

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

OCTOBER 6, 2022



IHS Update



ROSELYN TSO

DIRECTOR

INDIAN HEALTH SERVICE



IHS Priorities

- Improve and Streamline Communication
- Tribal and Urban Partnership
- Clarify Expectations - Accountability
- Align Resources to Agency Priorities
- Improve Patient Care/Services
- Enhance Partnerships

Improve and Streamline Communication

- Establish Direct Communication from IHS HQ to Tribal Leaders - Reduce duplication
- Respond to Outstanding Correspondence/Requests
- Support and enhance meaningful communication
- Open and Transparent

Strengthen Tribal and Urban Partnerships

- Updating the IHS Tribal Consultation Policy
- Contract Support Costs/105I Lease
- Improve Tribal Consultation

Clarify Expectations and Accountability

- Communication shared with all IHS Employees
 - Provide Safe and Quality Health Care
 - Protect our Relationship with Tribes/Tribal Leaders and Urban Programs
- Find ways to demonstrate and share our work
- Focus on Mission of the IHS

Align Resources to Agency Priorities

- Refocus all program priorities
- Reduce the gap between IHS Headquarters and IHS Areas
- Improve and streamline Governance
- IHS Oversight and Accountability

Improving Patient Care and Services

- Streamline Governance
- Credentialing
- Reduce the Gap between HIS Headquarters and the Areas
- Accreditation

Strengthen Partnerships Internal/External

- Veterans Administration
- Other HHS
- Evaluate and provide support to IHS Workforce
- DOI
- White House

Scheduling – Visiting All 12 Areas

Visits are being scheduled across all 12 IHS Areas to engage with Tribal Leaders, Urban Indian Organization Leaders, and IHS staff across the country.

Nashville – United South and Eastern Tribes, Inc., Annual Meeting

California – Grand Opening Ceremony of the Sacred Oaks Healing Center

Great Plains – Road to Healing Listening Session

Portland – Northwest Portland Area Indian Health Board Quarterly Meeting

Alaska – Alaska Federation of Natives Convention

Next: Albuquerque, Bemidji, Billings, Bemidji, Oklahoma City,
Phoenix, and Tucson





Chief Medical Officer Updates

LORETTA CHRISTENSEN MD MBA MSJ FACS
CHIEF MEDICAL OFFICER
INDIAN HEALTH SERVICE



Strategy 1 - Prevent

- Get vaccinated, including bivalent (Omicron) booster
- Getting vaccinated is the key to decreasing the impact of COVID-19
- Expecting a increase in flu this season
- Flu vaccinations are available



IHS Jurisdiction

Data reflective of 9/24/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Bivalent Boosters Administered
Age 65+	91% (134,873)	71% (105,137)	<1% 921 doses*
Age 18+	76.5% (652,654)	56.9% (485,809)	<1% 3595 doses*
Age 12-17	53% (77,317)	36.6% (53,405)	<1% 304 doses*
Age 5-11	24.2% (43,896)	17.7% (32,137)	N/A
Age <5	5.1% (5,677)	N/A	N/A

