

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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November 4, 2016

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

RE: Comments on Headquarters Realignment

Dear Principal Deputy Director Smith,

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), this letter is in response to your *Dear Tribal Leader Letter* dated October 5, 2016, requesting Tribal Consultation on a draft realignment of the IHS Headquarters Office. Overall, the Nation views this first iteration as a positive first step to better articulate roles and responsibilities. However, we offer the following comments to consider regarding how the structure and functional statements can be improved, in our view, to facilitate achieving IHS leadership's desired results.

- 1. Improve interdepartmental relations and regulatory review.** Moving the responsibilities of the Division of Regulatory Affairs (DRA) to the Executive Secretariat does not convey the importance for IHS to work with partner agencies and departments to improve access and quality of care and account for the uniqueness of the Indian Health system. Regulation review and comment have ultimately become primarily a Tribal task. Major sets of regulations, such as those for Medicare Access and CHIP Reauthorization Act (MACRA)/ Merit Incentive Payment System are moving forward without Tribal Consultation, and we are highly concerned that Tribal comments/recommendations are not included, resulting in negative effects on workload and reimbursement rates to IHS and Tribal facilities. These functions should be strengthened by identifying them separately from the correspondence-related activities of the Executive Secretariat, and specifically include activities that review and coordinate with other agencies prior to and during the promulgation process to develop/finalize rules that advance, and do not create barriers to Indian Health operations.
- 2. Retain the Intergovernmental Affairs (IA) Group in the Office of the Director.** The offices that currently report to the Deputy Director have long histories and many reasons that they report directly to the IHS Director. In particular, their placement is representative of, and sends a strong message of support for, the government-to-government relationship. Because the Office of Tribal Self-Governance (OTSG) and Office of Direct Service and Contracting Tribes (ODSCT) are those with the most direct contact with Tribal governments, we strongly recommend that they remain in the Office of the Director, with the IA leadership reporting directly to the Director. Additionally, the draft functional statement does not include a description for IA, nor does it reflect the proposed reporting structure for the OTSG and ODSCT.

Tribes have consistently advocated that these offices remain in the Office of the Director. OTSG, formed in the mid 1990's, has remained in the Office of the Director with strong support of the Tribes. On April 10, 1997, then Director Trujillo specifically concurred with this position, stating that because OTSG implements the Self-Governance Project in a true government-to-government basis, "...the Director, OTSG reports directly to the Director, IHS. As such, the Director, OTSG, has full authority to carry out the responsibilities of the OTSG." Additionally, Tribes successfully advocated to legislatively mandate the creation of ODSCT. As a result, ODSCT, which has emerged as a sister-office in the agency, is required by section 1663 of the Indian Healthcare Improvement Act to be included in the Office of the Director of the IHS.

3. **Integrate telemedicine throughout the disciplines under the Chief Medical Officer (CMO).** While we understand telemedicine to be a very useful tool in delivering health care services, it is a means to deliver care, not a type of care. While we support placing a priority on innovative delivery models, it is unclear why it is a stand-alone office under the CMO, when each of the disciplines may employ telemedicine as it is determined to be an efficient and effective means of delivery. Setting up a stand-alone office may create more barriers in the organization to employ this tool, rather than capitalizing on this innovative method of service delivery. The functional statement for Telemedicine also appears to be missing from the draft.
4. **Streamline Office Program Evaluation under the Associate Director of Quality.** It is unclear why the "Office of Program Evaluation" is located under the Associate Director of Analysis, rather than under Quality. If the effectiveness of programs (in addition to quality/compliance) is a high priority of the agency, it would seem important to ensure that program evaluation is employed readily as a means to continuously improve operations either under the Associate Director for Quality, or the CMO. For instance, the "Office of Improving Patient Care" is under the Associate Director for Quality, which has components that can be viewed as an evaluation model that perhaps should be replicated in other programs and operations.
5. **Revise the Realignment to reflect the importance of Information Technology (IT).** There has been an increasing need over the last many years to place a high priority on IT. This need is not expected to diminish, but rather to increase as value-based payments for healthcare services are increasingly employed across many payors for healthcare (both public and private). IT will need to continue to be a high priority and focus to provide the data upon which to make good justification for appropriation increases as well. Finally, it provides data upon which to make informed decisions about strategically how best to move the needle forward on improving health status of American Indians and Alaska Natives (AI/AN), what portions of the system are high performing, and where improvement is needed. Since our system, Reporting and Patient Management System (RPMS), requires ongoing development and support from IHS, we simply cannot afford to rest, rather we must keep it as modernized as possible and responsive to these increasing needs. At a minimum, major investments and perhaps replacement of RPMS are critical considerations in the years to come. It must be aligned, elevated and have clear purpose and direction to support the overall health system, including becoming part of the leadership team and freedom to work cooperatively across the

