IHS Update Remarks for RADM Michael D. Weahkee
15th Annual Direct Service Tribes National Meeting
InterContinental Saint Paul Riverfront
July 11, 2018 | St. Paul, Minnesota | 9:15 a.m.

Remarks as prepared

Good morning. I'm happy to be here with you all today. Let me begin by thanking Tribal Leaders, Tribal health directors, and all attendees for making time to attend this important meeting.

Thank you to **Chairman Nicholas Barton** and **Vice Chair Donnie Garcia** for your leadership of the Direct Service Tribes Advisory Committee over the past two years.

I also want to thank Ben Smith, Roselyn Tso and the staff of the Office of Direct Service and Contracting Tribes for their work in organizing this meeting, and Keith Longie and the Bemidji Area Office staff for hosting us.

I'm grateful for this opportunity you speak with all of you and to provide updates on what we're working on at IHS.

The theme for this meeting - *Utilizing People, Partnerships, Quality, and Resources to Strengthen our Communities* – is exactly what we at IHS are working to accomplish. The conversations we have here, and the feedback you provide, are

very important as we work to fulfill the IHS mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

This afternoon, Dr. Michael Toedt, the IHS chief medical officer, will talk more about some of the specific ways we're working to enhance people, quality, and resources. I don't want to steal his thunder, but I will talk to you about the one remaining priority – partnerships.

At IHS, one of our priorities is to build, strengthen & sustain collaborative relationships that advance the IHS Mission. The partnership between IHS and tribes and tribal organizations is an example of the cooperation required to address the health needs of American Indians and Alaska Natives.

We believe in the unique government-to-government relationship with American Indian and Alaska Native tribal governments and are committed to regular and meaningful consultation and collaboration with tribes.

As part of that commitment, we currently have several topics open for consultation.

We initiated tribal consultation and urban confer on the funding mechanism to distribute behavioral health initiatives that are currently distributed through grants. The Consolidated Appropriations Act, 2018 Explanatory Statement encourages IHS to transfer behavioral health initiative funding through the Indian

Self-Determination and Education Assistance Act contracts and compacts rather than through grants. We held three sessions in June, the deadline to provide comments is August 1.

The Indian Health Care Improvement Fund Formula Revision consultation focuses on the potential revisions to the existing formula used to distribute funding increases provided by Congress for the Indian Health Care Improvement Fund. Results of this consultation will be used to distribute a $72 million increase received in the Fiscal Year 2018 budget. There were four consultation sessions in June. Comments are due by July 13.

We also initiated tribal consultation on the revisions and updates to the Indian Health Manual, Chapter on Purchased/Referred Care. We have held six consultation sessions since May. The deadline for comments has been extended to August 6.

On July 2, IHS initiated Tribal Consultation on proposed updates to the Sanitation Deficiency System Guide, which is used to collect data and report the current sanitation deficiencies affecting American Indian and Alaska Native homes and communities. That comment period will close on August 14.

We will carefully consider all comments on these topics.

I also want to talk about the opioid epidemics that our native communities continue to wrestle with every day. The impact of the opioid crisis on American

Indians and Alaska Natives is immense. The Centers for Disease Control and Prevention reported that American Indians and Alaska Natives had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups. During that time, deaths rose more than 500 percent among American Indians and Alaska Natives. In addition, because of misclassification of race and ethnicity on death certificates, the actual number of deaths for American Indians and Alaska Natives may be underestimated by up to 35 percent.

IHS recognizes the importance of collaborating and consulting with tribes to develop a comprehensive plan for addressing the opioid crisis in Indian country. IHS partners with its tribal advisory committees, including the Tribal Self-Governance Advisory Committee, the Direct Service Tribes Advisory Committee, and the National Tribal Advisory Committee on Behavioral Health to gather input on critical next steps to address the opioid crisis.

IHS actively solicits feedback and works with the tribes to develop and implement models of care that are sustainable to combat the opioid crisis. We focus on treatments that are evidence-based and culturally effective that will have a significant impact on the prevention, treatment and recovery efforts. To sustain this strategy, IHS is collaborating with key stakeholders to develop viable reimbursement models for services provided, while advocating for reimbursement for traditional and culturally based practices, a critical approach to opioid recovery in tribal communities. This comprehensive strategy will allow for a more unified approach with tribal communities and also afford IHS the time

to evaluate the impact of these interventions. IHS will continue to work with tribes to develop coordinated responses using every available resource possible to battle the opioid crisis in tribal communities.

We are also working closely with our partners at the Department of Health and Human Services and other federal agencies on this important issue.

I also want to mention that last month I had the privilege of testifying before the United States Senate Committee on Indian Affairs at a hearing on the *Government Accountability Office High-Risk List: Turning Around Vulnerable Indian Programs*.

I updated the committee on the progress we have made since the last hearing on the GAO High-Risk List in September 2017. The Indian Health Service and the Department of Health and Human Services are steadfastly committed to implementing change across the agency to strengthen our ability to ensure quality health care. I was pleased to report during the hearing that we are pressing forward with improvements and our efforts are continuing to produce results.

IHS is working to address any and all risks to our mission. IHS has taken a comprehensive and integrated approach towards creating an oversight capability at headquarters to improve the quality of care and patient safety. IHS has made significant progress in implementing the IHS Quality Framework, which outlines how the IHS develops and sustains an effective quality program. We implemented corrective measures to mitigate high-risk in areas directly impacting patient care,

including uniform standards across all agency hospitals and clinics for accreditation, credentialing, patient wait times, and Purchased/Referred Care authorizations to improve quality and accountability across the system of care.

IHS is working with the Department of Health and Human Services to establish an Office of Quality that will be responsible for providing oversight for quality across the IHS health care system. It will oversee, direct, and evaluate agency-wide activities to ensure quality health care. Moreover, the Office of Quality will support IHS hospitals and health centers by providing a system of quality assurance to attain and maintain compliance with CMS Conditions of Participation and accreditation standards.

The hearing was an opportunity to highlight the progress we have made in partnership with tribes and tribal organizations, Congress, other agencies, and experts in delivering quality healthcare. I am very proud of the dedication and commitment of IHS staff at all levels of the agency who have made progress on these recommendations during this past year. IHS is taking its challenges seriously and is continuing to take assertive and proactive steps to address them.

Before I wrap up, I want to thank everyone for their active partnership in developing the IHS Strategic Plan for 2018-2022. The IHS received comments from 137 individual tribes, tribal organizations, urban Indian organizations, and federal employees. The Strategic Planning Workgroup has met several times to develop the objectives, strategies and measures for each goal in the Strategic Plan. We are working now to finalize a complete draft plan. One of the critical next steps

includes a 30-day public comment period on the draft Strategic Plan. During the comment period, the IHS will hold a National All Tribal and Urban Leader Call to share updates and provide a forum for comment on the draft strategic plan.

And I am grateful for the partnerships we have with the tribes. We all want Indian programs to be successful. I'm excited for the agenda laid out for us over the next two days. Tomorrow we'll be joined by HHS Deputy Secretary Eric Hargan, which demonstrates the administration's commitment to our tribal communities. Mr. Hargan and I will also have an opportunity to visit the Indian Health Board of Minneapolis, which I'm really looking forward to.

Since the purpose of this meeting is to share your ideas about how we can better serve tribal communities, your concerns, and your successes, I want to use the rest of my time on the agenda to hear from you. I'd be happy to hear your feedback and answer any questions you may have. I look forward to our discussions here today. Thank you.