



Indian Health Service

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## **Response to Comments on the Draft IHS Strategic Plan FY 2018-2022**

## Introduction

The Indian Health Service (IHS), an agency within the United States (U.S.) Department of Health and Human Services (HHS), is responsible for providing federal health services to American Indian and Alaska Native people. The IHS is publishing an IHS Strategic Plan FY 2019-2023, with the intention of improving the health of American Indians and Alaska Natives through improvements of agency management and administration. The IHS Strategic Plan FY 2019-2023 reflects the feedback received from Tribes, Tribal Organizations, Urban Indian Organizations, staff, and other stakeholders.

The IHS established a transparent process for the development of the IHS Strategic Plan. The IHS has issued three versions of the strategic plan, including an initial draft framework, the draft IHS Strategic Plan FY 2018-2022, and the IHS Strategic Plan FY 2019-2023. The IHS first initiated Tribal Consultation and Urban Indian Confer on the IHS strategic plan process and initial draft framework<sup>1</sup> from September 15, 2017, through October 31, 2017. During this time, the IHS held listening sessions, made presentations at Tribal meetings, and held conference calls with Tribal and Urban Indian Organization leaders. Additionally, comments were accepted after October 31, 2017, on an ongoing basis. The comment summaries on the initial draft framework are available for review on the [IHS Strategic Plan](#) website.

From November 2017 through February 2018, an IHS Federal-Tribal Strategic Planning Workgroup (workgroup) reviewed the initial draft framework comments received from 150 Tribes, Tribal Organizations, Urban Indian Organizations (UIOs), and IHS staff. The workgroup suggested strategies and made recommendations on the draft IHS Strategic Plan. Workgroup membership included Tribal leaders or their designees, a representative from the IHS Office of Urban Indian Health Programs, and IHS staff from areas, service units, and headquarters. Workgroup meeting summaries and materials are available on the [IHS Strategic Plan](#) website.

On July 24, 2018, the draft IHS Strategic Plan FY 2018-2022 was published in the *Federal Register* for a 30-day public review and comment period. The IHS sent formal letters regarding the release of the draft IHS Strategic Plan to Tribal leaders and Urban Indian Organization leaders, and provided notification of two virtual town hall sessions, one for Urban Indian Confer and one for Tribal Consultation, on August 3, 2018, and August 6, 2018, respectively.

This *Response to Comments on the Draft IHS Strategic Plan FY 2018-2022* document, is the IHS's response to the comments received during the Tribal Consultation and Urban Indian Confer sessions, as well as those received in writing during the 30-day public comment period. The IHS received 123 comments, including questions, comments, and recommendations on the specific elements of the plan, the terminology used in the strategic plan, implementation of strategies and measures, and the IHS strategic planning process. The IHS reviewed all

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<sup>1</sup>The IHS used a strategic planning process similar to HHS in its development of the HHS Strategic Plan FY 2018-2022, including use of goals; objectives, and strategies; environmental scans; analyses and workgroup participation. The initial draft framework was informed by a variety of source documents.

comments and carefully considered changes before publishing the IHS Strategic Plan FY 2019-2023.

Comments and responses are grouped in this document into the following 12 major themes:

- Terminology
- Include Urban Indian Organizations (UIOs) in the Strategic Plan
- Indian Health Care Improvement Act
- Timeline
- Collaboration
- Communication
- Implementation
- Measures
- IHS Strategic Planning Process
- Urban Indian Organization Issues
- Draft Plan Does Not Include Comments Submitted
- Other

This document also includes two appendices. **Appendix 1** is a listing of IHS strategic plan changes from the draft IHS Strategic Plan FY 2018-2022 to the IHS Strategic Plan FY 2019-2023; changes are listed in **bold underline**. Changes to the mission and vision statements are listed for the initial draft framework, draft IHS Strategic Plan FY 2018-2022, and IHS Strategic Plan FY 2019-2023. The strategy statement changes from the draft IHS Strategic Plan FY 2018-2022 to the IHS Strategic Plan FY 2019-2023 are listed in **bold underline** and ~~strikethrough~~. **Appendix 2** is a listing of recommended activities for strategy statements as submitted during the public comment period.

An IHS implementation team will be established to monitor the process and activities of the IHS Strategic Plan FY 2019-2023.

## **Terminology**

### Terminology Comment 1 Summary:

In general, commenters requested that the IHS update, include, or clarify terms (e.g., indigenous, Indian, behavioral and culturally acceptable) in the draft IHS Strategic Plan FY 2018-2022. Commenters recommended adding faith-based organizations and interventions; and clarifying continuous quality improvement, among other terms.

Additionally, commenters made specific language recommendations for the mission and vision statements, goals, objectives, and strategies.

### Response to Terminology Comment 1:

In the IHS Strategic Plan FY 2019-2023, the IHS revised the language to clarify terms and language, where appropriate. The IHS omitted other terminology recommendations because the revised language may require further explanation or may alter the original content.

