



**Remarks for RADM Michael D. Weahkee
Johns Hopkins Center for American Indian Health – Winter Institute
Wednesday, January 10, 2017 – 1:30 p.m. ET**

Remarks as prepared

Good afternoon, I'm Rear Admiral Michael Weahkee, Acting Director for the Indian Health Service.

I appreciate the opportunity to present our agency priorities, current challenges and successes and let you know where we are headed in the future.

I'd like to take a few minutes to tell you about myself. I'm a member of the Zuni Tribe. I was born in the IHS hospital in Shiprock, New Mexico, and grew up as an active user of the IHS health care system.

Prior to this appointment, I served as the CEO of the Phoenix Indian Medical Center, leading the largest federally operated IHS hospital in the nation. I also served as Acting CEO at Rosebud Hospital last year. I have previously served at IHS headquarters in a variety of posts including executive officer for the Office of Clinical and Preventive Services, director of the Management Policy and Internal Control Staff; and as deputy director for personnel functions in the Office of Management Services.

Before that I also served on the California Rural Indian Health Board, both as the director of family and community health services and as deputy director of the health board.

I am a veteran of the United States Air Force where I served as a Public Health Specialist. I'm very proud of the work that we do at the Indian Health Service. Let's start with a quick outline regarding the Indian Health Service.

We are an agency within the Department of Health and Human Services, is responsible for providing a comprehensive health service delivery system for American Indians and Alaska Natives.

Our Mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between the federal government and Indian Tribes.

I do want to underscore that the U.S. government's commitment to providing access to health care as established in treaties and law is the responsibility of the entire U.S government, not just IHS. We are the main embodiment of that obligation, but all across the country, every part of government is also responsible and has a role to play in raising the comprehensive physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

The Indian Health Service provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives. IHS serves members of 567 federally recognized tribes across the United States. Our fiscal year 2017 budget was \$5.1 billion.

The Indian Health Service total staff consists of about 15,370 employees nationwide, which includes approximately 2,480 nurses, 750 physicians, 700 pharmacists, 670 engineers/sanitaricians, 280 dentists, and 200 physician assistants/nurse practitioners.

It is important to note that approximately 69 percent of IHS staff are American Indians and Alaska Natives.

Our health care facilities range across 12 Area Offices, from hospitals to clinics and serve a variety of populations in rural and urban areas in 35 states. Our patients sometimes travel great distances to the nearest facility, especially in Alaska.

Some facilities are directly operated by IHS, while others are operated by tribal organizations. Under the Indian Self-Determination and Education Assistance Act, tribes have the option of exercising their right to self-determination by assuming control and management of programs previously administered by the federal government. Since 1992, the IHS has entered into agreements with tribes and tribal organizations to plan, conduct, and administer programs authorized under Section 102 of the Act. Today, over sixty percent of the IHS appropriation is administered by Tribes, primarily through self-determination contracts or self-governance compacts.

The IHS also provides funding to 33 urban-centered health care organizations who care for patients from a multitude of tribes near and far from these urban centers including cities like Boston, Denver, Chicago, and San Francisco.

The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

Health disparities include:

Increased chronic disease mortality rates – such as alcohol related, chronic liver disease, and diabetes, which greatly exceed US All Races rates;

Increased injury mortality rates spanning from motor vehicle and unintentional injuries to intentional injury types like homicide and suicide. These injury patterns also tend to impact younger members of our population disproportionately which creates a socio-economic stress on our communities resulting from their relative absence.

We have made some great progress in addressing some disparities. Last year, CDC Vital Signs published a report that new cases of diabetes-related kidney failure decreased dramatically -- 54 percent -- among American Indian and Alaska Native adults from 1996 to 2013, a much larger decline than in any other racial group in the United States.

In September, IHS released an article in the American Journal of Public Health reporting that the prevalence of overweight and obesity among American Indian and Alaska Native children may have stabilized. The study looked at children from across ages, genders, and geographic regions within the IHS active clinical population. This is good news related to Native children and helping them lead healthier lives. The focus of IHS, tribal, and urban Indian programs is to lead with prevention efforts and to assess their effectiveness using data such as this.

There are a number of challenges we face in delivering healthcare, especially at facilities located in rural, remote locations.

