Remarks for RADM Michael Toedt
15th Annual Direct Service Tribes National Meeting
July 11, 2018 |1:30 pm | St. Paul, Minnesota

Good afternoon. It's a pleasure to join you today at the Annual Direct Service Tribes National Meeting. My name is Doctor Michael Toedt, the Chief Medical Officer for the Indian Health Service.

I appreciate the opportunity to speak with you and to provide updates on our work across IHS and how we are enhancing the IHS.

Your continued dedication in supporting the IHS mission of raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level is so important.

We have some exciting topics to discuss in breakout sessions today and tomorrow. The sessions focus on many of our priorities at IHS such as quality, workforce and resources.

We strive for excellence in everything at IHS in order to provide a quality Indian health system. We are also focused on securing and effectively managing the assets needed to promote the IHS mission. And we seek the best health professionals dedicated to delivering top-tier health care to deserving

communities who need and appreciate it most. This commitment is at the forefront of fulfilling Indian health vacancies.

IHS has made quality improvement a major focus over the past two years, and we have seen great progress. We are focused on quality and safety for all American Indians and Alaska Natives, and we are working to ensure that our approach to high quality health care is consistent across all IHS facilities. To support these efforts, we launched a National Accountability Dashboard for Quality this year to track and report key performance indicators at federal facilities across the organization. The Indian Health Service dashboard monitors and reports information on compliance with IHS policy requirements, accreditation standards, and regulations at hospitals and ambulatory health centers.

IHS has also taken a comprehensive and integrated approach towards creating an oversight capability at headquarters to improve the quality of care and patient safety. We have made significant progress in implementing the IHS Quality Framework, which outlines how the IHS develops and sustains an effective quality program.

We implemented measures directly impacting patient care to include 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 currently 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.

IHS is working to address HHS Secretary Alex Azar's priority of transforming the nation's healthcare system to a value-based system. One point of emphasis for this priority is using alternative models to drive value and quality. In some of the locations IHS serves, the traditional hospital model is not efficiently meeting the health needs of the individuals, communities, and tribes we serve. There is a mismatch between the organization and delivery of care and the health needs of the community in the geographic and social context in which the care is provided. Innovation can offer opportunities for a system of care that can perform better in these circumstances.

Our facilities are predominately located in either rural locations with limited access to services for the population, or in urban areas where the services provided are duplicative of services available in larger, better funded private sector facilities. As a result, our hospitals tend to have low utilization of inpatient services with very low average daily census. To address this, for some sites, we can transition from full hospital services to an ambulatory care center with 24/7 urgent care, reallocating staffing and resources from the expensive and lightly used inpatient services to more cost-effective and heavily used primary care services.

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

As you know, building our workforce with the best health care professionals is important for all of us. Today, I want to share with you some of the exciting ways we are working to build our future workforce through innovative partnerships with universities.

The IHS Navajo Area is collaborating with the University of California, San Francisco on the Health, Equity, Action Leadership Program -- or HEAL -- which arranges placements of pairs of early-career clinicians, both physicians and nurse practitioners, who serve in alternating six-month clinical periods over a two-year period. This partnership places clinical providers in the Navajo Area who would not otherwise serve in these locations.

Another way we are building the future workforce is through the University of Washington Global and Rural Health Fellowship, a fellowship for internal medicine and emergency medicine physicians. During the first year of fellowship, fellows attend a one-month global health course at the University of Washington in Seattle and spend the remainder of the year at either the Pine Ridge IHS Hospital in South Dakota or at Alaska Native Tribal Health Consortium.

We are also partnering with Massachusetts General Hospital for a two-year Fellowship Program in Rural Health Leadership. Fellows spend six months engaged in primary care and hospital medicine at Rosebud Indian Hospital.

And the IHS Oklahoma City Area has expanded its collaborative relationship with the Oklahoma State College of Medicine. This program sponsors medical residents in exchange for a service obligation.

During this meeting, we'll also address the opioid crisis -- another top priority for HHS and IHS. We all know that the rising number of opioid overdose deaths is a serious public health crisis that affects individuals, families and communities. American Indians and Alaska Natives have been disproportionately affected by the opioid crisis.

I'm happy to report that we are working closely with the Substance Abuse and Mental Health Services Administration, regarding $50 million in their budget for tribes and tribal organizations to address the opioid crisis. The recently released grant funding opportunity "Tribal Opioid Response Grants" focuses on increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery support activities. Applications are due no later than August 20th.

More information is available on the SAMHSA website.

At the Indian Health Service, the Heroin, Opioid and Pain Efforts Committee, also known as the HOPE Committee, works with tribal stakeholders to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.

The committee is comprised of seven workgroups that aim to foster tribal relationships to identify local resources that are available to treat pain and substance use disorders.

IHS's HOPE Committee released an IHS policy on Prescribing and Dispensing Naloxone to First Responders in March. This policy establishes the requirement for the development of local policies and procedures for IHS-operated pharmacies to provide naloxone to law enforcement agencies and other first responders to prevent opioid overdose deaths.

Our large-scale naloxone distribution effort began in partnership with the Bureau of Indian Affairs in December 2015. The established Memorandum of Agreement requires IHS to train and equip BIA first responders in an effort to reverse opioid overdoses and save lives in the field. Under the agreement, IHS trains and equips BIA first responders in an effort to recognize signs and symptoms of overdoses and intervene when the overdose is occurring.

We're also addressing the crisis through our Telebehavioral Health Center of Excellence which provides, clinical services, provider education and technical assistance throughout the Indian health system. Many of you are familiar with these services. They directly equip us in reducing morbidity and mortality surrounding the opioid epidemic. This is just an example of the many activities throughout IHS to address the opioid crisis. Our work with tribes and other organizations to achieve our goals is also important part of addressing this crisis. IHS recognizes the importance of collaborating and consulting with tribes and working closely with our partners and stakeholders.

Again, I want to thank you for having me here today. We are committed to working in partnership to address the topics that are of great value to you. Our ongoing success is due in large part to your commitment in improving health care for the betterment of our patients.

I hope you enjoy and benefit from the breakout sessions planned for you today and tomorrow.