No changes are included in the IHS Strategic Plan FY 2019-2023 for the mission statement. The current mission statement is outcome-oriented, timeless, and covers all aspects of the Indian health care system. The IHS Strategic Plan FY 2019-2023 provides additional background information about the IHS, including a section on Tribal consultation and Urban Indian Confer and how the Indian health care system works to reinforce and achieve the agency's mission. Updates are included for the vision statement, goals, objectives, and strategies, as appropriate. **Appendix 1** provides a comparison of the language changes from the draft IHS Strategic Plan FY 2018-2022 to the IHS Strategic Plan FY 2019-2023.

#### Terminology Comment 2 Summary:

The IHS received several comments asking for specific references to disciplines or priority areas. For example, comments recommended adding an objective for funding, since increasing access to care and funding are related, or updating specific objective and strategy statements to include behavioral health, information technology, specific diseases (e.g., diabetes, hepatitis C, and opioid-related health care issues) or to address other areas of concern (e.g., water issues).

#### Response to Terminology Comment 2:

While a certain discipline or priority area may not specifically be referenced in the goals, objectives, or strategies, there are other places in the IHS Strategic Plan FY 2019-2023 that support these areas and where funding may be implicit in accomplishing the goals and objectives of the IHS Strategic Plan FY 2019-2023.

The IHS implementation team will review and further develop the strategy recommendations related to implementation, including action plans or charters and measures.

Additionally, the IHS has other area- or office-specific strategic plans available that may explicitly address the topic areas and concerns raised by commenters. As stated in the IHS Strategic Plan FY 2019-2023, the IHS developed the draft IHS Strategic Plan FY 2018-2022 using source documents, including other strategic plans. A listing of other strategic plans are available on the [IHS Strategic Plan](#) website.

### **Include Urban Indian Organizations (UIOs) in the Strategic Plan**

#### Include UIOs in the Strategic Plan Comment Summary:

The IHS received comments stating that UIOs should be specifically included in certain objective and strategy statements and not aggregated with "other stakeholders."

#### Response to Include UIOs in the Strategic Plan Comment:

UIOs are important in the delivery of health care services of American Indians and Alaska Natives. The IHS Strategic Plan FY 2019-2023 is inclusive of Tribes, Tribal Organizations, and UIOs as identified in the goals, objectives, and strategies, where appropriate. The IHS Strategic Plan FY 2019-2023 includes minor language updates. **Appendix 1** provides a comparison of language changes from the draft IHS Strategic Plan FY 2018-2022 to the IHS Strategic Plan FY 2019-2023.

Some comments by UIOs are beyond the scope of the IHS strategic plan, these comments are addressed under the **Urban Indian Organization Issues** section in this document.

## **Indian Health Care Improvement Act (IHCIA)**

### IHCIA Comment Summary:

The IHS received comments that health care services should reflect all the services authorized by the Indian Health Care Improvement Act (IHCIA), regardless of appropriations.

### Response to IHCIA Comment:

The IHS Strategic Plan FY 2019-2023 reflects current IHS authorities and funding. The IHS considered current funding for activities in the development of appropriate goals, objectives, and strategies. IHS funding is subject to change, and accordingly, updates may be required.

## **Timeline**

### Timeline Comment Summary:

Several commenters asked the IHS to address the “fiscal year 2018-2022” reference, since FY 2018 is almost complete by the end of the comment period (August 30, 2018).

### Response to Timeline Comment:

The final IHS Strategic Plan timeframe is updated to cover FY 2019-2023 rather than FY 2018-2022, since the plan is being released during FY 2019.

## **Collaboration**

### Collaboration Comment Summary:

The IHS received several recommendations to keep Tribes apprised of changes to the plan, share the outcomes and measurable data with Tribes, and provide annual updates.

### Response to Collaboration Comments:

The IHS appreciates the interest in monitoring the strategic plan progress. The IHS implementation team will review recommendations and updates will be provided on an ongoing basis to Tribes, Tribal Organizations, UIOs, and other stakeholders.

## **Communication**

### Communication Comment 1 Summary:

The IHS received several comments about ways to improve communication, in general, with Tribes, Tribal Organizations, and UIOs. For example, concerns were expressed that Tribal leaders and leaders of UIOs were only given a few days notice before Tribal consultation or Urban Indian Confer conference calls.

### Response to Communication Comment 1:

During the strategic planning process, there may have been limited, time-sensitive communications leading up to the scheduled Tribal Consultation and Urban Indian Confer sessions. In general, the IHS schedules Tribal Consultation and Urban Indian Confer sessions and issues notifications as soon as possible. These events may, however, be time-sensitive for various reasons, for example, to avoid scheduling conflicts or to meet a deadline.

