

DELIVERING QUALITY INDIAN HEALTH SERVICE CARE IN THE GREAT PLAINS AREA

The U.S. Department of Health & Human Services (HHS) has a responsibility to American Indian and Alaska Native Tribes and Tribal Organizations for the delivery of health care services. The Indian Health Service (IHS), part of HHS, serves 2.2 million American Indian and Alaska Native people, including approximately 130,000 who receive services through the seven IHS hospitals and the IHS health centers and smaller satellite clinics in the Great Plains Area. HHS and IHS are working to address deficiencies at three Great Plains hospitals, and to implement a series of reforms to stabilize, strengthen, and raise the overall quality of care in the region.

EXPANDING FUNDING AND ACCESS

The President's fiscal year 2017 budget requests \$6.6 billion for the Indian Health Service. If enacted, this proposed budget would represent a 53 percent increase in funding for the agency since fiscal year 2008. The fiscal year 2017 budget proposes an increase of +\$33 million to fully staff five new state-of-the-art IHS facilities. Also under this Administration, the Indian Health Care Improvement Act was permanently reauthorized, including new IHS programs and services benefiting patients.

ENSURING ACCESS THROUGH MEDICAL PROVIDER RECRUITMENT & RETENTION

Hiring Clinical Staff in Great Plains Area: IHS has dedicated additional human resources staff to respond to longstanding staff shortages in Great Plains Area to fill positions with permanent hires. New hires by IHS in the Great Plains Area include a new director of nursing, new clinical director and new laboratory director at Omaha Winnebago Hospital. IHS is also working to increase the supply of living quarters for health professional staff, as staff quarters help to attract and retain qualified medical professionals in rural areas.

Additional Recruitment Tools and Expanded Pay Scales: IHS has eliminated a number of administrative impediments to staff recruitment, including securing approval to use additional relocation benefits for qualified job candidates as well as expanded pay scales for emergency room doctors so that salaries at IHS are more competitive. IHS received approval to increase Title 38 Physician and Dentist Pay table maximums for the specialty of Emergency Medicine. This enables IHS to establish annual pay of up to \$300,000 (a 20 percent increase) for staff physicians and \$325,000 (a 23 percent increase) for the more senior physicians who are supervisors, clinical department heads or clinical directors. IHS has also established a new Title 38 special salary pay table for Certified Registered Nurse Anesthetists, which allows for more competitive salaries for this critical nursing specialty.

More National Health Service Corps Clinicians: Through the Health Resources & Services Administration, HHS expanded the availability of National Health Service Corps (NHSC)-supported providers by removing red tape and making more facilities eligible to have clinicians work in their communities. In July 2011, prior to eliminating the requirement for tribal sites to apply to be NHSC sites, approximately 150 NHSC clinicians worked at Indian health system facilities. Today, over 420 NHSC clinicians provide primary health care to American Indians and Alaska Natives.

DEPLOYING MEMBERS OF THE U.S. PUBLIC HEALTH SERVICE

The U.S. Surgeon General has deployed more than twenty Commissioned Corps Officers to the Great Plains Area to quickly assist in work underway to correct deficiencies. These officers of the U.S. Public Health Service include an expert in quality assurance, a nurse leader focused on outpatient and urgent care, pharmacists and a medical officer. The officers work alongside health care providers at the IHS hospitals and in the Area office.

GREAT PLAINS AREA UPDATES

Area Director Position: IHS continues recruiting for a permanent Great Plains Area Director. IHS has expanded tribal participation in filling Area Director positions in Great Plains and other IHS Areas. While the search proceeds, Capt. Chris Buchanan will serve as the Acting Area Director. Previously serving as the Director of the Office of Direct Service and Contracting Tribes at IHS Headquarters, Capt. Buchanan brings leadership experience that will benefit Great Plains Area facilities. He previously served with complex health systems, including IHS owned and operated facilities, as well as tribally managed programs. This follows the completion of the temporary assignment as the Acting Area Director by Rear Adm. Kevin Meeks, who will continue to spend one week per month in the Great Plains supporting Capt. Buchanan.

Contracts: IHS recently closed the bidding period on a Request for Proposals for a contract to provide staffing and management for three emergency departments in the IHS Great Plains Area that face workforce shortages. If a bid is selected, IHS will award a contract with the successful medical group contractor to be on-board within 30 days of the contract award, if feasible.

Rapid City Service Unit Campus: A behavioral health facility will be installed in May on the IHS Rapid City Service Unit Campus. This facility will be staffed by at least 11 full-time behavioral health personnel stationed on the campus who will provide intensive outpatient therapy to suicidal referrals from the Great Plains Area, including Pine Ridge, Rosebud and others. This project will include a separate housing facility to accommodate patients, chaperones and family members for family group therapy sessions and to offset travel and lodging expenses.

Systems Improvement Agreements: IHS and the Centers for Medicare & Medicaid Services (CMS) recently agreed on a Systems Improvement Agreement for Rosebud Hospital and a separate Systems Improvement Agreement for Pine Ridge Hospital. The agreements are 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. Both agreements cover a 12-month period, and during this time, IHS will continue billing Medicare and Medicaid.

EXECUTIVE COUNCIL ON QUALITY CARE

HHS Secretary Sylvia M. Burwell established an HHS executive council on quality care to implement an action plan to improve quality and patient safety in hospitals and clinics that IHS administers, with an initial focus on the Great Plains Area. As part of that plan, she charged the executive council to execute a rapid-response process, including deploying resources from across the Department when a facility needs immediate, systematic improvement. This council, led by HHS Acting Deputy Secretary Mary Wakefield, includes leaders from across HHS and is focused on workforce, quality, housing quarters and operations.

THE BLUEPRINT FOR QUALITY IMPROVEMENT

The IHS Quality Consortium, which is comprised of IHS leaders, IHS area directors and chief medical officers, has developed a Blueprint for Quality Improvement focused on sustainable improvements throughout the IHS system. The consortium will work in consultation with tribal leaders and federal partners to finalize and implement the plan. President Obama's fiscal year 2017 budget request for IHS includes an additional \$2 million for the IHS Quality Consortium. In 2016, the Quality Consortium is working to:

- Establish a National Quality Managers Council to develop strategies to address improvements across the system;
- Provide additional training for all facility governing boards and medical leadership;
- Develop a governance model for local governing boards to follow, based on best practices;
- Standardize the credentialing and privileging process within IHS so that area and service unit staff track provider licenses and other certifications through the same software system;
- Annually review all accreditation surveys to identify the hospitals and ambulatory facilities that need help most;
- Utilize data analytics to drive better reporting and leadership decision making.

HOSPITAL ENGAGEMENT NETWORK

CMS and IHS have worked together to recruit 27 IHS hospitals that will be participating with the Premier Hospital Engagement Network HEN in the Partnership for Patient's quality improvement effort. CMS deploys Hospital Engagement Networks to work at the regional, State, national or hospital system level to help identify solutions already working and disseminate them to other hospitals and providers. Specifically, hospital engagement networks:

- Develop learning collaboratives for hospitals to improve patient safety;
- Conduct intensive training programs to help hospitals make patient care safer;
- Provide technical assistance to help hospitals achieve quality measurement goals;
- Establish and implement a system to track and monitor hospital progress in meeting quality improvement goals.