

# The Secretary's Executive Council on Quality Care at IHS Facilities Charter

## Purpose

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The purpose of this charter is to define the authority, membership, roles and responsibilities of the Secretary's Executive Council on Quality Care at Indian Health Service (IHS) Facilities (hereafter referred to as the "Council" or the "ECQC").

The ECQC was created in order to identify and facilitate collaborative, action-oriented approaches using resources from across HHS to address issues that affect the quality of health care provided to American Indians and Alaska Natives served by IHS facilities.

## Authority

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The Council's authority to operate is provided by the Secretary and will be used to support IHS in providing quality health care to the American Indians and Alaska Natives it serves. Activity will be driven through Council principals, as well as through the work of issue-specific workgroups comprised of staff from across HHS.

The Council may advise and assist in the implementation, monitoring and evaluation of all workgroup activities. At any time the Council may seek and accept the participation of relevant HHS subject matter experts to assist with the work of the workgroups. This Council is internal to HHS and, without a change to the Charter, cannot include external entities.

## Guiding Principles

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The Council will use the following principles to guide its operations. The ECQC will:

- Foster participation and transparency in all of its activities, make timely communication a council priority, and partner with HHS leadership and staff in policy implementation.
- Work to identify and facilitate collaborative, action-oriented approaches using resources from across HHS, including by leveraging HHS stakeholder networks, to address issues that relate to or may affect the quality of care provided in tribal communities. This includes supporting IHS in implementing a population health approach to health improvement, addressing physical and behavioral health needs.

## Composition and Structure

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### Leadership:

The Council shall be chaired by the Deputy Secretary.

## **Membership:**

The Council shall be composed of leadership from the Indian Health Service, Centers for Medicare and Medicaid Services, Office of the Assistant Secretary for Health, Office of the Surgeon General, Assistant Secretary for Financial Resources, Assistant Secretary for Legislation, Centers for Disease Control and Prevention, National Institutes of Health, Health Resources and Services Administration, and Assistant Secretary for Administration, as well as other Operating Divisions and Staff Divisions – as designated by the Deputy Secretary – that have capacity to support the delivery of quality health care at IHS facilities. Principals shall designate an appropriate high-level designee to act on their behalf in case of absence.

## **Structure:**

The Council will meet at least monthly (“Council meetings”) and as needed. One meeting per year shall be designated to set the annual agenda, priorities, and evaluate workgroup needs and progress. Council meetings will provide a forum for workgroup and IHS updates, critical issues, and to evaluate existing priorities.

The ECQC shall be staffed from the Office of the Assistant Secretary for Health. This shall include a senior-level advisor (“Management Lead”) and other resources, as needed. The Management Lead shall support the ECQC Chair, is responsible for formalizing processes, assisting workgroups in completing tasks, setting targets and milestones for work groups, facilitating collaboration among workgroups, and ensuring that they are not duplicating efforts. The Management Lead, in consultation with Council leadership, will coordinate Council meetings and agendas.

The Council welcomes fellowships and similar opportunities to bring additional talent to assist the work of the Council, including but not limited to Presidential Management Fellows, Senior Executive Service rotations, and Intergovernmental Personnel Act Mobility Program agreements. The Deputy Assistant Secretary for Human Resources will serve as the contact.

## **Workgroups**

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The Council will designate workgroups, as needed, to achieve its goals. All workgroups must be led by a Principal or their designee, but membership is not limited to Principals. The Council may designate permanent or time- or task-limited workgroups, as needed. Chairs may designate staff leads with appropriate subject matter expertise to lead the work of the workgroups. Staff leads are individuals who can carry out the guidance of and have access to the chairs, as needed.

At a minimum, there shall be workgroups on quality, workforce, infrastructure, and external engagement.

