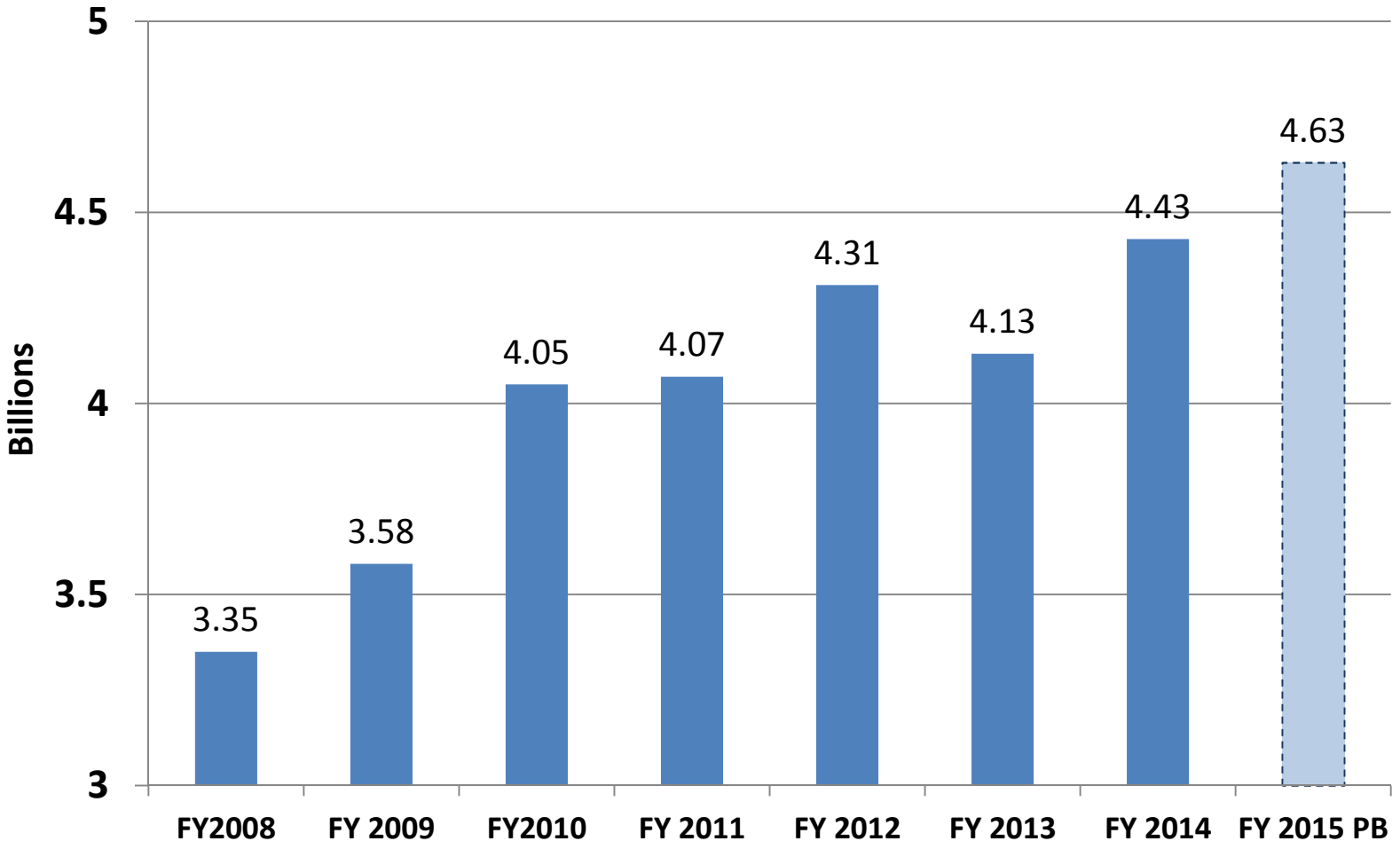
Indian Health Service Update

Yvette Roubideaux, M.D., M.P.H.
Acting Director, Indian Health Service

NIHB National Tribal Public Health Summit
April 1, 2014

Indian Health Service

Appropriations by Fiscal Year (FY)



