

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA

GOAL 1: TO ENSURE THAT COMPREHENSIVE, CULTURALLY ACCEPTABLE PERSONAL AND PUBLIC HEALTH SERVICES ARE AVAILABLE AND ACCESSIBLE TO AMERICAN INDIAN AND ALASKA NATIVE PEOPLE.

GOAL 1 - OBJECTIVE 1.1 RECRUIT, DEVELOP AND RETAIN A DEDICATED, COMPETENT, CARING WORKFORCE.

OPERATIONS

- Develop, publish and measure standards of provider productivity to improve the quality and efficiency of health services.
- Shorten time needed to advertise and hire staff to reflect standards used by competing health service.
- Modify USA Jobs systems to properly review, rate and rank applicants before placed on panel.
- Require and use exit interviews for all staff to determine actual issues causing staff to leave the workforce.
- **California Area Strategic Plan:** To assist individual offices with continuity of services and training of new employees, and to function efficiently when staff members are absent, work processes and procedures should be documented.
- **Billings Area Strategic Plan:** Establish recruitment package performance measures; track and share the results of this measures with the ELT on a quarterly basis.
- **Portland Area Strategic Plan:** Improve staff training and education, improving customer service skills and improving orientation to the Area Office.
- **Portland Area Strategic Plan:** Improve leadership skills and adopt a leadership model, develop mentoring programs and improve customer service skills.
- [Develop standardized position descriptions for providers.](#)
- [Streamline the recruitment process between HQ, Areas, and service units.](#)
- [Install a 'lead' tracking system to improve communication and follow potential candidates through the hiring process.](#)
- [Make a position descriptions readily available to shorten the hiring process.](#)
- [Develop annual customer service training and increase customer service emphasis in PMAPs, elevate the importance of customer service in other innovative ways.](#)

ALREADY IN PROGRESS

- Develop a successful program to recruit and retain a competent workforce.
- Expedite electronic employment applications for critically needed positions.
- Expand use of para professionals such as community aide and dental health aides to increase needed workforce.
- Expand opportunities to educate and mentor Native youth to obtain health science degrees.
- Work with tribes to improve staff recruitment and retention.

## POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

- **HHS Draft Strategic Plan:** Promote the use of low cost healthcare providers like community health workers and community organizations.
- **Urban Strategic Plan:** Pursue opportunities to facilitate the use of both the IHS and the HRSA National Health Service Corps scholarship and loan repayment programs to meet the unique recruitment needs of UIOs.
- Continue to develop the Community Health Aide Program expansion.
- Continue to improve social media marketing strategies.
- Pursue opportunities to facilitate the use of both the IHS and the HRSA National Health Service Corps scholarship and loan repayment programs to meet the unique recruitment needs of UIOs.
- Support for increased capacity for recruitment, credentialing, and privileging of licensed professionals.

## IMPROVEMENT

- Provide incentives to hire more local tribal members to work in health facilities.
- Develop a more competitive pay scale to attract more providers.
- Improve orientation to IHS for new employees emphasizing boundaries of management and leadership.
- Reduce significant delays in hiring new staff at the local level.
- Include patient input in suggestions for new services they require and develop programs to provide.
- Employ core competencies for providers to implement quality standards across the IHS.
- Install a 'lead' tracking system to improve communication and follow potential candidates through the hiring process.
- Establish/install a system that can accurately monitor vacancies and generate reports in a timely manner.
- Create a recruitment book that's all encompassing of every internship, training, fellowship, residency available agency-wide.
- In light of a former GAO report on the Health Professions Program, a comprehensive long-term evaluation of the Health Professions Program, in addition to annual reports are requisite to provide evidenced based recommendations on how to improve current programming.
- Implementation of an oversight body for the health professions program.
- Parity in loan repayment amounts offered--e.g. NHSC offers at least \$5000 more than IHS, and NIH (for research) offers at least \$10,000 more than IHS.
- Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties or midlevel providers to advance patient care; consider a different set of incentives for recruitment of these providers.
- Partnerships with medical schools, residency programs, other midlevel provider training programs to create a formal mechanism for training health professions students-- this is similar to how the VA partners with institutions to train medical students and residents.
- IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders--e.g. RWJ, AAAS, Mongan Commonwealth.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

