

Indian Health Service

Briefing

OCTOBER 9, 2016





2016/2017 Agency Priorities

Priorities developed with input from staff and Tribes as a strategic framework to focus agency activities on priorities for changing and improving the IHS:

- Assessing Care
- Improving How We Deliver Services
- Addressing Behavioral Health Issues
- Strengthening Management
- Bringing Health Care Quality Expertise to IHS
- Engaging Local Resources



Agenda – Purpose of Meeting

To generate concrete ideas that will be transformative to address the leadership challenges at IHS for both medical and non-medical staff in both the short term and in the longer term and to create a plan of action to begin to be implemented immediately.



Today's focus – Workforce Issues

- Short-term leadership challenges for both medical and non-medical staff
- Long-term solutions to address these challenges
- Incorporating the expertise of Tribal Leaders



America is experiencing health care transitions and with that comes health care challenges



National Challenges Across Overall U.S. Health Care Sector

- Compensating the workforce
- Training challenges – complex regs, maintain staff certifications
- State Medicaid expansion choices
- Disparities in health status
- Rural health care – limited options for transportation and challenging recruitment/labor conditions
- Rising costs/medical inflation



IHS Workforce Challenges

- Offering competitive salaries
- Job market dynamics – in competition with other health systems, high demand for clinical and non-clinical staff
- Service units often located in remote rural areas
- Difficulty finding housing, schooling, and jobs for spouses/partners
- Federal hiring policies can be restrictive and processes slow and difficult
- Lack of awareness about IHS as an employer
- Bad press affecting recruitment
- Indian Preference



IHS Workforce Challenges: Clinical Staff Recruitment & Retention

- For high-demand professions/specialties, federal pay lags behind private sector
- IHS cannot always compete with other federal agencies on pay and benefits
- Credentialing system is slow and in need of modernization.
- Scholarship and Loan Repayment programs have some areas of relative weakness:
 - Currently IHS loan repayment and scholarship awards are taxable. National Health Service Corps and Armed Forces Health Professions scholarships for qualifying expenses are not taxed.
 - Loan repayment amount is less than what is offered by other federal programs
 - There is no allowance under current law for part-time service.



IHS Workforce Challenges: Vacancy Rates for Health Professions

Indian Health Service Vacancy Rates as of September 2016									
Area	Vacancy Rate Overall	Medical Officers Vacancy Rate	Nurse Vacancy Rate	Nurse Practitioner Vacancy Rate	Vacancy Rate for Certified Registered Nurse Anesthetists (CRNAs)	Vacancy Rate for Nurse Midwives	Dentist Vacancy Rate	Pharmacist Vacancy Rate	Physician Assistant Vacancy Rate
Alaska	12%	0%	0%	0%	0%	0%	0%	0%	0%
Albuquerque	26%	30%	40%	60%	0%	0%	44%	43%	22%
Bemidji	17%	47%	20%	19%	0%	0%	25%	13%	0%
Billings	17%	39%	18%	24%	33%	50%	22%	11%	33%
California	40%	0%	33%	0%	0%	0%	0%	0%	0%
Great Plains	19%	38%	21%	25%	67%	45%	23%	13%	35%
Headquarters	27%	7%	11%	0%	0%	0%	33%	0%	0%
Nashville	35%	50%	29%	50%	0%	0%	0%	0%	0%
Navajo	22%	34%	29%	48%	0%	33%	36%	16%	36%
Oklahoma City	19%	28%	21%	54%	44%	25%	21%	12%	25%
Phoenix	7%	5%	3%	12%	0%	0%	2%	5%	11%
Tucson	0%	0%	0%	0%	0%	0%	0%	0%	0%
Portland	22%	27%	28%	45%	0%	0%	54%	13%	17%
Total	19%	28%	23%	36%	23%	31%	28%	16%	26%

