

Indian Health Service Director's Update

JUNE 23, 2016



Mary Smith,
Principal Deputy
Director,
Indian Health Service

*My grandmother,
Ora Mae Pallone,
who was born in
1905 in Westville,
Oklahoma*





Mary Smith, Principal Deputy Director, Indian Health Service

Briefing President Bill Clinton in the Oval Office



**Indian Health Service
Press Release**

May 13, 2016

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

IHS and CMS partnership to strengthen hospital care quality

Focus on hospital quality through Hospital Engagement Networks benefits patients by preventing adverse events

The Indian Health Service, in conjunction with the Centers for Medicare & Medicaid Services (CMS), announced today a new partnership to strengthen the quality of care delivered in IHS-operated hospitals. IHS hospitals will receive assistance from a CMS-supported Hospital Engagement Network (HEN). The purpose of a HEN is to help health care facilities deliver better care and to spend dollars efficiently. Through this partnership, IHS will actively participate in HEN activities to strengthen patient safety and share best practices, including implementing quality improvement plans. IHS hospitals will be able to access training and technical assistance that supports hospitals in making patient care safer. This effort includes IHS hospitals in the [Great Plains Area](#), including Rosebud and Pine Ridge IHS hospitals in South Dakota and Omaha Winnebago IHS hospital in Nebraska.



**Indian Health Service
Press Release**

June 1, 2016

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

**IHS Initiates Tribal Consultation on Draft Policy to Expand
Community Health Aide Program**

Patients could benefit from increased access to quality health care services in their communities

IHS today invited comments from tribal leaders on a [draft policy statement](#) that, if implemented, would begin a process of expanding the use of community health aides at IHS facilities across the country. Both facilities operated by the federal government and tribally operated facilities could see expanded opportunities under the new policy for these aides, a group that could include dental health aide therapists and community health representatives.



**Indian Health Service
Press Release**

May 17, 2016

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

**IHS awards contract to temporarily staff and operate
Emergency Departments at 3 hospitals**

Patients to benefit from increased number of Emergency Department health care providers at these IHS facilities in South Dakota and Nebraska

The Indian Health Service today awarded a contract with a ceiling of \$60 million in total for up to 5 years to AB Staffing Solutions, LLC, to provide a temporary surge in Emergency Department staffing, operations support and management services at three hospitals: Rosebud Hospital and Pine Ridge Hospital in South Dakota and Omaha Winnebago Hospital in Nebraska. IHS is using short-term funding to provide health care in these hospital emergency rooms while IHS reviews the administrative and clinical operations of its facilities across the region to develop long-term solutions.

Leadership Changes

- Christopher Mandregan – Acting Deputy Director
- RADM Sarah Linde, MD – Acting Chief Medical Officer
- Susan Karol, MD – Acting Great Plains Area CMO
- Hilary Frierson Keeley, JD – Acting Chief of Staff
- CAPT Chris Buchanan – Acting Great Plains Area Director



Top Priorities

- Assessing Care
- Improving How We Deliver Services
- Strengthening management
- Bringing Health Care Quality Expertise to IHS
- Engaging local resources



Field Hearing

- Oversight hearing by Senate Committee on Indian Affairs
- Chairman Barrasso and SD Delegation
- Systemic Changes Needed
- More Tribal Consultation Needed
- More Patient-Focused



Field Hearing – cont.

- Short-term and Long-term solutions needed
- Specific proposals
 - 1) Improve telemedicine
 - 2) Improve the pipeline
 - 3) Patient satisfaction surveys



Assessing Care

Mock surveys

- IHS and HHS experts will inspect facilities
 - All 27 hospitals
 - Simulate a hospital compliance inspection
 - Conducted by teams from outside Area
 - Proactively identify issues relating to health care quality
 - Resolve issues before they affect patients



