

# Indian Health Service Director's Update

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AUGUST 31, 2016



Mary Smith,  
Principal Deputy  
Director,  
Indian Health Service

*My grandmother,  
Ora Mae Pallone,  
who was born in  
1905 in Westville,  
Oklahoma*





Mary Smith, Principal Deputy Director, Indian Health Service

*Briefing President Bill Clinton in the Oval Office*

# Principal Deputy Director Updates

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- Announcements
- Leadership Changes



# Leadership Changes

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- RADM Sarah Linde, MD – Acting Chief Medical Officer
- Hilary Frierson Keeley, JD – Acting Chief of Staff
- CAPT Chris Buchanan – Acting Great Plains Area Director



# Top Priorities

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- Assessing Care
- Improving How We Deliver Services
- Addressing Behavioral Health Issues
- Strengthening Management
- Bringing Health Care Quality Expertise to IHS
- Engaging Local Resources

# A new way of doing business at IHS

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- We are making progress on many key issues involving staffing and leadership, quality, oversight and accountability, staff training, and construction projects that will help us ensure quality of care
- IHS is continuing to work to ensure quality health care is delivered consistently across all facilities in the Indian Health system
- We are working to infuse quality into everything we do
- Every person plays a part - providing quality health care is not only the responsibility of the Area and Service Unit leadership or doctors, but also I.T. and custodial workers
- We all contribute to patient care

# Assessing Care

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# Mock Surveys

- The IHS began a system-wide mock survey initiative at all 26 federally operated hospitals
  - (excluding those that have been surveyed in the past year or will be formally surveyed during this timeframe)
- Assess compliance with CMS Conditions of Participation and readiness for re-accreditation



# Gap & Root Cause Analysis

- The IHS has contracted with The Joint Commission to assess four GPA hospitals
  - Identify deficiencies with respect to CMS Conditions of Participation
  - Examine causes of deficiencies
  - Developing customized training based on the findings to improve compliance with the standards
  - This training will be made available to all IHS hospitals



# Support from HHS

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- **Executive Council on Quality Care led by Dr. Mary Wakefield:**  
assist in implementing an action plan to improve quality and patient safety in IHS hospitals and clinics with an initial focus on the GPA
- Deploying Commissioned Corps officers for temporary assignments
- HR TIGER team
- Long-term workforce development strategies
- Change in Commissioned Corps requirements
  - IHS is now the top priority

# Commissioned Corps Deployment to GPA

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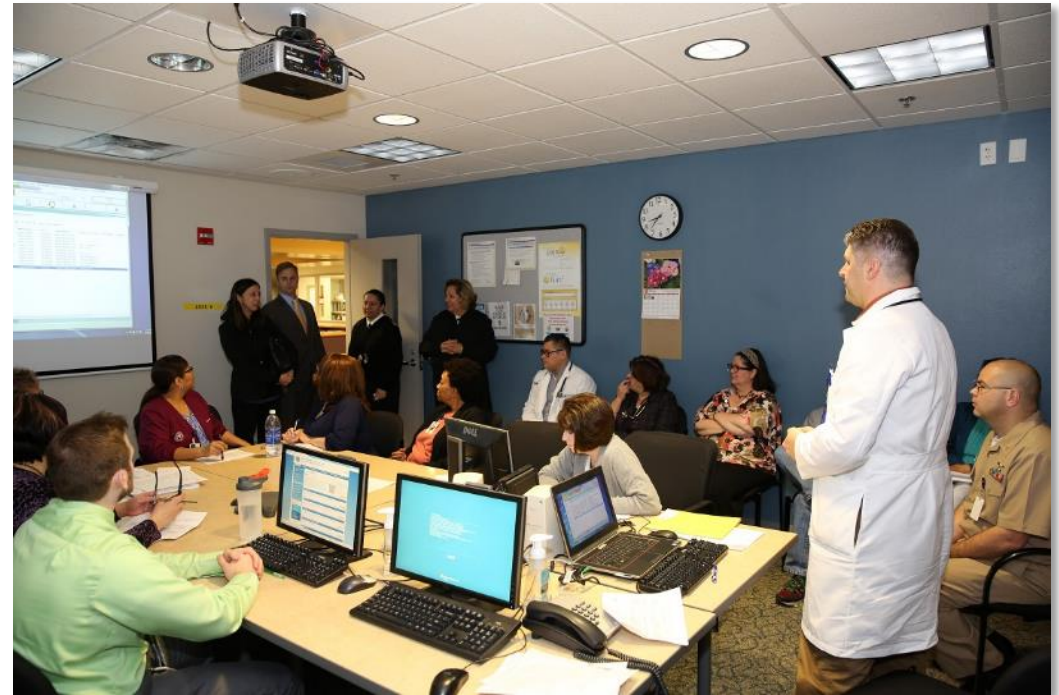
- Physicians
- Dentists
- Nurses
- Pharmacists
- Facility/Project managers
- Safety officers
- Infection control specialists
- Quality Assurance & Performance Improvement (QAPI) specialists
- Medical Technologists
- IT RPMS infrastructure specialists
- Nurse educators
- Quality managers
- Compliance officers

