



DRAFT INDIAN HEALTH SERVICE STRATEGIC PLAN FOR FISCAL YEARS 2024-2028



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

LETTER FROM THE DIRECTOR



INTRODUCTION

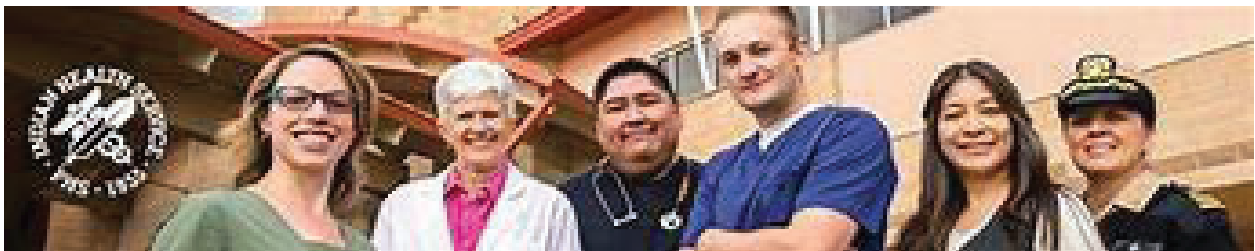
Agency Overview

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health service to American Indians and Alaska Natives (AI/AN). The provision of health services to members of Federally-recognized tribes grew out of the special government-to government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article 1, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decision, and Executive Orders. The IHS is the principle federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides comprehensive health service delivery for approximately 2.8 million AI/AN, who belong to 574 Federally-recognized Tribes in 37 states.



Our IHS Team

The IHS provides quality healthcare through a variety of direct patient care, public health service, and administrative positions. We are staffed by approximately 15,000 dedicated and hardworking professional employees made up of a mixture of Civil Service federal employees and the United States Public Health Service (USPHS) Commissioned Corps Officers.



Indian Health Service Health Care

The provision of health services to members of Federally-recognized Tribes is a result of the Federal obligation to provide health care to AI/ANs and is important when designing health care programs, developing federal budgets, coordinating with other agencies, and obtaining regulation waivers for selected Indian programs.

The United States Constitution, Article I, Section 8 specifically addresses the Federal government's primary role in dealing with Indians, and the United States Supreme Court has specifically addressed the relationship between Tribes, States, and the Federal government. The relationship between Tribes and the Federal government is a government-to-government relationship that has been defined in case law and statute as a political relationship that is distinct from racial classification for purposes such as affirmative action. Treaties between the Federal government and Indian Tribes sometimes call for the provision of medical services, the services of physicians, or the provision of hospitals for the care of Indian people. Congress enacted several statutes authorizing the Federal government to provide health care services to AI/AN, including the Snyder Act (25 U.S.C. § 13), the Transfer Act (25 U.S.C. § 2001(a)), and the Indian Health Care Improvement Act (IHCIA) (25 U.S.C. § 1601-1683). IHS is the Federal agency with the primary responsibility for carrying out these authorities and delivering health care to AI/AN. IHS also operates consistent with other laws, court cases, and Executive Orders that reaffirm the government-to-government relationship between Tribal governments and the Federal government.



There still exists a belief that AI/AN are not citizens of their states and are not eligible for state programs and benefits. AI/AN, as citizens of the United States, are eligible to participate in all public, private, and state health programs available to the general population. In addition, they also are eligible for Federal health care services provided by the Department of Health and Human Services to Indians because of their status as Indians. Based on the government-to-government relationship, the Federal government consults with Indian Tribes regarding those Federal health care services and actively advocates for policy, legislative, and budgetary planning for Indian health care.

Indian Health Service Partnerships

The future of Indian health care requires coordinated intervention of health care services, educational systems, and economic development programs. Critical to this effort are collaborations and partnerships among tribal nations, urban Indian organizations, academic medical centers, foundations, businesses, professional organizations, and federal agencies and programs.

The IHS cannot improve the health status of AI/AN people without mutually beneficial partnerships. The belief that improvements in health services alone will mean improvements in overall health status is not reasonable. Improvements must take place in all areas that contribute to quality of life, including educational achievement, employment opportunities, and economic development. All HHS agencies and programs, in addition to other Federal agencies, have a shared responsibility for improving programs that impact quality of life issues.

The IHS works in partnership with members of the local communities it serves. This includes consulting with those who are most knowledgeable of the daily challenges of Indian health care, as well as with Tribal governments and organizations, to establish a collaborative decision-making process. The solidifying and strengthening of these partnerships are one of IHS's greatest management achievements over the years. These achievements in the health arena can be expanded through similar efforts in the academic and business arenas.

Collaborations have been established with all HHS agencies, as well as with other government agencies, including the Departments of Interior, Justice, Veterans Affairs, and the Environmental Protection Agency. Collaborations with non-governmental organizations include the Notah Begay III Foundation, National Congress of American Indians, Boys & Girls Clubs of America, Mayo Clinic, Dartmouth College, Johns Hopkins University, NIKE USA, Inc., University of Buffalo, and the American Academy of Ophthalmology, as well as many other universities and health, medical, and local organizations across the country. All these partnerships have been established to complement health programs and to examine how improvements in education, law enforcement, business practices, and employment can have positive effects on health status. The IHS also shares public health strategic approaches and best practices with other countries and their respective indigenous populations, including Canada, Mexico, Australia, and New Zealand.

The continued success of collaborations is dependent upon the embracing of the principle that Congress' statutory authority designates IHS with the primary responsibility for providing health care for AI/AN people. IHS serves as the lead agency with HHS to advocate and assist other agencies within the Department in this activity.

Tribal Consultation



The involvement of Tribal governments in activities and strategy of the IHS is mandated by law. The United States has a government-to-government relationship with AI/AN Tribes that is based on treaties, statutes, Presidential Executive Orders, and numerous court decisions. The IHS is committed to regular and meaningful consultation and collaboration with eligible Tribal governments. Tribal consultation is considered an essential element for a sound and productive relationship with Tribes. Tribal Consultation has been affirmed through Executive Orders in 1998 and 2000, and through Presidential Memoranda in 1994, 2004, and 2009, 2021 and 2022. In 1997, the IHS Director promulgated the first comprehensive Tribal Consultation and Participation Policy in the Federal government. The policy established a minimum set of expectations for IHS staff with respect to consulting and working with Tribal leaders.

