

# Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

## Workgroup Meeting 2 – Goal 3

November 29, 2017

3:00pm-4:00p ET

Meeting Format: Conference Call and Adobe Connect

**Purpose:** To review the proposed strategies by goal group. This meeting summary is for Goal 3. Below is a summary of the meeting discussion organized by Agenda item headings.

### INTRODUCTION – Mr. Robert Pittman

Participants were greeted and welcomed to the first meeting for Workgroup 3.

### 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 THREE (3) – 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 2 WELCOME – Ms. Elizabeth A. Fowler

- 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 3 - Strengthen IHS program management and operations.
- 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 for your participation.

### WORKGROUP CHARGE AND PROCESS –REFRESHER –Mr. Robert Pittman

- To briefly review the agenda, you can see your workgroup colleagues for Goal 3; we will go through the workgroup charge, process and refresher, then the workgroup goals, objectives and strategies and then review the individual strategies (blue sheet) and then we will talk about future meetings.
- We are to make recommendations to IHS Senior Staff to complete the IHS Strategic Plan. We will be recommending strategies to Senior Staff for each goal and objective. The meetings today are displayed for your reference for both Workgroup 1 and Workgroup 2.
- The process of this meeting is to have your participation. The Workgroup process was also reviewed and

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participants were asked to submit any ideas of questions to [IHSStrategicPlan@ihs.gov](mailto:IHSStrategicPlan@ihs.gov) or by contacting Ms. Lucie Vogel at [lucie.vogel@ihs.gov](mailto:lucie.vogel@ihs.gov) and we will incorporate these into the respective workgroup. You can provide your questions via email or by using the chat box.

- We will be sending your assignments in a separate email.
- We want to keep an open dialogue in this process as we develop the Strategic Plan for IHS. We appreciate your creative ideas.
- I will help you stay focused so we can complete the tasks identified for this meeting.
- We want to help with defining the difference between Strategic Planning and Strategic Thinking.
- When we think of mission we are wanting to think of forever, 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.
- We are currently at the Abstraction process in the development of the IHS Strategic Plan. This is where key issues are reviewed, grouped, deleted, or modified. This process will help reduce the numbers of strategies.
- The Framework Definitions are presented here for your reference. Keep in mind that many of the strategies may be charters based on these definitions.
- 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. The strategy is defined here as to provide training and the charter is more specific on who will be doing what.

## REVIEW OF GOALS, OBJECTIVES AND STRATEGIES – Mr. Robert Pittman

- We will talk about new strategies, modified strategies and also charters.
- The blue strategies are those that you provided in the first meeting.
- We didn't get any recommendations to delete any strategies, but keep in mind that can change.
- We also didn't receive any recommendations to modify or combine the strategies.
- When reviewing the strategies, think about if a new strategy is needed or if it needs to be deleted.

## CATEGORIES OVERVIEW –Mr. Robert Pittman

- These categories were based on how we grouped the comments, we want to hear from you on if these are in the right category.

## REVIEW OF STRATEGIES – Mr. Robert Pittman

- Goal 3 Objective 1 was reviewed and participants were asked to provide feedback on these. We grouped the comments into strategies and into the following categories: Operations, Already in Progress, Improvement, Long-Term and Beyond our Scope.
- The Review Process is now posted for your reference for our discussion.

## COMMENTS

- Let's look at the second bullet under Operations. In the Bemidji Area—is this a strategy that is appropriate?
- This looks like a sub-communication plan under this objective. Having a formalized communication will need to have a short and long term communication plan. We would need to have a communication plan that is updated periodically that will support the Strategic Plan.
- Improving internal communication and the goal seems broad to include both internal and external communication. Maybe to separate these two components for 3.1 would help.
- Direct Service and Self Governance and Urban meetings need structure on how IHS health service systems operates. Discussion on these groups needs to be formalized and communication is needing specific strategies yet, there are commonalities between these three. Larger discussions is warranted between

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these three groups.