Commenters emphasized improved communication with the IHS, in general. The IHS appreciates the comments and recognizes the ongoing need to improve communication and monitor progress. The IHS expects the IHS Strategic Plan FY 2019-2023 to reinforce this priority, and Goal 3, Objective 1, specifically addresses communication within the agency, with Tribes, Tribal Organizations, UIOs, and other stakeholders.

### Communication Comment 2 Summary:

Commenters recommended the IHS keep Tribes, Tribal Organizations and UIOs updated on strategic plan progress and share findings.

### Response to Communication Comment 2:

The IHS appreciates the feedback on the importance of ensuring Tribes, Tribal Organizations, UIOs, and other stakeholders are updated on the progress and findings of the IHS Strategic Plan FY 2019-2023. The IHS will continue to update all stakeholders, as appropriate. Additionally, the IHS recognizes that plan measures need to be established and monitored, please see the **Measures** section in this document for additional information.

## **Implementation**

### Implementation Comment Summary:

The IHS received several comments and recommendations related to implementation of the strategies included in the Strategic Plan. Other comments recommended ensuring Tribes and UIOs are represented when the Strategic Plan is implemented.

### Response to Implementation Comment:

The IHS implementation team will review recommendations, including the list of recommended activities for strategy statements in **Appendix 2** of this document.

## **Measures**

### Measures Comment Summary:

The IHS received several recommendations to add measures and questions about how the agency plans to track Strategic Plan progress.

### Response to Measures Comment:

The IHS Strategic Plan FY 2019-2023 will include measures and the agency will track progress. The IHS Strategic Plan FY 2019-2023 includes two crosswalks of existing IHS

measures to the strategic goals and objectives. Appendix B crosswalks the Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA) measures and Appendix C crosswalks the National Accountability Dashboard for Quality measures (please refer to the IHS Strategic Plan FY 2019-2023). These measures may serve as a starting point in establishing IHS Strategic Plan FY 2019-2023 measures. The IHS anticipates further development of these and other measures for specific objectives and strategies.

The IHS Strategic Plan FY 2019-2023 strategies are general statements that support the aim of the stated objective. Successful achievement of the strategies will require a series of specific activities, which will be established by the IHS implementation team.

## **IHS Strategic Planning Process**

### IHS Strategic Planning Process Comment Summary:

The IHS received questions about the IHS strategic planning process, including non-IHS participation and workgroup interactions and the lack of representation by UIOs on the workgroups.

### Response to IHS Strategic Planning Process Comment:

The IHS Strategic Plan reflects the feedback received from Tribes, Tribal Organizations, UIOs, IHS staff, and other stakeholders, to the extent possible. The agency is committed to identifying ways to work together to address the goals and objectives of the IHS Strategic Plan FY 2019-2023 moving forward. Urban Indian Organization leaders are not permitted to serve on workgroups operating pursuant to the Unfunded Mandated Reform Act exemption to the Federal Advisory Committee Act, sometimes called the “tribal leaders exemption.” The agency notes that the OUIHP participated in the workgroup to provide input from the perspective of UIOs.

The IHS strategic planning process included several opportunities to provide feedback on the IHS Strategic Plan FY 2019-2023:

- *Ongoing feedback:* The IHS gathered feedback from stakeholders on an ongoing basis throughout the strategic planning process, which was initiated in September 2017. The IHS first requested comments through October 31, 2017. However, comments were accepted on an ongoing basis throughout the strategic planning process. During this process, the IHS held several listening sessions, presented at Tribal and national meetings, provided updates on conference calls, hosted Tribal Consultation and Urban Indian Confer sessions, and issued updates by e-mail and letter.
- *Comment summaries:* IHS staff reviewed all comments submitted on the initial draft framework and posted weekly comment summaries on the IHS Strategic Plan website. Comments that were submitted after October 31, 2017, were incorporated in the workgroup’s review, but not included in the summaries posted to the IHS Strategic Plan website.

- *Workgroup:* An IHS Strategic Planning Workgroup (workgroup) reviewed comments on the initial draft framework and drafted Strategic Plan recommendations for IHS leadership review. Workgroup membership included Tribal leaders or their designees, a representative from the IHS OUIHP, and IHS staff from areas, service units, and headquarters. During six meetings from November 2017 through February 2018, the workgroup reviewed comments and developed recommendations for the draft IHS Strategic Plan FY 2018-2022.
- *Workgroup summaries:* Workgroup meeting summaries were posted on an ongoing basis on the [IHS Strategic Plan](#) website.
- *Federal Register Notice:* The draft IHS Strategic Plan FY 2018-2022 was published in the *Federal Register* on July 24, 2018, for a 30-day review and public comment period.
- *Tribal Consultation and Urban Indian Confer:* The IHS provided formal letters regarding the draft IHS Strategic Plan FY 2018-2022 release to Tribal and Urban Indian Organization leaders and notification of two virtual town hall sessions, one for Urban Indian Confer and one for Tribal Consultation on August 3, 2018, and August 6, 2018, respectively. Regarding the draft initial framework, the IHS held listening sessions and Tribal Consultation and Urban Indian Confer sessions.