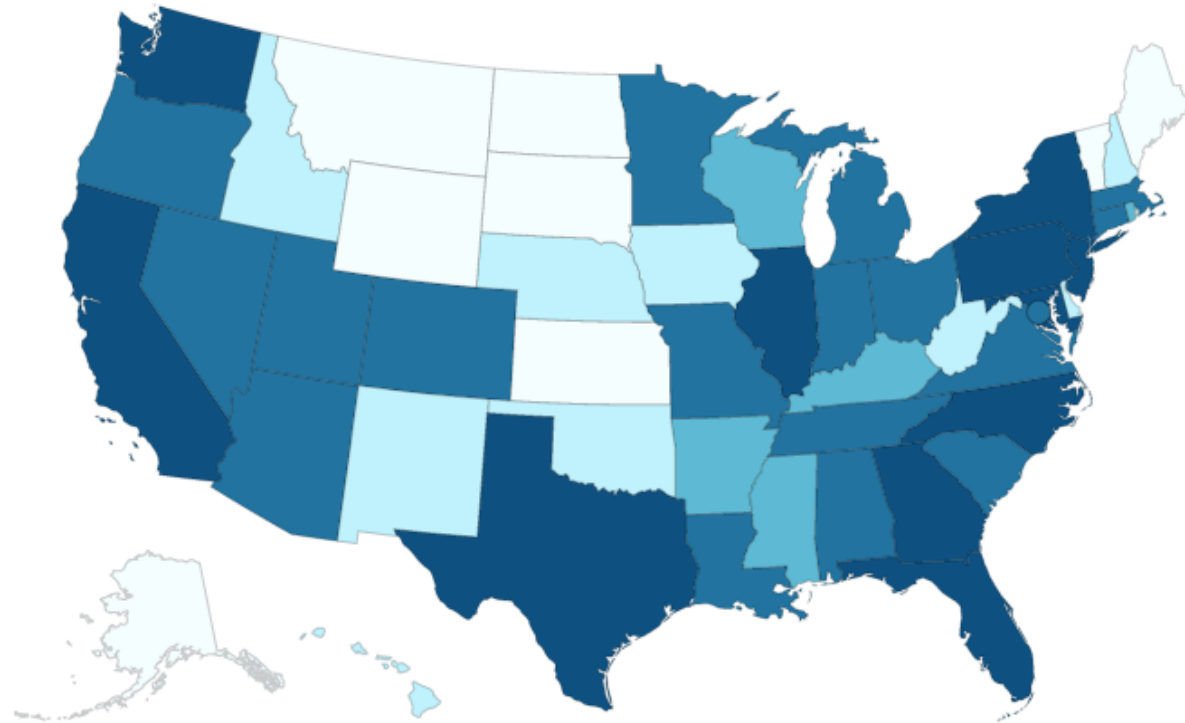


Bivalent Boosters – 5yrs+ Coming Soon

- Bivalent boosters should be spaced from primary or booster doses by 2 months
- No guidance from CDC on giving or withholding monovalent boosters until the new expanded authorizations are issued
- If you have had COVID, there is nature immunity for 90 days, you can get the Bivalent booster before 90 days as well



Monkeypox Cases in the U.S.



Case Range

- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- >500

25,509 Total confirmed monkeypox/orthopoxvirus cases

The Centers for Disease Control and Prevention (CDC) is monitoring and publishing data by state:

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>



Monkeypox

- 26,049 cases in the United States
- If there is a case in the household, use all precautions with disinfection of surfaces and separation of personal items and laundry



Table 1. Vaccination Strategies Used in the 2022 U.S. Monkeypox Outbreak

Strategy	Definition	Criteria
Post-Exposure Prophylaxis (PEP)	Vaccination after known exposure to monkeypox	<ul style="list-style-type: none"> • People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment
Expanded Post-Exposure Prophylaxis (PEP++)	Vaccination after known or presumed exposure to monkeypox	<p>Any of the following:</p> <ul style="list-style-type: none"> • People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment • People who are aware that a recent sex partner within the past 14 days was diagnosed with monkeypox • Certain gay, bisexual, or other men who have sex with men, or transgender and gender diverse people who have sex with men, who have had any of the following within the past 14 days: sex with multiple partners (or group sex); sex at a commercial sex venue; or sex in association with an event, venue, or defined geographic area where monkeypox transmission is occurring
Pre-Exposure Prophylaxis (PrEP)	Vaccination before exposure to monkeypox	<ul style="list-style-type: none"> • People in certain occupational risk groups*

CDC Endorsed Jynneos Indications

- **Vaccine should be prioritized for PEP and PEP++**
 - **Post-Exposure Prophylaxis (PEP)** for known close contacts of monkeypox cases who are identified by public health via case investigation, contact tracing, and risk exposure assessments.
 - **Post-Exposure Prophylaxis (PEP++)** for individuals with certain risk factors who are more likely to have been recently exposed to monkeypox within the past 14 days, even if monkeypox exposure is not confirmed or cannot be confirmed.
 - Men who have sex with men (MSM) that may identify as gay, bisexual or transgender who had anonymous sex, sex in social venues or took money for sex within the last 14 days and could be at risk.
- **Per CDC - When PEP and PEP++ needs are met, PrEP can be considered**
 - **Pre-Exposure Prophylaxis (PrEP)** maybe used prior to potential monkeypox exposure for high-risk individuals
 - **IHS PrEP Initiative distributed by Dr. Christensen on 9/9/22**
 - **10 sites now actively vaccinating for PrEP**

New!!



Influenza Vaccine

- **NSSC Flu vaccine orders for adult pre-filled syringes were delivered to sites 9/27**
- Influenza vaccine can be co-administered with COVID-19 vaccines or monkeypox vaccine
 - Ideally, vaccines should be given in different injection sites, ideally in separate limbs, or at least separated by 1 inch
 - Ideal to offer 65+ flu vaccines in opposite arm from COVID (Fluzone HD, FluBlok, Flud)
- When influenza and COVID-19 vaccines are co-administered, studies showed similar or slightly higher reactogenicity
 - Common side effects: fatigue, headache, aches, chills, arm redness/soreness
 - Patients may choose to get flu & COVID at the same visit or on separate visits



Strategy 2 - Detect

- 4.78 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 8.8%
- Over 532,813 positive tests
- Home testing: many kits sent out, supply is available and still encourage use



Strategy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
 - Remdisivir is approved for outpatient treatment
 - Bebtelivomab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention, some weakness against one variant but still effective
- The oral antivirals are approved however **Paxlovid is provided at Test 2 Treat**

