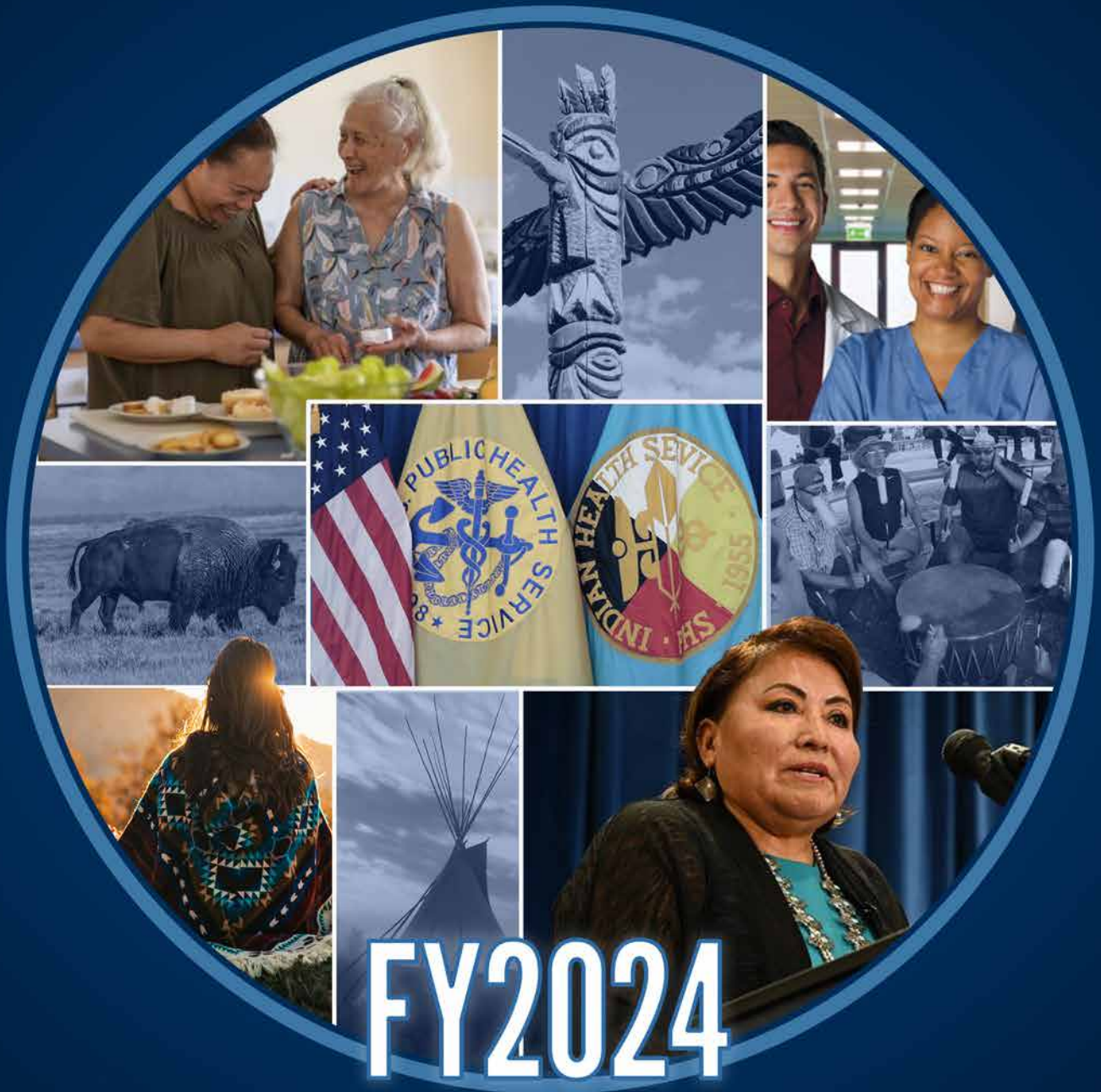




# INDIAN HEALTH SERVICE



# FY2024

## FIRST QUARTER PERFORMANCE REPORT



## A message from the Indian Health Service Director

It is a pleasure to share the achievements of the Indian Health Service during the first quarter of fiscal year 2024. Already, we have experienced historic milestones and great progress toward our strategic goals by delivering high-quality care, unveiling new facilities, improving systems, and strengthening critical partnerships.

