



Arizona Rural Health Conference

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Indian Health Reform

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). Thank you to my old boss Fred Hubbard for your kind introduction. I am sorry I am unable to be with you in person today – but I did remember that Arizona is great at teleconferencing, so I am pleased to join you in this format today. I have reviewed the conference agenda, and the sessions look great. As you know, I was faculty at the University of Arizona prior to this position and lived in Arizona for 15 years total. I actually worked as a primary care provider in rural Arizona years ago in the Indian Health Service, so I am familiar with many of the challenges you face in providing rural health care in Arizona. I hope you are enjoying the conference and learning many new things.

I have been the IHS Director for a little over a year, and I am pleased to provide you with an update about our progress to change and improve the organization. I will start with a brief overview of the IHS to provide some context.

The IHS mission is, in partnership with American Indians and Alaska Natives, to raise the physical, mental, social, and spiritual health to the highest level.

IHS works to achieve this mission through a comprehensive primary care network of over 600 hospitals, clinics, and health stations on or near Indian reservations in 35 states. We serve approximately 1.9 million American Indians and Alaska Natives who are members or descendants of 564 federally-recognized Tribes. Our fiscal year 2010 budget is approximately \$4 billion and we have about 15,700 employees.

What is unique about IHS as a health care system is its public health approach – we provide clinical, public health, and community services, and these services are by IHS directly, by Tribes, and by urban Indian health programs. Our programs are organized in 12 IHS Areas, and you are in the Phoenix Area, right next to the Navajo Area. Of course, IHS is a part of the Department of Health and Human Services (HHS), and I believe Herb Schultz is here – he is the new HHS Region 9 Director. The HHS and IHS regions don't always match up exactly, but you are in HHS Region 9, so I hope you have a chance to talk with Herb Schultz.

The IHS conducts its business in partnership with Tribes. This partnership is based on the government-to-government relationship and the federal trust responsibility we have to provide health

The text is the basis of Dr. Roubideaux's oral remarks at the Arizona Rural Health Conference on August 3, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

care services. This partnership is especially important in Arizona, with so many Tribes and such a large tribal land base.

When I was asked to be the IHS Director, I had to think about it a little, since as you may know, IHS has faced many challenges over the years. While IHS has made significant progress in improving the health status of American Indians and Alaska Natives, primarily by providing access to health care in rural and remote areas, significant health disparities still exist. As you know in Arizona, for example, diabetes mortality rates continue to be higher for American Indians and Alaska Natives than the general U.S. population.

In addition, IHS experiences the same challenges in providing rural health care that you do, including rising costs, population growth, increased rates of chronic disease, difficulty recruiting and retaining medical providers in remote sites, old facilities, and equipment and lack of resources to meet the growing demand for services.

So with all these challenges, why did I accept the nomination to become the IHS Director? I believe that despite these challenges, with this new administration, I see hope. The Tribes have called for change, and President Obama has responded by honoring treaty commitments and supporting improvements in the IHS. My boss, HHS Secretary Sebelius, has also demonstrated strong support to improve IHS. There is bipartisan support in Congress for change and improvement of IHS. And we have seen evidence of this support in the 13 percent increase in the IHS budget this year, which is the largest increase in the past 20 years. I believe we have a unique opportunity at this moment in time, with all this support, to make significant progress in improving and reforming the IHS.

At my confirmation hearing, I set four priorities for our agency's work over the next few years – to help guide how we are changing and improving the IHS. So far, we have accomplished a lot, but have much work still to do. Here's an update.

➤ **Our first priority is to renew and strengthen our partnership with Tribes.**

- As you know, our partnership with Tribes is critical in our work to address American Indian and Alaska Native health issues. We have strengthened the IHS partnership with Tribes through various consultation activities throughout the year, including formal consultations on the contract health services program, the tribal consultation process, and the Affordable Care Act and Indian Healthcare Improvement Act (IHICIA) implementation.
- I have attended numerous tribal meetings and have visited 9 of 12 IHS Areas so far to meet with Tribes. I know that these efforts are creating the foundation for a better partnership. We need to partner with our Tribes in all our efforts we will be more effective at improving the health of our communities. Partnering with Tribes is essential to a public health approach.