Improving How We Deliver Services

Sustainable Change

- **Systems Improvement Agreements**
 - Designed to improve services at the hospitals to fully meet safety and quality of care standards, allowing time needed to address and overcome systemic barriers to quality
- **Hospital Engagement Network**
 - Intended to help health care facilities deliver better care and to spend dollars efficiently



Expanding Telehealth

- Telemedicine Request for Proposal (RFP) responses due July 7
- Integrating telemedicine with community-based services is an important part of the way IHS delivers quality health care to our patients

Community Health Aides

- Consultation on Draft Policy to Expand Program
 - Comments due July 29
- Direct-service and tribal facilities
- Community Health Representative
- Dental Health Aide Therapist
- Community Health Aide
- Behavioral Health Aide

Additional Support for Emergency Departments

- Contract to provide a temporary surge in Emergency Department staffing
 - Rosebud
 - Pine Ridge
 - Omaha Winnebago



Recruitment & Retention

- Additional Recruitment Tools
 - Relocation benefits for more employees
- Expanded Pay Scales
 - Increased Title 38 pay table maximums for emergency room doctors and supervisors
 - Established new Title 38 pay table for certified registered nurse anesthetists

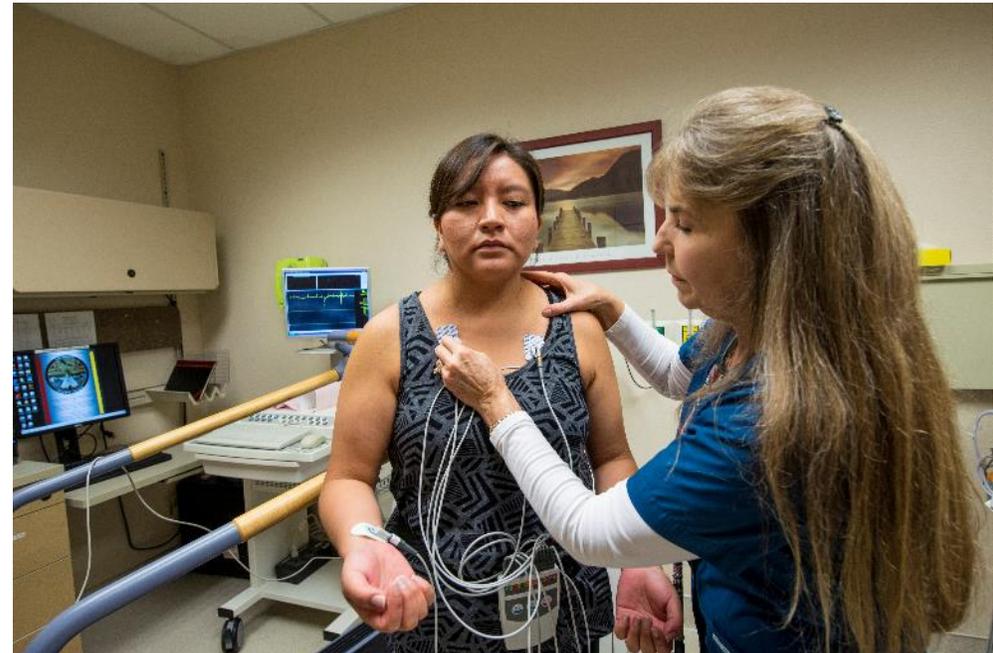


Recruitment & Retention – cont.

- Evaluating need for staff quarters
 - Housing is a challenge - If we increase staff, we need more housing
 - HUD Title VI and Sec 184 home loan guarantee programs
- Hiring clinical and non-clinical staff in Great Plains Area
- Revising Position Descriptions to attract large pool of candidates

Equipment policy

- New policy to ensure modern, functional medical equipment
 - Equipment will be replaced when:
 - Age exceeds useful life table recommendation
 - No longer meets safety standards
 - More cost effective to replace than repair
 - High incidence of breakdowns
 - Newer technology offers better quality health care



Accountability

- Equipment inventory: repairing or replacing nonfunctioning equipment
- Central monitoring systems for both SIA hospitals and Omaha Winnebago hospital
- IT: Improving Electronic Health Record use, responsiveness and timely documentation