# Improving How We Deliver Services

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# Sustainable Change

- Systems Improvement Agreements
  - Designed to improve services at the hospitals to fully meet safety and quality of care standards
  - Allowing time needed to address and overcome systemic barriers to quality
  - We are using the lessons learned to improve access to quality health care at all 26 IHS directly operated facilities





# Expanding Telehealth

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- IHS Telehealth Request for Proposals
  - Proposals are currently under technical review
  - Intended to bring tele-video ED and specialty referral services to GPA IHS facilities
  - Increase access to high quality care and reducing travel and workplace or financial hardship for patients
  - Provide care within IHS facilities, reducing the need for transfers and costs of related care



# 10 Telehealth Specialty Areas

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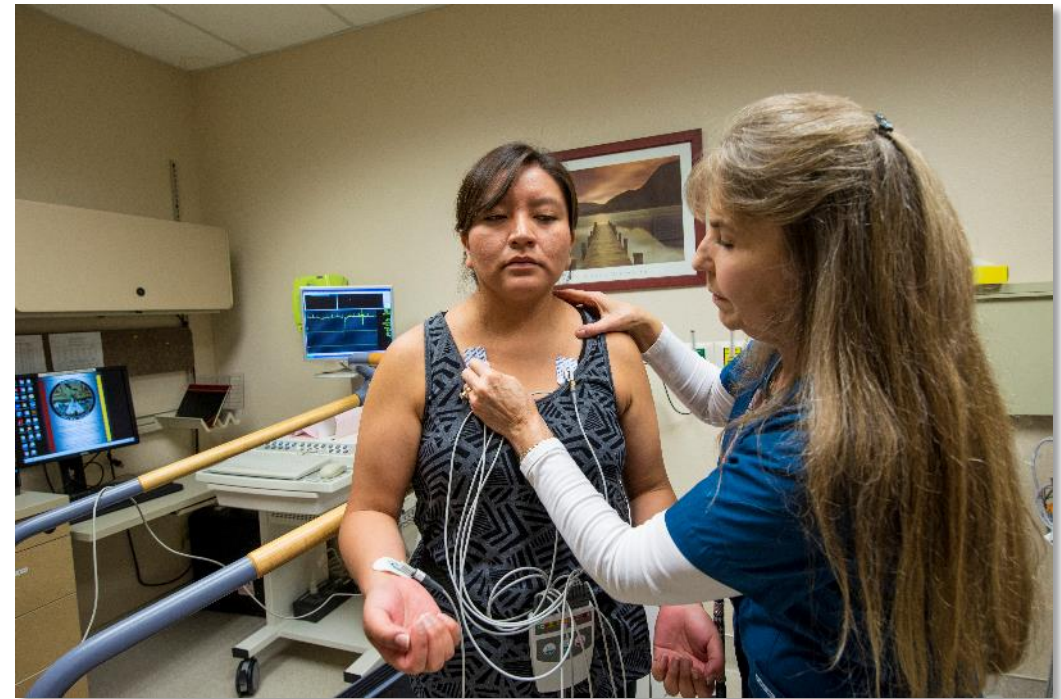
- 1) Behavioral health
- 2) Cardiology
- 3) Maternal and child health
- 4) Nephrology
- 5) Pain management
- 6) Pediatric behavioral health
- 7) Rheumatology
- 8) Wound care
- 9) Ear, nose and throat care
- 10) Dermatology





# Additional Support for Emergency Departments

- The IHS has contracted with AB Staffing Solutions for staffing and management of emergency departments
  - Omaha-Winnebago
  - Rosebud
  - Pine Ridge
- This contract is intended to provide long-term assignments of contracted ED staff by a single source
  - Reduce turnover and transitions
  - Create a single point of accountability for staffing



# Rosebud Emergency Department

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- Resumed operations July 15
- Newly renovated
- Equipment inventoried
- Repaired or replaced equipment due for upgrade
- Revised processes to improve patient assessments
- Upgraded technology systems to support effective medical records documentation



