



National Indian Health Board Consumer Conference

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Update on 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're doing at the Indian Health Service (IHS) to improve healthcare services for American Indians and Alaska Natives. I have looked over the agenda, and I can see that this conference promises to be an excellent opportunity to share information and lessons learned on a variety of important healthcare issues, especially tribal/state relations and Indian healthcare improvement.

A little over a year ago, I was honored to be asked to assume the role of Director of the Indian Health Service in this exciting time of hope and change with the Obama administration. I think we have a great opportunity to make significant strides towards improving the health of American Indian and Alaska Native people over the next few years. Today, I will update you on what we are doing to change and improve the IHS.

As most of you 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.

The text is the basis of Dr. Roubideaux's oral remarks at National Indian Health Board Consumer Conference on September 21, 2010. It should be used with the understanding that some material may have been added or omitted during presentation.

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.

Our first priority is to renew and strengthen our partnership with Tribes. I truly believe that the only way we're going to improve the health of our communities is to work in partnership with them. The IHS cannot do its work in isolation – we have evidence throughout our system that we work better in partnership 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. Look at some of the biggest problems we face – suicide, domestic violence, obesity, cancer, mental health issues – all are influenced by factors in our communities such as education, unemployment, law enforcement, housing, etc. IHS cannot solve these problems alone.

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.

In the past year, we have consulted with Tribes on improving the tribal consultation process, improving the Contract Health Services (CHS) program, priorities for health reform, and implementation of the Indian Healthcare Improvement Act (IHCA), and the fiscal year 2012 budget. We are beginning to implement some of the recommendations from these consultations.

For example, we're improving the consultation process by making the information on consultations more widely available, giving more time for response, considering options to ensure consultation with all Tribes, and building a website to document progress on our consultation activities and workgroups.

The CHS consultation, listening sessions, and best practices meetings are generating a lot of great ideas to improve the way we do business in CHS. 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 also held extensive listening sessions with Tribes, hold tribal delegation meetings at headquarters and national meetings, and am in the process of visiting all 12 IHS Areas to consult with Tribes, which was one of the recommendations from our consultation last year. I have visited 11 of 12 Areas so far. I have found these visits to be very helpful in understanding broad themes as well as specific Area and tribal needs. Because not all Tribes can afford to travel to Washington, D.C., these Area visits are critical to ensuring that all voices are heard.

It's important that we strengthen our partnership and that Tribes help create the vision for IHS reform. For every decision I make, I always consider the input I have received from Tribes.

At the recent Aberdeen Area Listening Session, I had an opportunity also to update the group on the Aberdeen Area investigation by Senator Dorgan and reassure them we are fully cooperating with the investigation, and our Aberdeen Area Director is making significant improvements as a result of our Aberdeen Area Management Review.

And at the Alaska Area Listening Session, I was able to address concerns about 638 negotiations and our commitment to successfully completing the negotiations, which did occur the following week.

In addition to meeting with the entire group during the Area listening sessions, I also met individually with tribal leaders to hear about their priority issues and recommendations from a local perspective.

I also hold tribal delegation meetings at headquarters when Tribes are in town – such as a recent Tribal Delegation Meetings at headquarters with the Santee Sioux Tribe, the Southcentral Foundation, and the Alaska Native Tribal Health Consortium.

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.

I also attend as many Indian health meetings as I can – such as the Direct Service Tribes conference in August. I was glad to see the group has a new sense of commitment and collaboration. I also met with the Tribal Self-Governance Advisory Group this summer. We talked about how we can help advance some of their issues in partnership by helping each other. And at the CHS listening session and best practices session in D.C. in July, we discussed the need for more CHS funding and heard recommendations on how to improve the way we do business in CHS, such as how we refer patients, negotiate rates, and collect third-party reimbursements. I know CHS is a very important topic to Tribes and improving how we do business is a top priority.