The IHS conducts a variety of consultation activities with Tribal leaders and representatives of Tribal governments, including national meetings, regional inter-tribal consultation sessions, individual Tribal delegation meetings, Area consultation sessions., and Tribal advisory workgroups. Tribal leaders and representatives also play an important role in the IHS budget formulation and setting health priorities at the national and regional levels.

Tribes' involvement in advising on and making recommendations for IHS to consider in its decision-making process has resulted in stronger collaborations between the Federal government and Tribal governments, innovations in the management of programs, and important issues being brought forward for consideration by IHS, the Administration, and Congress, in a timely fashion.

IHS consultation practices and procedures are reviewed continuously to ensure they meet the requirements of the Agency's Tribal consultation policy.



Tribal Self-Governance



The IHS Tribal Self-Governance Program recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their communities. The number of Tribal Self-Governance Program success stories grows each year, and the IHS supports this success by offering information, technical assistance, and policy coordination.

Tribal governments continue to develop innovative solutions to the health care delivery challenges of their communities. Tribes consider the needs and circumstances of their members when selecting from available health care options. Tribes may choose one or a combination of the following options:

1. Continue to receive direct health care services offered by the IHS to AI/AN.
2. Use the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA), Titles I and V, to assume responsibility for health care formerly offered by IHS the federal government.
3. Fund the establishment of their own programs or supplementation of ISDEAA programs.

Congress recognized the importance of tribal decision-making in tribal affairs and the importance of the nation-to-nation relationship between the United States and Tribes through the passage of the ISDEAA (Public Law 93-638) in 1975. Subsequent amendments to the ISDEAA strengthened the federal policies supporting tribal self-determination and self-governance. In 1992, Congress amended the ISDEAA to authorize a Tribal Self-Governance Demonstration Project within the IHS, giving federally recognized Tribes the option of entering into self-governance compacts to gain more autonomy in the management and delivery of their health care programs. That same year, the IHS established the Office of Tribal Self-Governance to oversee the implementation of the Tribal Self-Governance Program. By the end of 1994, 14 Tribes exercised their option to enter into self-governance compacts. In 2000, Congress passed the Tribal Self-Governance Amendments (Public Law 106-260) to create Title V of the ISDEAA and authorize the IHS Tribal Self-Governance Program (42 C.F.R. Part 137).

Self-governance compacting affords Tribes the most flexibility to tailor health care services to the needs of their communities. Tribes overwhelmingly agree that having the ability to create a

comprehensive approach to health services is the greatest benefit of the Tribal Self-Governance Program. Other benefits include improved communication between tribal programs; partnerships with state and local governments to provide services; innovative health programs; establishment of the Tribal Self-Governance Advisory Committee; and creation of the Office of Tribal Self-Governance to serve as a federal-tribal liaison, offer technical assistance to Tribes, coordinate and lead policy discussions, and provide access to the IHS Director. Program success is demonstrated by the increasing number of Tribes choosing to participate.

Urban Confer

On March 23, 2010, as part of the Patient Protection and Affordable Care Act, Congress reauthorized and amended the IHCA, 25 U.S.C. §§ 1601, et seq. Congress added a requirement that the IHS "confer," to the maximum extent practicable, with Urban Indian Organizations (UIOs) in carrying out the IHCA. 25 U.S.C. § 1660d(b). Consistent with this new IHCA authority, the IHS developed a policy on Conferring with UIOs. The IHS Conferring Policy provides guidance on seeking input from UIOs on urban Indian health matters to ensure that the health care needs of urban Indian populations are considered at the local, Area, and national levels when implementing and carrying out the IHCA. The Conferring Policy has been used since its implementation in carrying out the IHCA to ensure the highest possible health status for urban Indians. The IHS is the only agency within the federal government to implement this formal process. It is a best practice and critical partnership opportunity emphasizing trust, respect, and shared responsibility. The IHS continues to use its Urban Conferring Policy and revise it as deemed necessary to improve the process, bring about the desired results, and fulfill the IHS mission to raise the physical, mental, social, and spiritual health of AI/AN to the highest level.

Urban Indian Program



Approximately 70 percent of AI/AN live in urban areas, with 25 percent of them residing in counties served by UIOs authorized and funded through Public Law 94-437, Title V. Urban Indian people are often invisible in the urban setting and face unique challenges when accessing health care. A large proportion of urban Indian people live in or near

poverty and face multiple barriers such as the lack of quality and culturally relevant health care services in cities. Urban Indians not only share the same health problems as the general Indian population, their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments. Urban Indian youth are at greater risk for serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect. Recent studies of the urban Indian population document poor health status and reveal that lack of adequate health care services are a serious problem for most families. Section 3 of P.L. 94-437, the IHCA, declares that “it is the policy of the Nation, in fulfillment of its special responsibilities and legal obligations to the American Indian people, to ensure the highest possible health status for Indians and urban Indians.” The IHS provides contracts and grants to 41 urban-centered, nonprofit UIOs providing health care services at 81 locations throughout the United States. UIOs provide unique access to quality health care and culturally appropriate services for urban Indian people. The UIOs are an integral part of the Indian health care system and serve as resources to both tribal and urban Indian communities. UIOs are an important support to urban Indian people seeking to maintain their tribal values and cultures and serve as a safety net for urban Indian patients. Social determinants of health play a key role in health and wellness, and UIOs address a wide range of factors contributing to improved health outcomes. The programs define their scopes of services based upon the documented and unmet needs of the urban Indian communities they serve. These services range from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Title V funds are but one source of funding for UIOs; most obtain supplemental resources from other federal, state, local, and private sources.

