



Introduction from the Area Director

The Indian Health Service (IHS) has at its foundation, a great design for a healthcare system. It brings healthcare and community health services together to urban, rural, and frontier locations where American Indians and Alaska Natives live, it is a single system providing care across the continuum of life, and it is operated by a dedicated workforce. Despite its intention, it often does not meet the expectations of the people we serve or our workforce. While there are many reasons for these shortcomings, we will do better with an ongoing commitment to learn from our failures and successes, and with proactive strategies to improve the system.

The Phoenix Area Indian Health Service Strategic Plan for 2018-2019 builds on the Phoenix Area Master Planning process of 2003, planning done with Phoenix Area tribal leadership in 2013-2014, and it ignites a transformation in the midst of multiple planning processes currently underway nationally. The Phoenix Area leadership has created this comprehensive strategic plan to outline what we hope to accomplish over the next several years to better meet the mission of the Indian Health Service *to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level*, and it is designed to be flexible to accommodate changes that are inevitable in healthcare.

This plan relies on a leadership philosophy that will transform the Area to become a *Learning Organization* that will embrace and better meet the challenges of inevitable changes, will build on our strengths, and will direct attention to needed focus areas. It also represents a significant undertaking that clarifies the Phoenix Area Role in achieving the IHS Mission, Vision, Values, and Leadership Philosophy, and builds on national priorities to organize our strategies in a way that will lead us to excellence in health services delivery.

While the plan identifies specific strategies that we will use to achieve our priorities, our success will rely on each and every employee in the Area to embrace and share in the transformation, and it will require alignment and an unending investment in the development of our workforce and leadership.

As a physician on the frontlines of health care, I have seen firsthand, the possibilities of a single coordinated system that cares for people across the continuum of life. Success typically means improving physical and emotional health, but at times, it also means walking with people in their life to ease suffering and improve spiritual health. As health care teams, public servants, and leaders we can rise to the challenges. We will cure often, and comfort always.

The Executive Leadership Team and Area Office Leadership are fully committed to this Strategic Plan. It is critical that all employees be familiar with it. Its success will rely on our individual and combined efforts.

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Phoenix Area Strategic Plan 2018-2019

Who We Are

We are the Phoenix Area Indian Health Service. We provide high quality health care and community health services to over 176,000 American Indians/Alaska Natives in the tri-state area of Arizona, Nevada, and Utah through eight federally operated Service Units, two Youth Regional Treatment Centers, and 54 tribal contracts with forty tribes.

Our Area Office is based in Phoenix, Arizona where 213 administrative and technical staff contribute to the success of our mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our system of care includes three Urban Indian health programs, and tribally-operated and IHS and health care facilities where we employ over 2,400 staff. These services are comprehensive and range from primary care (inpatient and outpatient) to tertiary care and specialty services. In addition, we provide dental services, behavioral health, public health nursing, health education, and environmental health services.

We are a system of care supported by contracted services outside of our direct care delivery and by our largest health care facility, the Phoenix Indian Medical Center (PIMC), located near downtown Phoenix. This Joint Commission accredited 127-bed hospital employs nearly 1,200 people to provide a comprehensive range of specialty services to both urban and rural tribal members. In addition, PIMC professional staff travel throughout the states in the Phoenix Area region, providing direct services and consultation and guidance to other IHS hospitals and health centers.

Overall, Tribes administer 47% of the Phoenix Area budget authority appropriations through self-determination contracts and Self-Governance compacts.

Our Current Reality

The Phoenix Area's approach to managing operations is often based on responsiveness to urgent and emergent situations and performing independent tasks to accomplish specific deliverables. Our implementation of a systems approach has been limited, leaving significant opportunities for improving how we collect data and learn from our past experiences.



National Framework

National Strategic Planning and Direction Underway:

The Phoenix Area Strategic Plan must operate within the setting of multiple other planning efforts underway, and will ensure these national and regional efforts make sense within Phoenix Area Priorities.

1. Re-Imagine efforts are currently underway seeking to address Department of Health and Human Services operations.
2. National IHS Strategic Planning processes are underway and will be pending tribal consultation.
3. We must be able to make sense of, interpret, align, and incorporate external requirements that we will need to incorporate into our framework in order to limit our expended resources.

Our Mission:

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal:

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation:

To uphold the Federal Government's obligation to promote healthy American Indians and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

Our National Priorities:

People – Recruit, develop, and retain a dedicated, competent, caring workforce collaborating to achieve the IHS Mission.

Quality – Excellence in everything we do to assure a high-performing Indian health system.

Resources – Secure and effectively manage the assets needed to promote the IHS Mission.

Partnerships – Build, strengthen & sustain collaborative relationships that advance the IHS Mission.



Phoenix Area

Our Role in Accomplishing the IHS Mission:

The Phoenix Area Indian Health Service is a cohesive team that meets the IHS Mission by partnering with tribal leaders and communities, by providing the highest quality support to service units, tribes, and urban programs, and by leading service units to provide high quality, patient-centered care.

