

# Great Plains Area Tribal Leaders Briefing Summary & Follow-up

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MAY 11, 2016



# Responding to the Great Plains Area

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The first priority for IHS is quality care for all patients. We are aggressively working to strengthen and design systems to better serve our patients



# Actions IHS is Currently Taking

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- Secured authority to approve higher pay for ED physicians
- Eliminated administrative impediments to approving relocation benefits for qualified job candidates
- Evaluating need for staff quarters
- Hiring clinical and non-clinical staff in Great Plains Area
- Deploying Commissioned Corps Officers for temporary assignments
- IHS Quality Consortium

# Actions IHS is Currently Taking (cont.)

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- Drawing on leaders from other IHS Area Offices
- Equipment inventory: repairing or replacing nonfunctioning equipment
- Central monitoring systems for both SIA hospitals and Omaha Winnebago hospital
- IT: Improving Electronic Health Record use, responsiveness and timely documentation

# Support from HHS

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- **Executive Council on Quality Care:** to implement 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
- Hospital Engagement Network (HEN)
- HR TIGER team
- Long-term workforce development strategies

# Systems Improvement Agreements

## for Rosebud and Pine Ridge Hospitals

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# Systems Improvement Agreements – Rosebud and Pine Ridge

- Announced May 1, 2016
- What are these agreements?
- Why are they important for these hospitals, for IHS Great Plains Area and for IHS as a whole?
- Why have SIAs not been done before now?



# Systems Improvement Agreements – Rosebud and Pine Ridge (cont.)

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- IHS has a unique opportunity, through support of the HHS Executive Council on Quality Care, to initiate new actions and ideas in response to the current crisis in the Great Plains.
- IHS intends to work proactively to make optimal use of the technical assistance and resources available from CMS under the terms of the SIA, to take advantage of every opportunity to improve compliance with CMS Conditions of Participation and overall IHS quality of care.





# Systems Improvement Agreements – Rosebud and Pine Ridge (cont.)

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## Key Elements of the SIA

- Independent monitor engaged by CMS
- Stabilize staffing and strengthen management of the EDs
- Stabilize and sustain strong executive management of the hospitals
- Perform a gap/root cause analysis, and make corrections
- Prepare an Action Plan, including:
  - Implementing a Quality Assessment and Performance Improvement system
  - Reviewing HR processes
  - Reviewing the medical and nursing protocols
  - Improving the medical record keeping process and
  - Taking actions to promote long-term workforce development

# Medicare and Medicaid Reimbursement

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- IHS will continue billing Medicare during the term of the SIA
- IHS will also continue billing Medicaid, though the SIA does not cover Medicaid, a state operated program
- Billing Medicare and Medicaid enables IHS appropriations to continue to be used for health care investments such as infrastructure, equipment and direct patient care

# Tribal Consultation and IHS Employee Communications

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IHS and CMS officials met hospital staff, and with the Oglala Lakota and Rosebud Sioux Tribes, on April 26 and 27, 2016, to share draft SIAs in advance of signing, and to brief on details

## IHS, CMS enter Systems Improvement Agreements for Rosebud, Pine Ridge hospitals



May 2, 2016

by Mary Smith, Principal Deputy Director, IHS

Providing access to quality medical care is a top priority for IHS. We are committed to making improvements to ensure the safe delivery of care for its patients and to implement reforms to stabilize, strengthen and raise the overall quality of care in the IHS Great Plains Area.

To support this goal, IHS and the Centers for Medicare & Medicaid Services (CMS)—another part of the U.S. Department of Health and Human Services—have entered into Systems Improvement

Agreements for the IHS Rosebud Hospital and the IHS Pine Ridge Hospital. You will find copies of these Agreements here for [IHS Rosebud Hospital](#) [PDF – 7MB] and [IHS Pine Ridge Hospital](#) [PDF – 8MB].

These agreements are important steps forward for both of these hospitals in ensuring that we are providing quality health care and that improvements are sustainable over time. These agreements are patient-focused. In the short term, they will allow us continued access to crucial funding sources in Medicare and Medicaid. In the long term, they will allow us to address systemic issues, resulting in improved systems, processes and most importantly, improved patient care at Rosebud and Pine Ridge hospitals.

These agreements will strengthen the foundation for immediate and long-term quality improvements at Pine Ridge and Rosebud Hospitals.

# Future IHS Actions to Improve Access to Quality Care in the Great Plains

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- New behavioral health facility in Rapid City
- Implementation of the IHS blueprint for quality improvement
- Focusing on training, development and retention of existing staff
- Ensuring that changes are sustainable

# Follow up from April 5<sup>th</sup> Great Plains Tribal Leaders Briefing

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# Overview

- The IHS hosted a Briefing Session with Tribal leaders and health officials to discuss opportunities to improve access to health care in the Great Plains Area.
- Six targeted breakout sessions:
  - Health Care Service Delivery
  - Behavioral Health
  - Telemedicine
  - Staffing
  - Staffing Quarters
  - Quality and Governing Boards



# Indian Health Service Summary of Feedback

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- Improving IHS Headquarters and GPA Office collaboration with Tribes.
- Evaluating staffing recruitment and retention challenges and strategies.
- Improving the management of health care quality at all levels of the organization.
- Improving the quality and management of emergency medical services.
- Determining the most effective means for delivery of health services to the communities.



