



DEC 27 2016

Dear Tribal and Urban Indian Organization Leader:

At the Indian Health Service (IHS), we are committed to making meaningful and measurable progress to improve the health and well-being of all American Indians and Alaska Natives. It is not business as usual. It is not simply pointing out challenges, but focusing on solutions and about how we have been entrusted with providing access to health care for American Indians and Alaska Natives. We must work together to tackle these issues to make sustainable improvements so that we can move toward solving the longstanding systemic issues and deliver the level of quality care that our patients deserve.

As 2016 comes to a close, it is an appropriate time to pause to reflect on the past year as well as to position the IHS for the future. I would like to begin by acknowledging the incredible working partnership we have fostered among Tribal and Urban Indian Organization leaders, particularly, the Direct Service Tribes Advisory Committee, and Tribal Self-Governance Advisory Committee, in addition to the Department of Health and Human Services (HHS) Secretary's Tribal Advisory Committee. I also want to thank the Tribal organizations that help to support our mission at the IHS, including all the regional health boards, the Self-Governance Communication and Education, the National Council of Urban Indian Health, the National Indian Health Board (NIHB), the National Congress of American Indians, and many others.

At the outset, I extend my thanks and gratitude to the many dedicated staff and providers we have at the IHS. They work under difficult conditions to deliver care in some of the poorest and most remote areas of our country.

Over the past several years, the IHS has encountered severe operational and staffing challenges with a number of our Direct Service facilities across the country. Challenges not unlike those shared by other health care systems that provide care in rural communities such as nursing and provider shortages. And, unfortunately, these challenges did not occur overnight—but are longstanding and systemic. The IHS welcomes the attention prompted by these challenges as well as the momentum that has been spurred for lasting quality improvements at these facilities. In addition, the IHS fostered significant support across the HHS to assist us in creating a culture of quality, leadership and accountability. For example, the IHS actively participates on the HHS Executive Council on Quality Health Care to seek assistance to address and discuss solutions to overcome our challenges.

Yet while our challenges are daunting, the IHS remains committed to fulfilling our mission and creating a culture of quality, leadership and accountability. In the 10 months since I was asked to lead the IHS, I aggressively moved toward this goal. I have met with Tribal and Urban Leaders and heard your concerns first-hand. I have also visited a host of Tribal, Urban and Federal facilities, to meet with staff and leadership about how we can make sustainable improvements throughout the IHS delivery system now and for the future.

This year, we began executing an aggressive strategy to improve the quality of care at IHS hospitals across the country. I have enclosed a document entitled, “*Quality and Service Improvements at the Indian Health Service: Calendar Year 2016*,” which lists some of the major actions taken over the past 10 months. This document is available on the IHS website at: [https://www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/2016\\_Letters/QualityAndServiceImprovementsAtIHSCalendarYear2016.pdf](https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2016_Letters/QualityAndServiceImprovementsAtIHSCalendarYear2016.pdf). Some of the most noteworthy highlights are as follows:

### **Quality Improvement**

- The IHS announced its 2016-2017 Quality Framework, available on the IHS website at: <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/new-quality-framework-to-guide-delivery-of-care-at-indian-health-service/>, which outlines how the IHS will develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, high quality health care at IHS-operated Direct Service facilities.
- Twenty-five IHS hospitals were included in a nationwide Centers for Medicare & Medicaid Services Hospital Improvement and Innovation Networks contract for public and private sector hospitals to reduce adverse events by 20 percent and hospital readmissions by 12 percent. More information and examples can be found on the IHS website at: <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/cms-and-indian-health-service-expand-collaboration-to-improve-health-care-in-hospitals/>.

### **Strengthening Workforce, Staffing, and Leadership Development**

- The IHS, in collaboration with our Tribal partners and the HHS Executive Council on Quality Care, will continue to work aggressively to address these workforce challenges. For instance, the IHS has proposed a realignment of IHS Headquarters that creates a new position that will focus on long-term workforce development, such as improving the IHS scholarship and loan repayment program, and creating partnerships with colleges and universities, Tribal colleges, and medical schools. This realignment proposal is currently out for Tribal consultation through January 13, 2017. For more information, see [https://www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/document/s/2016\\_Letters/DTLLSigned111516.pdf](https://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/document/s/2016_Letters/DTLLSigned111516.pdf).
- The IHS has already begun to evaluate the impact of its scholarship and loan repayment program, and soon intends to make some important announcements regarding the scholarship and loan repayment program that will maximize their effectiveness and work to transform these programs.

## **Innovation and Telemedicine**

- In September 2016, the IHS awarded a contract that will provide telemedicine services to approximately 130,000 American Indians and Alaska Natives in the Great Plains Area Service Units. Building on IHS strengths in information technology and electronic health records, this new effort in IHS telehealth expands access to care, particularly specialty care, which may be difficult to find in rural areas. This telemedicine initiative is an important step in expanding access to care for patients, who will receive specialized care nearer to home instead of travelling long distances to see a specialist. For more information, see <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/indian-health-service-awards-6-8-million-telemedicine-services-contract-to-avera-health/>.