Our Vision:

The Phoenix Area will be an organization dedicated to continuous quality improvement that will inspire IHS staff and tribal team members to meet our shared IHS Mission.

Our Values

Practical values highlight the beliefs that guide the behaviors necessary to fulfill the Role of the Area in accomplishing the IHS Mission, and that will help us accomplish the Area Vision.

Quality Customer Service – we always strive to do our best for those we support.

Resourcefulness – we are responsible stewards of limited resources... we “do a lot with a little.”

Teamwork – we collaborate and communicate effectively.

Cultural Responsiveness – we constantly consider and respect the historical perspectives and current realities of each and every one of our tribal and urban Indian communities.

Caring – we care deeply for the wellbeing of the communities we serve, the wellbeing of our organization, and our own wellbeing.

Trust – we cultivate an environment of trust.

Our Leadership Philosophy:

The Phoenix Area will only accomplish our vision of transforming into a Learning Organization

- by creating a culture that encourages and supports continuous employee learning, critical thinking, and risk taking with new ideas;
- by allowing mistakes, valuing employee contributions, while learning from experience and continuously building on our lessons-learned;
- by spreading the new knowledge throughout the organization; and
- by embracing improvement, not as periodic or episodic changes, but as an ongoing response to learning.

Our Strategic Measures:

We can only ensure that a change is an improvement through measurements and by a keen understanding of variation. A family of high level measures will provide for IHS and tribal leadership, stakeholders, and the workforce windows through which progress in accomplishing our vision can be seen. This family of measures is designed to be dynamic and will be refined over time as we also improve our ability to measure progress.



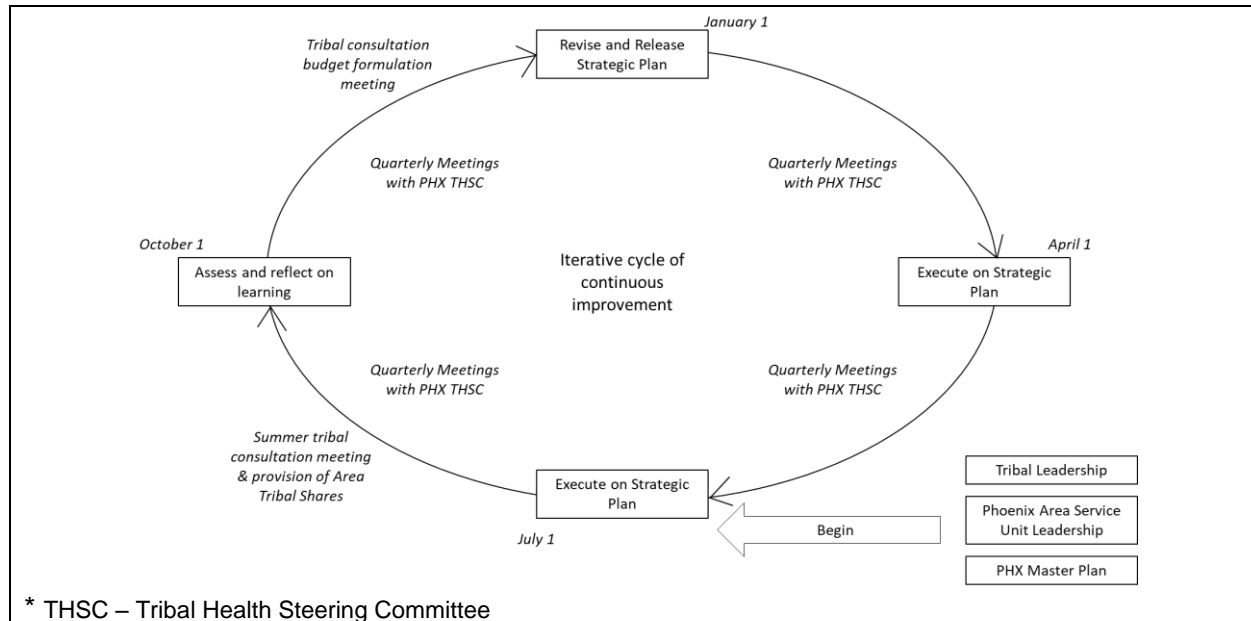
Role Statement	Important Measures
The Phoenix Area Indian Health Service is a cohesive team that meets the IHS Mission	1. Federal Employment Viewpoint Survey participation rate 2. Employee vacancy rate
By partnering with tribal leaders and communities	3. Area and National Tribal Advisory Committee vacancy rate
By providing the highest quality support to service units,	4. Hiring time
To tribes, and	5. Time to tribal payments
To urban programs, and	6. Time to urban program payments
By leading service units to provide high quality, patient-centered care.	7. Death rates due to injury 8. Access measure

These important measures are designed to measure progress and success of the Phoenix Area Strategies and to also guide improvement efforts. They are high level measures that will also have needed measures that should indicate improvement on shorter and smaller scales.