IHS Budget

- **FY 2014 Budget:**
  - Overall: $4.4 billion budget authority
    - $304 million increase; 7.4% increase
  - Increase of $33 million for Facilities Account:
    - HCFC – Kayenta, San Carlos, Southern California YRTC
  - Increase of $271 million for Services Account:
    - Purchased/Referred Care (formerly CHS),
    - Contract Support Costs
    - Staffing
    - Funding priorities resulted in a $10 million decrease
  - Congress requested a workplan for consultation on a more long term solution for CSC

IHS Budget

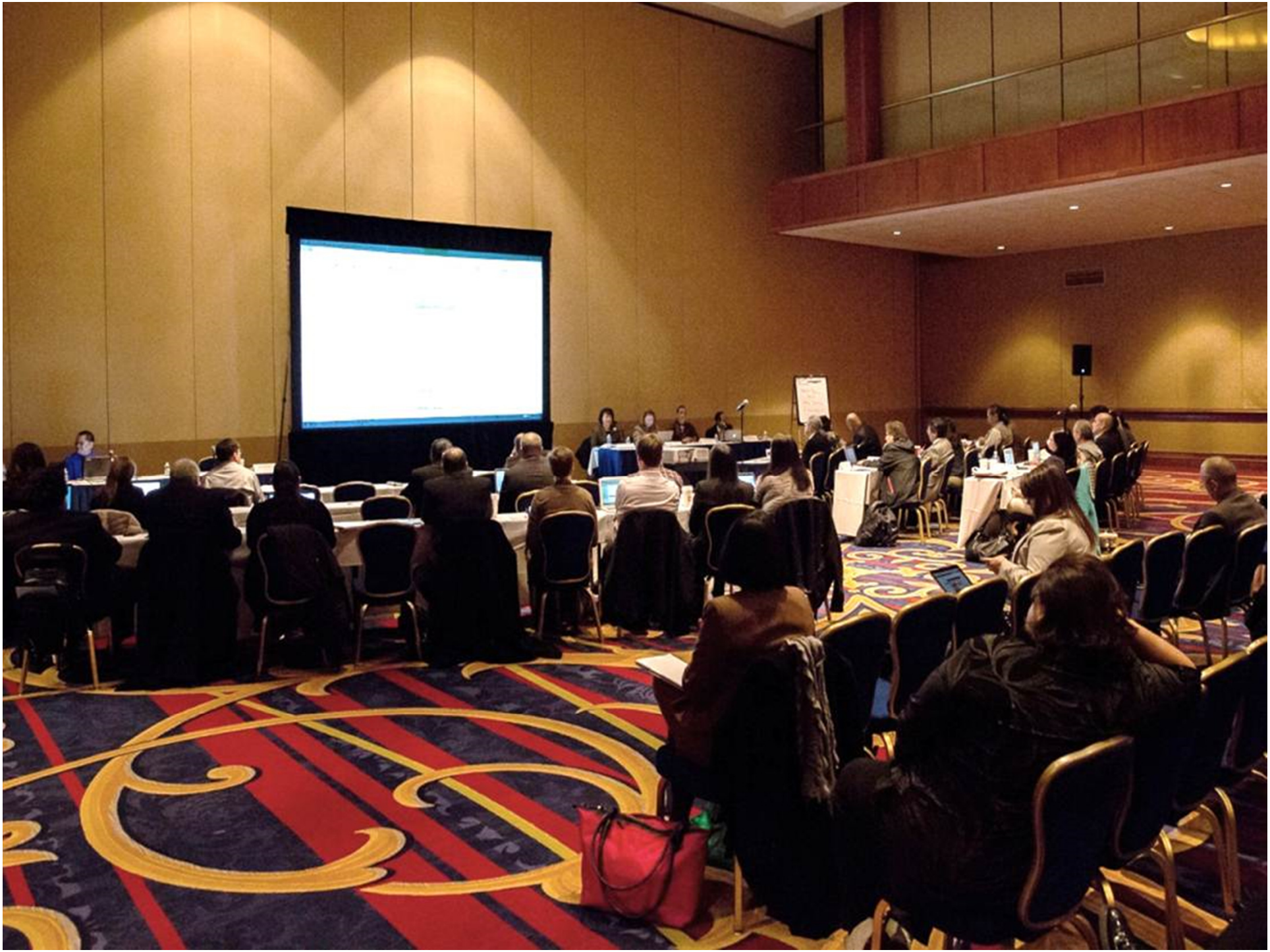
- **Contract Support Costs:**
  - Appropriations
    - Administration decision to fully fund CSC in FY 2014 and FY 2015
  - CSC Past Claims Settlement
    - Tribal input to resolve
    - Additional resources and staff
    - Process in place
    - Status – March 18, 2014
      - Analysis completed or pending in > 550 claims
      - Settlement offers to Tribes in > 200 claims for 31 Tribes
      - Settlement agreements in 104 claims = $133 million

