

National Indian Health Board



Submitted via email: consultation@ihs.gov

January 13, 2016

Ms. Elizabeth Fowler
Deputy Director for Management Operations
Indian Health Service
5600 Fishers Lane
Mail Stop: 08E53
Rockville, MD 20857
Attention: Headquarters Realignment

RE: Proposed Realignment of the Indian Health Service (IHS) Headquarters

Dear Ms. Fowler:

On behalf of the National Indian Health Board (NIHB), I write to submit comments in response to Principal Deputy Director Mary Smith Dear Tribal Leader Letter dated on October 5, 2016 proposing a realignment of the Indian Health Service (IHS) headquarters. NIHB is appreciative for the comment extension detailed in the Dear Tribal Leader Letter dated November 15, 2016 and the opportunity to provide adequate commentary on the proposed realignment of the IHS headquarters prior to a final proposal and public notice.

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/ANs). 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.

The stated purpose of the IHS headquarters realignment is to provide greater Headquarters oversight, to clarify day-to-day functions and to create more transparent lines of accountability. In addition, IHS has stated that they plan to make changes to management processes to improve IHS area procurement planning and budget monitoring. NIHB believes that accountability at the level closest to the regional level will provide the best result and as such we should look to institute best practices in each region utilizing a structure at IHS headquarters that supports this effort. NIHB appreciates the IHS review and response to ensure compliance with standards to improve the systematic performance of the agency. We are grateful for the additional webinars and consultation calls that IHS has conducted with Tribes to better explain the realignment proposal

and we agree that the proposed reorganization of IHS has created transparency with staff roles and authority to improve the systematic oversight of compliance with the standards and requirements within the Agency. However, **NIHB requests additional information on the appropriations designated for the functions of the newly created offices within the IHS Headquarters to better inform Tribes and maintain accountability and transparency within IHS.**

Comments on Proposed Organizational Changes

NIHB believes that the proposed organizational changes for operations at the IHS headquarters will clarify the roles and responsibilities and improve consistency and accountability at the Headquarters level.

NIHB agrees with Tribal requests that the Intergovernmental Affairs (IA) Group be preserved in the Office of the Director. Tribes need assurance that the Office of Direct Service and Contracting Tribes (ODSCT) and the Office of Tribal Self-Governance (OTSG) continue to have direct access to the IHS Director to provide information, technical assistance, and policy coordination through retention of the Intergovernmental Affairs (IA) Group in the Office of the Director. The placement of these offices reflects the direct support of the government-to-government relationship between Tribes and the United States. The authority for direct access is provided under Title I as well as Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638. We also request that the draft functional statement include a description of the Intergovernmental Affairs Group.

NIHB requests that **IHS improve interdepartmental relations and regulatory review within the Office of the Executive Secretariat.** Assurance must be provided to Tribes that IHS will work with partner agencies and departments to improve access and quality of care and will account for the unique infrastructure of the Indian health care system. We have had numerous circumstances where the Centers for Medicare and Medicaid Services (CMS) developed regulations that would significantly impact the Indian health care system. If the Office of Regulatory Affairs (DRA) reviewed and coordinated the policies prior to the public comment period, some issues may have been resolved early on in the process. The identification, review, and coordination activities of policies potentially affecting health care services for American Indians and Alaska Natives (AI/ANs) must take place prior to and during the promulgation process to develop and finalize regulations.

NIHB requests that **the Office of Program Evaluation be aligned under the Associate Director of Quality rather than included under the Associate Director of Analysis and Evaluation.** Program evaluation would be more operationally effective alongside the Office of Quality Health Care because it would place a higher priority on continuous operational improvements under the Associate Director for Quality. The Office of Improving Patient Care is located within the Associate Director for Quality, which includes components that can be replicated in other programs and operations.

There has been an increasing need to prioritize health information technology (IT) as there is more of a focus on value-based payments for health care services. Health IT is also significant

to provide logistical evidence-based justifications for appropriation requests. IHS must be prepared to modernize or replace and improve the Resource Patient Management System (RPMS) in the future. In order for the modernization to occur, RPMS must be aligned to support the overall Indian health care system. **NIHB agrees with Tribal requests that the Office of Information Technology (OIT) overseen by the Chief Operating Officer must be aligned with the Office of Epidemiology, Office of Statistics, Office of Research and Analysis, and the Office of Program Evaluation.**

The Office of Telemedicine should be integrated throughout the offices overseen by the Chief Medical Officer, not a stand-alone office. Telemedicine is a significant tool to deliver health care in Indian Country, but designating a single office to telemedicine without the role and responsibility of the office outlined in the draft functional statement could create additional barriers.

Additionally, NIHB agrees with Tribal recommendations that IHS create an office focused on revenue enhancement to assist with bringing in additional available resources because both federally and Tribally operated programs rely so heavily on third-party revenue. One of the best opportunities to increase resources for quality improvement systems and expansion of health services is through revenue enhancement processes. The creation of additional revenue has tangible results by increasing access to direct and specialty care as well as improving quality of care in Tribal health programs.

NIHB agrees with proposals to expand the services and functions assigned to the Associate Director of Health Care Workforce Development. The corresponding functions of the Associate Director of Health Care Workforce Development must reflect the proposed changes to categorize the workforce challenges faced by IHS as a high priority. The draft functional statement should include the current and new activities that will be administered to support the increase in workforce development.

NIHB also requests that IHS update the Headquarters Programs, Services, Functions, and Activities (PSFA) Handbook to better align with the proposed organizational changes as well as identify Tribal Shares and include inherent federal functions. The PSFA Handbook has not been updated since 2000 and it needs to better reflect current programs and services, especially for new contracting and compacting Tribes.

Conclusion

We appreciate the IHS efforts to be responsive to the quality of care crisis and the prioritization of workforce development. **NIHB requests a formal evaluation to address the comments submitted by Tribes. NIHB supports Tribal requests for formal evaluation of the IHS Headquarters new organizational changes six and twelve months after the changes are made.** Tribal consultation should take place to evaluate and receive feedback regarding the realignment of the IHS Headquarters. We thank you for this opportunity to provide our comments and recommendations and look forward to further engagement with IHS on the implementation of the proposed realignment of the IHS headquarters. Please contact NIHB's Director of Federal

Relations, Devin Delrow at ddelrow@nihb.org or at (202) 507-4072 if there are any additional questions or comments on the issues addressed in these comments.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lester Secatero', with a long horizontal flourish extending to the right.

Lester Secatero
Chairman, National Indian Health Board