



## **Association of American Indian Physicians Annual Meeting and National Health Conference**

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### **Indian Health Service Reform**

by

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Good morning. It's a pleasure to be here today to update you on what we are doing at the Indian Health Service (IHS) to improve healthcare services for American Indians and Alaska Natives, which includes a lot of health promotion and disease prevention activities. It has been great to be at this conference and see old friends and have a chance to chat with students.

A lot has happened since the last time I addressed the Association of American Indian Physicians (AAIP), which was in July of last year. Today, I will be updating you on our progress in changing and improving the IHS. I will also mention some of our health promotion and disease prevention activities.

First I want to thank all of you who have worked at some point or are currently working in the Indian Health Service. Indian physicians are an important part of our team. At headquarters, I work with several Indian physicians, including Dr. Kathy Annette, Acting Deputy Director for Field Operations; Dr. Susan Karol, Chief Medical Officer; Dr. Charlene Avery, the Director of the Office of Clinical and Preventive Services; and Dr. Phil Smith, in the Office of Public Health Support. Dr. Lyle Ignace just joined us as a consultant. And of course I always appreciate the opportunity to meet with Dr. Rhoades, our first AAIP member who was a Director of IHS.

I wanted to mention that in addition to AAIP conference posters being a part of the artwork in the Office of the Director at headquarters, we just started an exhibit of photos from Michael Stoklos' collection of Indian physician photos in their traditional dress. He has taken several of these photos at AAIP meetings over the years and they are beautiful examples of how Indian physicians can be physicians but retain their identity as American Indians and Alaska Natives. These photos are displayed in the Rhoades Conference room on the fourth floor of IHS headquarters so all our visitors will get a chance to see them.

*The text is the basis of Dr. Roubideaux's oral remarks at the Association of American Indian Physicians Annual Meeting and National Health Conference on August 7, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.*

As those of you who work in IHS or tribal health programs have probably heard by now, I have set four priorities for our work over the next few years for the IHS as we move forward:

- My first priority is to renew and strengthen our partnership with Tribes;
- My second priority is, in the context of national health insurance reform, to bring internal reform to IHS;
- My third priority is to improve the quality of and access to care for patients who are served by IHS; and
- My fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.

We are making some progress on these priorities; however, much of this work involves fundamental changes in how we do business in the organization, so the change will take some time.

The first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we are going to improve the health of our communities is to work in partnership with them. This is really a top priority and an essential one, since over half of the IHS budget is managed by Tribes. From both a medical and a public health perspective, and even a health promotion and disease prevention perspective, it is clear that what we do in our IHS, tribal, and urban health facilities is impacted by the context within which our patients live. We provide health care in the context of an individual, family, community, and nation. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better as partners with our communities.

I am grateful for my public health training because it helped me see that the solutions to our communities' health problems will not be solved with efforts that just focus on our clinics or hospitals. Our Tribes, as sovereign nations, are responsible for the health and wellbeing of their members, and we can accomplish so much more if we work in partnership with them. So I am grateful that with this new administration, tribal consultation is a priority.

President Obama signed the Executive Order on Tribal Consultation at the first-ever White House Tribal Nations conference in November 2009. Secretary Sebelius met with the National Indian Health Board last September, showing her support of Indian health issues and tribal partnership. And, in a historic moment, the Secretary held a private meeting with tribal leaders in her office on March 3. These are examples of this administration's dedication to tribal consultation.

In the past year, we have consulted with Tribes on how to improve the tribal consultation process, how to improve the Contract Health Services program, priorities for health reform and implementation of the Indian Healthcare Improvement Act (IHCIA), and on the fiscal year 2012 budget. I plan to formally consult on other topics this year, including the Indian Healthcare Improvement Fund, healthcare facilities construction, and my third priority on improving the quality of and access to care.

I have also held extensive listening sessions with Tribes and am in the process of visiting all 12 IHS Areas to consult with Tribes. I have visited 9 Areas so far, and am looking forward to my upcoming sessions with the Navajo, Aberdeen, and Alaska Areas. I have found these visits to be very helpful in understanding broad themes and the specific needs of each Area. It is amazing to me that there are many Tribes out there who have never met the IHS Director; they cannot afford to travel to Washington, D.C., all the time like some Tribes. So ensuring that we provide opportunities to consult with all Tribes is important.

In these Area consultations, I meet with elected tribal officials and hear their recommendations on how to improve our partnership and their priority issues. In addition to meeting with the entire group, I also meet individually with tribal leaders to hear about their priority issues and recommendations from a local perspective. I am grateful that these busy tribal leaders are taking the time to meet with me on health issues. It helps us see how we can move forward in partnership. We all

want the same things – better health care for our patients and our communities. It’s important that we find more ways to work in partnership together.

My second priority is “in the context of national health insurance reform, to bring reform to IHS.” This priority has two parts – and as you all know by now, the first part includes passage of the health reform law, or the Affordable Care Act.