IHS Budget

- **FY 2015 President's Budget Request:**
  - Overall: $4.6 billion budget authority; $200 million increase; 4.5% increase.
  - Proposed increases include:
    - Purchased/Referred Care (formerly CHS)
    - Staffing and operating costs at 4 new/expanded facilities
    - Fully fund estimated CSC for FY 2015
    - Medical inflation, pay costs, new Tribes, restore reductions
  - Also funding for Health Care Facility Construction.
  - Budget now under consideration in Congress

IHS Budget

- **FY 2016 Tribal Budget Formulation**
  - Area Budget Formulation Meetings
  - National Budget Formulation Worksession
  - HHS Annual Tribal Budget Consultation
- **Other Tribal Budget Priorities**
  - Advanced Appropriations – legislation introduced
  - Exemption from Sequestration

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Windows
Professional

Agency Priorities

- Renew and strengthen our partnership with Tribes
- Reform the IHS
- Improve the quality of and access to care
- Ensure that our work is transparent, accountable, fair, and inclusive


National Indian Health Board
Maps, Moccasins, & Milestones:
Our Journey to Wellness
H. Sally Smith
Diana Autaubo
Rex Lee Jim
Cathy Abramson

IHS Priorities

- **To Reform the IHS**
  - Affordable Care Act
    - Insurance Reforms
    - Health Insurance Marketplace
    - Medicaid Expansion
    - Strengthening Medicare
    - IHCIA permanent reauthorization

IHS Priorities

- **Health coverage – IHS user population**
  - Private Insurance
  - Medicaid
  - Medicare
  - VA
  - Uninsured/IHS only

IHS Priorities

- **To Reform the IHS**
  - Affordable Care Act – Definition of Indian
    - No change for IHS eligibility – Tribal members/descendants
    - ACA – definition similar to “member of Tribe only”
    - Tribal consultation – prefer definition similar to IHS
    - Technical assistance to Congress – change in law needed
    - HHS Secretary granted “hardship waiver” to all eligible for IHS so they won’t have to pay the minimum responsibility payment for not having health coverage.
  - Medicaid Expansion

PRESIDENT OBAMA AND THE NATIVE AMERICAN COMMUNITY

Join us on March 24th for a "Tribal Day of Action" for Affordable Care Act Enrollment

