



HHS EXECUTIVE COUNCIL ON QUALITY CARE
IMPROVING QUALITY CARE AT THE INDIAN HEALTH SERVICE THROUGHOUT 2016

In February 2016, U.S. Health and Human Services Secretary Burwell established the Executive Council on Quality Care to support the delivery of quality care consistently across facilities at the Indian Health Service (IHS). Through the leadership of Acting Deputy Secretary Mary Wakefield, the Executive Council has spent the last year marshalling some of HHS' top managers, clinicians, and program experts to take a fresh look at long-standing obstacles, like challenges to delivering quality of care, and addressing key operations issues that prevent IHS from consistently meeting the health needs of the American Indian and Alaska Native people it serves. The Council has drawn on the programs and expertise from across HHS to deploy specific actions in support of IHS' mission – with a laser focus on policies and programs that improve quality of care and strengthen and build the IHS workforce, especially in service areas facing significant staff shortages.

The Executive Council's efforts include assisting IHS in its work to aggressively confront service challenges, sharply focused on addressing acute quality of care issues that emerged at certain facilities in the Great Plains Area (GPA) while making progress on other overarching issues. This means partnering with IHS to identify, and pursue new and innovative ways to address issues in the GPA, work to implement effective strategies across the entire IHS system, and foster a culture of transparency and accountability. Through the coordination the Executive Council provides, IHS is leveraging all available resources and expertise to raise the level of quality care across the system, investing in workforce development, advancing the use of telehealth and other innovative practices to provide specialty services, promoting Medicare and Medicaid coverage to IHS patients, realigning IHS internal infrastructure, and further collaborate with tribal leaders and Congress with the goal of strengthening services and improving health outcomes for this patient community. The Executive Council has also formalized a charter and identified key department personnel to ensure that HHS leaders in future administrations continue this work and cross-departmental collaboration to drive further sustained improvements at IHS.

The following is a compilation of improvement initiatives on which the Executive Council partnered with IHS this year.

IMPROVING QUALITY OF CARE

New Quality Framework Developed to Guide Delivery of Care at IHS: This 2016 Quality Framework outlines how IHS will develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, safe, high quality health care at IHS federal-government-operated, direct service facilities. The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, consulting with tribal leaders and including best practices from across the IHS system of care and other HHS divisions. The Quality Framework will strengthen support for quality improvements system wide, and increase accountability at all levels of the system through data and reporting structures. Members of the Executive Council quality workgroup are now assisting with the implementation of the Framework's priority actions.

CMS and IHS Expand Collaboration to Improve Health Care in Hospitals: The Centers for Medicare & Medicaid Services (CMS) now includes IHS hospitals in the nationwide Hospital Improvement and Innovation Networks (HIINs) contract for public and private sector hospitals with the aim of reducing adverse events and hospital readmissions. This commitment to American Indian and Alaska Native health care is part of ongoing CMS and IHS work to address issues in hospitals before they can adversely impact patients. CMS initially extended to IHS participation in the Hospital Engagement Network (HEN) 2.0, to provide evidence-based efforts in quality improvement and technical assistance. The HEN was made available to all IHS direct service facilities, focusing on quality improvement methods intended to reduce avoidable readmissions and hospital acquired conditions (e.g. central line blood infections, pressure ulcers, and falls).

CMS Selects Quality Improvement Organization to Support Quality Improvement at IHS Hospitals: CMS awarded a new contract to help support best health care practices and other operational improvements for IHS direct service hospitals that participate in the Medicare program. HealthInsight, a current Quality Innovation Network – Quality Improvement Organization (QIN-QIO), is partnering with IHS hospitals to continuously improve the quality of care for the Medicare patients they serve. These efforts also benefit other patients receiving care at the same facilities. With this collaborative strategy, IHS and CMS are working together to achieve and sustain improvements in quality of care.

Annual Quality Assessments of IHS Hospitals: From June to August 2016, IHS instituted a system-wide assessment of its 26 direct service hospitals, including those in the GPA, to ensure that patients are receiving quality health care. The assessments, designed with assistance from quality care experts across HHS, include monitoring to ensure compliance with CMS Conditions of Participation and third party (e.g. The Joint Commission, American Association for Ambulatory Health Care) accreditation standards, and proactively identifying and resolving care quality issues. Teams of quality improvement experts from across IHS simulate a hospital compliance inspection and report findings to the facility and IHS leadership for action. Some IHS hospitals also participate in a similar process called Intracycle Monitoring, which assesses high-risk areas and related standards, to ensure continued compliance with readiness standards. In addition to the formal compliance surveys by independent accrediting organizations, typically scheduled every three years, these supplementary and more frequent internal IHS inspections will help to ensure sustained, quality health care.

Quarterly Calls Established for Direct Service Hospital Leaders to Share Best Practices: These calls have been coordinated by the Office of the Assistant Secretary for Health (OASH) and IHS for leaders from all the direct service hospitals across the system on quality topics, to insure leadership throughout the system is getting information on survey findings and corrective actions occurring in any part of the system, and have the opportunity to learn from that information. Two webinars have occurred to date, with a third planned for January 2017.

\$6.8 Million Telehealth Contract Awarded for Great Plains Area: In September, IHS awarded a new contract for \$6.8 million awarded to Avera Health, SD to provide telemedicine services in all 19 GPA service units, which serve approximately 130,000 American Indians and Alaska Natives. The contract strengthens existing IHS services for patients by enabling IHS facilities to offer additional specialty services and appointments to ensure patients have improved access to the health care they need. The contract provides American Indian and Alaska Native patients with additional access to see specialists in: behavioral health; cardiology; maternal and child health; nephrology; pain management; pediatric behavioral health; rheumatology; wound care; ear, nose and throat care; and dermatology as well as supporting Emergency Care providers. The Office of the Assistant Secretary for Preparedness and Response is currently assisting with the implementation of this telemedicine services contract in the GPA.

