



**Remarks for RADM Chris Buchanan**  
**Phoenix Area Tribal Consultation and Urban Confer Meeting – Agency Update**  
**The Westin Kierland Resort & Spa | Scottsdale, Arizona**  
**September 4, 2019 | 9:00 – 9:30 a.m. MST**

Good morning everyone. I want to thank all of you for being here today and for your continued partnership in meeting our mission of raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. I also want to thank Phoenix Area Director Dr. Ty Reidhead and Area Office staff for their continued leadership and support.

Across IHS, and here in the Phoenix Area, we remain strongly committed to working with tribes, tribal organizations, and urban Indian organizations. We believe in the unique government-to-government relationship with tribal governments and are committed to regular and meaningful consultation and collaboration. These partnerships are critical to our success.

I want to have plenty of time to engage in dialogue with you, so I would just like to provide some brief updates for you this morning.

I want to share some recent changes to the IHS senior leadership team. Christopher Mandregan, Jr., a tribal citizen of the Aleut Community of St. Paul, Alaska, is now serving as the Deputy Director for Field Operations. Mr.

Mandregan began his career with IHS in 1986 and has most recently served as the Alaska Area Director and the Acting Deputy Director for Management Operations.

Effective with Mr. Mandregan's appointment and in addition to my role as Deputy Director, I am also currently serving as Acting Deputy Director for Management Operations at IHS headquarters until a permanent replacement is selected.

Roselyn Tso, an enrolled member of the Navajo Nation, is now the Director of the Navajo Area of the Indian Health Service. Ms. Tso previously served as director of the Office of Direct Service and Contracting Tribes and her wealth of experience and leadership skills will be a welcome addition to the Navajo Area as we continue to improve and provide access to quality health care services.

I want to start by highlighting our IHS Strategic Plan for 2019-2023. The Strategic Plan will improve the management and administration of the IHS and sets the strategic direction of the agency over the next 5 years. The strategic plan includes three goals that will guide our efforts – focusing on access to care, quality of care, and strengthening management and operations. These goals incorporate the four priorities of people, partnerships, quality and resources that previously guided IHS efforts. The final plan is the result of collaboration with our tribal and urban Indian organization partners who offered their feedback and expertise.

Releasing this plan was just the beginning. Implementation is no small task and requires input from all our partners and stakeholders. Your work in Native communities throughout Indian Country has a significant impact in our

implementation of the strategic plan and our commitment to improving the health status of American Indians and Alaska Natives.

The first goal is to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people. In our focus on improving access to care, one example of our current work includes efforts to address the opioid epidemic.

Health and Human Services Secretary Alex Azar identified the opioid crisis as one of his four priorities. Helping to guide our efforts at IHS is the IHS National Committee on Heroin, Opioids and Pain Efforts, which exists to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.

On June 21, IHS initiated a national tribal consultation and urban confer to seek your input and guidance as we develop an Opioid Grant Program to distribute the Fiscal Year 2019 opioid funding. The 2019 Consolidated Appropriations Act provided a \$10 million increase in the Alcohol and Substance Abuse Program budget line to better combat the opioid epidemic by creating a Special Behavioral Health Pilot Program, modeled after the Special Diabetes Program for Indians. In response to requests for additional time to make informed comments on this issue, we extended the comment submission deadline to September 3. We look forward to reviewing your comments and recommendations on developing this program.

We are also ensuring increased access to medication assisted treatment. We are working with our IHS federal facilities to identify opioid use disorder treatment resources in their local areas and create an action plan by the end of the year to provide or coordinate patient access to medication assisted treatment.

This will allow us to increase access to culturally appropriate prevention, treatment, and recovery support services, which is essential to promoting wellness and recovery in tribal communities. We recognize that Indian health care facilities have a key role to reduce the impact of the opioid crisis and to collaborate with community resources to increase access to recovery services and decrease stigma associated with opioid use disorder.

With this focus across the agency, and the entire department, we welcome the feedback that was included in a recent Office of the Inspector General report that highlighted some of the challenges we still face in regards to managing opioids. We fully cooperated with the OIG review, and we agree with the OIG's recommendations. We have already taken actions to implement those recommendations.