- organization. We therefore recommend that the “Associate Director of Analysis/Evaluation” become instead the Chief Information Officer (CIO), with the Office of Health Information Technology, Office of Epidemiology, Office of Statistics, and Office of Research and Analysis reporting to the CIO.
6. **Create an Office to emphasize priority on Revenue Enhancement.** The Indian health system cannot rely solely on additional IHS appropriations to meet the ever increasing need in Indian Country. Tribes operating their own health programs have quickly learned that the best opportunity to increase resources available for quality improvement systems and expansion of health services is through emphasizing revenue enhancement processes. These processes include benefits coordination and aggressive enrollment, as well as building entrepreneurial billing and collection strategies. Efforts to create additional revenue have tangible results by increasing access to direct and specialty care and improving quality of care in Tribal health programs. As such, we recommend national leadership for a revenue enhancement office be placed under the Chief Operations Officer.
 7. **Expand the services and functions assigned to the Associate Director of Health Care Workforce Development.** The proposed changes to elevate the workforce challenges faced by IHS reflect a high priority need for the Indian Health System. However, the corresponding functions did not change in the functional statement. IHS should take this opportunity to better articulate current and new activities the office will administer to support the agency’s goal to increase workforce development. Many of these initiatives have already been described in writing and verbally, and should be included in the functional statements.
 8. **Update the Headquarters Programs, Services, Functions, and Activities (PSFA) Handbook.** These proposed changes undoubtedly create the need to update the PSFA Handbook and to identify Tribal Shares and inherent federal functions. The PSFA Handbook has not been updated since 2000, and without a recent update, its usefulness to Tribes, particularly new contracting and compacting Tribes, is significantly diminished.
 9. **Describe where the funding will be provided for newly created offices and functions.** Although we are able to cross-walk many of the offices, functions and positions from the previous organization to the proposed structure, TSGAC requests additional information about the functions and funding for newly created offices, such as the Associate Director of Workforce Improvement.
 10. **Communicate the results of Tribal comments and evaluation results of the new structure.** TSGAC requests follow up communication at the conclusion of the comment period including all comments received and plans to address the feedback provided. Additionally, we request a formal evaluation of the organizational changes at the six and twelve month marks. The future evaluations should occur in formal consultation with Tribes with the purpose to evaluate whether the Realignment fulfills the initial intent.

In summary, we appreciate and specifically note this statement in your October 5, 2016 letter, “Let me assure you that the Headquarters budget as reflected on the Headquarters Tribal Shares tables is not impacted by this realignment and consequently does not change because of the realignment.” TSGAC also appreciates the opportunity you afforded leadership during the

recent October Quarterly meeting and suggest that IHS consider hosting a similar webinar to more detailed information to Tribes and allow for an additional question and answer session.

Thank you for the opportunity to comment and provide recommendations on the proposed Realignment. We hope that you include the above recommendations and look forward to your response to the joint request for an extended comment period made on October 17, 2016. As always, 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.

Sincerely,



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

cc: Jennifer Cooper, Acting Director, Office of Tribal Self-Governance, IHS
TSGAC Members and Technical Workgroup