Throughout the strategic planning process, the IHS issued formal letters and updates to Tribal and Urban Indian Organization leaders. For more information about the timeline of the strategic planning process, please visit the [IHS Strategic Plan](#) website. The IHS reviewed all comments and carefully considered revisions to the IHS Strategic Plan FY 2019-2023, as appropriate. To address the comments received on the draft IHS Strategic Plan FY 2018-2022, the IHS issues this *Response to Comments on the Draft IHS Strategic Plan FY 2018-2022* document.

## **Urban Indian Organization Issues**

### Urban Indian Organization Issues Comment Summary:

Several comments were specific to UIOs and beyond the scope of the Strategic Plan. Comments addressed ways to: use the confer process in a more meaningful way; address authorities where UIOs are not included (e.g., Federal Medical Assistance Percentages and malpractice liability); establishing priority access by UIOs to surplus facilities and equipment; and ways to provide technical assistance to urban programs in expanding or moving to new facilities.

### Response to Urban Indian Organization Issues Comment:

The IHS appreciates the comments received and looks forward to continuing to work with UIOs to address specific concerns. The OUIHP Strategic Plan 2017-2021 also addresses some of the concerns raised in the comments submitted for the IHS Strategic Plan FY 2019-2023. As implementation moves forward, the IHS will continue to seek out input by UIOs and engage the Urban Indian Confer process, as appropriate.

## Draft IHS Strategic Plan Does Not Include Comments Submitted

### Draft IHS Strategic Plan Does Not Include Comments Submitted Comment Summary:

Several commenters stated the draft IHS Strategic Plan FY 2018-2022 did not include the comments submitted on the initial draft framework.

### Response to Draft IHS Strategic Plan Does Not Include Comments Submitted:

The IHS considered comments from all IHS stakeholders, however, not all comments may have been incorporated or addressed in the draft IHS Strategic Plan FY 2018-2022. Many of the comments submitted on the initial draft framework were interpreted as strategy statements (or action items to support implementation), supporting the objectives. Strategies are defined as related activities to fulfill the strategic objectives.

An overview of the workgroup process leading to the development of recommendations for the draft IHS Strategic Plan FY 2018-2022 is outlined below. Please see the IHS strategic planning process section and [IHS Strategic Plan](#) website for additional details about the workgroup process.

The process for reviewing and developing workgroup recommendations on the mission, vision, goals, objectives, and strategies included:

- *Themes:* IHS staff reviewed all initial draft framework comments, summarized, and grouped similar themes according to the mission, vision, goals, and objectives categories.
- *Strategy or activities/charters:* The workgroup determined if comments were a strategy or if the comments addressed specific activities or charters. Charters are defined as a specific aim, expected outcomes, measures, and a work plan for improvement. Charters may be addressed during the IHS Strategic Plan FY 2019-2023 implementation process.
- *Prioritization:* The workgroup prioritized strategies by importance for each objective and not all strategies were recommended.
- *Mission or vision changes:* Comments on the mission and vision statements were organized according to most frequently suggested changes. The workgroup reviewed and determined final recommendations.

The IHS implementation team will review and consider the workgroup's recommendations of specific activities/charters and the recommended activities for the strategy statements included in **Appendix 2**.

## Other

### Other Comment 1 Summary:

One commenter requested clarification of the term "health professions schools."

### Response to Other Comment 1 Summary:

The term health professions schools is in accordance with 42 C.F.R. § 136.302(f).

Other Comment 2 Summary:

One commenter recommends Goal 1 Objective 1 be inclusive of all employees.

Response to Other Comment 2 Summary:

The IHS appreciates the comments received and will work to ensure that all IHS employees understand the IHS Strategic Plan FY 2019-2023 applies to their work and the opportunities available as outlined in Goal 1 Objective 1.

Other Comment 3 Summary:

One commenter requested more information about how the IHS Strategic Plan aligns with the HHS Strategic Plan FY 2018-2022.

Response to Other Comment 3 Summary:

The IHS Strategic Plan FY 2019-2023 includes Appendix A, a crosswalk of the HHS Strategic Plan goals and objectives and the IHS Strategic Plan goals and objectives. The crosswalk shows where the IHS Strategic Plan goals and objectives align with the HHS Strategic Plan goals and objectives. Please refer to the IHS Strategic Plan FY 2019-2023.

Other Comment 4 Summary:

Commenters requested a “red line” document of changes from the initial framework to the draft IHS Strategic Plan.

