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SUBMITTED VIA *www.regulations.gov*

August 23, 2018

RADM Michael D. Weahkee, MBA, MHSA
Acting Director
Indian Health Service
5600 Fishers Lane, Mailstop: 08E86
Rockville, Maryland 20857
ATTN: Draft IHS Strategic Plan FY 2018–2022

***Re:* Draft Indian Health Service Strategic Plan Fiscal Year 2018-2022**

Dear Acting Director Weahkee:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I submit the following comments on the draft Indian Health Service (IHS) Strategic Plan Fiscal Year (FY) 2018-2022, in response to IHS Dear Tribal Leader Letter (DTLL) and Federal Register Notice (83 FR 35012), dated July 24, 2018. Established in 1972, the NPAIHB is a non-profit, Tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on health care issues. In the Portland Area, 75% of the total IHS funding is compacted or contracted and includes 6 federally operated service units, 16 Title I Tribes, 26 Title V Tribes, 3 urban facilities, and 3 treatment centers. NPAIHB operates a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center,[1] and works closely with the IHS Portland Area Office. NPAIHB appreciates the opportunity to provide comments to IHS on the draft FY 2018-2022 IHS Strategic Plan

Background

As IHS seeks to achieve a plan that "promotes Tribal ownership and pride," NPAIHB believes that the agency must acknowledge and reflect the commitment by the agency to uphold federal trust obligations to American Indians and Alaska Natives (AI/ANs). These obligations are the result of millions of acres of land and resources ceded to the U.S., and result in a legal and moral responsibility on behalf of the federal government to provide benefits and services in perpetuity to AI/ANs. It is imperative that the final Strategic Plan reflect the trust responsibility to deliver quality, culturally competent healthcare to AI/ANs.

[1] A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

On September 15, 2017, IHS initiated a Tribal Consultation and Urban Confer on the IHS Strategic Plan 2018-2022 Draft Framework. The Tribal Consultation follows the work of IHS Federal-Tribal Strategic Planning Workgroup, which provided recommendations to IHS leadership and reviewed comments received from the Tribal Consultation and Urban Confer on the draft IHS Strategic Plan Initial Framework. IHS provided tribes and urban Indian organizations with a framework for discussion and comments. This included the Mission, Vision, Goals, Objectives, and Strategies that will guide the work and strengthen partnerships with tribes and rban Indian organizations. The development of the five-year IHS Strategic Plan coincides with the creation of the U.S. Department of Health and Human Services (HHS) Strategic Plan for 2018-2022. IHS is requesting feedback on whether the IHS mission, vision, goals, objectives, and strategies reflect the direction and priorities that tribes and urban Indian organizations feel IHS should pursue over the next five years.

General Statement

The IHS Strategic Plan must also be reflective of IHS' commitment to robust and continued tribal consultation. This includes fully engaging with tribal leaders and tribal nations across the country on an ongoing basis. Unique healthcare issues exist within each tribal community, and the agency has an obligation to seek and implement the guidance from tribal nations. Tribal consultation is essential to the sacred government to government relationship between tribes and the United States and is critical to ensuring the federal government fulfills its trust responsibilities and obligations. NPAIHB requests that IHS include a preamble highlighting the trust responsibility that the federal government has with tribes and the requirement for tribal consultation. We recommend inclusion of the following language from the introduction of the HHS Strategic Plan FY 2018-2022:

> **Importantly, the Federal Government has a unique legal and political government-to-government relationship with Tribal governments and a special obligation to provide services for American Indians and Alaska Natives based on these individuals' relationship to Tribal governments. Executive Order 13175, *Consultation and Coordination with Indian Tribal Governments*, requires consultation with Indian Tribal governments when considering policies that affect Tribal communities. The Department's Tribal Consultation Policy - PDF, first developed with Tribal participation in 2004, was updated in 2010. HHS works with Tribal governments, Indian organizations, and other Tribal organizations to facilitate greater consultation and coordination between States and Tribes on health and human services issues.**

Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

NPAIHB again recommends that the mission in the final IHS Strategic Plan tie the organization and its mission to the federal trust responsibility with tribes. In addition, we continue to request a clear definition of what the highest level is and whom the highest level is compared to.

Vision Statement: Healthy communities and quality health care system through strong partnerships and culturally relevant practices.