➤ **Our second priority is, in the context of national health insurance reform, to bring internal reform to IHS.**

- In terms of national health insurance reform, we are so pleased that passage of the Affordable Care Act included the long-awaited and permanent reauthorization of the IHICIA, which modernizes and update the IHS!
- The health reform law, or the Affordable Care Act, will benefit American Indians and Alaska Natives by increasing access to quality and affordable health care, and by reducing health care costs. There are many provisions in the law that impact American Indian and Alaska Native individuals, Tribes, and our IHS facilities. This law may help more American Indians and Alaska Natives access affordable insurance, which is important if they are not near an IHS facility. And with more American Indians and Alaska Natives covered under Medicaid and with private insurance, IHS could stand to benefit from more third-party reimbursements. However, we have to ensure that we remain competitive in the health care marketplace so that patients who have a choice will choose us. So how we change and improve the IHS is particularly important now.

- The reauthorization of the IHCA is permanent, and provides new authorities for programs and services that will benefit our communities over the years. This reauthorization includes new authorities for programs such as behavioral health prevention and treatment, long-term care, innovative health care facilities, etc. The IHS is actively participating in the implementation of the Affordable Care Act with the Department of Health and Human Services, and is leading the implementation of the IHCA. We are very, very busy trying to implement the IHCA as soon as possible. You can find out the most current information on the IHS website.
 - If you want updated information on the health reform law, please visit www.healthcare.gov, which is an interactive website where individuals can actually find affordable insurance options.
 - The other part of this priority is how we are reforming the IHS. I gathered input from Tribes and staff last year on their priorities for how we can change and improve the IHS. Tribal priorities included more funding, improving the contract health services program, and improving consultation.
 - Staff priorities focused on improving the way we do business and how we lead and manage people. As a result, we are working on improving our hiring process, how we do performance management, communication, and financial/budget management. We are also working to improve our contract health services program, including how we interact with private sector providers from whom we purchase health care services.
- **Our third priority is to improve the quality of and access to care for patients who are served by IHS.**
- Our initial focus in this priority has been customer service. Our patients deserve to be treated in the kindest and most respectful manner. We have a long way to go, but I am starting to see some improvements.
 - We are also expanding our Improving Patient Care, or medical home initiative, to 100 more sites over the next three years. This will help us improve the environment and process of care to focus on making the care experience better and more focused on the patient.
 - I am asking for examples of best practices that we can learn from and share. I think we don't need to reinvent the wheel here – we have some sites in IHS, tribal, and urban Indian health programs that are providing excellent customer service, quality and accessible care. If you have any examples, please send them to quality@ihs.gov.
 - We have also been meeting with other agencies and departments to work on Indian health issues. We have met several times with the Department of Interior/Bureau of Indian Affairs/Bureau of Indian Education and are collaborating on a number of issues. We have met also with the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration several times and are working to coordinate and collaborate on our common activities. I met with Secretary Shinseki from the Department of Veterans Affairs (VA) and we identified areas for collaboration, including coordinating services for our veterans who are dually eligible for IHS and the VA. These partnerships are so important as we work to address these challenging issues. Hopefully, you all are including IHS as an important partner in your work.
- **Our fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.**
- To be more transparent and accountable, I have been doing more to communicate what we are doing on all these priorities through presentations, interviews, and various meetings. In addition, we are updating our website and my Director's corner, which includes my Director's blog, which provides short updates and the most current information.

- Accountability is also about how we measure performance of our staff and our programs, and we are making improvements in this area as well.

I developed these priorities based on a significant call for change from Tribes, our staff, and patients. The call for change is clear. While most cite the need for more funding for the IHS, it's clear that we also need to improve the way we do business. We are making progress, and I hope you can help us improve in these areas.

In summary, it is clear that the Indian health system needs more resources to meet our mission. We must also demonstrate a willingness to change and improve.

I know we all agree on the outcomes of these efforts. We need to improve the quality of and access to care for our patients, and we need to improve the health status of our people and eliminate health disparities in our communities.

The work ahead is daunting and the challenges are enormous. But when in our history have we had this opportunity – a supportive President, bipartisan support in Congress, a new and supportive administration, and the call for change from our communities and our patients?

It's clear to me that as we move forward, we must work together to address health issues in our communities and the challenges of providing rural health care. Our patients are depending on us. I believe that we have an extraordinary opportunity to make significant strides in improving the health of our people. I hope you all can join us in this critical work over the next few years.

Thank you.