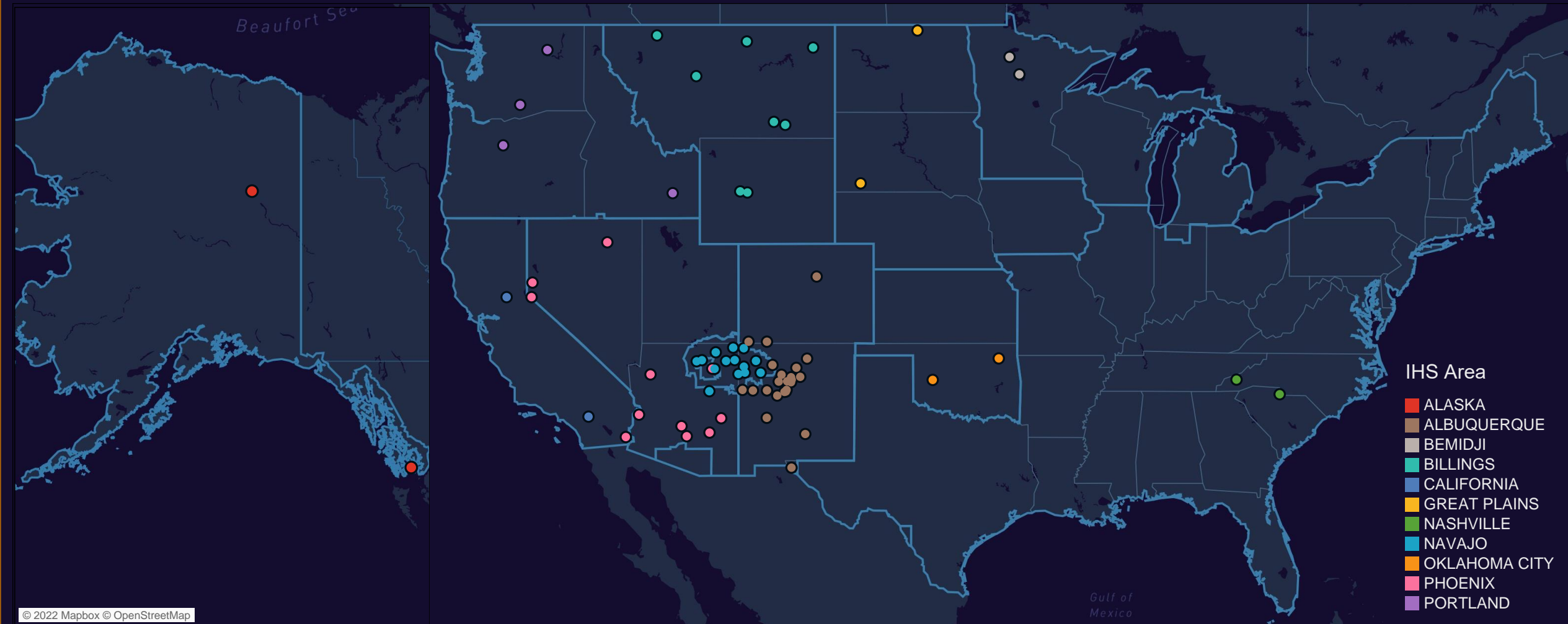


Test and Treat

- Established Test and Treat for our communities up to 74 sites now
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites



IHS Test To Treat Sites



CMS=Stop testing Asymptomatic Individuals unless Authorized within the Instructions for Use

- Labs must review their manufacturer's IFU to see if they can continue testing patients with no COVID-19 symptoms.
- CMS will cite labs that continue to test asymptomatic patients if their test method is only authorized to test symptomatic patients only.
- Labs must comply by October 26, 2022
- If labs continue testing asymptomatic persons, then it automatically becomes high complexity, **your lab can be shut down by CMS**
 - <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/cms-rescinds-december-7-2020-enforcement-discretion-use-sars-cov-2-tests-asymptomatic-individuals>



- Although *Binax NOW Ag Test can be tested on asymptomatic patients (FDA Authorization), you must document testing occurred twice over 3 days. *Not recommended if your facility is not controlled such as a school or a nursing home environment.*
- PAO Federal IHS Labs' decision (all tests are CLIA waived & using Cepheid Xpress):

Binax Now Ag*	Abbott ID Now	Cepheid 4-PLEX PLUS Panel	Cepheid Single PLUS Test
No equipment	AIN analyzer	Cepheid Xpress	Cepheid Xpress
Symptomatic w/n 7 days onset	Symptomatic w/n 7 days onset	<u>Symptomatic ONLY</u> , no cut-off days of onset	Symptomatic
*Do not test asymptomatic patients!	Do not test asymptomatic patients!	Do not test asymptomatic patients!	Asymptomatic individuals can be tested

- Reach out to your Manufacturer's technical team. Abbott Diagnostics and Cepheid will send out further information to their customers.
- 4-PLEX contains COVID-19, RSV, Flu A & Flu B



Emerging Threat

What is Fentanyl



- Synthetic opioid
- Used for pain control for procedures, surgery
- 100x more potent than Morphine
- Usual dose of Naloxone may not reverse the fentanyl
- High risk of overdose and death



Illicit Manufactured Fentanyl (UMF)



- Rainbow Fentanyl looks like candy
- Only a small amount of fentanyl can be deadly to children



Forms of fentanyl



- Rainbow fentanyl like sidewalk chalk
- The dust from these blocks is dangerous to children