# Feedback from April 5<sup>th</sup> General Session

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## ***Management and Resources Assessment.***

- Need for improved oversight, transparency, and accountability at all levels.
- Ensuring that the Great Plains Area office is patient focused.
- Concerns with the quality of care and ensuring improvements are sustainable.
- Increase communications and focus on partnerships and local involvement.





# Indian Health Service Response



- Senior leadership from IHS deployed to the Great Plains Area.
- IHS leaders deployed from other IHS Areas and Headquarters.
- Nursing staff deployed from other IHS Areas for Emergency Department.
- Principal Deputy Director and other senior leaders traveled April 26-27, 2016, to meet with tribal leaders.



# Feedback from April 5<sup>th</sup> General Session

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## ***Leveraging IHS Resources – Medicare and Medicaid.***

- Tribal leaders support the full implementation of Medicaid Expansion.
- Tribal leaders request increased training and technical assistance to assist with Affordable Care Act (ACA) enrollment.



# Indian Health Service Response

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- The IHS is continuing to work closely with the South Dakota Governor's Office and the Coalition to support the State efforts to expand Medicaid.



# Telemedicine RFP Issued

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- Telemedicine Request for Proposal (RFP) issued on May 5, 2016
- Proposals due June 6, 2016 at 4:00 pm EST.
- Telemedicine expands access to care, particularly specialty care that may be difficult to find in rural areas
- Integrating telemedicine with community-based services is an important part of the way IHS delivers quality health care to our patients.
- Expands access to care for our patients, who will receive specialized care closer to home instead of travelling long distances to see a specialist.



# Telemedicine RFP

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- Emergency medical services at 7 hospitals in the Great Plains
- Specialty services at 19 facilities includes the following:
  - Behavioral health
  - Cardiology
  - Maternal and child health
  - Nephrology
  - Pain management
  - Pediatric behavioral health
  - Rheumatology
  - Wound care
  - Ear, nose and throat care
  - Dermatology



# Telemedicine RFP

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- This telemedicine initiative reflects the IHS commitment to expanding access to quality care for its patients and supporting the work of the South Dakota Health Care Solutions Coalition
- IHS participates actively in the South Dakota Health Care Solutions Coalition, which recommended increased use of telehealth services to support emergency departments and increased access to primary and specialty care consultation and treatment in IHS and Tribal Programs. The South Dakota Health Care Solutions Coalition is a partnership between South Dakota Tribes, IHS, Medicaid service providers, South Dakota Legislators and State agencies to develop a strategy to improve healthcare access and outcomes for American Indians.



# Expanding Access to Health through Telemedicine

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## IHS calls for telehealth proposals

 Dana Ferguson, dferguson@argusleader.com 3:15 p.m. CDT May 5, 2016

  
(Photo: logo)

The Indian Health Service is looking for contractors to provide telehealth services in its Great Plains area facilities.

The federal agency announced its request for proposals Thursday, saying technology that allows for the delivery of health care over phones and computers would help the area's hospitals and health centers provide broader care services.

"This new effort in IHS telehealth expands access to care, particularly specialty care that may be difficult to find in rural areas," Mary Smith, IHS principal deputy director, said in a statement. "IHS is committed to providing quality health care to our patients, who are our first priority, and integrating telemedicine with community-based services is an important part of the way IHS delivers on that commitment."

IHS has come under fire recently for providing [fatally flawed health care](#) in the region.

Two South Dakota IHS hospitals were flagged by the Centers for Medicare and Medicaid Services (CMS) last fall after agents reported that employees at the Rosebud facility hand-washed surgical instruments for six months while a sterilizer was broken, didn't communicate that a patient had an untreated case of Tuberculosis and failed to monitor a patient who delivered a baby prematurely on a bathroom floor. The hospital's emergency room was closed in December as a result of those reports.

Patients have [since been diverted](#) to the nearest emergency rooms 44 miles and 55 miles away.

## Indian Health Service looks to expand telehealth care

By DIRK LAMMERS - Associated Press - Thursday, May 5, 2016

SIOUX FALLS, S.D. (AP) - The Indian Health Service is looking to expand telehealth care across the Great Plains in the wake of federal inspections that uncovered serious quality-of care deficiencies at some of its facilities.

The IHS on Thursday issued a request for proposals from providers to offer remote care at its seven hospitals and other facilities in Iowa, Nebraska, South Dakota and North Dakota. Patients would receive emergency medical services and could set appointments with specialists in behavioral health, cardiology and other areas.

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# Summary & Follow Up From Breakout Sessions

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APRIL 5, 2016





# Healthcare Service Delivery Session

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# Healthcare Service Delivery Session

This breakout session discussion focused on resource sharing and optimization, providing enhanced access to services, and providing cultural education and awareness for providers.