In our latest accomplishments report, *IHS FY 2024 First Quarter Performance Report*, you will see the culmination of much hard work reflected in remarkable achievements. Some outstanding examples include the IHS receiving its first-ever advance appropriations, the significant progress in our efforts to modernize our health care technology and systems, and breakthroughs in our partnership with the U.S. Department of Veterans Affairs. These are but a few of the noteworthy first-quarter achievements that I am so pleased to share.

As you review this quarterly report, I hope that you are as pleased as I am to see how the tireless commitment of IHS's extraordinary team of employees continues to advance the IHS mission "to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level."

As we step into 2024, the IHS continues to evolve, adapt, and prioritize the health and well-being of those we serve. Thank you to our employees, and to our tribal and urban Indian partners, allies, and advocates—all of whom have made this work possible.

Sincerely,  
Roselyn Tso  
Director





October 2023

IHS Receives First-Ever Advance Appropriations

The Indian Health Service received its first ever advance appropriations for fiscal year 2024, which means a majority of IHS funding for FY 2024 became available on October 1. The dedicated IHS team accomplished fiscal year transition activities swiftly, allowing them to initiate the disbursement of FY 2024 funds within days of the fiscal year’s start. The historic enactment of advance appropriations has already made a positive impact by increasing funding stability for the entire Indian health system. This significant accomplishment is truly a testament to the collective efforts of the agency.

IHS Announces National STI Initiative

In October, IHS Chief Medical Officer Dr. Loretta Christensen announced the newest IHS national clinical strategic initiative to address the epidemic of sexually transmitted infections. The IHS STI Initiative includes an STI toolkit and community and patient resources to support tribal communities in the fight against infections ranging from HIV and syphilis to chlamydia and gonorrhea. IHS has also worked to ensure a stable supply of Bicillin, which is the preferred agent for the treatment of syphilis in all ages and stages.

The IHS STI toolkit contains important resources including;

- Updated IHS STI Treatment Guidance
- Interim IHS Doxy-PEP Guidance
- IHS Express STI Testing Pathway
- Clinician’s Quick Guide to HIV PrEP
- Field Guidance- Syphilis and Gonorrhea Home Treatment
- NPTC STI Formulary Briefs & Medication Updates

IHS to Provide Additional Funding for Diabetes Treatment and Prevention

In October, the IHS Division of Diabetes Treatment and Prevention announced a new 2024 funding opportunity for all federally recognized tribes, tribal organizations, urban Indian organizations, and/or federal health care facilities that currently do not have a 2023 Special Diabetes Program for Indians grant. The 2024 Special Diabetes Program for Indians 2.0 will be a four-year program to address diabetes treatment and prevention efforts in American Indian and Alaska Native communities. Because diabetes continues to impact American Indian and Alaska Native people at alarming rates, getting additional resources to tribal communities for treatment and prevention has remained a key priority.

**ANNOUNCEMENT:**  
Special Diabetes Program for Indians (SDPI)  
...is implementing another grant opportunity.

**Purpose:**  
To offer SDPI funding to Federal, Tribal, and Urban Indian Organizations that don't currently have an SDPI grant.

**Application Process:**  
Additional application information is available at, <https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/>

**For more information:**  
Application and NOFO information is available at, <https://www.grants.gov/web/grants/view-opportunity.html?oppid=350227>

**For questions, contact** [SDPI@ihs.gov](mailto:SDPI@ihs.gov)





November 2023

**IHS Plays Key Role in Not Invisible Act Commission’s Recommendations**

On November 1, the Not Invisible Act Commission (NIAC), a cross-jurisdictional advisory committee composed of law enforcement, tribal leaders, federal partners, service providers, family members of missing and murdered Indigenous people, and survivors, transmitted its congressionally mandated recommendations to the Justice Department, Department of the Interior, and the U.S. Congress. Federal responses to NIAC’s recommendations will be due January 30, 2024.

On October 10, 2020, the Not Invisible Act of 2019 was signed into law as the first bill in history to be introduced and passed by four tribally enrolled U.S. congressional members. The efforts were led by current Department of the Interior Secretary Deb Haaland during her time in Congress.