Strategic Planning Process Overview:

The Phoenix Area Office Strategic Plan builds on experience from the Phoenix Area Master Plan and Master Planning process in the early 2000’s, utilizes learning from tribal leadership input from 2016-2017, and Phoenix Area Service Unit Leadership input over at least the last two years to establish a starting place. As a learning organization, the strategic plan and planning process is meant to be a living document with built-in opportunities to refine and revise it on at least an annual basis.

The PHX Strategic Plan will be released on July 1, 2018 as the onramp to an annual process that will establish strategic priorities that build upon the role of the Area in meeting the IHS Mission. After an initial opportunity to execute on these priorities and to learn from this experience, it will also provide a period of reflection at the end of CY 2018 and an opportunity to revise and improve the priorities as we move into 2019.





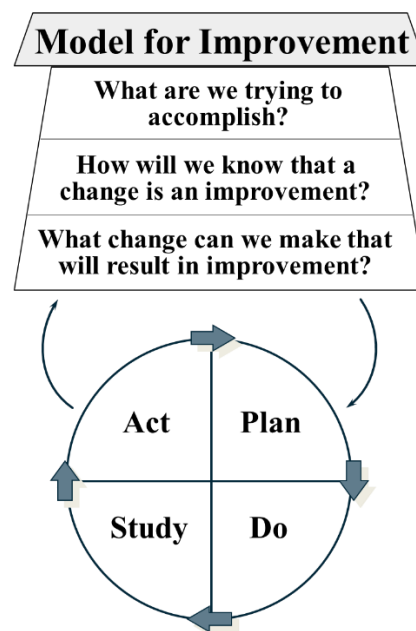
The Learning Organization:

Only organizations that can learn from experience, both failures and success, remain viable for the future. Learning organizations are skilled at five main activities¹:

1. Encourage team learning that utilizes a systematic approach to quality improvement, and where learning from the experience and best practice of others can increase efficiencies (*steal shamelessly and share senselessly*).
2. Develop Personal Mastery where employees are committed to improving themselves and their team through continuous learning.
3. Utilize and consider Mental Models to enhance learning from experience and past history (both successes and failures) through feedback loops.
4. Create a Shared Vision that motivates staff to accomplish common objectives and do this with autonomy and through intrinsic motivation.
5. Utilize a System View of the organization to understand and facilitate work across different parts of the organization, and to take steps to sustain improvements beyond the tenure of individuals.

Our Systematic Approach to Quality Improvement – The Model for Improvement:

The Model for Improvement has been utilized in the IHS since at least 2006 and is the change model that the Phoenix Area IHS uses to improve our work processes. The three essential questions to improvement must be used to organize all improvement efforts that are then executed through small scale testing of big changes through iterative Plan-Do-Study-Act (PDSA) cycles.²



API ASSOCIATES IN PROCESS IMPROVEMENT
 Seattle, WA • Denver, CO • San Francisco, CA • Washington, DC

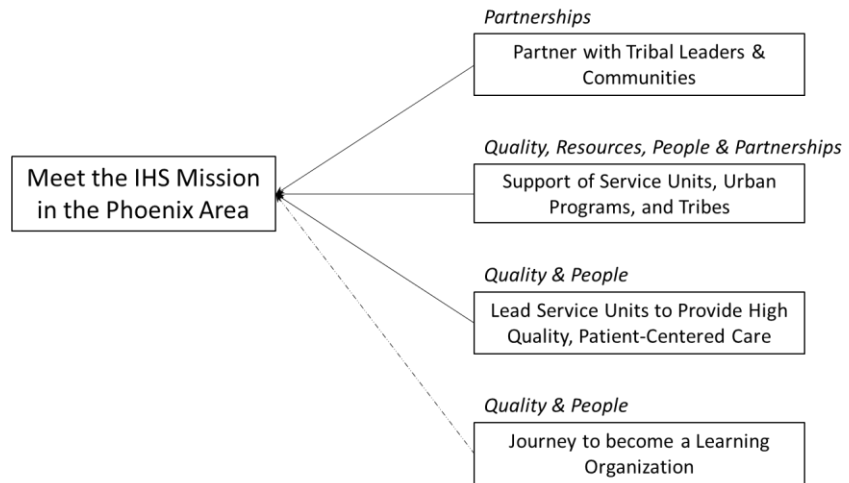
¹ Peter Senge, *The Fifth Discipline*

² Langley; Moen; Nolan; Nolan; Norman; Provost (2009-06-03). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. Wiley Publishing



