

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

SEPTEMBER 1, 2022



Opening Remarks



BENJAMIN SMITH
DEPUTY DIRECTOR
INDIAN HEALTH SERVICE





Tribal and Urban Leadership Call

September 1, 2022



LORETTA CHRISTENSEN MD MBA MSJ FACS
CHIEF MEDICAL OFFICER
INDIAN HEALTH SERVICE



Strategy 1 - Prevent

- Get vaccinated, including boosters!!!
- Shipping of Omicron booster day after Labor Day
- Getting vaccinated is the key to decreasing the impact of another wave
- Wear a N95 or KN95 in closed, poorly ventilated place
- Keep your distance when possible
- Good hand hygiene



American Indian/Alaska Native Vaccination Rates

Data reflective of 8/23/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Receiving (3 rd & Any Booster) Doses
Age 65+	90.5% (134,024)	70.9% (105,085)	61% (64,152)
Age 18+	76% (648,079)	56.9% (484,930)	46.3% (224,411)
Age 12-17	52.2% (76,244)	36.5% (53,337)	30.5% (16,254)
Age 5-11	23.6% (42,664)	17.3% (31,273)	11.5% (3,610)
Age <5	3.3% (3,692)	0	N/A

- Rates are gradually increasing in all categories and age ranges
- Notable increases in 30 days:
 - Pediatrics 5-11 yrs
 - 1st doses ↑ 1.5% (2,545 doses)
 - Boosters ↑ 4.2% (1,397 doses)
 - Pediatrics 0-4 yrs
 - 1st doses ↑ 2.1% (2,309 doses)

Data Considerations: All data is from the IHS COVID-19 Dashboard

- Second boosters are not yet displayed separately in the IHS COVID-19 Dashboard
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.



National Immunization Awareness Month

- August is National Immunization Awareness Month!
 - Highlights the importance of vaccination for people of ALL ages – Routine and COVID-19 vaccines!
- Excellent opportunity to address childhood vaccines
 - Vaccine rates are still lagging from the effects of the pandemic
 - Ideal to utilize back-to-school timeframe to update due or overdue vaccines during routine care
 - Sports Physicals and Headstart physicals
 - Annual check-ups and well child visits
 - Utilize targeted and widespread outreach to families
- Excellent opportunity to address ADULT vaccines
 - Nearly every American adult is due for a vaccine...what about you?!
 - Hepatitis B vaccine recommended for EVERY adult <60yrs now and certain individuals over 60yrs
 - New Pneumococcal recommendations are in place – do you need an update?
 - COVID-19 boosters or 2nd boosters in 50yrs+ and immunocompromised individuals
 - Tetanus boosters are due every 10 years
 - Shingles vaccine is recommended for EVERY adult ≥ 50yrs and immunocompromised individuals that are 18-49yrs



Strategy 2 - Detect

- 4.68 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 17.5%
- Over 520,534 positive tests
- Home testing: many kits sent out, supply is available and still encourage use



Home testing Antigen tests

- If you have symptoms of COVID and get a negative test, repeat in 48 hours
- If you were exposed test 48 hours after an initial negative test and again in 48 hours for total of at least three tests
- Isolate for 5 days, masks for the next 5 days but negative test is good for leaving isolation with mask



Fall Boosters - Variant Formulations

- Bivalent Omicron containing boosters will be shipping the week of Labor Day
 - Includes the original coronavirus strain and BA.4 and BA.5 subvariants
 - These will be NEW vaccine products and are expected to be widely recommended
 - Roll out may be staggered, or launch at the same time
 - Pfizer may be rolled out first and Moderna may lag by a week or so
- Roll out in September will align with seasonal influenza vaccine administration
- These boosters will replace ALL boosters once rolled out (for authorized ages)
 - Anticipate Pfizer EUA for 12 years and older
 - Anticipate Moderna EUA for 18 years and older (initially)
 - Younger ages ranges being studied for both manufacturers
 - May be available later in the year
 - Pfizer 5-11 yrs may be available as soon as October



Commercialization of COVID-19 Vaccine

- Commercialization discussions are being revitalized.
 - Commercialization anticipated early 2023
 - Motivated by budget and limited USG purchases after CY 2023
- When commercialization occurs it is likely to resemble distribution process of routine vaccines with private purchase and distribution through usual vendors.
- It will be critical to ensure that the IHS has ongoing interaction with the CDC and H-CORE throughout transition planning.
- IHS will monitor/address MOA scheduled to expire 11/17/22.