Dea.gov/fentanylawareness

- [What Every Parent and Caregiver Needs to Know About Fake Pills](#)
- [How Teens Misuse Medicine](#)
- [Buying Drugs Online – What You Should Know & How to Protect Your Kids](#)
- [10 Strategies to Prevent Your Young Person from Using Drugs](#)
- [Growing Up Drug Free - a Parent's Guide to Prevention](#)





Breast Cancer

- Regular screening for breast cancer
- Early detection is very important
- Complete treatment for breast cancer
- Support survivors of cancer



Honor

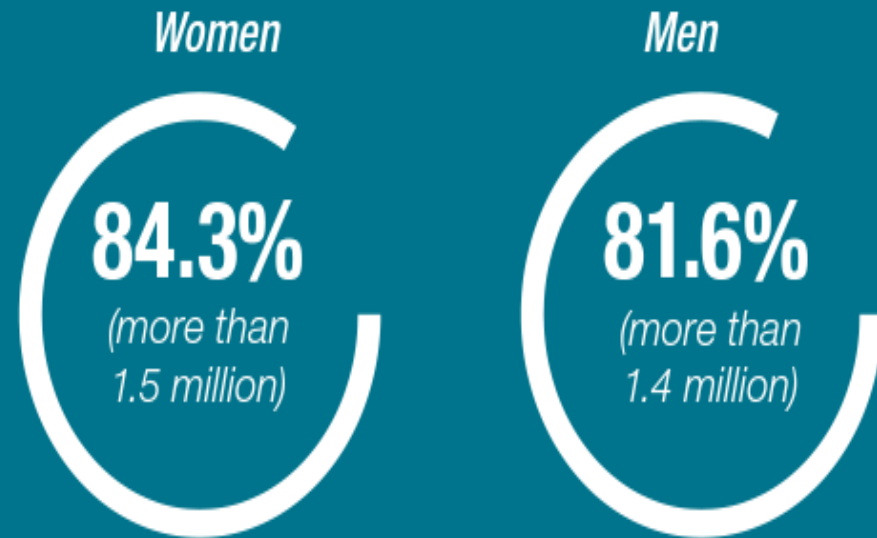
- Those who have breast cancer and their families
- Our family caregivers
- Those who lost their lives to breast cancer
- The strength and resilience of our American Indian/Alaska natives



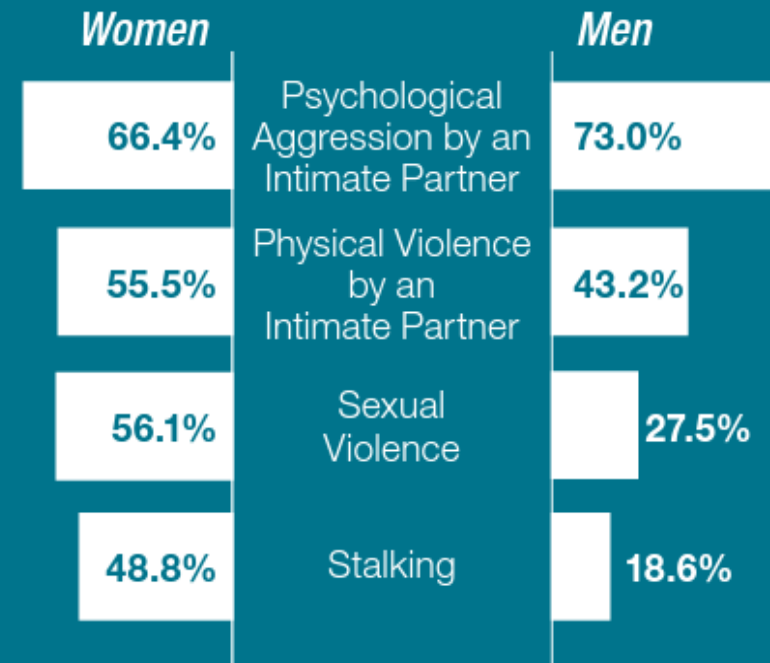
**DOMESTIC
VIOLENCE** 
AWARENESS MONTH

Domestic Violence

Percentages of American Indian and Alaska Native women and men who have experienced violence in their lifetime



Types of Victimization







Indian Health Service Budget Update

JILLIAN CURTIS

CHIEF FINANCIAL OFFICER, OFA



FY 2023 Continuing Resolution

President Biden signed the FY 2023 Continuing Appropriations and Ukraine Supplemental Appropriations Act (P.L. 117-180) on September 30, 2022.

- The FY 2023 Continuing Resolution funds the federal government through **December 16, 2022**.

IHS Funding Anomaly

The FY 2023 Continuing Resolution continues funding levels and policies from the Consolidated Appropriations Act, 2022 with one exception.

- Congress provided a funding anomaly for staffing and operating costs for new facilities.
- Specifically, Congress appropriated \$18 million for staffing and operating costs at the new Salt River health care facility, and additional related positions in the Phoenix Area.

Exception Apportionments

Consistent with prior years, the IHS is working to finalize exception apportionments under the current continuing resolution.

