



Indian Health Service

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*Indian Health Service Overview*

by

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Good afternoon. It is a pleasure to be here with you today to share information on how the Indian Health Service (IHS) is working to improve the health of American Indian and Alaska Native people.

We're very grateful to the Johns Hopkins Center for American Indian Health for the work they're doing to fulfill their mission of raising the health status, self-sufficiency, and health leadership of American Indians and Alaska Natives to the highest possible level.

We certainly are appreciative of the Center's commitment to our common goals. The IHS mission, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

I reviewed the syllabus and presentations scheduled for the Winter Institute, and it looks like you'll be receiving some very useful and important information that will surely benefit you in your future work.

Today I will be giving you a brief overview of the Indian Health Service, which is an agency in the Department of Health and Human Services (HHS), and I will then discuss our priorities for reforming the IHS in order to better address health disparities among American Indians and Alaska Natives.

The Indian health system provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives. It serves members of 566 federally recognized Tribes through a network of over 600 hospitals, clinics, and health stations that are managed by the IHS, Tribes, or urban Indian health programs. The IHS fiscal year (FY) 2013 appropriation was approximately \$4.1 billion.

The IHS has a total of about 15,630 employees, which includes approximately 2,590 nurses, 790 physicians, 660 pharmacists, 670 engineers and sanitarians, 330 physician assistants and nurse practitioners, and 290 dentists.

The IHS system consists of 12 Area offices, which are further divided down into 168 Service Units that provide care at the local level in 35 states. The IHS is predominantly a rural primary care system, although we do have some urban locations.

The IHS also works with HHS and its Regional Directors on issues that affect American Indians and Alaska Natives.

The IHS has helped improve the health of American Indians and Alaska Natives since it was established in 1955, but we still face significant challenges as we work to fulfill our mission. Health disparities continue to persist for American Indians and Alaska Natives compared to other populations. For example, diabetes mortality rates are still nearly three times higher for American Indians and Alaska Natives than for the general U.S. population.

Addressing these disparities is complicated. In addition to the challenges of delivering health care in a primarily rural location, the Indian health care system also faces a number of other challenges that are driven by a host of medical, cultural, and socio-economic factors, including:

- Population growth, which results in an increased demand for services;
- Medical inflation, with the rising costs of delivering services – especially in rural areas;
- Difficulty recruiting and retaining medical providers, especially in our remote sites;
- Increased rates of chronic diseases – such as diabetes and cancer, which are more complicated to address;
- Old facilities and equipment;
- Lack of sufficient resources to meet the demand for services; and
- Balancing the needs of patients served in our diverse network of IHS, tribal, rural, and urban Indian health programs.

It is clear that a lack of adequate resources is a huge barrier to fully meeting the mission of the IHS. Per capita expenditures for IHS are much lower than those for other federal health care sources, such as Medicare, Department of Veterans Affairs (VA), and Medicaid.

Despite all these challenges, we're working to change and improve the IHS, and our work over the past few years has been guided by our four priorities:

- To renew and strengthen our partnership with Tribes;
- To reform the IHS;
- To improve the quality of and access to care for patients who are served by IHS; and
- To ensure that our work is as transparent, accountable, fair, and inclusive as possible.

Although there is still much to do, I am pleased to report that we are definitely making progress on these priorities.

Our first priority, to renew and strengthen our partnership with Tribes, is founded on our belief at the IHS that the only way we're going to improve the health of our communities is to work in partnership with them. We've seen evidence throughout our system that we accomplish more when we work in partnership with our communities. Tribal consultation is a priority of President Obama, who has expressed a commitment to honoring treaty rights and making tribal consultation a priority.

I attended the inaugural meeting of the White House Council on Native American Affairs, which was recently established by Presidential Executive Order to convene federal agencies to better collaborate on tribal issues. The meeting was held in the Indian Treaty Room in the Eisenhower Executive Office Building at the White House and included several Cabinet Secretaries, including HHS Secretary Sebelius and Department of the Interior Secretary Jewel, who serves as the Chair. This Council now will give attention to tribal priorities at the highest level of government. It is focused on implementation through collaborations among the agencies.