Some of these challenges are:

- Population growth
- Rising costs/medical inflation
- Difficulties in recruiting and retaining medical providers
- Challenges of providing rural health care
- Increased rates of chronic diseases
- Old facilities, equipment
- Lack of sufficient resources to meet demand for services
- Balancing the needs of patients served in IHS, tribal and Urban Indian health programs

We work closely with our umbrella agency, the Health and Human Services. Acting Health and Human Services Secretary Eric D. Hargan recently declared a nationwide public health emergency regarding the **opioid crisis**.

Each day, according to the Centers for Disease Control and Prevention, more than 140 Americans die from drug overdoses, 91 specifically due to opioids. IHS is already working to increase our focus and activities on this high priority issue, and we will continue to do so, working in close partnership with the White House, HHS, and our tribal partners.

For example, we established the IHS National Committee on **Heroin, Opioid, and Pain Efforts (HOPE Committee)** to work to improve the quality of IHS care as we provide safe and effective pain management and aim to prevent opioid misuse.

At IHS, we have placed emphasis on four priority areas, they are **People, Partnerships, Quality and Resources**. I want to discuss each one of them briefly with you.

People – Recruit, develop, and retain a dedicated, competent, caring workforce collaborating to achieve the IHS Mission.

Partnerships – Build, strengthen & sustain collaborative relationships that advance the IHS Mission.

Quality – Excellence in everything we do to assure a high-performing Indian health system.

Resources– Secure and effectively manage the assets needed to promote the IHS Mission.

Starting with the **priority of People**, people are our most important asset. IHS has some of the most dedicated, talented, and caring people working to serve our patients every day.

Recruitment and retention of the very best health providers, as well as experienced billing and coding staff and seasoned health care administrators and leaders, is an ongoing challenge across the Indian health system due to the remote, rural locations of some of our health care facilities and Area offices. It remains one of our top priorities.

Global recruitment is one strategy we have implemented to allow for a streamlined approach to filling critical provider vacancies at multiple locations. Applicants only need to apply to a single vacancy announcement and can be considered for multiple positions throughout the country.

For those interested in working in tribal communities, there are several career paths available. Opportunities include federal civil service, working for a tribe or tribal organization, and joining the U.S. Public Health Service Commissioned Corps.

IHS continues the successful partnership with the Office of the Surgeon General to increase the recruitment and retention of U.S. Public Health Service Commissioned Corps officers. Most recently the IHS has been given priority access to new Commissioned Corps applicants. This allows IHS to make the first contact with these applicants in an effort to recruit them to fill

health professional vacancies throughout IHS. These actions demonstrate that IHS is taking its challenges seriously, and is continuing to take assertive and proactive steps to address them.

We offer incentives such as the IHS loan repayment program. We also build future capacity through opportunities for students such as scholarships, externships, residencies, rotations, and even sponsoring students to attend medical school at the Uniformed Services University, where they enjoy a tuition-free education and receive the full salary and benefits of a junior ranking officer while attending the four-year program to earn their MD.

We're also looking for leaders at IHS, we're currently accepting applications for several positions in the Senior Executive Service.

Next, **in the area of Partnerships**, our partnerships with tribes, tribal organizations and urban Indian health programs are central to our mission.

Johns Hopkins is one of our key partners. We work with the Center for American Indian Health on a variety of projects, such Family Spirit, a unique, an evidence-based, culturally tailored home-visit intervention delivered by Community Health Representatives (CHRs) as a core strategy to support young Native families who have infants and children ages 0 to 3 years old. Family Spirit addresses intergenerational behavioral health problems, applies local cultural assets, and overcomes deficits in the professional healthcare workforce in low-resource communities. It is the only evidence-based home-visiting program ever designed for, by, and with American Indian families. It is used in over 100 tribal communities across 16 states.

Last year we announced the Pediatric Integrated Care Collaborative (PICC) pilot program in partnership with the Johns Hopkins Center for Mental Health Services in Pediatric Primary Care. PICC works with national faculty, pediatric primary care providers, mental health professionals and families to increase the quality and accessibility of child trauma services by integrating

behavioral and physical health services. The Johns Hopkins Center for American Indian Health is playing a critical role in adapting the project for Native communities.

