



*United South and Eastern Tribes
Impact Week Meeting
February 9, 2011*

Indian Health Service Update

by

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

Good afternoon. It's a pleasure to be here today to speak to you and update you on what we are doing to change and improve the Indian Health Service (IHS). I will be giving you an update on our priorities for reforming the IHS and on the Affordable Care Act and the Indian Health Care Improvement Act (IHCIA), and what it all means to Tribes, American Indian and Alaska Native patients, and the Indian health care system.

In his State of the Union speech, President Obama talked about "winning the future." He said that while we face many challenges, we must out-innovate, out-educate, and out-build the rest of the world. We can secure prosperity for ourselves and future generations of Americans by taking responsibility for our deficit, investing in what makes us stronger, and reforming government. Above all, we must overcome the politics that divide us and work together to win the future.

I believe we are making progress in winning the future for the IHS, our patients, and the communities we serve. After a little over a year and a half as the IHS Director, I believe we are changing and improving for the better. But to keep making progress, we need to continue to work together. Especially as we face the challenges ahead.

Today, I would like to update you on progress on our four agency priorities:

- The first priority is to renew and strengthen our partnership with Tribes;
- Our second priority is to bring internal reform to IHS – I recently updated the wording on this priority;
- The third priority is to improve the quality of and access to care for patients who are served by IHS; and
- The fourth priority is to have everything we do be as transparent, accountable, fair, and inclusive as possible.

As I said earlier, tribal consultation is one of our highest priorities. In the past year, we have consulted with Tribes on improving the tribal consultation process, improving our Contract Health Services (CHS)

The text is the basis of Dr. Roubideaux's oral remarks at the USET meeting on February 9, 2011. It should be used with the understanding that some material may have been added or omitted during presentation.

program, priorities for health reform and implementation of the IHCA, the IHS fiscal year (FY) 2012 budget, the implementation of the Department of Veterans Affairs (VA)-IHS Memorandum of Understanding (MOU), the Indian Health Care Improvement Fund, the Special Diabetes Program for Indians (SDPI) extension, and the Tribal Epidemiology Centers data sharing agreement. I plan to formally consult on other topics this year, such as health facilities construction, long-term care, and improving the quality of and access to care, which is our third priority.

We continue to strengthen our partnership with Tribes through meetings – last year I held listening sessions with all 12 IHS Areas. This year we might have to meet this via videoconferencing, depending on the budget. I continue to meet with Tribes in tribal delegation meetings and with tribal organizations, advisory groups, and workgroups. I have held over 300 tribal delegations so far. Tribal consultation is a priority and partnering with our communities is the key to improving health.

My second priority is “to bring reform to the 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. The second part is about internal IHS reform – how we are changing and improving the organization.

But first, I would like to talk about budget – which I am sure is on the minds of everyone right now. The budget is a huge factor in how we are able to reform the IHS. The increases of the last two years under the current administration have made a big difference. However, you are probably hearing what we are hearing on the news about plans by Congress to cut the budget. Some of what they are saying is concerning.

Let me update you on the budget issues, by year. The FY 2011 budget, our current year budget, is on a continuing resolution through March 4. We are uncertain what will happen after that, although there are lots of rumors. In the meantime, I have asked everyone to be cautious and realize it is not business as usual – there is a pay freeze, and we have asked everyone to limit hiring and travel. We don’t know what will happen after March 4, but certainly the support of the Administration is still there; the President proposed a 9% increase. We are hearing about support in Congress. We just don’t know the outcome yet.

Next year’s budget, the FY 2012 budget, has gone through the budget formulation process, and the President will announce it on February 14, 2011. All through the process, tribal priorities were considered, and IHS is still a priority of this administration. I cannot release any details of the budget at this time.

The FY 2013 budget formulation process is occurring now. Last week, the budget formulation workgroup met. I encouraged them, despite what they are hearing now, to recommend the budget they wanted to recommend. It may be a different political scenario by then. I am looking forward to seeing the recommendations. They will present to me later this month and then again at the Department of Health and Human Services (HHS) tribal consultation in March.

We are grateful for passage of the Affordable Care Act because it will make quality, 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 Indian Health Care Improvement Act, which provides new and expanded authorities for a variety of healthcare services. Both laws have the potential to benefit American Indian and Alaska Native individuals and Tribes, as well as IHS, tribal, and urban Indian health facilities.

HHS is taking the lead on implementation of the Affordable Care Act in general, and IHS is working closely with HHS on the provisions that impact American Indians and Alaska Natives. IHS is the lead on

IHCIA implementation. We have been conducting consultation activities on both the Affordable Care Act and the IHCIA. I will describe those more in a moment.

One big question I have been getting is, what will happen if the Affordable Care Act is repealed? While congressional efforts are ongoing, there was a recent court decision in Florida that declared the entire Affordable Care Act unconstitutional. The Department of Justice is reviewing the impact of this decision, and we are continuing to implement the law.

As I said, HHS is the lead on implementation of the Affordable Care Act and the lead on consultation efforts. A consultation on the Affordable Care Act was initiated in July 2010, and Tribes were asked to provide their input on priorities for implementation to the email address consultation@ihs.gov, which is still available to accept input at any time. HHS is also conducting other consultation activities, including listening sessions, weekly emails, monthly outreach calls, and quarterly updates.

The next consultation related to the Affordable Care Act was the consultation on state exchanges, initiated in a November 2010 letter cosigned by the Office of Consumer Information and Insurance Oversight and the IHS. The input from that consultation was very helpful, especially related to the importance of states consulting with Tribes when they implement the state exchanges, and the issue of the varying definitions of Indian in the law. A positive outcome of this consultation was the inclusion of the requirement for states to consult with Tribes in the recent Funding Opportunity Announcement for establishment grants. The definition of Indians issue is still under review.