Support from HHS

- **Executive Council on Quality Care:** to implement an action plan to improve quality and patient safety in IHS hospitals and clinics with an initial focus on the GPA
- Deploying Commissioned Corps Officers for temporary assignments
- HR TIGER team
- Long-term workforce development strategies

Tribal Premium Sponsorship

- An option under the Affordable Care Act
- Tribes, Tribal organizations and Urban Indian organizations
- Pay for, or “sponsor”, health insurance premiums on behalf of tribal members

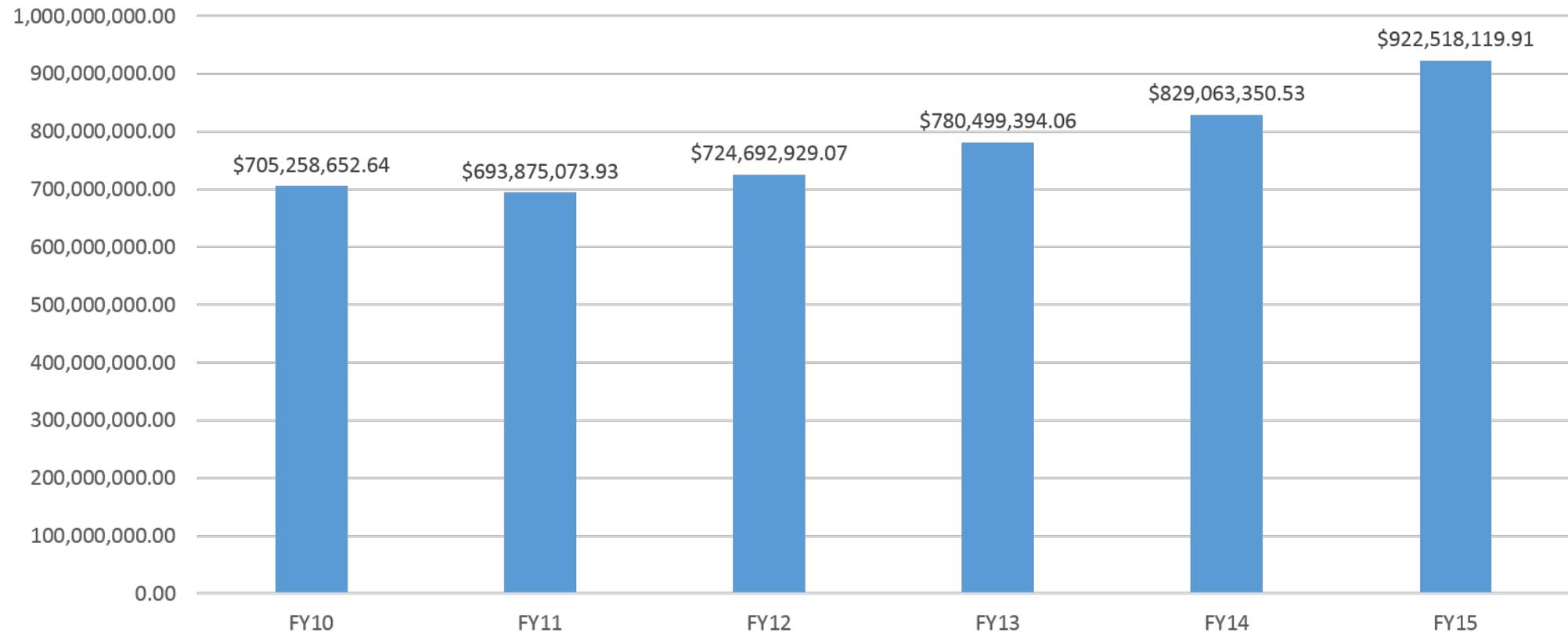


Third-Party Collections

- Third-party reimbursements help facilities expand their capabilities
- The benefits of enrolling eligible patients in Medicaid or another one of these programs accrue to all of our patients
- IHS is working with facilities, tribes and other organizations to effectively use data to reach the uninsured
- Efforts to standardize effective enrollment strategies in the field to ensure 3rd party revenue is collected
- Enrollment is key to supplementing IHS budget, modernizing equipment, hiring staff and providing greater access to care



Third-Party Collections – cont.