- If approved by OMB, the exception apportionments will provide the full year amount of the prior year Secretarial Amount to Tribal Health Programs whose ISDEAA contracts and compacts have a performance period within the timeline of the Continuing Resolution.

FY 2025 Tribal Budget Formulation

Earlier today, OFA distributed the guidance for the FY 2025 Tribal Budget Formulation. This guidance reflects the direction that the National Tribal Budget Formulation Workgroup provided in the FY 2024/FY 2025 Evaluation and Planning meeting on August 19.

- ❑ The target funding level for FY 2025 is \$54 billion as full funding estimate, which is \$1.7 billion above the FY 2024 Tribal Budget Recommendations.
- ❑ National Tribal Budget Formulation Work Group working session in February will be a hybrid meeting.



Indian Health Service

Office of Urban Indian Health Programs

Rick Mueller
Acting Director, OUIHP



OUIHP Staff



Rick Mueller
Acting Director



Shannon Beyale
Acting Deputy Director



Cindy Baldwin
Health System Specialist



Debi Nalwood
Health System Specialist



Shawn Thomas
Health System Specialist



Revaline Yazzie-Tate
Health System Specialist



Gem Labarta
Admin. Support Assistant



Haley Smith
Pathways Intern



Shayla Tate
Pathways Intern

List of IHS Area Urban Coordinators

IHS Area	Name
Albuquerque	Mary Beardsley
Bemidji	Tammy King
Billings	Ron Juneau
California	Mark Espinosa
Great Plains	Sandy Nelson
Nashville	Jennifer Downs
Navajo	Vacant
Oklahoma City	Vacant
Phoenix	Taryn Watson
Portland	Rena Macy
Tucson	Loretta Billie-Encinas