Secretary Sebelius is also committed to helping improve the IHS. She recently signed an updated HHS Tribal Consultation Policy with her Tribal Advisory Committee – the first Cabinet-level Tribal Advisory Group.

Tribal consultation is an important part of this priority. We've done a lot to improve consultation at the national level. We've held regular Area listening sessions with each of our 12 Areas each year, and have also held many delegation meetings. I also regularly meet with tribal workgroups and advisory groups, and attend tribal meetings and conferences. I spent a lot of time consulting and meeting with Tribes because it is important to hear their perspectives and issues.

Our Tribal Consultation Summits, which we began in 2011, are an important forum for Tribes to get updates on new and ongoing consultations. We recently held our fourth IHS Tribal Consultation Summit, which was also our first virtual summit. These consultations are intended as "one-stop shops" for Tribes to learn about IHS consultation activities. The summits give tribal leaders an opportunity to ask questions about Indian health issues and to provide us with some valuable input and feedback.

I also meet individually with tribal leaders and tribal delegations to hear about their priority issues and recommendations from a local perspective. It's important that we strengthen our tribal partnerships and that Tribes help create the vision for IHS reform. For every decision I make, I always consider the input I've received from Tribes.

Our second IHS priority is "to bring reform to the IHS." This priority has two parts – the first part includes passage of the health reform law, the Affordable Care Act, and the Indian Health Care Improvement Act. The second part is about internal IHS reform – how we are changing and improving the organization.

We're grateful for the passage of the Affordable Care Act, which is making quality and affordable health care accessible to all Americans, including our First Americans. It was

designed to increase access to health insurance, help those who have insurance, and reduce health care costs.

It is important for everyone to understand how they can benefit from the Affordable Care Act. The benefits of the Affordable Care Act for American Indians and Alaska Natives are significant. American Indians and Alaska Natives can benefit from all the reforms, whether they have insurance now, want to purchase affordable insurance through the Exchanges, or benefit from the Medicaid expansion that starts this year. Our elders will benefit from how Medicare is being strengthened with more affordable prescriptions and free preventive services. And of course, we are thrilled that the Indian Health Care Improvement Act, our authorizing legislation, was made permanent by the Affordable Care Act. So IHS is here to stay.

The Affordable Care Act is considered another way of meeting the federal responsibility for health care and does include special benefits for American Indians and Alaska Natives. Members of federally recognized Tribes can enroll monthly and have no cost sharing at IHS or elsewhere if their income falls below 400 percent of the poverty level. And those eligible for IHS can apply for a hardship waiver from the requirement for minimum essential coverage and avoid the tax penalty. So we do hope that all American Indians and Alaska Natives check to see the benefits for which they may be eligible.

We are now focused on implementation and outreach activities. Last year we started preparing our staff for the implementation of the Affordable Care Act at our Indian Health Partnerships Conference. Over 500 IHS, tribal, and urban Indian health program participants were in attendance at the various sessions. This conference was focused on preparing for changes in business practices and getting staff ready to start enrolling patients.

We want every patient who visits our facilities to get education and assistance, with a focus on the business office, which is a place where every patient spends some time at in our facilities. All of our sites have been working hard to educate our patients on the Affordable Care Act provisions.

We have also been working with national and regional tribal organizations to conduct outreach and education on the benefits of the Affordable Care Act. Our partners include the National Congress of American Indians, the National Indian Health Board, the National Council of Urban Indian Health, and the Self-Governance Communication and Education organization.

So I hope you have been to the <https://www.healthcare.gov/> website. It does work for most people now. I hope you also refer family and friends and maybe even help them see the benefits for which they may qualify. You may have already seen that for some individuals, especially those with lower income levels, the premium tax credits along with the cost-sharing benefits mean some of our patients may pay very little for insurance coverage under the Affordable Care Act.

We are continuing our work to implement provisions in the Affordable Care Act, which also includes the permanent reauthorization of the Indian Health Care Improvement Act, which helps

update and modernize the IHS. There are many self-implementing provisions already in place. For example, health care professionals in tribal facilities are now allowed to work under a license from any state. Tribes can now purchase federal insurance for their employees. And the VA can reimburse IHS for services provided to American Indian and Alaska Native veterans.