### **Quality Workgroup**

The quality workgroup focuses on improving the quality of health care services provided at IHS facilities, including compliance with applicable regulations, improved patient safety, clinical care and patient experience, and helping IHS identify the infrastructure, training and tools required for attaining and sustaining high performance. The group includes quality and health care delivery



system experts from OASH, CMS, CDC, NIH, AHRQ, HRSA, ONC, and ASPE. It has supported the development and implementation of the IHS Quality Framework, provided mentoring and support to hospital administrators, and shared expertise and resources to support implementation of quality improvement activities.

#### Workforce Workgroup

The health workforce workgroup (composed of IHS, HRSA, and other HHS staff) aims to build a framework for long-term strategies that will ensure adequate clinician and facility leadership staffing at IHS facilities and a competent, qualified, workforce that is sustainable over time. Fundamental to this are considerations on how to best build or strengthen pathways to encourage and support American Indian youth to enter health care careers as providers or in administration. Efforts to date include deployment of U.S. Public Health Service Commissioned Corps for rotations at IHS facilities with particularly urgent clinician staffing needs, and expansion of the Uniformed Services University of the Health Sciences IHS training track, whereby graduating medical students each are committed to providing 10 years of service to IHS following their training.

#### Infrastructure Workgroup

Inadequate facilities and equipment – such as health care facilities, information technology, and staff housing – can negatively impact direct patient care provided at IHS health care facilities and inhibit the agency’s ability to recruit and retain qualified staff at those facilities. The infrastructure workgroup seeks to address unmet needs through innovative solutions to infrastructure funding and development. For example, Non-recurring Expense Funds were identified to construct staff housing at several high-need service units. The workgroup is comprised of Executive Council staff, the Secretary’s Counselor for IHS, and staff from IHS, ASFR, IEA, ASPA, ASA, OASH, ASL, and PSC.

#### External Engagement Work Group

The external engagement workgroup works to ensure IHS is effectively collaborating and communicating with tribal partners and other external stakeholders (including Congress, members of the press, and others). Members of the group include participants from HHS components (including ASL, ASFR, ASPA, and IEA) and IHS actively involved in communication to these groups, as well from other Operating Divisions that have experience relevant to IHS’s work (including HRSA, CMS, and CDC). Examples of activities of this workgroup include efforts to identify additional resources to strengthen the capabilities of the IHS components actively involved in communication to these groups, including HHS’s Digital Council, and to identify best practices from other HHS agencies in connection with the management of stakeholder communications.

## Roles and Responsibilities

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The Council will:

- Examine the quality of care delivered in IHS hospitals and use the findings to implement innovative strategies to address longstanding IHS challenges;
- Assess HHS’s support of the delivery of quality health care at IHS facilities and identify HHS expertise and resources to assist IHS;
- Support IHS in implementing its agency wide strategic plan;

- Provide a forum to share best practices, ideas, progress, feedback, and other updates as needed;
- Provide a forum to share performance data that can help IHS deliver high quality care to the American Indians and Alaska Natives it serves;
- Support IHS in implementing a population health approach to health improvement, addressing physical and behavioral health needs;
- Offer input into relevant strategic priority setting, as well as budget formulation;
- Communicate activities in a transparent and timely manner to appropriate agency staff and relevant stakeholders;
- Direct the work of the workgroups; and
- Provide feedback and recommendations to the Secretary, as appropriate.

## Reporting Responsibility

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The workgroups will provide updates of all activity to the Council leadership and to Principals at Council meetings. The reports will inform the agendas for Council meetings.

The ECQC will report final decisions about communications, policy, and strategy to HHS staff, as necessary and appropriate.

In recognition of the unique government-to-government relationship between HHS and tribal governments, the Deputy Secretary will participate in meetings of the Secretary's Tribal Advisory Committee to report on the Council's activities and to seek input on its priorities.

## Duration and Termination

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The Council is a permanent standing entity within HHS. It may be terminated by the Secretary at any time.

## Method of Charter Amendment

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This charter may be amended at any time by the Secretary.

Signature of Approving Official:

/Sylvia M. Burwell/

Sylvia M. Burwell, Secretary

NOV 15 2016

Date