Monkeypox

Monkeypox

- 18,417 cases in the United States
- In 50 states
- If there is a case in the household, use all precautions with disinfection of surfaces and separation of personal items and laundry



Monkeypox

- Most risk is contact with someone who has Monkeypox
- Close sustained skin to skin contact with someone with an active rash or droplets
- Flu like symptoms
- Resolves in 2-4 weeks
- Low risk
- There are vaccines for Monkeypox



Monkeypox Cases

- Cases in IHS Areas that have been discussed to date:
- 2 in AK
- 3 in CAL
- 1 in NAV
- 8 in PHX
- Some additional cases are pending confirmation



Jynneos Vaccine

- Jynneos is an attenuated live virus vaccine for smallpox, but can be used for monkeypox
- FDA licensed in 2019, recommended by ACIP in 2021
 - 2-dose series, separated by 4 weeks
 - Authorized for traditional 0.5mL SQ dosing
- EUA authorized August 8, 2022 authorizing:
 - For 18 years and older: 0.1mL intradermal injection
 - Under 18 years of age: 0.5mL SQ injection



TPOXX (Tecovirimat)

- Total of 228 courses, allowing the NSSC to begin pre-positioning supply across the agency
- Limited allocations received to date
 - 30 courses week of 8/8/22
 - 48 courses week of 8/15/22
 - 150 course week of 8/22/22
- With the additional supply of TPOXX received, NSSC and will work to preposition courses in Areas for expedient use.



Monkeypox Countermeasures

Area	JYNNEOS Vials Sent	TPOXX Courses Sent
ALASKA	220	2
ALBUQUERQUE	160	
BEMIDJI	40	
BILLINGS	60	
CALIFORNIA	40	2
GREAT PLAINS	120	
NASHVILLE	80	
NAVAJO	300	
OKLAHOMA CITY	120	
PHOENIX	280	5
PORTLAND	180	
TUCSON	20	
Grand Total	1620	9

NSSC began distributing:

- TPOXX as of 8/12/22
 - Treatment courses sent for prepositioning in some Areas (logistics)
 - Treatment of cases in others
- Jynneos as of 8/15/22
 - Some Areas have begun vaccination for PEP and PEP++



Table 1. Vaccination Strategies Used in the 2022 U.S. Monkeypox Outbreak

Strategy	Definition	Criteria
Post-Exposure Prophylaxis (PEP)	Vaccination after known exposure to monkeypox	<ul style="list-style-type: none"> • People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment
Expanded Post-Exposure Prophylaxis (PEP++)	Vaccination after known or presumed exposure to monkeypox	<p>Any of the following:</p> <ul style="list-style-type: none"> • People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment • People who are aware that a recent sex partner within the past 14 days was diagnosed with monkeypox • Certain gay, bisexual, or other men who have sex with men, or transgender and gender diverse people who have sex with men, who have had any of the following within the past 14 days: sex with multiple partners (or group sex); sex at a commercial sex venue; or sex in association with an event, venue, or defined geographic area where monkeypox transmission is occurring
Pre-Exposure Prophylaxis (PrEP)	Vaccination before exposure to monkeypox	<ul style="list-style-type: none"> • People in certain occupational risk groups*

Strategy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
 - Remdesivir is approved for outpatient treatment
 - Bebtelivomab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention
- The oral antivirals are approved however **Paxlovid is provided at Test 2 Treat**