NPAIHB concurs with the vision statement. However, we recommend that the statement include all IHS, Tribal, and urban Indian organization (I/T/Us) and AI/ANs with healthy communities and partnerships. The vision needs to include more specific language for a health care

system that promotes tribal sovereignty and tribal self-determination instead of ownership. We appreciate the inclusion of culturally relevant practices to provide high quality care in the Indian health care system.

Goal 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Objective 1.1: Recruit, develop, and retain a dedicated, competent, caring workforce.

Strategies:

NPAIHB supports the staff capacity building strategies to strengthen the workforce and the organizational work environment. We recommend that IHS partner with tribes so that no there are no unintended consequences or additional burdens to providing patient care.

Health Care Recruitment and Retention:

1. Improve and innovate a process that increases recruitment and retention of talented, motivated, desirable, and competent workers, including through partnerships with Tribal communities and others.

NPAIHB concurs with the IHS strategy to improve an innovative process that increases recruitment and retention of healthcare workers. We recommend the inclusion of culturally responsive healthcare workers. Many of our member tribes have great difficulty and face significant challenges in recruiting health professionals into their communities that results in further challenges in ensuring continuity and comprehensive healthcare for AI/AN people. Competition for primary care physicians and other practitioners is at an all-time high. NPAIHB endorses the recruitment and retention strategies.

2. Continue and expand the utilization of the IHS and Health Resources and Services Administration's National Health Service Corps scholarship and loan repayment programs, as authorized by the law, to increase health care providers at I/T/U facilities.

Portland Area tribes have highlighted the lack of loan repayment as a barrier to retention because health care providers are usually waitlisted, especially in underserved communities so NPAIHB supports this strategy. Further, we recommend that culturally responsive training for all new health care providers as an additional strategy under this objective.

5. Expand the use of paraprofessionals and mid-level practitioners to increase the Workforce and provide needed services.

NPAIHB concurs with Strategy 5 and appreciates the inclusion of mid-level providers and paraprofessionals as a standalone strategy. NPAIHB and our member tribes urge IHS to improve access to behavioral health, oral health and health care services in underserved and rural tribal communities by supporting the training, recruitment, placement, and retention of behavioral health, dental health, and primary care mid-level and paraprofessional providers to address workforce shortages, reduce disparities, and ensure an equitable workforce distribution.

The significant challenge to access health care for underserved and rural populations is a multi-faceted problem that requires a multi-faceted solution. If it was simply a matter of convincing highly educated health and oral health professionals to move their entire lives to small rural towns, then this persistent challenge would have been solved 60 years ago. The reality is that communities need access to alternative, primary, community-based providers that want to live in rural communities, want to serve Medicaid, tribal, and other underserved populations. State models such as midwives and nurse practitioners; and tribal models such as the Community Health Aide Program (CHAP), which includes community health aides, dental health aides, and behavioral health aides have shown real results in breaking down the multiple barriers to care and strengthening the Alaska Native health system. The area-based CHAP model will be a critical part to addressing workforce shortages in Indian country Portland Area Tribes have established, or are establishing, Dental Health Aide Therapist (DHAT) Programs and exploring the development of a Behavioral Health Aide Program. IHS must support tribes in the lower 48 that are ready to replicate and adapt CHAP for their area.

6. Develop training programs in partnership with health professional schools and training hospitals and expand opportunities to educate and mentor Native youth interested in obtaining health science degrees.

NPAIHB agrees with the IHS strategy to develop training programs in partnership with health professional schools and training hospitals. We believe tribes should also be included in partnership to expand opportunities for Native youth.

Objective 1.2: Build, strengthen, and sustain collaborative relationships.

Service Expansion:

4. Promote collaborations between IHS, other Federal agencies, Tribes, and Tribal Organizations to expand services, streamline functions and funding, and advance health care goals and initiatives.

NPAIHB believes that IHS must collaborate across federal agencies and stakeholders to ensure equitable, effective and coordinated implementation of programs and services that will lead to improved health outcomes. For example, many opioid initiatives for prevention and treatment have been issued recently through various HHS agencies which can increases services and reduce barriers; however, if the initiatives do not complement each other and allow tribes to provide comprehensive services, AI/AN people who need these services will suffer. There are several agencies (SAMHSA, BIA, HRSA, NIH, HUD, DEA, others) that address opioids, so there should be ways to streamline funding instead of tribes having to find all those grants and apply with different reporting requirements. In addition, faith-based organizations and community partners should be involved as they also provide health services.