Mission

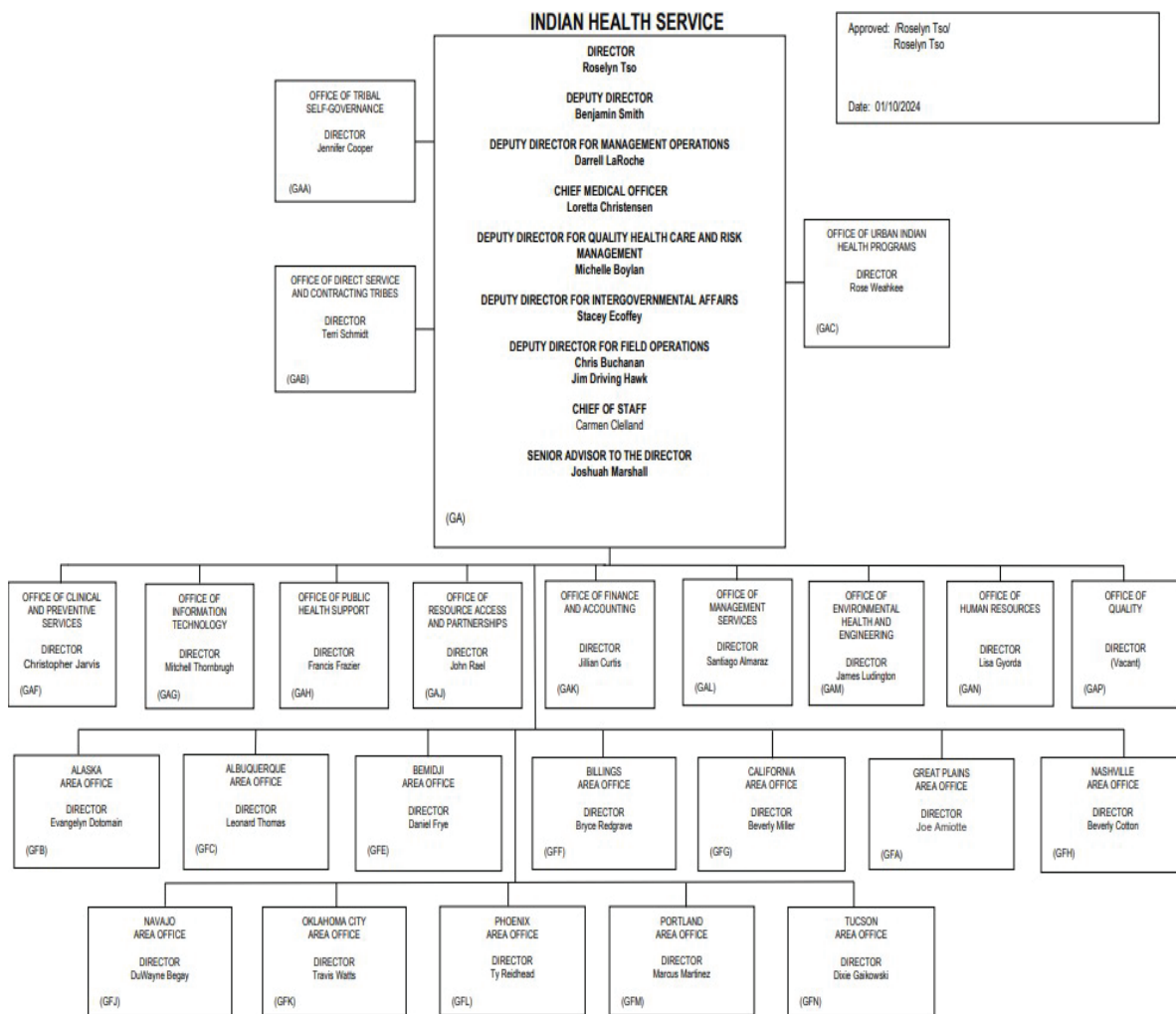
To raise the physical, mental, social, and spiritual health of AI/AN to the highest level.

Vision

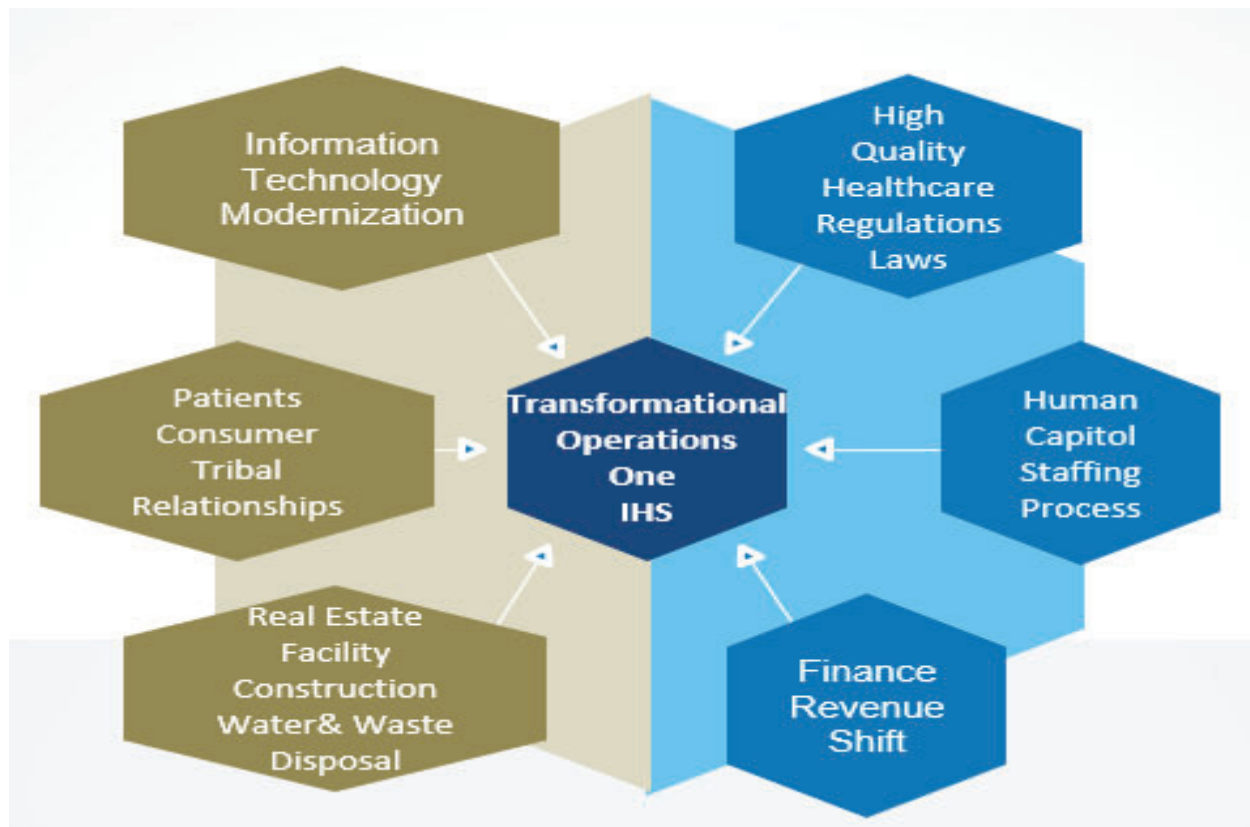
Healthy communities and quality health care systems through strong partnerships and culturally responsive practices creating: **ONE INDIAN HEALTH SERVICE**