There are provisions that require more work, and there are also provisions that require more funding, such as long-term care and some of the demonstration projects. We're working in our budget formulation process on priorities for funding.

Back on December 5, 2012, I signed the VA IHS National Reimbursement Agreement with Dr. Robert Petzel, Under Secretary for Health, Veterans Health Administration. We have implemented the agreement in all federal sites and have received about \$1 million in reimbursement so far.

Our second priority also includes our internal reform efforts that are focused on improving the way we do business and how we lead and manage our staff. Overall, we've implemented many improvements.

To improve the way we do business, we're working 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. We are also working on program integrity and responding to recommendations from oversight agencies to ensure we are effective and using federal resources wisely.

To improve how we lead and manage staff, I have set a strong tone at the top for how we will conduct business, with an emphasis on customer service, ethics, professionalism, and performance management. This sets expectations for our staff and reaffirms that we're changing as an organization. We're using HHS supervisory training for our managers, and we are improving our performance management process to praise top performing employees and to better hold accountable those employees who are not performing well.

We're also working on strategies to improve recruitment and retention, which are big issues at all of our sites. This includes working on specific activities to make the hiring process more efficient and proactive, and less time-consuming. We need to make sure the way we do business is not causing us to lose the opportunity to hire and keep good staff.

Our third priority is to improve the quality of and access to care for our patients. We've emphasized the importance of customer service, and I'm starting to see and hear about activities to improve customer service throughout the system. Customer service is even more important now that the Affordable Care Act is going to give our patients more choices. We're also working on a number of initiatives to help improve the quality of care and promote healthy Indian communities.

One of the most important of these is our Improving Patient Care, or IPC, program. The IPC is our patient-centered medical home initiative that is designed to improve the coordination of care

for patients. This is about making changes that will result in measurable improvements in patient-centered care. The patient-centered medical home is a big focus of the changing health care system in the United States.

We plan to expand this initiative throughout the entire IHS system – currently we have 127 sites. Many of these sites are doing really outstanding work, including reducing waiting times, improving no-show rates, and arranging the system so that patients can see the same providers each time they come to the clinic, which results in better coordination of care.

Many of our programs are seeing results. For example, our Fort Yuma Health Center has implemented ambulatory clinic care teams that have worked to reduce no-show rates from about 20 percent to 9 percent; thereby increasing the number of provider-to-patient opportunities. They have also formed patient-centered task teams to improve patient outcomes, including successfully lowering A1C (average blood sugar levels) in patients identified with very high levels.

A few other initiatives are also helping us improve the quality of care. Our Special Diabetes Program for Indians (SDPI) is continuing its successful activities. They have shown that in partnership with our communities, we can prevent and treat diabetes in Indian country with innovative and culturally appropriate activities. Congress established the SDPI in 1997, in response to the diabetes epidemic among American Indian and Alaska Native people.

Our recent SDPI Report to Congress clearly shows that the SDPI programs have done an incredible job of implementing activities to prevent and treat diabetes in the communities we serve.

The data in the congressional report shows that the SDPI programs have dramatically increased access to diabetes treatment and prevention services. For example, access to diabetes clinics has increased from 31 percent to 71 percent of grant programs from the 1997 baseline before SDPI funding to 2010. Based on local needs and priorities, the SDPI grant programs has implemented proven interventions to address the diabetes epidemic, often where few resources existed before.

The most important impact of these combined and sustained clinical improvements is seen in the dramatic drop in the rate of end stage renal disease (ESRD) in American Indian and Alaska Native people with diabetes when compared with other racial and ethnic groups in the U.S. Between 1995 and 2011, the incident rate of ESRD in American Indian and Alaska Native people with diabetes fell by nearly 39 percent – a greater decline than for any other racial or ethnic group. Given that the Medicare cost per year for one patient on hemodialysis was \$82,285 in 2009, this reduction in the rate of new cases of ESRD means a decrease in the number of patients who would have required dialysis—translating into millions of dollars in cost savings for Medicare, IHS, and other third-party payers.

Diabetes health outcomes have also improved significantly in American Indian and Alaska Native communities since the inception of the SDPI. One of the most important improvements has been a 10 percent reduction in the A1C of American Indians and Alaska Natives with

diagnosed diabetes. Improved blood sugar control contributes to reductions in complications from diabetes. That's why we hope SDPI will be reauthorized beyond fiscal year 2014.