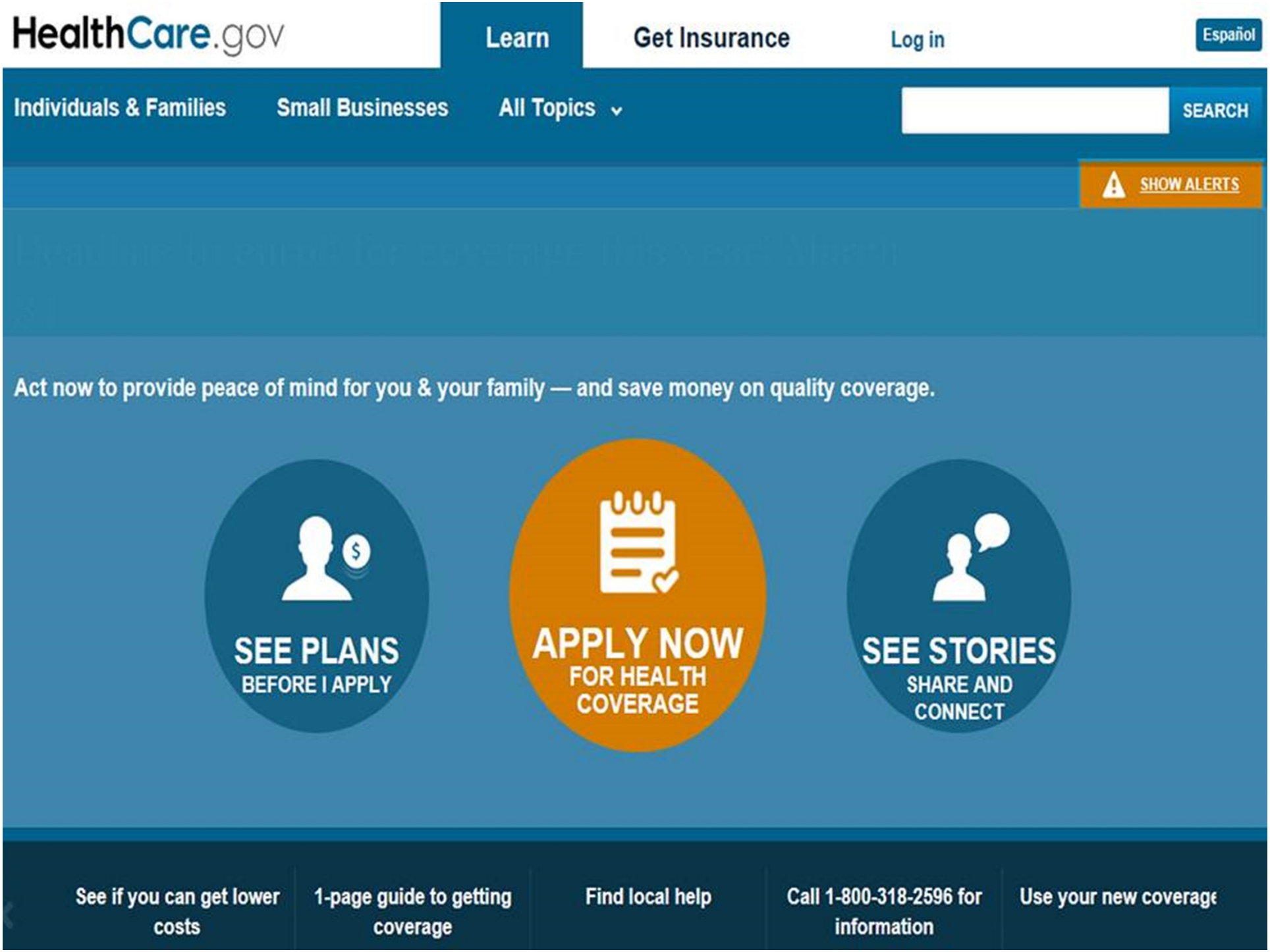
Posted by **Raina Thiele** on March 21, 2014 at 07:50 AM EDT

Last week, Vice President Biden and Health and Human Services Secretary Sebelius spoke directly to tribal leaders and community members on the benefits of the Affordable Care Act for American Indians and Alaska Natives. The Vice President and the Secretary encouraged action from tribal leaders and community members, to get them, their friends, and their relatives enrolled! March 24th is the National Tribal Day of Action on Affordable Care Act enrollment - a perfect opportunity for Indian Country to rally with community partners in health to organize an Affordable Care Act enrollment event. Please join us in this effort to get covered with quality, reliable, and affordable health care insurance before March 31st!

If you're a member of a federally-recognized tribe and under a certain income level, you might qualify to pay reduced or no costs for a private health care policy, including low or zero out-of-pocket costs. Also, you can check to see if your state has expanded Medicaid, as you might now qualify!

You can enroll in a healthcare plan on the healthcare marketplace at www.healthcare.gov, over the phone, or by mail. And remember, even if you have a private health insurance plan, you can continue to use Indian Health Service or you can explore other options for care. Having a private health insurance plan is a way to ensure that you will receive quality, reliable health care coverage no matter when you get sick. Tell your family and friends to enroll today!

