	Not Validated	(29)

## I/T/U Vaccination Activities:

- Immunization focus at I/T/Us:
  - Influenza vaccines
  - Routine immunizations for all ages
  - Primary COVID vaccine series for all ages
  - Bivalent vaccines for 6 months and older
    - 135,551 doses have been administered to all races
    - Of those, 114,959 (85%) doses were administered to AI/AN individuals
  - Over 9,800 boosters given in past 2 weeks



Data Considerations: All data is from the IHS COVID-19 Dashboard

- \*Administration data is still being validated for primary series < 5 years
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.

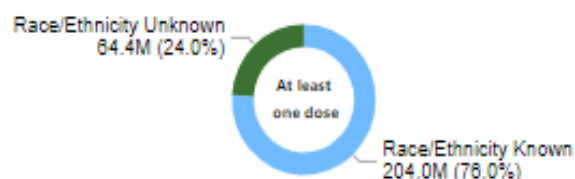
## Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Administered, United States



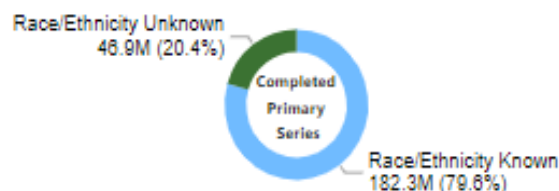
December 14, 2020 – December 28, 2022

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
At Least One Dose	77.6%	72.7%	50.8%	66.6%	60.9%	70.8%	56.6%
Completed Primary Series	64.6%	65.6%	44.5%	56.8%	60.9%	63.8%	51.6%
Updated (Bivalent) Booster Dose	12.8%	18.5%	7.9%	7.2%	23.2%	10.2%	15.2%

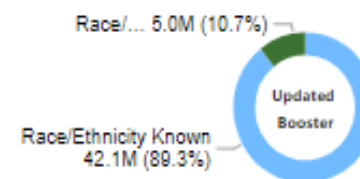
Vaccine Survey Data | Vaccine Administered Data



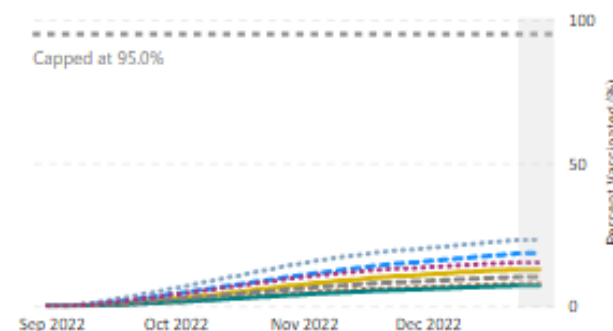
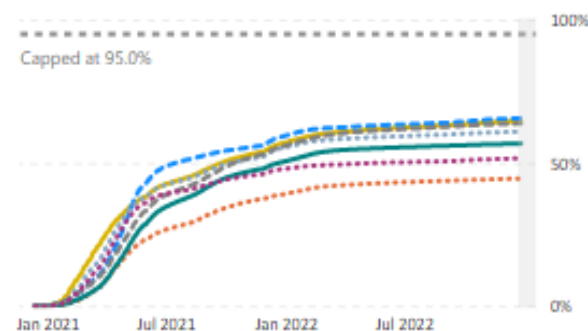
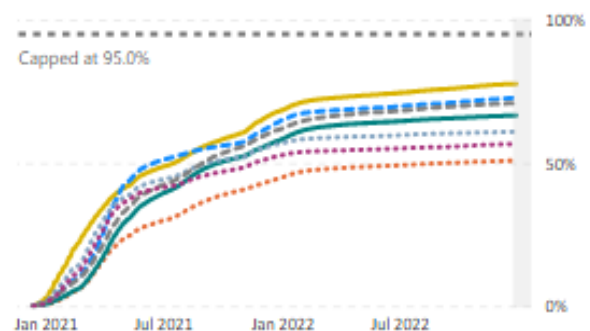
At Least One Dose