As required in the Act, Attorney General Merrick Garland and Secretary Haaland established the NIAC, with its full membership of federal and non-federal employees with a diverse range of experiences, expertise, and perspectives announced in May 2022. The Act requires that IHS serve on the commission, a role originated by Elizabeth Carr and currently held by Senior Advisor to the IHS Director Joshua Marshall.

To inform its recommendations, the NIAC held its first plenary meeting in June 2022 and then hosted a series of field hearings throughout the country. These field hearings included site visits and were held in Anchorage, Tulsa, Flagstaff, Minneapolis, Albuquerque, Eureka, and Billings.

**Supai Health Station Hosts Grand Opening**

In partnership with the Havasupai Tribe, IHS held a grand opening ceremony on November 8 for the new and upgraded replacement facility of the federally managed Supai Health Station in Havasupai, Arizona. Accessible only by helicopter, mule or horse, or on foot; the health station is located in the remote Havasupai Canyon within the Grand Canyon. The 12,700-square-foot facility replaces a 2,200-square-foot clinic constructed in 1972 and provides space for primary care, dental, pharmacy and medication dispensing, lab, and radiology services. This opening is a momentous accomplishment that has been in the works for two decades. In one of the world’s most remote locations, we are improving access to care and delivering a state-of-the-art health care facility at the bottom of the Grand Canyon. The IHS is raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives, even in the most challenging and remote locations.





**IHS Announces Selection of EHR Solution Provider**

IHS achieved a major milestone in its work to improve the health status of American Indians and Alaska Natives when it announced the selection of General Dynamics Information Technology, Inc. to deploy an enterprise electronic health record (EHR) solution across Indian Country that uses Oracle Health technology. GDIT was selected because it had the strongest overall technical approach, demonstrated experience deploying complex IT systems for the federal government, a record of strong past performance, and is offering a widely accepted EHR product that was well-received by users participating in scenario-based demonstration sessions. This decision was the culmination of years of research and intensive engagement with current and future system users.

**IT Modernization Program Hosts Tribal Consultation and Urban Confer**

The Health IT Modernization Program hosted “The Path Forward” tribal consultation and urban confer on November 8. IHS leadership provided updates regarding the program status, including the announcement of General Dynamics Information Technology, Inc.’s selection as the new enterprise electronic health record solution provider.

**IHS Marks First Year of Vaccine Strategy with Continued Advocacy**

In November, IHS Chief Medical Officer Dr. Loretta Christensen announced the one-year anniversary of the IHS National E3 Vaccine Strategy in which IHS offers every patient at every encounter every recommended vaccine, when appropriate. To date, almost three dozen E3 Champion Pilot sites at federal, tribal, and urban facilities have been designated and are currently posting best practices on the E3 webpage to cross-pollinate the IHS system of care.

IHS continues to advocate for immunization access and equity to decrease the risk of vaccine-preventable illness in tribal communities. Working together with federal and tribal partners, IHS has provided guidance and ensured the availability of immunizations for seasonal influenza, COVID-19, and respiratory syncytial virus across Indian Country. Recently, IHS procured and began distributing a supplemental supply of 8,000 doses of nirsevimab to protect American Indian and Alaska Native infants and children from severe RSV illness. IHS was the first federal agency to add nirsevimab to its National Core Formulary—the basic standard of care drugs which must be carried by all federal facilities.

**IHS and AISES Sign Agreement to Promote STEM Opportunities in Indian Country**

The American Indian Science and Engineering Society and Indian Health Service signed a Memorandum of Understanding to promote American Indian and Alaska Native STEM opportunities across Indian Country. Among other things; the MOU includes career opportunities, internships, and mentoring programs within IHS; helps coordinate outreach to American Indian and Alaska Native communities; increases awareness of sciences, technology, engineering, and math-related health care facilities





and environmental health career occupations; affirms commitments to share resources, job vacancy information, and expertise; and enhances the recruitment and retention of American Indian and Alaska Native STEM students in health care facilities and environmental health jobs. This MOU will be a vital resource for the IHS; as the agency continues to hire engineers, technicians, and support staff to support implementation of the \$3.5 billion in Bipartisan Infrastructure Law funding for the Sanitation Facilities Construction Program.