# Equipment Policy

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- New policy to ensure modern, functional medical equipment
  - Equipment will be replaced when:
    - Age exceeds useful life table recommendation
    - No longer meets safety standards
    - More cost effective to replace than repair
    - High incidence of breakdowns
    - Newer technology offers better quality health care





# Recruitment & Retention

- IHS continues to face workforce challenges
- The challenges are long-standing and we are addressing them as quickly as possible, but this will take time
- Attracting and retaining highly qualified and effective CEOs and other senior administrative leaders at IHS and Tribal facilities is essential to the success of Indian health care programs
  - IHS is able to offer incentives for these leadership positions
    - Recruitment, relocation and retention incentives
    - Advanced rate of pay
    - Service credit for annual leave



# Recruitment & Retention – cont.

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- IHS has recently eliminated some administrative impediments to recruitment
  - Additional relocation benefits for job candidates
  - Increased pay for emergency room doctors and certified registered nurse anesthetists

# Recruitment & Retention – cont.

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- Evaluating need for staff quarters
  - Housing is a challenge - If we increase staff, we need more housing
  - HUD Title VI and Sec 184 home loan guarantee programs
- Hiring clinical and non-clinical staff in the Great Plains Area
- Revising Position Descriptions to attract large pool of candidates

# Senior Executive Service

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## COMMITTEE

- IHS utilizing the Senior Executive Service search process to fill Area Director vacancies
- Estimated 90 days to complete selection process from the position closing date
- New 7 member IHS Senior Executive Service Search Committee
  - 2 tribal representatives
  - 2 IHS Senior Staff
  - 2 SES staff
  - 1 IHS Human Resources representative

## PROCESS

- Prior to job posting: Review position description, rating criteria, reference check questions; Determine best sources to recruit qualified candidates
- Posting job announcement on USAJOBS and IHSJOBS for 30 calendar days
- Outreach efforts to individuals, tribal organization during open period
- Interview and make final recommendations in consultation with Tribal Leaders

# Purchased/Referred Care Impact

- PRC programs to approve referrals in priority categories other than Medical Priority I
- Able to fund some preventive care services such as mammograms or colonoscopies
- In FY 2014, 66% of IHS-operated PRC programs were able to purchase services beyond Medical Priority I
- From FY14 to FY15 the PRC unmet need decrease in the amount of \$173 million