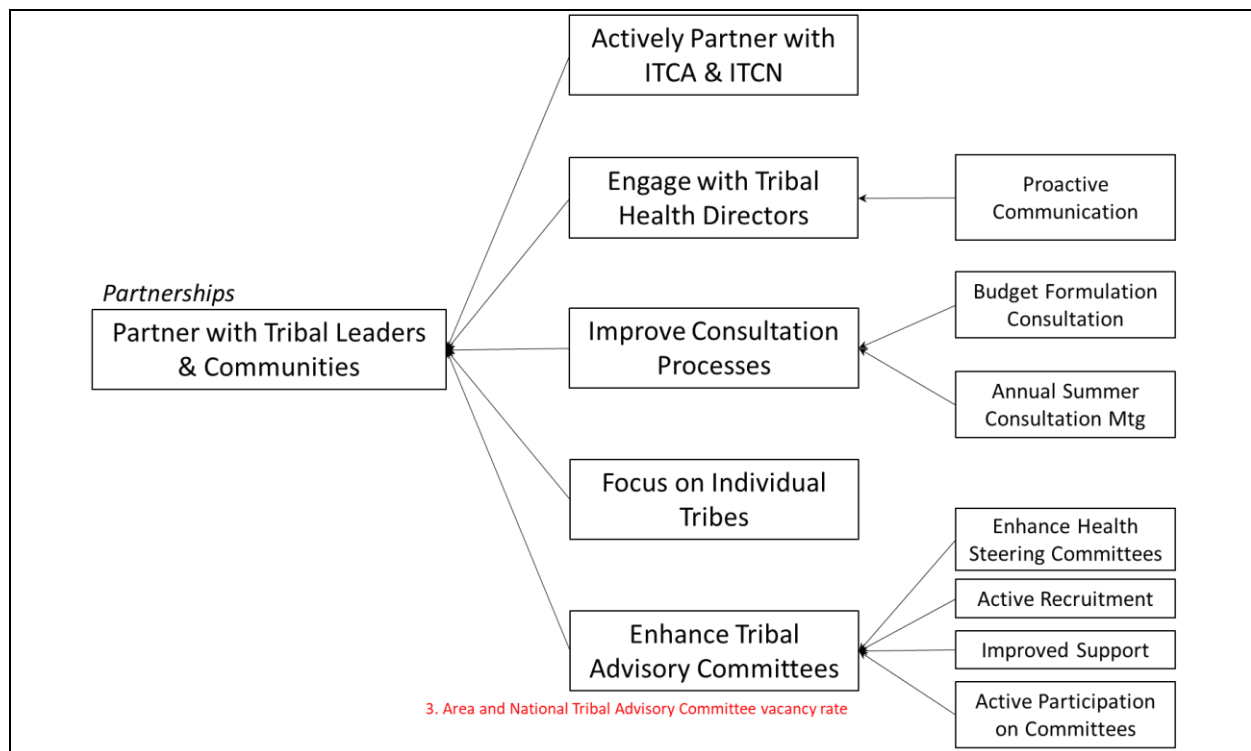
Phoenix Area Strategies:

The three portions of the role of the Phoenix Area in accomplishing the IHS Mission provide organization to the Phoenix Area Strategic Priorities since they are primary drivers of our ability to meet the IHS Mission, and our journey to become a Learning Organization is the foundation of our ability to execute on the required transformation. Each of these Strategies also align well with the National IHS priorities of Quality, People, Resources, and Partnerships.



Strategic Priority I – Partnerships with tribes and communities

Phoenix Area Indian Health Service will foster partnerships with tribes and tribal leaders to coordinate resources for healthcare delivery, to plan for the future of the Indian Health Service in the Phoenix Area, and develop a new approach to working with tribes and communities. The Phoenix Area sought and received feedback from tribal leadership in 2016-2017 and from the Tribal Health Steering Committee in March 2018. We will use that learning to inform efforts to improve partnering with tribes through meaningful consultation and seeking the advice of our tribal partners on ways to improve our teamwork.