LONGER TERM IMPLEMENTATION

- Provide incentives for providers moving and working in remote areas, i.e., accepting their health insurance membership.
- Include innovative recruitment and retention strategies that make tribal communities a sought after job/placement for health care providers. For example, Portland Area Tribes have highlighted the lack of loan repayment as a barrier to retention because health care providers are usually waitlisted, especially in underserved communities.
- Support the Community Health Aide Program (CHAP) to improve access to physical, behavioral and oral health services in underserved and rural tribal communities.
- Recruit as early as possible through post-graduate trainees.
- **HHS Draft Strategic Plan:** Examine state that have allowed “mid-level” providers – such as midwives and nurse practitioners – increasing autonomy, such as allowing them to practice outside of a physician’s practice.
- [Initiate a program within IHS based on the Title 38 hybrid model within the VA.](#)
- [Develop a residency program that will allow post-graduate to obtain training and licensure while working for the IHS.](#)

BEYOND OUR SCOPE

- Build more 2-3 bedroom homes for providers with families.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

GOAL 1 - OBJECTIVE 1.2. BUILD, STRENGTHEN AND SUSTAIN COLLABORATIVE RELATIONSHIPS.

OPERATIONS

- Review and revise policies and procedures to ensure all tribes have equal access to services.
- Expand VA agreement to include urban programs and other not currently covered.
- Work with faith-based organizations and community partners to develop new programs.
- Build coalitions with tribal, local, county, state, & federal entities and private/government grantors to expand services.
- **Urban Strategic Plan:** Provide technical assistance to UIO's seeking funding/reimbursements including assistance with Negotiating agreements with the Department of Veterans Affairs (VA) to enable billing VA for eligible care delivered to veterans
- Collaborate with Tribes to increase access to quality health prevention programs.

ALREADY IN PROGRESS

- Collaborate with Tribes to increase access to quality health prevention programs.
- Incorporate Native culture as part of existing health and wellness programs.
- Expand mobile bus clinics to reach patients unable to travel for service.
- Continue working with other parts of IHS and other HHS agencies on the opportunities for UIOs to advance health care goals and initiatives and work with these agencies to facilitate UIO involvement in these goals and initiatives, as authorized, including access to funding and other resources.
- Provide UIOs with the knowledge and tools needed to participate effectively in the IHS confer processes to the maximum extent practicable.
- Support UIO efforts to build partnerships with Tribes.
- Continue efforts to improve the collection of data on the Tribal affiliation of patients served by UIOs, to help communicate the role of UIOs in serving Tribal communities, and to facilitate productive working relationships with Tribes.
- Improve the understanding and awareness by Tribal representatives of the different funding resources used by UIOs.
- Establish an ongoing process to identify and prioritize challenges that limit access to health care by Urban Indians and develop strategies to overcome or mitigate challenges.
- Support efforts to develop and interpret community health needs assessments.
- Provide guidance and support to UIOs to identify and access local, state, and federal resources available to UIOs and to Urban Indians to break down barriers to access to care.
- Leverage capabilities of the IHS, other Federal agencies, the Cooperative Agreement awardee, and the Urban Indian community.
- Work collaboratively with other IHS offices (e.g., the Loan Repayment Program) and HHS agencies (e.g., SAMHSA, HRSA, etc.) where missions, goals, and authorities overlap.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

- Actively manage the Cooperative Agreement to supplement OUIHP staff capacity in specified task areas, including public policy; research and data; training and technical assistance; education, public relations, and marketing.

IMPROVEMENT

- Collaborate with tribes to develop HPDP community based programs, playgrounds, outdoor basketball courts, walking trails near all clinics and in the tribal communities, etc.
- Increase partnerships/engagements with sister agencies to work with tribes.
- Learn and focus improvement from existing tribal programs that are deemed effective in providing health care services.
- Employ community based health programs and intervention within Tribal communities.
- Provide more cooperative funding, or funding that can work in partnership with private funding.

