DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF

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ACTING DEPUTY SECRETARY

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

OVERSIGHT HEARING ON

"Reexamining the Substandard Quality of Indian Health Care in the Great Plains"

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Chairman Barrasso, Vice Chairman Tester, and Members of the Committee:

Good Afternoon. I am Mary Wakefield, acting Deputy Secretary for the Department of Health and Human Services. I am pleased to join you today to discuss the Great Plains Area Indian Health Service (IHS) Hospitals. I want to begin by assuring you that Secretary Burwell and I are committed to working hard to provide high quality care for the American Indian and Alaska Native people we serve and are committed to making improvements to the quality of the care that we provide.

By way of background, I am a native of North Dakota. At different points in time, both of my parents worked for a neighboring tribal community. Through those early ties, and my own subsequent interactions with American Indian communities in training nurses and working in rural health policy, the remarkable strengths of Indian people and the challenges they face are familiar and very much appreciated by me. Before becoming acting Deputy Secretary, I was the Administrator of the Health Resources and Services Administration (HRSA) for six years. During my time there, I made working with tribes and Indian people a priority. Consistent with Secretary Burwell's vision, I am working to leverage other Agency assets beyond IHS programs to help strengthen the health care services we provide to Indian country; in Indian Country. The challenges facing hospitals in Indian Country, and those that IHS is responsible for helping to address include challenges that are common to many hospitals in rural America, such as being less able to take advantage of economies of scale because of low volume and difficulties in recruiting and retaining qualified healthcare providers.

I also recognize that, although facing issues similar to many rural hospitals, the IHS has a mission that differs from other hospitals. There are circumstances that are unique to AI/AN communities, including

ensuring that they receive culturally sensitive health care services. These and other important characteristics influence both what care is provided, as well as how that care is provided Those issues range from the behavioral health issues related to historical trauma that the Substance Abuse and Mental Health Services Administration (SAMHSA) works in tandem with IHS to address, and the economic conditions that the Administration for Children and Families (ACF) works with tribes to address, to the special needs of Indian elders that the Administration for Community Living (ACL) works to help tribes meet. For example, SAMHSA's Native Connections grants help tribes reduce suicidal behavior and substance use and promote mental health among Native youth. ACF funds tribal TANF programs to help Indian families in poverty that reach nearly 300 tribes and Alaska Native Villages. And ACL's Older Americans Act Title VI program helps fund tribes to provide the delivery of home and community-based supportive services for their elders, including nutrition services and support for family and informal caregivers. These and other HHS programs support tribes so that they can provide health and social services for their people in a culturally appropriate manner.

At HHS, we strive to work together with and for Indian Country, to leverage programs and resources that support better outcomes for tribal communities. We fully recognize the trust relationship with the tribes and the need for meaningful consultation. As part of this recognition, former Secretary Sebelius established a new tribal leader advisory committee that continues to meet with our Secretary and senior leadership from around the department on a quarterly basis and provides us with a valuable venue for consultation.

Fundamental to meeting the needs of Indian Country are effective program deployment and financial resources. Under President Obama, with the support of many of you, funding for IHS has increased by

43%. The President's Budget for FY 2017 will continue to prioritize IHS and we look forward to continuing to work with you to enact the Budget.

The Administration has also renewed its focus on improving the lives of Native youth through the Generation Indigenous initiative. At HHS, we work with Native youth through a variety of programs. We have requested additional resources targeted to provide more and better behavioral health for young people and we appreciate your help in securing $15 million in the recent omnibus for the Native Connections grants I mentioned earlier.

Now I would like to offer an example of our work across HHS on behalf of tribal communities. As a series of tragic suicides began to unfold on the Pine Ridge reservation in South Dakota last winter, we engaged resources from across HHS, and other cabinet agencies, to respond. Within HHS, our Public Health Service Commissioned Corps officers deployed to provide immediate additional behavioral health services. IHS has also added telebehavioral health services to reach the reservation community and we are supporting counselors in schools on the reservation on a weekly basis. IHS has also added case manager positions to the behavioral health department to help follow-up on patients and to be resources for families. And, over the past year, other HHS agencies and programs have provided additional resources and support to the community.

