

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Workgroup Meeting 5 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

The IHS Federal-Tribal workgroup has held four meetings on: November 14, 2017, November 29, 2017, December 13, 2017, and January 10, 2018.

1. The first meeting 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.
2. During the second meeting, 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 Rework 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).
3. During the third meeting, 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 Rework recommendations during meeting 3.
 - Workgroup members were sent an updated Rework and Move Excel worksheet to review including a "summary" column.
4. During the fourth meeting members reviewed the aggregated reword and move recommendations.

Meeting 5 Overview

The goal of today's meeting is to finalize the reword and move recommendations. In preparation for today's discussion workgroup members were asked to review a revised REWORD and MOVE worksheet and prepare their vote and reword recommendations.

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.

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Goal 1 Objective 1

Proposed Strategy	Summary	Final Strategy
<p>15. Improve staff training and education, improving customer service skills and improving orientation to the Area Office.</p> <p>27. Improve orientation to IHS for new employees emphasizing boundaries of management and leadership. Workgroup suggested to revise strategy 27 to "Improve orientation to IHS for new employees".</p>	<p>Reword: Improve orientation (education and training) for new IHS employees.</p> <p>Combine strategies 15 and 27. Suggestion: Keep in Goal 1.1</p>	<p>5. Strengthen employee performance and accountability by improving employee orientation and opportunities for training and education including but not limited to customer service skills.</p>
<p>23. To assist individual offices with continuity of services and training of new employees, and to function efficiently when staff members are absent, work processes and procedures should be documented.</p>	<p>Reword: Improve continuity processes and knowledge sharing of critical functions through written communications and documentation. Suggestion: Keep in Goal 1.1</p>	<p>6. Improve continuity processes and knowledge sharing of critical employee, administrative and operational functions through written communications and documentation, within IHS</p>
<p>24. Implementation of an oversight body for the health professions program.</p>	<p>Reword: Create a "Workforce Development Office" that reports to IHS leadership to provide oversight of the IHP program.</p> <p>Suggestion: Keep in Goal 1.1</p>	<p>7. Create a "Workforce Development Office" that reports to IHS leadership to provide oversight of the IHP program.</p>
<p>29. IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders--e.g. RWJ, AAAS, Mongan Commonwealth.</p>	<p>Suggestion: Keep in Goal 1.1</p>	<p>8. IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders--e.g. RWJ, AAAS, Mongan Commonwealth.</p>
<p>29. Strengthen the dental workforce to improve access to, and quality of, dental services in IHS, Tribal, and urban dental programs.</p>	<p>Suggestion: Keep in Goal 1.1. Charter/ Activities included as voted by workgroup</p>	<p>9. Strengthen the dental workforce to improve access to, and quality of, dental services in IHS, Tribal, and urban dental programs</p>
<p>30. Improve workplace organizational climate with staff development addressing teamwork, communication and equity.</p>	<p>Suggestion: Keep in Goal 1.1</p>	<p>10. Improve workplace organizational climate with staff development addressing teamwork, communication and equity.</p>
<p>9. Strengthen employee performance and accountability to the Agency, tribes and patients.</p>	<p>9. Moved from Goal 3.2</p>	<p>11. Strengthen employee performance and accountability to the Agency, tribes and patients.</p>

