Indian Health Service

IHS Strategic Plan 2018-2022

Workgroup Meeting 1

November 14, 2017

2:00-4:00pm ET

Meeting Format: Conference Call and Adobe Connect

Purpose: To discuss the introduction, orientation and expectations of the workgroup.

Below is a summary of the meeting discussion organized by Agenda item headings.

ADOBE CONNECT - Gene Robinson

Participants were provided an overview of the adobe connect tools including the chat box, roll call chat box (to record participants) and the list of files available for download.

IHS STRATEGIC PLAN PROCESS TO DATE – CAPT Francis Frazier

- To give workgroup members context, the efforts leading up to the IHS draft framework included participating in the HHS Strategic Plan process (31 staff across IHS participated), environmental scan of strategic plan efforts across the IHS, meetings held at IHS with Area Directors, Office Directors and senior staff and the completion of a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis with IHS leadership.
- All of these efforts establish the foundation for the IHS Strategic Planning process and a starting point for discussion and comments.
- The IHS Strategic Plan is being developed on an aggressive timeline and in conjunction with the HHS Strategic Plan process.
- Draft Goals and Objectives were developed based on the IHS goal, Agency priorities and the HHS plan.
    - Mission: Remains unchanged in the draft framework.
    - Goal 1: Existing goal on IHS website.
        - Objective 1: IHS priority regarding people.
        - Objective 2: About partnerships.
        - Objective 3: Capitalizes on the work with the HHS Strategic Plan process.
    - Goal 2 and Objective 1: Existing IHS priorities for quality.
        - Objective 2: Reflects the work completed in July based on the SWOT analysis.
    - Goal 3 and the Objectives: HHS and IHS resources into one goal, reviewed existing priorities, goals for IHS, and work with HHS to formulate this process.
- The consultation and confer process asks “Do the IHS Mission, Vision, Goals and Objectives reflect the direction and priorities you feel IHS should pursue over the next 5 years?”
    - 137 entities commented on this question and the draft framework.
    - All comments received are incorporated into one document titled “IHS_SP_CommentList_updated11.06.2017.”
    - Comments received as of October 31, 2017 are submitted for review by workgroup members. IHS will continue to accept comments and incorporate as the Strategic Planning process continues.
- The timeline shows all the completed activities including the listening session held during the month of October, and the proposed activities regarding the Strategic Plan.

  - Currently four workgroup meetings are scheduled with the option of adding a fifth meeting, workgroup members will discuss.
  - The final plan will go out for another 30 day comment period with the goal to publish a final plan in February.
- The purpose of the workgroup is to draft a plan with appropriate strategies and measures and submit for senior staff review. The workgroup is comprised of federal and tribal representatives with headquarters office staff and senior staff.
- The meeting timeframe is aggressive and active participation is critical.
- The IHS Strategic Planning website will be periodically updated with our progress and we will notify workgroup members when updates are available.

WORKGROUP CHARGE AND PROCESS – MS. LUCIE VOGEL

- The workgroup charge is to make recommendations to IHS senior staff to complete the IHS Strategic Plan which includes recommending strategies for each of the goals and suggesting changes to the draft mission, vision and goals after reviewing and discussing the comments received.
- We want to hear your ideas and thoughts.
- Workgroup members are assigned according to Goals 1, 2 and 3. Assignments are provided in the PowerPoint slides. Workgroup members have the option to stay in the workgroup they are tentatively assigned to or if there is a particular interest, they may be re-assigned. If workgroup members are interested in attending more than one workgroup, please let us know.
  - The goal of meeting 2, scheduled for November 29, is to discuss goals, objectives, strategies and measures. Workgroup members are assigned according to goals and are scheduled to meet for one hour:
    - 11am-12pm (ET): Goal 1 – focus on health care workforce, collaborative relationships and access to health care services
    - 1pm-2pm (ET): Goal 2 – focus on health care quality and systems of care
    - 3pm-4pm (ET): Goal 3 – focus on program management and operations
  - The schedule for subsequent meetings is as follows:
    Meeting 3: Tuesday, December 5 – to finalize draft goals, objectives, strategies and measures.
    - 11am-12pm (ET): Goal 1
    - 1pm-2pm (ET): Goal 2
    - 3pm-4pm (ET): Goal 3