Completed Primary Series



Updated (Bivalent) Booster Dose



Date Administered

AI/AN – American Indian/Alaska Native; NH – Non-Hispanic/Latino; NHOPI – Native Hawaiian or Other Pacific Islander; People receiving at least one dose: total count represents the total number of people who received at least one dose of COVID-19 vaccine. People with a completed primary series: total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine, or the second dose in a 2-dose COVID-19 vaccine series. People with an updated (bivalent) booster dose: total count represents the number of people who received an updated (bivalent) booster dose; CDC uses US Census estimates for the total populations within each specified demographic group regardless of prior vaccination status as denominators. Due to the time between vaccine administration and when records are reported to CDC, vaccinations administered during the last week may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Dec 28, 2022

Data source: Vitals, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DFO Situational Awareness Public Health Science Team

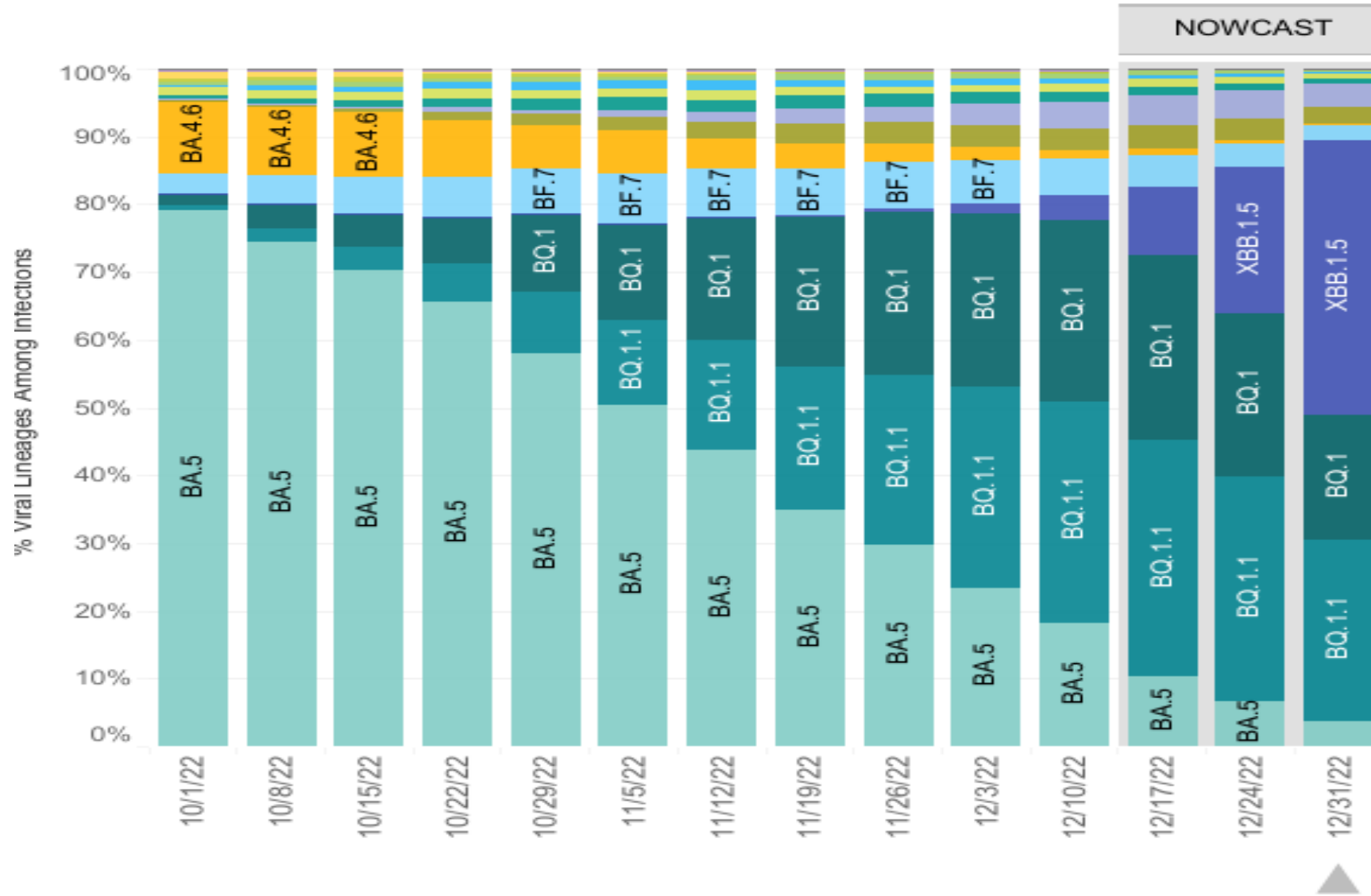
# Omicron variants

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- XBB: 40.5%
- BQ 1.1: 26.9%
- BQ1: 18.3%

