

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Workgroup Meeting 2 – Goal 2

November 29, 2017

1:00pm-2:00p ET

Meeting Format: Conference Call and Adobe Connect

Purpose: To review the proposed strategies by goal group. This meeting summary is for Goal 2. Below is a summary of the meeting discussion organized by Agenda item headings.

WELCOME AND INTRODUCTION – Mr. Robert Pittman

Participants were greeted and welcomed to the first meeting for Workgroup 2.

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.

INTRODUCTION OF WORKGROUP GOAL TWO (2) – Mr. Robert Pittman

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

IHS STRATEGIC PLAN WORKGROUP GOAL 2 WELCOME – Mr. Jonathan Merrell

- Thank you for attending and participating in this important strategy. I welcome everyone and encourage your open thoughts in this process as we work on the IHS Strategic Plan.

WORKGROUP CHARGE AND PROCESS –REFRESHER –CAPT Francis Frazier

- We are to make recommendations to IHS Senior Staff to complete the IHS Strategic Plan. We will be recommending strategies to Senior Staff. The meetings today are displayed for your reference for both Workgroup 1 and Workgroup 3. This is the quality group or workgroup 2 that will be covering Quality.
- The process of this meeting encourages your participation. There is a lot of IHS experience, in particular to the subject of Quality. We will have homework assignments. Be creative and we welcome your ideas.
- The Workgroup process was also reviewed and participants were asked to submit any ideas of questions to IHSStrategicPlan@ihs.gov and we will incorporate these into the respective workgroup.
- We want to keep an open dialogue in this process and since we have one hour it is important that we stay focused.
- We also appreciate your patience as Adobe Connect is a new tool we are using. If you think the meeting can be improved, at the end of this call we will have a poll to get your feedback.
- The process of strategic planning is a process and we are charged to include 'quality' into the development of the IHS Strategic Plan. In thinking about strategic planning, we want to focus on quality. We need to include quality into our plan for the next five (5) years.
- When we think of mission, we are looking way down the road. The Vision is short term of 5-20 years. The Goal, Objective and Strategies are more immediate of 2-5 years. The Charter development will be to implement the strategies. We are digesting a lot of material, we have been at multiple national meetings, presented to Tribal Organizations through September and October, and received comments towards the development of this Strategic Plan. The front end work has been completed regarding the development of the strategies: The comments have been summarized, analyzed and grouped into

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

themes by Goal and objectives which is the 'red' document. The 'Blue' document is where all the comments have been strategy grouping that will help us digest the massive amount of information. We have taken the initial step in organizing these strategies. We need your help to refine these strategies. We are currently at the abstraction process as you can see on the slide.

- 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.
- When we think of a charter it is important to think of the strategy because it is where implementation of a specific strategy occurs. We need to make sure that the charter is a specific aim, has an expected outcome, is measurable, tangible, and quantitative as well as is it a promising practice.
- An example of a Goal, Objective, Strategy, Measure and Charter for PCMH certification or designation and what is needed to gain this certification was reviewed.

REVIEW OF GOALS, OBJECTIVES AND STRATEGIES – CAPT Francis Frazier

- When we are thinking of these objectives or strategies, let's be thinking about how quality can be incorporated.
- We listed new items based on your feedback from the first meeting on the strategies and these are highlighted in blue font. Think about if we need to modify the strategy or combine the strategy. We are also still accepting new comments. Participants were asked to review the strategies to ensure if they are at a high level and to identify if new strategies are needed, deleted, to be modified or combined.
- The categories overview of Operations, Actual/Already in Progress, Improvement, Longer Term Implementation and Beyond Our Scope were reviewed and participants were encouraged to engage in each of these categories.

REVIEW PROCESS –CAPT Francis Frazier

- When reviewing the strategies, think about if a new strategy is needed or if it needs to be deleted. Is this what IHS needs to be focused on? Or is this a charter? Will modifications be needed, or combine the strategy? Will this strategy need to be moved under another objective?

CATEGORIES OVERVIEW –CAPT Francis Frazier

- These categories were based on how we grouped the comments, however, we are open to your critique. We wanted to make the process more digestible for you to work with.