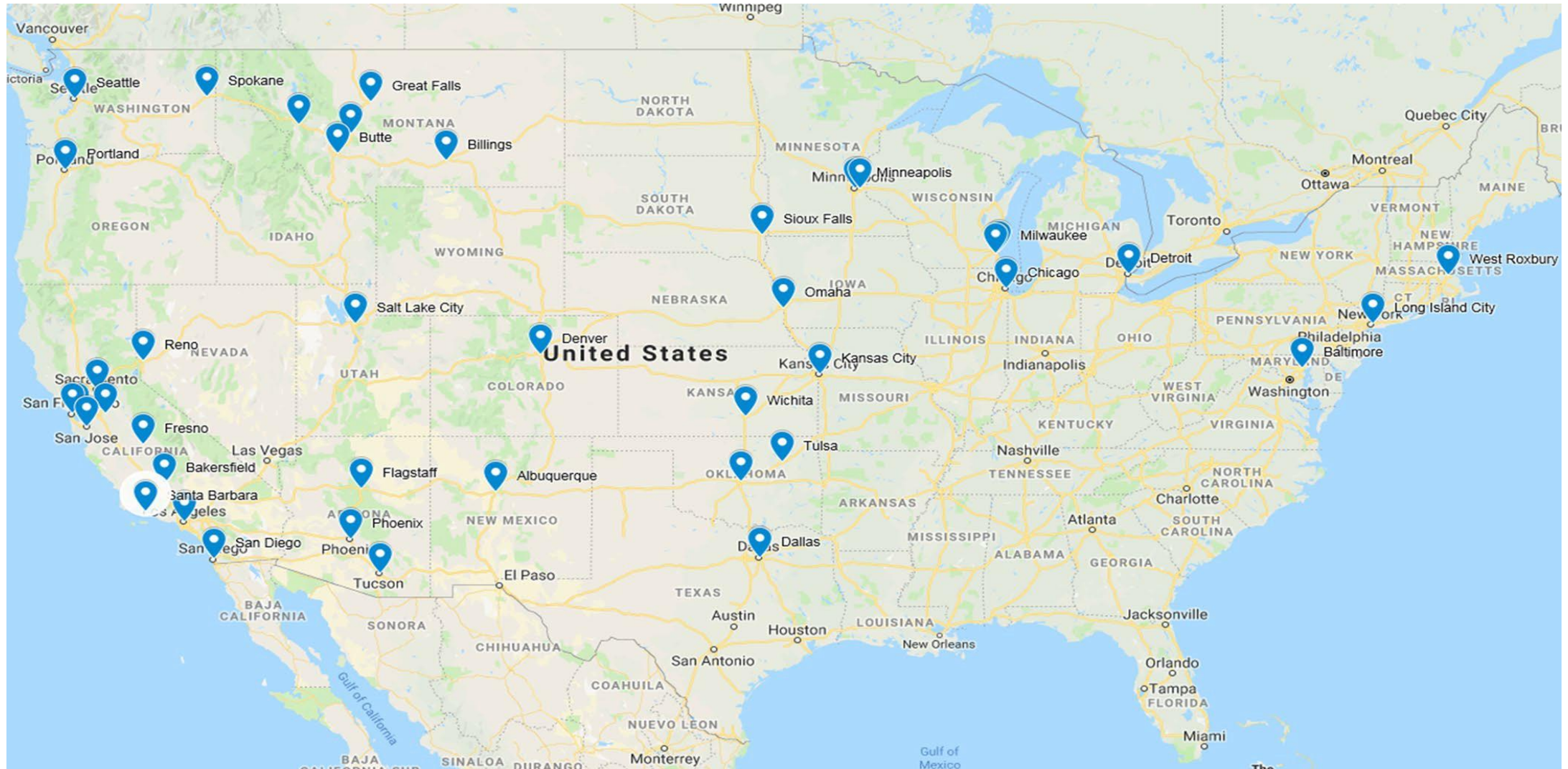
Background and Location of OUIHP

- Headquartered in Rockville, Maryland, the Office of Urban Indian Health Programs (OUIHP) was established in 1976 through the [Indian Health Care Improvement Act](#) to make health services more accessible to American Indians and Alaska Natives (AI/AN) residing in urban areas.
- Works in partnership with 41 [Urban Indian Organizations \(UIOs\)](#) and [11 Area Offices](#) across 22 states.
- IHS-funded UIOs seek leadership and guidance from OUIHP to provide central oversight of programs and services authorized by the IHCA.
- The IHS enters into limited, competitive contracts and grants with eligible UIOs to provide direct health care and referral services for Urban Indians.

Urban Indian Organizations (UIOs)

- 501(c)(3) non-profit organizations
- Define their scope of work and services based upon the service population, health status, and unmet needs of the Urban Indian community that they serve.
- Governed by a Board of Directors that must include at least 51 percent Urban Indians. Provide unique access to culturally appropriate and quality health care services.
- Integral part of the Indian health care system (I/T/U) and serves as resources to both tribal and urban communities.
- UIOs are an important support to Urban Indians seeking to maintain their tribal values and cultures while serving as a safety net for urban patients.

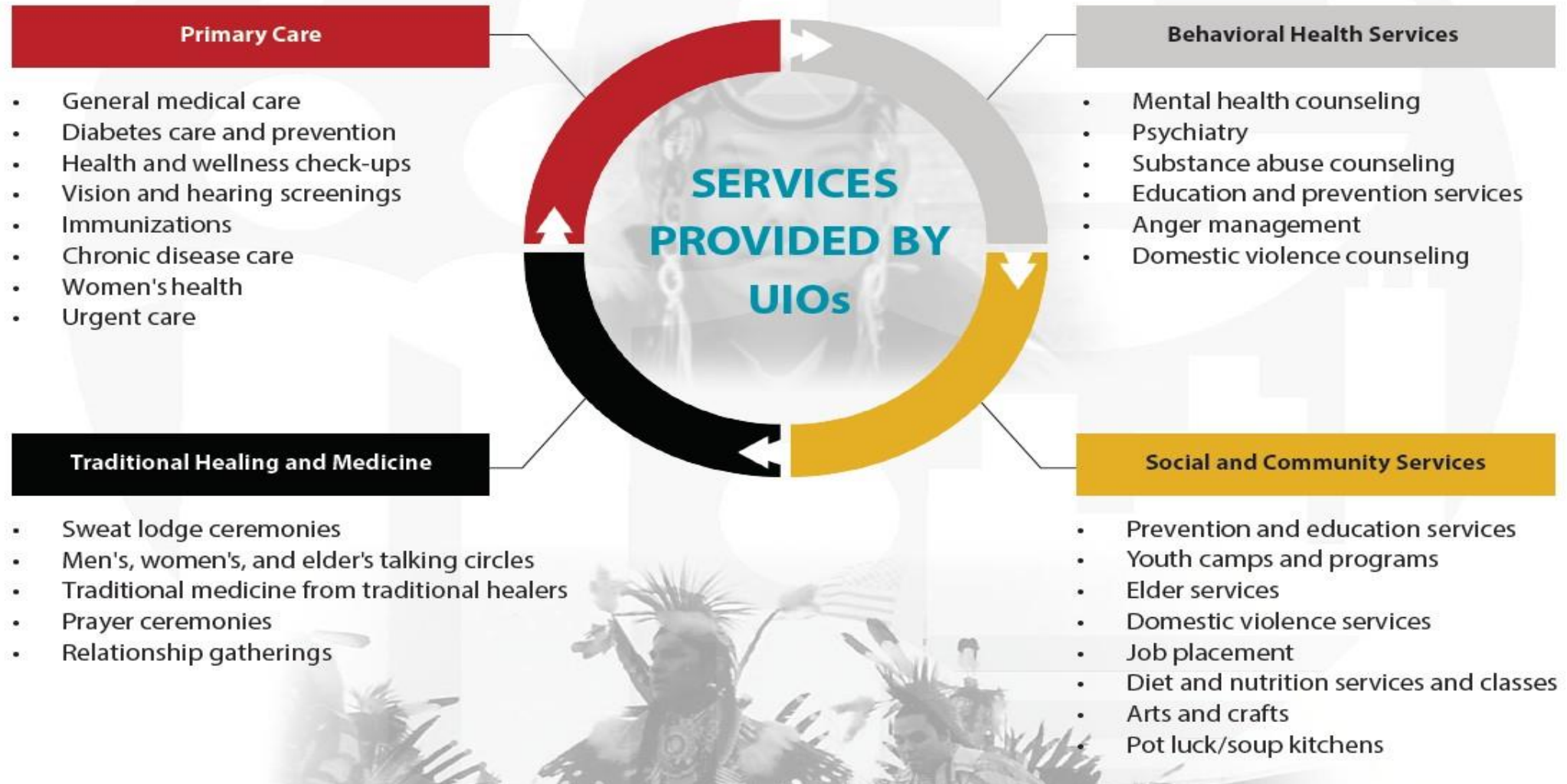
Locations of UIOs in U.S. Metropolitan Areas