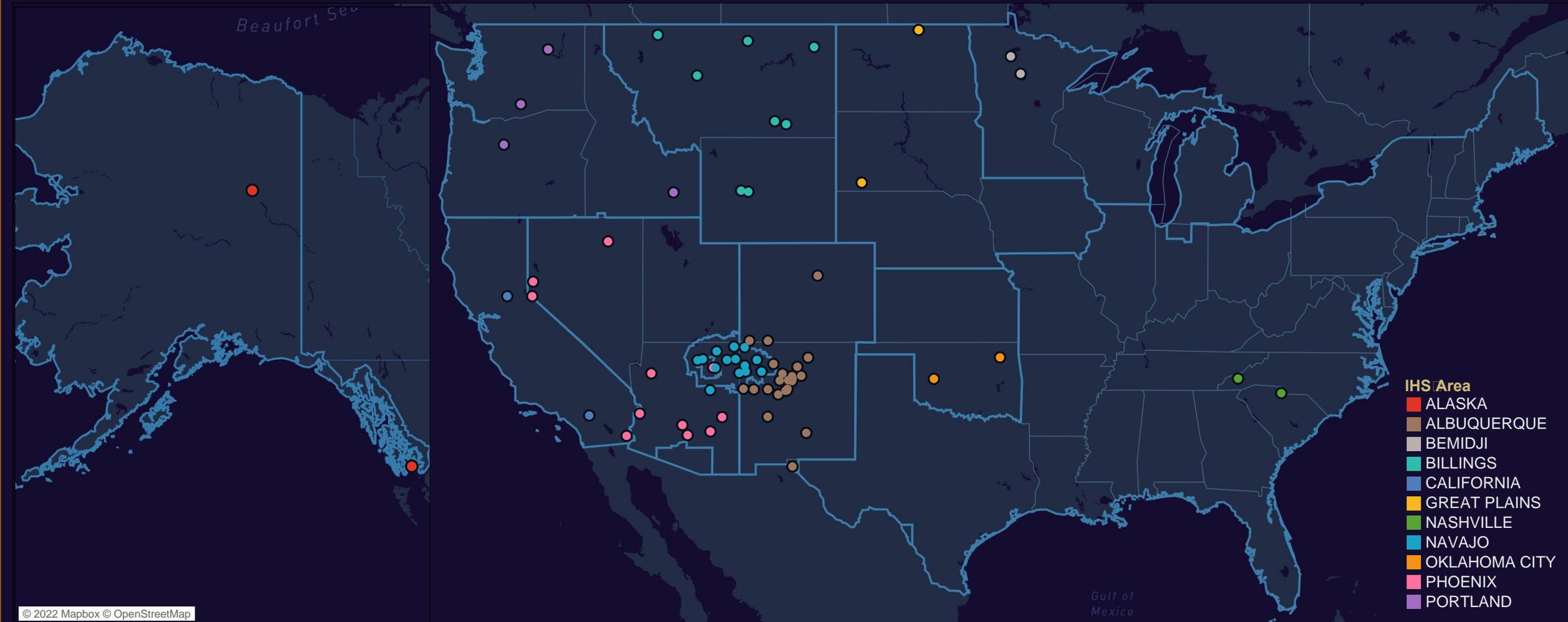


Test and Treat

- Established Test and Treat for our communities up to 74 sites now
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites



