

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Workgroup Meeting 2 – Goal 1

November 29, 2017

11:00a-12:00p ET

Meeting Format: Conference Call and Adobe Connect

Purpose: To review the proposed strategies by goal group. This meeting summary is for Goal 1. Below is a summary of the meeting discussion organized by Agenda item headings.

WELCOME AND INTRODUCTION - Ms. Lucie Vogel

Participants were greeted and welcomed to the first meeting for Goal group 1.

ADOBE CONNECT – Mr. Gene Robinson

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

IHS STRATEGIC PLAN WORKGROUP GOAL 1 WELCOME – RADM Michael Toedt, M.D., F.A.A.F.P.

- Good afternoon, thank you for joining the meeting today and for being a part of the IHS Strategic Plan workgroup. Your work in the coming weeks is very important for the future direction and focus of the Indian Health Service. We appreciate your expertise and time commitments to this process.
- At IHS we are strongly committed to working with tribes and tribal organizations. Together, we are working to meet the health needs of American Indians and Alaska Natives in all IHS Areas across the country every day. We value your input and appreciate your work in developing a strategic plan that will guide our efforts over the next five years.
- The comments received on the initial draft framework of the IHS Strategic Plan are a starting point for the workgroup's discussion in this next phase of the strategic plan process.
- The review of the goals, objectives and strategies which have been submitted through the comment period, along with additional comments or suggestions for wording are important as the basis for formulating strategies to support the IHS Strategic Plan.
- Specifically this workgroup is responsible for Goal 1 - To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.
- It's important that this be a collaborative and engaging process, with active input and discussion on the strategic plan.
- We look forward to the product of this workgroup. Thank you.

INTRODUCTION OF WORKGROUP GOAL ONE (1) MEMBERS – Ms. LUCIE VOGEL

- Introductions were provided from each participant. They provided their name, area, office and why they are participants for this workgroup.

WORKGROUP CHARGE AND PROCESS –REFRESHER –Ms. Lucie Vogel

- The agenda items were reviewed and the opportunity for questions was presented. The workgroup Charge was then reviewed and participants were encouraged to send their recommendations. The Workgroup process was also reviewed and participants were asked to submit any ideas or questions to IHSStrategicPlan@ihs.gov or to contact Lucie at Lucie.Vogel@ihs.gov or 301-443-1133.
- The contrast between strategic planning and strategic thinking was then reviewed – in that strategic

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planning is “...the process by which leadership of an organization envisions the future and then identifies the necessary actions and assigns resources to implement the plan to improve economic performance” and that strategic thinking is “...a process to consider alternatives and make choices to position the organization that involves the sharing and synthesis of pertinent information by the leadership of an organization that is needed to develop strategic objectives (or ends).”

- The content of what make up the Goals, Objectives and Strategies were defined as “...statements of what needs to be achieved by an organization to move it toward its purpose...strategic in nature (or long-term focused).” The timeframe that make up a strategic plan was also reviewed followed by the process of developing strategies. At this point the workgroup is at the abstraction process that identifies key issues.
- The definitions of the strategic planning framework for a Goal, Objective, Strategy, Measure and Charter along with an example for each was presented to help participants develop strategies using the framework definitions. We will be talking more about charters in the future.

REVIEW OF GOALS, OBJECTIVES AND STRATEGIES – Ms. Lucie Vogel

- The list of new strategies (based on your feedback) are highlighted in blue font on the IHS_SP_Strategies document. Participants were asked to review the strategies to identify if new strategies are needed, deleted, to be modified or combined. In addition, participants were asked to identify if strategies are charters on a tally sheet that will be provided before the next meeting.
- The strategies were categorized into the following: Operations, Actual/Already in Progress, Improvement, Longer-Term Implementation and Beyond our Scope.

REVIEW OF STRATEGIES – Ms. Lucie Vogel

- Goal 1 Objective 1 was reviewed and participants were asked to provide feedback.

COMMENTS – Workgroup Members

- For the first bullet in the Strategies list under operations “develop, publish and measure standards of provider productivity to improve the quality and efficiency of health services.”
 - There are standards that exist elsewhere in the literature. The author of the statement probably thought of that as well. It could be developed using industry comparable however, there are concerns about patient centered care (i.e. patients travel great distances to receive care and the need to schedule multiple appointments).
- Thank you for the clarification. So, in Goal 1 Obj. 1 we are to focus on recruitment, retention and develop a competent caring workforce. It seems that this should be reexamined to identify and prioritize to state how we should recruit and retain our workforce.
- These were not written in any pre-vetted or endorsed to identify priorities, and are starting points for discussion.
- Participants will have an opportunity to voice their preferences again.
- Last October 2016 at the NCAI Conference there was a World Café between STAC, DSTAC and TSGAC – there was a list of activities for recruitment including tentative wages for categories of employees at IHS and Tribal communities. They also drafted a document which was provided that would help identify competitive wages for health care providers. It would be advantageous if these items can be referenced to this group. A [summary report of the Strategy Session and World Café](#) is available on the IHS website.
- Keep in mind that we can go beyond ‘Operations’ and to provide new items where you feel is needed.
- The strategies were grouped into these categories because I want to see what is pertinent to a specific item, i.e., recruitment. We should ask if we have a standardized process for this task. If not we can

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then narrow down each category.

