IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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Submitted via: consultation@ihs.gov

September 16, 2016

Mary Smith, Principal Deputy Director
Indian Health Service
Office of the Director
5600 Fishers Lane
Mail Stop: 08E53
Rockville, MD 20857

RE: TSGAC Comments on IHS Quality Framework Draft

Dear Principal Deputy Director Smith:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I am writing to provide comments on IHS Draft Quality Framework (Draft Framework). The Draft Framework is an excellent starting point to systemically improving the quality of and access to health care. Self-Governance Tribes appreciate the opportunity to provide feedback on the Draft Framework and look forward to hearing more about implementation during upcoming meetings.

The TSGAC has several comments regarding the Draft Framework, which we believe will improve the outline and increase partnership between the agency and Tribal stakeholders. Our comments are outlined below.

Draft Framework Goals:

The Draft Framework outlines two goals: (1) to improve health outcomes for patients receiving care; and, (2) provide a care delivery service all patients trust. These are ambitious goals and certainly set the standard for IHS facilities to use when considering how best to improve quality care. However, TSGAC recommends that IHS look externally for additional quality improvement guidance. There are many approaches to improving and measuring health care quality. When considering implementation of each priority, IHS should evaluate what other health systems, both private and public, are doing to improve care quality. As such, TSGAC offers the following to be included as a goal of the Draft Framework:

- ***Set and measure IHS care quality with the medical industry's standards.*** TSGAC encourages IHS to include an additional goal which aligns the IHS quality measurements and standards with that of the medical industry's standards. Throughout implementation, the Quality Team should continue to update and pursue those industry standards to ensure IHS facilities provide quality care and can compete in the ever-growing health care market.

Draft Framework Priorities:

While the priorities outlined in the Draft Framework cover the most important areas to improve quality, we offer additional ideas below to be included in the Draft Framework:

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

- ***Emphasize providing network building and processes for repayment.*** Patients often make complaints about access to specialty and referral care. These complaints are not solely related to Purchased and Referred Care (PRC) Program denials. They are also related to coordination between specialty providers and IHS for follow up treatment and procedures or limited access to certain types of specialty providers. IHS should strive to build and encourage greater specialty provider networks to control PRC costs and improve coordination of care. Greater attention to this part of the process will improve patient health outcomes and ultimately, satisfaction of those that are able to access specialty providers. It may also result in further savings for the PRC Program, because patients will receive the follow up care needed to avoid future, costly specialty care.

- ***Ensure IHS facilities have access to necessary medical supplies and equipment.*** One issue directly related to patient safety and quality care is inadequate access to necessary medical supplies and equipment. It is paramount that IHS ensures facilities have access and proper upkeep of these kinds of necessary medical supplies and equipment to provide patients with competent, efficient, and quality care. IHS should ensure availability of common and environmentally necessary medical supplies and equipment based on a facility's location.

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

- ***Report results of Mock Surveys to Tribes.*** Following the accreditation issues in the Great Plains, many Tribal Leaders noted that there were numerous informal reports and complaints that the quality of care provided in the affected hospitals was deteriorating quickly. However, IHS did not adequately communicate that the incidents were noted and action was in effect to alter local procedure and behavior. As IHS takes on the aggressive objective to implement annual mock surveys, they should also ensure that the results of each survey are shared with Tribes. These reports should become part of regular reporting to all Tribes to ensure continued partnership in improving the quality of care.

Priority 3: Align Service Delivery Processes to Improve Patient Experience

- ***Improve workforce development and retention within IHS.*** In recent years, IHS has made commendable efforts to improve the development and retention of its workforce. However, two obstacles to actualizing quality care within IHS remain; (1) high turnover rate of providers; and, (2) provider cultural competency. High provider turnover rates result in poorer patient experiences, inconsistency in treatment practices, and inefficient patient-provider time reviewing ongoing medical issues and previous treatments. TSGAC recognizes that developing a workforce is a long-term strategy, which requires concentrated partnership between IHS and Tribal communities, including governments and Tribal schools. Success of this priority could easily be measured through available education data and IHS loan and internship opportunities.

  TSGAC encourages IHS to operationalize workforce development and provider retention in tandem. While building workforce capacity, IHS should work to retain current providers who are known for providing quality care. In the short-term, IHS should evaluate current providers. The evaluation should include measures to determine patient experiences, cultural competency, and knowledge of industry standards for treatment and prevention. The

outcome of these evaluations should be considered during contract renewals and, when appropriate, part of each provider's Performance Management Appraisal Program (PMAP).

- ***Emphasize cultural competency to improve patient experience.*** Lack of cultural understanding among providers also results in poor patient experiences and diminished trust between providers and patients. It can create barriers to the delivery of care and administration of follow up treatment. Just as IHS intends to promote a culture of safety, it too should create an incentive for providers to strive for cultural competency. IHS already has an avenue to ensure that applicants for positions possess cultural competency through its Indian Preference Policy. IHS should continue to adhere to the Indian Preference Policy in hiring vacant positions.

- ***Make system-wide repository available to all facilities.*** Developing a repository of standardized policies and procedures will undoubtedly be useful for IHS facilities as they work towards a single accreditation body and streamline governing body processes. TSGAC suggests that IHS set an aggressive timeline to assemble this repository and conduct the analysis necessary to standardize policies across IHS Areas. TSGAC also requests Tribal and Urban Health Programs have access to this repository. These policies may be useful for Tribal and Urban Health Programs interested in developing or updating their policies and should be available to support improvement of care across the entire Indian Health System.

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

- ***Report quality measures and outcomes to Tribes.*** Simply collecting quality data is not enough. IHS must strive for transparency in partnership with Tribes to improve the entire Indian Health System. The Veterans Administration (VA) Strategic Analytics for Improvement and Learning (SAIL) Program measures and publicly reports 27 quality measurements from each facility quarterly. IHS should evaluate if the VA system used to capture and report these data points can be replicated within the IHS system. Sharing this data empowers and encourages Tribal communities to engage in regular communication with IHS administrators and staff to identify trouble spots and work collaboratively toward solutions.

We hope that you will consider these comments and additional recommendations in your deliberations. We look forward to working with you in partnership as you implement this quality framework. If you have any questions or wish to discuss these comments further, please contact me at (860) 862-6192 or via email at lmalerba@moheganmail.com. Thank you.

Sincerely,

Lynn Malerba

Chief Lynn Malerba, Mohegan Tribe of Connecticut
Chairwoman, IHS TSGAC

cc: P. Benjamin Smith, Director, Office of Tribal Self-Governance
TSGAC Members and Technical Workgroup