Purchased/Referred Care Impact

- PRC programs to approve referrals in priority categories other than Medical Priority I
- Able to fund some preventive care services such as mammograms or colonoscopies
- In FY 2014, 66% of IHS-operated PRC programs were able to purchase services beyond Medical Priority I
- From FY14 to FY15 the PRC unmet need decrease in the amount of \$173 million

Strengthening management

Strengthening management

- Four Area Director Positions Posted
- New Search Committee process
 - Tribal Leader Calls on Search Committees
 - Increase tribal participation in search process



Consultation on Great Plains Area office

- To discuss organization and operation
- Two telephone sessions
 - June 22 and August 10
- In person sessions
 - Aberdeen, South Dakota - July 13
 - Rapid City, South Dakota - August 30 at DSTAC



Drug testing policy

- Part of ongoing IHS work to ensure our patients receive quality health care
- IHS employees continue to be subject to the HHS drug testing policy
- This additional IHS policy enhances and expands this oversight, as part of ongoing IHS efforts to strengthen the IHS culture of quality and accountability

Bringing Health Care Quality Expertise to IHS

QIN/QIO

- Quality Improvement Network/Quality Improvement Organization (QIN/QIO)
 - Short-term QIN: Great Plains Area
 - Pine Ridge
 - Rosebud
 - Long-term QIO: IHS Direct Service Hospitals



HEN 2.0

- Partnership with CMS
- Share best practices
- Training and technical assistance



Mentors assigned at four hospitals

- Sioux San – Dr. Karen Scott, Office of the Assistant Secretary for Health
- Omaha Winnebago – Laura Lee, MSN, NIH Clinical Center
- Rosebud – Dr. Alex Billioux, CMS/CMMI
- Pine Ridge – Dr. John Snyder, HRSA



New Quality Framework

- Overall quality at HQ, Areas, and Service Units
- We all have ownership and are responsible
- Will seek input and comment



New Quality Framework – cont.

■ Quality Priorities

- 1) Strengthen Organizational Capacity to Improve Quality of Care and Systems
- 2) Meet and Maintain Accreditation for IHS Direct Service Facilities
- 3) Align Service Delivery Processes to Improve Quality of Care
- 4) Ensure Patient Safety
- 5) Improve Processes and Strengthen Communications for Early Identification of Risks



New Quality Framework – cont.

- Short term
 - Mock Surveys
 - Calls
- Long term
 - Culture of Quality
 - Everyone, not just medical staff
 - We want your thoughts, you're on the front line



Engaging local resources

Community partners

- Local and regional health care systems
- Local colleges and universities
- Leadership of direct service hospitals



Supporting Self-Governance

- Spirit Lake Tribe – June 1
- In progress
 - Tohono O’odham Nation
 - Fort Peck



Supporting Self-Governance – cont.

- CSC Policy Update
 - Last updated in 2007
 - CSC Workgroup
 - Tribal consultation





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IHS Blog

Cybersecurity Newsletter Wins Award at Conference



May 25, 2016
by Robert Collins, Chief Information Security Officer, Indian Health Service

For the second year in a row, IHS was awarded first place in the security awareness newsletter contest at the annual Federal Information Systems Security Educators' Association (FISSEA) conference. Hosted by the National Institute of Standards & Technology (NIST), FISSEA is an organization run ... [Continue reading](#)

