

National Indian Health Board



Transmitted via e-mail: HealthLiteracy@AHRQ.HHS.gov

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Cindy Brach
Center for Delivery, Organization, and Markets
Agency for Healthcare Research and Quality (AHRQ)
U.S. Department of Health and Human Services (HHS)
5600 Fisher Lane
Rockville, MD 20857
Mailstop: 07W25B

Re: Request for Measures Assessing Health Care Organization Quality Improvement Activities to Improve Patient Understanding, Navigation, Engagement, and Self-Management

Dear Ms. Cindy Brach:

On behalf of the National Indian Health Board (NIHB), I write to submit comments on the AHRQ notice titled “Request for Measures Assessing Health Care Organization Quality Improvement Activities to Improve Patient Understanding, Navigation, Engagement, and Self-Management.”

Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/AN). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

Thank you for the opportunity to comment on health care organization quality improvement measures designed to help health care organizations monitor initiatives aimed at the following: (1) improving patient understanding of health information; (2) simplifying navigation of health care systems and facilities; and (3) enhancing patients’ ability to manage their health. We encourage AHRQ to look at the Improving Patient Care (IPC) Program at IHS. American Indians and Alaska Natives suffer from a variety of health disparities when compared to the rest of the U.S. population. While some health-related statistics have improved for AI/ANs over the

years, they are still alarming and not progressing fast enough. In 2003, it was reported AI/ANs have a lower life expectancy of almost 6 years less than any other racial/ethnic groups. As a result, AI/ANs have a critical need for access to quality health care.

The IPC Program started in 2006 with the goal of transforming the Indian health care system by developing high-performing, innovative health care teams to improve the quality and access to care for AI/AN. The IPC Care Model is a reframed model of the Chronic Care Model (CCM), which summarizes the basic elements for improving care in health systems at the community, organization, practice and patient levels. The CCM has been adapted to better reflect the unique features of the AI/AN healthcare system, emphasizing the role of families, communities, and Tribes. The “patient-centered-medical home” concept has been modified by IHS and is referred to as the “Indian Medical Home.”

There are four objectives within the IPC system that each have a number of measures associated with them.

- **Goal 1: Improve Quality of Care Through Evidence Based Practice**
 - Measure 1: Cancer Screening Bundle
 - Colorectal Cancer Screening
 - Cervical Cancer Screening
 - Breast Cancer Screening
 - Measure 2: Cardiovascular Disease Bundle
 - Measure 3: Comprehensive Diabetes Management
 - Documented A1c
 - Documented BP
 - Documented LDL
 - Nephropathy Assessment
 - Retinal Screen
 - Foot Exam
 - Measure 4: Health Risk Screening Bundle
 - BMI Screening
 - Tobacco Screening
 - DV/IPV Screening
 - Depression Screening
 - Alcohol Screening
 - Blood Pressure
 - Measure 5: Outcome Bundle
 - Measure 6: Peds Immunization
- **Goal 2: Enhance Access to Care Across All Ages and Chronic Conditions**
 - Measure 1: Empanelment
 - Measure 2: Third Next Available Appointment

- Measure 3: ER and Urgent Care Visits
 - Number of Visits
 - Average visit cycle time
 - Number of Patients
- **Goal 3: Improve Patient Experience of Care**
 - Measure 1: Patient Satisfaction
 - Measure 2: Continuity of Care
 - Measure 3: Self-Management Goal Setting
 - Measure 4: Empanelment
- **Goal 4: Build a Sustainable Infrastructure for the Dissemination of Innovative Improvement**
 - Measure 1: Engaged Leadership
 - Measure 2: IPC participation
 - Measure 3: Patient-Centered Medical Home

The IPC sites are the foundation for the improvement of the quality and access to care through: “focusing on patient-and family-centered care; ensuring access to primary care for all AI/ANs; providing consistent, high-quality care by health care teams; acting on the guidance of the community and Tribal leadership and making positive, sustainable, and measurable improvements in care.”¹

NIHB encourages AHRQ to consider the use of the Indian health medical home system within the IPC program to enhance access to care and improve the quality of care for American Indians and Alaska Native (AI/AN) patients. Thank you for this opportunity to comment. Please contact Devin Delrow, NIHB Federal Relations Director at ddelrow@nihb.org if you have any questions on the issues addressed in these comments.

Sincerely,



Lester Secatero
Chairman, National Indian Health Board

¹ “About Improving Patient Care.” U.S. Department of Health and Human Services, Indian Health Service. https://www.ihs.gov/ipc/index.cfm?module=dsp_ipc_about