Objective 1.3: Increase access to quality health care services.

Strategies

Health Care Service Access Expansion:

1. Develop and support a system to increase access to preventive care services and quality health care in Indian Country.

NPAIHB supports the inclusion of preventative healthcare services to reduce or eliminate risk of illness or injury. We request the inclusion of tribal best practices for preventative care services.

2. Develop and expand programs in locations where AI/AN people have no access to quality health care services.

Within Strategy 2, NPAIHB propose the inclusion of language that addresses transportation as a factor of access to care in rural tribal communities. Distance is a consistent barrier in relation to access to care for AI/ANs in rural and underserved communities.

3. Overcome or mitigate challenges and enhance partnerships across programs and agencies by identifying, prioritizing, and reducing access limitations to health care for local AI/AN stakeholders.

NPAIHB is supportive of the concept of Strategy 3; however, we request IHS to explore ways to more efficiently transfer funds between agencies when such funds are intended to serve Indian Country at the local level, such as interagency agreements with other Department of Health and Human Services (HHS) agencies.

4. Increase access to quality community, direct/specialty, long-term care and support services, and referred health care services and identify barriers to care for Tribal communities.

NPAIHB endorses increasing access to quality long-term care and support services as well as identification of barriers to care for tribal communities. Additionally, we request that tribes be included as partners to IHS.

5. Leverage technologies such as telemedicine and asynchronous electronic consultation systems to include a more diverse array of specialties and to expand, standardize, and increase access to health care through telemedicine.

NPAIHB supports Strategy 5 that leverages technologies such as telemedicine. Telemedicine is critical for tribes to access specialty consultations when they are located in rural areas. IHS has not yet been systematically resourced to establish either a sustainable telemedicine infrastructure or governance program that would prioritize resources in accordance with identified need, establish and promote best practices, and formally evaluate and report on successes and issues. Telemedicine can allow tribal communities to dramatically improve access to care, accelerate diagnosis and treatment, overcome health care professional shortages and avoid unnecessary medivacs and expand local treatment options.

8. Provide evidence-based specialty and preventive care that reduces the incidence of the leading causes of death for the AI/AN population.

NPAIHB endorses Strategy 8, providing evidence-based specialty and preventative care that reduces the incidence of the leading causes of death of AI/ANs. However, tribal based practices and tribal best practices must be included.

9. Incorporate Traditional cultural practices in existing health and wellness programs, as appropriate.

NPAIHB strongly supports Strategy 9 to incorporate traditional cultural practices in existing health and wellness programs. However, we request the replacement of "as appropriate" with "when requested by an AI/AN patient."

10. Improve the ability to account for complexity of care for each patient to gauge provider productivity more accurately.

In order to account for complexity of care for each patient, the most significant factor that this strategy must include is the focus on patient-centered care.

11. Hold staff and management accountable to outcomes and customer service through satisfaction surveys.

NPAIHB urges IHS to streamline and simplify the patient satisfaction surveys. The satisfaction surveys need to be straightforward for patients to complete after a visit and not require patients to complete the surveys online, there must be a paper survey option.

Facilities and Locations:

12. In consultation with Tribes, modernize health care facilities to expand access to quality health care services.

NPAIHB is supportive of Strategy 12 emphasizing health care facilities. Additionally, we request the inclusion of modernization and access of equipment. Portland Area Tribes have numerous aging health care facilities and aging equipment that do not adequately support the health care needs of our tribal communities.

13. In consultation with Tribes, review and incorporate a resource allocation structure to ensure equity among Tribes.

NPAIHB concurs with the Strategy 13 inclusion of increasing equitable access and funding to support comprehensive services that are fully, funded, available and accessible. Funding for health care is important to support sustainability of tribal health care systems.

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

NPAIHB recommends language be added that supports tribal innovation. It must be clear that IHS will work with tribes in Goal 2. The intention for tribes, especially 638 compacted tribes is to be self-determined and innovative. Tribal innovation is fundamental for the culture of improvement for tribal hospitals and clinics. IHS should measure performance with targets and quality data. IHS must partner with tribes to promote innovation because tribes are conducting their own innovative methods with telemedicine, expansion of tribal resources and cost-sharing between tribes in the same region. Measures must demonstrate best practice that produce innovative approaches for tribal communities.