Health care reform has been a priority of President Obama – the goals have been to increase access to high-quality, affordable health care; provide security and stability for those who have insurance; and reduce healthcare costs. And now these goals are being actively addressed with the passing of the healthcare reform law, the Affordable Care Act, which President Obama signed into law on March 23, 2010.

As part of that bill, the Indian Health Care Improvement Act has been permanently reauthorized! After 10 long years of hard work by many, including our tribal leadership, this is a major victory for Indian Country. The new law has numerous provisions that will have a positive impact on IHS and tribal healthcare programs and the patients we serve.

One of the most common questions I get is, “How will healthcare reform help American Indians and Alaska Natives?” Nationally, healthcare reform means that individuals and small businesses will have more affordable options for health insurance through the creation of state-based Exchanges by 2014. This should result in 32 million more Americans being covered. In addition, Medicaid coverage will be expanded to individuals with incomes up to 133% of poverty level.

All this means that our patients, American Indians and Alaska Natives, will have more choices – to use IHS, and/or to purchase more affordable health insurance. And it means that the entire Indian health system – our Tribes and our facilities - may benefit from reduced healthcare costs, more choices, and better coverage. If more American Indians and Alaska Natives are covered by health insurance and they choose to see us, we could see more third-party reimbursements.

The challenge we face at the IHS is that as more patients have the choice of where they can receive their health care, we must become more competitive. We must demonstrate that we deliver quality health care and provide excellent customer service. So the work we are doing to reform the IHS is even more important.

And the Indian Health Care Improvement Act (IHCIA) was included in the healthcare reform law – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund healthcare services for American Indians and Alaska Natives. And it *permanently* reauthorizes the IHCIA.

The IHCIA updates and modernizes the IHS. The provisions are numerous but many of them give IHS new authorities. This includes:

- Authorities for the provision of long-term care services;
- New and expanded authorities for mental and behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian programs;
- Authorities for various demonstration projects, including innovative healthcare facility construction and health professional shortages (such as our high IHS physician vacancy rate – currently at about 21percent);
- The authority for provision of dialysis services;
- Authorities to improve the Contract Health Services program;
- And authorities to improve facilitation of care between IHS and the Department of Veterans Affairs.

Another common question we are getting, beyond what is in the new law, is about what we plan to do to implement the provisions in the IHCIA reauthorization. The Department of Health and Human Services (HHS) is taking the lead on implementation of healthcare reform in general, and IHS is working closely with HHS on the provisions that impact American Indians and Alaska Natives.

IHS is also taking the lead on implementation of the IHCA. It is clear that we cannot implement the entire law all at once and that this will need to occur over time. We are working very hard on reviewing provisions and developing next steps and timelines. Some provisions are immediate, and some require funding or additional work.

We also must take time to consult with Tribes on this important new law. We must consult in a meaningful but efficient way so we can keep moving forward with implementation. We are working very quickly, but also very carefully – we want to do this right the first time.

We recognize that education and communication are priorities at this time. So we are taking steps to keep everyone informed. You can find updates on our implementation process on my Director's Blog at [ihs.gov](http://ihs.gov), which I will talk about in a minute. HHS just unveiled a new website – [healthcare.gov](http://healthcare.gov) – that helps the public understand how health reform benefits them and how they can access affordable insurance options. And in May, I sent a letter to tribal leaders requesting consultation on health reform and the IHCA that included a fact sheet and tables that summarize the provisions relevant to Indian country. I encourage you to learn everything you can – our patients will have questions about how the new law impacts them.

The next part of the second priority is about bringing internal reform to the IHS. By internal IHS reform, I mean we need to look at what we do well, and be honest about where we need to improve. In order to get the support we dearly need, the IHS must demonstrate a willingness to change and improve. It is clear that Tribes, staff, and our patients want change. This is actually my most popular priority.

I want to thank those of you who provided input last year on your priorities on how to change and improve the IHS. There is so much to do – it really helped me to hear from you about your priorities on where you think we should begin this important work. Tribal priorities for internal reform included:

- More funding for IHS, including a review of how we allocate funding;
- Improvements in the Contract Health Services program; and
- Improvements in the tribal consultation process.

We are working on these priorities, as I have already described. We are also making progress on the top staff priorities for internal IHS reform. Overall, staff emphasized improving the way we do business and how we lead and manage our staff. I can understand this – as a clinician, I just wanted to see and help patients, but the way we were doing business was getting in the way. I imagine many of you have felt this same frustration at one time or another.

To improve the way we do business, we are working with HHS and our Area Directors to improve our business operations, including how we manage and plan our budgets and improve our financial management system.

To improve how we lead and manage staff, we are working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming. We are also working on improvements in pay systems and strategies to improve recruitment and retention. And we are improving our performance management throughout the system.