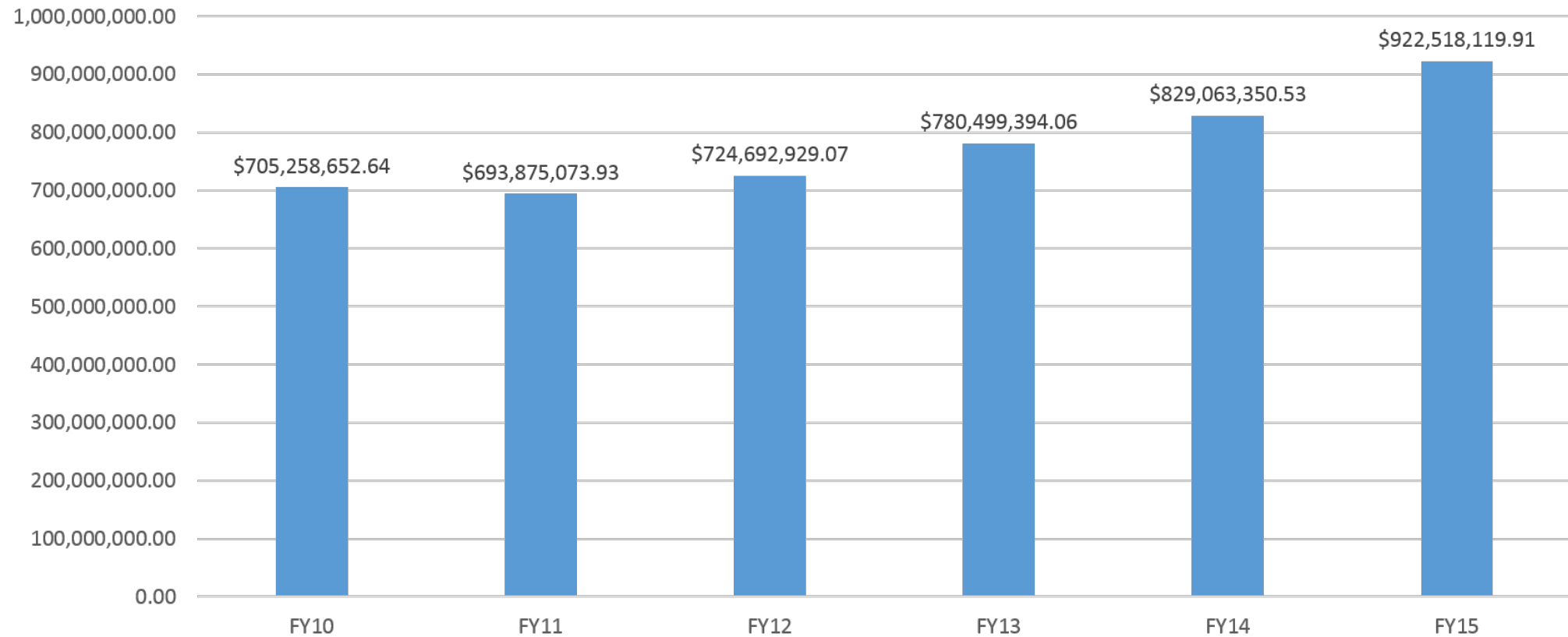


# Third-Party Collections

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- Third-party reimbursements help facilities expand their capabilities
- The benefits of enrolling eligible patients in Medicaid or another one of these programs accrue to all of our patients
- IHS is working with facilities, tribes and other organizations to effectively use data to reach the uninsured
- Efforts to standardize effective enrollment strategies in the field to ensure third-party revenue is collected
- Enrollment is key to supplementing IHS budget, modernizing equipment, hiring staff and providing greater access to care

# Third-Party Collections – cont.



# Medicaid/Medicare Enrollment Pilot

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- An opportunity for the selected Service Units to improve their Medicaid and Medicare enrollment numbers, increase their third-party revenue and in turn increase their resources
- One goal of this pilot is to help the IHS to identify best practices to increase Medicaid and Medicare enrollment in our all of our communities
- For our patients, having Medicaid or Medicare coverage means having more health care options
- Enroll in Medicaid today...For yourself, for your family, for your community

# Medicaid/Medicare Enrollment Events

- August 10: Blackfeet Community Hospital, Montana
- August 18: Quentin N. Burdick Memorial Health Care Center (Turtle Mountain Service Unit), North Dakota
- August 25: Rosebud Hospital, South Dakota
- August 26: Pine Ridge Hospital, South Dakota



# Addressing Behavioral Health Issues

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# Community Health Aides

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- Consultation on Draft Policy to Expand Program
  - Comments due Oct. 27
- New draft policy statement on Community Health Aide Program which could pave the way for future midlevel providers in IHS and tribal sites
- Community Health Aides include workers in:
  - Health education
  - Communicable disease control
  - Maternal and child health
  - Community Health Representatives
  - Behavioral health
  - Family planning
  - Environmental health
  - Dental Health Aides



# Behavioral Health Aides

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- Behavioral health issues in tribal communities can be addressed through the work of community health aides
- Behavioral health aide is a counselor, health educator, and advocate
- Help address individual and community-based behavioral health needs, including alcohol, drug, and tobacco abuse; grief, depression, and suicide
- Partnerships with tribes and community organizations is key in recruitment and retention of quality behavioral health providers

# Budget Support for Behavioral Health

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- Proposed FY 2017 Budget, if enacted, would increase access to critical behavioral health services for youth and families
- Proposed budget requests \$363 million to expand successful substance abuse, behavioral health, and domestic violence programs
  - +\$15 million for the Generation Indigenous program for Native youth
  - +\$4 million to implement Zero Suicide – a comprehensive strategy to reduce and eliminate suicide in 10 pilot projects
  - +\$2 million to pilot aftercare services at Youth Regional Treatment Centers
  - +\$21 million to facilitate the integration of behavioral health with primary care services
  - +\$4 million increase for the successful Domestic Violence Prevention Program
  - +\$15 million to create a new Tribal Crisis Response Fund



# Funding Opportunity

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- New funding opportunity for the Methamphetamine and Suicide Prevention Initiative
- Focus on increasing behavioral health professionals who are serving children, adolescents, and families
- Allows for paraprofessionals, such as behavioral health aides, to be paid out of the grant or federal program awards



# IHS PDMP Policy

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- Helps IHS providers improve appropriate pain management care, identify patients who may have an opioid abuse problem and to help prevent diversion of drugs
- Affects more than 1,200 IHS prescribers working in IHS federal-government-operated facilities
- Part of ongoing efforts to address opioid problem in Indian Country
- Help identify people addicted to Rx medication
- Policy is effective immediately