    Meeting 4: Wednesday, December 13 – to discuss and finalize draft mission, vision, goals, objectives, strategies and measures. All comments on Mission and Vision will be reviewed by workgroup members.
    - 2pm-4pm (ET): All workgroup members

    Meeting 5: Wednesday, December 20 – if additional meeting is needed
- **Homework:** Please review the Strategies and Comments documents and submit additional comments and edits to the mission, vision, goals, objectives and strategies to IHSStrategicPlan@ihs.gov by Monday, November 27 at 2:00pm (ET).

HOW IHS WILL DEVELOP THE STRATEGIC PLAN – CAPT Jeff Salvon-Harman

- This presentation will help frame how IHS will develop the plan to arrive at the desired outcome of the Strategic Plan and lay out the process so that we're moving forward on the same page and we're in alignment with how we perceive the process.
- The concepts of strategic plan, strategic thinking and goals, objectives and strategies are defined by Quality as a Business Strategy, as identified on slide 2.
- A strategic plan is: "The process by which the leadership of an organization envisions the future and then identifies the necessary actions and assigns resources to implement the plan to improve economic performance."
- Strategic Thinking is: "A thinking process to consider alternatives and make choices to position the organization that involve the sharing and synthesis of pertinent information by the leadership of an organization that is needed to develop strategic objectives (ends)."
    - We not only have to think about where we're at and how we might do it differently, we also need to think about how to do it better. We also need to think what the alternatives are. The value of this is that it will move us in the direction we need to go.
- Goals, Objectives and Strategies are: "Statements of what needs to be achieved by an organization to move it toward its purpose…strategic in nature (long-term focused)."
    - Once we've defined where we want to be and what we want to look like in the future, these are the pieces we need to achieve to be successful.
    - Strategies are not necessarily the "what" but the "how" (at a high level well above tactics and implementation).
- The timeframe for strategies and objectives are defined by four key elements:
    - Mission: Defines who we are, what drives us (perpetual).
    - Vision: Where we see ourselves in the distant future (5-20 years), the goals, objectives and strategies help keep us moving toward the vision.
    - Objectives and Goals: What the teams or groups will address to help meet or achieve that objective.
    - Charters: Define specific aims that are measurable and actionable and are specifically defined in terms of what parts of the system we're trying to improve.
- We need to have two major ideas in mind: Do we need to operate at our present system capacity and continue to provide the services we provide or, operate at a larger capacity, if necessary.
- Are we planning to improve the present system (while operating) on a larger scale and focus on enhancing efficiency and cost effectiveness in order to meet new demands? Do we need to add new services or new ways in which we deliver our services?
- Key aspects of systems planning for improvement: we're not just improving the system for IHS employees but for tribal members and patients who are recipients of services. This also includes objectives to improve the organization from the external customer's viewpoint (i.e. patients, tribal members) and the process to assess where to meet those needs; it balances short and long term needs.
- We have to consider what part of the organization's system will be designed or re-designed (are we an acute versus chronic care system), we need to also consider the management support for care delivery, care coordination, our engagements with tribal entities, and we also need to consider behavioral health, emergency management services and all the other activities the Agency does.