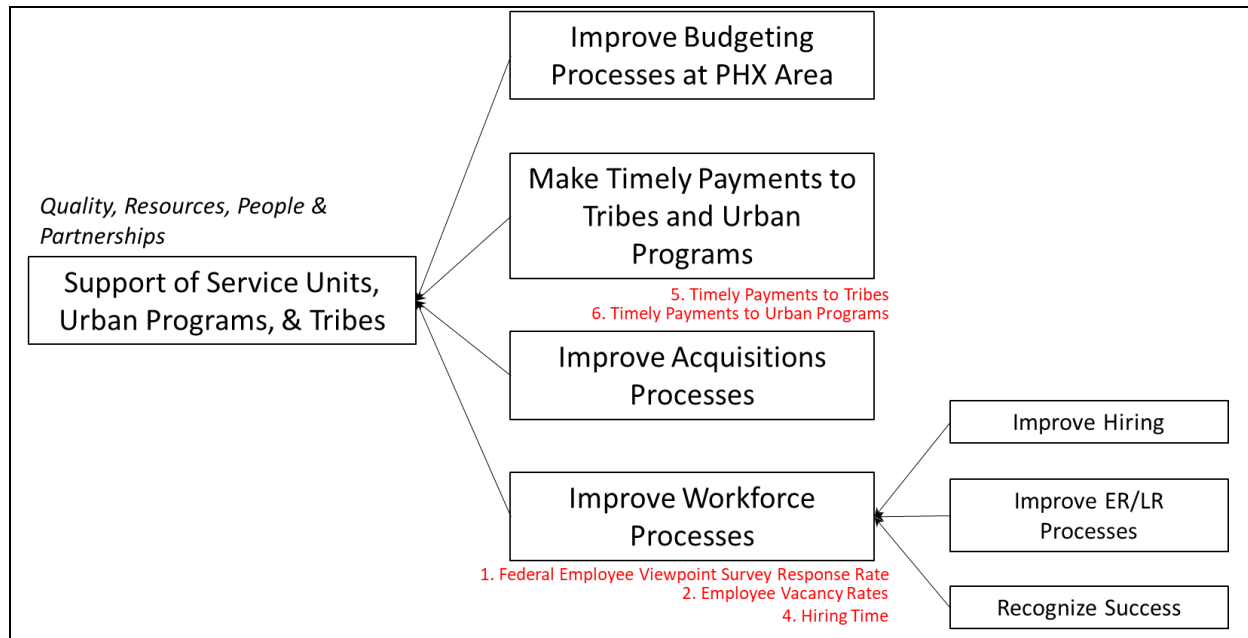
STRATEGIES and OBJECTIVES

1. Partner with Inter-Tribal Council of Nevada (ITCN) and Inter-Tribal Council of Arizona (ITCA): The Phoenix Area Office will continue to partner with the ITCN and ITCA to coordinate improved partnerships and relationships with tribal leaders from Arizona, Nevada, and Utah. Direct partnerships with Utah tribal leaders will also be enhanced.
2. Engage with Tribal Health Directors: The Phoenix Area Office will improve coordination and engagement with Tribal Health Directors as they represent a valuable resource and possess expertise on healthcare delivery.
 - a. *Proactive Communication*: With improved technology, we can do better to share lessons learned, business practice improvements, and timely messages so tribal leaders can fully participate as a team member.
3. Improve Consultation Processes: Specific longstanding consultation issues will be addressed in 2018-2019 that if executed well, will have lasting positive effects.
 - a. *Budget Formulation Consultation*: Each November or December the process of developing a national IHS budget for two years later is begun through national tribal consultation and is supported through an Area Budget Formulation meeting. This process has undergone revisions over the years in the Phoenix Area, and will continue to evolve.
 - b. *Summer Consultation*: Each summer, a formal consultation session has been routinely held in the Phoenix Area. Throughout the years, this consultation session has changed, and with key topics needing tribal consultation, this session will continue to advance.
4. Focus on Individual Tribes: Relationships with individual tribes are important and must be developed through opportunities beyond meetings during large consultation sessions and regional conferences. We will commit to having routine meetings with tribal leaders in their communities at every opportunity presented.
5. Enhance Tribal Advisory Committees: The Phoenix Area IHS utilizes and coordinates representation of over 60 tribal representatives through 20 tribal advisory committees to provide advice and to facilitate consultation for IHS and other Agencies within the Department of Health and Human Services. The coordination of participation in these committees and then dissemination of information from lessons learned in these committees will improve partnerships with tribes and tribal leaders, and enhance health services delivered throughout the Phoenix Area.
 - a. *Enhance Tribal Health Steering Committee*: The Tribal Health Steering Committee (THSC) has been in existence since 1984. After a short decrease in the activities of the THSC, this committee represents a source for valuable contribution to direction for the Phoenix Area. Improving the function and utility of this committee will provide a much needed forum to improve partnerships with tribal leadership and tribes.
 - b. *Active Recruitment*: To ensure meaningful representation on tribal advisory committees, our first step is to increase the numbers of tribal leaders willing to serve. This will initially require recruitment by the Phoenix Area and by stakeholders.
 - c. *Improved Support*: Tribal leaders are challenged with many competing priorities, and even when health and healthcare may be a priority, in order for tribal leaders to be successful in their roles on tribal advisory committees, they need proactive support. Examples of this includes appropriate orientation, coordination of schedules, assistance with reports, and preparations for report outs.
 - d. *Active Participation on Committees*: Attendance at committee meetings is an important step in making committee representation useful, and with support, tribal leaders will succeed in positively impacting the interests and priorities of all Phoenix Area Tribes and advance the health and welfare of Indian communities.



Strategic Priority II – •Support of tribes and service units to deliver high quality health services

The Phoenix Area supports health services delivered by Federal Service Units, Tribal programs, and Urban Facilities. The work processes and practices will be enhanced to successfully support the delivery of health care services through patient-centered medical home model.



STRATEGIES AND OBJECTIVES

1. **Improve Budgeting:** The Phoenix Area has been utilizing the agency Hyperion Operating Plan features since 2016. The system is designed to maintain individual budgets at the location level. It provides budget projections, which include recurring appropriations from the Spend Plan and the ability to account for non-recurring funds for both current and prior year. In addition, the system can do cost projections for labor and non-labor object class categories. The Division of Financial Management budget staff maintain the financial information provided in the system by direct input and produces validation and comparison reports on a monthly basis. To better support direct patient care the Area budget staff will inform Area Department Directors and field CEOs through their governing board meetings, financial reports that will provide updates to the budget performance of any program tracked in the IHS accounting system. Improvements will be achieved by providing current up-to-date budget reports, with funding and expenditure forecasts, on a cyclical basis for management to make financial decisions.
2. **Make Timely Payments to Tribes and Urban Programs:** Redesigning processes to conduct timely Indian Self Determination and Education Assistance Act (ISDEAA) negotiations, to ensure appropriate funding agreements are in place, and to facilitate and enhance the Phoenix Area's ability to make timely payments to tribes that administer healthcare programs through ISDEAA Contracts will improve the ability of tribes to deliver high quality care.
3. **Improve Acquisitions CORs Program and CPARS Data:** The Phoenix Area Division of Acquisition Management is working to improve and consistently report all performance activity on service contracts into the Contractor