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Goal 1 Objective 2

Proposed Strategy	Summary	Final Strategy
<p>1. Work with faith-based organizations and community partners to develop new programs.</p>	<p>Reword: Work with community partners to develop new programs. Suggestion: Keep in Goal 1.2.</p>	<p>1. Work with community partners to develop new programs. Suggestion</p>
<p>2. Build coalitions with tribal, local, county, state, & federal entities and private/government grantors to expand services.</p> <p>4. Continue working with other parts of IHS and other HHS agencies on the opportunities for UIOs to advance health care goals and initiatives and work with these agencies to facilitate UIO involvement in these goals and initiatives, as authorized, including access to funding and other resources.</p> <p>5. Increase partnerships or engagements with sister agencies to work with tribes.</p> <p>9. Work collaboratively with other IHS offices (e.g., the Loan Repayment Program) and HHS agencies (e.g., SAMHSA, HRSA, etc.) where missions, goals, and authorities overlap.</p> <p>17. Coordinate with other federal agencies to ensure a comprehensive response from Indian Country to the Opioid crisis.</p>	<p>Reword: Collaboration between parts of IHS and other HHS agencies on the opportunities for I/T/U institutions to expand services and advance health care goals and initiatives and work with these agencies to facilitate I/T/Us involvement in these goals and initiatives. Combined strategies 2, 4, 5, 9 and 17. Suggestion: Keep in Goal 1.2</p>	<p>2. Promote collaborations between IHS, other Federal agencies, Tribes and Tribal organizations to expand services, streamline functions and funding, and advance health care goals and initiatives.</p>
<p>6. Work with other agencies such as HUD to develop housing.</p>	<p>Suggestion was to combine with strategy 9, however this is in relation to other agencies not under HHS. Suggestion to leave as a separate strategy and keep in Goal 1.2</p>	<p>3. Work with other agencies such as HUD to develop housing.</p>
<p>7. Collaborate with Tribes to increase access to quality health prevention programs.</p> <p>11. Employ community based health programs and intervention within Tribal communities.</p> <p>15. Support efforts to develop and interpret community health needs assessments.</p>	<p>Reword: Collaborate with tribes to develop community based health programs and interventions to increase access to quality health prevention programs. Combined strategies 7, 11 and 15. Suggestion: Keep in Goal 1.2</p>	<p>4. Collaborate with tribes in the development of community based health programs including health promotion and disease prevention programs and interventions that will increase access to quality health prevention programs.</p>
<p>12. Provide more cooperative funding, or funding that can work in partnership with private funding.</p>	<p>Suggestion: Keep in Goal 1.2</p>	<p>5. Provide more cooperative funding, or funding that can work in partnership with private funding.</p>
<p>13. Support UIO efforts to build partnerships with Tribes.</p>	<p>Suggestion: Keep in Goal 1.2</p>	<p>6. Support UIO efforts to build partnerships with Tribes.</p>

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2. 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	2. Moved from Goal 1.1	7. 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.
18. Develop a community feedback system/program where community members can provide suggestions regarding services required. Suggestion: Move to Goal 1.2	18. Moved from Goal 1.1	8. Develop a community feedback system/program where community members can provide suggestions regarding services required and received.
19. Enhance IHS HR infrastructure so they can efficiently process electronic applications.	19. Moved from Goal 3.3	9. Enhance and streamline IHS HR infrastructure to hire exceptional personnel.

Goal 1 Objective 3

Proposed Strategy	Summary	Final Strategy
<p>2. Support prevention to lower longer-term disease and costs Importance of prevention.</p> <p>3. Support a broad agenda for addressing public health in Indian Country.</p> <p>9. Access to quality healthcare services to include access to preventive health services like increased access to interactive or individual culturally appropriate physical activity.</p> <p>12. Include family-based, comprehensive, safe and preventive health care services.</p> <p>22. Address Opioid funding issues especially for children.</p>	<p>Develop and support a system to increase access to preventive care services and quality health care in Indian Country. Combined strategies 2,3,9,12 and 22. Suggestion: Keep in Goal 1.3</p>	<p>1. Develop and support a system to increase access to preventive care services and quality health care in Indian Country.</p>
<p>5. Improve access to high quality health care services both within the agency and in the private sector.</p> <p>6. Increase access to quality community and direct/specialty care health services.</p> <p>7. Address health service issues for very small tribes.</p> <p>10. Include long-term care and inpatient treatment.</p> <p>11. Include long term care in services provided by IHS and where tribes can accept a seamless hand off of these services for continuity.</p> <p>20. Increase the number of inter-tribal rehabilitations, so that individuals can be healed in different communities, away from familiar faces and places.</p>	<p>Increase access to quality community, direct/specialty, long-term aftercare and referred health care services and identify barriers to care for tribal communities. Combined strategies 5, 6,7, 10, 11 and 20. Suggestion: Keep in Goal 1.3. Move from Goal 2.2 and combine with strategy 11.</p>	<p>2. Increase access to quality community, direct/specialty, long-term aftercare and referred health care services and identify barriers to care for tribal communities.</p>