Diabetes Prevention Program teaches healthy lifestyle changes



May 23, 2016
by Dean M. Seyler, Director, Portland Area Indian Health Service

Yvonne Iverson, a member of the Confederated Tribes of Warm Springs, has a family history of diabetes and was diagnosed in 2000 with gestational diabetes, a type of diabetes that develops only during pregnancy, usually disappears upon delivery, and increases the mother's risk of developing diabetes ... [Continue reading](#)

May is Hepatitis Awareness Month



May 19, 2016
by Dr. Susan Karol, Chief Medical Officer, Indian Health Service

May is Hepatitis Awareness Month, and May 19 marks the fifth national Hepatitis Testing Day in the United States. American Indians and Alaska Native people have the highest rates of both acute Hepatitis C virus (HCV) and HCV-related mortality in the United States.

These observances represent important ... [Continue reading](#)

NCUIH Conference Concentrates on Strengthening Urban Programs

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IHS Blog

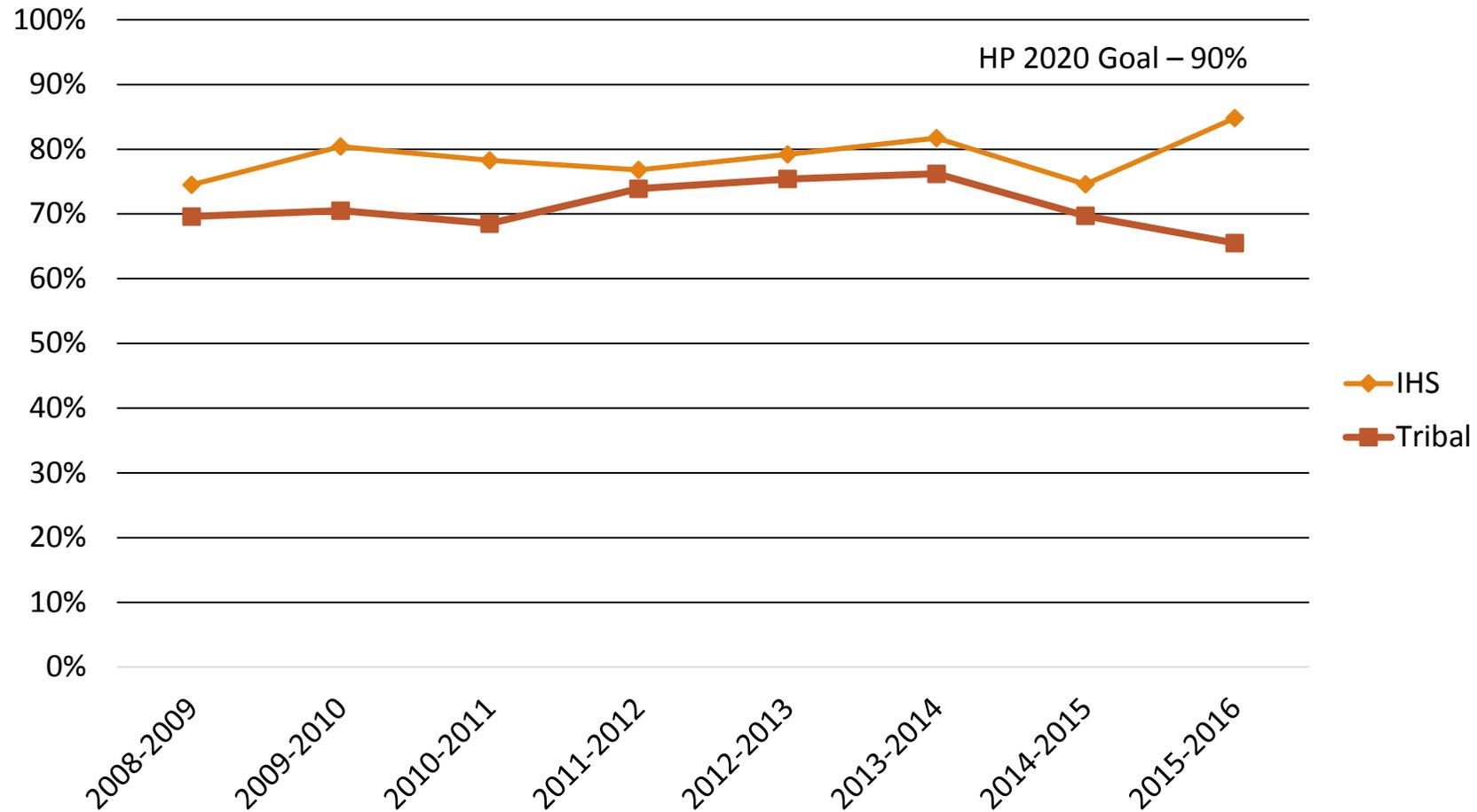


Accomplishments

Birth Cohort Testing for Hepatitis C Virus

- In June 2012, the Indian Health Service (IHS) implemented HCV testing in the birth cohort and created a nationally standardized performance measure
- As of June 2015, the proportion of the birth cohort screened for HCV increased from a baseline of 7.9% to 32.5% among the AI/AN population nationwide
 - 4x increase in testing in just 3 years

HCP Influenza Vaccine Coverage IHS and Tribal Sites



2015 National Dashboard (IHS/Tribal) - Final

2015 Final National Dashboard (IHS/Tribal)					
DIABETES	2014 Target	2014 Final	2015 Target	2015 Final	2015 Final Results