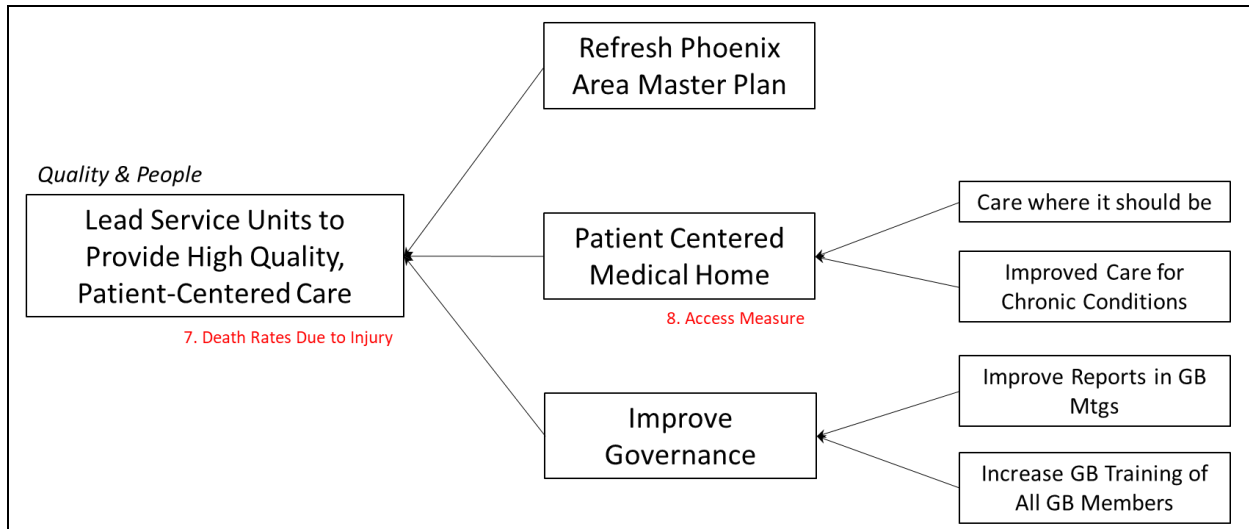
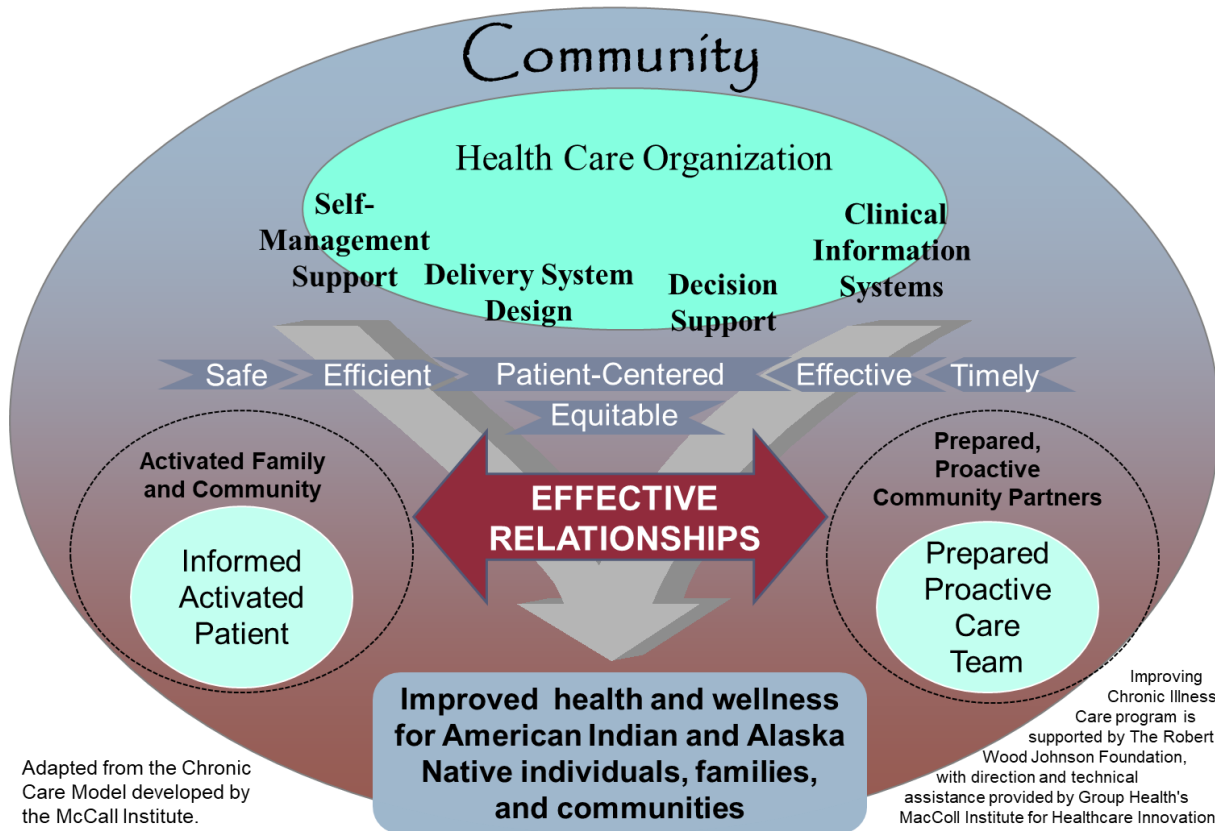
Performance Assessment Reporting System (CPARS). All service contracts over the simplified acquisition threshold are required to be registered in CPARS within 120 days of the award. The Phoenix Area is looking to expand the certified Contracting Officer's Representative (COR) program to better assist in the technical monitoring or administration of contracts and assess contractors that impact direct patient care. Additionally, having reliable CPARS data will improve the effectiveness of contractor evaluations for future awards and identify poor performers. Strengthening compliance and performance reporting by providing periodic training to Phoenix Area CORs will bring about quality improvements in the way we contract for services that impact direct patient care.