For instance, the IHS continues to move forward with better ways of collecting data regarding key metrics – to inform us at the national level, and make positive changes to care being provided at the local level. We also continue to evaluate situations where there may be increased risk for patients, while we work on

improving policies regarding accountability, receipt, management, and dispensing of opioids.

The OIG also released another report last week on the challenges we face in improving quality of care at IHS hospitals. As with any organization delivering health care in rural, remote locations, some of these challenges are related to recruitment and retention, infrastructure, aging facilities and equipment, and existing health disparities. In recent years, we have made significant progress in overcoming these challenges with support from Congress, the Administration, and our tribal and urban Indian partners. As highlighted in the report, there is a deep commitment across the agency to our mission and to the communities we serve. Through sustained effort, partnership with tribal communities, and a sincere desire to do better, we will achieve the best possible care for our patients.

In March, the president released his proposed budget for fiscal year 2020. It includes expanded access to direct health care services through the funding of staffing and operations of new facilities, as well as extending services to newly federally recognized tribes, modernizing IHS' electronic health record system, and extending the Special Diabetes Program for Indians through 2021. A more detailed overview of the IHS fiscal year 2020 Congressional Justification is available on our website.

I want to share a few updates on recent tribal consultation and urban confers over the last few months. Regarding funding for leases under section 105(l) of the ISDEAA, to date, IHS has received over 120 lease proposals for Fiscal Year 2019

totaling approximately \$56 million dollars. We anticipate that the number and cost of proposals will continue to rise before the end of the fiscal year. IHS has identified approximately \$30 million dollars for FY 2019 105(I) leases and difficult decisions will be necessary to address the remaining need for the year.

Tribal consultation and urban confer was initiated on March 12 to obtain input on short-term and long-term options for meeting this requirement. This request follows-up on the tribal consultation and urban confer that we held last year on this topic. Responses received during the recent comment period, which ended April 26, have been compiled and will be shared on the IHS Web site in the near future. This feedback is being used to inform our funding decisions, which are not yet final. We will send a letter to tribal and urban Indian organization leaders after decisions are finalized. In the meantime, based on comments received during consultation, IHS plans to establish a technical workgroup to help identify and project potential 105(I) lease costs in the future.

IHS also recently announced revisions to the Contract Support Costs policy to address what many of us refer to as the 97/3 method of calculating costs. We previously updated and revised the CSC policy in 2016. After a year of implementing the policy, and by working closely with our tribal partners, we became aware that the 97/3 method may not conform in all cases with the statutory authority of the Indian Self-Determination and Education Assistance Act.

The new revised policy will allow tribes, tribal and urban Indian organizations and the IHS to jointly determine, on a case-by-case basis, the appropriate method for

reconciling Contract Support Costs. A letter to tribal and urban leaders with more information and comments received during consultation is available on the IHS website.

IHS initiated tribal consultation and urban confer on the distribution mechanism for behavioral health initiative funding. The IHS National Tribal Advisory Committee on Behavioral Health then provided recommendations based on the input gathered from the initial comment period. We are now seeking your input and comments on these recommendations through a 60-day comment period that ends on October 1. Thank you for your support and partnership in addressing important behavioral health issues in our communities.

Many of you may have seen our Dear Tribal Leader Letter on the Community Health Aide Program. We initiated consultation in May on the draft national Community Health Aide Program policy. The comment period to gather input and feedback on the policy closed yesterday and we look forward to reviewing your feedback. The Community Health Aide Program is a multidisciplinary system of mid-level providers that include behavioral health aides, community health aides, and dental health aides. They expand the traditional system of care through working under the supervision of licensed providers. This model leads to increased access to care and subsequently a reduction in health disparities. CHAP has been in operation in rural Alaska since 1968 and has shown to be a valuable resource in service delivery in tribal communities.

While IHS has not received additional funding and is not providing additional funding for the expansion of CHAP outside of Alaska, the policy would ensure IHS has implemented its authorities under the Indian Health Care Improvement Act enabling Tribes to move forward with their CHAPs as expeditiously as possible.

We also recently announced a new solicitation for the Fiscal Year 2020 IHS Joint Venture Construction Program. This a great opportunity, as the program allows the acquisition or construction of a health care facility using non-IHS funds. In exchange, the staffing and operations of the facility are funded under a no-cost, 20-year lease. The pre-application deadline is October 11 and more information is available on our website.