LONGER TERM IMPLEMENTATION

- Work with faith-based organizations and community partners to develop new programs.
- Collaborate with Tribes to increase access to quality health prevention programs.
- Coordinate with other federal agencies to ensure a comprehensive response from Indian Country to the Opioid crisis.

BEYOND OUR SCOPE

- Work with other agencies such as HUD to develop housing.
- Develop a worldwide Health care provider exchange service that looks like a military overseas assignment.

## POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

## 1. GOAL 1 - OBJECTIVE 1.3 INCREASE ACCESS TO QUALITY HEALTH CARE SERVICES.

## OPERATIONS

- Promote excellence and quality of care through innovative programs.
- Support prevention to lower longer-term disease and costs Importance of prevention.
- Support a broad agenda for addressing public health in Indian Country.
- Incorporate a true equity factor in resource allocation where Tribes can also benefit.
- Promote excellence and quality of care through innovative, culturally appropriate programs.
- Revise policies to ensure tribes have equal access to care and IHS works effectively at the local level.
- Address health service issues for very small tribes.
- Expand urban programs to cities not currently served to address needs of large number of AI/AN not living on reservations or in existing service units.
- Operationalize quality standards for all levels of the IHS.
- Increase the construction of state of the art healthcare facilities to increase the access to quality health care services.
- Improve access to high quality health care services both within the agency and in the private sector.

## ALREADY IN PROGRESS

- Support a broad agenda for public health activities.
- Address Opioid funding issues especially for children.
- Address health service issues for very small tribes.
- Revise policies to ensure tribes have equal access to care and IHS works effectively at the local level.
- Include adequate space and technological requirements of facilities.
- Create standardized metrics for areas related to quality assurance.
- Develop a plan for the transition of administration of the former NIAAA awards.
- Take steps to integrate UIOs receiving former NIAAA awards into OUIHP policies, procedures, funding allocations, and the program monitoring and assessment system (discussed under Objective 2.2 below) and, as appropriate, adapt elements of the system (e.g., reporting requirements and annual on-site program reviews) to reflect the distinctive features of the former NIAAA awardees.

## IMPROVEMENT

- Support prevention to lower longer-term disease and costs Importance of prevention.
- Include tribal medicine in supported services.
- Incorporate a true equity factor in resource allocation.
- Provide transportation services to access needed service.
- Increase access to quality community and direct/specialty care health services.
- Evaluate current quality methods within IHS facilities to identify best practices in existence.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

LONGER TERM IMPLEMENTATION

- Develop planning and service standards for all services in IHClA authorities such as long term care and inpatient treatment.
- Access to quality healthcare services to include access to preventive health services like increased access to interactive or individual culturally appropriate physical activity.
- Include long-term care and inpatient treatment.
- Provide health care, environmental engineering, environmental health, and health facilities engineering services in response to disasters.
- Include long term care in services provided by IHS and where tribes can accept a seamless hand off of these services for continuity.
- Include family-based, comprehensive, safe and preventive health care services.
- Include environmental health programs in all areas where quality health care is provided.
- Design a just community model for deployment to IHS facilities.
- Increase the number of inter-tribal rehabilitations, so that individuals can be healed in different communities, away from familiar faces and places.

BEYOND OUR SCOPE

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

GOAL 2: TO PROMOTE EXCELLENCE AND QUALITY THROUGH INNOVATION OF THE INDIAN HEALTH SYSTEM INTO AN OPTIMALLY PERFORMING ORGANIZATION.

GOAL 2 - OBJECTIVE 2.1 CREATE QUALITY IMPROVEMENT CAPABILITY AT ALL LEVELS OF THE ORGANIZATION.