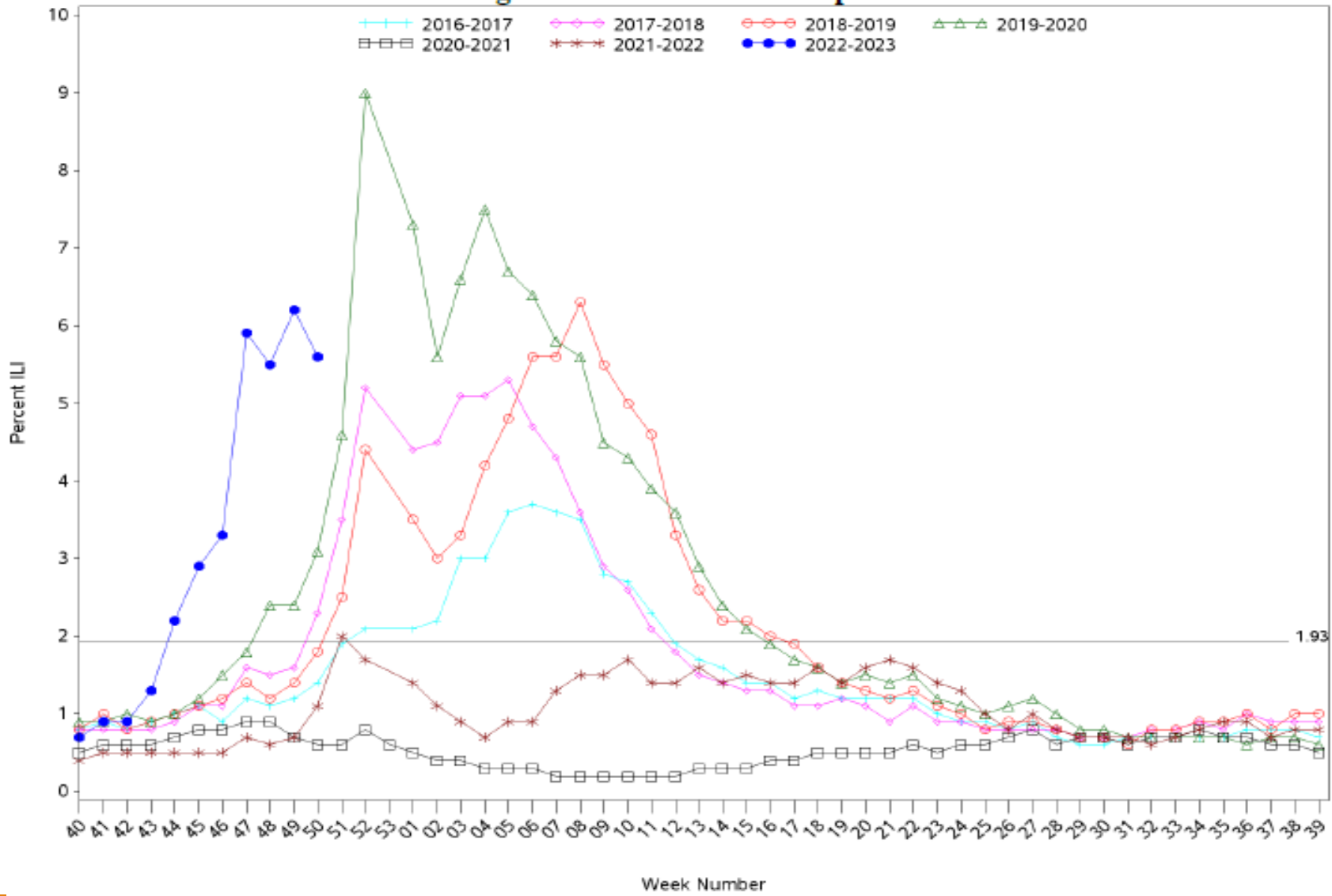


United States: 9/25/2022 – 12/31/2022



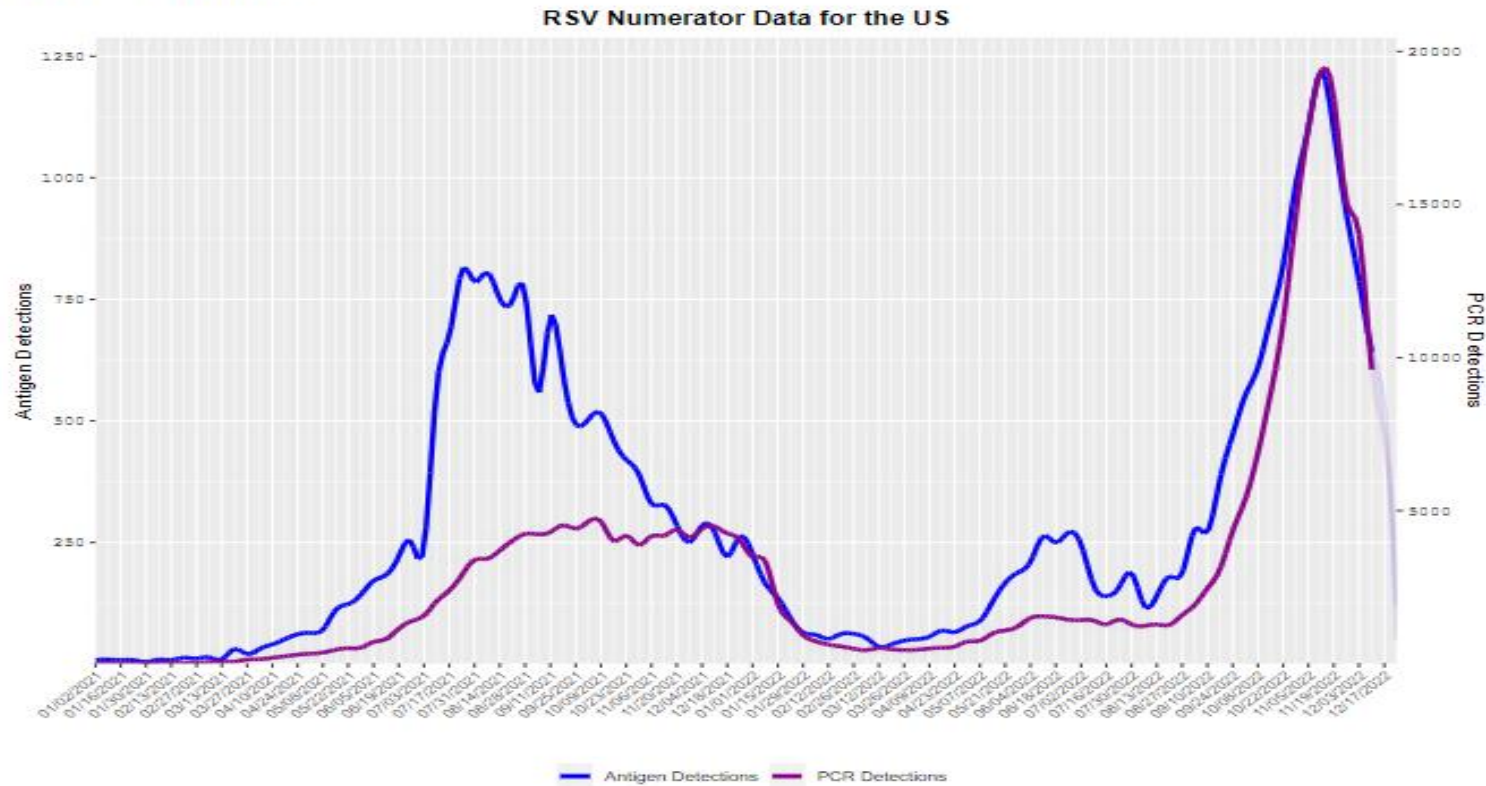


**All Reporting IHS Areas**  
**Influenza-Like Illness (ILI) for Current Surveillance Year and Previous Six Surveillance Years**  
**Percentage of Visits for ILI Visits per Week**



# RSV

## Detections



# What is the E3 Vaccine Strategy?

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- EVERY Patient
- EVERY Encounter
- EVERY Recommended Vaccine Offered, when appropriate



# Background

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- Impact of the COVID-19 pandemic.
- Vaccine misinformation and “fatigue.”
- Nationwide declines in vaccine coverage for all age, racial, and ethnic groups.
- Health disparities among AI/AN for vaccine preventable illness.