REVIEW OF STRATEGIES – CAPT Francis Frazier

- Goal 2 Objective 1 was reviewed and participants were asked to provide feedback on these. In the Operations category, let's think about how Quality can be applicable. For example, in the first bullet, is 'quality standards' a strategy? If so, what will that look like? In addition, the item highlighted in blue font in each category is an example of a comment that was recently added. It may be easier to review these through each category. Are these strategies or are they charters?

COMMENTS

- There is room for interpretation in identifying what a quality strategy is. The definition of what 'quality' looks like will depend if we need to look at this from a clinical perspective, or from an administrative perspective, quality would mean something different.
- When we think of a developing a Strategic Plan, we should consider all perspectives from all disciplines that will be impacted by the Strategic Plan.
- The Centers for Disease Control and Prevention generally looks at this concept in a symbiotic fashion

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

in that one needs the other to be viable or to thrive. We can look through this process using a lens of what discipline we are developing each charter for.

- Public Health would have a different charter and a clinical perspective would have a different one for each strategy.
- We can also develop a more comprehensive strategy that covers both.
- We need to agree on what 'quality standards' fit at all levels and it may be difficult to establish the boundaries.
- The last three seem to be aligned with the objective, however, 'quality improvement' still has to be defined by IHS.
- This group may also decide if the strategy fits into another goal or if a new objective needs to be developed.
- What is our center of focus? Is it our organization or our patients? If we want to improve the quality of administration, that is different than improving the quality of care for our patients.
- Although they are different, they will rely on each other. They are all equally important.
- We need to stratify the levels of health care and also incorporate the management oversight, which will include the administrative component.
- The social-determinants of health will also need to be factored in, such as worker retention and what is impacting attrition.
- Using the quality business model, we are looking at improvement of the current state. How do we maintain current operations, but with improvement. What can we do in the future to improve the quality or identifying the need to add quality service?
- Would it be possible to look at this from an administrative process, at a clinical process and from a public health perspective? That would then identify the various layers to help develop the strategies and charters.
- The categories can be aggregated into those headings, which will provide additional structure in identifying long term vs short term actions. We should not draw boundaries that will limit ourselves on how we move forward in this review process.
- A tally sheet will provide you will additional assistance on how to rank each strategy. What is supporting the strategy that will eventually support the objective?
- For process, the list was not compiled in any particular order. Feel free to move these strategies to another category. Accept or modify what you are looking at and ask yourself if this is where you see IHS going in the future.
- For Goal 2 Objective 2, we have the strategies categories in the same process as objective 1. Based on the previous comments, how would you work with these categories and modify, delete, create or group these strategies? Do you see clinical staff being trained using these strategies? Are they 'quality' strategies? Is Zero Suicide, Telemedicine and Public Health in the correct category or should they be lumped together?
- The last blue bullet in 'operations' should be moved to Goal 2 Objective 1 because, it involves the training of employees.
- We want to look at how we can better meet the health care needs of AI/AN. What is needed to be improved? How can Historical Trauma, Social Determinants of Health, Telehealth, Chronic illnesses, all which are broad headings be focused on local, regional and national actions?
- Keep in mind that at the end of the Strategic Planning Development process, we may not have all current categories. We may develop new ones.
- As you are doing your homework, keep in mind that broad items, such as historical trauma may need to be more focused.

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

PREP –CAPT Francis Frazier

- We will be meeting on Tuesday, December 5th to finalize the draft goals, objectives, strategies and measures. The other workgroups will also be meeting that day.
- For homework, you will be receiving a tally sheet of the suggested strategies with detailed instructions.
- You will have the option of moving these strategies as charters, or to keep as strategies. In addition, you will also have the opportunity to re-write the strategy if needed. No track changes will be needed or required as a new document will be sent to you.

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

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Meeting Attendees

Workgroup Members

Name (last, first)

Crowe, Darren	IHS-BIL
Galindo, Minette	IHS-OCPS
Johnston, Jeffrey	IHS-OMS
Merrell, Jonathan	IHS-OD
Ortiz, Raho	IHS-OUIHP
Reidhead, Ty	IHS-PHX
Rogers, Marjorie	IHS-OKC
Weahkee, Rose	IHS-OUIHP

Other Attendees

Name (last, first)

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