Health Care Services

- In Calendar Year 2019, UIOs provided 729,888 health care visits for 76,760 Urban Indians.
- UIOs provide health care services to Urban Indians who do not have access to resources offered through IHS and tribally operated health care facilities because they do not live on or near a reservation.
- Urban Indian Organization program sizes and services vary from full ambulatory care, limited ambulatory care, outreach and referral, and residential and outpatient substance abuse treatment programs.

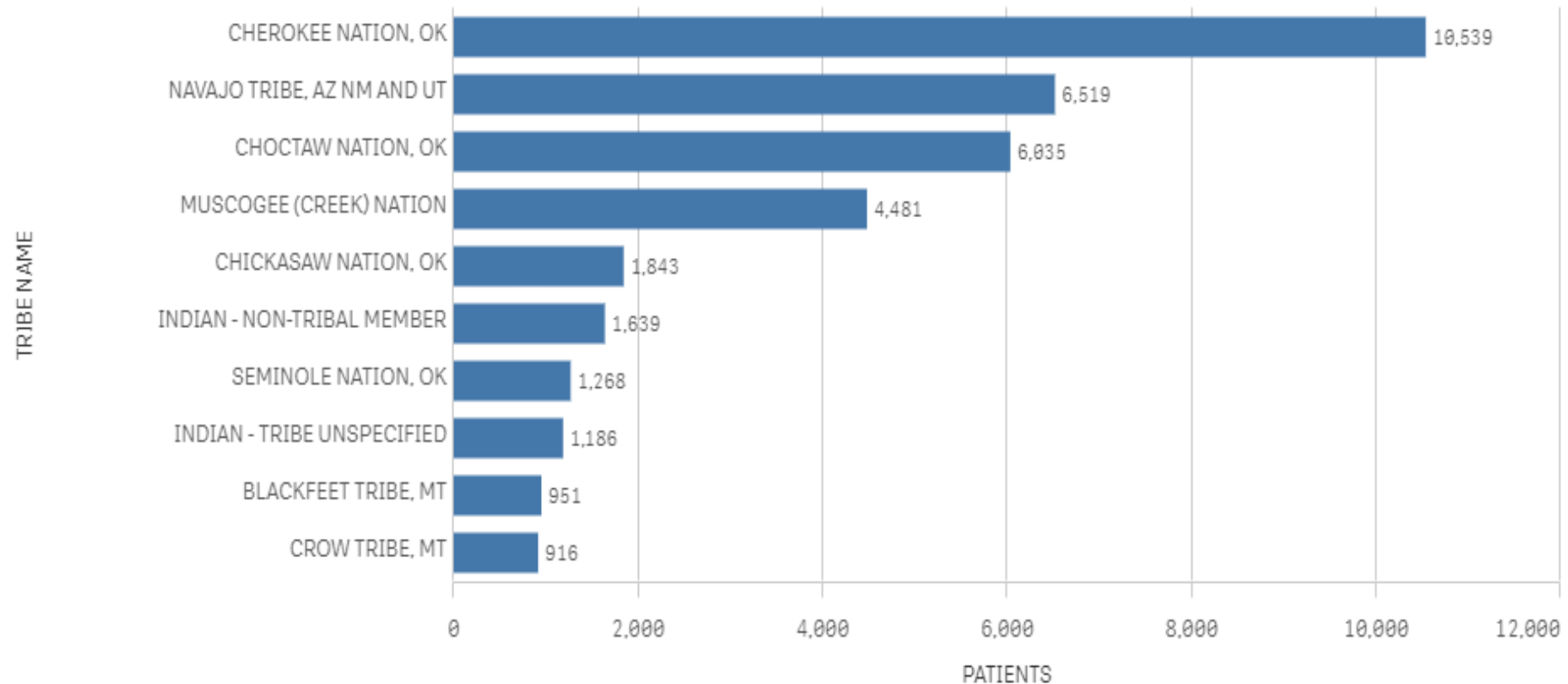
Services UIOs Provide



Top 10 Tribes Served

Number of AI/AN Patients – Calendar Year 2020

TOP 10 TRIBES SERVED - PATIENTS



OUIHP Budget

FY 2022 Budget Funding of \$73.424 million – The base funding provides for the following:

- Improving Urban Indian access to health care to improve health outcomes in urban centers.
- Strengthening programs that serve Urban Indians throughout the United States.
- Enhancing Urban Indian Organization third party revenue, implementing payment reforms such as the transition to a new prospective payment system, and increasing quality improvement efforts.
- Increasing the number of accredited Urban Indian Organization programs and patient centered medical homes for Urban Indians.
- Implementing and utilizing advanced health information technology.
- Expanding access to quality, culturally competent care for Urban Indians through collaboration with other federal agencies.
- Implementing IHClA authorities specific to UIOs.