Indian Health Service Organizational Structure



Strategic Drivers: One Indian Health Service



Strategic Driver Finance: To optimize financial performance and drive sustainable growth, our strategic goal for finance is to implement robust financial management practices and make informed decisions based on accurate and timely financial information. We will focus on improving financial planning and forecasting, enhancing risk management strategies, and ensuring compliance with regulatory requirements. By optimizing financial processes, leveraging technology, and fostering a culture of financial accountability, we aim to maximize profitability, improve cash flow, maximize use of appropriations as well as reoccurring funding and enhance the overall financial health of our Agency.

Strategic Driver Human Capital: To enhance organizational performance we are aligning human resource processes in a systematic and structured approach that encompasses the acquisition, development, utilization, and retention of employees with the Agency. This is inclusive of recruitment and selection, onboarding and orientation, performance management, training and development, compensations and benefits, employee relations, talent management and succession planning, employee development, employee engagement and retention. Our strategic goal for training is to provide comprehensive and continuous learning opportunities that align with the needs of our employees and the goals of our organization. We will invest in training programs that enhance employees' skills, knowledge, and competencies, ensuring they

have the tools and resources they need to excel in their roles. By fostering a culture of learning and professional growth, we aim to increase employee engagement, productivity, and retention, ultimately driving the success of our organization.

Strategic Driver Safe Water and Waste Disposal Facilities: To optimize and augment safe water and disposal systems, our strategic goal is to ensure access to clean and safe drinking water, as well as proper waste management and disposal systems. We will protect public health and the environment by implementing measures to prevent waterborne diseases and contamination. We will invest in water treatment and purification plants and processes to remove contaminants and ensure the safety of drinking water in collaboration with Indian Tribes. Building awareness and education we conduct awareness campaigns and educational programs to promote responsible water use, hygiene practices, and proper waste disposal methods. Ensuring compliance with relevant regulations and standards related to water quality and waste management we provide engineering expertise on the development, monitoring and evaluating the quality of water sources, treatment processes, and waste management systems to identify areas for improvement and ensure ongoing safety. This contributes to the well-being of Tribal communities, protects the environment, and promotes sustainable development.

Strategic Driver Health Facilities Construction: The strategic direction of health facility construction involves the planning, design, and construction of healthcare facilities to meet the healthcare needs of the Tribal population. This strategic goal aims to improve access to quality healthcare services, enhance patient care, and support the overall health system. We conduct thorough assessments of the healthcare needs of the target population to determine the type and size of health facilities required. The planning and design phase ensures that health facilities are designed to meet the specific needs of the community, considering factors such as population demographics, healthcare services required, and future growth projections. Constructing healthcare facilities, we adhere to standards and guidelines for safety, functionality, and accessibility. This may include primary healthcare centers, hospitals, specialized clinics, and other healthcare facilities. We incorporate appropriate technology and medical equipment into the facility design to enhance healthcare delivery, improve patient outcomes, and support efficient operations. Collaborating with Tribes, healthcare professionals, community members, and other stakeholders to ensure their input and involvement in the construction and design process, fostering a sense of ownership and community support. By incorporating sustainable and resilient design principles in health facility construction to minimize environmental impact, reduce operational costs, and enhance the facility's ability to withstand natural disasters or emergencies. Prioritizing health facility construction as a strategic direction, organizations can contribute to the provision of accessible and high-quality healthcare services, improve health outcomes, and strengthen the overall healthcare system of a community or region.

Strategic Driver Information Technology Modernization: One of the central principles of the IHS Health Information Technology (IT) Modernization Program is to build and operate the enterprise electronic health record (EHR) solution with our partners, not for them. Implementation of modern technology is essential for the IHS to enhance the user experience for

patients and providers, and centralize the solution for rapid, responsive support from technology experts nationwide. Our strategic goal is to provide the best possible EHR, managed by its users, for its users, that will drive high-quality health care through sustainable, modern, secure, and easy-to-use tools. This modernization aims to minimize system disruptions and streamline access to patient data across facilities, granting patients greater control over their care and providing clinicians with a comprehensive care overview. By transitioning from the Resource and Patient Management System (RPMS) to a commercial enterprise health IT suite, the IHS is addressing these critical needs, laying the groundwork for improved healthcare delivery and operational efficiency.

Strategic Driver High Quality Healthcare: The delivery of high-quality care and services to patients is inclusive of identifying the needs and preferences of patients, implementing evidence-based practices, and fostering effective communication and collaboration among healthcare professionals. Placing the patient at the center of care by involving them in decision-making, respecting their values and preferences, and addressing their unique needs drives culturally sensitive care. Ensuring seamless and coordinated care across different healthcare settings, such as hospitals, clinics, and agencies, provide a consistent and comprehensive experience for patients. Promoting collaboration among healthcare professionals, including doctors, nurses, pharmacists, and therapists, provide holistic and integrated care to patients. Care protocols and treatment plans based on the best available evidence and clinical guidelines ensure safe and effective care. By enhancing communication channels between healthcare providers, patients, and their families with the exchange of vital information, promote understanding, and improve decision-making. Providing patients with information, resources, and tools to actively participate in their care, aid in making informed decisions, and manage their health effectively. Establishing mechanisms to monitor and evaluate care outcomes, identify areas for improvement, and ensure patient safety through the prevention of medical errors and adverse events drives patient care excellence and defines Healthcare Quality.

Strategic Driver Patients Consumer Tribal Relationships: Our patient healthcare strategy refers to the planning and implementation of various approaches and initiatives aimed at improving the overall experience and outcomes for patients within the healthcare system. It involves developing strategies and policies that focus on patient-centered care, access to quality healthcare services, patient engagement and empowerment, and the coordination of care across different healthcare providers. The strategy puts the patient at the center of healthcare decisions and tailoring care to meet their individual needs and preferences. Ensuring that patients have timely access to healthcare services, including primary care, specialist care, and preventive services. Coordinating care across different healthcare providers to ensure seamless transitions and continuity of care. Actively involving patients in their own healthcare decision-making, education, and self-management. Utilizing technology to improve communication, information sharing, and access to health records for both patients and healthcare providers. Implementing strategies to continuously monitor and improve the quality of care provided to patients, including patient safety initiatives. Focusing on preventive measures and promoting healthy behaviors to

reduce the burden of chronic diseases and improve overall population health, health outcomes, and optimize the overall healthcare delivery system.

