



Indian Health Service

Fiscal Year 2011 Accomplishments

1. Renew and Strengthen our Partnership with Tribes

- IHS' partnership with Tribes is fundamental to improving the health of the communities it serves and IHS has consulted with Tribes in various formats and has made improvements based on their priority recommendations.
- IHS has implemented improvements in consultation at the national level, consulted on a variety of Tribal priorities, held over 350 Tribal delegation meetings to date and held Tribal listening sessions by phone, videoconference or in person with all 12 IHS Areas each year. IHS meets regularly with Tribal advisory groups and workgroups, attended Tribal meetings and conferences.
- IHS established a new Tribal consultation website to post all letters sent to Tribes.
- IHS has been working on Area and local improvements in consultation and partnership.
- Tribal consultation is fundamental to the IHS budget formulation process and each year IHS incorporates Tribal priorities into its budget requests.
- IHS held its first Tribal Consultation Summit in July 2011 where Tribes could learn about current consultation activities in a “one stop shop” event as recommended by Tribes. Two Tribal Consultation Summits are planned for FY2012 (March 13-14, 2012 in Arlington VA; July, 2012 in Denver, CO).

2. Reform the IHS

- IHS continues to receive budget increases, indicating continued strong support of IHS by this administration and Congress.
- IHS is also making progress on reforming the IHS with an emphasis on improving the way it does business and how it leads and manages its staff. Setting a strong tone at the top for change and improvement, improving financial management, making business operations more consistent, efficient and effective,

and improving performance management and accountability have brought needed changes at all levels of the agency.

- IHS made significant improvements in how it manages and monitors budgets by improving IHS Area Offices and service unit budget management, returning third-party collections to the IHS facility of origin, regularly monitoring performance targets, and making improvements in the use of the Unified Financial Management System, which is IHS' accounting system. As a result, IHS was able to demonstrate its best performance ever as a part of the 2011 HHS CFO audit.
- IHS reduced its average hiring time from 140 days to 81 days by making improvements in the processes it uses to hire employees.
- IHS continued its work to address the issues that were raised in the Senate Committee on Indian Affairs Investigation of the Aberdeen Area and the corrective actions that were implemented are resulting in improvements. Pre-employment suitability assessments and background checks are being conducted, providers are required to be credentialed and privileged to provide care, the use of administrative leave has decreased, pharmacy security has improved and financial management has improved.
- IHS is conducting reviews of all IHS Areas to ensure the issues identified by the Senate Committee on Indian Affairs are not occurring elsewhere. So far, IHS has completed reviews of seven IHS Areas.
- Improvements in the EEO program in the Aberdeen Area, in collaboration with IHS headquarters, resulted in a reduction in EEO complaints by 50 percent.
- IHS has also been working on improving pay disparities in selected healthcare provider positions to help with recruitment efforts.
- The CHS budget has increased 46 percent since 2008; as a result some CHS programs are able to pay for more than priority-one referrals and services. While the overall need is still significant, the increases are making a difference. With this 46 percent increase in funding, an additional 7,400 inpatient admissions, 278,000 outpatient visits and 10,000 one way transportations have been purchased.
- IHS has negotiated lower rates with the Fiscal Intermediary (FI) that pays the claims for health services provided in the private sector programs. By reducing the rates from \$30.31 to \$28.00 per claim, the IHS estimates it will save over \$997,000 based on the estimated 468,000 claims processed in FY 2011.
- The IHS Director's Workgroup for Improving CHS has recommended specific activities to improve the business of the CHS Program, to better estimate the need, and to provide better education about the program to staff, Tribes, patients and outside providers. IHS is also notifying outside providers that they cannot hold patients responsible for medical bills when the referral is approved by IHS for payment and is working with outside providers to ensure better coordination of referrals and their payment.
- IHS developed a table summarizing current progress on implementing the permanent reauthorization of the Indian Health Care Improvement Act.

- IHS funded national and regional Indian health organizations/boards to help with outreach and education on the new benefits of the Affordable Care Act.