- Next we have to guide development - it's not enough to say we have a gap, we have to provide boundaries and guidelines on what is needed to improve. We also have a budget to maintain - do we have to propose re-structuring to get us where we want to be with improved components?
- System planning for idealized design
    - Are we ambulatory care? Primary care? What are the telebehavioral health needs? Do we have the skills and resources that are required to meet the needs of employees, training, etc.? How well do we achieve our purpose? Are we meeting goals and objectives and outcomes of quality care, etc.?
    - Consider the organization in the future – What changes are required? What changes are in process and what services in terms of design or re-design are needed to ensure success? What processes are needed to collaborate internally and externally with patients and tribal partners? How to bring about the joy of work for employees? Do we need to think about our relationships beyond tribes (i.e. Congress, corporate partners, etc.)?
    - These are all the components to keep in mind as you develop strategies, goals and objectives. Keep these points in mind as you're grouping and through the abstraction process (we've already identified key issues that have been grouped into common themes).
- Slide 10 is an example of what this might look like graphically, when we're combing and refining ideas – we have all input from customers, etc. And now we're grouping similar concepts. From summarization we go in to grouping, then refine through the process of abstraction and finally from abstraction to our approach. Keep this model in mind as you do your homework and when working in your workgroup.
- Weighting is a process in which you will decide which strategies we will pursue and in what order, by assigning a point value.
    - Is it a strategy that has no assigned weighted value, more of a nice to have but it's not stabilizing current functions?
    - Example: for strategies A-G there is a strategic weight assigned to each and categories are prioritized based on strategic weight. For example, B and D have the highest weight, followed by A and E. In this process, you take all the developed strategies and prioritize for the Agency. It's an idealized design of present and future systems.
- The work of implementing the prioritized strategies will then be focused through the development of charters and action plans for implementation teams, separate from these Strategic Planning workgroups.

Question

- Does our process anticipate that there will be a separate tactical plan, or are there strategies here considered tactical elements?
    - At this point, to keep the conversation at a strategic level, we'll keep it separate from the tactical plan. The workgroups will develop the strategic level plans and tactical plans will address planning and execution.

GROUP DISCUSSION OF MISSION, VISION AND GOALS – Robert Pittman

We want to hear your feedback on the Mission, Vision, Goals and Objectives.

Comments

- I want to highlight some comments we've submitted, my thoughts about the overview and questions. You may think it's important to think about mission using the IHCIA language, by including the trust and treaty obligation and Alaska Natives and go on to speak about health, wellbeing etc. This is an aggressive timeline, how will you incorporate our feedback into the final plan especially if you're not providing the reasoning back to the tribes. I worry about the aggressive timeline and we probably need to evaluate the timeline midway through our work. Once we have a final draft, will there be additional consultation with a final draft back out to the tribes. Additionally, what values do we have that guide our work? How will we include our urban partners? This seems to be direct service focused, as we think about the plan we need to think about the all the ways our people are accessing services. We also need to develop a tool that will assess goal attainment as well as for patients as the end users and how tribes will be involved with measurement tools, etc.
    - This is an aggressive timeline we are committed to producing a quality document and being on a similar timeline to HHS Strategic Plan but we will keep in mind all of the time to complete tasks and other commitments. We are keeping track of the comments provided and how they will be answered, the expectation is once the workgroup completes their work it will go out for one month public comment period including to tribes and urban partners. We are including an urban representative and are looking at the urban Strategic Plan too so that we will include everyone that's a part of the system. We'll be responding to comments in the final draft and the questions received from individuals and organization about why a decision was made, we'll be looking at all comments so that we can have a quality product. The other comments related to goal obtainment and measures, the workgroup process is to develop strategies for implementation and planning. The work to accomplish will be to develop strategies and measures to go with the strategies. After that will be the point in time to develop tools to implement strategies. The key is getting from you all the final goals and objectives to move forward with the plan. As we move forward we don't know what budget process will bring. The strategies may not all get developed at the same time, some we may get done quickly and easily and some it make take all 4-5 years to develop or prioritize over time which may also give the opportunity to look at budget over time to accomplish strategies over time.
- There also should be a periodic assessment and we need ask our customers, if we're restructuring the budget we need to be honest about budget if funding is taken away from direct services we need to be creative in how we will fund direct service. The biggest concern is how you will incorporate the comments and what if we decide not to agree – in my mind how will we get to agreement. In my mind consultation is to get to a point of agreement. As we think about the budget, please protect the current programs. And, we may need overarching values along with vision.
- The plan should acknowledge and reflect trust responsibility to AI/ANs then go in to physical, mental, social and spiritual health – needs to be preamble because that's why the Agency was created, it is executing federal trust responsibility.
- I concur with the previous statement, and wonder about the propriety of the spiritual component.
    - The future of the mission statement is something that we can discuss.
- How long has IHS been using Mission statement? Agree, we have to pay attention to audience - does it make sense to update for federal/ tribal purposes or for our patients? In reference to