# Spread the Word

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**PROTECTING  
TRIBAL COMMUNITIES**

Every patient at every encounter will be offered every recommended vaccine when appropriate.

DEPARTMENT OF HEALTH & HUMAN SERVICES, USA  
INDIAN HEALTH SERVICE  
PHS • 1955

# Strategy 2 - Detect

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- 5.07 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 10.4%
- Home testing: many kits sent out, supply is available and still encourage use

Also Abbott kits for RSV, Flu, Strep and COVID are available from NSSC



# Strategy 3 - Treat

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- Therapeutics: Monoclonal antibody therapy is available
  - Remdisivir is approved for outpatient treatment
  - Bebtelivomab is approved for outpatient treatment although not as effective with the new variants
- Evusheld used as a pre-exposure prevention, some weakness against one variant but still effective
- The oral antivirals are approved however **Paxlovid is provided at Test 2 Treat**



# Test and Treat

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- Established Test and Treat for our communities up to 81 registered sites with another 200 providing Test2Treat
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites





# Behavioral Health

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- Need for behavioral health services
- Development of Behavioral Health Aides
- Environmental scan of current healthcare facilities
- Consideration of converting some inpatient beds to address mental health and substance use disorder treatment
- We must look at how we are using our beds and the space in our healthcare facilities



# NTAC

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- Communication between IHS and the elected tribal leaders
- Improve behavioral health services in Nation to Nation dialogue
- We have several vacancies and need to have the full committee to support initiatives
- Without a quorum we will not be able to confirm a new co-chair



# PHE on Opioid crisis

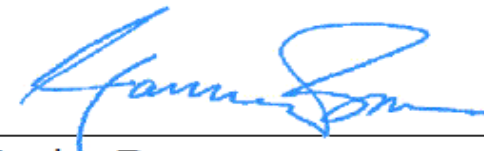
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## **RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS**

As a result of the continued consequences of the opioid crisis affecting our nation, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, 42 U.S.C. § 247d, do hereby renew, effective January 1, 2023, the October 26, 2017 determination by former Acting Secretary Eric D. Hargan, and most recently renewed effective, October 3, 2022, that a opioid public health emergency exists nationwide.

December 22, 2022

\_\_\_\_\_  
Date



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Xavier Becerra

# How IHS is Supporting HOPE

## for Patients Affected by Heroin, Opioids and Chronic Pain



The Indian Health Service National Committee on Heroin, Opioids and Pain Efforts, or HOPE Committee, works with tribal stakeholders to ensure American Indians and Alaska Natives have access to safe and effective long-term chronic pain treatments, to improve access to culturally appropriate care and to reduce overdose deaths from heroin and prescription opioid misuse.

The IHS Opioid Strategy promotes an appropriate, sensitive and understanding message among health systems and the communities we serve to improve perceptions and beliefs associated with substance use.

We are working to eliminate stigma and encourage positive patient outcomes through appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse, and improving access to culturally appropriate treatment. The IHS ensures a coordinated and collaborative response through active participation in listening sessions, formal consultation, and community round-tables to ensure relevance of HOPE Committee work to tribal communities.

### Strategy 1: Expand access to culturally relevant Substance Use Disorder (SUD) prevention, treatment and recovery services.

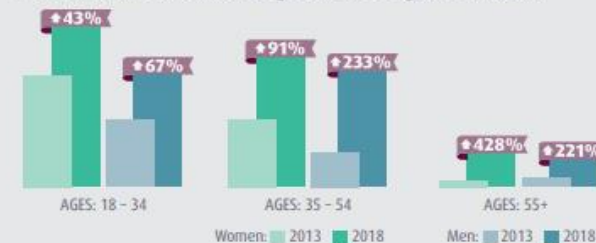
#### OBJECTIVE

Increase access to Medication Assisted Treatment (MAT) through policy and workforce development initiatives, to expand health system capacity and to support integrated MAT models in communities where needed.

- » Chronic Pain and Opioid Management ECHO Trainings
- » Providers Clinical Support System MAT Trainings
- » University of California, San Francisco, National Substance Use Warmline
- » American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course

#### KEY OUTPUT

From 2013 to 2018, Opioid Use Disorder treatment with prescribed buprenorphine among AI/AN patients served by IHS increased 95% across all genders and ages, as follows:



## Strategy 2: Expand harm reduction interventions to include enhancing education and improving access to opioid overdose reversal medications.