For more information on how the Affordable Care Act impacts Indian Country, go to: http://www.ihs.gov/aca/


HealthCare.gov
Learn
Get Insurance
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Español
Individuals & Families
Small Businesses
All Topics
SEARCH
SHOW ALERTS
Act now to provide peace of mind for you & your family — and save money on quality coverage.
SEE PLANS
BEFORE I APPLY
APPLY NOW
FOR HEALTH
COVERAGE
SEE STORIES
SHARE AND
CONNECT
See if you can get lower costs
1-page guide to getting coverage
Find local help
Call 1-800-318-2596 for information
Use your new coverage

Agency Priorities

- **To Reform the IHS**
  - Affordable Care Act
    - ACA Training
      - Trainings, webinars, weekly calls
      - CCIIO – certified application counselor training
      - NIHOE – NCAI/NIHB/NCUIH – outreach/awareness
      - Educational tools – PowerPoint, fact sheets, www.HealthCare.gov, marketplace.cms.gov http://tribalhealthcare.org
      - Business planning, QHP contracting, ITU Addendum

tribalhealthcare.org
ADVANCING NATIVE HEALTH REFORM

Health Directors learn more the expansion of Medicaid under the Affordable Care Act. *(photo credit: thaths)*

IHS Priorities

- **To Bring Reform to IHS**
  - **Internal Reform**
    - Improve how we do business and how we lead and manage people.
    - Improving budget planning and financial management
    - More consistency in business practices
    - Hiring process improvements
    - Performance management
    - Recruitment and retention, pay systems

IHS Priorities

- **Improve the Quality of and Access to Care**
  - **Reform Activities:**
    - Customer Service
    - Improving Patient Care
      - Patient-centered medical home
    - Hospital Consortium
    - Electronic Health Record; Meaningful Use

IHS Priorities

- **Improve the Quality of and Access to Care**
  - Healthy Weight for Life initiative
    - http://www.ihs.gov/healthyweight
  - Let's Move in Indian Country
    - IHS Baby-Friendly Hospital Initiative
    - Notah Begay III Foundation MOU


Notah Begay III
The Notah Begay III Foundation
Yvette Roubideaux
The Indian Health Service