psychosocial, will our patients know what that means? I wonder if using something around culture is relevant and may make sense to our patients who are receiving the health care.
    - The mission was approved through Tribal Consultation, perhaps in 2002. The comments received through the listening sessions, is we should be using behavioral health instead of mental, and including language that is a little more modern and up to date rather than the language in the original mission statement.
- I'm supportive of keeping the Mission as is... it is one of the most straightforward and inspiring missions I have seen.
- Maybe you could include a mechanism where participants can vote on whether they want to support some of the comments/recommendations or not - such as the spiritual component.
    - Workgroups will be voting in the fourth meeting.
- I agree, using lay terms helps everyone feel invested in the mission because they can connect to it.
- I think we should add in culturally relevant because this is the basis of our customers/patients we serve. It also defines how you approach your health care system and service.
- Not sure that a vision statement is necessary. Also, “pride” seems a bit paternal. That isn’t something the federal government has the power to bestow.
    - Vision as defined as Quality as a Business Strategy is an enduring purpose, vision is a long term set of goals, a defined end point for a period of time. That might change over time in terms of meeting mission. On whether to adopt a mission or vision statement, it helps articulate why we do what we do and is a guide to a tangible defined state. It helps to set SMART goals and aims to achieve the longer term mission.
- You could say stakeholder rather than owner.
- I have always been curious about how IHS would support the spiritual aspect of our mission; what do we actually do on that in a patient care setting? Do we enable participation by Tribally recognized healers?
- I learned that a Vision statement has that long-forward in to the future type of sense. In my mind, the current IHS Mission is the vision. The mission of an organization is an overview of how it will accomplish to meet the vision.
- A health system that promotes tribal partnerships with an outcome of high quality patient services.
- Regarding the vision of IHS, we are currently focused on quality health care but we’re also a health care system inclusive of direct and referral care. Going back to the mission for patients, if the vision is to give best quality health care system that we can, it has to be a comprehensive system and so how to measure some of quality stuff in vision. Quality what does that look like? It should be more tangible, measureable and identifiable.
    - So the challenge for the vision is to take it one step further, what will Indian communities look like and what will we deliver 20 years down the road? We want healthy thriving Indian communities, to end opioid dependence and obesity, diabetes. High quality or best, is difficult to get at. So, I’m not disagreeing with what you’re saying but trying to make it a little more achievable.
- One might think about the vision statement as a way to incorporate values, as suggested earlier.
- A vision should illustrate in the mind's eye on how we see ourselves in the future and should connect with our Mission. I'm not sure if the proposed vision makes this connection. Our vision is to have a quality health care delivery system to meet the needs of our patients.
- Can people please identify themselves when speaking?
    - Will try recommendation going forward.

- Somehow the vision needs to be identified in the goal for the future. A comprehensive collaborative system, (quality is so nebulous to achieve), reduction in chronic illnesses by providing access to care when necessary – bringing all forces to bear to make that happen. Probably want to put reference to primary care too.
    - Regarding the earlier suggestion to incorporate values, are you amenable to add: a comprehensive, collaborative system that achieves a reduction to chronic illness (wellness?) through timely access to (trauma informed) culturally relevant care.
- Or perhaps total care. I would want to make sure that behavioral health is considered in that sentiment.
- Where do we want to be in 5 to 10 years? We want to be the choice for all AI/ANs and their families and to be responsive to their health care issues.
    - Will take comments and circulate to group.
- Trauma informed care...?
- I agree with the suggested word changes as well.
- For goal 3 could we add effective to delivery? As in effective delivery, just to clarify.
- Has the plan been shared with patient advocacy organizations? Will you include patient centered references and will you include other stakeholders that review this document?
    - Many of you on the line may be familiar with learning organizations, we'll definitely talk about including those terms as we progress. Regarding whether to include patient advocacy organizations and patients, the finalized draft document will go out for comment to the general public, patient organizations, IHS employees. All that have a stake in this including other entities that you know of that would like to see the plan. All comments will be taken into account hopefully in February.

