

# Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

## Workgroup Meeting 3 Summary – Goal 1

December 13, 2017

11:00am-12:30pm ET

Meeting Format: Conference Call and Adobe Connect

### Workgroup's Purpose

Provide IHS Strategic Plan recommendations to IHS senior staff, including recommending strategies for each of the draft goals and objectives.

### Progress to Date

To date, the IHS Federal-Tribal workgroup has held two meetings.

- The first meeting held on November 14, 2017, provided an overview of the workgroup process from IHS Senior Leadership, an overview of the strategic plan process to date, projected timeline, and an introduction of important plan definitions.
- During the second meeting on November 29, 2017, members reviewed comments received from tribal leaders, Urban Indian Organization leaders, and IHS staff.
  - The first homework assignment was a tally sheet. The tally sheet required each individual to review and determine if a proposed strategy is a Strategy or Charter and if a Move/Reword is required.
  - Additionally, workgroup members voted to extend the workgroup meeting time (one-hour to one-hour and thirty minutes) and dates (a fifth workgroup meeting was added to the schedule).

### Meeting 3 Overview

The goal of today's meeting is to review the proposed strategies and determine if the strategies are appropriate for the workgroup's respective goals and objectives in the draft IHS Strategic Plan 2018-2022. The results of the tally sheet homework assignment from meeting 2 were reviewed.

To facilitate review of the proposed strategies, the strategies were organized in a color-coded system as follows (results are based on workgroup member's submission of the homework assignment):

- Green: 60%-100% of workgroup members agreed this is a strategy.
- Yellow: 41%-59% of workgroup members rated this as a Strategy and/or a Charter.
- White: Less than 40% of workgroup members rated the statement as a Strategy.

The workgroup reviewed the proposed statements and discussed if changes are needed to the statements in green and determine if the statements in yellow are a strategy or charter/activity. Since less than 40 percent of workgroup members rated the proposed statement as a strategy, those statements are determined to be charters.

Proposed strategies received after the submission date were added to meeting documents for discussion as "additional proposed strategies." Workgroup members reviewed the additional strategies to determine if each statement is a strategy or charter.

### Voting Results

A summary of the workgroup's votes is included below. A 'yes' vote indicates the statement remains a Strategy and a 'no' vote indicates the statement is a Charter.

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## Workgroup Recommendations

- Condense strategies: The strategies for recruitment and retention should be condensed.
- Clarification of certain strategies should be provided (see below for specific comments).

## Objective 1

GREEN Highlights: Each proposed statement was read and since there were no objections to the statements as strategies, all statements are determined to be strategies.

WHITE Statements: Each proposed statement was read and there were no objections to the statements as charters.

YELLOW Highlights: Proposed statements voted 'Yes' to be a Strategy or 'No' to be a Charter.

Proposed Strategy or Charter/Activity	Yes	No
Develop, publish and measure standards of provider productivity to improve the quality and efficiency of health services.	83%	17%
Develop a more competitive pay scale to attract more providers.	67%	33%
Improve orientation to IHS for new employees. <b>*REVISED*</b> <i>Comments: Original statement included "emphasizing boundaries of management and leadership" workgroup members asked for clarity on this and that "boundaries" implies limits but it is uncertain if this is the intent.</i>	71%	29%
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.	29%	71%
IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders, e.g., Robert Wood Johnson, American Association for the Advancement of Science, Mongan Commonwealth fellowship. <i>Comments: Combine this strategy with the one above.</i>	71%	29%

## Additional Strategies:

Proposed Strategy or Charter/Activity	Yes	No
1. Strengthen the dental workforce to improve access to, and quality of, dental services in IHS, Tribal, and Urban programs through. <i>Comment: This reads as a strategy and the following three statements read as a charter in support of this strategy.</i>	100%	0%
2. Embracing and promoting different dental workforce models, including but not limited to the Dental Health Aide Program as authorized by the Indian Health Care Improvement Act (see 25 U.S.C. §1616l) to improve access to dental services in IHS and Tribal programs.	43%	57%
3. Investing in workforce innovations to improve oral health with a focus on core competency development, education and training.	0%	100%
4. Promoting an integrated model of care throughout IHS, Tribal and Urban dental programs by leveraging relationships with medical and community partners	14%	86%
5. Improve workplace organizational climate with staff development addressing teamwork, communication and equity. <b>*REVISED*</b> <i>Comment: The original statement named specific tools, the workgroup voted to revise the strategy.</i>	100%	0%
6. Incentivize retention of professional staff by providing resourcing and time away from station to attend appropriate continuing education and professional development.	13%	87%

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### Objective 2

GREEN Highlights: The first green Strategy will remove ‘faith-based organizations’. All other statements are adopted as strategies.

