



Indian Health Service
Improving Patient Care Program
Learning Session Four

October 26, 2011

Opening Remarks

by

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Good morning. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). It is a real pleasure to be here with you today in this virtual learning session via WebEx. I understand that as many as 1,000 people will be attending the various sessions over the next two days. This format is a great way to involve so many people in our system-wide improvement efforts while saving on travel costs and staff time for everyone. Using our resources in the most effective and efficient manner possible is important as we work to be good stewards of our limited federal resources.

I want to thank Jess Brien for the traditional blessing. Mr. Brien is an enrolled member of the Crow Nation of Montana. I am grateful for how we ground our IHS work in the culture of the communities we serve, and opening our events in a traditional way reminds us of the importance of acknowledging and incorporating the traditional practices and cultures of the patients we serve into our Indian health system.

It seems like just a short time ago that I was welcoming you to Learning Session 2 in Denver, and I am sure that you have learned a lot over these last six months. This meeting will be a wonderful opportunity for you to continue to learn from each other and to take best practices and lessons learned back to your facilities and your communities.

When I discuss our agency priorities in my presentations to various audiences, I always mention the Improving Patient Care Program (IPC) initiative as a fundamental part of our third priority, to improve the quality of and access to care. I continue to fully support your efforts, and I am very excited that we are seeing progress. I am looking forward to seeing your next steps.

I am grateful to all of you for your hard work and persistence, and I want to thank you for being a part of this team. The work you are doing is not easy, but it is important. While the leadership at your local sites is critical to supporting you and your efforts by removing barriers and

The text is the basis of Dr. Roubideaux's oral remarks at the Improving Patient Care Program Virtual Learning Session on October 26, 2011. It should be used with the understanding that some material may have been added or omitted during presentation.

supporting your success, it will take all of us, working together as a team, to make the IPC initiative a real success.

We are here to continue to build upon what you have learned at previous sessions. I hope that many of you were able to participate in the intensive workshops offered yesterday that focused on the model for improvement, leadership and strategic planning, and how to increase access to care and optimize your clinical information systems.

Our goal for the IPC program is to expand this work to 100 new sites over the next 3 years and to all of our system by 2015. IPC is the IHS “medical home” initiative that puts the focus on the patients we serve and their needs through teamwork and the use of quality improvement tools. We must always remember that IPC is centered on the patient, and the tools you are learning about in these sessions that focus on improving quality, evaluation, change, and community, are all basically about improving the quality of our healthcare delivery system for the patients we serve.

At Learning Session 2, I talked about how our work in the IPC is critical to our system being able to benefit from all the new provisions in the Affordable Care Act. In addition to the reforms related to healthcare coverage, many new provisions are now being implemented that focus on delivery system reforms that are fundamentally similar to what you are doing with IPC. In addition, these delivery system reforms have a common theme that relates to payment reforms – making reimbursement and payment dependent on demonstrating quality rather than quantity of service, or value of the care we deliver rather than volume. So over the next few years, all health care providers and systems must be able to demonstrate that they deliver quality healthcare – or risk missing out on reimbursements that reward quality.

I recently co-hosted a session at the National Indian Health Board Annual Consumer Conference with Dr. Don Berwick, the Centers for Medicare and Medicaid Services administrator, on upcoming payment reforms and the need for us to start planning now for how we will participate. Now is the time for all of us, including our local leadership, to realize that we must adapt to these payment reforms and changes in how we get reimbursed. Fortunately, the tools you are learning in IPC will help us adapt to these coming changes in the nationwide healthcare system. We must be able to improve our ability to demonstrate and deliver quality healthcare – not just because it is the right thing to do – but also because our bottom line is at stake. We cannot afford to miss out on any potential resources for the care we provide.

I know that you have been working hard and have been making progress since you began in January 2011. The National IPC Team, Institute for Healthcare Improvement staff, and the Area Improvement Support Teams will continue to help you review progress toward your goals at this meeting. I look forward to hearing about your accomplishments and success stories.

I am pleased to see our Indian health system leaders showing us the way and using the IPC tools to make improvements. I am especially pleased to see our programs helping to teach in each session. I learned from the Special Diabetes Program for Indians Demonstration Projects that you and your peers are the best teachers of how we can get the job done in our very diverse programs. I know that sharing both our successes and challenges with each other will help everyone be as successful as they can be.

I am pleased that the IPC initiative contributes to progress on all the agency priorities, as we work to change and improve the IHS.

The IPC focus on the patient and the community, with the involvement of local Tribes and tribal leadership, helps us with our first priority, to renew and strengthen our partnership with Tribes.

The IPC also helps us make progress on our second priority, to reform the IHS. The improvements we make in the process of care, especially administrative improvements and

efficiencies, are important to the future of the IHS as an effective business and quality healthcare system.

And as I have already mentioned, IPC helps us advance our third priority, to improve the quality of and access to care. I believe that the work you are doing now will help us make fundamental improvements in how we deliver care.

Our fourth priority, to make everything transparent, accountable, fair and inclusive, is something that I would like you all to focus on in IPC. We must make sure everyone understands what this initiative is about and that all programs have a chance to be included and to succeed. In order for the rest of the IHS system to accept and implement the tools of the IPC, we have to show that we can improve quality even at our most understaffed and underserved sites.

I know that the IPC3 sites, the Quality and Innovation Learning Network sites, and all of you here on this virtual learning session can help make IPC a success. You have all the tools you need – now it is time to demonstrate that we can fundamentally change and improve the way we deliver healthcare and demonstrate better outcomes. It is important to understand that there is no “magic” about IPC. IPC is an initiative that gives you the tools you need to improve quality and create a medical home for the patients you serve. How you use these tools – your successes, lessons learned, and outcomes – is the real story we will tell the rest of our system and the rest of the U.S. healthcare system.

I would like to acknowledge the hard work that went into planning this Learning Session, including the National IPC Team, the faculty members who spent time putting together their presentations, and the Area Improvement Support Teams. These teams are filling a critical role in supporting our programs at the local level.

And finally, I want to thank each one of you. Without your commitment to this work and to those we serve, as well as your vision for better care, we would not be able to give our patients, families, and communities the healthcare they need and deserve. I encourage you to ask questions and learn as much as you can from each session so that you can return to your facility with new tools, lessons learned, and plans to continue your local progress, as well as our system-wide progress, towards better care for the patients we serve.

Thank you and have a great virtual learning session.