IHS Priorities

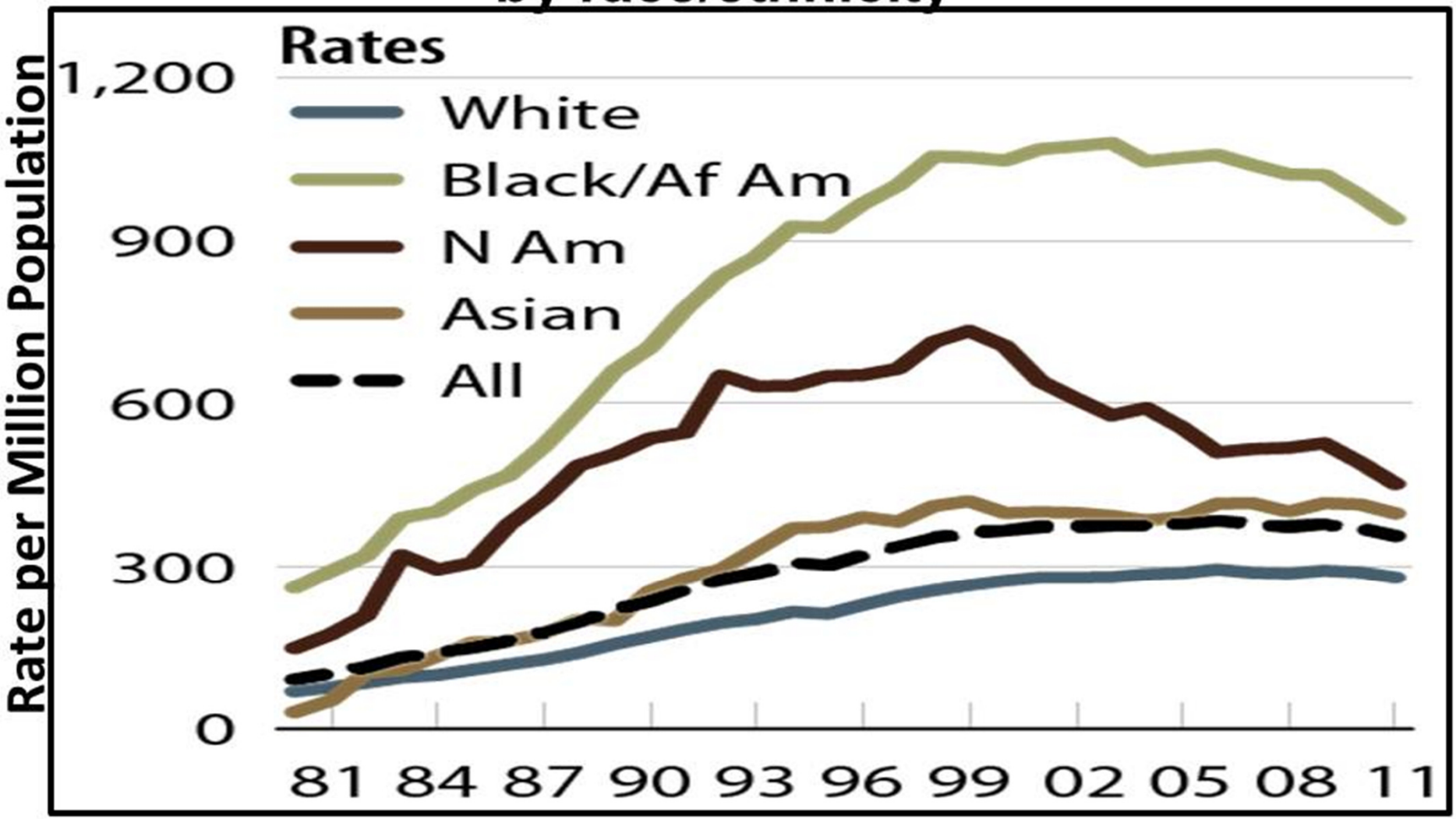
- **Improve the Quality of and Access to Care**
  - Behavioral Health
    - National Behavioral Health Strategic Plan
    - National Suicide Prevention Plan
    - Methamphetamine and Suicide Prevention Initiative
    - Domestic Violence Prevention Initiative

IHS Priorities

- **Improve the Quality of and Access to Care**
  - Special Diabetes Program for Indians
    - $150 million/year
    - Grants to prevent and treat diabetes
    - Approximately 400 IHS/Tribal/Urban grantees
    - SDPI Report to Congress – outcomes
    - Reauthorization

Getting Results

Adjusted Incidence Rates of ESRD by race/ethnicity



Source: U.S. Renal Data System 2013

2013 National Dashboard (IHS/Tribal) - Final

2013 Final National Dashboard (IHS/Tribal) DIABETES	2012 Target	2012 Final	2013 Target	2013 Final	2013 Final Results
Good Glycemic Control[a]	32.7%	33.2%	Baseline	48.3%	Met
Controlled BP <140/90[a]	38.7%	38.9%	Baseline	64.6%	Met
LDL (Cholesterol) Assessed	70.3%	71.0%	68.0%	72.7%	Met
Nephropathy Assessed	57.8%	66.7%	64.2%	68.2%	Met
Retinopathy Exam	54.8%	55.7%	56.8%	57.6%	Met
DENTAL					
Dental: General Access	26.9%	28.8%	26.9%	28.3%	Met
Sealants[a]	276,893	295,734	Baseline	13.9%	Met
Topical Fluoride[a]	161,461	169,083	Baseline	26.7%	Met
IMMUNIZATIONS					
Influenza 65+	63.4%	65.0%	62.3%	68.0%	Met
Pneumovax 65+	87.5%	88.5%	84.7%	89.2%	Met
Childhood IZ[a]	77.8%	76.8%	Baseline	74.8%	Met
PREVENTION					
(Cervical) Pap Screening[a]	59.5%	57.1%	Baseline	61.7%	Met
Mammography Screening	51.7%	51.9%	49.7%	53.8%	Met
Colorectal Cancer Screening[a]	43.2%	46.1%	Baseline	35.0%	Met
Tobacco Cessation[a]	30.0%	35.2%	Baseline	45.7%	Met
Alcohol Screening (FAS Prevention)	58.7%	63.8%	61.7%	65.7%	Met
DV/IPV Screening	55.3%	61.5%	58.3%	62.4%	Met
Depression Screening	56.5%	61.9%	58.6%	65.1%	Met
CVD - Comprehensive Assessment[a]	40.6%	45.4%	32.3%	46.7%	Met
Prenatal HIV Screening	81.8%	85.8%	82.3%	87.7%	Met
Childhood Weight Control[b]	N/A	24.0%	24.0%	22.8%	Met
Breastfeeding Rates[c]	N/A	N/A	Baseline	29.0%	Met
Public Health Nursing Encounters	424,203	435,848	405,962	Pending	N/A
Suicide Surveillance[d] (forms completed)	1,807	1,709	1,376	Pending	N/A