Proposed Strategy or Charter/Activity	Yes	No
Work with faith-based organizations and community partners to develop new programs. <i>Faith based organizations will be removed.</i>	N/A	N/A

WHITE List: Each proposed statement was read and there were no objections to the statements as charters.

YELLOW Highlights: Proposed statements voted ‘Yes’ to be a Strategy or ‘No’ to be a Charter.

Proposed Strategy or Charter/Activity	Yes	No
Review and revise policies and procedures to ensure all tribes have equal access to services.	0%	100%
Expand VA agreement to include urban programs and other not currently covered. <i>Comment: Need to clarify if these are IHS policies and procedures.</i>	0%	100%
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.	0%	100%
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.	17%	83%
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.	14%	86%
Develop a worldwide health care provider exchange service that looks like a military overseas assignment. <i>Comment: Clarity is needed on this item. The assumption is it's a database to bring in foreign medical graduates.</i>	14%	86%

### Objective 3

GREEN Highlights: Each proposed statement was read and since there were no objections to the statements as strategies, all statements are determined to be strategies.

WHITE List: Each proposed statement was read and there were no objections to the statements as charters.

YELLOW highlights: Proposed statements voted ‘Yes’ to be a Strategy or ‘No’ to be a Charter.

Proposed Strategy or Charter/Activity	Yes	No
Expand urban programs to cities not currently served to address needs of large number of American Indian /Alaska Native (AI/AN) not living on reservations or in existing service units.	57%	43%
Address Opioid funding issues especially for children. <i>Comment: The word ‘opioid’ can be found in other areas and may be combined.</i>	100%	0%
Include adequate space and technological requirements of facilities.	100%	0%
Include Tribal medicine in supported services.	100%	0%
Provide transportation services to access needed service.	14%	86%

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Proposed Strategy or Charter/Activity	Yes	No
<i>Comment: The word 'Transportation' is found in other areas and these comments may be combined.</i>		
Provide health care, environmental engineering, environmental health and health facilities engineering services in response to disasters. <i>Comment: Need to clarify where the 'disasters' are i.e. near reservations.</i>	14%	86%
Design a just community model for deployment to IHS facilities.	0%	100%

### Additional proposed Strategies:

Proposed Strategy or Charter/Activity	Yes	No
1. Reduce oral health disparities in the AI/AN population through:	100%	0%
2. Maintaining a continuous oral health surveillance program to periodically assess oral health status (caries experience, untreated decay rate) of the AI/AN population.	0%	100%
3. Promoting evidence-based practices in the prevention and early intervention of dental disease.	17%	83%
4. Leveraging existing partnerships and forging new ones to effectively reduce oral health disparities in the AI/AN population.	0%	100%
5. Improve team effectiveness in the care setting to optimize patient flow and efficiency of care delivery. <b>*REVISED*</b> <i>Comment: The original statement named specific tools, edits consistent with similar strategy listed above under objective 1.</i>	100%	0%
6. Improve the ability to account for complexity of care for each patient to gauge provide productivity more accurately (e.g. implement Relative Value Units (RVUs) and profession-specific equivalent measures).	100%	0%

### Next Steps

- The Move and Reword Homework Assignment was not discussed. Members were asked to review the document and make suggestions to REWORD, COMBINE or MOVE strategies for the next meeting.
- The January 10<sup>th</sup> meeting (meeting 4) will focus on goals, objectives and strategies.
- Meeting 5 (January 24<sup>th</sup>) will focus on finalizing the draft mission, vision, goals, objectives and strategies. January 24<sup>th</sup> conflicts with Tribal Self-Governance Advisory Committee meeting and the date will be changed.

### Homework:

- Two worksheets will be sent to members to follow up on today's discussion to REWORD and MOVE strategies and review comments received on the Mission and Vision statements.

### 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
Malerba, Marilyn "Lynn"	TSGAC-NAS
Notah, Genevieve	IHS-NAV
Whitehorn, Steven	IHS-OCPS

#### Other Attendees

Name (last, first)

Boney, Melissa	IHS-OPHS
Davis, Yvonne	IHS-OPHS
Frazier, CAPT Francis	IHS-OPHS
Gyekye-Kusi, Akosua	IHS-OPHS
Pittman, Robert	IHS-OPHS
Robinson, Gene	IHS-OPHS
Salvon-Harman, CAPT Jeffrey	IHS-OD
Vogel, Lucie	IHS-OPHS
Weld, Patrick	IHS-OPHS