For example, ACF's Administration for Native Americans provided additional funding to help youth with summer jobs and the development of youth councils in the community. HRSA recently awarded the Tribe a telehealth grant that they will use to partner with Avera McKennan Health System to expand access to health and social services through school-based telehealth services. We have partnered with

the Department of Education to convene the 17 schools across the reservation to strengthen their existing collaborations to address the needs of school aged youth around critical needs such as nutrition assistance, native language support, and immediate crisis response. Additionally, SAMHSA has worked closely with the Tribe and extended their current suicide prevention grant. The intent is to support suicide prevention efforts, assist with the response to the suicide cluster, and help the Tribe develop comprehensive suicide prevention activities with the goal of minimizing future suicide clusters. A SAMHSA Emergency Response Grant is also being awarded to the Tribe to help meet the continued urgent need to combat suicides. While today's hearing focuses on reviewing care at these Great Plains facilities, we believe it is essential to continue to focus on exploring ways that the Administration, Congress and Tribal Nations can work together to strengthen behavioral health as part of the package of health care services for these tribal communities as well.

And access to behavioral health services is a concern not only for Pine Ridge and other tribal communities served by the Great Plains IHS facilities, it is also a concern for tribal communities across the nation. The FY 2017 President's Budget will continue to prioritize behavior health services and we look forward to discussing these initiatives once the President's Budget is released in early February.

We know that more needs to be done to ensure quality health care is provided by IHS.

In terms of the specific issues that the Committee is reviewing today, it is our intent to further strengthen not only IHS' work, but also the engagement of other parts of the department to assist IHS in improving the quality of care at these facilities. Let me share a couple of examples.

First, CMS is providing both technical assistance to a number of IHS hospitals and regular reviews to monitor the quality of these health care services, as detailed in the statement of Acting Administrator Slavitt. For example, in the past, IHS hospitals have benefitted from technical assistance provided by Quality Improvement Organizations (QIOs) that operate under contract with CMS. Going forward, CMS and IHS are working together to explore ways that the Quality Improvement Program can continue to more directly provide support to the IHS and its hospitals, on a sustained basis, as part of the most recent QIO Scope of Work. Through a strong relationship between CMS and IHS, increased technical support to IHS Area and hospital leadership and by addressing other underlying systemic issues, quality improvements will have a lasting impact, leading to a stronger focus on a culture of patient safety. Secondly, as I think we all recognize, staffing is a perennial challenge for IHS, given that its facilities are often in remote communities with shortages of housing and employment opportunities for spouses, challenges that are similar – and often more acute -- than what we see in many other rural remote communities across the United States. Recognizing the staffing needs of hospitals in Indian Country, while I was at HRSA, we expanded the availability of National Health Service Corps-supported providers to IHS by making all IHS facilities eligible NHSC sites. Prior to eliminating the requirement for Tribal sites to apply to be NHSC sites, there were approximately 100 approved sites with about 150 NHSC clinicians working at those sites as of July 2011. Today, there are more than 670 approved Tribal sites and more than 420 NHSC clinicians providing primary health care across Indian Country. Still, we recognize that there is unmet need for clinicians and more to be done. Looking forward, the President's FY 2017 Budget will continue to prioritize staffing at IHS facilities.

Recognizing the challenges IHS facilities face in the northern plains and elsewhere, and the opportunity to strengthen other efforts, at the Secretary's direction, we recently augmented the senior leadership

team at IHS with two additional deputies that bring significant expertise to the Agency. Mary Smith, an enrolled member of the Cherokee Nation, joined IHS a few months ago as Deputy Director and brings an array of experience in Native American policy, including health policy, as well as state-level work in health care policy, implementation, and compliance. A long-time advocate for Indian people, she is already working to further strengthen efforts that cross agency and departmental lines with an eye toward achieving meaningful and lasting impact in many policy and operational priorities at IHS.

We have also recently named Dorothy Dupree as Deputy Director, Quality Health Care. As some of you know, Ms. Dupree, an enrolled member of the Fort Peck Assiniboine Sioux Tribes, was most recently the Area Director for the Phoenix IHS Area and also served as the acting Area Director in Billings, where she focused on improving quality of care concerns. Ms. Dupree's priority was to ensure strong communications with tribal leaders and in using knowledge gained through data analytics to improve quality of care. She too brings substantial expertise in strengthening financial and clinical operations of health care facilities and her responsibilities include working with our direct service facilities to provide higher quality of care, and achieving that aim by working with external partners including tribal, state and other federal agencies. With Ms. Smith, Bob McSwain and the other IHS leaders, Ms. Dupree is mapping a Quality Strategy that includes northern plains facilities with patient safety and the patient experience as central to this strategy. It will include a focus on developing stronger data analytic capacity, improving training, and ensuring that facility governing boards are effectively working to monitor and improve quality of care.

In summary, we recognize there are significant challenges facing hospitals in the Great Plains area that need to be fully addressed. The Secretary had directed actions to be taken, some of which I have

outlined, and we will be taking additional actions in our work toward achieving the goal of high quality health care for American Indian and Alaska Native populations. We take the challenges we are here to discuss today very seriously and you have our commitment to work to make meaningful progress.

Thank you. I welcome your questions.