



**Opening Remarks by RADM Chris Buchanan  
Tribal Self-Governance Advisory Committee Quarterly Meeting  
January 24, 2017 | Washington, DC**

*10:15-10:20 AM TSGAC Opening Remarks*

*Marilynn “Lynn” Malerba, Chief, Mohegan Tribe, and Chairwoman, Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC)*

*RADM Chris Buchanan, Deputy Director, Indian Health Service*

*Remarks as prepared*

- Let me begin by thanking tribal leaders, tribal health directors, and all attendees for making time to attend this important meeting.
- Thank you to **Chairwoman Malerba and Chairman Allen** for your leadership for this meeting.
- I am excited to be with you today – my first committee meeting as the IHS Acting Director. During this time of change, your work on this Committee is important as ever.
- The partnership with IHS and self-governance Tribes and tribal organizations is a shining example of the cooperation and meeting the health needs of American Indians and Alaska Natives.
- I’m pleased to share with you an update on staffing and leadership changes. As many of you know, when Mary Smith departed, I became the Acting Director of IHS.
- I will serve in this position until the new administration nominates a new director who is then confirmed by the Senate. Other staffing changes include:
  - RADM Nicole Lurie is the Acting Director for Quality Health Care
  - Dr. Michael Toedt, the current Nashville Area Office Chief Medical Officer, is the Acting IHS CMO
  - Dr. Leonard Thomas is now the permanent Director of the Albuquerque Area Office.
  - Jennifer Buschick is the new director of the IHS Public Affairs office.
- Since the last TSGAC meeting in October, we have made progress on many key issues involving:

- staffing and leadership,
  - quality,
  - oversight and accountability,
  - innovation and telemedicine,
  - the expansion of health care services,  
and
  - behavioral health
- I can assure you that the IHS remains committed to fulfilling our mission and creating a culture of quality, leadership and accountability.

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

- Shortly after our last quarterly meeting, IHS announced the **Contract Support Cost** policy. It's with the dedicated work from the CSC Workgroup and IHS staff that a policy was agreed upon that is acceptable to both the agency and tribes.

### **Quality Improvement**

- In November, we released the **2016-2017 Quality Framework**, which outlines how the IHS will develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity.
- We continued our partnership with the Centers for Medicare & Medicaid Services. Twenty-five IHS hospitals were recently included in a nationwide **CMS 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.

### **Innovation and Telemedicine**

- This spring, IHS will begin implementing **telemedicine services** to more than 100,000 patients in the Great Plains Area service units in North Dakota, South Dakota, and Nebraska.
- Patients will be able to visit a nearby facility and using technology, they can have one-on-one time with a health care provider without traveling long distances to see the physician in person.

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

- The IHS, in collaboration with our Tribal partners will continue to work aggressively to address our 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 creating partnerships with colleges and universities, Tribal colleges, and medical schools. This realignment proposal has been submitted to Congress and must be briefed to the incoming administration officials for approval.

- Earlier this month, IHS announced the opening of the application period for its **2017 scholarship and loan repayment programs** with several important improvements that will maximize the long-term workforce development impact of these valuable recruitment tools at eligible Indian health programs. An estimated \$13.7 million will be available for scholarships and \$30 million will be available for loan repayments this application round.
- IHS and the Health Resources and Services Administration recently announced the expansion of 27 additional IHS and tribal hospitals that are now eligible for the **National Health Service Corps** program.
- Just last week, we announced new Collaborative Agreements between the agency and three top American universities: Howard University, Purdue University and the University of Southern California, to participate in the **IHS Advanced Pharmacy Practice Experience Program**. This Program provides opportunities for pharmacy students to gain clinical experience at IHS facilities and it also serves to recruit future health care professionals to work in rural areas, specifically in Indian Country.

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

- In June, we invited comments from you on the draft policy to begin the process of expanding the use of **community health aides** at IHS facilities. Earlier this month, we released a report summarizing the comments received during three consultation meetings and other comments sent directly to IHS.
- Also this month, we announced two new developments regarding IHS' ongoing collaboration with the Veterans Affairs. Last week, we extended the period of a national reimbursement agreement with the VA through June 30, 2019.
- We also entered into an interagency agreement with the VA authorizing the IHS to use the VA's Consolidated Mail Outpatient Pharmacy. This program benefits veterans and non-veterans alike.

#### **Addressing Behavioral Health Issues**

- Another top priority is the need to address the behavioral health issues affecting American Indians and Alaska Natives. In December, 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.
- In early December, we announced an additional funding opportunity for the Methamphetamine and Suicide Prevention Initiative– Generation Indigenous Initiative Support, totaling more than \$1.4 million for Tribes, Tribal organizations and IHS federal facilities located in the IHS Navajo, Phoenix and Tucson Areas.

- 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.
- IHS is committed to working with tribes to provide the best care for our patients. 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 Through sustained effort over time working side-by-side with our tribal partners we will be able to achieve real and sustainable change to transform health care for the American Indians and Alaska Natives across the country.
- Thank you so much again for your partnership in our shared agenda. I am looking forward to today's discussion. I'm happy to answer any questions.