3. Improve the Quality of and Access to Care

- IHS and Tribal programs met all the clinical GPRA targets in FY2011 for the first time, demonstrating that with strong teamwork and focus, improvements can be made.
- Several GPRA measures have demonstrated significant increases from 2008 to 2011, as follows:
 - 12,606 additional diabetic patients received nephropathy assessments for a relative 26% increase.
 - Dental sealants placed have increased by 35,686 for a relative 15% increase.
 - 24,860 additional patients were screened for colorectal cancer for a 57% relative increase.
 - 23,585 additional smokers received tobacco cessation intervention for a relative increase of 54%.
 - 132,161 additional patients were screened for depression for a relative increase of 66%.
- The GPRA measure for cardiovascular disease (CVD) is a comprehensive assessment for five CVD-related risk factors (blood pressure, LDL, tobacco use, BMI, and lifestyle counseling).
 - 4,767 additional patients were screened for a 48% relative increase.
 - An additional 5,269 women received mammography screening for a relative 23% increase.
- IHS was the first large federal system to achieve certification of its electronic health record (EHR), thus enabling facilities to register to receive HER incentive payments for meaningful use.
- IHS obligated 100 percent of its Recovery Act funding on time and many patients are benefiting from new equipment, health care facility construction and renovations, sanitation facility construction and information technology improvements.
- An IHS team was awarded as a Secretary's pick for the *HHSInnovates Awards* for its Influenza Awareness System.
- The IHS Director established a new Director's Award for Customer Service and awarded 19 individual and team recipients from IHS and Tribal programs.
- The Improving Patient Care (IPC) Program, IHS' patient centered medical home initiative, has expanded to 90 sites in the Indian health system and IHS plans to expand this initiative throughout its system.
- The Special Diabetes Program for Indians (SDPI) continues its successful activities to prevent and treat diabetes. The grantees have shown that in partnership with communities, they can reduce diabetes and cardiovascular disease risk factors in Indian country with innovative and culturally appropriate activities. For example, the Diabetes Prevention Program, designed as a demonstration project to translate research findings into real world settings, achieved the same level of weight loss as the original Diabetes Prevention Program Research study funded by the National Institutes of Health. The SDPI is authorized through 2013.
- IHS' Methamphetamine and Suicide Prevention Initiative is reporting some impressive accomplishments. During the first year of this congressionally-funded initiative:

- - 4,370 individuals were identified with a methamphetamine disorder;
 - - 1,240 people entered a methamphetamine treatment program;
 - - Over 4,000 people participated in suicide prevention activities;
 - - 42,895 youth participated in prevention or intervention programs; and
 - - 647 people were trained in suicide crisis response.
- In 2011, IHS' Domestic Violence Prevention Initiative's accomplishments include:
 - - Developed 21 interdisciplinary Sexual Assault Response Teams;
 - - Served over 2,100 victims of domestic violence and/or sexual assault;
 - - Screened over 9,100 patients for domestic violence;
 - - Made over 3,300 referrals for mostly domestic violence services;
 - - Reached nearly 9,500 community members through community and educational events; and
 - - Provided 37 trainings events for approximately 442 participants on domestic violence, mandated - reporting for abuse, child maltreatment, dating violence, and bullying. -
 - IHS established its first Sexual Assault Treatment Policy under the authority of the reauthorization of the Indian Health Care Improvement Act and the Tribal Law and Order Act.
 - IHS Health Care Facilities Construction (HCFC) funding has increased by 132 percent since FY 2008 and is helping complete the hospital in Barrow, AK, continue construction in Kayenta and San Carlos, AZ, and begin the design of the Southern California Youth Regional Treatment Center. Recovery Act funds have helped complete health care facilities in Eagle Butte, South Dakota last year and Nome, Alaska this year.
 - IHS is implementing its Memorandum of Understanding with the Department of Veterans Affairs (VA) and working with Tribes at the Area and local levels to help improve coordination of care for Native veterans.
 - IHS' collaboration with the Health Resources and Services Administration has resulted in designations of all 490 IHS, Tribal, and urban Indian health sites as eligible for the National Health Service Corps loan repayment and scholarship programs and 221 additional providers working in Indian health sites.

4. Make all our work transparent, accountable, fair and inclusive

- The IHS Director's Blog has become an important source of information for Tribes, employees, and other stakeholders with approximately 35,000 hits in the past year.
- The principles of transparency, accountability, fairness and inclusiveness guide IHS' work and decision-making. The decisions made need to benefit all the patients IHS serves, whether they are served by direct service, Tribally-managed or urban Indian health programs.
- The IHS performance management system has more specific, measurable elements that are based on the agency priorities and which help ensure accountability for improving the organization and have resulted in better outcomes.

These improvements and accomplishments are a result of IHS' overall work to change and improve the agency in partnership with Tribes. For updates, visit the IHS website at www.ihs.gov.