Also, the Director’s Workgroup on Tribal Consultation met in December and January and made six pages of recommendations on how to improve the tribal consultation process – I plan to meet with them soon to discuss progress on implementing their recommendations – we are planning on meeting in October.

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, the Affordable Care Act, and the IHCA.

We are grateful for passage of the Affordable Care Act because it will make quality and affordable healthcare accessible to all Americans, including our First Americans. It is designed to increase access to health insurance, help those who have insurance, and reduce healthcare costs.

It also contains the permanent reauthorization of the IHCA, which modernizes and updates the IHS. It provides new and expanded authorities for a variety of healthcare services.

Both laws have the potential to positively impact American Indian and Alaska Native individual; Tribes; and IHS, tribal, and urban Indian health programs. We will be consulting with Tribes on an ongoing basis on the implementation of these new laws. There will be opportunities for Tribes to provide input during the implementation process. We will let you know about these consultation opportunities along the way. I still encourage you to send your input to the email address consultation@ihs.gov. HHS and IHS sent a letter to Tribes in May initiating consultation efforts.

We are working quickly to implement tribal priorities among the many provisions in these laws. I recently sent out a letter to Tribes with information on some provisions that are self-implementing, or that were in effect with passage of the law and require little or no implementation activities. I will be sending regular updates to Tribes and another letter is forthcoming.

We are also planning consultation activities in October on specific topics, such as the Access to Federal Insurance Provision and the Special provisions related to the insurance Exchanges in the Affordable Care Act. More information will be sent to tribes shortly. Don’t worry, we are consulting with tribes and will be doing more to make sure you have input before decisions are made.

On Thursday, I will be presenting in more detail on the impact of these laws on Indian health care and will be listening to the town hall discussions.

The second part of this priority is about bringing internal reform to the IHS. 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.

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 for 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 CHS program; and improvements in the tribal consultation process. We're working on these priorities, as I have already described.

We're 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 with how IHS does its business.

To improve the way we do business, we're working with HHS and our Area Directors to improve how we manage and plan our budgets and improve our financial management. We're working to make our business practices more consistent and effective throughout the system.

To improve how we lead and manage staff, we're working on specific activities to improve and streamline the hiring process by making it more efficient and proactive, and less time-consuming. We're also working on improvements in pay systems and strategies to improve recruitment and retention. Many of you know how difficult it is to recruit and retain healthcare providers. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

Many of these improvements are happening behind the scenes, so you may not be seeing specific improvements yet, but they are fundamental improvements that will pay off over time.

At a recent Human Resources Summit that we held with representatives from all IHS Areas and key staff involved in the hiring process, they came up with some very good recommendations for improving and shortening the hiring process.

I have also 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 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're also improving our performance management process to include the agency priorities and to make sure 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 or being taken care of by 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 challenges we face. And with the Affordable Care Act making insurance coverage more accessible, we need to be as competitive as possible so that our patients will always consider us their first choice for health care. Changing and improving the IHS is more important than ever.

As we do better as a business, you can be assured that as an 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 and am starting to hear stories about some improvements. However, we still have a lot of work to do to improve our customer service.

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 that puts the focus of our healthcare team on serving the patient. We're now taking applicants for phase 3 of the IPC.

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're 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 would like to hear from you about your best practices and ideas to improve quality – you can send them to quality@ihs.gov .

I was delighted on a tour of the Billings Area Office to see a large poster with “customer service expectations” and to hear about the specific activities being implemented to treat patients and guests to the Area Office. Great work, Billings Area!

Other ways to improve quality include collaborations with other departments and agencies. We have been meeting with the Department of Interior on health issues in our communities – For instance, I recently met with Assistant Secretary of Indian Affairs Larry Echohawk. He understands how we must work together to address some of the most difficult health problems we are facing in tribal communities.

I have met with Pam Hyde, the Substance Abuse and Mental Health Services Administration Administrator, and we are sending a letter to Tribes to talk about how we are moving forward in partnership. I also have met several times with Mary Wakefield, the Administrator of the Health Resources and Services Administration, and discussed how our staff can collaborate on Indian health issues. We sent letters to Tribes detailing our collaborative efforts.