IHS Test To Treat Sites



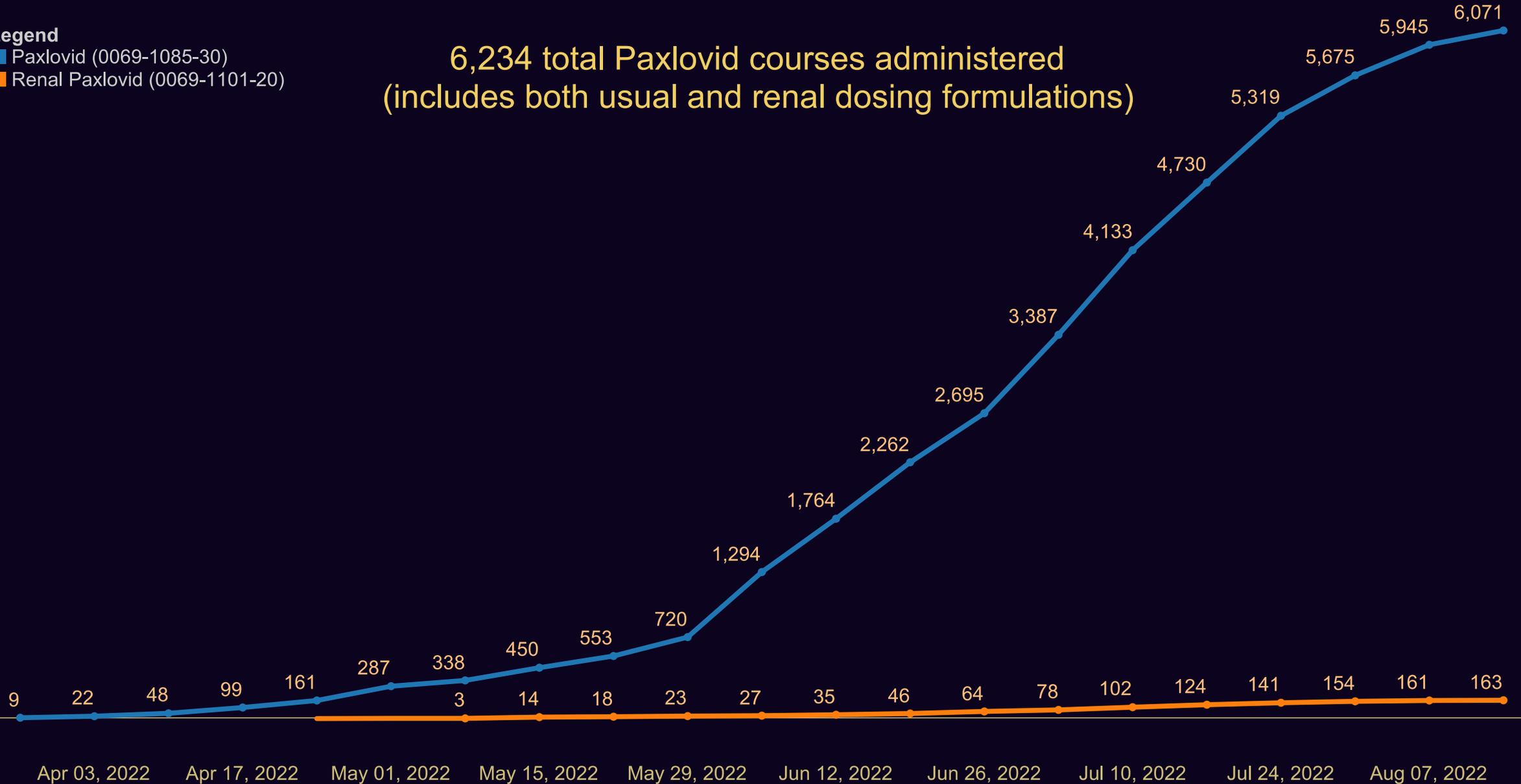
IHS Test to Treat: Courses of Paxlovid Administered (Running Total)

Data from the HHS Health Partner Order Portal (HPoP) System

Legend

- Paxlovid (0069-1085-30)
- Renal Paxlovid (0069-1101-20)

6,234 total Paxlovid courses administered
(includes both usual and renal dosing formulations)