## **Behavioral Health Services**

- Another top priority is the need to address the behavioral health issues affecting American Indians and Alaska Natives. The tremendous costs of alcohol and drug abuse – both personal and economic – are enormous in Native communities. While we have data for our Nation overall, examining the true costs and effects of alcohol and illicit and nonmedical prescription drug use for Native communities is challenging. Although we do not have a comprehensive study on the scope and costs of alcohol and drug abuse for Native communities, we know in our minds – and, more importantly our hearts – that the costs are enormous. The costs to family, friendships, and children, and the devastating grief, depression, and sadness that accompany these issues. Earlier this month, the Substance Abuse and Mental Health Services Administration, the IHS, and the NIHB announced the national Tribal Behavioral Health Agenda. This first-of-its-kind, collaborative, Tribal/Federal blueprint highlights the extent to which behavioral health challenges affect Native communities, in addition to strategies and priorities to reduce these problems and improve the behavioral health of American Indians and Alaska Natives. More information can be found on the IHS website: <https://www.ihs.gov/newsroom/index.cfm/announcements/2016announcements/tribal-behavioral-health-agenda/>.
- Also in December, the IHS and the U.S. Department of the Interior's Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE) entered into an Interagency Agreement that will increase access to mental and behavioral health services, such as mental health assessment and counseling services, for students attending BIE schools and youth detained in BIA Office of Justice Services facilities. For more information, see <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/indian-health-service-partners-with-bureau-of-indian-affairs-and-bureau-of-indian-education-to-increase-access-to-behavioral-health-services-for-native-youth/>.

### **Expanding Health Coverage and Health Care Services**

- At the IHS, we are committed to improving access to quality health care, and we have worked to improve access in several important ways. In July, the IHS launched a new Medicare and Medicaid pilot project at six locations to maximize enrollment for both Medicaid and Medicare with the goal to identify best practices that can be used across the IHS, Tribal and Urban Indian health care system. See <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/ihs-launches-medicaid-and-medicare-enrollment-pilot-at-six-facilities/>.
- The IHS also initiated a Tribal consultation to expand its community health aide program. Partnership and collaboration are part of our ongoing work to deliver quality health care to patients. Increased access to care is a top priority, which is why the IHS engaged in Tribal consultation with Tribal leaders on this proposed expansion. Community health aides are proven partners, and this important proposed change would bring more health workers directly into American Indian and Alaska Native communities. The IHS is currently compiling comments on this consultation. For more information, see <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/ihs-initiates-tribal-consultation-on-draft-policy-to-expand-community-health-aide-program/>.

### **Promoting Tribal Self-Determination and Self-Governance**

- Since 1975, the IHS has entered agreements with Tribes and Tribal organizations to plan, conduct, and administer programs authorized by Titles I and V of the Indian Self-Determination and Education Assistance Act (ISDEAA). In 2016, the IHS transferred over \$2.7 billion of the Agency's appropriation to Tribes and Tribal Organizations through Title I contracts and Title V compacts:
  - Under Title I, there are 234 Tribes and Tribal organizations operating 275 contracts and 351 annual funding agreements, which comprise approximately \$980 million.
  - Under Title V, the IHS Tribal Self-Governance Program reached a major milestone this year with Self-Governance activities in all 12 IHS Areas. The IHS now has 94 Self-Governance compacts and 118 funding agreements; through which \$1.8 billion of the IHS budget is transferred to Tribes and Tribal organizations. Sixty-two percent of federally recognized Tribes participate in Title V.
- In October 2016, the IHS released an updated IHS policy on contract support costs (CSC). This has been a high priority goal for both the IHS and Tribes. The policy is published in the *IHS Indian Health Manual* at Part 6, Chapter 3. This major

accomplishment derived from the dedicated work of the CSC Workgroup, comprised of Tribal leaders and IHS staff, and was the first update to the policy in 10 years. The new policy clarifies and improves processes and will guide Tribes and the IHS in the preparation, negotiation, determination, payment and reconciliation of CSC funding transferred to Tribes, in accordance with the ISDEAA. This policy underscores IHS's commitment to providing clear, effective, transparent communication about the resources that Tribes can expect when choosing to assume responsibility for providing health services to their Tribal members. For more information, please visit the IHS website at: <https://www.ihs.gov/newsroom/pressreleases/2016pressreleases/indian-health-service-releases-new-policy-on-contract-support-costs/>.

At IHS, we're committed to making meaningful and measurable progress to improve the health and well-being of all American Indians and Alaska Natives. We are sharply focused on how we can work together to tackle issues and make sustainable improvements. We are engaging with a strong commitment to move toward solving longstanding, systemic issues and delivering the level of quality care that our patients deserve. It is only through sustained effort over time working side-by-side with our tribal partners that we will be able to transform health care for American Indians and Alaska Natives across the country.

Thank you so much again for your partnership in our shared agenda. Wishing everyone a wonderful holiday season, and a happy New Year. Together, with IHS staff and our Tribal and Urban partners, we can continue the improvements and progress to provide quality health care to American Indians and Alaska Natives.

Sincerely,

/Mary Smith/

Mary Smith  
Principal Deputy Director

Enclosure