



Indian Health Service  
**Advances in Indian Health Conference**  
April 30, 2010

*Indian Health Care Reform*

by

Yvette Roubideaux, M.D., M.P.H.  
Director, Indian Health Service

Good morning. It's a pleasure to be here with all of you today at the 10th Annual Advances in Indian Health conference.

It's a great change for me to be with an audience of clinical providers – I spend a lot of time with administrative types and our tribal leaders these days – but I used to be right where you all are – providing direct care to the patients we serve.

I am glad you had the chance to attend this conference; it is an excellent opportunity to share information on the latest advances in clinical care that we can all use to care for our American Indian and Alaska Native patients. As a former Indian Health Service (IHS) physician, I know the importance of taking advantage of these opportunities to expand your clinical knowledge and to meet and interact with your colleagues. I wish I could have been with you for the entire conference.

Today, I will give you an update on what we are doing to reform Indian health care. And of course there are exciting changes in the works resulting from the recent passage of the health insurance reform law and the permanent reauthorization of the Indian Health Care Improvement Act (IHCA).

So what are we doing to change and improve the IHS? As you may know, I have set four priorities for our work over the next few years:

- 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 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.

Today, I will use these priorities as a framework to talk about the progress we are making to change and improve the IHS.

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.

Well, this was true when I was an IHS physician back in the early 1990s. It seems like we are facing the same, daunting challenges. Why is it different now?

I would not have agreed to become the Director of the IHS if I didn't think there was hope for change. President Obama has made it clear that he wants to honor treaty commitments, and Secretary Sebelius has shown strong support for improving the IHS. The leadership in the Department of Health and Human Services (HHS), including my colleagues who are heads of other operating divisions or agencies, has demonstrated a willingness to learn and do something to address American Indian and Alaska Native health issues. I have seen significant congressional support for change and improvement in the IHS. And I already see evidence of change in this new Administration:

- In the fiscal year (FY) 2010 budget – this year's 13 percent increase is the largest percent increase in 20 years;
- In the FY 2011 IHS budget proposal with an almost 9 percent increase - the largest percent increase of all Operating Divisions within HHS;
- In the provision of \$590 million in Recovery Act funding that is resulting in much needed renovations, improvements, and equipment; and
- In the passage of the health reform bill with several provisions for American Indians and Alaska Natives and Tribes, and the reauthorization of the IHCA.

I believe we have a unique opportunity, with a supportive administration, to make progress on the budget and to make progress on changing and improving the IHS. I am committed to doing as much as we can in the time we have with the current administration. For me it's 3 to 7 years – for IHS it needs to be the beginning of fundamental change over the next several years.

One of my top priorities as IHS Director 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.

As “front-line” health care providers, all of you know that what we do in the clinic is impacted by the context within which our patients live. We provide health care in the context of an individual, family, community, and nation.

I remember it would be so frustrating to give a patient the best medicines and health education and then see our efforts foiled by unsupportive family members or a community that didn't have access to healthy foods or places to safely exercise. I think it's safe to say you have all felt this frustration at some point.

So the IHS cannot do its work in isolation – we must work together and use a more public health model, rather than just a medical model. We have evidence throughout our system that we work better as partners with our communities.

So I am grateful that tribal consultation is a priority with this new administration. In November 2009, President Obama signed the Executive Order on Tribal Consultation, which supports our partnership in health with Tribes. He signed it at the first-ever White House Tribal Nations conference. Both of these historic events sent a strong message that this administration truly supports tribal consultation and working in partnership with Tribes.

Secretary Sebelius has also demonstrated her commitment to tribal consultation and partnership by meeting with Tribes on several occasions so far. This included an historic moment

where the Secretary held a private meeting with tribal leaders in her office on March 3, 2010. This was also one more sign of this administration's dedication to tribal consultation.

We are currently consulting with Tribes on how to improve the Tribal consultation process, how to improve the Contract Health Services program, and on the FY 2012 budget. I plan to formally consult on other topics this year, including the Indian Healthcare Improvement Fund, health care facilities construction, and my third priority on improving the quality of and access to care.

I have held extensive listening sessions with Tribes and am in the process of visiting all 12 IHS Areas to consult with Tribes. In fact, I just held the Albuquerque Area listening session yesterday, on April 29, which is the 9th Area I have visited so far.