We're also focusing on behavioral health issues, which Tribes have identified as a top priority. IHS is making progress on its recently released National Behavioral Health Strategic Plan and its National Suicide Prevention Plan. And the evaluation data from our Methamphetamine and Suicide Prevention and Domestic Violence Prevention initiatives are very promising as the programs are implementing evidence-based strategies.

We've also have our Healthy Weight for Life initiative to unify all our efforts to promote a healthy weight among American Indians and Alaska Natives. We have a website with information on evidence-based, proven approaches to fighting the obesity epidemic that is threatening the health and well-being of Indian people.

And we've joined the First Lady's *Let's Move! in Indian Country* initiative, which includes our IHS Baby-Friendly Hospital initiative and a collaboration with the Notah Begay III Foundation. We're promoting breastfeeding in all IHS hospitals because it has been shown that breastfeeding can reduce childhood obesity. We're also encouraging all tribally-managed hospitals to join us in this effort.

We also recently began collaborating with the Notah Begay III Foundation on activities aimed at preventing childhood obesity in American Indian and Alaska Native youth. The partnership will include sharing best practices in the implementation of community-based activities directed at addressing childhood obesity in Indian Country.

We're also participating in the national Million Hearts Campaign, with its goal of preventing a million heart attacks and strokes over the next five years. We are doing that by focusing on four things – ABCS – aspirin use, controlling blood pressure, reducing cholesterol, and stopping smoking.

And the new Partnership for Patients initiative that was launched by HHS will help improve the quality of care by focusing on reducing harm and improving patient safety in our hospitals. This initiative focuses on reducing hospital-acquired conditions and hospital readmissions.

We're also working under an agreement with the Centers for Medicare and Medicaid to establish a new hospital consortium to work on improving quality and meeting accreditation requirements in our hospitals. We plan to establish a system-wide business approach to accreditation.

We're also implementing Meaningful Use with our electronic health records and are now receiving millions of dollars in incentive payments throughout the system.

We've accomplished a great deal as we work to meet our priorities, and this is reflected in our Government Performance and Results Act (GPRA) measures. In FY 2011, for the first time ever, we met all of our clinical GPRA measurement goals. In FY 2012, we did great again. And the results are now in for 2013, and once again, we did great! We're very proud of all the IHS

and tribal sites that worked so hard to make improvements in the quality of the health care that we deliver.

When you look at national GPRA trends over the past several years, you can see significant improvements in many of the measures, such as an increase in the percent of mammography screenings . . . it is increasing at a faster pace since 2010. The percent of patients screened for tobacco cessation, depression, and colorectal cancer has also increased every year. So the increased funding we have received in the past few years, along with more accountability and a focus on improving the quality of care, are making a difference. But we know we still have more to do.

Our fourth priority is to make all our work transparent, accountable, fair, and inclusive. We've worked hard to improve transparency and communication about the work of the agency. This includes more messages and letters to tribal leaders, a new website, and regular announcements through the Director's blog. Our efforts to increase transparency about what we do at the IHS also include making presentations to various tribal, public, and private groups.

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 the IHS has to ensure that our decisions consider the impact on all our patients, whether they are served in an IHS, tribal, or urban health facility.

One other thing we've been doing is working to communicate more about our agency reform efforts. We've redesigned our IHS website to be more customer friendly for our patients. So one of the first things you see now on the website homepage is how to find health care. You can also see a link to my Director's blog. I use the Director's Blog to post brief updates on our activities and the latest IHS news at least weekly. I regularly post updates to my blog, so this is a good place to find the latest information on Indian health issues.

In summary, we're working hard and in partnership with Tribes to change and improve the IHS through our reform efforts. These efforts should help us do better at the business of health care, provide higher quality services, and address the health disparities in Indian Country. 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.

And I hope some of you here today might consider joining us one day as we move forward with the exciting and challenging work of improving the IHS. You can get more information about our scholarship and loan repayment programs on our website at <http://www.ihs.gov/>.

If you already work for us, thank you! If you don't, I hope to see you helping us change and improve the IHS in the future.