REVIEW OF HOMEWORK ASSIGNMENT AND NEXT WORKGROUP MEETING DATES

In adobe connect, the closing page included a review of the homework assignment and workgroup meeting dates. This information is also included in the "Workgroup Charge and Process" summary above.

Meeting Attendees

Workgroup Members

Name (last, first)	
Arnett, CAPT Ann	IHS-POR
Barton, Nicholas	DSTAC-OKC
Carman, Miranda	IHS-OCPS
Clay, Tamara	IHS-OTSG
Conners-James, Tina	IHS-ORAP
Crowe, Darren	IHS-BIL
Francisco, Anthony	TSGAC-TUC
Galindo, Minette	IHS-OCPS
Gemmell, Robert	IHS-CAO
Haugen, Nancy	IHS-GPA
Herbison, CAPT Laura	IHS-POR
Johnston, Jeffrey	IHS-OMS
Ketcher, Martha	IHS-NAS
Lahi, CAPT Sandra	IHS-ABQ
Longstaff, John	IHS-OEHE
Longie, Keith	IHS-BEM
Marino, Daniel	IHS-TUC
Malerba, Marilynn "Lynn"	TSGAC-NAS
Mitchell, Beau	TSGAC-BIL
Mtungwa, CAPT Angela	IHS-OHR
Notah, Genevieve	IHS-NAV
Porter, Christopher	IHS-OFA
Reidhead, Ty	IHS-PHX
Rogers, Marjorie	IHS-OKC
Sharp, Rauland	IHS-OIT
Toedt, RADM Michael	IHS, Chief Medical Officer
Woodard, Micah	IHS-POR

Other Attendees

Name (last, first)	
Begay, Michelle	IHS
Davis, Yvonne	IHS-OPHS
Dotomain, Angel	IHS-AKA
Finke, Bruce	IHS-NAS
Frazier, CAPT Francis	IHS-OPHS
Gray, Iris	IHS-AKA
Kee, Marvin	IHS-ODSCT
Pittman, Robert	IHS-OPHS
Robinson, Gene	IHS-OPHS
Salvon-Harman, CAPT Jeff	IHS-OD
Tracy, Rachael	IHS-OPHS
Vogel, Lucie	IHS-OPHS
Weahkee, RADM Michael	IHS, Acting Director
Weld, Patrick	IHS-OPHS

Abbreviation List

AKA – Alaska Area
ABQ – Albuquerque Area
BEM – Bemidji Area
BIL – Billings Area
CAO – California Area
DSTAC – Direct Service Tribal Advisory Committee
GPA – Great Plains Area
IHS – Indian Health Service
NAS – Nashville Area
NAV – Navajo Area
OCPS – Office of Clinical and Preventive Services
OD – Office of the Director
ODSCT – Office of Direct Service and Contracting Tribes
OEHE – Office of Environmental Health and Engineering
OFA – Office of Finance and Accounting
OHR – Office of Human Resources
OIT – Office of Information Technology
OKC – Oklahoma City Area
OMS – Office of Management Services
OPHS – Office of Public Health Support
ORAP – Office of Resource Access and Partnerships
OTSG – Office of Tribal Self-Governance
OUIHP – Office of Urban Indian Health Programs
PHX – Phoenix Area
POR – Portland Area
TSGAC – Tribal Self-Governance Advisory Committee
TUC – Tucson Area