Tribes are also key partners. IHS has a unique government-to-government relationship with American Indian and Alaska Native tribal governments and is committed to regular and meaningful consultation and collaboration with these Tribes.

Under our Quality priority, we are striving for excellence in everything the IHS does to provide a quality Indian health system.

We are implementing **Emergency Department telehealth** consultation in the Billings and Great Plains Areas. This service is available to providers handling complicated or unusual cases in the ED. At the push of a button, IHS emergency department staff have immediate tele-video access to a team of highly specialized, emergency medicine doctors and nurses. In December 2017, the first patients to access Avera Health's tele-specialty services in GPA, were seen via video at Rapid City (Sioux Sans), and we look ahead to 2018 when additional Great Plains Area sites will have this service available to patients, greatly expanding access to care, reducing patient wait times and giving our rural health care providers additional resources.

An agency-wide contract for accreditation of IHS Direct Service hospitals and select ambulatory facilities was awarded this year. We announced that The Joint Commission will be the **single accrediting organization for all IHS hospitals**. This will result in a uniform set of health, quality and safety standards across the organization. A separate agency-wide contract with the Accreditation Association for Ambulatory Health Care for accreditation of IHS Direct Service ambulatory facilities was also established.

The IHS implemented a **new agency-wide credentialing software system**. By implementing the centralized electronic system, we are modernizing the way licensed independent health care

provider credentialing and privileging is carried out across the agency to facilitate the hiring of qualified providers and ensuring patient safety.

We developed a **quality assurance accountability dashboard** – The National Quality Accountability Dashboard is a system to aid in evidence-based strategic decision making. The dashboard allows the Indian Health Service to monitor data on key performance indicators in a succinct and easily viewed display. It also allows oversight and management of compliance with policy and regulatory requirements that ensure quality and safety of care.

We established **patient wait time standards** for primary and urgent care settings. IHS federally-operated service units are collecting and tracking this data to improve patient care and services. IHS will use the data collected to continually improve patient experience and access to care at direct service sites.

IHS has also developed a **patient experience care survey** in order to collect feedback from patients. The new patient experience survey is asking patients to rate their experience and comment on topics such as the availability of an appointment when needed, the cleanliness of the clinic, and whether to provider listened carefully. Once the survey is fully implemented across all primary care sites, IHS will consider expanding beyond primary care.

Finally in the area of Resources,

The Snyder Act of 1921 and the Indian Health Care Improvement Act provide specific legislative authority for appropriation of funds specifically for the health care of Indian people.

The IHS budget formulation process is comprised of annual forums for Indian Tribes and organizations to interact with the IHS to establish program priorities and budget recommendations. Tribes, Indian organizations and other key stakeholders are actively involved

in the budget formulation process to ensure the IHS budget reflects the evolving health needs of American Indian and Alaska Native people and communities.

The IHS budget is reviewed by the House and Senate Committees on Appropriations. IHS leadership provides annual testimony to the House Committee on Appropriations, Subcommittee on Interior, Environment and Related Agencies; and the Senate Committee on Indian Affairs. The information provided in the annual IHS budget justification is reviewed by Congressional staff and assists them in making funding decisions.

Looking forward, we are in the process of developing an **IHS Strategic Plan for 2018-2022**. We have sought input from tribes, tribal organizations, urban Indian organizations, and IHS staff as we seek to shape the IHS Mission, Vision, Goals, and Objectives for the next 5 years.

In September, IHS released the Strategic Plan for the Office of Urban Indian Health Programs to outline objectives and strategies to address the goals that stakeholders commonly identified as most important to the performance of the IHS mission with regard to Urban Indian health.

We are also implementing the IHS Quality Framework that outlining how IHS will develop and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, high quality health care at IHS federal-government-operated, direct service facilities.

Input from tribes, tribal organizations, urban Indian organizations, and IHS staff across the agency have shaped these plans as we look for way to better serve our patients today and in the future.

In summary, know that we are continually working to find ways to collaborate with Tribal communities in order to fulfill our mission.

Through sustained effort over time working side-by-side with our tribal partners we will be able to achieve real and sustainable change to transform health care for the American Indians and Alaska Natives across the country.

I want to thank you for listening and for having me speak to you today. I am happy to answer any questions you may have. Thank you.