



NOV 15 2016

Indian Health Service  
Rockville MD 20857

Dear Tribal Leader and Urban Indian Organization Leader:

On October 5, I shared a proposed realignment of Indian Health Service (IHS or Agency) Headquarters and opened a 30-day comment period to seek national input from Tribes, Tribal organizations, and urban Indian organizations. On October 12, I provided updates to my October 5 letter.

As stated in these earlier letters, this realignment is a response to issues raised by Congress, the Office of Inspector General, and the Government Accountability Office. As reflected in these reports and Congressional testimony, IHS is facing quality of care challenges and severe workforce challenges. The issues facing the Great Plains Area, of course, have received much attention. Many of these issues are systemic issues that affect not simply the Great Plains Area but all 12 IHS Areas – including, most acutely, the ability to recruit and retain staff.

This realignment has two areas of focus: 1) strengthening the structure to support priorities like workforce and 2) strengthening how we engage the work of IHS regarding priorities. As many of you know, we held a World Café in Phoenix, Arizona on October 9 with our Tribal partners to brainstorm ideas to transform American Indian and Alaska Native health care systems by generating ideas to recruit and retain medical and non-medical staff both in the short- and long-term. A copy of the World Café Summary Report is available on the IHS Web site: [https://www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/2016\\_Letters/56433-1SummaryReportWorldCafeWorkforceChallenges10312016.pdf](https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2016_Letters/56433-1SummaryReportWorldCafeWorkforceChallenges10312016.pdf).

This proposed realignment dovetails with this session by creating a new position at IHS Headquarters to focus on long-term workforce development by working on a number of fronts, such as improving our scholarship and loan repayment program and creating partnerships with Tribal colleges, universities, and medical schools. In addition, we have developed a position at Headquarters to oversee and improve hospital management across IHS, which will ensure hospital Chief Executive Officers Agency-wide have the resources and tools necessary for managing hospital operations effectively, apply best practices, and ensure compliance with established standards.

In the nine months that I have served as Principal Deputy Director, I have focused on creating a culture of leadership, accountability and quality. This proposed realignment continues this work by creating clear lines of authority at IHS Headquarters. The proposed realignment seeks to make adjustments at IHS Headquarters only and to structure our organizational chart to reflect that we are a modern health care system, to improve accountability for IHS staff, and to improve quality care for the patients we serve.

Just as important as what we intend to achieve with this realignment is what is not encompassed in this realignment. I want to be clear: this realignment does not change the structure of any of the IHS Area Offices or any relationship between our Tribal partners and their respective Area

Offices. In addition, I want to reiterate that this proposed realignment does not affect Tribal shares in any way. Headquarters Tribal shares tables will not be changed in any way.

To date, we have received 14 letters providing input in writing on the proposed realignment from Tribes, Tribal organizations, urban Indian organizations, Tribal advisory committees, and health boards. Copies of these letters are attached. I have heard from Tribes in other forums as well such as during the in-person session held prior to the National Congress of American Indians' annual convention in Phoenix, Arizona, and during the United South and Eastern Tribes, Inc. meeting in Cherokee, North Carolina. Although some commenters shared that this proposal is a positive step to better articulate the roles and responsibilities of the offices and others recommended specific revisions, several commenters requested an extension to the comment period in order to have additional time to review the proposal.

We value the government-to-government relationship at IHS and the input of our Tribal partners. We also honor our consultation policy. Partnership with our tribal partners is essential to create positive, sustainable improvements at IHS. We value every comment received.

Therefore, in light of the comments and concerns expressed to date and to be responsive to our Tribal partners in keeping with the IHS consultation policy, I have decided to extend the comment period until **Friday, January 13, 2017**.

To ensure multiple opportunities to obtain input, IHS will hold national conference calls to seek further input, discuss the proposed realignment, and answer any questions you may have on the following dates:

**Monday, November 21, 2016**

3:00 – 4:30 p.m. (Eastern)

Dial-in: (800) 857-2499

Participant Passcode: 3720279

**Wednesday, November 30, 2016**

3:00 – 4:30 p.m. (Eastern)

Dial-in: (800) 857-2499

Participant Passcode: 3720279

**Monday, December 12, 2016**

3:00 – 4:30 p.m. (Eastern)

Dial-in: (800) 857-2499

Participant Passcode: 3720279

The IHS appreciates all of the initial comments and recommendations submitted to date. One such recommendation that I would like to highlight is a recommendation to expand the services and functions assigned to the Associate Director of Health Care Workforce Development. IHS is

hopeful that this elevated focus on workforce development will fulfill achievements greater than what is set forth in the previous iterations of the functional statement and demonstrate the commitment of IHS to this important goal. Another recommendation is to establish a separate office focused on revenue enhancement. As proposed in the realignment, the business office functions are combined with the financial accounts receivable functions, but I can agree that the business office functions are critical for supporting additional resources for service units and are broader than typical accounts receivable activities.

Please provide your written comments as instructed below. Thank you for your support and partnership. I look forward to hearing your input on the proposed realignment of IHS Headquarters.

Sincerely,

/Mary Smith/

Mary Smith  
Principal Deputy Director

Enclosure

Please send your comments by e-mail to:	<a href="mailto:consultation@ihs.gov">consultation@ihs.gov</a> Subject line: Headquarters Realignment
Send comments by postal mail to:	Ms. Elizabeth Fowler Deputy Director for Management Operations Indian Health Service 5600 Fishers Lane Mail Stop: 08E53 Rockville, MD 20857 ATTN: Headquarters Realignment