Cross Cutting Strategic Approach to One IHS

In 2023, Agency Leaders embarked on a journey across Indian Country and established a cross-cutting strategy to transform the agency into One IHS. This strategic approach addresses multiple dimensions by identifying common issues and goals that cut across different areas and develop integrated strategies to address them. The approach recognizes that many challenges and opportunities cannot be effectively addressed by focusing on a single office, sector or dimension in isolation. Instead, IHS seeks to integrate efforts, resources, and expertise from various offices and sectors to achieve more comprehensive and impactful outcomes. Cross-cutting strategy addresses multiple dimensions or sectors simultaneously by identifying common issues, integrating efforts, taking a holistic approach, creating synergy and efficiency, developing comprehensive solutions, and promoting long-term sustainability. It recognizes the interconnectedness and interdependencies among different areas and seeks to achieve more impactful outcomes by leveraging the strengths of multiple sectors, offices and teams. This is accomplished by:

1. Identifying common issues: Cross-cutting strategies start by identifying common issues or goals that are shared across different dimensions or sectors. This could be a social issue, an environmental challenge, an economic opportunity, or any other aspect that requires coordinated action.
2. Integration and coordination: Once the common issues are identified, cross-cutting strategies aim to integrate efforts and coordinate actions across sectors. This involves breaking down silos and fostering collaboration among different stakeholders, organizations, or departments that have a role to play in addressing the identified issues.
3. Holistic approach: Cross-cutting strategies take a holistic approach by considering the interconnectedness and interdependencies among different dimensions or sectors. They recognize that actions in one area can have ripple effects on others, and therefore, they seek to align strategies and interventions to optimize overall outcomes.
4. Synergy and efficiency: By addressing multiple dimensions or sectors simultaneously, cross-cutting strategies aim to create synergy and efficiency. They leverage resources, expertise, and knowledge from different sectors, maximizing the impact of interventions and reducing duplication of efforts.
5. Comprehensive solutions: Cross-cutting strategies strive to develop comprehensive solutions that consider the diverse perspectives and needs of different sectors. This involves finding common ground, building consensus, and developing strategies that address underlying root

causes rather than just treating symptoms.

6. Long-term sustainability: Cross-cutting strategies often focus on long-term sustainability by addressing systemic issues and promoting integrated approaches. They aim to create lasting change by fostering collaboration, knowledge sharing, and capacity building across sectors.

7. Enterprise Risk Management: Enterprise Risk Management is a cross cutting strategy of making and carrying out decisions that will minimize the adverse effects of risk on the department, office, Agency. It is a top-down strategy that aims to identify, assess and prepare for potential losses, dangers, hazards and other potentials for harm that may interfere with the Agency's operations and objectives and/or lead to losses.

Strategic Goals

Strategic Goal 1: Provide comprehensive, culturally grounded personal and public health services to AI/AN people.

Strategic Goal Description: IHS provides comprehensive, culturally appropriate primary health care and public health services, which are critical to improving the health of AI/AN people. The Indian health system delivers care through services provided in IHS, Tribal, and Urban (I/T/U) health facilities (e.g., hospitals, clinics, and health stations) and by supporting the purchase of essential health care services not available in IHS and Tribal facilities through the Purchased and Referred Care (PRC) program. Additional services include environmental health improvements and traditional healing practices and services to complement the medical, dental, pharmacy, laboratory, behavioral health, and other primary care medical programs. Expanding access to these services in AI/AN communities is essential to improving the health status of the AI/AN population. This goal includes recruiting and retaining a talented, dedicated workforce, strengthening collaborations with a range of public and private organizations, promoting traditional healing practices, and ensuring access to high quality health care services.

Strategic Objective 1.1: Recruit and retain a highly skilled workforce.

Strategic Objective Description: Recruiting and retaining a highly skilled workforce is essential for delivery of quality services. Consistent and streamlined hiring and onboarding practices creates expedient hiring times and a positive employee experience. Providing opportunities for internal promotion ensures that employees are developing skills and careers within the agency, contributing to higher retention. Demonstrated support for employee training and continuing education helps ensure every employee is equipped with the requisite skills through individual development and training to do their jobs at the highest level possible.

| Performance Goals | Measures |
|---|--|
| 1. <i>Standardize the IHS hiring process and establish mechanisms to measure and improve hiring time.</i> | 1. Average time from position description classification to enter on duty date for new employees (OHR) |
| 2. <i>Increase the number of career ladder positions to enhance retention.</i> | 2. Number of career ladder positions (OHR) |
| 3. <i>Develop organizational charts and training programs that enhance opportunities for internal growth.</i> | 3. Rate at which employees are promoted within the agency (OHR) |

Strategic Objective 1.2: Foster an organizational culture that promotes diversity, psychological safety, and support for work-life balance for its employees.

Strategic Objective Description: The IHS will advance diversity, equity, inclusion and accessibility principles as part of its workplace culture to strengthen the ability to attract, compete for, and retain the best talent, and leverage the differences in backgrounds, thought, education, and experiences to bolster creativity and innovation. Cultivating a safe, respectful, and inclusive work environment fosters a positive employment experience and promotes employee engagement and improved workforce retention. Use of workplace flexibilities illustrates support for employee work-life balance and also improves retention.

| Performance Goals | Measures |
|---|---|
| 4. <i>Increase recruitment and outreach efforts to diverse groups to fill hard-to-fill mission-critical occupations</i> | 4. Percentage of employees in underrepresented groups hired to fill hard-to-fill mission-critical occupations (OHR and DMEEEO) |
| 5. <i>Offer ongoing training and education opportunities for employees at all levels to build awareness and skills related to diversity, equity, and inclusion and psychological safety.</i> | 5. Number of training opportunities and number of employees who complete training offerings (DMEEEO and Area EEO Offices) |
| 6. <i>Improve employee satisfaction and workplace experiences</i> | 6. Federal Employment Viewpoint Survey Indices: Employee Engagement; Global Satisfaction; Performance Confidence; Diversity, Equity, Inclusion, and Accessibility; and Employee Experience. |
| 7. <i>Monitor the frequency and nature of reports related to workplace safety, harassment, and discrimination. A healthy reporting culture, combined with a low incidence of negative reports, can indicate a psychologically safe environment.</i> | 7. Number of incident reports related to workplace safety. |

Strategic Objective 1.3: Leverage public and private partnerships aimed at improving population health.