So why should you care? The great thing about these consultation sessions is that it shows we all want the same things – more resources for IHS, better care for our patients, and new ideas to solve some of our greatest challenges. And we need to Tribes to support healthy communities and our efforts to improve the health of our patients.

During the Area consultations, I usually meet with the tribal elected officials as a group in the morning. 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. They want the same things we want – better health care for our patients. It's important that we are working together.

My second priority is “in the context of national health insurance reform, to bring reform to IHS.” This priority has two parts – and there is big news on the first one! Health 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 that have insurance; and reduce health care costs.

And now these goals are being actively addressed with the passing of the health insurance reform law, the Patient Protection and Affordable Care Act, which President Obama signed into law on March 23, 2010. As part of that bill, the IHCA is 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 positively impact our programs and the patients we serve. Health care 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.
- Medicaid coverage will be expanded to individuals with incomes up to 133 percent of poverty level.
- American Indians and Alaska Natives will have more choices – to use IHS, and/or to purchase health insurance.
- Tribes and the entire Indian health system may benefit from reduced health care 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 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 IHCA was included in the health care reform law – which is great for Indian Country because this law was due to be reauthorized in 2000 – and it is important because it is the main legislation that authorizes Congress to fund health care services for American Indians and Alaska Natives.

There was a rumor that IHS would no longer exist with passage of the health care reform law. That rumor is not true. I want to reassure you that the reauthorization of the IHCA and recent increases in the budget underscore that fact that there is strong support for IHS and it will still be here.

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

- 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;
- Demonstration projects on health professional shortages, innovative health care facility construction, among others;
- The authority for provision of dialysis services;
- Improvements to the Contract Health Service program; and
- Better facilitation of care between IHS and the Veterans Administration.

The most common question we are getting beyond what is in the new law is what we plan to do to implement the provisions in the IHCA.

HHS is taking the lead on implementation of health reform in general; 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 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 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. You can find updates on our implementation process on my Director's Blog at [www.ihs.gov](http://www.ihs.gov), or about health reform in general at [www.healthreform.gov](http://www.healthreform.gov) or [www.whitehouse.gov](http://www.whitehouse.gov). Don't worry; we will keep you up to date and get the information to you that you need.

The next part of the second priority is about bringing reform to the IHS. In order to get the support we dearly need, we must demonstrate a willingness to change and improve. This is my most popular priority – it is clear that Tribes, staff, and our patients want change.

By internal IHS reform, I mean we need to look at what we do well, and be honest about where we need to improve.

I want to thank those of you who provided input last year on your priorities for how to change and improve the IHS. There is so much to do – it really helped me to hear from you about your priorities 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.

This administration has responded by increasing the IHS budget – this helps our reform efforts. As I mentioned before, the FY 2011 President’s budget proposal for the IHS represents an almost 9 percent increase, which is the largest percent increase of all the Department of Health and Human Services Operating Divisions. This IHS budget proposal represents President Obama’s commitment to honor treaty obligations and Secretary Sebelius’ priority to improve IHS, despite the current budget freeze and goals for fiscal discipline and debt reduction. These additional resources will help increase access to critical clinical, public health, and preventive services for our patients.

You see the impact of the lack of resources every day – I hope you will start to see the impact of these budget increases in your day-to-day work – for example, the \$100 million increase in Contract Health Service funding this year may mean that some of our facilities can pay for more than priority I referrals.

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 patients, but the way we were doing business was getting in the way.

To improve the way we do business, we are working with HHS and our Area Directors to improve how we manage and plan our budgets so that we can improve how we work with the Unified Financial Management System, or UFMS. I know this has been an area of significant frustration.

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 making it take less time. We are working on improvements in pay systems and strategies to improve recruitment and retention. For instance:

- We are beginning work to develop some standard position descriptions that will allow for more efficient advertising of positions.
- We are working on shortening the time to hire new staff. We plan to implement human resource (HR) changes at IHS consistent with HR reform efforts at HHS.

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 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 updating our performance management process and measures to better reflect the priorities and work of the agency, and we will be further clarifying expectations for managers and staff on successful performance management.