Urban Confer Policy

- The Indian Health Care Improvement Act (IHCIA) establishes [IHS policy and procedures for conferring](#) with UIOs and applies to the IHS.
- IHCIA, USC Title 25, Chapter 18, Subchapter IV, Health Services for Urban Indians, § 1660d. Conferring with Urban Indian Organizations.
- Indian Health Manual Part 5 - Management Services, Chapter 26, Conferring with Urban Indian Organizations.
- Confer:
 - To engage in an open and free exchange of information and opinions that:
 - Lead to mutual understanding and comprehension, and
 - Emphasize trust, respect, and shared responsibility
- Critical Event or Issue:
 - Something that significantly affects one or more UIOs
 - Are complex, have significant implications, and are time sensitive
- Conferring Activities
 - Face-to-face meetings, teleconferences, and mailings, to solicit comments

OUIHP 2022-2026 OUIHP Strategic Plan

The mission of the IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

The new 2022-2026 OUIHP Strategic Plan will be published in September 2022 and aligns with the [IHS Strategic Plan FY 2019-2023](#) to support health care solutions, which fit the diverse circumstances of Urban Indians and the tribal communities they serve.

This diagram describes the guiding priorities for OUIHP in the next 5-years.



4-in-1 Grant Program

- Statutory authority can be found under [Title V of Indian Health Care Improvement Act \(IHCIA\)](#), specifically 25 USC section 1653 (c)-(e) and section 1660a.
- The grants provides funding for four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse related services, and (4) mental health services.

Annual On-Site Program Reviews

- A statutory requirement that is conducted by Area Urban Coordinators. Authority can be found under [Title V of Indian Health Care Improvement Act \(IHCIA\)](#), specifically 25 USC section 1655(b), Evaluation; renewals – Annual onsite evaluation.
- An [On-site Review Manual](#) is used by the IHS Areas to conduct annual onsite reviews of the IHS funded UIOs to evaluate quality of care and patient safety as well as monitor compliance with Federal Acquisition Regulation contractual requirements that are established through legislation.

Federal Tort Claims Act (FTCA) for UIOs

The FTCA is the federal law that allows parties claiming to have been injured by certain actions of federal employees and other persons as authorized by Congress acting within the scope of their federal duties to present claims for property damage, personal injury, and/or wrongful death to the federal agency or agencies involved in the incident.

On January 5, 2021, Congress amended 25 U.S.C. § 5321(d) to extend the FTCA coverage to UIOs and their employees to the same extent and in the same manner as to the Indian Self-Determination and Education Assistance Act contractors and compactors.

100% Federal Medical Assistance Percentage (FMAP)

Under the American Rescue Plan Act of 2021 (Section 9815, Pub.L. No 117-2, Div. 117-2, Div. XI (ARP)), states can temporarily receive 100% federal match in their expenditures for Medicaid services received through certain urban Indian organizations (UIOs) until March 31, 2023. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-004.pdf>

Infrastructure Study

On December 27, 2020, the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260) was signed into law and the **Joint Explanatory Statement for Division G designated \$1 million in FY2021 to conduct an infrastructure study for facilities run by UIOs.**

Veteran Administration – IHS/VA Strategic Operational Plan

In September 2021, the VA and IHS signed an IHS-MOU to improve health status on urban Indian Veterans. Since October 2021, the VA and IHS have met quarterly to discuss development of an IHS-VA MOU Strategic Operational Plan.

OUIHP Partnerships

- [National Council of Urban Indian Health \(NCUIH\)](#):
A national organization devoted to the support and development of quality, accessible, and culturally-competent health services for AI/ANs living in urban settings.
- [California Consortium for Urban Indian Health \(CCUIH\)](#):
A statewide organization serving Urban Indian communities across California.
- [Urban Indian Health Institute \(UIHI\)](#):
One of 12 Tribal Epidemiology Centers in the country and the only one that serves UIOs nationwide.

Tribal Consultations and Urban Confers

Virtual Tribal Consultation and Urban Confer Sessions on the IHS/VHA MOU Operational Plan:

October 11 from 2-3:30 pm ET

October 25 from 2-3:30 pm ET

Virtual Tribal Consultation Sessions on an HHS Draft Data Sharing Policy:

October 13 from 2:00 – 3:00 PM ET

October 19 from 3:00 – 4:00 PM ET

Virtual Tribal Consultation Sessions on Health Information Technology Modernization Implementation Deployment Plan:

November 1 from 2:00 – 3:30 PM ET



Questions & Answers

Next Tribal Leader and UIO Leader Call:

November 3, 2022