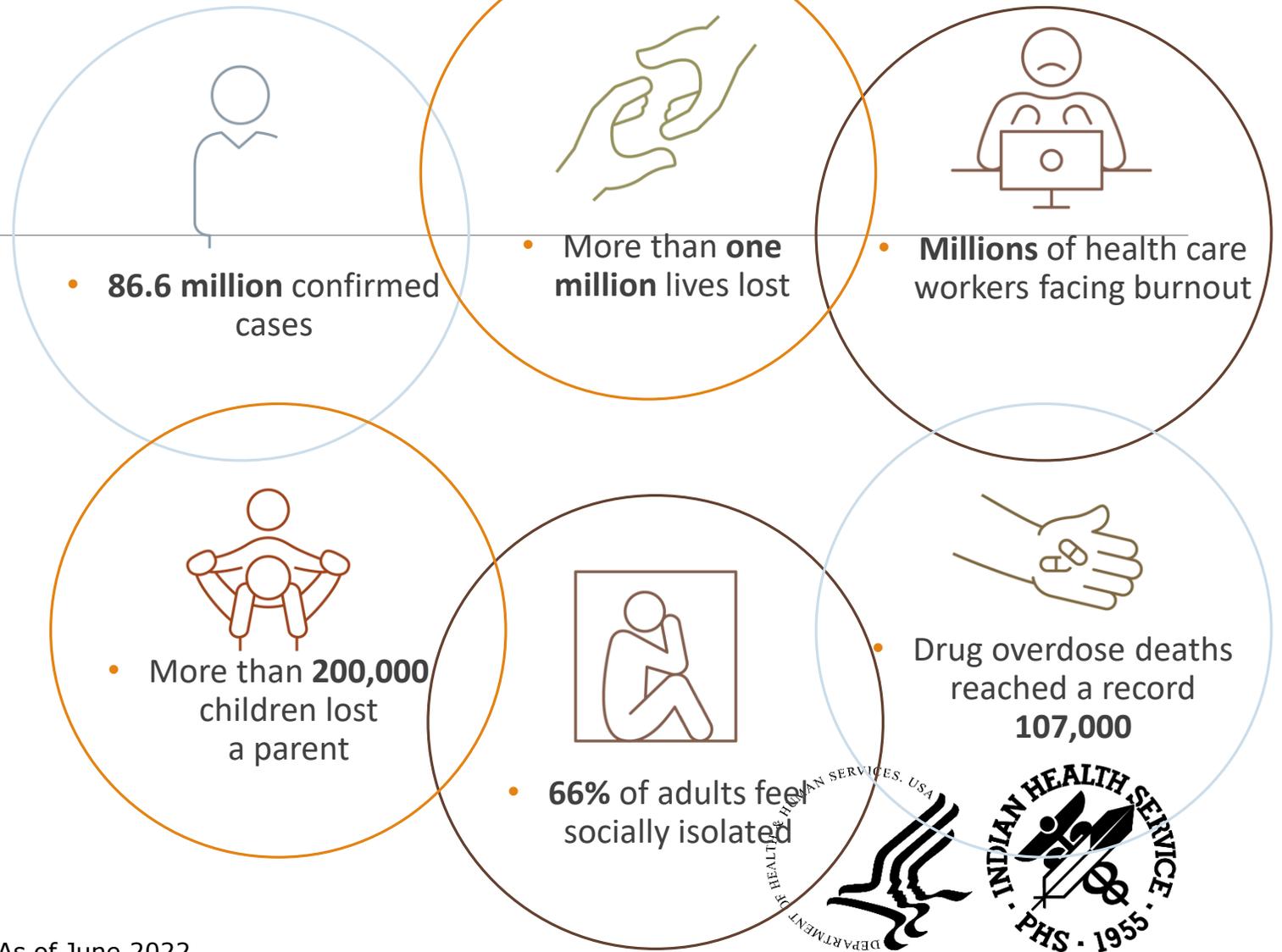


Strategy 4 - Recover

- Manage Long COVID
- Increase mental health services
- If you are having symptoms that continue after COVID see your primary care doctor
- Up to 30% of people that tested positive for COVID will have Long COVID