The second goal of the Strategic Plan is to promote excellence and quality through innovation of the Indian health system into an optimally performing organization. With the recent release of the Government Accountability Office 2019 High Risk List Report, it is clear that we have made significant progress since the 2017 report. There is no question that we still have work to do, but the report indicates that IHS has demonstrated progress in all high-risk areas including leadership commitment and capacity. IHS senior leadership met with GAO leaders in August to provide updates on the progress we are making on their recommendations. Since February 2017, IHS has successfully addressed 11 of the 14 GAO recommendations cited in the 2017 High Risk List Report. By the end of 2019, we anticipate two of the last three recommendations will also be completed.



Promoting excellence through quality requires commitment from all. Another of the many ways we are working to improve quality of care is the Health Information Technology Modernization Research Project launched by IHS and the Department of Health and Human Services Office of the Chief Technology Officer. This project intends to provide unbiased insight into Health IT solutions and is anticipated to be the first step of a multi-faceted approach to Health IT modernization at IHS.

The project team recently wrapped up their on-site listening sessions and have participated in 25 site visits since October of 2018. They have also interviewed staff members, patients, and tribal leaders to gather valuable feedback that will be used to identify how to best streamline our health IT infrastructure and capabilities.

The proposed budget for fiscal year 2020 provides a \$25 million dollar initial investment in the modernization of our electronic health records system. This funding will lay the groundwork to improve the quality of care, reduce the cost of care, and promote interoperability.

I am also excited to talk to you about our innovation projects. I have challenged all IHS staff with exploring how we can relieve the stress and burden on our already over-taxed health care system by partnering with sister agencies, academia, and community-based organizations to address issues such as housing, job availability, education, and healthy food availability. We know that health starts in our families, in our schools and workplaces, and in the air we breathe and

the water we drink. Improving the social determinants of health is an important part of fulfilling the IHS mission.

One of the ways we're doing this is through the IHS Innovation Projects, part of the Improving Patient Care Program. Facilities that are already recognized as Patient Centered Medical Home sites are given funds to develop advanced quality improvement projects addressing these social determinants. Other facilities learn from these pioneers and they become informal peer advisors to others interested in doing similar projects. Over the past three years, funding recipients include the Uintah-Ouray (**You-in-tuh Oh-ray**) Service Unit in Fort Duchesne (**Doo-shane**), Utah, and the Elko Service Unit's Southern Bands Health Center in Elko, Nevada. We will soon announce the Fiscal Year 2020 project awardees.

The initiative is the first of its kind to support IHS, tribal and urban Indian sites in addressing the social factors that affect overall health. The goal is to strengthen the link between clinic and community and explore ways to address these social factors to improve overall community health.

The third and final Strategic Plan goal is to strengthen IHS program management and operations.

To address this goal, we have some exciting ways we are working to build our future workforce through innovative partnerships. We have partnerships with a number of regional and large national universities for fellowships, residencies and clinical rotations to bring both teaching faculty and talented new practitioners

into our facilities and introduce them to our mission. This not only develops our capacity to become a teaching health system, but serves as a long-term recruitment tool with many returning to practice later in their careers. It is vital that we continue collaboration with our partners in order to provide the quality and competent care necessary for the people we serve.

I've talked a lot about ways we are working to modernize, innovate, and improve the Indian health system. We must plan and take necessary actions to ensure IHS remains a high-performing health system that provides safe, effective, culturally-appropriate, patient-centered care to American Indians and Alaska Natives. Changes in the broader health care environment, demographics, resources, and tools available to us require the agency to adapt in order to continue to effectively meet our mission.

In partnership with tribal leaders on the Strategic Plan Workgroup, we thoroughly evaluated the current state of the IHS, defined a vision of what success for the agency looks like, and outlined broad strategies to guide us as we work towards that vision.

As we move forward, our impact in tribal and urban Indian communities is a reflection of the ongoing partnerships we have with partners like all of you. It is an honor to be here and share with you the exciting plans of the Indian Health Service. Thank you for the opportunity to speak to you today and I look forward to our conversations.