

Indian Health Service (IHS)

IHS Strategic Plan 2018-2022

Workgroup Meeting 5 Summary – Goal 2

January 17, 2018

1:00pm-2:30pm 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 2 Objective 1

Proposed Strategy	Summary	Workgroup Recommendation
10. Measure performance throughout the IHS with targets and quality data.	Reword: Standardize quality metrics across the IHS and use results to share information on best practices, performance trends, and identification of emerging needs.	Agree with Reword in column E.
11. Provide evidence-based specialty and prevention care that reduces incidence of the leading causes of death.	Reword: Provide evidence-based specialty and prevention care that reduces the incidence of the leading causes of death for AI/AN. Move to 2.2	REWORD: "Provide evidence-based specialty and preventive care that reduces the incidence of the leading causes of death for AI/AN." AND MOVE to 1.3
30. Adopt the Model for Improvement as the standard process for quality improvement activities across the IHS for all staff at all levels of the organization.	No change to wording.	Agree with "no change to wording." Comment: "I am saying yes but leadership will need to decide if that is going to be the only model. If it's proprietary to a vendor I recommend we make it more vague."
31. Adopt processes and models that support high-reliability care delivery and learning systems	Reword from Meeting #3: Employ a clinical process improvement model across the IHS.	REWORD: "Adopt the Model of Improvement in all clinical, public health, and administrative activities in the Indian health system."
12. Employ core competencies for providers to implement quality standards across the IHS. 25. Develop, publish and measure standards of provider productivity to improve the quality and efficiency of health services.	Reword: Develop and provide standards of care to improve quality and efficiency of health services across IHS. Combined strategies 12 and 25. Moved from Goal 1.1	Agree with Column E.
1. Promote excellence and quality of care through innovative programs. 4. Promote excellence and quality of care through innovative, culturally appropriate programs.	Promote excellence and quality of care through innovative, culturally appropriate programs. Combined strategies 1 and 4. Moved from Goal 2.1	Agree with Column E.
25. Implement and report quality measures, to include customer feedback, at all facets of the patient care cycle.	Reword: Improve the quality of data collected regarding health care services and program outcomes. Moved from Goal 3.3	Agree with Column E.

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Goal 2 Objective 2

Proposed Strategy	Summary	Workgroup Recommendation
<p>1. Expand access to specialty culturally appropriate services.</p> <p>18. Operationalize culturally appropriate services.</p> <p>20. Improve oversight/training of clinical staff to improve communication between providers and those they serve.</p> <p>21. Develop a culturally based service standards for deployment across the IHS.</p>	<p>Reword: Develop and operationalize culturally appropriate services across the IHS. Combine Strategies 1, 18, 20 and 21. 20 is recommended as a charter. Recommend not moving. Care that takes AI/AN culture into consideration meets intent of objective. 1.3 is more clinically related.</p>	<p>REWORD: "Develop and implement culturally appropriate health care services across the IHS." Workgroup vote was split 50/50. OPHS will need to revise.</p>
<p>2. Train all employees across the IHS System on the quality improvement model.</p>	<p>Keep as written. Move to 2.1</p>	<p>Agree with Column E.</p>
<p>3. Increase capacity to provide person-centered care by promoting geriatric-competent, disability-competent, and culturally –competent care, and by providing technical training and assistance to disseminate promising practices.</p> <p>5. Expand and standardize telehealth and telemedicine.</p> <p>9. Increase access through in-person, telemedicine, and funding opportunities to clients.</p>	<p>Reword: Explore and expand innovative health care delivery programs and disseminate best practices. Components of 3,5,9 combined into one strategy. Move 5 & 9 to 1.3</p>	<p>MOVE to 1.3. REWORD will be determined by Goal 1 Workgroup. Members are encouraged to submit revisions to OPHS.</p>
<p>6. Expand integration of behavioral health into primary care.</p> <p>7. Increase prevention services for alcohol related injuries.</p> <p>10. Promote and implement models that integrate primary care, acute care, behavioral health care and long-terms services and supports.</p>	<p>Reword: Promote and implement models of care that integrate primary care and behavioral health care; and, prevention services. Combine Strategies 6, 7, 10. Recommend not moving 7&10.</p>	<p>REWORD: "Promote the total health integration within a continuum of care that integrates acute, primary, behavioral, and preventive healthcare."</p>
<p>11. Improve access for providing specialty health care services, i.e., oncology.</p>	<p>Move 11 to 1.3.</p>	<p>Agree with Column E.</p>
<p>8. Expand on environmental determinants of health, trauma informed care and social determinates of health to gage healthy living.</p>	<p>Reword: Expand/Explore environmental and social determinants of health.</p>	<p>NO Agreement on Column E</p>
<p>12. Promote behavioral health integration throughout the healthcare delivery system.</p>	<p>Delete</p>	<p>Agree with Column E.</p>
<p>13. Implement trauma-informed care best practices across the healthcare delivery system.</p> <p>17. Include recognition of impact of historical trauma in service delivery.</p> <p>23. Address impact of historical trauma in service delivery - conduct empirical research to collect this data</p>	<p>Reword: Identify and implement trauma-informed care best practices across the IHS. Combine Strategies 13, 17 and 23. Recommendation: Do not move, activities associated with 17 and 23 may be</p>	<p>NO Agreement on Column E</p>

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Proposed Strategy	Summary	Workgroup Recommendation
	captured in charter activities.	
<p>14. Leverage capabilities of the IHS, other Federal agencies, the Cooperative Agreement awardee, and the Urban Indian community.</p> <p>15. 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>16. Collaborate with tribes to develop Health Promotion Disease Prevention community based programs.</p> <p>19. Expand partnerships with Federal, state, local, tribal and other stakeholders to reduce injuries and violence.</p> <p>16. Learn and focus improvement from existing tribal programs that are deemed effective in providing health care services.</p>	<p>Work collaboratively with IHS, Federal, State and Tribal programs to improve health care. Combine Strategies 14, 15, 16, 16 and 19. Recommend not moving. These activities would contribute to objective.</p>	<p>NO Agreement on Column E. Comment add "and other stakeholders." REWORD: Work collaboratively with IHS, Federal, State, Tribal programs and other stakeholders to strengthen both interagency and interagency collaboration to leverage capabilities for increased quality clinical, public health, and administrative functions to improve health care.</p>
<p>22. Hold staff and management accountable to outcomes and customer service through satisfaction surveys.</p>	Move to 1.3	<p>Agree with Column E. Comment: add "through customer satisfaction surveys."</p>
<p>6. Improve the quality of data collected regarding health care services and program outcomes.</p>	Duplicative recommendation to delete. See 25 in 2.1	<p>Agree with Column E.</p>
<p>11. Provide evidence-based specialty and prevention care that reduces the incidence of the leading causes of death for AI/AN. Move to 2.2</p>	Moved from 2.1	<p>Agree with Column E.</p>

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)

Galindo, Minette

Johnston, Jeffrey

Nichols, Kasie

Ortiz, Raho

IHS-OCPS

IHS-OMS

TSGAC-OKC

IHS-OUIHP

Other Attendees

Name (last, first)

Boney, Melissa

Frazier, CAPT Francis

Gyekye-Kusi, Akosua

Pittman, Robert

Robinson, Gene

Salvon-Harman, CAPT Jeff

Vogel, Lucie

IHS-OPHS

IHS-OPHS

IHS-OPHS

IHS-OPHS

IHS-OPHS

IHS-OD

IHS-OPHS