HHS also held a listening session on implementation of the Affordable Care Act and the IHCIA on December 14, 2010, at the National Museum of the American Indian in Washington, D.C. The purpose of this event was to provide an opportunity for tribal leaders who were in the area for the White House Tribal Nations conference to learn about the new law and provide input on implementation. The IHS, the U.S. Office of Personnel Management (OPM), the Centers for Medicare and Medicaid Services (CMS), the Internal Revenue Service, the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) participated and provided updates.

Now, I would like to update you in implementation of the IHCIA. The IHCIA was included in the Affordable Care Act – which is great for Indian Country because this law is the main legislation that authorizes Congress to fund health care 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:

- New and expanded authorities for behavioral health prevention and treatment services;
- New and expanded authorities for urban Indian health programs;
- Authorities for the provision of long-term care services;
- Authorities for various demonstration projects, including innovative health care facility construction and health professional shortages;
- The authority for provision of dialysis services;
- Authorities to improve the CHS program;
- And authorities to improve facilitation of care between the IHS and the VA.

These are just examples of what is in the new law.

Another common question, beyond what is in the new law, is about what IHS plans to do to implement the provisions in the IHCIA. As I mentioned a moment ago, the IHS is taking the lead on implementation of

the IHCIA. It is clear that IHS cannot implement the entire law all at once, and that this will need to occur over time. IHS is working very hard on reviewing provisions and developing next steps and timelines. Some provisions are immediate, and some require funding or additional work. IHS is also taking time to consult with Tribes on this important new law. We must consult in a meaningful but efficient way so implementation can move forward.

As I mentioned earlier, HHS and IHS initiated consultation with Tribes on the Affordable Care Act and the reauthorization of the IHCIA in July 2010, and IHS provided updates on implementation in July and December of 2010. A consultation on access to the Federal Employees Health Benefits (FEHB) insurance program was initiated in October 2010 with OPM. And a consultation on the IHCIF was initiated in December 2010.

Upcoming consultations include consultation on the VA/IHS MOU provisions and on the long-term care recommendations that came out of the Long-Term Care Meeting held in November 2010.

The input received so far has been very helpful, particularly on the FEHB provision. OPM is working hard to implement this provision and make the eligibility as broad as possible, consistent with the law.

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;
- HHS has a website – healthcare.gov – that helps the public understand how health reform benefits them;
- The National Indian Health Board, the National Congress of American Indians, and the National Council of Urban Indian Health are helping IHS with outreach and education; and
- We are using Dear Tribal Leader Letters to keep you updated.

I encourage you to learn everything you can about this important new law and its impact on Indian health care.

The next part of our second 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. We requested and received input last year on tribal and staff priorities for how to change and improve the IHS. Tribal priorities for internal reform included:

- More funding for IHS, including a review of how we allocate funding;
- Improvements in our 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 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

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.

To improve the way we do business, we're working with the Department of Health and Human Services 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. It has been historically difficult for the IHS to recruit and retain healthcare providers, due to remote locations and noncompetitive salaries. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

We are reviewing the report from the Senate Committee on Indian Affairs (SCIA) investigation of the Aberdeen Area and are implementing reforms to address those issues. In addition, at the request of the SCIA, we are beginning to review all 12 IHS Areas to make sure that these problems are not occurring elsewhere. These are important steps in regaining the confidence of our patients.

In relation to our 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. I really liked the Nashville Area “First Impressions Team” idea to formally welcome new employees.

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 beginning phase 3 of the IPC, and 67 sites have been selected to join the current sites. They have their first meeting next week.

We recently released information on the results of the IHS SDPI Diabetes Prevention and Healthy Heart Demonstration Projects. They achieved successful results and showed that in partnership with our communities, we can reduce diabetes and cardiovascular disease risk factors in Indian country with innovative and culturally appropriate activities.

The Affordable Care Act funding has helped us improve quality. For instance, each CT scan purchased with those funds should help save around \$1 million in CHS referrals for head injuries. And with the help of Affordable Care Act funding, the IHS will soon be the first large healthcare system to have a certified Electronic Health Record system.

Collaborations with other agencies are important to help us maximize the impact of all resources for our communities. To this end, we are collaborating with the Department of Interior and SAMHSA on suicide listening sessions; with HRSA on National Health Service Corps eligibility for IHS, tribal, and urban Indian health facilities; with the VA on the implementation of the VA-IHS MOU; and with the DOI and other federal agencies on implementation of the Tribal Law and Order Act.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. Since I began as the Director of the IHS, I have worked hard to improve transparency and communication about the work of the agency. This includes working with the media, sending more email messages and letters to tribal leaders, 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'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. I was excited to hear the Tribal Self-Governance Advisory Committee and the Direct Service Tribes Advisory Committee are planning on a meeting together. And we are working with the urban Indian health programs to develop a policy for conferring with them, which is a new provision in the IHCA.

For updates on implementation of health care reform and other issues, you can visit 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 reform issues, 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 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're doing as an agency.

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

In summary – the IHS provides healthcare to American Indians and Alaska Natives under challenging circumstances. However, we are working to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of healthcare and provide better quality services.

The Affordable Care Act, and the reauthorization of the Indian Health Care Improvement Act, will also help Tribes and the IHS provide better care to American Indian and Alaska Native people.

Overall, we are beginning to make progress on our priorities and are moving forward on the challenging work of changing and improving the IHS. While this 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, lots of support at HHS, and bipartisan support in Congress for reform. We must take advantage of this opportunity to change and improve the IHS.