**IHS Publishes IHM Chapter 3-42, Patient Safety**

After implementing the *IHS 2023 Agency Work Plan*, which includes the publication of a standardized IHS Patient Safety policy, IHS published IHM “Chapter 3-42”, Patient Safety on November 30. It establishes the policies, procedures, and responsibilities required to ensure that a comprehensive, systems-based, patient safety program exists in all IHS health care facilities. The Office of Quality collaborated with IHS areas, IHS Chief Medical Officer Dr. Loretta Christensen, and key stakeholders to draft the new agency-level patient safety policy. It supersedes all local and area-level patient safety policies. Further information regarding policy training will be forthcoming from the IHS Office of Quality.

**December 2023**



*IHS Director Roselyn Tso and VA Secretary Denis McDonough prepare to film a video highlighting the ongoing partnership between the agencies.*

**IHS/Department of Veterans Affairs Unveil Reimbursement Agreement**

The IHS completed negotiations with the Department of Veterans Affairs for a Reimbursement Agreement that facilitates repayment for health care and related services provided by the IHS to eligible American Indian and Alaska Native veterans. This replaces the prior agreement that was finalized in 2012, and secures the maximum amount for veterans. Since that time, health care programs operated by the IHS and tribal health programs have received over \$186 million from the VA for care to more than 15,000 American Indian and Alaska Native veterans enrolled in VA health care, across 74 participating IHS sites and 116 tribal health program sites.

This announcement is the result of the agencies’ continued collaboration and shared commitment to ensure that American Indian and Alaska Native veterans have access to the highest quality care they deserve. This agreement will expand IHS’s ability to care for greater numbers of American Indian and Alaska Native veterans—a longstanding priority of not just the agencies, but one that holds personal significance to Director Tso as the daughter of a Korean War veteran.

**IHS Surpasses Ambitious Buy Indian Act Goal**

The Buy Indian Act allows for federal agencies to prioritize the procurement of supplies, services, and constructions from tribal and Native businesses. It clarifies the preference for Indian-owned-and-controlled businesses and removes barriers by alleviating unnecessary regulatory burdens. As part of its commitment to





improving economic conditions and providing more opportunities for Indian-owned businesses, the IHS set an ambitious FY 2023 goal of 20 percent of its total acquisitions supporting the Buy Indian Act.

As announced in the White House 2023 Report on the Progress of Indian Nations that was released during the White House Tribal Nations Summit on December 6–7, IHS far surpassed its original goal. By fiscal year’s end, **more than 30 percent** of total acquisitions by the IHS supported the Buy Indian Act, representing \$444 million and increased economic opportunity for numerous Native-owned businesses.

**Gallup Indian Medical Center Emergency Department Has Ribbon Cutting**

The Gallup Indian Medical Center held a dedication and ribbon cutting ceremony on December 15 for the new 14-bed emergency department building. Director Roselyn Tso was in attendance, along with distinguished guests from Navajo Nation leadership and IHS headquarters. The new building offers a state-of-the-art CT scanner for radiology services and additional trauma rooms. The expanded emergency department not only addresses patient flow but also implements efficient triage models, significantly reducing wait times—a marked improvement from the constraints of previous ED annex rooms. Special recognition goes to the dedicated individuals whose efforts brought us here, including clinical staff, facility management, acquisition staff, and the Gallup Service Unit executive leadership team.



**Asthma Control Best Practices Shared**

Continuing to build upon the IHS national clinical strategic initiative Asthma Control in Tribal communities (ACT) that was announced in April 2023, ACT Ambassador Pilot sites from across Indian Country have shared their best practices to the ACT webpage. Sharing best practices and learning what works from other tribal communities is intended to further the goal of reducing the burden of asthma-related morbidity and mortality in tribal communities.

**IHS Publishes All-Inclusive Rates and Launches New Webpage to Support AIRs**

On an annual basis, the IHS calculates and publishes calendar year reimbursement rates in the *Federal Register*. The rates are often referred to as the All-Inclusive Rates, or AIRs. The 2024 AIRs were published in December 2023, several months earlier than in prior years and with measurable increases for all rates over the 2023 rates. The IHS also launched a new webpage dedicated to providing information on the AIRs, highlighting the IHS commitment to providing transparency and clarity of information and processes to its tribal partners. More information can be found in the Dear Tribal Leader Letter, New Reimbursement Rates Webpage, and *Federal Register* notice, all of which are available at IHS.gov.