OPERATIONS

- Implement quality standards for all levels of IHS from top of HQ down through service units.
- Include services that are provided outside the IHS system such as water and sewer services.
- Define and implement major processes of the IHS to develop a view of the organization as a system.
- Implement excellence and quality through encouraging innovation.
- **Employ a process improvement model across the IHS which would manage patient safety requirements and allow for quick process review and implementation of actions steps to reconcile changes.**

ALREADY IN PROGRESS

- Provide resources and training to achieve accreditation for all Patient Centered Medical Homes and Youth Treatment Centers.
- Create and implement quality performance improvement capacity at all levels of the organization.
- **Tucson Area Strategic Plan:** Achieve Patient Centered Medical Home Certification.
- **Great Plains Area Strategic Plan:** Expand the reach of the Improving Patient Care initiative to all Service units. As part of IPC implementation at each location, each CEO will be encouraged to initiate discussion with the Tribal partners to expand IPC procedures to tribally-run programs.
- **HHS Draft Strategic Plan:** Support the adoption and evolution of patient-centered models of care, including patient-centered medical home recognition and care integration.
- **Improve the quality and relevance of the data collected regarding health care services and program outcomes provided to Urban Indians by IHS-funded UIOs and the needs for improving access to health care for Urban Indians, including the Uniform Data System (UDS), Integrated Data Collection System (IDCS), and Government Performance and Results Act (GPRA) and GRPA Modernization Act (GPRAMA):**
  - Automate the UDS and IDCS reporting process and provide related training to UIOs.
  - Review UDS and IDCS reporting requirements for possible changes needed to reflect distinctive services provided by UIOs, including the former NIAAA awardees.
  - Take steps to help UIOs use UDS and IDCS data to improve performance (to replace efforts formerly conducted under a contract).
- **Improve the consistency, usefulness, and efficiency of onsite program reviews:**



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- Explore options to help improve consistent, high quality program reviews and timely corrective actions, such as the feasibility of centralizing responsibility for onsite program reviews in OUIHP.
- Examine onsite program review requirements and processes for opportunities to ensure they reflect the circumstances of different UIO types, including former NIAAA awardees.
- Examine the program review process to identify opportunities to reduce the burden on UIOs (e.g., automation of paper processes).
- Standardize contract requirements for UIOs nationwide to enable monitoring program performance against a common baseline.
- Improve the transparency of the budget process and the transparency and accountability for funds allocated to Urban Indian health.
- Explore options for incorporating a budget-specific conferring session in the IHS budget process.
- Increase transparency for funds allocated in the IHS budget to Urban Indian health, such as identifying amounts for OUIHP and IHS Area Office administration, for technical assistance and information technology support, and for the contracts, grants, and cooperative agreement(s) awarded.
- Develop a standard methodology for allocating changes in base program funding levels, whether increases or decreases within the Urban Indian health program.

IMPROVEMENT

- Provide training to all staff to implement continuous quality improvement.
- Expand reporting beyond GPRA – from screening to actually receiving service.
- Implement Executive Council for quality.
- Measure performance throughout the IHS with targets and quality data.
- Train staff when to follow state rules and when to follow federal rules in each chapter of the IHM.
- Provide evidence-based specialty and prevention care that reduces incidents of the leading causes of death.
- Provide care to meet the health care needs of AI/AN communities.

LONGER TERM IMPLEMENTATION

- Promote innovation through grants.

BEYOND OUR SCOPE

- Create a spending line item that specifically provides for 'quality'.
- Establish 'suitable' housing on Indian reservations or other remote locations.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

GOAL 2 - OBJECTIVE 2.2 PROVIDE CARE TO BETTER MEET THE HEALTH CARE NEEDS OF INDIAN COMMUNITIES.

OPERATIONS

- Expand access to specialty culturally appropriate services.
- Improve oversight/training of clinical staff to improve communication between providers and those they serve.
- **HHS Draft Strategic Plan:** Increase capacity to provide person-centered care by promoting geriatric-competent, disability-competent, and culturally –competent care, and by providing technical training and assistance to disseminate promising practices.
- Train all employees across the IHS System on the quality improvement model.

