Working Together to Support our Patients and Improve Health Outcomes

AMERICAN INDIAN HEALTH LEADERS
SEPTEMBER 21, 2017

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CENTERS FOR MEDICARE AND MEDICAID SERVICES
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Thank You!

- For your **hard work & commitment**
- For your **leadership and contributions**
- For improving the **quality, safety, and delivery of care** to our beneficiaries
CMS has established large-scale, action-focused networks to spread quality improvement and generate results on a national scale.

- **Partnership for Patients**
  - 4,022 Acute Care Hospitals

- **Transforming Clinical Practices Initiative**
  - 100,000+ Clinicians

- **End Stage Renal Disease Networks**
  - 6,000 Dialysis Facilities

- **Quality Innovation Networks - Quality Improvement Organizations**
  - 250+ Communities

- **12,000+ Nursing Homes**

- **3,800 Home Health Organizations**

- **300 Hospice**

- **1,700 Pharmacies**

- **MACRA and Quality Payment Program - Small, Underserved, Rural Support (SURS)**
  - Up to 200,000 Clinicians
Our Key Methods for Achieving Results

- Bold, Clear Aims -- Implemented at Scale
- Focus on Results
- Do More of What Works
- Make Best-In-Class Performance, Common Performance
- Tight About the “What” Outcome; Flexible on the “How”
- Foster and Foment Joy in Work
CMS Strategic Goals

The CMS strategy will be built on one main goal: **Put Patients First**
Centers for Medicare and Medicaid Services: Strategic Goals

1. **Empower patients and doctors to make decisions about their health care.**

2. **Usher in a new era of state flexibility and local leadership.**

3. **Support innovative approaches to improve quality, accessibility, and affordability.**

4. **Improve the CMS customer experience.**
Key Priorities Identified by Health and Human Services Secretary Price

- Opioids
- Behavioral Health
- Obesity
- Reducing Burden
QIIG’s Guiding Principles

- **Create Trust**
  - Create an open and constructive environment; communicate with honesty and candor; honor commitments; take personal responsibility for results; embrace honor and integrity in every situation; have the courage to “do the right thing”

- **Drive Collaboration and Partnership**
  - Participate in collaborative behavior and partnership internal to QIIG and across the Agency; value many perspectives and embrace humility; incorporate learning from others to enhance understanding and appreciation of differences in style, opinions, or approaches

- **Innovate for Impact**
  - Feel passion for innovation; take calculated risks; be adaptable, flexible, and open-minded; create energy that doesn’t tolerate bureaucracy; explore and implement creative ideas to significantly improve performance and outcomes; see beyond the work at hand

- **Focus on Results**
  - Adopt a results-oriented, outcome-driven approach; remain mission-focused with an eye to timely, accurate, and actionable insights that create value

- **Energize People**
  - Rigorously select, empower, and grow people; demand the best of ourselves and others; show respect and openness in communication; reward performance and initiative; make it safe to take risks; create an environment of joy

- **Lead at Every Level**
  - Actively seek opportunities for impact and results regardless of our level; lead by example with honesty and integrity; step-up and solve challenges; feel empowered to work across QIIG and CMS to drive results
Questions to Run on...

- What keeps you up at night?
- If you could change one thing about how your system works, what would you change?
- What is working?
- What are your priorities?
Service Model Presentation to the Montana Tribal Consultation Project Steering Committee

Dr. Donald Warne M.D. MPH
Chair, Department of Public Health
North Dakota State University

September 21-22, 2017 Billings, MT
Discussion Goals

Identify existing models of tribally-led, health-focused non-profits whose function is to provide technical assistance, facilitation, collaborative grant and resource opportunities and assist in workforce development

Facilitate discussion to determine models for deeper exploration and consideration
Overview

• Preferences and needs for:
  – Technical Assistance (Clinical Services Operations, etc.);
  – Convening and Support;
  – Collaborative grant and resource opportunities; and
  – Workforce Development.

• Possibly a Non-Profit model

• Keep separate from tribal politics

• Integrate, not compete, with existing programs
Current Collaborative Tribal/AI Health Organizations in Montana

- Montana Governor’s Office of Indian Affairs
  https://tribalnations.mt.gov/
- Montana HealthCare Foundation
  http://www.mthcf.org/focus-areas/american-indian-health/
- Rocky Mountain Tribal Epidemiology Center
  https://www.rmtlc.org/
Models of Collaboration

- Tribal Chairperson’s Health Board
- Inter Tribal Council
- Tribal Epidemiology Center
- Indian Healthcare Advisory Council (state)
- State DOH Tribal Health Liaison/Program
- Tribal Health Policy Institute (academic)
- Indian Affairs Commission (state)
- TA Provider / Public Health Institute
Tribal Chairperson’s Health Board Model

