

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Workgroup Meeting 4 Summary – Goal 1

January 10, 2018

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 three 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 or 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).
- During the third meeting on December 13, 2017, members reviewed the proposed strategies to determine if the strategies are appropriate for the workgroup's respective goal and objectives. Based on the homework submissions, the strategies were organized in a color-coded system (i.e. Green, Yellow and White-see Meeting 2 Summary for more information). The workgroup identified the strategies and charters according to goal and objectives but did not have enough time to review the Move or Reword recommendations during meeting 3.
 - Workgroup members were sent an updated Reword and Move Excel worksheet to review including a "summary" column.

Meeting 4 Overview

The goal of today's meeting is to review the revised aggregated reword and move recommendations. The "summary" column is the first draft of a revised strategy statement. Based on the recommendations received during meeting three, similar strategies were combined and statements revised to summarize the combined strategies with recommendations to move or keep strategies based on the revisions. The summary column will be refined/edited during today's workgroup discussion.

- As we kicked off workgroup we provided a set of comments related to Quality as a Business Strategy (QBS). There are two types of strategies to consider: strategies that address continuing current operations that are useful and effective or need to be expanded and the second is, improvement to introduce a new service or discontinue services. What do we need organizationally to improve service (i.e. improving methods of care delivery)? These two things may be helpful to consider whether a strategy is a continuation of current service or improvement in expansion or addition of services.

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Voting Results

Workgroup members (or their designee) reviewed a summary of recommendations and voted to accept or make changes to the recommendations. The table below includes the summary column of recommendations and the final workgroup recommendation.

Goal 1 Objective 1

Proposed Strategy	Summary	Workgroup Recommendation
<p>1. Improve leadership skills and adopt a leadership model, develop mentoring programs and improve customer service skills.</p>	<p>Reword: Improve leadership skills, adopt a consistent leadership model, and develop mentoring programs. Suggestion: Keep in Goal 1.1</p>	<p>Yes to REWORD and MOVE: 100%</p>
<p>2. 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. 5. Expand opportunities to educate and mentor Native youth to obtain health science degrees. 21. Develop a residency program that will allow post-graduate to obtain training and licensure while working for the IHS.</p>	<p>Reword: Develop training programs in partnership with health professional schools and training hospitals and expand opportunities to educate and mentor Native youth to obtain health science degrees. Combined strategy 2 with 5 and 21. Suggestion: Move to Goal 1.2</p>	<p>REWORD: Yes: 100% MOVE: Yes to 1.2: 100%</p>
<p>3. Develop a successful program to recruit and retain a competent workforce.</p>	<p>Reword: Develop an innovative program to recruit and retain a competent workforce working with partners such as tribal communities. Suggestion: Keep in Goal 1.1</p>	<p>REWORD: "Develop an innovative program to recruit and retain a competent workforce to include working with partners such as tribal communities." Yes: 87.5%, No: 12.5%. No recommendation to MOVE, keep in Goal 1.1.</p>
<p>4. Expand use of para professionals such as community aide and dental health aides to increase needed workforce. 7. Continue to develop the Community Health Aide Program expansion. 11. Promote the use of low cost healthcare providers like community health workers and community organizations. 19. Support the Community Health Aide Program (CHAP) to improve access to physical, behavioral and oral health services in underserved and rural tribal communities. 22. 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.</p>	<p>Reword: Develop a program to expand the use of Community Health Aides and utilize paraprofessionals (mid-Levels and nurse practitioners) to increase the needed workforce. Combined strategy 4 with 7, 11, 19 and 22. Suggestion: Keep in Goal 1.1</p>	<p>REWORD: "Expand the use of community health aides, paraprofessionals and mid-level practitioners to increase the needed workforce." Yes: 100%. No recommendation to MOVE - Keep in Goal 1.1.</p>

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Proposed Strategy	Summary	Workgroup Recommendation
<p>6. Work with tribes to improve staff recruitment and retention.</p> <p>10. Support for increased capacity for recruitment, credentialing, and privileging of licensed professionals.</p> <p>14. 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.</p> <p>16. Shorten time needed to advertise and hire staff to reflect standards used by competing health service.</p> <p>17. Streamline the recruitment process between HQ, Areas, and service units.</p> <p>20. Recruit as early as possible through post-graduate trainees.</p> <p>10. Develop and implement a plan that will recruit and train talented and motivated staff.</p>	<p>Reword: Develop and streamline a successful program that increases recruitment and retention of a talented, motivated, desirable, and competent workforce. Combined strategies 6, 10, 14, 16, 17 and 20. Suggestion: Keep in Goal 1.1</p>	<p>Merge with strategy #3 listed above. "Improve and innovate a process that increases recruitment and retention of talented, motivated, desirable, and competent workforce to include working with partners such as tribal communities." Be sure to capture the word "process". Combine this strategy with #3 listed above with suggested language change: YES: 100%.</p>
<p>8. Continue to improve social media marketing strategies.</p>	<p>Reword: Make this a charter or activity under the recruitment strategy assuming the social media marketing is to attract workforce?</p>	<p>Vote YES charter or NO standalone strategy. YES: 100%.</p>
<p>9. 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.</p>	<p>Reword: Develop a system to utilize IHS and HRSA National Health Service Corps (NHSC) loan repayment programs to increase healthcare providers at I/T/U institutions. Suggestion: Keep in Goal 1.1.</p>	<p>REWORD: "Continue and expand the IHS and HRSA NHSC scholarship and loan repayment programs to increase healthcare providers at I/T/U institutions." Yes: 100%.</p> <p>No discussion on MOVE.</p>
<p>12. Employ core competencies for providers to implement quality standards across the IHS.</p> <p>25. Develop, publish and measure standards of provider productivity to improve the quality and efficiency of health services.</p>	<p>Reword: Develop and provide standards of care to improve quality and efficiency of health services across IHS. Combined strategies 12 and 25. Suggestion: Move to Goal 2.1</p>	<p>REWORD: "Develop and implement standards of care to improve quality and efficiency of health services across IHS." VOTE: Yes: 87.5%; No: 12.5%. MOVE VOTE: YES to Move to 2.1: 100%.</p>

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Proposed Strategy	Summary	Workgroup Recommendation
<p>13. 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.</p>	<p>Suggestion: Keep in Goal 1.1</p>	<p>REWORD: "Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties." VOTE REWORD: YES: 100%.</p> <p>VOTE MOVE to 1.3: 100%. The notes should state that there was plenty of discussion on telemedicine and technology.</p>

Next Steps

- Members were asked to review the remainder strategies for Goal 1 and be prepared to vote to REWORD, COMBINE or MOVE strategies.
- Since the group did not complete their review of the REWORD and MOVE recommendations, an additional meeting is added. The workgroup will meet on January 17, 2018 to finalize REWORD and MOVE recommendations.

Homework:

- Review REWORD and MOVE worksheet and prepare vote and reword recommendations before the January 17th meeting.

Meeting Attendees

Workgroup Members

Name (last, first)

Arnett, CAPT Ann	IHS-POR
Barton, Nick	DSTAC-OKC
Clay, Tamara	IHS-OTSG
Fox, Lanie	IHS-AKA
Grim, Gloria	IHS-NAS
Jung, Paul	IHS-OHR
Longstaff, John	IHS-OEHE
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
Taylor, RADM Kelly	IHS-OD
Vogel, Lucie	IHS-OPHS
Weld, Patrick	IHS-OPHS