ALREADY IN PROGRESS

- Expand services currently provided by Regional Youth Treatment Centers.
- Expand and standardize telehealth and telemedicine.
- Expand integration of behavioral health into primary care.
- Increase prevention services for alcohol related injuries.
- Promote the use of the Zero Suicide model to improve the care for patients at risk for suicide.
- Promote behavioral health integration throughout the healthcare delivery system.
- Implement trauma-informed care best practices across the healthcare delivery system.
- Leverage capabilities of the IHS, other Federal agencies, the Cooperative Agreement awardee, and the Urban Indian community.
- Work collaboratively with other IHS offices (e.g., the Loan Repayment Program) and HHS agencies (e.g., SAMHSA, HRSA, etc.) where missions, goals, and authorities overlap.
- Actively manage the Cooperative Agreement to supplement OUIHP staff capacity in specified task areas, including public policy; research and data; training and technical assistance; education, public relations, and marketing.

IMPROVEMENT

- Collaborate with tribes to develop Health Promotion Disease Prevention community based programs.
- Add services to address physical, mental, and sexual abuse in children.
- Include recognition of impact of historical trauma in service delivery.
- Expand on environmental determinants of health, trauma informed care and social determinates of health to gage healthy living.
- **HHS Draft Strategic Plan:** Promote and implement models that integrate primary care, acute care, behavioral health care and long-terms services and supports.
- Operationalize culturally appropriate services.
- Develop a culturally based service standards for deployment across the IHS.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

- Train all employees across the IHS System of social determinants of health as a public health approach in a health care system.
- Increase access through in-person, telemedicine, and funding opportunities to clients.

LONGER TERM IMPLEMENTATION

- Hold staff and management accountable to outcomes and customer service through satisfaction surveys.
- Improve access for providing specialty health care services, i.e., oncology.
- Improve IHS website that contains links to the various state websites as references in the chapters of the IHM.
- **HHS Draft Strategic Plan:** Expand partnerships with Federal, state, local, tribal and other stakeholders to reduce injuries and violence.
- Design an expert case consultation process for providers across the IHS to meet local patient needs.

BEYOND OUR SCOPE

- Address impact of historical trauma in service delivery – conduct empirical research to collect this data.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

GOAL 3: STRENGTHEN IHS PROGRAM MANAGEMENT AND OPERATIONS.

GOAL 3 OBJECTIVE 3.1 IMPROVE COMMUNICATION WITHIN THE ORGANIZATION, WITH TRIBES AND OTHER STAKEHOLDERS, AND WITH THE GENERAL PUBLIC.

OPERATIONS

- Address unpaid bills sent to patients.
- **Bemidji Area Strategic Plan:** Create a yearly engagement strategy for health care stakeholders.
- **Billings Area Strategic Plan:** Improve process/protocols with finance, acquisitions, business office, service units.
- Ensure that IHS employees understand how UIHPs actually work.

ALREADY IN PROGRESS

- Provide information and resources on telehealth and telemedicine.
- Use advisory committees to relay information.
- Strengthen reporting relationship of Areas offices to Service Units and Headquarters.
- Keep tribes informed of IHS issues on monthly basis.
- Create a website portal for Tribes to communicate across the IHS to enable wide dissemination of information.
- Design social media avenues to ensure wide dissemination of information across Tribal communities.
- Practice transparency at all levels of the IHS.
- Continue working with other parts of IHS and other HHS agencies on the opportunities for UIOs to advance health care goals and initiatives and work with these agencies to facilitate UIO involvement in these goals and initiatives, as authorized, including access to funding and other resources.
- Provide UIOs with the knowledge and tools needed to participate effectively in the IHS confer processes to the maximum extent practicable.
- Support UIO efforts to build partnerships with Tribes.
- Continue efforts to improve the collection of data on the Tribal affiliation of patients served by UIOs, to help communicate the role of UIOs in serving Tribal communities, and to facilitate productive working relationships with Tribes.
- Improve the understanding and awareness by Tribal representatives of the different funding resources used by UIOs.
- Establish an ongoing process to identify and prioritize challenges that limit access to health care by Urban Indians and develop strategies to overcome or mitigate challenges.
- Support efforts to develop and interpret community health needs assessments.
- Provide guidance and support to UIOs to identify and access local, state, and federal resources available to UIOs and to Urban Indians to break down barriers to access to care.
- Assess options for strengthening networking among UIOs, such as facilitating the development of online communities of interest, to help meet technical assistance needs

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(e.g., allowing new UIO staff to tap the knowledge of more experienced staff in the community).

