

National Indian Health Board



Submitted via email: consultation@ihs.gov

October 3, 2016

Ms. Rebecca Spitzgo
Indian Health Service
Attention: IHS Draft Quality Framework
5600 Fishers Lane
Mail Stop: 08E86
Rockville, Maryland 20857

RE: Indian Health Service Draft Quality Framework Comment

Dear Ms. Spitzgo,

On behalf of the National Indian Health Board (NIHB), I write to submit comments in response to Principal Deputy Director Mary Smith's Dear Tribal Leader Letter dated July 20, 2016, releasing the draft Indian Health Service (IHS) Quality Framework and initiating Tribal consultation. NIHB appreciates the opportunity to provide comments and input on the draft IHS Quality Framework which outlines key priorities and objectives that focus on strengthening the underlying foundation within the IHS facilities.

Established in 1972, 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/ANs). NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service 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 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, NIHB is their advocate.

NIHB appreciates the IHS efforts to initiate Tribal consultation and provide access to quality health care for American Indians and Alaska Native (AI/AN) patients in the Indian health system, at both Tribally operated facilities and federally operated (direct service) facilities through the proposed foundational quality framework. NIHB submits the following comments on the IHS Draft Quality Framework:

Draft Quality Framework Goals

The IHS Quality Framework describes the vision, goals, and priorities to provide safe, reliable, high quality health care to American Indians and Alaska Natives and provides a positive

framework in improving health outcomes for patients served in IHS service units. The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, and including best practices from across the IHS system of care. The Quality Framework outlines two goals: (1) improve health outcomes for patients receiving care; and, (2) provide a care delivery service all patients trust. NIHB applauds IHS for efforts in improving the quality of health care and raising the standards. NIHB recommends that IHS utilize standards, best practices, and additional quality improvement guidance from national experts and other federal agencies like the Centers for Medicare and Medicaid Services and the Department of Veterans Affairs. NIHB suggests that as IHS considers implementation of the Quality Framework priorities IHS should evaluate best practices and standards of other health care system to improve patient quality of care. NIHB recommends that IHS set and measure the priorities and quality measurements with other successful medical industry standards in other health care systems, both public and private.

Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems

In order to provide patient-centered, timely, effective, safe, and reliable health care of the highest quality, IHS will strengthen its capacity through establishing leadership in quality, standardizing governance, workforce development, incorporating data-supported decision making, and reporting requirements. NIHB believes that it is vital to establish and oversee effective leadership in quality for IHS to support these efforts. The Quality Leadership Office should standardize governance through capacity building policies and best practices to assess and address quality and patient safety issues. NIHB advises IHS to strengthen recruitment and retention of highly qualified clinicians, providers, and administrators. Effective communication between Headquarters and the Service Units will be the key to successful implementation of the Draft Quality Framework. Quality improvement trainings must be provided for staff at various levels between Headquarters and the Service Units. The use of data to drive action and provide feedback is also critical to assessing and improving performance. NIHB believes that standardization of data and reporting requirements will allow IHS to drive process improvements and decisions by using quality data.

Within Priority 1, NIHB emphasizes providing better provider network coordination and processes for repayment. Coordination of care for patients to receive specialty and referral care must be improved and costly specialty care should be avoided. NIHB also advises IHS to include access to necessary medical equipment and supplies for Service Units to fulfill greater patient safety and quality of care.

Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities

Ensuring that all IHS Direct Service facilities comply with regulatory and quality standards through accreditation is key to achieving IHS quality goals. NIHB believes it is critical to ensure accreditation of IHS Direct Service facilities through an efficient and effective single accrediting agency to ensure uniformity. In assuring accreditation success, facilities must take ownership in the accreditation process and understand what accreditation and high quality health care means for their service unit. IHS implementation of an annual mock survey process to ensure continual readiness for accreditation surveys will be key to maintaining accreditation. NIHB advocates

that IHS adequately communicate the reports and quality of care incidents and that the information be shared with Tribes and that actions are taken to alter procedures and behaviors with input and reporting to Tribes. NIHB recommends that IHS build a continuous survey readiness process and create a learning environment to highlight the best practices to ensure accreditation standards are met throughout the year.

Priority 3: Align Service Delivery Processes to Improve Patient Experience

IHS has proposed to focus on standardizing key processes and policies aimed at improving the patient experience. NIHB applauds IHS efforts to promote culture for patients and improve the development and retention of the IHS workforce. However, provider high turnover rates and cultural competency still plague the IHS workforce. NIHB advises IHS to create an incentivized program for providers to strive for cultural competency. IHS should also utilize the Indian Preference Policy to ensure that applicants possess cultural competency. The development and implementation of a patient perception survey process to gather valuable information will drive process improvement efforts. Reduction of patient wait times for appointments, cycle time during appointments, and Emergency Department wait times, by reviewing and leveraging best practices for service units should be a result of the alignment of service delivery processes and improvement of patient experiences.

NIHB suggests that a standardization of the credentialing process and implementation of a single credentialing software system would be beneficial for facilities across Indian Country and will reduce the time for the hiring process. Development of a system-wide repository of policies and procedures available to all facilities would undoubtedly be beneficial and efficient for IHS facilities as they work towards a single accreditation governing body and accreditation process. NIHB recommends that the system-wide repository of policies and procedures be available on-line for all facilities. IHS should review the repository of policies and procedures on an annual basis and share and permit Tribal feedback.

Priority 4: Ensure Patient Safety

Improving patient safety involves eliminating harm due to health care related errors and adverse events, by aligning with nationally recognized external patient safety standards and managing risk through transparency, accountability, and fair/equitable responses to such events. IHS proposes to work toward this transformation into a learning organization by cultivating an environment in which all staff feel comfortable reporting medical errors and instituting processes to support learning from experiences. NIHB advises IHS to have an effective safety event reporting and identification system to reduce adverse events and risks to patient safety. NIHB recommends that IHS utilize best practices and approaches currently operating in other health care systems to reduce health care associated infections.

Priority 5: Improve Processes and Strengthen Communications for Early Identification of Risks

In order to promote transparency and accountability, IHS proposes to establish processes using available data to warn of potential risks, mitigate risk, take corrective action, and ensure

resolution. Identification of a set of measures from IHS data sources will enable monitoring of performance on indicators that could include clinical quality and administrative measures. NIHB stresses the importance for IHS to identify and standardize quality management measures publicly on a quarterly basis and implementation of a review process for accountability similar to the Veterans Administration (VA) Strategic Analytics for Improvement and Learning (SAIL) Program. The quality measures considered should be aligned with current established data measures already required of all health care facilities. Sharing the quality measurement data will empower Tribal communities to engage in constant communication with IHS staff to identify problematic scenarios and work collaboratively to implement preventive measures. NIHB proposes that IHS strives for transparency in partnership with Tribes and Tribal organizations to improve access and quality of care throughout the entire Indian Health System.

Conclusion

Thank you for this opportunity to provide Tribal comments and recommendations on the IHS Draft Quality Framework, we look forward to further engagement with IHS on this important proposed IHS Draft Quality Framework. NIHB hopes that IHS, in the spirit of its partnership and shared interest in improving American Indian and Alaska Native access to quality health care, will work with Tribes to advance access to quality health care. Please contact NIHB's Director of Federal Relations at ddelrow@nihb.org or (202) 507-4072 if there are any additional questions on the issues addressed in these comments.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lester Secatero', with a stylized flourish at the end.

Lester Secatero
Chairman, National Indian Health Board