### **Purchased/Referred Care Delivery Area Expansions Increase Eligible Populations**

On December 26, the Indian Health Service published the Purchased/Referred Care Delivery Area (PRCDA) Expansion Notice for the seven Mid-Atlantic tribes in the Commonwealth of Virginia—the Chickahominy Indian Tribe, Chickahominy Indian Tribe-Eastern Division, Monacan Indian Nation, Nansemond Indian Tribe, Pamunkey Indian Tribe, Rappahannock Tribe, and Upper Mattaponi Tribe. The expansion includes counties and cities in Virginia, Maryland, and North Carolina and increases the tribes’ PRC eligible population by more than 1,000 members. For more information, view the *Federal Register* notice, all of which is linked from the IHS website.

The IHS also published the PRCDA Expansion Notice for the Spokane Tribe of Indians in the State of Washington. The Spokane Tribe’s PRCDA now includes Spokane and Whitman Counties, and increases the tribe’s PRC-eligible population by 480 members.

### **IHS Awards Forensic Nursing Consultation Contract to Texas A&M**

On December 18, the Division of Nursing Services announced that it had awarded the Forensic Nursing Consultation Program contract to the Texas A&M Center of Excellence in Forensic Nursing. The contract will provide for Sexual Assault Nurse Examiner/Sexual Assault Examiner/Forensic Nurse Examiner training, education, and technical assistance for federal, tribal, and urban health care providers. The training will ensure providers are prepared to offer patients trauma-informed medical forensic examinations following violent crimes; such as sexual assault and abuse, domestic violence, intimate partner violence, strangulation, and human trafficking. The contract will also support continuing education and mentorship opportunities, enhancing forensic health care efforts across Indian Country.

### **Agency Exceeds Ambitious BIL Construction Goal**

IHS is pleased to announce that significant progress has been made on sanitation facility projects funded by the Bipartisan Infrastructure Legislation. In FY 2022, IHS received an initial allocation of \$700 million to amplify efforts of addressing water and sewer deficiencies in American Indian and Alaska Native communities as listed in the IHS Sanitation Deficiency System.

The IHS set an initial ambitious goal of completing the Construction Document Phase of the project life cycle for at least 115 BIL projects by December 31, 2023. The Construction Document Phase is a major milestone for water and sewer projects; as it involves completion of construction documents, assembly of technical specifications, and preparation of contract documents. Completion of the Construction Document Phase sets the stage for the next phases in the project life cycle, which include the Procurement and Construction Phases. As part of its continued engagement on the BIL, IHS hosted a tribal consultation session on December 18.







By year’s end, the original goal of 115 was not only met, but exceeded. The Construction Document Phase has been completed for 124 FY 2022 BIL-funded projects, with an additional three packages completed just after the deadline.

The IHS is proud of the progress made by the Division of Sanitation Facilities Construction staff and looks forward to continued collaboration with tribal partners to bring BIL-funded projects to fruition.



**CMO Issues Call to Action for Vaccinations**

As 2023 drew to a close, IHS Chief Medical Officer Dr. Loretta Christensen issued a call to action for federal, tribal, and urban programs to intensify efforts to promote vaccination in tribal communities as part of IHS’s efforts to protect vulnerable American Indians and Alaska Native people during respiratory viral season.

Dr. Christensen stated, “National immunization coverage rates for influenza, COVID-19, and RSV are currently low for both children and adults. Health care providers are urged to offer influenza, COVID-19, and RSV immunizations to eligible patients now.”

She continued, “Antiviral medications are currently underutilized but important to treat patients, especially people at high risk of progression to severe disease with influenza or COVID-19. These include older adults and people with certain underlying medical conditions. As part of IHS COVID Test to Treat Initiative announced in March 2022 at more than 220 sites, IHS has provided ready access to COVID testing and highly effective antiviral treatment with medications such as Paxlovid.

Countermeasures, including the seasonal influenza vaccine, the 2023–2024 monovalent COVID vaccine, the RSV vaccine for elders, and the RSV immunization for infants/toddlers, nirsevimab, are all readily available. Please join me now in advocating a proactive approach to immunization as we seek to mitigate the risk of vaccine-preventable respiratory viral disease in Indian Country. I am confident that together, we will protect American Indians and Alaska Native people across the age spectrum from the combined risk of seasonal influenza, COVID, and RSV during this respiratory viral season.”





# INDIAN HEALTH SERVICE

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