### OBJECTIVES

1. Increase education and trainings for the administration and distribution of naloxone for law enforcement and other first responders and collaborate with stakeholders to develop community naloxone trainings and distribution models.

- » **Indian Health Manual, Ch. 35: Dispensing of Naloxone to First Responders**
- » **Naloxone Toolkit**
- » **Naloxone Training Video**

2. Support prescribing naloxone for patients and families of individuals at risk for opioid overdose, including those using opioids for chronic pain management. Develop models for IHS pharmacists to co-prescribe and dispense naloxone when patients meet criteria.

- » **IHS Opioids Best Practices**
- » **Naloxone Information**

### KEY OUTPUT

Naloxone Procurement by Month, FY2015 - Q2 FY2019



Note: Each unit of naloxone purchased represents a potential life saved.

For more information visit [ihs.gov/opioids](https://ihs.gov/opioids).

## Strategy 3: Develop comprehensive and interdisciplinary approaches to improve the management of acute and chronic pain.

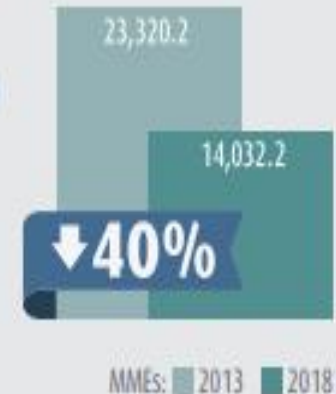
### OBJECTIVE

Increase training opportunities, resources specific to AI/AN populations and collaboration among health providers to support better pain management strategies including setting realistic treatment goals and incorporating nonpharmacologic and complementary therapies for symptom management.

- » IHS Essential and Refresher Trainings on Pain and Addiction
- » IHS ECHO Programs

### KEY OUTPUT

From 2013 to 2018, total daily Morphine Milligram Equivalents (MMEs) prescribed per 100 prescriptions decreased by 40% in IHS facilities.



# Strategy 4: Reduce the impact of perinatal substance exposure on future generations.

## OBJECTIVES

1. Evaluate and increase resources to support enhanced access to integrated traditional/cultural care models and systems of care that include MAT for pregnant women. Increase screening for SUD among pregnant women and women of childbearing age to link them to care.

- » **Maternal Health**
- » **American College of Obstetricians and Gynecologists (ACOG) Recommendations**
- » **Initiating Buprenorphine for Pregnant Women Webinar**

2. Increase educational and training resources available for providers, paraprofessionals and patients on the impact of fetal substance exposure. Expand access to high-quality home visiting services for families affected by SUDs.

- » **Child Health and Wellness**
- » **American Academy of Pediatrics (AAP) Neonatal Opioid Withdrawal Syndrome Recommendations**

## KEY OUTPUT

Implementation of a workforce development strategy and two clinical practice recommendations to provide standards of care surrounding screening, diagnosing and treatment of pregnant mothers and infants affected by opioid exposure.



# Strategy 5: Better data-extraction methods and metrics to support informed decision making surrounding pain management and Opioid Use Disorders.

## OBJECTIVE

Improve availability, monitoring and use of clinical opioid prescribing and Opioid Use Disorder data to inform IHS policy and practices and improve safety and quality surrounding treatment of chronic pain syndromes and Opioid Use Disorders.

## KEY OUTPUT

Creation of an opioid surveillance dashboard to provide near real-time data on opioid prescribing across IHS at the local (Tribal) and Area level.



Join our IHS National Committee on Heroin, Opioids and Pain Efforts LISTSERV to receive news and updates at [www.ihs.gov/opioids/hope/](http://www.ihs.gov/opioids/hope/).



June 2020



# Additional projects

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- Primary care retooling project
- Improving cancer care in tribal communities
- Increasing Graduate Medical Education programs





Thank You

# Indian Health Service Fiscal Year 2023 Budget

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JILLIAN CURTIS

DIRECTOR, OFA

INDIAN HEALTH SERVICE



# Fiscal Year 2023 Budget

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The enacted fiscal year (FY) 2023 budget includes a total discretionary budget authority of \$7 billion, which is \$327 million, or 5%, above the enacted FY 2022 funding level.