4. Improve Workforce Processes:

- a. **Improve Hiring Processes:** To improve staffing services from the Southwest Region Office of Human Resources to Area Departments and Service Units. Address the backlog of unclassified hiring packages and reduce the backlog of recruitment requests pending in the queue to be processed by HR staffing specialists. Improvements will be achieved by reducing timeframes and redesigning the classification workload process and position approval to announcement portion of the hiring cycle.
- b. **Improve Employee Relations/Labor Relations Processes:** To improve employee relations support from the Southwest Region Office of Human Resources to Area Departments and Service Units. Address the backlog of employee related cases and reduce the timeframes for ER specialists to respond to management officials inquires and requests for service. Improvements will be achieved by reducing timeframes and redesigning the case log workload to provider better support to management officials through the progressive discipline process.
- c. **Recognize Success:** While we primarily rely on the intrinsic motivation of our staff in the Indian Health Service to achieve our Mission, we must focus on recognition of achievements and even of failures when they are motivated by innovation and made in the process of learning.

Strategic Priority III – Lead Service Units to Provide High Quality Patient Care

The Phoenix Area Indian Health Service has been on a path to improve the delivery of healthcare through Patient Centered Medical Homes for well over ten years and has been a national leader in that transition. The Care Model for Indian Health (adapted from the Care Model developed by the McCall Institute) emphasizes the importance of effective relationships between informed, activated patients and families, and prepared proactive care teams and community partners. Phoenix Area will take the next steps in recognition through accreditation of all healthcare facilities and will focus on high leverage changes to improve care for people.



STRATEGIES and OBJECTIVES

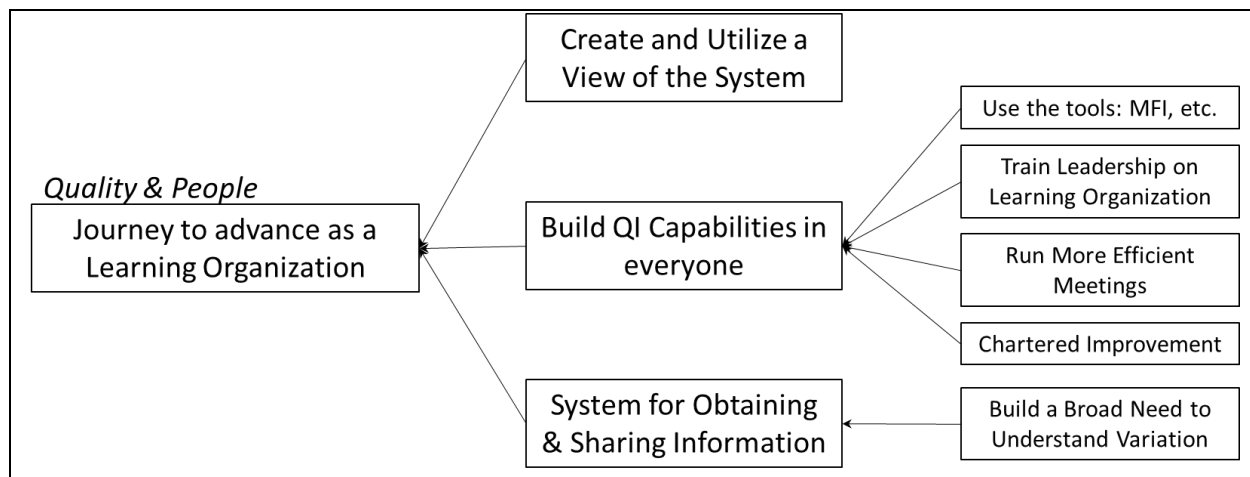
Phoenix Area will lead Federal Service Units to improve and provide High Quality Patient-Centered Care services.