Strategic Objective Description: Agencies increasingly collaborate with public and private service providers to provide comprehensive, patient-centered care. For IHS, these collaborations first and foremost include Tribes and Tribal Organizations, Urban Indian Organizations (UIOs), as well as Federal agencies such as the U.S. Department of Veterans Affairs (VA), Departments of Interior and Justice, other operating divisions within HHS, Centers for Medicare and Medicaid Services (CMS), National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), and state and academic partners as well as

non-profit agencies. Leveraging these partnerships can improve and enhance the range of services available to IHS patients, enhancing population health.

| Performance Goals | Measures |
|---|--|
| 8. <i>Leverage the IHS-VA Memorandum of Understanding (MOU) to provide services for eligible AI/AN veterans in IHS facilities</i> | 8. Total VA reimbursement amounts to IHS for eligible AI/AN veterans served at IHS facilities (OFA) |
| 9. <i>Increase access to care for AI/AN veterans through utilization of VA telehealth services</i> | 9. Number and types of services provided to AI/AN veterans via telehealth (ORAP/OD/OPHS) |
| 10. <i>Leverage partnerships to improve access to the widest range of services</i> | 10. Number of active MOUs by partner (Tribal, Urban Indian Organization, Federal, State, academic, etc.) and type of service (e.g., community services, staff training, emergency response, etc.) (OD) |

Strategic Objective 1.4: Increase provision of culturally grounded, high quality health care services.

Strategic Objective Description: Ensuring culturally grounded, high quality health care services is central to IHS’ efforts in achieving its mission. Much attention has been paid to reducing risk factors to improve health in AI/AN populations, but increasing protective factors can be equally effective. Cultural identification and strong social supports are a few examples of protective factors contributing to overall resilience. Coupling the reduction or elimination of risk factors with enhanced resilience is widely known to improve health outcomes. Additionally, many AI/AN patients prefer traditional healing modalities to western biomedical health care services. IHS has a long history of supporting traditional healing - which has been beneficial for patients experiencing a range of behavioral and other health challenges – and will enhance these efforts going forward. Use of telehealth and telemedicine is an effective means to improve access to and quality of care and will similarly be enhanced.

| Performance Goals | Measures |
|--|--|
| 11. <i>Increase traditional healing services across the Indian health system</i> | 11. Number of patient encounters with a Traditional Healer or Traditional Healing Services at IHS facilities (i.e., provider and clinic codes) (OCPS/OIT/OPHS) |
| 12. <i>Expanding the Patient Experience pilot project across the IHS</i> | 12. Percentage of IHS federal facilities actively using the Patient Experience |

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| | questionnaire to improve the Patient Experience (OIT/OQ) |
| 13. <i>Increase access to services through the use of telehealth/telemedicine services</i> | 13. Number of telehealth/medicine services by category at IHS federal facilities (OCPS/OPHS) |

Strategic Goal 2: Transform the IHS into a High Reliability Organization

Strategic Goal Description: High Reliability Organizations (HROs) are organizations that achieve safety, quality, and efficiency goals by employing 5 central principles: (1) sensitivity to operations (i.e., heightened awareness of the state of relevant systems and processes); (2) reluctance to simplify (i.e., the acceptance that work is complex, with the potential to fail in new and unexpected ways); (3) preoccupation with failure (i.e., to view near misses as opportunities to improve, rather than proof of success); (4) deference to expertise (i.e., to value insights from staff with the most pertinent safety knowledge over those with greater seniority); and (5) practicing resilience (i.e., to prioritize emergency training for many unlikely, but possible, system failures).¹

Strategic Objective 2.1: Ensure leadership throughout the agency receives and applies training on use of HRO and related principles.

Strategic Objective Description: The Joint Commission (TJC) has discussed the need for leadership (e.g., governing board members, CEO/management, and lead physicians) to commit to the goal of zero patient harm.¹ The Institute for Healthcare Improvement (IHI) has described the need for leaders to facilitate and mentor teamwork, improvement, respect, and psychological safety.² Other leading organizations promoting healthcare reliability include prioritizing safety in the selection and development of leaders and establishing a compelling vision for safety, emphasizing importance of leadership accountability³, and the importance of developing and using mentors to guide evidence-based decision-making.⁴

| Performance Goals | Measures |
|--|---|
| 14. <i>Ensure IHS senior executive leadership receives continuing education on the principles of HRO and Zero Harm</i> | 14. Percentage of senior executive leadership completing at least 2 hours of continuing education on the principles of HRO and Zero Harm (OHR/OQ) |

¹ Chassin MR, Loeb JM. High-reliability health care: getting there from here. *Milbank Q.* 2013;91(3):459–490.

² Frankel A, Haraden C, Federico F, Lenoci-Edwards J. A Framework for Safe, Reliable, and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017.

³ Day RM, Demski RJ, Pronovost PJ, et al. Operating management system for high reliability: Leadership, accountability, learning and innovation in healthcare. *J Patient Saf Risk Manag.* 2018;23(4):155–166.

⁴ Melnyk BM. Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice. *Nurs Adm Q.* 2012;36(2):127–135.

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| 15. <i>Ensure IHS service unit leadership receives continuing education on HRO and Zero Harm</i> | 15. Percentage of IHS service unit leadership completing at least 4 hours of continuing education on HRO and Zero Harm (OHR/OQ) |
|--|---|

Strategic Objective 2.2: Support a culture of safety⁵ throughout the IHS.