- A metric to scrub each strategy is needed and should be based on strength that may help to categorize and implement.
- I appreciate the prior work that was done to categories these strategies, so we need to identify what we are trying to accomplish and improve for the next 5 years? What do we need to focus on? I'm hoping this will help you as you review these items.
- The overall strategy that is needed is to update the HR hiring process to be more responsive for service units and areas that require critical positions to be hired expeditiously. If there was a global strategy to update the entire HR system so we can hire an individual within a week would be helpful. How can we overhaul our HR system so they can be more responsive?
- This objective can be broad in what can be accomplished. To narrow it down we can think about the current workforce and look at how we are recruiting. Or we can limit this objective to smaller tasks to help HR with on-boarding processes. We need to limit these objectives to smaller tasks that can be specifically measured.
- Goal 1 Objective 2 was reviewed and participants were asked to provide feedback on these and stated that IHS will still be accepting ideas and recommendations.
- For the second objective – Build, Strengthen and sustain collaborative relationships- how are we leveraging our relationships with VA or Tribes on building, strengthening and sustaining collaborative relationships?
- How did you include the comments received into these strategies? When we are talking about relationships, Tribes have a different take on establishing relationships with faith-based organizations.
 - We looked at every comment and did not judge where we placed each comment. The blue comments came from the first workgroup meeting. These comments were from letters and email.
 - I appreciate how staff grouped these into these categories because it is useful for me to digest a large amount of information that was received.
 - All strategies were from the comments received.
- Members will be able to identify their preference, what is needed to be deleted.
- By grouping, we can identify how to combine broader statements, or identify charters, or roll them into one strategy. For example, for recruitment and retention, we received many comments, so grouping them is helpful to condense this task.
- Goal 1 Objective 3 was reviewed and participants were asked to provide feedback on these and explained that objective 1.3 is focused on increasing access to quality health care services.
- As you can see, there are many examples of strategies provided. Some of these are quality metrics that overlap, and may also be relevant for another category.
- I want to chime in – increasing access makes me think that this is a broad objective, so I have to ask what are the categories needed to allow for access? We need to think about the situation, i.e., chronic illnesses, preventative medicine. We are a primary care organization but we provide resources on purchase referred care so how do we capture these activities? Public Health is a broad category and is a primary function of IHS, however, do we need to keep this as a primary strategy? We also need to look at Suicide, Chronic Disease related to DMII, Mental Illnesses. Goal 1 is very broad as you can see, so we need to narrow it down so IHS can focus on the tasks.
- We also need to acknowledge that we have few health care services in Indian Country, and transportation for intensive care can become an issue when dealing with higher levels of care. These drain resources immediately.
- Those are great comments, and a way to look at this and break it down as whether it's Primary Care or Purchase care? Way delivering care and providing access to care, how do we improve those?
- How can we use technology to provide care? Literature states that Nurse Practitioners have been on

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emergency calls to provide first response care to individuals.

QUESTION

- We are now nearing the end of the hour. Does anyone else want to say anything?
- Does the strategic plan also identify who will be implementing or who is being delegated to implement these items?
 - The charters will assist in developing the implementation plan. The agency will be developing the measures for these strategies.
- We need to identify what is already in progress and then look at what our budget will be in 5-years. Next we will look at assignments of who will implement each strategy and they may not necessarily need to be in the plan. IHS is unique and yes, we are focusing on our direct care clinics. Some individuals have served in excess of 30 years of service in direct care, so we are doing something great! How can we be cognizant of what is realistic for IHS to implement? Longer term implementation should be beyond 5 years and others within the 5 years.
- We will look at each strategy and identify what is a Charter or Strategy.

QUESTION

- Any last minute statements? You will have homework! First the upcoming meetings. Goal 2 & 3 is scheduled for later today. Our next meeting is scheduled for December 5, 2017 and the entire workgroup will reconvene on Dec. 13.

HOMEWORK

- The homework will be to finalize these strategies and we will provide you with detailed instructions. For any questions please contact Ms. Lucie Vogel at Lucie.Vogel@ihs.gov or 301-443-1133. We need your responses by December 1, 2017. We want to stress one submission per member of his or her designee. The tally sheet will be sent to each workgroup member or their designee.

POLL REVIEW PROCESS – Mr. Gene Robinson

- Explained the process for selecting a response for each of the following polling question to the participants.
- We want to get your response using a poll to rate your satisfaction of this call.
- Do you feel one-hour is adequate time for the next workgroup meeting?
- Do you think an additional meeting is needed?
- Please provide any comments you have on ways to improve the meeting.

MEETING ADJOURNED

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Meeting Attendees

Workgroup Members

Name (last, first)

Arnett, CAPT Ann	IHS-POR
Barton, Nicolas	DSTAC-OKC
Clay, Tamara	IHS-OTSG
Fox, Lanie	IHS-AKA
Jung, Paul	IHS-OHR
Lahi, CAPT Sandra	IHS-ABQ
Longstaff, John	IHS-OEHE
Malerba, Marilyn "Lynn"	TSGAC-NAS
Notah, Genevieve	IHS-NAV
Toedt, RADM Michael, CMO	IHS-OD
Whitehorn, Steven	IHS-OCPS

Other Attendees

Name (last, first)

Davis, Yvonne	IHS-OPHS
Frazier, CAPT Francis	IHS-OPHS
Gyekye-Kusi, Akosua	IHS-OPHS
Houston, Roxanne	IHS-OTSG
Leach, Diane	IHS-OPHS
Pittman, Robert	IHS-OPHS
Robinson, Gene	IHS-OPHS
Salvon-Harman, CAPT Jeffrey	IHS-OD
Vogel, Lucie	IHS-OPHS
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