COVID-19 has affected many aspects of our lives



*As of June 2022

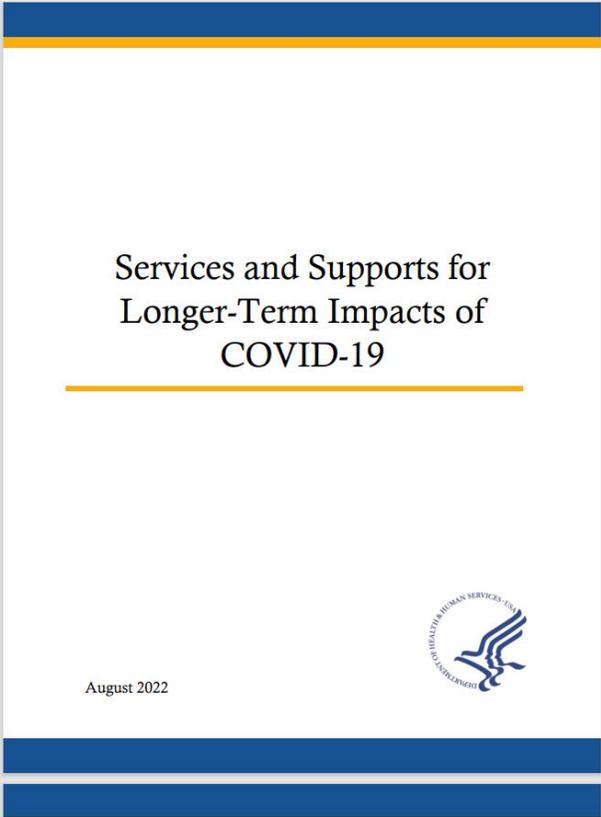


Long COVID is real

- Millions of people are living with it
- Risk estimates vary between 5 and 30%
- Can impact ability to work, go to school, participate in community life, and do everyday activities
- Some racial and ethnic minority groups, older adults, people with disabilities, and people with lower incomes may be more at risk for Long COVID due to the inequities that put them at risk for COVID-19



Interagency Long COVID Services and Support



www.covid.gov/longcovid



Work

- Trauma informed care: First phase rolled out
- Social determinants of health: Integrating with OIT and OPHS also incorporating Community needs assessment into this project
- Patient centered website development continues
- Maternal Health projects: All projects continue
- Food/Nutrition insecurity: collaborating with agencies, establishing a survey and working on the Produce Prescription Plan



And.....

- Retooling Primary Care: rollout of IPC Learning Lab and planning for an expanded and innovative workforce
- Working towards reimbursement for non-traditional providers
- Cancer Prevention and Treatment: Plan rolling out for improved cancer care in tribal communities
- Health Coach Pilot Project in progress
- Graduate medical education and increase access to residents and residency programs moving forward
- Expansion of behavioral health services





Indian Health Service Budget Update

JILLIAN CURTIS

CHIEF FINANCIAL OFFICER

SEPTEMBER 1, 2022



Indian Health Service Fiscal Year 2023 Budget



Fiscal Year 2023 President's Budget

The FY 2023 President's Budget proposes the first ever fully mandatory budget for the IHS. In FY 2023, the Budget proposes a total of \$9.3 billion for the IHS, which is +\$2.5 billion above FY 2022. This includes four accounts:

- ❖ Services: \$6.3 billion
- ❖ Facilities: \$1.6 billion
- ❖ Contract Support Costs: \$1.142 billion
 - Remains an indefinite appropriation for fully funding CSC
- ❖ Payments for Tribal Leases: \$150 million
 - Remains an indefinite appropriation for fully funding the cost of section 105(I) leases

10-Year Funding Proposal

The mandatory budget proposal would be accomplished through new authorizing legislation, and would provide funding each year for 10 years.

- Funding culminates in a total of \$36.7 billion in FY 2032, which is an increase of nearly \$30 billion or a 296 percent over the 10-year window.
- Automatic increases for pay costs, inflation, and population growth are included each year.
- Proposed funding would be fully exempt from sequestration, and the IHS would be protected from government shutdowns.

Key Proposals

The mandatory budget proposal addresses a number of longstanding Tribal priorities and critical challenges through additional funding increases over 10 years, including:

- +\$11.2 billion in the Services Account over 5 years to address the 2018 Level of Need Funded deficiency; and
- +\$6 billion over 5 years to complete the IHS transition to a fully modernized EHR solution.

Key Proposals (*cont.*)

The mandatory budget proposal addresses a number of longstanding Tribal priorities and critical challenges through additional funding increases over 10 years, including:

- +\$1.1 billion in the Facilities Account over 5 years to address the 1993 Health Care Facilities Construction Priority List; and
- +\$454 million in the Facilities Account over 5 years to address medical equipment needs for IHS and Tribal Health Programs.