Response to Other Comment 4:

Included in this *Response to Comments on the Draft IHS Strategic Plan FY 2018-2022* is **Appendix 1**, highlighting the language changes to the vision statement, goals, objectives, and strategies. Additionally, the IHS Strategic Plan FY 2019-2023 includes new content in the following sections: *Introduction, Strategic Plan Development, Performance and Appendices A, B, and C.*

Other Comment 5 Summary:

Commenters asked if the workgroup would convene again.

Response to Other Comment 5:

The IHS expects to convene the IHS Strategic Planning Workgroup if needed.

## Appendix 1. IHS Final Strategic Plan Updates

Appendix 1 includes the language changes for the IHS Strategic Plan FY 2019-2023. This appendix is organized according to the elements of the IHS Strategic Plan: mission, vision, goals, objectives, and strategies. Language changes for the vision, goals, and objectives are in **bold underline**. Please refer to the IHS Strategic Plan FY 2019-2023 for review of the full plan including background information and goal and objective explanations. IHS has issued three versions of the Strategic Plan including an initial draft framework, the draft IHS Strategic Plan FY 2018-2022, and the IHS Strategic Plan FY 2019-2023. Changes from the initial draft framework are listed for the mission and vision statements and a footnote references the minor changes to the goals and objectives. Column headings for the draft IHS Strategic Plan FY 2018-2022 and IHS Strategic Plan FY 2019-2023 are listed for the goals and objectives table and the strategies table. Changes to the strategy statements are in **bold underline** and ~~strikethrough~~.

MISSION	
<b>Initial Draft Framework</b>	To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
<b>Draft IHS Strategic Plan</b>	
<b>IHS Strategic Plan</b>	

VISION	
<b>Initial Draft Framework</b>	A health system that promotes Tribal ownership and pride.
<b>Draft IHS Strategic Plan</b>	Healthy communities and quality health care systems through strong partnerships and culturally relevant practices.
<b>IHS Strategic Plan</b>	Healthy communities and quality health care systems through strong partnerships and culturally <b><u>responsive</u></b> practices.

GOALS AND OBJECTIVES		
	Draft IHS Strategic Plan FY 2018-2022	IHS Strategic Plan FY 2019-2023
<b>Goal 1</b>	To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.	To ensure that comprehensive, culturally <b><u>appropriate</u></b> personal and public health services are available and accessible to American Indian and Alaska Native people.
<b>Objective 1.1</b>	Recruit, develop, and retain a dedicated, competent, and caring workforce.	Recruit, develop, and retain a dedicated, competent, and caring workforce.
<b>Objective 1.2</b>	Build, strengthen, and sustain collaborative relationships.	Build, strengthen, and sustain collaborative relationships.
<b>Objective 1.3</b>	Increase access to quality health care services.	Increase access to quality health care services.
<b>Goal 2</b>	To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.	To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.
<b>Objective 2.1</b>	Create quality improvement capability at all levels of the organization.	Create quality improvement capability at all levels of the organization.
<b>Objective 2.2</b>	Provide care to better meet the health care needs of Indian communities.	Provide care to better meet the health care needs of <b><u>American Indian and Alaska Native</u></b> communities.
<b>Goal 3</b>	To strengthen IHS program management and operations.	To strengthen IHS program management and operations.

<b>GOALS AND OBJECTIVES</b>		
	<b>Draft IHS Strategic Plan FY 2018-2022</b>	<b>IHS Strategic Plan FY 2019-2023</b>
<b>Objective 3.1</b>	Improve communication within the organization with Tribes and other stakeholders, and with the general public.	Improve communication within the organization with Tribes, <b>Urban Indian Organizations</b> , and other stakeholders, and with the general public.
<b>Objective 3.2</b>	Secure and effectively manage the assets and resources.	Secure and effectively manage the assets and resources.
<b>Objective 3.3</b>	Modernize information technology and information systems to support data-driven decisions.	Modernize information technology and information systems to support data driven decisions.

Changes from the initial draft framework to the draft IHS Strategic Plan include: adding “and” to 1.1; adding “to” to goal 3; moving a comma after stakeholders in 3.1; adding goal and objective explanations; adding sub-headings and strategy statements under each objective.