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<p>11. Improve access for providing specialty health care services, i.e., oncology.</p>		
<p>8. Incorporate a true equity factor in resource allocation. 13. Incorporate a true equity factor in resource allocation where Tribes can also benefit. 14. Revise policies to ensure tribes have equal access to care and IHS works effectively at the local level.</p>	<p>Review and incorporate a resource allocation structure to ensure equity among Tribes. Combined strategies 8, 13 and 14. Suggestion: Keep in Goal 1.3</p>	<p>3. In consultation with tribes, review and incorporate a resource allocation structure to ensure equity among Tribes.</p>
<p>16. Increase the construction of state of the art healthcare facilities to increase the access to quality health care services. 23. Include adequate space and technological requirements of facilities.</p>	<p>In consultation with tribes, increase the construction of state of the art healthcare facilities to increase the access to quality health care services. Combined strategies 16 and 23. Suggestion: Keep in Goal 1.3</p>	<p>4. In consultation with tribes, increase the construction of state of the art healthcare facilities to increase the access to quality health care services.</p>
<p>19. Include environmental health programs in all areas where quality health care is provided. 26. Provide health care, environmental engineering, environmental health, and health facilities engineering services in response to disasters (strategy 26 which was voted as a charter by workgroup)</p>	<p>Develop and execute a coordinated plan (including health care, environmental engineering, environmental health and health facilities engineering services) in response to disasters. Combined strategy 19 and charter 26. Suggestion: Keep in Goal 1.3</p>	<p>5. Develop and execute a coordinated plan (including health care, environmental engineering, environmental health and health facilities engineering services) in response to disasters.</p>
<p>21. Expand urban programs to cities not currently served to address needs of large number of AI/AN not living on reservations or in existing service units.</p>	<p>Develop and expand programs in locations where AI/AN have no access to quality health care services. Suggestion: Keep in Goal 1.3</p>	<p>6. Develop and expand programs in locations where AI/AN have no access to quality health care services.</p>
<p>24. Include tribal medicine in supported services. 3. Incorporate Native culture as part of existing health and wellness programs.</p>	<p>Incorporate native culture and tribal medicine in existing health and wellness programs. Combined strategy 24 and Goal 1.2 strategy 3. Suggestion: Keep in Goal 1.3</p>	<p>7. Incorporate native culture and tribal medicine in existing health and wellness programs.</p>
<p>31. Reduce oral health disparities in the AI/AN population.</p>	<p>No suggestion for strategy wording. Included proposed charters as voted by workgroup. Suggestion: Keep in Goal 1.3</p>	<p>8. Reduce oral health disparities in the AI/AN population.</p>
<p>32. Improve team effectiveness in the care setting (TeamSTEPPS and Relationship Based Care) to optimize patient flow and efficiency of care delivery.</p>	<p>Suggestion: Keep in Goal 1.3</p>	<p>9. Improve team effectiveness in the care setting to optimize patient flow and efficiency of care delivery.</p>
<p>33. Improve the ability to account for complexity of care for each patient to</p>	<p>Suggestion: Keep in Goal 1.3</p>	<p>10. Improve the ability to account for complexity of care</p>

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gauge provider productivity more accurately (e.g. implement Relative Value Units (RVUs) and profession-specific equivalent measures).		for each patient to gauge provider productivity more accurately (e.g. implement Relative Value Units (RVUs) and profession-specific equivalent measures).
14. Establish an ongoing process to identify and prioritize challenges that limit access to health care by Urban Indians and develop strategies to overcome or mitigate challenges.	Suggestion: Moved from Goal 1.2	11. Establish an ongoing process to identify and prioritize challenges that limit access to health care by Urban Indians and develop strategies to overcome or mitigate challenges.
5. Expand and standardize telehealth and telemedicine. 9. Increase access through in-person, telemedicine, and funding opportunities to clients.	Reword: Develop a program to expand, standardize and increase access to health care through telemedicine. Moved from Goal 2.2	12. Develop a program to expand, standardize and increase access to health care through telemedicine.
22. Hold staff and management accountable to outcomes and customer service through satisfaction surveys.	Moved from Goal 2.2	13. Hold staff and management accountable to outcomes and customer service through satisfaction surveys.
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.	Suggestion: Keep in Goal 1.1	14. Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties.

Next Steps

- Members were asked to email their recommendations for the three strategies that were not agreed upon during the meeting.
- The next workgroup meeting will be held on February 1, 2018.

Homework:

- There are two homework assignments:
 - Rank the mission and vision statements: workgroup members will rank their top three choices for the proposed mission and vision statements.
 - Rank strategies for importance and impact by goal and objective.

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Meeting Attendees

Workgroup Members

Name (last, first)

Clay, Tamara	IHS-OTSG
Fox, Lanie	IHS-AKA
Jung, Paul	IHS-OHR
Malerba, Marilyn "Lynn"	TSGAC-NAS
Whitehorn, Steven	IHS-OCPS

Other Attendees

Name (last, first)

Boney, Melissa	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