Indian Health Service FY 2023 House Bill



Fiscal Year 2023 House Bill

The fiscal year (FY) 2023 House Bill includes a total discretionary budget authority of \$8.1 billion, which is \$1.5 billion, or 18%, above the enacted FY 2022 funding level, and \$1 billion below the FY 2023 President's Budget.

- The bill does not include mandatory appropriations or discretionary advance appropriations.

This includes four accounts:

- ❖ Services: \$5.7 billion
- ❖ Facilities: \$1.3 billion
- ❖ Contract Support Costs: \$969 million
 - Remains an indefinite discretionary appropriation for fully funding CSC
- ❖ Payments for Tribal Leases: \$111 million
 - Remains indefinite discretionary appropriation for fully funding the cost of section 105(I) leases

Indian Health Service FY 2023 Senate Bill



Fiscal Year 2023 Senate Bill

The fiscal year (FY) 2023 Senate Bill includes a total discretionary budget authority of \$7.4 billion, which is \$749 million, or 11%, above the enacted FY 2022 funding level, and \$1.7 billion below the FY 2023 President's Budget.

This includes four accounts:

- ❖ Services: \$5.2 billion
- ❖ Facilities: \$1.1 billion
- ❖ Contract Support Costs: \$969 million
- ❖ Payments for Tribal Leases: \$111 million

Fiscal Year 2023 Senate Bill (*cont.*)

The fiscal year (FY) 2023 Senate Bill also includes two major priorities.

- ❖ Advance Appropriations
 - Provides advance appropriations for the Services and Facilities accounts, except for “project- based” activities like Electronic Health Record Modernization, Health Care Facilities Construction, and Sanitation Facilities Construction.

- ❖ Mandatory Reclassification of:
 - Contract Support Costs
 - Section 105(I) Lease Payments



IHS Special Diabetes Program for Indians

Carmen Licavoli Hardin, Acting Director,
Division of Diabetes Treatment &
Prevention

Office of Clinical & Preventive Services,
Indian Health Service



Special Diabetes Program for Indians (SDPI)

- First authorized by Congress in 1997 to provide funding for diabetes prevention and treatment services in American Indian/Alaska Native (AI/AN) communities.
 - Funds 301 IHS, Tribal, and Urban (I/T/U) Indian health programs located in 35 states.
 - Are designed to address local community priorities
 - Serves >780,000 AI/AN people and has increased access to many types of services
 - Fiscal year 2022 is the 25th year of the SDPI and the 7th year of the current grant cycle.

Special Diabetes Program for Indians: Funding

- The Consolidated Appropriations Act, 2021 re-authorized SDPI until September 30, 2023 at \$150 million per year.
 - SDPI has been authorized at \$147 million for FY 2022 and FY 2023, a \$3 million decrease each year due to mandatory sequestration.
 - Annual grant amounts for 2022 were NOT impacted by sequestration

Special Diabetes Program for Indians 2023: Tribal Consultation & Urban Confer

The Tribal Leaders Diabetes Committee (TLDC) met virtually on September 14, 2021, and voted to recommend that national Tribal Consultation and Urban Confer take place regarding the SDPI FY 2023.

- Tribal Consultation and Urban Confer opened on April 15, 2022, and closed on May 15, 2022.
- Received 53 responses:
 - 8 Area Reports,
 - 24 from Tribes/Tribal Organizations,
 - 17 from Urban Indian Organizations,
 - 2 from Tribal Health Boards, and
 - 2 from current SDPI grantees/subgrantees).
- During the TLDC hybrid meeting on June 8, 2022, they reviewed the input and developed recommendations (per majority vote) for the Acting IHS Director's consideration.

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions

1. No changes to the current SDPI funding distribution for FY 2023

- IHS Response: The current SDPI funding distribution will be maintained for FY 2023, including:

• Tribal and IHS Grants	\$130.2M
• Urban Grants	\$ 8.5M
• Data Infrastructure Improvement	\$ 5.2M
• <u>SDPI Support</u>	<u>\$ 6.1M</u>
	\$ 150.M
<u>2% Mandatory Sequestration</u>	<u>-\$3M</u>
TOTAL:	\$147M

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions (cont.)