<b>STRATEGIES – Changes in <u>bold underline</u> and <del>strikethrough</del>.</b>	
<b>Draft IHS Strategic Plan FY 2018-2022</b>	<b>IHS Strategic Plan FY 2019-2023</b>
<b>Objective 1.1</b>	
Health Care Recruitment and Retention Strategy 1. Improve and innovate a process that increases recruitment and retention of talented, motivated, desirable, and competent workers, including through partnerships with Tribal communities and others.	Strategy 1. Improve and innovate a process that increases recruitment and retention of talented, motivated, <del>desirable,</del> <b><u>culturally knowledgeable</u></b> , and competent workers, including through partnerships with <b><u>AI/AN Tribal</u></b> communities and others.
Strategy 3. Support IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future physician leaders.	Strategy 3. Support IHS sponsorship of fellowship slots in certain specialized leadership programs for recruitment of future <b><u>clinical and administrative</u></b> <del>physician</del> leaders.
Strategy 5. Expand the use of paraprofessionals and mid-level practitioners to increase the workforce and provide needed services.	Strategy 5. Expand the use of paraprofessionals, <del>and mid-level practitioners</del> <b><u>Advance Practice Nurses, and Physician Assistants</u></b> to increase the workforce and provide needed services.
Strategy 6. Develop training programs in partnership with health professional schools and training hospitals and expand opportunities to educate and mentor Native youth interested in obtaining health science degrees.	Strategy 6. Develop training programs in partnership with health professional schools and training hospitals and expand opportunities to educate and mentor <del>Native</del> <b><u>AI/AN</u></b> youth interested in obtaining health science degrees.
Strategy 12. Strengthen employee performance and responsiveness to the Agency, Tribes, and patients by improving employee orientation and opportunities for training and education, including, customer service skills.	Strategy 12. Strengthen employee performance and responsiveness to <del>IHS the Agency</del> , Tribes, <b><u>Urban Indian Organizations (UIOs)</u></b> , and patients by improving employee orientation and opportunities for training, <b><u>Graduate Medical Education programs, and other educational offerings</u></b> , including, customer service skills <b><u>and cultural competency</u></b> .
<b>Objective 1.2</b>	
Strategy 1. Collaborate with Tribes in the development of community-based health programs, including health promotion and disease prevention programs and interventions that will increase access to quality health programs.	Strategy 1. Collaborate with Tribes <b><u>and UIOs</u></b> in the development of community-based health programs, including health promotion and disease prevention programs and interventions that will increase access to quality health programs.
Strategy 4. Promote collaborations between IHS, other Federal agencies, Tribes, and Tribal Organizations to expand services, streamline functions and funding, and advance health care goals and initiatives.	Strategy 4. Promote collaborations <del>between</del> <b><u>among</u></b> IHS, <del>other</del> federal agencies, Tribes, <del>and</del> Tribal Organizations, <b><u>UIOs, and states</u></b> to expand services, streamline functions and funding, and advance health care goals and initiatives.
<b>Objective 1.3</b>	
Strategy 4. Increase access to quality community, direct/specialty, long-term care and support services, and referred health care services and identify barriers to care for Tribal communities.	Strategy 4. Increase access to quality community, direct/ <del>2</del> specialty, long-term care and support services, and referred health care services and identify barriers to care for <del>Tribal</del> <b><u>AI/AN</u></b> communities.
Strategy 9. Incorporate Traditional cultural practices in existing health and wellness programs, as appropriate.	Strategy 9. Incorporate traditional cultural practices in existing health and wellness programs, <del>as appropriate</del> .
Facilities and Locations:	<del>Facilities and Locations:</del>

<b>STRATEGIES – Changes in <u>bold underline</u> and <del>strikethrough</del>.</b>	
<b>Draft IHS Strategic Plan FY 2018-2022</b>	<b>IHS Strategic Plan FY 2019-2023</b>
Strategy 12. In consultation with Tribes, modernize health care facilities to expand access to quality health care services.	Strategy 12. In consultation with Tribes, modernize health care facilities <b><u>and staff quarters</u></b> to expand access to quality health care services.
Strategy 14. Develop and execute a coordinated plan (including health care, environmental engineering, environmental health, and health facilities engineering services) to effectively and efficiently execute response, recovery, and mitigation to disasters and public health emergencies.	Strategy 14. <b><u>Develop and coordinate environmental engineering, environmental health, and health facilities engineering services to provide effective and efficient public health services and enable response, recovery, and mitigation to disasters and public health emergencies.</u></b>
<b>Objective 2.1</b>	
Strategy 1. Improve the quality of data collected regarding health care services and program outcomes.	Strategy 1. Improve the <b><u>transparency and the</u></b> quality of data collected regarding health care services and program outcomes.
Strategy 3. Standardize quality metrics across the IHS and use results to share information on best practices, performance trends, and identification of emerging needs.	Strategy 3. Standardize quality metrics across the IHS and use results to <b><u>identify emerging needs</u></b> , share information on best practices <b><u>and</u></b> performance trends <del>and identification of emerging needs.</del>
Continuous Quality Improvement: Strategy 4. Provide training, coaching, and mentoring to ensure continuous quality improvement and accountability of staff at all levels of the organization.	<del>Continuous</del> Quality Improvement: Strategy 4. Provide training, coaching, and mentoring to ensure <del>continuous</del> quality improvement and accountability of staff at all levels of the organization.
Strategy 6. Develop and provide standards of care to improve quality and efficiency of health services across IHS.	Strategy 6. Develop and provide standards of care to improve quality and efficiency of health services across <b><u>the</u></b> IHS.
Strategy 7. Adopt the Model of Improvement in all clinical, public health, and administrative activities in the Indian health system.	Strategy 7. Adopt the Model <del>for</del> <b><u>of</u></b> Improvement in all clinical, public health, and administrative activities <b><u>across the IHS</u></b> <del>in the Indian health system.</del>
<b>Objective 2.2</b>	
Strategy 3. Promote the total health integration within a continuum of care that integrates acute, primary, behavioral, and preventive health care.	Strategy 3. Promote <del>the</del> total health integration within a continuum of care that integrates acute, primary, behavioral, and preventive health care.
Strategy 4. Explore environmental and social determinants of health and trauma-informed care in health care delivery. Expand best practices across the IHS.	Strategy 4. Explore environmental and social determinants of health and trauma-informed care in health care delivery. <del>Expand best practices across the IHS.</del>
Strategy 6. Work collaboratively within IHS, and among other Federal, State, Tribal programs, and Urban Indian programs to improve health care by sharing best practices.	Strategy 6. Work collaboratively within <b><u>the</u></b> IHS, and among federal, state, Tribal <del>programs</del> , and Urban Indian programs to improve health care by sharing best practices.
<b>Objective 3.1</b>	
Strategy 2. Develop and define proactive communications plans for internal and external stakeholders.	Strategy 2. Develop and define proactive communications plans for internal and external stakeholders
Strengthened Partnership:	<b><u>Strengthened Partnerships:</u></b>
<b>Objective 3.2</b>	
Strategy 2. Ensure that Federal, State, Tribal, territorial, and local Tribal health programs have	Strategy 2. <del>Ensure that</del> <b><u>Promote collaboration among</u></b> federal, state, Tribes, <del>territorial</del> and local <del>Tribal</del> health