Strategic Objective Description: Regulation and accreditation bodies have described building trust, accountability, identifying unsafe conditions, strengthening systems, and assessment as key activities within a culture of safety.² The IHI publication, “A Framework for Safe, Reliable, and Effective Care” stresses culture, including psychological safety, accountability, teamwork and communication, and negotiation, as components of their framework.³

| Performance Goals | Measures |
|---|---|
| 16. <i>Promote a Culture of Safety throughout the IHS through adverse event reporting</i> | 16. Percentage of the HHS-Office of Inspector General and Government Accountability Office recommendations for the IHS closed (OQ) |
| 17. <i>Increase response to annual prioritized Enterprise Risk Management (ERM) profile</i> | 17. Monthly event reporting for IHS facilities via IHS Safety Tracking & Response (I-STAR) ⁶ data collection system (OQ) |
| 18. <i>Resolve external audit recommendations</i> | 18. Percentage of prioritized risk responses implemented (OQ) |

Strategic Objective 2.3: Build and use data systems to develop, monitor, and evaluate processes and systems to provide evidence of progress, improve quality of services, and eliminate adverse events.

Strategic Objective Description: Regulation and accreditation bodies discuss the need to track and display quality measures and that involves Information Technology support in the

⁵ An organization whose leaders embrace a safety culture makes safety its number one priority. Leaders demonstrate their commitment by supporting the organization to learn about errors and near misses, investigate errors to understand their causes, develop strategies to prevent error recurrence, and share the lessons learned with staff so they recognize the value of reporting their concerns.

⁶ The IHS Safety Tracking & Response (I-STAR) system provides a web-based application for event reporting built upon the RLDatix platform. This system serves as the single portal for reporting good catch (near misses), along with patient/visitor, medication and occupation safety events. The I-STAR system also offers significantly enhanced data analytics and reporting features.

development of solutions to quality problems.⁷ IHI emphasizes the need for open sharing of data and other information concerning safe, respectful, and reliable care for continual improvement in work processes and for measuring progress over time.⁸

| Performance Goals | Measures |
|---|--|
| 19. <i>Collect, analyze, and visualize real-time data to help identify risks, prioritize improvements, and track progress over time</i> | 19. Percentage of facilities utilizing Tracer software with AMP® ⁹ (OQ) |
| 20. <i>Standardize credentialing applications and software</i> | 20. Percentage of MD-Staff sections standardized (OQ) |
| 21. <i>Build dashboards to provide evidence for policy- and decision-making</i> | 21. Number of new dashboards developed for IHS federal policy-and decision-making annually (OIT) |
| 22-23. <i>Develop and implement national, standardized infrastructure to monitor clinical performance along all lines of service delivery</i> | 22. Number of new clinical performance reporting dashboards developed at the national level to guide improvements in care provision (OCPHI) |
| | 23. Percentage of facilities utilizing standardized clinical performance monitoring dashboards for continuous clinical quality improvement (OCPHI) |
| 24. <i>Build dashboards to track the agency's progress towards strengthening Primary Health Care (PHC).</i> | 24. Number of new dashboards developed for tracking the agency's progress toward delivering care using the PHC model (OCPHI) |

⁷ Chassin MR, Loeb JM. High-reliability health care: getting there from here. *Milbank Q.* 2013;91(3):459–490.

⁸ Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care.* White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017.

⁹ Tracers with AMP® is a software product that provides tools to evaluate accreditation readiness based in accreditation and national standards. This software also allows IHS the ability to create Tracers® (agency specific questions) to evaluate compliance with IHS standards. Included in this software is the ability to provides the means to assign tasks to end users for evaluation of IHS and national standards with current IHS policy, including the ability to evaluate the compliance at a local, area and agency wide level.

Strategic Objective 2.4: Implement quality improvement and complementary practices to support transformation to HRO.¹⁰

Strategic Objective Description: This objective reflects robust process improvement discussed by TJC and as improvement and measurement by IHI. Other models emphasize using evidence-based practice implementation projects focused on improving quality of care, safety, and patient outcomes.¹¹ The high reliability team framework describes simulation training where teams can practice briefing, huddles, and debriefing strategies.¹²

| Performance Goals | Measures |
|---|--|
| <i>25-26. Provide high quality, patient-centered care</i> | 25. Percentage of federally-operated facilities accredited (OQ) |
| | 26. Percentage of federally-operated facilities Patient Centered Medical Home (PCMH) certified (OQ) |
| <i>27. Improve partnership with and accountability to the people we serve</i> | 27. Percentage of IHS federal facilities with Patient Family Advisory Councils (PFAC)(OQ) |
| <i>28. Implement quality improvement interventions to address patient safety</i> | 28. Percentage of IHS federal facilities using multidisciplinary teams to complete at least one quality improvement intervention to address a specific patient safety issue (OQ) |
| <i>29. Use change management strategies, e.g., Lean Six Sigma, IHI Model for Improvement, to promote change</i> | 29. Percentage of IHS federal facilities using change management strategies (OQ) |

Strategic Goal 3: Improve communications, program management, and operations.

Strategic Goal Description: This goal addresses issues of management, accountability, communication, and modernized information systems. The IHS is committed to the principles of

¹⁰ Veazie S, Peterson K, Bourne D. Evidence Brief: Implementation of High Reliability Organization Principles. Washington (DC): Department of Veterans Affairs (US); 2019 May. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542883/>

¹¹ Melnyk BM. Achieving a high-reliability organization through implementation of the ARCC model for systemwide sustainability of evidence-based practice. *Nurs Adm Q.* 2012;36(2):127–135.

¹² Riley W, Davis SE, Miller KK, McCullough M. A model for developing high-reliability teams. *J Nurs Manag.* 2010;18:556–563.

improved internal and external communication, and sound management. The IHS is also committed to ensuring adequate facilities and staff housing exist to support healthcare operations. Lastly, assuring the availability and ongoing development of a comprehensive Information Technology (IT) system is essential to improving access to integrated clinical, administrative, and financial data to support individual patient care, and decision-making.

Strategic Objective 3.1: Maintain and improve regular and effective communications within IHS and with Tribes and Urban Indian Organizations.

Strategic Objective Description: This objective addresses the critical need to improve internal and external communications throughout the IHS, with employees and patients, with Tribes, UIOs, with the many organizations working with the IHS and with the general public. Most important is to assist Tribes, UIOs, and the IHS in better understanding Tribal and urban Indian health care needs and IHS program needs, to encourage full participation in information exchange, and to engage Tribes and UIOs in partnerships and building coalitions. This objective includes defining and characterizing community and health-specific program needs, modifying programs as needed, and monitoring the effectiveness of programs and program modifications.

| Performance Goals | Measures |
|---|--|
| <i>30-31. Improve communications with Tribal and UIO leadership and communities</i> | 30. Quarterly and annual summary reports on correspondence with Tribal and UIO leaders (PAS) |
| | 31. Number of Tribal Delegation meetings held (ODSCT) |
| <i>32. Improve internal communications to keep staff informed of agency activities, accomplishments, and external awareness</i> | 32. Increase the management communication indices on the 2024 Federal Employee Viewpoint Survey (OD/OHR) |
| <i>33. Improve communication among different work units to promote collaboration</i> | 33. Increase the work unit communication indices on the 2024 Federal Employee Viewpoint Survey (OD/OHR) |
| <i>34. Leverage partnerships among agencies and headquarters offices to further the IHS mission</i> | 34. Annual report of strategic partnerships (OD) |

Strategic Objective 3.2: Secure and effectively manage agency assets and resources.