STRENGTHENING WORKFORCE AND STAFFING

HHS Expands Eligibility of HRSA’s National Health Service Corps (NHSC) Program to Include IHS Hospitals: This expansion of eligibility includes all IHS direct service hospitals, as well as the IHS-owned, tribally-operated hospitals. The NHSC gives health care providers scholarship or loan repayment assistance in exchange for their working for at least two years in a service area experiencing staffing shortages. While the NHSC focuses on primary care, providers in small hospitals often switch back and forth between providing hospital care and outpatient clinic services. This expansion means that NHSC providers who work in both an IHS-outpatient clinic and an IHS hospital providing inpatient services will be able to count more of their inpatient time toward the loan repayment and scholarship service requirements.

Deploying Members of the U.S. Public Health Service: Since January, the Executive Council and the U.S. Surgeon General have worked together to deploy 165 Commissioned Corps Officers to quickly assist in work underway to correct deficiencies at the GPA hospitals. These deployments continue, including 24 officers currently on-site helping to strengthen hospital care. These officers include experts in quality assurance, nurse leaders focused on outpatient and urgent care, pharmacists, and medical officers and work alongside health care providers at the IHS hospitals and in the GPA office. This cross-department collaboration helps fulfill staffing needs in the short-term while IHS continues to work toward long-term strategies to adequately staff hospitals across the system. To date, four officers have been hired permanently at service units in Pine Ridge, SD; Winnebago, NE; and Rosebud SD through this initiative. Critical vacancies in the GPA and other high-priority sites are now advertised via discipline-specific and Corps-wide listservs, with a focus on expedited commissioning for applicants and loan

repayment incentives for all. IHS and the Commissioned Corps are also finalizing the parameters for an open application period where all applicants would be considered only by IHS for specific critical positions.

American College of Emergency Physicians (ACEP) Partners with IHS on Emergency Services: Through Executive Council facilitation, IHS and ACEP recently partnered in order to leverage ACEP expertise and training resources focused on knowledge of telehealth and emergency care. This collaboration helps advance IHS' larger, ongoing efforts to provide American Indian and Alaskan Native communities with the best quality emergency care possible in a patient-centered, safe, and trusted manner. IHS also is committed to sharing ACEP best practices, models, and policies with tribes and Urban Indian programs and strengthening emergency care services through future partnerships with tribes, local communities and regional health care systems around emergency department care.

Additional Recruitment Tools and Expanded Pay Scales: With assistance from the Executive Council, IHS eliminated a number of administrative impediments to staff recruitment, including securing approval to use additional relocation benefits for qualified job candidates as well as expanded pay scales for emergency room doctors so that salaries at IHS are more competitive. IHS received approval to increase Title 38 physician pay table maximums for the critically important specialty of Emergency Medicine. This enables IHS to approve annual pay of up to \$300,000 (a 20 percent increase) for staff physicians and \$325,000 (a 23 percent increase) for more senior physicians who are supervisors or clinical department heads. IHS also gained authorization for intermittent physicians to receive Title 38 Physician and Dentist Pay IHS has also established new Title 38 special salary pay tables for Certified Registered Nurse Anesthetists and Certified Nurse Midwives that allow for more competitive salaries for these critical nursing specialties. IHS also will pursue additional new or increased Title 38 special salary rates over the next fiscal year. IHS has partnered with HHS and OPM on efforts to gain use of additional Title 38 authorities in order to be more competitive with the VA and private sector employers.

USUHS and IHS Partner on Increasing the Number of Physicians for IHS Service in Tribal Communities: Through the Executive Council, an agreement between IHS and the Uniformed Services University of the Health Sciences (USUHS) has been reached to support four medical school students annually. This will increase the number from two to four physicians completing training and entering the IHS workforce following completion of their training. Each student will fulfill a service commitment to IHS for ten years (i.e., 40 years of physician service to IHS will be gained from each annual graduating class). This is a longer term cost-effective approach that decreases reliance on contract physicians to abate IHS physician workforce vacancies. This will also grow a physician workforce dedicated to serving American Indian patients.

IHS and HRSA Collaboration to Improve K-12 Health Career Pathways for Indian Youth: The Executive Council has sought to strengthen long-term strategies to build up IHS health workforce pathways, including those which encourage and assist American Indian youth in pursuing health careers. With a specific focus on Indian Youth at the Pine Ridge Reservation, the Executive Council has partnered with HRSA's Office of Regional Operations in Region 8 to coordinate efforts among key regional stakeholders, including: South Dakota State University College of Nursing, the IHS Pine Ridge Service Unit, the Oglala Sioux Tribe, Oglala Lakota College, the State Office of Rural Health, the regional AHEC, University of South Dakota Medical School, and the local public schools system. Through monthly calls and quarterly in-person meetings in Rapid City, SD, this group of new partners helps advance health workforce development programs (e.g., guest speakers for students, job shadowing opportunities, and health career camps for youth) and hopes to prospectively extend health education programs from the participating colleges to the Pine Ridge Reservation. IHS will review this effort as a model for developing similar initiatives in other regions of the country to develop longer term pathways to increase the number of tribal members entering health professions. The Executive Council hopes to use this work to develop a "blueprint" for rolling out this endeavor more broadly.

HHS Management Expertise Provided to Support IHS Realignment: HHS experts have been detailed to IHS to assist with implementation of a number of management and operations reforms. Staff from HRSA, OASH, NIH, ONC and other agencies has worked on efforts such as IHS headquarters realignment; improving processes such as human resources; equipment acquisition; contracting; and hospital provider privileging and credentialing to provide additional capacity to quickly bring about changes in how IHS operates.