



**Remarks for RADM Michael D. Weahkee
HHS Secretary's Tribal Advisory Committee
September 25, 2018 | 2:00 p.m. | Fairbanks, Alaska**

Remarks as prepared

Good afternoon and thank you for that kind introduction. I am joined with the following staff from the Indian Health Service and HHS:

- Rear Adm. Chris Buchanan, Deputy Director
- Ben Smith, Deputy Director for Intergovernmental Affairs
- Gary Hartz, Director of the Office of Environmental Health & Engineering
- Chris Mandregan, Alaska Area Director
- Office of the General Counsel Attorneys: Julia Pierce, Angela Petrova

Established in 2010, the HHS Secretary's Tribal Advisory Committee remains a one-of-a-kind as the only cabinet level tribal advisory committee in the executive branch of government. Our conversations on health and human services topics over the past couple of days illustrate the importance of this committee in advising HHS through continuous and meaningful communications of the actions needed to address the challenges to improve health outcomes for American Indians and Alaska Natives. I have a few areas I would like to address with you today – starting with workforce.

Building and maintaining a workforce with the best health care professionals is important for all of us. Since our last meeting in Washington, D.C., we have increased our efforts to recruit, develop, and retain a dedicated, competent, caring workforce to achieve the IHS mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level:

- **Mitchell Thornbrugh**, a member of the Muscogee Creek Nation, has been Acting Chief Information Officer since August 1st. Mr. Thornbrugh previously served as the chief operations officer of the Cherokee Nation Hastings Hospital. Mr. Thornbrugh also served as the Chief Information Officer for Cherokee Nation Hastings Hospital from 2005 to 2009, and has been a long-time member of the IHS Information Systems Advisory Committee.
- **Captain Brandon Taylor**, an enrolled member of the Seneca-Cayuga Nation, is now the Chief of Staff for the Indian Health Service. He oversees the coordination of key agency activities and supports the Office of the Director in a broad range of duties related to the development and implementation of IHS initiatives and priorities. Captain Taylor previously served as the Southeast Region Commissioned Corps Liaison for all Commissioned Corps matters. He also served in several pharmacist positions including Director of Pharmacy for the Cherokee Nation Hastings Hospital from 2011 to 2014.
- **Captain Travis Watts**, a member of the Choctaw Nation, has been appointed as the Director of the Oklahoma City Area Office, effective

August 12th. Captain Watts had been serving as Acting Director since September of 2017. He is responsible for the provision of comprehensive healthcare services to one of the largest and most diverse service populations in the IHS. The Oklahoma City Area serves over 350,000 patients annually and is home to 43 tribal nations in the states of Oklahoma, Kansas, and Texas.

- **Darren Pete**, a member of the Navajo Nation, is the new director of Congressional and Legislative Affairs for the IHS. He comes to us from the Department of the Interior, Office of the Assistant Secretary for Indian Affairs, where he served as the director for Congressional and Legislative Affairs since 2008. He advises senior staff on proposed and pending legislation and its potential impact on IHS funded programs and serves as the point of contact for congressional offices.
- I also want to acknowledge Bemidji Area director Keith Longie, and IHS legislative affairs director June Tracy, both of who are retiring this month. I thank them both for their dedicated service to the IHS mission.

Tanana Chiefs Conference highlighted an important and robust arm of our workforce yesterday – the U.S. Public Health Service Commissioned Corps. The IHS and Corps leadership are working on ways to help in the recruitment and retention of Corps officers within IHS, and those efforts will continue.

We acknowledge and respect our unique government-to-government relationship with tribal governments and are committed to regular and meaningful consultation and collaboration with tribes and tribal organizations. In addition, urban Indian organizations have a special relationship with the IHS and we are likewise committed to conferring with urban Indian organization.

Throughout this fiscal year, we have engaged in consultation and confer activities on several topics and events. This enhanced form of communication based on the principles of trust, respect and shared responsibility, assists us to make necessary decisions that have lasting impacts. A few examples include:

- Our decision to distribute the \$72 million received in fiscal year 2018 for the Indian Health Care Improvement Fund.
- Our decision to reprogram \$25 million from the \$70 million inflation increase in order to meet the statutory requirement of funding lease cost agreements with tribes and tribal organizations authorized under section 105(l) of the Indian Self-Determination and Education Assistance Act.

We also have topics that are still open or active in consultation or confer, including:

- Proposed updates to the IHS Guide for Reporting Sanitation Deficiency for American Indian and Alaska Native Homes and Communities.
- Exploring the available options to distribute behavioral health initiatives funding currently through grants through other funding mechanism, such

as ISDEAA contracts or compacts - IHS funds approximately \$51.9 million through grants and federal awards that includes \$5.9 million for Urban Indian Organizations. The remaining \$7.3 million supports IHS National Management.

- Updates to the IHS policies on Contract Support Costs and Purchased/Referred Care
- Modernization Efforts for Health Information Technology – Yesterday, I shared that the HHS Chief Technology Officer awarded a contract to assist IHS through an IHS Health Information Technology Modernization Research Project over the next year to assist us by providing an analysis of alternatives recommendations of the Health Information Technology System at IHS.
- Proposed Headquarters Realignment
- IHS Strategic Plan

We know that taking care of ourselves by exercising, eating healthy, getting the recommended immunizations and screening tests, not smoking, and seeing a doctor when we are sick all influence our health.

Our health also takes shapes and responds to its respective environment, such as:

- access to social and economic opportunities;
- the resources and supports available in our homes,
- neighborhoods, and communities;
- the quality of our schooling;
- the safety of our workplaces;

- the cleanliness of our water, food, and air;
- and the nature of our social interactions and relationships.