Good Glycemic Control	48.3%	48.6%	47.7%	47.4%	Not Met
Controlled BP <140/90	64.6%	63.8%	63.8%	62.5%	Not Met
LDL (Cholesterol) Assessed	73.9%	73.4%	71.8%	73.3%	Met
Nephropathy Assessed ^a	Baseline	60.0%	60.0%	62.0%	Met
Retinopathy Exam	58.6%	59.9%	60.1%	61.3%	Met
DENTAL					
Dental: General Access	29.2%	28.8%	27.9%	29.2%	Met
Sealants	13.9%	14.6%	14.1%	16.3%	Met
Topical Fluoride	26.7%	27.9%	26.4%	29.4%	Met
IMMUNIZATIONS					
Influenza 65+	69.1%	68.1%	67.2%	65.4%	Not Met
Pneumococcal Vaccination 65+ ^a	Baseline	85.7%	85.7%	84.9%	Not Met
Childhood IZ	74.8%	75.4%	73.9%	73.3%	Not Met
PREVENTION					
(Cervical) Pap Screening ^a	Baseline	54.6%	54.6%	54.9%	Met
Mammography Screening	54.7%	54.2%	54.8%	54.5%	Not Met
Colorectal Cancer Screening	35.0%	37.5%	35.2%	38.6%	Met
Tobacco Cessation	45.7%	48.2%	46.3%	52.1%	Met
Alcohol Screening (FAS Prevention)	65.9%	66.0%	66.7%	66.6%	Not Met
DV/IPV Screening	64.1%	63.5%	61.6%	63.6%	Met
Depression Screening	66.9%	66.0%	64.3%	67.4%	Met
CVD- Comprehensive Assessment	51.0%	52.3%	47.3%	55.0%	Met
Prenatal HIV Screening	89.1%	88.0%	86.6%	86.6%	Met
Childhood Weight Control ^b	N/A	22.8%	N/A	21.8%	N/A
Breastfeeding Rates	29.0%	35.1%	29.0%	35.7%	Met
Controlling High Blood Pressure (MH) ^c	Baseline	59.5%	59.5%	58.5%	Not Met
Public Health Nursing Encounters	425,679	386,307	425,679	Pending	N/A
Suicide Surveillance ^d (forms completed)	1,668	1,766	1,419	Pending	N/A
^a Measure logic changes in FY 2014 ^b Long-term measure; will be reported in FY 2016 ^c New measure reported by federal and tribal programs as of FY 2014 ^d Measure data is submitted from 11 Areas Measures in red are GPRAMA measures					Measures Met: 14 Measures Not Met: 8