Strategic Objective Description: This objective supports health care delivery through improved management of all types of assets and non-workforce resources. To elevate the health

status of the AI/AN population and increase access to medical care, the IHS must continue to help ensure patients understand their health care options and improve health care system business processes and efficiencies. The IHS will also increase the effectiveness of operations and reporting, while providing more assistance and infrastructure support to IHS areas and facilities.

| Performance Goals | Measures |
|---|---|
| <i>35. Provide Technical Assistance (TA) to areas and service units to enhance effective management and oversight</i> | 35. Number of technical trainings and one-on-one TA (OMS) |
| <i>36. Strengthen Tribal management and operations</i> | 36. Number and amounts of Tribal management grants (ODSCT) |
| <i>37. Ensure timely compliance with the Single Audit Act</i> | 37. Percentage of single audit ¹³ reviews completed within 60 days (OFA) |
| <i>38. Ensure timely review of management decision letters</i> | 38. Percentage of management decision letters ¹⁴ reviewed within 180 days (OFA) |
| <i>39. Ensure Service units assess community needs when making decisions on funding expenditures.</i> | 39. Federal Service Units will conduct a Community Health Needs Assessment at least every three years and include assessment when submitting budget proposals to governing body. (OPHS) |

Strategic Objective 3.3: Improve environmental determinants of health and Tribally-driven facilities construction

Strategic Objective Description: The Office of Environmental Health and Engineering (OEHE) supports the IHS mission by providing health care facilities and housing for staff. OEHE also provides technical and financial assistance to Tribes to help ensure accessibility of safe water, wastewater and solid waste treatment systems and related support facilities, assisting Tribal communities achieve their health care facilities and healthy environment goals.

¹³ The Single Audit Act requires State or local governments and Indian tribes that expend federal awards above certain annual thresholds to have an annual audit. Such Federal awards include "grants, contracts, cooperative agreements, loans, loan guarantees, property, interest subsidies, insurance or direct appropriations" provided by a Federal agency, such as the IHS.

¹⁴ Single audit resolution Management Decision Letters (MDLs) to Tribes and Tribal organizations communicate the Agency action resolving audits for Indian Self-Determination and Education Assistance Act Title V (Public Law (P.L.) 106-260) and Title I (P.L. 93-638) awards, Urban Indian Organization (UIO) (P.L. 94-437) awards, and Indian Health Service grant awards.

| Performance Goals | Measures |
|--|--|
| <i>40. Provide homes with sanitation facilities</i> | 40. Number of homes newly served with sanitation facilities (OEHE) |
| <i>41. Increase Tribal construction and engineering projects</i> | 41. Increase in construction and engineering P.L. 93-638 project amounts (OEHE) |
| <i>42. Increase awarded construction and engineering projects</i> | 42. Number of new awarded construction and engineering projects (OEHE) |
| <i>43. Achieve Division of Engineering Services Small Business Goals</i> | 43. Division of Engineering Services Small Business Goal Percentage (OEHE) |
| <i>44. Increase obligations to AI/AN-owned firms</i> | 44. Percentage of awards to AI/AN-owned firms (OEHE) |
| <i>45. Increase new facilities construction</i> | 45. Number of facilities constructed from the Healthcare Construction Priority List (OEHE) |
| <i>46. Provide Injury Prevention training</i> | 46. Number of people receiving injury prevention training (OEHE) |

Strategic Objective 3.4: Improve information systems infrastructure to support data- and evidence-based decision-making

Strategic Objective Description: Robust health IT network capability fosters transparency, integration, and access to clinical, administrative, and financial data necessary to support patient care, decision-making, and advocacy. This includes the development of a system integrated with Tribal and UIO health care facilities that addresses the projected clinical, administrative, and fiscal data needs. Timely sharing of fiscal data to all federal partners is critical in accurately assessing the health care needs of communities served. The accuracy, reliability, and validity of data relied on in management and clinical decision- making is paramount.

| Performance Goals | Measures |
|--|--|
| <i>47. Modernize IT and HIT systems used in the delivery of care</i> | 47. Percentage of replacement of legacy EHR systems |
| <i>48. Ensure IT resources are secured</i> | 48. Percentage reduction and remediation of IT Security findings |
| <i>49. Ensure IT systems operability</i> | 49. Percentage reduction in hardware and software that are beyond the manufacturer's |

| | |
|---|--|
| | End-Of-Life ^[1] (OIT) as measured by number of devices |
| <i>50 - 51. Operate and create reliable systems for agency critical functions</i> | 50. Percentage of High-Value Assets systems operating at high-availability 51. Percentage of Authorization to Operate ^[2] (OIT) documentation completed or reviewed each year. |
| <i>52. Provide exceptional IT customer experience</i> | 52. Percentage of 1 st call resolution for IT Help Desk calls (OIT) |

^[1] The point at which a vendor no longer supports an IT product (hardware or software). For hardware, this often means the vendor no longer offers technical support, servicing, or spare parts—hardware at end of life should be sanitized, disposed of, and/or destroyed. For software, the vendor no longer provides updates and patches, leaving the software, computer, or network open to exploits. End-of-life software should be upgraded to a supported version.

^[2] The official management decision given by a senior Federal official or officials to authorize operation of an information system and to explicitly accept the risk to agency operations (including mission, functions, image, or reputation), agency assets, individuals, other organizations, and the Nation based on the implementation of an agreed-upon set of security and privacy controls. Authorization also applies to common controls inherited by agency information systems.

ⁱ Veazie S, Peterson K, Bourne D. Evidence Brief: Implementation of High Reliability Organization Principles. Washington (DC): Department of Veterans Affairs (US); 2019 May. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542883/>