IHS Workforce Challenges: Vacancy Rates for Health Professions

Indian Health Service Vacancy Rates & Targets as of September, 2016																		
Area	Target Number of All Positions	Total Number of Vacant Positions - All Occupations	Target Number of Medical Officer Positions	Number of Vacant Medical Officer Positions	Target Number of Nurse Positions	Number of Vacant Nurse Positions	Target Number of Nurse Practitioner Positions	Number of Vacant Nurse Practitioner Positions	Target Number of CRNA Positions	Number of Vacant CRNA Positions	Target Number of Nurse Midwife Positions	Number of Vacant Nurse Midwife Positions	Target Number of Dentist Positions	Number of Vacant Dentist Positions	Target Number of Pharmacist Positions	Number of Vacant Pharmacist Positions	Target Number of Physician Assistant Positions	Number of Vacant Physician Assistant Positions
Alaska	25	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Albuquerque	1486	390	93	28	208	83	15	9	0	0	0	0	45	20	95	41	9	2
Bemidji	637	111	19	9	93	19	16	3	0	0	1	0	16	4	38	5	2	0
Billings	1162	203	70	27	210	38	29	7	3	1	2	1	27	6	37	4	12	4
California	158	63	1	0	6	2	0	0	0	0	0	0	1	0	0	0	1	0
Great Plains	2763	526	131	50	552	118	51	13	3	2	11	5	39	9	103	13	23	8
Headquarters	847	225	15	1	19	2	0	0	0	0	0	0	6	2	10	0	0	0
Nashville	236	82	10	5	17	5	2	1	0	0	0	0	3	0	3	0	2	0
Navajo	5097	1100	280	94	934	315	60	29	4	0	21	7	61	22	158	26	36	13
Oklahoma City	1646	309	88	25	267	55	24	13	9	4	4	1	34	7	69	8	8	2
Phoenix	2764	183	151	7	470	14	25	3	10	0	6	0	41	1	98	5	28	3
Tucson	445	0	29	0	57	0	2	0	1	0	0	0	9	0	21	0	1	0
Portland	651	145	30	8	68	19	22	10	0	0	0	0	26	14	30	4	6	1
Total	17917	3340	918	254	2901	670	246	88	30	7	45	14	308	85	662	106	128	33

IHS Workforce Challenges: Non-Clinical Staff Recruitment & Retention

- Low overall appropriation for non-clinical staff, and increasing numbers of retirements government-wide.
- Competition with other organizations for trained staff with knowledge of medical billing and other administrative functions
- Healthcare management is a high-demand occupation, excellent candidates are scarce



IHS Workforce Challenges: Leadership Staff Recruitment & Retention

For “c-suite” leadership (CMO, CNO, CEO) pay lags far behind private sector.

'c-suite' leadership	IHS National Average Civilian Compensation (2016)	Private Sector National Average Compensation
Chief Nurse Officer/Executive	\$69,185	\$152,977 (HHCS* 2014)
Chief Medical Officer	\$204,469	\$277,100 (S/C** 2013)
Chief Executive Officer	\$120,115	\$176,420 (BLS*** 2015)

*Hospital Healthcare Compensation Service

**Sullivan and Cotter

***Bureau of Labor Statistics





IHS Workforce Challenges: Non-Clinical Staff Recruitment & Retention

- IHS must often post vacancies multiple times, or extend vacancies over extended periods of time to attract and hire a suitable candidate
- The CEO positions for Winnebago and Rosebud have both been advertised five times each
- The CEO positions for Pine Ride and Rapid City have been advertised three times each



IHS Workforce Challenges: Pipelines and Partnerships

- No IHS medical school, nursing school, allied health school, few residencies/fellowships
 - Consequently, few clinicians consider IHS when they finish training.
- Little capacity to support additional residencies/fellowships at the service unit
- Need for additional clinical experiences for nursing loan recipients and other clinical staff
 - IHS practice environment is demanding; new nursing graduates have difficulty finding placements without first having additional clinical experience.
- No uniform relationships between IHS and Tribal Colleges