I am also interested in your ideas about career development – how to encourage and support our staff.

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 physician, I will make sure we don’t forget that our ultimate focus is on the patient.

I know that some of you are anxious for progress on these priorities, while some are anxious about change. I can assure the first group that we are making progress on these priorities, and I can assure the second group that I am confident we will see positive results as we proceed with these priorities.

I plan to regularly communicate with you on our progress. I also would like to start involving more of you in the process, but with respect to your busy schedules, plan to only convene people to work on these issues on an ad hoc basis so that we can be efficient in our work.

We are focusing on what we can realistically do in the short term versus the long term, and are focusing on priorities identified by you. And while most of the work has been at the national and Area level, it is now time to transition to involvement of local leadership in these improvements. I hope you can be a part of these efforts. I encourage you to help make some of these improvements in your workplace.

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.

I have communicated my expectations to all staff that it is a part of their job performance to treat all our customers with outstanding customer service – this includes our external customers, which would be our patients and Tribes, as well our internal customers, which would be our staff.

We are also developing ways to recognize excellent customer service, as well as making those who do not provide good customer service accountable for their poor job performance. I also started collecting best practices 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.

I would like to hear your priorities for how we move forward to improve the quality of and access to care for the patients we serve. I should be sending out an email requesting input from you shortly. I am still interested in hearing about best practices.

As health care professionals on the “front lines” of care, I am particularly interested in hearing your input on several topics.

One topic we need to address is the Improving Patient Care (IPC) initiative – I have spoken with the IPC team about how we need to clarify exactly what this initiative is about; how to communicate about it clearly without all the jargon; how to evaluate and assess its progress; and how to develop it as an IHS initiative with internal capacity for training, implementation, and evaluation.

As we are now moving forward with expanding it to 100 more sites over the next 3 years, we have to demonstrate exactly what we are doing, and how it is improving care. This has the potential to create fundamental change in the way we care for patients. Let’s now show how it works and is effective as an IHS-led initiative.

I also want to underscore that I want to hear from you about other strategies to improve the quality of and access to care in our system. IPC is not and will not be the only initiative under this priority. We have to look at other innovative and evidence-based strategies. I also want us to talk about how we provide culturally competent care and how we can mentor and teach our new providers in this area.

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 website with the IHS Reform page, Director's Corner, and Director's Blog that 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. Especially as we move forward together to change and improve. I just sent an email out about this need for more consistent communication.

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 also are working on being more accountable by improving how we manage the performance of our staff and how we evaluate our programs.

An example of how we are more accountable is in the improvements we have made to our property management system. We now have an accountable property management system. You know this because you have signed hand receipts for any property you are in charge of, and you are fiscally responsible.

As I have mentioned a couple of times, because it is a very important issue, we must improve customer service. We are working to hold our staff accountable to higher professional standards for how we treat our patients, customers, and each other.

We are being inclusive by making sure that any changes we make benefit all our patients, whether they receive care at IHS, tribal, or urban Indian health programs. Fairness is an important principle for us as we conduct all our business.

To help us be more transparent about all we are doing to change and improve the IHS, I have made some important updates to our IHS website.

One addition that I mentioned earlier is my "Director's Corner," which is linked to the IHS home page. Here you can get information on presentations, Dear Tribal Leader letters, updates on internal IHS reform, and other messages.

And you can click on the orange "Director's Blog" button to go to my blog. It's rather amazing to me to realize that I have gone from not knowing what email is in the 1990s to having a blog today for communication about agency business!

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 encourage you to visit this blog at least once a week for updates.

Overall, we are beginning to making progress on our priorities and are moving forward on the challenging work to change and improve the IHS.

Over the next weeks to months, our activities should become more visible in all IHS Areas. 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.

But we will need your continued support and expert guidance if we are to move forward with IHS reform! I know you all have good ideas about how to improve the care and services we provide for our patients.

I would like to conclude by thanking you for all you do to provide health care to the patients we serve. I know that you work very hard and often go above and beyond the call for duty. I appreciate your willingness to do this with all the challenges you face; challenges that I hope we can change into successes for our work to improve the health of the American Indian and Alaska Native patients we serve.

Thank you. And please travel home safely.