1. Refresh Phoenix Area Master Plan: A collaborative approach will be taken to update the Phoenix Area Master Plan based on trends in modern healthcare construction and scopes of work for each facility based on a population management approach. A team will be established consisting of Area, SU, and healthcare planning contract support to refresh the master plan and this team will seek input from tribal and service unit stakeholders.



2. Patient Centered Medical Home: All federal facilities within the Phoenix Area will obtain and maintain PCMH certification through either The Joint Commission or AAAHC.
 - a. *Care where it should be*: Emphasis in PCMH is placed on continuity and the ability to provide care in the medical home when the patient needs it. This will be tracked through the National Accountability Dashboard for Quality (NAD-Q) access measure.
 - b. *Improved Care for Chronic Conditions*: A component of PCMH is to focus on population management of specific high prevalence conditions. Chronic Pain syndromes are high prevalence in our population as is opioid abuse. We will develop an opioid dashboard that will assist in informing us where to focus our improvement efforts.
 - c. *Prevention*: Prevention is an important component of public health practice and PCMH. We will partner with our public health colleagues in the OEH to bridge the gap between public health practice and the medical home. Measures are to be determined by the collaborative group and will include death rates due to injury where opportunities for prevention in causes such as opiate overdose, motor vehicle crashes, and suicide.
3. Improve Governance: The Phoenix Area has been on a journey to improve governance of its IHS facilities for at least the last seven years.
 - a. *Improve Reports in Governing Board Meetings*: Governing Board reports will be standardized across the Area to facilitate communication, consistency, and to ease reporting.
 - b. *Increase Governing Board Training of All Governing Board Members*: Governing Board Training is essential as a first step to understanding the role of each governing board member in ensuring safe and high quality care. This training will be delivered and established as a recurring process.

Foundational Strategic Priority – Pursue a Journey to Advance as a Learning Organization



STRATEGIES and OBJECTIVES

1. Create and Utilize a View of the System: The success of the Phoenix Area will rely on our ability to integrate our team, (i.e. individuals, departments, and service units) toward our common purpose. Viewing the interdependence of the organization will facilitate a plan to improve the system.
2. Build Quality Improvement (QI) Capabilities in Everyone:



- a. *Use the tools, such as the Model for Improvement (MFI):* The Model for Improvement is the change model that we will utilize to design and redesign processes and the system of care in the PHX Area. Coaching all staff in its use is required.
 - b. *Train Leadership on Learning Organization:* Training and coaching on Learning Organizations will better align our efforts and create a shared vision.
 - c. *Run More Efficient Meetings:* Meetings are a means to accomplish our goals, and run well will improve efficiency of our operations.
 - d. *Chartered Improvement:* Organized improvement through documented, well-defined operational periods with specific outcomes is essential to our transformation.
3. Enhance the System for Obtaining and Sharing Information: Sharing information from data, from lessons learned, and from successes is essential to becoming a learning organization.
- a. *Build a Broad Need to Understand Variation:* We must be able to measure whether the changes we are making are leading to improvement, and a baseline understanding of variation by all staff and leadership is foundational to using data in a way that we respond appropriately to information.

Our Next Steps

The essential ingredient for the success of this Strategic Plan is the engagement, ownership, and innovation of initiatives that will arise from this plan by our staff. Up-front communication and robust conversations with multiple groups of staff, with Phoenix Area stakeholders, and by continuing efforts already underway is where we begin. Our staff and stakeholders must clearly see how succeeding in the initiatives from the Plan will benefit the organization, our tribal customers and themselves.

Accordingly, much of our short-term action around this Plan will be the sharing and communication of this Plan with staff and stakeholder groups. Through these conversations, the yearly initiatives that will bring this Plan to life will emerge, along with champions, teams, and processes that will be needed to operationalize these initiatives.

For CY 2018, we are pursuing the following actions:

- Develop charters for multiple Strategic Priorities that assign a team lead, identify workgroup members, identify a primary executive sponsor, and establish a reporting schedule for updates to the executive sponsor. Executive sponsors will report to Phoenix Area Leadership;
- Share and promote the Strategic Plan through multiple employee and stakeholder conversations;
- Gather input from these conversations toward the end of the year on the most powerful initiatives for each Strategic Priority;
- Develop the CY 2018 Work Plan that identifies the initiatives, their deliverables, and their positive results to lead to the success of each Priority;
- Assess and develop the strategic management infrastructure to give these initiatives the best chance of success, including initiative leadership and sponsorship, team structure, team members, initiative management processes, and communication strategies.
- Develop and implement a CY 2018 communications strategy to keep our staff and stakeholders informed as to the progress and accomplishments of these strategic initiatives that will carry on in the preceding year.

In November/December 2018, we will take what we learn as an organization, and use that to modify our strategic planning and improve our Plan for CY2019.