All of these factors of our environment contribute to our health – and vary across the country, states, county and local settings. We tell kids to play outside 30 minutes a day, but what if they live in neighborhoods where there are no playgrounds or that is not safe. We tell parents to buy healthy foods for their family members, but sometimes they don't have access to healthy, inexpensive choices.

We may relieve the stress and burden on our already over-taxed health care system by partnering with sister agencies, academia, and community based organizations to address issues such as housing, job availability, education, and healthy food availability.

Another challenge that we must work together to overcome is the opioid crisis that is affecting our tribal communities. Too many of us, and I'm sure many in this room, have lost friends or loved ones to opioid misuse.

The crisis has been a top priority of this administration from day one, and Health and Human Services Secretary Azar has encouraged leaders across the Department to redouble our efforts and think as big and as bold as possible.

This means that we are developing effective strategies to address substance use prevention, treatment and recovery. As with this plan and all other IHS initiatives around substance use, collaboration with tribes is fundamental.

In April of 2017, IHS established the IHS National Committee on Heroin, Opioids, and Pain Efforts, or HOPE Committee. The committee is comprised of seven multidisciplinary workgroups that work together with tribal stakeholders to implement and spread effective strategies to combat the impact of substance use across Indian Country. Our goal is to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.

The HOPE Committee convened its 2nd annual face-to-face planning meeting last month. The Committee secured additional participation from nursing, behavioral health, and physical therapy during this meeting to ensure a comprehensive work plan that fully incorporates cutting edge techniques in pain management and increases access to treatment and recovery services.

The HOPE Committee has provided training opportunities for IHS clinicians in pain management and treatment of Opioid Use Disorder. The committee has also supported the implementation of naloxone programs to reduce overdose deaths and supported improved perinatal response to opiate use. The committee has reviewed and updated policies to ensure they are aligned with the most current national guidelines to include recent release of a Dental Acute Pain management guideline for IHS. Along with their accomplishments, the committee also

launched a new opioid website at www.ihs.gov/opioids that offers resources on crisis response, prevention, and proper pain management. This site is intended to share information and increase communication surrounding opioids with patients, health care providers, tribal leaders, tribal and urban program administrators, and other community members.

Last month the Surgeon General and I participated in an Opioid Awareness Community Event in Anchorage. We participated in a panel discussion with the State of Alaska's Health Director and representatives from the FBI, DEA, Anchorage Police Department, and Cook Inlet Tribal Council Recovery & Re-Entry Services, and heard from people about their recovery experiences.

We are looking at innovative ways to work together to combat this epidemic, such as ways to provide medication-assisted treatment in rural communities. Currently, the Internet Eligible Controlled Substance Provider Policy is a priority for IHS and in the process of agency approval. Finally, the IHS National Pharmacy and Therapeutics Committee moved to add buprenorphine to the National Core Formulary. This means that IHS federal sites are required to stock and dispense buprenorphine for medication assisted treatment pursuant to a legal prescription.

In concert with Secretary Azar's top priorities to transforming the nation's healthcare system to a value-based system, includes using alternative models to drive value and quality. As I mentioned at our last meeting, the traditional hospital model is not efficiently meeting the health needs of the individuals, communities, and tribes in some of the locations IHS serves. There is a mismatch

between the organization and delivery of care and the health needs of the community in the geographic and social context in which the care is provided. Innovation can offer opportunities for a system of care that can perform better in these circumstances.

Our facilities are predominately in rural locations with limited access to services for the population, or in urban areas where the services provided are duplicative of services available in larger, better-funded private sector facilities. As a result, our hospitals tend to have low utilization of inpatient services with very low average daily census. Due to CMS minimum census and minimum volume requirements, Acute Care hospital accreditation is not an option in some of these locations. To address this we can transition from full hospital services to an ambulatory care center with 24/7 urgent care, reallocating staffing and resources from the expensive and lightly used inpatient services to more cost-effective and heavily used primary care services.

Last week at the National Tribal Health Conference in Oklahoma City, we heard positive feedback from tribes about some of the benefits where a hospital closed and transitioned to a health center. While there were definitely strong sentiments about the closure, the change resulted in improvements in performance, costs and services.

For some facilities, conversion to Critical Access Hospitals may provide flexibility to better tailor services to meet each community's unique needs. IHS currently operates five Critical Access Hospitals:

- Hopi Health Center,
- Parker Indian Hospital,
- Cass Lake Indian Hospital,
- Fort Belknap Health Care Center,
- and Crow/Northern Cheyenne Indian Hospital.

With regard to addressing quality care at the IHS, we work in partnership to improve quality of care by implementing best practices and identifying operational improvement needs through the Partnership to Advance Tribal Health, or PATH.

This partnership supports IHS hospitals to:

- Develop leaders through training and networking
- Build strong hospital systems through team based care and clinical quality improvement
- Strengthen patient, family and tribal engagement
- Promote and spread best practices in hospitals
- Ensure that clinical, operational and safety standards are met or exceeded
- Assist with the development of hospital improvement plans
- Establish baseline data to ensure plans for improvement are successful and sustainable

In August of this year, we identified four specific aims that we hope to accomplish over the next five years through these efforts, they are

- Improve safety and reduce risk by 50% overall across IHS by creating a harm-free, high reliability care environment and learning culture through implementation of a comprehensive patient safety and risk management;
- Identify systems in place for sustained compliance with relevant federal regulations, accreditation and professional organization standards in all IHS hospitals;
- Identify systems in place to assure hospital transitions across the care continuum; and
- Evaluate Alternative Care Models and implement the best fit.

We strive for successful outcomes throughout the entire IHS, tribal and urban system. Thank you for your leadership on this committee and for your continued support in assisting us to accomplish our mission of the Indian Health Service.

Thank you.