IMPROVEMENT

- Improve communication tiers between employees, managers and senior leadership.
- Provide TA to tribes to work better with block grants.
- Streamline communication lines with sister agencies so that tribes and tribal members benefit from their services.
- Integrate tribal stakeholders in local decision-making processes.
- **Bemidji Area Strategic Plan:** Increase Area leadership engagement with Service Unit management, staff, and tribal communities, with an emphasis on two-way communication.
- **Develop metrics for environmental factors for deployment to health facilities to provide quality services.**

LONGER TERM IMPLEMENTATION

- Improve coordination of communication with other federal agencies/partners i.e., Opioid Crisis so that tribal involvement is assisting IHS in Policy & Care.
- Ensure that communication details plans to those who stand to benefit from the services are informed of any changes and that there is assurance that they can physically access the services.
- Increase technical assistance capabilities of Area Offices.
- Strengthen management and operations through effective oversight.
- Increase health outreach and education to patients and families.
- **HHS Draft Strategic Plan:** Build partnerships across federal and state, territorial and tribal agencies as well as community organization to engage with vulnerable populations in healthcare decision making and healthy lifestyles.
- **Improve coordination with other DHHS agencies to address AI/AN health care issues.**

BEYOND OUR SCOPE

- Communicate on day to day activities such as having health care providers doing home visits.
- Expand Medicaid/Medicare.

## POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

## GOAL 3 - OBJECTIVE 3.2 SECURE AND EFFECTIVELY MANAGE ASSETS AND RESOURCES.

## OPERATIONS

- Provide health care, environmental engineering, environmental health, and health facilities engineering services in response to disasters.
- Support the Nation and the Tribes in achieving energy security and sustainability goals in IHS offices, health care facilities, and completed projects and systems.
- Strengthen management accountability into overall system.
- Improve the safety and resilience of Indian communities, Native Americans and the Nation.
- Manage the life-cycle of health care, environmental engineering, environmental health and health facilities engineering infrastructure, equipment and systems in order to deliver sustainable services.
- Work effectively with Tribes to address funding shortages of IHS.
- Provide training for tribal health directors on how IHS effectively manages assets and resources and how this option could benefit the Tribes as well as IHS.
- **Navajo Area Strategic Plan:** Act Upon Performance Data- Standardize Data and Reporting Requirements
- **Albuquerque Area Strategic Plan:** New and/or renovated space shall be provided to meet the needs of each Service Unit. New medical equipment shall be state of the art.
- Ensure that IHS personnel are considered to be essential and thus exempt from shutdown-related furloughs.

## ALREADY IN PROGRESS

- Effectively and efficiently execute response, recover and mitigation to natural disasters.
- Employ crisis response communications within local, area, and national offices.
- Provide technical assistance to Congress regarding extension of 100 percent Federal Medical Assistance Percentage (FMAP) to UIOs.
- Provide technical assistance to UIOs seeking funding/reimbursements, including assistance with: assessing the feasibility of entering into care coordination agreements in order for 100 percent FMAP to apply to services provided by UIOs, in accordance with CMS guidelines, demonstrating eligibility for reimbursement from funders and insurers; negotiating agreements with the Department of Veterans Affairs (VA) to enable billing the VA for eligible care delivered to veterans; identifying grant opportunities and resources to support grant writing; and navigating the accreditation process.
- Leverage capabilities of the IHS, other Federal agencies, the Cooperative Agreement awardee, and the Urban Indian community.
- Work collaboratively with other IHS offices (e.g., the Loan Repayment Program) and HHS agencies (e.g., SAMHSA, HRSA, etc.) where missions, goals, and authorities overlap.
- Actively manage the Cooperative Agreement to supplement OUIHP staff capacity in specified task areas, including public policy; research and data; training and technical assistance; education, public relations, and marketing.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

IMPROVEMENT

- Improve the conditions to manage and properly secure all assets and resources.
- Streamline business practices to improve financial management and increase financial resources.
- Provide orientation program for employees on work, communication and personal boundaries of management and leadership.
- Effectively and efficiently execute response, recovery, and mitigation to disasters.
- Modernize the HIT system for IHS RPMS or COTS.
- Leverage available data to improve congressional appropriations for Agency.
- Strengthen employee performance and accountability to the Agency, tribes and patients.
- Develop and implement a plan that will recruit and train talented and motivated staff.
- Every section of the plan should have a measurable outcome.
- Work more collaboratively with Tribal Epicenters.