2. To hold the current grantees harmless and only add new applicants if additional funding is available.

- IHS Response: The new SDPI grant cycle is open to all eligible applicants, regardless of whether they are a current grantee.
- The IHS will make a decision about the individual, annual award amounts based on available appropriations after the SDPI grant application process is completed.

3. Request that IHS support and provide technical assistance to Congress regarding SDPI

- IHS Response: The IHS will provide technical assistance to Congress regarding SDPI, when requested.

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions (cont.)

4. Develop an SDPI Diabetes Best Practice that focuses on Diabetes Prevention.

- IHS Response:
 - SDPI grantees are required to implement one SDPI Diabetes Best Practice (also referred to as "Best Practice").
 - Best Practices are focused areas for improvement of diabetes prevention and treatment outcomes in communities and clinics.
 - Currently, there is not a Best Practice for Diabetes Prevention
 - Is being developed and will be available for SDPI grantees to use during the upcoming 5-year grant cycle.

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions (cont.)

5. Streamline the SDPI data collection process by collecting and using 3-year reports, rather than annual

- IHS Response:
 - IHS will maintain an annual data collection process, which is described in the SDPI 2023 NOFO.
 - Annual data reporting allows IHS, Tribal, and urban Indian health care organizations timely:
 - Assessments of patients with diabetes
 - Identification of strengths and weaknesses of the diabetes care they are providing and areas for improvement
 - Implementation of strategies to work towards the goal of providing all diabetes patients with the highest quality of care

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions (cont.)

6. Allow greater administrative flexibility and latitude so unobligated funds stay with the current grantees at the end of the grant cycle (12/31/22)

- IHS Response:
 - DGM is allowing all current SDPI grantees the opportunity to request a no-cost extension of their FY 2022 grant award.
 - This will allow grantees additional time to work on the activities that support their grant's scope of work and properly close down their grant.
 - SDPI 2022 grantees have until **December 1, 2022** to submit a request for a no-cost extension

Special Diabetes Program for Indians 2023: TLDC Recommendations & IHS Decisions (cont.)

7. Share SDPI best practices and resources among SDPI grantees (train the trainer)

- IHS Response:
 - DDTP is planning an Advancements in Diabetes webinar within FY 2023 that will highlight SDPI grantees' successes and allow the sharing of best practices and resources.

Special Diabetes Program for Indians: 2023 Grant Application

The SDPI FY 2023 grant application process is be open to ALL eligible applicants.

- All applicants who meets the eligibility criteria and receive a fundable score after their application has been reviewed by an Objective Review Committee will be awarded SDPI funding.
 - Includes current (2022) SDPI grantees and new applicants
 - SDPI grant application was made available on 7/26 and closes on 10/7
 - Notice of Funding Opportunity was published in the Federal Register on 7/29
 - DTLL/UIOLL was published on the IHS website on 8/26

Special Diabetes Program for Indians: 2023 Grant Application



Special Diabetes Program for Indians (SDPI)

NOW AVAILABLE

Purpose:

To provide diabetes treatment and prevention services in American Indian and Alaska Native communities.

To access the NOFO and the grant application see the link in this post.



Deadline to submit applications: 10/7/22

ALL eligible applicants are welcome to apply.

See the Notice of Funding Opportunity (NOFO) for details on eligibility.

For questions, contact SDPI@ihs.gov

Special Diabetes Program for Indians: 2023 Grant Application

To access the SDPI Grant Application:

<https://www.grants.gov/web/grants/search-grants.html?keywords=sdpi>

To access the SDPI NOFO:

<https://www.federalregister.gov/documents/2022/07/29/2022-16264/special-diabetes-program-for-indians>

Special Diabetes Program for Indians: 2023 Grant Application

Questions?

SDPI@ihs.gov

DiabetesProgram@ihs.gov

1-844-IHS-DDTP





Questions & Answers

Next Tribal Leader and UIO Leader Call:

October 6, 2022