• Example:
  Northwest Portland Area Indian Health Board

• Mission: “Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.”
• **Functions/Services:** Health promotion and disease prevention, legislative and policy analysis, training, tribal epidemiology center

• **Financing:** IHS, CDC, NIH, OMH, other grants and private funding

• **Governance Structure:** Executive Committee - elected officials or their designees

• **Delegated Authorities:** None
Tribal Chairperson’s Health Board Model

• Other Examples:
  ANTHC—Six corporations
  CRIHB

• Governance: Highly complex, hundreds of tribes, direct tribal funding and support
Inter-Tribal Council

• **Example:** Inter Tribal Council of Arizona

• **Mission:** To provide its member tribes with a united voice and the means for united action on matters that affect them collectively or individually
• **Functions/Services:**
  - TA and training to tribal governments in program planning and development, research and data collection, resource development, management, and evaluation
  - Organizes and conducts seminars, workshops, conferences and public hearings
  - **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**
  - **Area Agency On Aging**
  - **ITCA Health and Human Services (HHS) Department**
  - **Tribal Water Systems Department**
  - **Tribal Leaders Water Policy Council**
  - **Tribal Health Steering Committee**
  - **Tribal Epidemiology Center**
  - **Pesticides Enforcement Program**
• **Financing**: USDA, HHS, State of Arizona, other Federal programs, tribal contributions, and private funding

• **Governance Structure**: Executive Board, Elected Officials

• **Delegated Authorities**:
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  - Area Agency On Aging
  - ITCA Health and Human Services (HHS) Department
  - Tribal Water Systems Department
  - Tribal Leaders Water Policy Council
  - Tribal Health Steering Committee
  - Tribal Epidemiology Center
  - Pesticides Enforcement Program
Tribal Epidemiology Center

- **Example:** Northwest Tribal Epidemiology Center (NWTEC)
- **Mission:** collaborate with Northwest American Indian Tribes to provide health-related research, surveillance, training and technical assistance to improve the quality of life of American Indians and Alaskan Natives (AI/ANs)
• **Functions/Services:** collects tribal health status data, evaluating data monitoring and delivery systems, and assisting tribes in identifying local priorities for healthcare delivery and health education

• **Financing:** Indian Health Service, Centers for Disease Control, National Institutes of Health, Office of Minority Health

• **Governance Structure:** Executive Board

• **Delegated Authorities:** None
Indian Health Care Advisory Council

**Example:** Arizona Advisory Council on Indian Health Care

**Mission:** To advocate for increasing access to high quality health care programs for all American Indians in Arizona.
• **Functions/Services:** Community Health Representative Summit, Arizona American Indian Behavioral Health Forum, Arizona Tribal Health Policy Forum, conduction and commission studies and research, grant writing for the commissions work, recommend new programs, services, policies, etc that meet the needs of American Indians living in Arizona, recommend and advocate for state legislation, and facilitate communication and planning between Tribal and Urban Indian Health

• **Financing:** State appropriation for operations, grants and private funding for some initiatives
• **Delegated Authorities:** Request federal waiver from the U.S. DHHS to perform TANF and Medicaid eligibility determinations

• **Governance Structure:** 28 tribal representative members, 1 representative from the Inter Tribal Council of Arizona, 1 representative from urban Indian Health Organization, 1 representative from Arizona Dept. of Economic Development, 1 Arizona Dept. of Health Services, 1 member from the Arizona Early Childhood and Development Board, and 1 representative from the Arizona Health Care Cost Containment System- all are appointed by the Governor of Arizona
State Department of Health Tribal Liaison and/or Tribal Health Program

- **Example:** Native American Liaison to the Arizona Department of Health Services

- **Mission/Function:** Advocacy, resource and communication link between the Arizona Dept. of Health Services and AZ tribal health offices, other agencies providing services to American Indians, and internal resource for ADHS

- **Financing:** AZ Dept. of Health Services
• **Delegated Authorities:** Represents ADHS on Native American boards and commissions

• **Governance Structure:** Employee of the ADHS

• **Example:** Minnesota Dept. of Health American Indian Health/Tribal Liaison

• **Mission/Function:** Organize and convene quarterly meetings of MN Tribal Health Directors, Tribal Liaison for MN Dept. of Human Services administered programs
• **Financing:** State budget funded position of the Minnesota Department of Health

• **Delegated Authorities:** N/A

• **Governance Structure:** Employee of the Minnesota Department of Health
Tribal Health Policy Institute