[a]Measure logic changes in FY 2013

[b]Long-term measure as of FY 2009, reported in FY 2013

[c]As of FY 2013 this measure will be reported by IHS and Tribal health programs

[d]Measure data is submitted from 11 Areas

Measures in red are GPRAMA measures

Measures Met: 22

Measures Not Met: 0


IHS Priorities
Renew and Strengthen our Partnership with Tribes
IHS Tribal Consultations
EXIT
EXIT


ows Internet Explorer
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Service (IHS)
DTLLs
IHS Director's Blog
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Indian Health Service
The Federal Health Program for American Indians and Alaska Natives
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Breastfeeding
Did you know that breastfeeding can significantly reduce the risk of childhood obesity, diabetes, allergies and asthma, and many types of infections such as upper respiratory, gastro intestinal, necrotizing enterocolitis? The 14 Indian Health Service maternity hospitals are working to adopt the World Health Organization's 10 Steps to Successful Breastfeeding and to be designated as a "Baby Friendly Hospital" by Baby Friendly USA.
For more information visit our Breastfeeding Promotion and Support website
find Health Care
Find a health care facility near you
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City
State
Zip
Search
begin Your Career
Search available jobs at IHS
Enter a Job Title
e.g., Nurse
OR
Select an Occupation
Choose one:
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Dr. Yvette Roubideaux
Director's Bio
Director's Speeches
National Director's Award
Reforms Initiative
Tribal Consultation
Tribal Leader Letters
Urban Confer
Read the Director's BLOG
Baby Friendly Hospital Initiative
The IHS Baby-Friendly Hospital Initiative is working to create a healthy start for babies and prevent childhood obesity.
Special Diabetes Program for Indians (SDPI)
In response to the diabetes epidemic among American Indians and Alaska Natives, Congress established the SDPI grant
Healthy Weight for Life
Overweight and obesity are driving up high rates of chronic disease in American Indians and Alaska Natives. Promoting a healthy weight at all
IPC
Improving Patient Care (IPC)
The Improving Patient Care Program is an important part of how IHS will make progress on improving the quality of and access to care.
Local intranet | Protected Mode

Newsroom

- Announcements
- Congressional Testimony
- Digital Press Kit
- Director's Blog
- Director's Speeches
- Fact Sheets
- Press Releases
- Reports to Congress
- Tribal Leader Letters

Director's Blog

Posted on Mar 19, 2014

IHS Tribal Budget Formulation National Worksession

The IHS Tribal Budget Formulation National Worksession was held in Washington, D.C., in February. The Budget Formulation Workgroup members reviewed recommendations from Tribes from all IHS Areas to develop national recommendations on the FY2016 IHS Budget. The Tribes updated their recommendation that the full funding need for IHS is $28 billion, and proposed a 17 percent increase to the IHS budget. The Co-chairs presented the recommendations at the HHS Tribal Budget Consultation session the following week. Here are pictures from the meeting:

Click on the thumbnails for larger images

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