I have sent messages to IHS staff on improving our business and management practices – such as the importance of customer service, ethics, performance management, and professionalism. Many of our staff members want improvements in these areas, and our work starts with a strong message from the top that these are important areas for all of us. We are also improving our performance management process to include the agency priorities and to make sure that we do a better job of rewarding employees who perform well and holding accountable those employees who do not perform well.

Nothing is more frustrating than working with someone who is unprofessional, or who does not treat patients or staff well. Our patients – and staff – deserve to be treated with respect and kindness at all times.

Overall, we need to improve how we do business as an agency – yes, we are a “service” organization with a great mission, but we also have to function as an efficient and effective business to survive, given the context and challenges we face. As we do better as a business, you can be assured that as a American Indian physician who has worked in IHS clinics, I will make sure we don’t forget that our ultimate focus is on the patient.

In relation to my third priority, to improve the quality of and access to care, I started by identifying the importance of customer service – how we treat our patients and how we treat each other. I am now starting to see activities to improve customer service throughout the system.

We also plan to expand the Improving Patient Care (IPC) initiative to 100 more sites over the next 3 years. This is our “medical home” initiative. And I began collecting best practices in providing quality care last year – we need to avoid reinventing the wheel by doing a better job of sharing what we are doing well and disseminating that information more effectively. We know our programs and facilities are doing some great things, especially in the provision of culturally competent care. I am grateful to AAIP for collaborating with IHS on the workshop yesterday on “Improving Quality through Cultural Literacy” – any discussion of improving quality must include a discussion of this topic.

As healthcare leaders and experts, I would like to hear from you about your best practices and ideas to improve quality – you can send them to [quality@ihs.gov](mailto:quality@ihs.gov).

The IHS provides an array of clinical, public health, and preventive services through its over 600 hospitals, clinics, and health stations. Some of our clinical programs focus on health promotion and disease prevention in innovative ways, such as our oral health program and our HIV/AIDs prevention programs.

We also have an IHS Health Promotion and Disease Prevention (HP/DP) program that focuses on promoting primary prevention among American Indian and Alaska Native communities to reduce the leading causes of preventable death such as poor nutrition, physical inactivity and other high risk behaviors. Examples of our activities include:

- HP/DP coordinators in each IHS Area;
- Integration of HP/DP in behavioral and IPC programs;
- Just Move it! Campaign – with a goal to have 1 million American Indians and Alaska Natives get moving through physical activity;
- Partnership with the University of New Mexico to develop a culturally appropriate Physical Activity Kit for national training and dissemination; and
- The Health Native Communities Fellowship has trained over 240 community leaders to promote positive behavioral change in their local communities.

Also, the IHS has funded 44 American Indian and Alaska Native organizations and communities with grants to address behavioral risk factors that contribute to chronic diseases and conditions. Outcomes have included adoption of smoke-free workplaces, preventive health screenings through cultural camps, worksite employee wellness programs, tobacco cessation programs, increased physical activity in schools, walking trails, and educational intervention to increase awareness of preventable illnesses and the importance of routine preventive screenings.

Prevention activities are very important in all that we do as we work to improve the health of American Indian and Alaska Native communities.

My fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began my tenure as the Director of the Indian Health Service, I have worked hard to improve our transparency and communication about the work of the agency. This includes working with the media, sending more email messages and *Dear Tribal Leader* letters, holding regular internal meetings, and giving presentations at meetings like this. We have also enhanced our IHS website with the Director’s Corner, and Director’s Blog, which contain important updates and information about reform activities.

And we are looking at ways to improve IHS-wide communication among Areas, Service Units, and Headquarters. We need to be functioning as **one unit, as a team**, more than as separate entities, in order to provide the best services possible to our patients and our people. Not only do we need to communicate better with each other, we also need to communicate better with the patients and Tribes we serve.

We are also emphasizing accountability and fairness the way we do business – by evaluating our programs, focusing on areas of greatest benefit, and by always considering fairness in how we deal with staff and programmatic decisions.

As I mentioned, we have created a “Director’s Corner” webpage that is linked to the IHS home page. There you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages. And you will also see an orange “Director’s Blog” button that you can click on that will take you to my blog. I plan to use the Director’s Blog to post brief updates on our activities and the latest IHS news at least weekly. This is one of many efforts to be more transparent about what we are doing as an agency. I have posted pictures of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings. I think it is important that the public knows that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work to change and improve the IHS. The changes we are working on are fundamental improvements in how we do business as an agency, and I believe they will help address many of the priorities for change as expressed by staff and by Tribes. Our staff, our patients, and the tribal communities we serve need to see that we heard their priorities and their input, that we are committed to changing and improving, and that we are now implementing specific activities to change and improve IHS.

Many of you here today work for the IHS or other Indian healthcare programs, or are students who will some day work for us. We will need your expert help and guidance as we move forward over the next few years. With your help, I am confident we can make real progress in improving health care for American Indian and Alaska Native people.

I would like to conclude by thanking all of you for the work you do to help improve the health status of American Indian and Alaska Native people.

Thank you.