Given that we have limited resources in Indian health, we do have to leverage all resource to improve care for our patients.

I also met with Secretary Shinseki from the Department of Veterans Affairs (VA) and we are working to update our Memorandum of Understanding (MOU) and collaborate on several activities including coordination of care for veterans who are eligible for both IHS and the VA. We should be signing the updated MOU shortly.

The recent signing of the Tribal Law and Order Act will help us improve health in our communities by addressing the serious problem of violence against women. Many federal agencies are collaborating on implementation of this law, and we are involved in those activities. Violence against Indian women is unacceptable and we all need to work to eliminate it in our 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 IHS, 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, which contain important updates and information about reform activities.

And we're 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. This

includes not just federal sites – but our tribal and urban sites as well. We are all a part of the same team.

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're also emphasizing accountability and fairness in the way we do business – by evaluating our programs and focusing on areas of greatest benefit, and by always considering fairness when dealing with staff and making programmatic decisions.

Inclusiveness is a part of these priorities because as the IHS Director, I have to ensure that all my decisions consider the impact on all our patients, whether they are served in an IHS, tribal, or urban Indian health facility. Balancing the needs of the various parts of our healthcare system is a challenge, but inclusiveness is very important as we work to improve the IHS.

As I just mentioned, we have enhanced our IHS website. One addition is my “Director’s Corner,” which 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. 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. I have posted pictures of many of my consultation and listening sessions, as well as pictures from Tribal Delegation Meetings. This is one of many efforts to be more transparent about what we're doing as an agency.

I think it’s important for the public to know that meeting with Tribes is important to the agency, and putting updates and pictures on the blog helps.

This really is the place where you can get the most up-to-date information. I encourage you to check this site every one to two weeks.

So what are our accomplishments so far? Well, we are making progress on IHS reform, but a lot of the work is internal to the organization right now and much of the work to improve the way we do business is in progress.

Certainly the most visible progress to date for this new administration is the increases in funding for the IHS.

The fiscal year (FY) 2010 budget with its 13 percent increase has the largest percent increase in over 20 years for IHS. We're just now feeling the impact of this increase. For example, there was a \$100 million increase in CHS – this meant an increase in the range of 14-30 percent in each IHS Area, which will result in more referrals being paid.

And this increase included a substantial increase in our Catastrophic Health Emergency Fund, which pays for high cost cases. This year, we may be able to make it to the end of the year and not run out in June, as has been the past experience.

The FY 2011 President’s budget proposed an almost 9 percent increase, and we're waiting to see if Congress decides to keep that increase in the budget.

The American Recovery and Reinvestment Act funding provided \$590 million for health facilities construction, sanitation facilities construction, maintenance and improvement, equipment, and health information technology. Some of you may be seeing this funding benefiting your communities now. For instance, the Cheyenne River and Nome hospital construction are making progress. Also, funding allows us to partner with Tribes on the Joint Venture Programs, such as construction of the new Chickasaw Nation Medical.

Since so many of our improvements are about business procedures that are mainly internal to IHS and will take some time, it is refreshing to receive emails from staff who confirm that change is actually happening. Here is a quote from a staff email to me:

I wanted to share with you that he (IHS employee) was most professional and customer friendly. He was very knowledgeable and answered all of my questions without delay. As a matter of fact it took multiple calls to find out who to speak with and everyone was most polite and helpful. I am thrilled that your message about customer service and professionalism is spreading!

These emails give me hope that we are making progress.

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're 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're committed to changing and improving, and that we're now implementing specific activities to change and improve IHS.

We will need your 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.

While changing and improving the IHS may seem like a daunting and challenging task, I still believe we're in a unique time in history, where we have a supportive President and administration, including lots of support at HHS, and bipartisan support in Congress for reform.

We must all take advantage of this opportunity to change and improve the IHS.

Thank you.