IHS Workforce Challenges: Staff Quarters

- IHS staff may struggle to find housing on reservation or near service unit
- Service units are often geographically isolated from larger population centers
- Onsite staff quarters demand outstrips supply:
 - Staff Quarters unmet need at existing healthcare sites is \$358 Million, or 1100 units
 - Needed to staff IHS and Tribal health care facilities (recruit and retain health professionals)
- Approximately 50% of existing housing is over 40 years old



Addressing Workforce Challenges: Improving Compensation

- Obtaining permission for higher pay for certain clinical positions to more effectively compete with the private sector and other government agencies (e.g. ED Physicians, CRNAs, CNMs, etc.)
- Requesting greater use of Title 38 to allow for higher rates of annual leave for new employees
- Encouraging greater use of recruitment bonuses and payment of relocation expenses
- Marketing use of NHSC loan repayment to applicants

Addressing Workforce Challenges: Improving Recruitment and Hiring

- Standardizing HR processes across IHS and developing more streamlined and user-friendly procedures and systems
- Implementing new standardized credentialing system, which will make onboarding faster and more thorough, and allow for greater career mobility for clinical staff
- Removing barriers to application process for senior executive positions
- Developing targeted marketing and outreach
- Gaining efficiency by recruiting on a nationwide 'global' basis



Addressing Workforce Challenges: Global Recruitment (GR) Initiative

Global Recruitment Initiative:

An innovative, streamlined recruitment mechanism for federal positions designed to reduce redundancy and utilize resources efficiently for commonly recruited positions.

Allows for efficiencies in hiring and reduces redundancy for commonly recruited positions to attract a greater pool of qualified candidates.

Applicants will only need to apply to one job announcement and check-off the locations for which they are interested in working.

The single announcement (pictured on the right) covers 24 IHS locations with combined total of 54 Medical Officer (family practice) physician vacancies.

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Medical Officer (Family Practice)

INDIAN HEALTH SERVICE

[Agency Contact Information](#)

Many vacancies in the following locations:

- [Chinle, AZ](#)
- [Kayenta, AZ](#)
- [Pinon, AZ](#)
- [Red Mesa, AZ](#)
- [Shonto, AZ](#)
- [More Locations \(19\)](#)

Work Schedule is Full Time - Permanent

Opened Monday 10/3/2016
(1 day(s) ago)

Closes Tuesday 11/1/2016
(28 day(s) away)

Salary Range

\$99,785.00 to \$215,000.00 / Per Year

Series & Grade

GP-0602-14/14

Promotion Potential

14

Supervisory Status

No

Who May Apply

United States Citizens

Control Number

452108100

Job Announcement Number

IHS-17-GR-1810915-DH

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Addressing Workforce Challenges: Partnerships

- Using search committees which include tribal representation for executive and leadership positions at the Areas and Service Units
- Sponsoring additional medical school slots at Uniformed Services University
- Enhancing recruitment and workforce development staff at IHS headquarters and Area Offices including the creation of an IHS Management Institute
- Building on existing relationships with academic institutions, and exploring additional HQ staff to manage that function
- Collaboration with other HHS agencies on recruitment and HR strengthening
- Using Intergovernmental Personnel Act to recruit high-performing tribal health leaders as well as others from academia and other organizations.



Addressing Workforce Challenges: Intergovernmental Personnel Act (IPA) Mobility Program

The Intergovernmental Personnel Act (IPA) Mobility Program provides for the temporary assignment of personnel between the Federal Government and state and local governments, colleges and universities, Indian tribal governments, federally funded research and development centers, and other eligible organizations.

The goal of the IPA mobility program is to facilitate the movement of employees, for short periods of time, when this movement serves a sound public purpose such as:

- strengthening the management capabilities of Federal agencies, State, local and Indian tribal governments, and other eligible organizations;
- assisting the transfer and use of new technologies and approaches to solving governmental problems; and,
- facilitating an effective means of involving state and local officials in developing and implementing Federal policies and programs;

Assignment agreements can be made for up to two years with one two year extension.

Partnering with Tribes to identify high-performing health leaders/executives from eligible organizations who may be interested in an IPA with IHS.