This includes four accounts:

- ❖ Services: \$4.9 billion
- ❖ Facilities: \$958 million
- ❖ Contract Support Costs: \$880 million
  - Remains an indefinite discretionary appropriation for fully funding CSC
- ❖ Payments for Tribal Leases: \$150 million
  - Remains indefinite discretionary appropriation for fully funding the cost of section 105(I) leases

# Advance Appropriations

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For the first time ever, the FY 2023 budget includes a total of \$5.7 billion in advance appropriations for the Indian Health Service. This includes almost all programs in the Services and Facilities Accounts.

Activities that did not receive advance appropriations include:

- Electronic Health Record Modernization
- Indian Health Care Improvement Fund
- Health Care Facilities Construction
- Sanitation Facilities Construction
- Contract Support Costs
- Section 105(I) Lease Payments

# Funding Increases (*Services & Facilities*)

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- \$109 million in Current Services for pay costs, as well as medical and non-medical inflation
- \$60 million for staffing and operating costs of newly-constructed healthcare facilities

# Services Program Increases

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Increases to the Hospitals and Health Clinics budget line include:

- \$10 million for Tribal Epidemiology Centers
- \$2 million for Village Built Clinics
- \$1 million for maternal health

# Services Program Increases (Cont.)

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Increases to other budget lines within the Services account include:

- \$73 million to modernize the IHS Electronic Health Record system
- \$15 million for Urban Indian Health
- \$5 million for Loan Repayment Awards
- \$2 million Indian Health Professions activities
- \$5 million for Quality and Oversight activities
- \$2 million for Management and Operations activities



# Services Program Increases (Cont.)

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Increases to other budget lines within the Services account include:

- \$2 million for Purchased/Referred Care, and \$1 million for the Catastrophic Health Emergency Fund
- \$2 million for Alcohol and Substance Abuse
- \$1 million for Public Health Nursing
- \$500,000 for Tribal Management Grants
- \$140,000 for Self-Governance
- \$26,000 for the Alaska Immunization Program

# Facilities Program Increases

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Increases in the Facilities appropriation account include:

- \$1 million for equipment
- \$1 million for emergency generators
- \$1 million for staffing quarters

Health Care Facilities Construction funding activities that remain flat with FY 2022 include:

- \$25 million for the Small Ambulatory Program
- \$5 million for green infrastructure

# Additional Budget Highlights

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- Earmarks \$15 million in Sanitation Facilities Construction Funding for specific projects directed by Congress in Alaska, New Mexico, and Washington.
- Mandatory Funds: Special Diabetes Program for Indians
  - Extended through FY 2023 at the current \$150 million funding level.
  - However, FY 2023 funding is impacted by the mandatory sequester, reducing total funding available to \$147 million.



# Listening Session with Tribal Leaders

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**Office of the Assistant Secretary for Health is hosting a Virtual Listening Session with Tribal Leaders on the HHS Initiative to Strengthen Primary Health Care**

## Virtual Tribal Listening Session

- **Title:** OASH Primary Health Care Listening Session with Tribal Leaders
- **When:** Tuesday, January 31, 2023
- **Time:** 01:00 PM Eastern Time to 02:30 PM Eastern Time (U.S. and Canada)
- **Registration:** <https://www.zoomgov.com/meeting/register/vJltfuyvqjkiEntK-h5P9Z1EVOQYSmXWSHU>
- **Comments Due:** Friday, March 3, 2023 at [OASHPrimaryHealthCare@hhs.gov](mailto:OASHPrimaryHealthCare@hhs.gov)



# Listening Session with Urban Indian Organizations

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Office of the Assistant Secretary for Health is hosting a Virtual Listening Session with Urban Indian Organizations on the HHS Initiative to Strengthen Primary Health Care

## Virtual Urban Listening Session

- **Title:** OASH Primary Health Care Listening Session with Urban Indian Organizations
- **When:** Thursday, February 2, 2023
- **Time:** 01:00 PM Eastern Time to 02:30 PM Eastern Time (U.S. and Canada)
- **Registration:** <https://www.zoomgov.com/meeting/register/vJltc-6qpj4jHU5Kh06Lh8D9qZNx466ZJKE>
- **Comments Due:** Friday, March 3, 2023 at [OASHPrimaryHealthCare@hhs.gov](mailto:OASHPrimaryHealthCare@hhs.gov)



# Questions & Answers

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Next Tribal Leader and UIO Leader Call:

**February 2, 2023**