<b>STRATEGIES – Changes in <u>bold underline</u> and <del>strikethrough</del>.</b>	
<b>Draft IHS Strategic Plan FY 2018-2022</b>	<b>IHS Strategic Plan FY 2019-2023</b>
the necessary infrastructure to effectively provide essential public health services.	programs <del>to develop</del> have the necessary <u>health care and public health</u> infrastructure to effectively provide essential public health services.
Strategy 6. Optimize business functions to ensure IHS is engaged in discussions on value-based purchasing.	Strategy 6. Optimize business functions to ensure <u>that the</u> IHS is engaged in discussions on value-based purchasing.
Strategy 10. Strengthen patients’ awareness of their health care options, including Medicaid and Medicare enrollment, which may increase access to health care and optimize third party reimbursements.	Strategy 10. Strengthen patients’ awareness of their health care options, including Medicaid and Medicare enrollment, which may increase access to health care and optimize third-party reimbursements.
<b>Objective 3.3</b>	
Strategy 1. Evaluate electronic health record needs of the IHS and the ability for the health information systems to meet those needs, create seamless data linkages, and meet data access needs for Tribes and Tribal program health information systems.	Strategy 1. Evaluate electronic health record needs of the IHS and the ability for the health information systems to meet those needs, create seamless data linkages, and meet data access needs for <u>I/T/U Tribes and Tribal program</u> health information systems.
Strategy 2. Develop a consistent, robust, stable, secure, state-of-the-art HIT system to support clinicians workflow, improve data collection, and provide regular and ongoing data analysis.	Strategy 2. Develop a consistent, robust, stable, secure, state-of-the-art HIT system to support clinicians workflow, improve data collection, <u>increase transparency</u> , and provide regular and ongoing data analysis.
Strategy 3. Modernize the HIT system for IHS Resource and Patient Management System (RPMS) or commercial off-the-shelf packages.	Strategy 3. Modernize the HIT system for IHS Resource and Patient Management System ( <del>RPMS</del> ) or commercial off-the-shelf packages.
Strategy 4. Align with universal patient record systems to link off-reservation care systems that serve AI/AN.	Strategy 4. Align with universal patient record systems to link off-reservation care systems that serve <u>AI/ANs American Indians and Alaska Natives</u> .
Strategy 5. Enhance and expand technology such as the IHS telecom to provide access for consultative care, stabilization of care, decreased transportation, and timeliness of care at any IHS-funded health program.	Strategy 5. Enhance and expand technology such as the IHS telecommunication <u>s</u> to provide access for consultative care, stabilization of care, decreased transportation, and timeliness of care at any IHS-funded health program.
Strategy 6. Provide available data to inform decision making for internal and external stakeholders.	Strategy 6. Provide available data to inform <u>I/T/U</u> decision-making <del>for internal and external stakeholders</del> .
Strategy 8. Assure system of data sharing to solidify partnerships with Tribal Epidemiology Centers and other Tribal programs.	Strategy 8. Assure system of data sharing to solidify partnerships with Tribal <u>and Urban</u> Epidemiology Centers and other Tribal programs <u>and UIOs</u> .