# Healthcare Service Delivery Session Summary

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- *Operate the Great Plains more as a Health System by capitalizing on benefits of shared services and staffing.*
- *Continue exploring options for optimizing ED services.*
- *Enhance delivery and access to specialized services*



# Healthcare Service Delivery Session Follow-Up

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- Continue discussion with tribal leaders regarding ensuring the Great Plains Area Office is patient focused.
- Emergency Department staffing and management contract.
- Increase access to specialty services through recent telemedicine RFP.



# Summary of Telemedicine Session

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# Telemedicine Session Summary

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The purpose of the breakout session was to seek information on issues identified that may support or impede the implementation of telemedicine in the GPA.



# Telemedicine Session Summary

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- Outline a strategy for a telemedicine program for the GPA to include short and long term goals.
- Standardization of contracting and purchasing processes.
- Payment/Reimbursement of telemedicine.
- Explore Best Practices in Telemedicine Delivery.



# Telemedicine Session Follow-Up

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- Telemedicine RFP Issued May 5, 2016
- Plan developed for short-term and long-term implementation in the Great Plains.
- Participation in the Coalition working group effort to ensure payment and reimbursement for telemedicine.
- Plan developed to improve information technology connectivity to support telemedicine in the Great Plains.





# Behavioral Health Breakout Session

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# Behavioral Health Session Summary

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- The purpose of the breakout session was to focus on strategies between IHS and GPA Tribes to improve behavioral health care access and outcomes.



# Behavioral Health Session Summary

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- Building Strategic Partnerships
- Staffing to meet demand



# Behavioral Health Update

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- IHS partnered with the Bureau of Indian Education and the Oglala Sioux Tribe to provide behavioral health services in nine Pine Ridge schools.
- The IHS Community Health Representative (CHR) program is piloting Family Spirit, a culturally tailored intervention is delivered by CHRs.
  - There are 160 CHRs in the Great Plains Area across 18 Tribes and 12 service units.
  - The Oglala Sioux Tribal CHR program was trained in Family Spirit, as well as the midwife at the Pine Ridge Service Unit.
- IHS piloted the Behavioral Health Integration Initiative, to establish a behavioral health home to ensure patients with chronic and serious mental illness received adequate primary care services in a patient-centered setting.



# FY 2017 President's Budget Request

## Focus on Behavioral Health

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- Hospitals and Health Clinics Quality Consortium Initiative - \$2 million
- \$60.8 million focused on Behavioral Health
  - \$15 million for Generation Indigenous
  - \$1.8 million for Youth Pilot Project
  - \$21.4 million for Behavioral Health Integration
  - \$3.6 million for Zero Suicide
  - \$4 million for Domestic Violence Prevention Program
  - \$15 million for Tribal Behavioral Health Crisis Fund



# Staffing Session

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# Staffing Session Summary

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This session focused on identifying potential barriers to recruitment and retention of health professionals in the Great Plains Area, Indian Health Service.



# Staffing Session Summary

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- ***Recruitment, Retention and Relocation.***
- ***Quality and Competency of Staff.***
- ***Challenges with Contracting Personnel.***





# Staffing Session Follow-Up

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- Secured authority to approve higher pay for Emergency Department physicians
- Eliminated administrative impediments to relocation benefits for qualified job candidates
- Five Area Director Positions Posted
  - New Search Committee
  - Tribal Leader Calls on Search Committees
  - Increase tribal participation in search process
- Revising Position Descriptions to attract large pool of candidates.



# Staffing Quarters Session

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# Staffing Quarters Session Summary

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The housing need across Indian Country has been extensive for decades; the housing need for the Great Plains Tribes is no exception to this shortage. This session focused on opportunities to improve access to quarters in the Great Plains Area.



# Staffing Quarters Session Summary

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- *Funding for maintenance and construction of staffing quarters.*
- *Standardizing Leasing and Occupancy Practices.*



# Staffing Quarters Session Follow-Up

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- FY 2017 Budget Requests \$12 million for quarters.
- Housing plan under development.
- Collaborate with HUD to provide assistance to tribes in utilizing HUD's Title VI Loan and Section 184 Home Loan Guarantees for the construction of rental housing in close proximity to IHS/Tribal healthcare facilities for accommodating health professionals.



# Quality & Governing Boards Session

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# Quality and Governing Boards Session Summary

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This session provided participants an opportunity to share ways to improve the role and structure of Governing Boards and to discuss issues relating to Implementation of quality measures in IHS and tribal facilities.



# Quality & Governing Board Session Summary

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- ***Process to self-governance***
- ***Role of Governing Bodies***
- ***Managing External Requirements***





# Quality & Governing Boards Session Follow-Up

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- Quality Consortium Meeting Held May 4-5, 2016
- SIA Governing Body - IHS is establishing a Governing Body that will be delegated authority necessary to carry out Governing Body responsibilities for the Hospital in accordance with IHS authority, relevant CMS requirements and CMS Hospital Interpretive Guidelines.
- Tribal Involvement
- Premier Hospital Engagement Network
- Quality Improvement Organizations (QIO)



# Next Steps

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- Continuing tribal engagement
- SIA implementation
- Award Telemedicine and Emergency Department Contracts
- Continuing to partner with the state of South Dakota and the Coalition to work towards Medicaid expansion in South Dakota.



# Questions?

