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Dear Tribal Leader:

I am writing to provide an update on the Indian Health Service's (IHS) strategy to improve quality health care delivery for American Indians and Alaska Natives. Our top priority at the IHS is making sure that American Indian and Alaska Native families have access to quality health care. We are not accepting business as usual here at IHS. We are hard at work to make sustainable improvements.

This year, we laid out an aggressive strategy to improve the quality of care in the Great Plains Area and across the country. It is a strategy that consists of five major areas. First, we are taking a close look to assess the quality of care and to work quickly to make any needed improvements. Second, we are transforming the way these hospitals deliver care. Third, we are strengthening our Area management. Fourth, we are bringing experts in health care quality to support these direct service facilities. Fifth, and most importantly, we are doing this work hand-in-hand with the Tribes and local organizations that are valuable sources of expertise and partnership.

Point 1: Assessing Care

We want to lift up the facilities across Indian Country that deliver high quality care, and we want to work closely with those that need improvement. We are taking a very close look at the quality of care delivered through direct service hospitals at IHS facilities across the Great Plains Area as well as throughout Indian Country. For the past 10 years, health care systems have been embracing a new focus on quality improvement, and it is that orientation that we are working to bring into sharper focus within IHS. For example, IHS is beginning a system-wide mock survey initiative at all 27 of its hospitals to assess compliance with the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation and readiness for re-accreditation. These mock surveys are being conducted by survey teams from outside each respective Area to reduce potential bias. And this information will be shared widely – summaries of the information collected from the surveys will be shared with Tribal leadership.

Point 2: Improving How We Deliver Services

The IHS continues to face significant workforce challenges with a chronic shortage of quality health care providers. While we have taken immediate steps to address some local shortages and are in the process of adding more, such as telemedicine, these longstanding challenges require building up and expanding the training and deployment pipelines and full use of innovative approaches to delivering care. In the near-term, with Secretary Burwell, Acting Deputy Secretary Wakefield, and the U.S. Surgeon General's support, over two dozen Commissioned Corps clinicians have been deployed for temporary placements into the Great Plains Area hospitals with CMS findings. In addition, the National Institutes of Health has been helping IHS deploy strategies it has used to recruit nurses into its clinical program. IHS is also revising position descriptions and deploying more comprehensive recruitment plans around key positions, in an effort to recruit a greater number of qualified candidates. IHS is also deploying pay

increases for high-demand physicians and has established relocation pay for GS-12 and lower clinical positions and lower grades.

However, even with these and a number of other strategies that have been deployed during the past two months or that are in development right now, there is still much more work that needs to be done to attract and retain an adequate health care workforce.

In that regard, I will soon be announcing a Tribal consultation on workforce issues.

Point 3: Strengthening Management

We want every hospital to be a top quality facility on its own. But we are also taking a broad view by bringing top quality management to the Great Plains Area and our other Areas. We have implemented a stronger search committee process for recruiting highly qualified managers and executives. IHS is also more widely advertising vacancies through federal, state, and non-profit partners. Additionally, we have expanded Tribal participation in filling vacant Area Director positions and members of a Tribe from each area will, for the first time, play a role at the outset of the hiring process.

Point 4: Bringing Health Care Quality Expertise to IHS

One of the best ways that we can improve the quality of care at IHS facilities is by helping these facilities share and benefit from innovative ideas and evidence-based tools that work. For example, we recently launched a Hospital Engagement Network (HEN 2.0) that can reach across all 27 hospitals operated by IHS. Through this network, these hospitals can share strategies on how to reduce avoidable readmissions and hospital-acquired conditions. Working together, they can learn more, and improve faster. We are also bringing in quality experts from different parts of HHS to consult with IHS hospitals. These experts will help make sure that our improvements are real and measurable.

Point 5: Engaging Local Resources

Our government-to-government relationship with Tribes is the foundation of our work at IHS. That is why we are always working to strengthen and renew our partnerships with Tribes. Some of the most helpful expertise and the most effective leadership is right in the Tribal communities we work with every day. We are committed to strengthening these relationships, and also engaging further with partners from the local community – like local and regional health care systems, local colleges and universities, and the leadership of direct service hospitals. We are all stronger when we work together.

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The IHS is committed to working together to bring about needed changes and improvements. I will provide regular updates on the progress we make in implementing these strategies.

Sincerely,

/Mary Smith/

Mary Smith
Principal Deputy Director