• **Example:** American Indian Policy Institute, Arizona State University

• **Mission:** Applied policy program leveraging university expertise via a reciprocal transdisciplinary model, infusing Native knowledge in the academy, and engaging Tribal Nations in building community partnerships in order to inspire the Seventh generation of leaders
• **Functions/Services:** Public policy analysis and research

• **Financing:** Grants

• **Governance Structure:** Advisory Board

• **Delegated Authorities:** N/A
State Indian Affairs Commission

- **Example:** North Dakota Commission on Indian Affairs

- **Mission:** Assist and mobilize the support of state and federal agencies in assisting Indian individuals and groups in North Dakota, especially the five tribal councils, as the Indian individuals and tribal councils seek to develop their own goals, project plans for achieving those goals, and implement those plans.
• **Functions/Services:**

- Assemble and make available the facts needed by tribal, state, and federal agencies to work effectively together;
- Assist tribal, state, and federal agencies in developing programs to achieve more adequate standards of living;
- Assist tribal groups in developing increasingly effective institutions of self-government, greater understanding and improved relationships between Indians and non-Indians;
- Increase participation by Indian citizens in local and state affairs
- Confer with and coordinate officials and agencies of other governmental units and congressional committees with regard to Indian needs and goals;
- Encourage and propose agreements and accords between federal, state, and local agencies and the several tribal governments, and to assist in monitoring and negotiating agreements and accords when asked by an affected tribe
• **Financing:** State Legislature appropriation

• **Governance Structure:** Executive Director is a member of the Governor's Cabinet. Includes an “Indian Health Systems Administrator”

• **Delegated Authorities:** assist and mobilize the support of state and federal agencies in assisting Indian individuals and groups in North Dakota, especially the five tribal councils
TA Provider / PH Institute

- **Model:** American Indian Public Health Resource Center, North Dakota State University
- **Mission:** Address American Indian public health disparities through technical assistance, policy development, self-determination feasibility analysis, education, research, and programming in partnership with tribes, in North Dakota, across the Northern Plains, and the nation.
• **Functions/Services:** Technical assistance that includes public health services and programming, research, education, and policy. The tribes can also be provided with self-determination tools, including the 638 Toolkit, as a template for assuming the management and control of health services.

• **Financing:** Grants and contracts for service

• **Governance Structure:** Advisory Committee

• **Delegated Authorities:** None
Discussion

• Did one single model address your needs?
• If so, which model and what components of the model?
• If no, what pieces of various models do you feel best fit your needs?
• Other considerations?
Next Steps

The American Indian Public Health Resource Center will develop a model organization, and draft business and operations plans for the organization (due December 10, 2017)

This model and plans will be presented by webinar during the December meeting of the group
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American Indian Health Leaders

September 22, 2017
Radisson
Billings Montana
IHS Innovation – Culture Cures

- Quality Focus
- Dimensions of Quality
  - Achievements
- Shoring up Primary Care
- Trauma Informed Care
- Exploring Options
Quality Focus

Hospitals: (Provider Based Entities) Crow, Fort Belknap, Blackfeet
Ambulatory: Northern Cheyenne, Fort Peck, Wind River, WY

Commitment to Accreditation by The Joint Commission for Hospitals and AAAHC for the freestanding ambulatory Clinics

Quality Office established at the Area Office providing technical assistance to quality staff at Area health care facilities

Partnership to Advance Tribal Health (PATH)
Dimensions of Quality

Safe Care:
- Credentialing (CVO)
- Peer Reviews
- Primary Care Innovation

Timely Care:
- Restructuring Provider Scheduling
- Wait Times Policy

Effective Care:
- Partnerships with Tribe
- Indian Self Determination Authorities (638)
- Inclusion of Tribal Leadership on Governing Boards

Efficient:
- Ensuring Quality standards are organized more effectively within the Federal System
- Materials management focus
- Purchased care – reaches further
- Medical Staff meetings – organized across Area

Person-Centered:
- Trauma Informed Care
- PCMH/IPC

Equitable:
- Focus on Quality across all facilities
- Standardizing support – i.e. TeleED support
- Establishing Data Informatics function
Shoring up Primary Care

- Primary Care Training
  - Cancer Screening
  - Peer Reviews
  - Orientation to Culture
- Centralized Verification Office
  - Credentialing
- Feasibility of Treatment Options within Hospitals
- TeleSupported Services
Historical Trauma

Current Trauma

Respect

This is a Healing Place

Historical

- Staff Assessment
- Incorporate Culture in Care

Current

- Patient Education
- Creating Interventions
- Tribal Partnerships

Respect & Healing Place

- Refocus Approaches to Care
- Building Staff Trauma Awareness
BILLINGS AREA INDIAN HEALTH SERVICE

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