Objective 2.1: Create quality improvement capability at all levels of the organization.

NPAIHB and our member tribes recommend IHS include customer satisfaction surveys to measure quality improvement at all levels of the organization. We recommend that IHS add an objective surrounding research, design, and implement best practices for business processes.

Strategies

Quality Data:

1. Improve the quality of data collected regarding health care services and program outcomes.

NPAIHB requests improvement in data sharing between tribes and IHS to emphasize collaboration and sharing of best practices.

Objective 2.2: Provide care to better meet the health care needs of Indian communities.

NPAIHB is supportive of the five culturally appropriate care strategies to provide care to better meet the health care needs of tribal communities. We recommend IHS partner with tribes to explore tribal best practices and evidence-based practices to address environmental and social determinants of health, particularly trauma-informed care. Appropriate care must include a comprehensive and integrated continuum of care for our patients. NPAIHB concurs with Strategy 6, sharing best practices by working collaboratively with IHS, federal, state, tribal, and urban Indian programs.

Goal 3: To strengthen IHS program management and operations

NPAIHB endorses Goal 2, but it must strengthen program management and operations through the entire IHS system to filter to the tribes, not just through direct service. Further, we request the addition of health care system after IHS in the statement.

Objective 3.2: Secure and effectively manage assets and resources.

Improved Business Process:

6. Optimize business functions to ensure IHS is engaged in discussions on value-based purchasing.

Optimization of business functions to engage in value-based purchasing discussions must include federal and state level engagement as well as seeking input from tribes.

Health Information Technology (HIT):

3. Modernize the HIT system for IHS Resource and Patient Management System (RPMS) or commercial off-the-shelf packages.

The Resource and Patient Management System (RPMS) serves as the IHS electronic health record (EHR), but it has struggled to support modern health information technology needs and mandates. This system is outdated. While IHS has begun exploring whether to update or replace the system, this process will be a multi-year endeavor. The modernization of HIT system for IHS is a clear strategy which sends a clear message that this is a priority and is responsive to requests from tribes, so we support Strategy 3.

In addition, however, to strengthen and modernize the information technology infrastructure, this strategy must include language that commits to enhancing the partnership as to tribal data particularly as to behavioral health data. Tribal Epidemiology Centers (TECs) are unable to access behavioral health data from the IHS national data warehouse, only physical health data. Given the significant behavioral health issues in tribal communities, access to behavioral health data is critical to prevention, interventions and treatment and must be included in any modernization effort.

Data Process:

8. Assure system of data sharing to solidify partnerships with Tribal Epidemiology Centers and other Tribal programs.

See NPAIHB comment to Strategy 3 above.

9. Establish capability for data federation so that data analytics/business intelligence may be applied to disparate data stored in a single, general-purpose database that can hold many types of data and distribute that data to users anywhere on the network.

We recommend the inclusion of an objective focused on preparation and response to public health emergencies in Indian country. IHS should be involved as a partner with other agencies to address public health emergencies in Indian country. IHS must promote emergency preparedness and improve the response capacity in Indian Country through prioritization of resources and technical support to maximize preparedness for tribal communities. Further, we recommend IHS create an objective to ensure that the needs for disadvantaged and at-risk populations in Indian country are met in emergencies through effective collaboration with tribes to build the capacity of underserved, rural and tribal communities to respond to emergencies.

Conclusion

NPAIHB hopes that IHS, in the spirit of its partnership and shared interest in improving AI/AN health care will continue to consult with Portland Area Tribes prior to issuance of the 2018-2022 IHS Strategic Plan. We thank you for this opportunity to provide comments and recommendations on behalf of NPAIHB and our member tribes and look forward to further engagement with IHS on the development of the 2018-2022 IHS Strategic Plan. If you have any questions about the information discussed above, please contact Laura Platero, Government Affairs/Policy Director at (503) 407-4082 or by email to lplatero@npaihb.org.

Sincerely,

Andy C. Joseph, Jr.
NPAIHB Chairperson
Colville Tribal Council Member