# Strengthening management

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- Developing cross-training programs and more robust administrator developmental programs
- Working to strengthen GPA management through the temporary deployment of high-quality managers
- HR executive search committee process for recruiting highly qualified managers and executives
- Actively seeking additional venues that will help us attract a broad and diverse applicant pool
- Tribal participation in filling vacant management positions
- Update on Area Director vacancies

# Accountability

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- Fostering a culture of transparency and accountability
- Ensuring staff, managers, and employees at all levels of the Agency are held accountable for their performance
- Developed and implemented new procedures related to controlled medications that have significantly improved control of pharmaceuticals
- Standardizing the credentialing business process and will implement a single credentialing software system for direct service facilities



# Addressing Waste, Fraud, and Abuse at IHS

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## ADDRESSING

- IHS promotes an organizational climate of maximum integrity
- All employees are required to report known or suspected fraud, waste, and abuse

## REPORTING

- Report to the IHS Division of Personnel Security and Ethics, or
- Report to the Department of Health and Human Services Office of Inspector General
- If in doubt, report

# IHS Human Resources Training

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- Training on Employee Relations and Labor Relations was provided to IHS senior staff, Area Directors, and Chief Medical Officers in June and July
  - policies and processes
  - managing employee conduct and performance
  - labor relations

# Drug testing policy

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- Part of ongoing IHS work to ensure our patients receive quality health care
- IHS employees continue to be subject to the HHS drug testing policy
- This additional IHS policy enhances and expands this oversight, as part of ongoing IHS efforts to strengthen the IHS culture of quality and accountability



# Bringing Health Care Quality Expertise to IHS

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# HEN 2.0

- On May 13, 2016, the IHS announced that the Premier HEN was available to all IHS direct service facilities
- Focuses on quality improvement methods intended to reduce avoidable readmissions and hospital acquired conditions
- The Premier HEN is prioritizing work with four GPA hospitals
- Completed on-boarding calls at all 26 hospitals and will complete site visits (with Organizational Assessments) at all hospitals by September



# Quality Improvement Organization

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- The IHS continues to receive quality improvement assistance from a CMS contractor through a Quality Improvement Organization (QIO)
- Among other support and training functions, this QIO can conduct root cause analysis of an identified issue, assist with the development of an improvement plan, establish baseline data, and monitor data to ensure improvement plans are successful and improvements are sustained over time
- The IHS continues working with CMS for a single QIO to serve all 26 IHS hospitals, ensuring unity of effort across the IHS and supporting standardization, information sharing, and quality improvement infrastructure enhancement

# Joint Commission Contract

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- IHS awarded a 1 year contract for \$700,000 to The Joint Commission for accreditation services for IHS operated facilities
- Training and education to strengthen quality and patient safety
- Training and education will benefit facilities in: Arizona, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, and South Dakota
- Test readiness for compliance surveys conducted by CMS
- Part of ongoing effort for quality improvement in patient care
- Responding to requirements of the SIA between IHS and CMS for Rosebud and Pine Ridge Hospitals
- 16 IHS hospitals are currently accredited by The Joint Commission

# New Quality Framework

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- The IHS-developed 2016-2017 Quality Framework is currently under Tribal Consultation and Urban Indian Health Program Confer until Oct. 3
- Priorities of the Quality Framework:
  - Strengthen organizational capacity to improve quality of care and systems
  - Meet and maintain accreditation for IHS direct service facilities
  - Align service delivery processes to improve patient experience
  - Ensure patient safety
  - Improve processes and strengthen communications for early identification of risks

# Engaging local resources

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# Working with Tribes

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- IHS honors the government-to-government relationship
- IHS respects treaty rights
- IHS shares with Tribes the goal of providing quality health care to American Indian and Alaska Native patients
- It's the foundation of what IHS does
- Partnership is key to transforming the IHS





# Tribal Consultation & Urban Confer

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- The following IHS initiatives are currently out for consultation/confer:
  - Structure and Organization of the IHS Great Plains Area Office
  - Expansion of the Community Health Aide Program
  - Catastrophic Health Emergency Fund
  - Guidance on Purchasing Health Coverage (Tribal Premium Sponsorship)
  - Draft Quality Framework



# Community Partners

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- Local and regional health care systems
- Local colleges and universities
- Leadership of direct service hospitals
- Self-governance tribes
- National Tribal and Urban Indian organizations



# Vision for the Future

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