- For items under Already in Progress what are your thoughts?
- For the telehealth and telemedicine, what is already in progress as I manage the contract in Great Plains Area (GPA)?
- We are thinking that because this is in progress, we put this in this category.
- This item should be under Improvement. We need to better tell our story on telehealth at IHS.
- Are we talking about telehealth or telemedicine and what charters is needed to help get the information across to other programs, staff and patients in IHS?
- On a larger strategic issue, first, we don't have a comprehensive idea of what everyone is doing in a particular area in IHS and second, we are communicating to everyone in a localized channel as opposed to generating a system wide channel to everyone.
- I agree with that. Maybe this should be a longer-term item. The bullet needs to be refined and not be as broad.
- Strategies need to be at the 30K foot level and this particular strategy is not at that level. The strategy should not be narrow but overarching to address the issue of what is our communication strategy. We do much more than just clinical work, we work with the environment, and with management, administration so we need to be thinking at a higher level.
- We need to look at the varying models of care and also to get our story of telehealth out to everyone, with messages that include social media, tribes and also how we are doing.
- A google alert for IHS is reminding me that all is not great with IHS. What are we doing to change this perception to tragedy in the GPA? We have a very large problem with how we are utilizing our resources, and if our goal is to improve our communication, we need to address how we are addressing our deficit and what we are doing with our current resources.
- Public Affairs can be focusing on how we are strengthening our infrastructure here at IHS.
- We can focus on positive messaging of the good work at the Service Unit. We should consider publicizing the good work being done at IHS as part of the communication plan.
- As we think about our procurement vehicle, working with tribes, we need to be clear about what our procurement process, possibly credentialing the services that we offer to the tribes.
- Have we conducted an analysis of what is working and not working? Can we replicate what is working? Are we going to weed some of these out? We also need to have an evaluation for each of these strategies. We need to be open with our communication especially when we are wanting to communicate with external partners. Are we only wanting to communicate with just Tribes? Our infrastructure of communication needs to be refined and eliminate what is not working.
- As part of your homework assignment, you will be given the opportunity to eliminate or refine these strategies. We do want you to dive deep and analyze these strategies.
- Some thoughts listening...At the 30k view, looking at external benchmarks for effective communication strategy, that can effectively organize and create a systemic structure to not just manage communications, but spreading change (improvement/innovation). For example, Toyota, LEAN, and the ability to quickly spread communication, but more importantly expediting large scale improvements that began at the equivalent of grassroots level. Redesign efforts, such as Improving Patient Care and many of the great things that have occurred are a reflection of external benchmarks and practices that can be continued and be customized to IHS.
- I think going back a step to relook at the Goal itself, recommend that the goal 3.1/objective is so broad to include both internal and external communication and tribal engagement there may be different strategies to support what the outcomes we are trying to reach.
- Dash boarding can be a tool to improve communication which touch on quality and what can be shared on topics such as vacancy rates. By color coding these items, we can then be accountable for the work being

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done to address the issue of high vacancy rates.

- For Goal 3 Objective 2 we can see there are a number of comments in blue, which are newer comments. What are your thoughts for this objective?
- For the bullet that states 'Work effectively with Tribes to address funding shortages of IHS', what does this mean? In moving forward, we have to be realistic of the limitations of IHS and have honest conversations with tribes about our resources. How can we get to a point of when we can state 'yes, we did this well with limited resources'?
- We cannot play the victim role anymore, just because we have limited resources, we have survived and done some incredible things. At the 30K level for communications, we need to be honest with where we are at. We are a small but complex organization. The legislative requirement we have is complex and no other agency has a similar requirement.
- OMS is working to support objective 3. There is a big push to be in compliance with the Buy Indian Act. The division of Grants Management is also working at improving our processes in working with grants. We are working at decreasing the number of unauthorized commitments. We are working at getting our grant cycles in a process so that it does not become a heavy burden for the agency. Should we be thinking about how to be good stewards for this objective but at the 30K foot level?
- VA is good example, the [Whole Health Model of Care](#) available on the VA website, are designated innovation hubs, this was part of their strategic planning over the last 5 years.
- For Goal 3 Objective 3 what are your thoughts?
- The Tribal Budget and Formulation process looked at this issue. There is a lot of discussion about how to move forward using the VA as an example. We cannot do anything without data we obtain from RPMS, so this is a critical topic.
- Going beyond patient data, via RPMS, we have a new analytic software, but, we need to move beyond the silos and develop a system that does provide us with an effective strategy using data to move forward and plan. We need to make the data available. For example, financial information is provided, but 90% of the offices do not use the information. We need to look at if the information we are providing is what they need or ask how we can produce the information in a format they can use.
- We also need to look at our workforce in IT. Our workforce needs to be evaluated to ensure we have the right workforce.

### PREP –Mr. Robert Pittman

- Thank you for a good discussion. For meeting 3 we will be meeting on Tuesday, December 5<sup>th</sup> to finalize the draft goals, objectives, strategies and measures. A follow up meeting on December 13<sup>th</sup> and possibly a final meeting on December 20<sup>th</sup>. After this meeting, we will send you information on how to work with the strategies.
- 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.
- If you think we need additional time, the polling questions will provide us with that information.

### 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.

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## Meeting Attendees

### Workgroup Members

<u>Name (last, first)</u>	
Carmen, Miranda	IHS-OCPS
Conners, Tina	IHS-ORAP
Fowler, Elizabeth	IHS-OD
Gemmell, Robert	IHS-CAO
Haugen, Nancy	IHS-GPA
Ketcher, Martha	IHS-NAS
Longie, Keith	IHS- BEM
Marino, Daniel	IHS-TUC
Nachod, Peter	IHS-OEHE
Porter, Christopher	IHS-OFA
Sharp, Rauland	IHS-OIT
Tso, Roselyn	IHS-ODSCT
Woodard, Micah	IHS-POR

### Other Attendees

<u>Name (last, first)</u>	
Baron, Ronald	IHS-OHR
Davis, Yvonne	IHS-OPHS
Frazier, CAPT Francis	IHS-OPHS
Gyeke-Kusi, Akosua (Asantewa)	IHS-OPHS
Johnston, Jeffrey	IHS-OMS
Leach, Diane	IHS-OPHS
Pittman, Robert	IHS-OPHS
Robinson, Gene	IHS-OPHS
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	