## Appendix 2. List of Recommended Activities for Strategy Statements

The IHS reviewed all draft IHS Strategic Plan comments and determined that the following comments apply to the strategies and implementation of the IHS Strategic Plan FY 2019-2023. Most of the comments apply to specific activities (or charters); comments are organized by goal and objective (e.g., Goal 1 Objective 1, Goal 1 Objective 2, etc.). For activities that apply to specific strategies, the strategy number is listed in parentheses after the statement (e.g., if strategy number 1 is identified, the statement applies to strategy 1 under the referenced goal and objective). The IHS implementation team will review and further develop the following list of recommended activities for the corresponding strategies, as appropriate.

### Goal 1

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#### *Goal 1 Objective 1 and Strategies*

Goal 1 Objective 1 Strategy Comments Summary: Comments address the implementation of specific strategies by:

- creating permanent, temporary transition positions, while onboarding permanent staff (strategy 1);
- expanding the use of the Health Resources and Services Administration’s National Health Services Corps efforts to include IHS supervisory positions (strategy 2);
- expanding fellowship opportunities to other highly skilled clinical professionals (strategy 3);
- encouraging IHS supervisors to better understand certain professions, such as Registered Dietician Nutritionists and their value (strategy 4);
- empowering native youth in obtaining a cultural practitioner and health science degree (strategy 6);
- considering training programs and partnerships with land-grant institutions located near AI/AN communities (strategy 6);
- addressing affordable housing options for personnel (strategy 7); and
- considering the expansion of mentoring programs externally (strategy 9).

#### *Goal 1 Objective 2 and Strategies*

Goal 1 Objective 2 Strategy Comments Summary: Commenters requested additional information about the implementation of the proposed strategies and specifically:

- including faith-based organizations and community partners (strategy 1)
- how will the agency enhance cross-collaboration (strategy 3);
- supporting collaboration across federal agencies and stakeholders to ensure effective and coordinated implementation of issues, such as mental health parity, as it pertains to substance abuse disorders and serious mental illness (strategy 3); and
- providing technical assistance for community partners as needed (strategy 5).

### *Goal 1 Objective 3 and Strategies*

Goal 1 Objective 3 Strategy Comments Summary: Commenters made the following recommendations to specific strategies:

- include Urban Indians (strategy 1);
- consider how health disparities will be reduced, measured, and analyzed (strategy 7);
- consider cultural practices and Urban Organizations (strategies 7 and 9);
- use “effective based” terminology, medical models may no longer be evidence-based when culturally adapted to meet the needs of the community (strategy 8);
- include culturally appropriate best practices (strategy 8);
- include faith-based cultural practices (strategy 9).

## **Goal 2**

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### *Goal 2 Objective 1 and Strategies*

Goal 2 Objective 1 Strategy Comments Summary: Commenters recommend adding new strategies to ensure that Centers for Medicare & Medicaid Services (CMS) certification and accreditation standards are consistently met and achieved and implementing a quality and performance improvement plan for all health services (e.g., direct health care, public health, behavioral health, wellness services, etc.).

### *Goal 2 Objective 2 and Strategies*

Goal 2 Objective 2 Strategy Comment Summary: One commenter recommends a separate strategy for “expand best practices across the IHS” and adding promising practices that are culturally appropriate.

## **Goal 3**

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### *Goal 3 Objective 1 and Strategies*

Goal 3 Objective 1 Strategy Comments Summary: The IHS received several comments related to the Objective 1 strategies. One commenter recommended including a strategy to facilitate and support Tribal choices under the Indian Self-Determination and Education Assistance Act, sharing timely information with Tribes, and continue to enhance partnerships with Tribes to effectuate meaningful Tribal consultation and participation in matters impacting Tribes. Commenters also recommend including strategies to develop and implement minimum, standard processes for improving accountability to Tribes; and to evaluate progress and regularly share updates with Tribes. Other comments are to specific strategies:

- recommend information be produced in various AI/AN languages and be culturally relevant (strategy 4); and
- include “with Tribes, Urban Indian Organizations” (strategy 5).

### *Goal 3 Objective 2 and Strategies*

Goal 3 Objective 2 Strategy Comments Summary: The IHS received several comments related to the Objective 2 strategies. Commenters recommended new strategies to streamline operations and business processes to ensure revenue maximization at IHS and Tribal facilities. Other commenters recommend strategy 2 include Urban programs and the infrastructure needs of UIOs in providing essential public health services.

### *Goal 3 Objective 3 and Strategies*

Goal 3 Objective 3 Strategy Comments Summary: The IHS received comments related to the Objective 3 strategies. One commenter recommends adding a new strategy to enhance partnerships with the Veterans Administration in the development of a new health information technology system.