LONGER TERM IMPLEMENTATION

- Capitalize and recapitalize public health infrastructure, equipment, and systems to provide maximum value to the Tribes and the Nation.
- Provide reliable facilities that are sustainable and minimize life-cycle costs.
- Align with universal patient record systems to link off reservation care systems that serve AI/AN.

BEYOND OUR SCOPE

- Conduct a research project to design business practices.

POSSIBLE STRATEGIES FROM SUBMITTED COMMENTS, HHS AND IHS AREA AND OFFICE STRATEGIC PLANS AND WORKGROUP MEMBERS (IN BLUE)

GOAL 3 - OBJECTIVE 3.3 MODERNIZE INFORMATION TECHNOLOGY AND INFORMATION SYSTEMS TO SUPPORT DATA DRIVEN DECISIONS.

OPERATIONS

- Continue support for programs not using RPMS.
- Ensure accessible data includes I/T/U data.
- Assure system of data sharing.
- **HHS Draft Strategic Plan:** Promote implementation of understandable, functional health information technology tools to support clinicians and their workflow.
- Improve on the security of health records for all AI AN.
- Enhance partnership with tribal data.
- Enhance data access to Tribal Epi Centers.
- Support tribes that utilize non-RPMS systems.

ALREADY IN PROGRESS

- Increase access to quality health care services by advocating for space that is adequate in size and technologically able to meet modern health care.
- Assess needs of the IHS to determine adequacy of the RPMS.
- Evaluate needs of the IHS and the ability for the RPMS system to meet or exceed needs.
- Consistency and standardized management of funding opportunities.
- Employ agreements with Tribes to ensure data sharing with the IHS.
- Improve the quality and relevance of the data collected regarding health care services and program outcomes provided to Urban Indians by IHS-funded UIOs and the needs for improving access to health care for Urban Indians, including the Uniform Data System (UDS), Integrated Data Collection System (IDCS), and Government Performance and Results Act (GPRMA) and GRPA Modernization Act (GPRAMA):
- Automate the UDS and IDCS reporting process and provide related training to UIOs.
- Review UDS and IDCS reporting requirements for possible changes needed to reflect distinctive services provided by UIOs, including the former NIAAA awardees.
- Take steps to help UIOs use UDS and IDCS data to improve performance (to replace efforts formerly conducted under a contract).

IMPROVEMENT

- Strengthen data driven decisions with state of the art information technology and information technology systems.
- Improve the RPMS platform.
- Enhance IHS HR infrastructure so they can efficiently process electronic applications.
- Improve data collection and regular analysis to measure Agency actions to improve access and quality.
- Initiate partnerships to create greater access to health registries and seamless data linkages between IHS and others.



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- **Bemidji Area Strategic Plan:** Secure resources and develop phased plan for system wide upgrade.
- **Albuquerque Area Strategic Plan:** The Albuquerque Area will have a consistent, robust, stable, secure, and fast information technology network.
- Support Tribal Health ER Operations to respond to public health emergencies.
- Upgrade information technology and information systems to promote data driven decisions as well as ease of data management and entry of providers.

LONGER TERM IMPLEMENTATION

- Ensure that urban AI/ANs are counted.
- Help tribes to upgrade their IT systems.
- Implement and report quality measures, to include customer feedback, at all facets of the patient care cycle.
- Optimize business functions to ensure IHS is engaged in discussions on value- based purchasing.
- Modernize the IHS electronic health record system as a multi-year endeavor and require specific funding as to not affect the delivery of critical health services to AI AN.

BEYOND OUR SCOPE

- Provide Tribal access to IHS data systems.
- Expand telecom so it can be used at any location.