

Tribal Consultation and Urban Confer

Strategic Realignment of the IHS

July 2025

Indian Health Service



Agenda

Welcome and Introductions	Co-Moderator: <i>Tribal Leader</i>	10:00 - 10:15 a.m.
Tribal Opening	Co-Moderator: <i>Tribal Leader</i>	10:15 – 10:20 a.m.
Opening Remarks	Speaker: <i>Benjamin Smith</i> Acting Director, IHS	10:20 - 10:30 a.m.
IHS Realignment Overview	Speaker: <i>Mitchell Thornbrugh</i> Chief Information Officer, IHS	10:30 - 10:40 a.m.
Open Dialogue	Co-Moderators: <i>Tribal Leader</i> and <i>Benjamin Smith</i> , Acting Director, IHS	10:45 - 12:00 p.m.
Lunch	<i>Break for Lunch</i>	12:00 - 12:30 p.m.
Open Discussion	Co-Moderators: <i>Tribal Leader</i> and <i>Benjamin Smith</i> , Acting Director, IHS	12:30 - 1:50 p.m.
Closing Remarks	Speaker: <i>Benjamin Smith</i> Acting Director, IHS	1:50 - 2:00 p.m.



Opening in a Good Way



Opening Remarks

Benjamin Smith, Acting Director

Embracing Transformative Change at IHS



Current state of IHS and the shifting landscape



62% of the IHS budget is transferred to tribes and tribal organizations through the Indian Self-Determination and Education Assistance Act, Title I contracts, and Title V compacts.



IHS has not undergone a holistic reorganization in over 20 years. Significant changes and organic growth overtime require a realignment toward efficient, sustainable operations.

Participation & Inputs



Initial interviews with IHS Federal Employees were conducted and analyzed in March-April 2025.

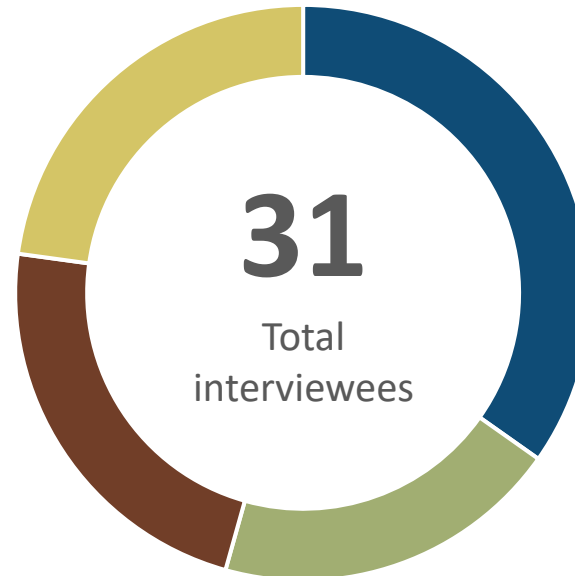
Interview Participation

26

Hours of interviews with IHS leadership:

- ELT: 11 leaders
- HQ Office Directors: 8 leaders
- Area Directors: 7 leaders
- CEO & Facility Leads: 5 leaders

Leadership Groups



- Executive Leadership Team
- HQ Office Directors
- Area Directors
- CEOs & Facility Leads

Topics

Interviewees were asked questions about:

- Current challenges
- Opportunities for streamlining
- Leadership and decision-making
- Barriers and inefficiencies
- Potential solutions

Realignment Goals

We recognize the importance of continuous improvement and strive to optimize our operations and enhance our government-to-government relationships.

GOALS	1	2	3	4	5
	Improve Access to Care and Patient Outcomes	Align Roles, Resources, and Responsibilities	Strengthen Oversight, Accountability, and Governance	Enhance Efficiency to Support the Front Line	Promote Unified System Performance
DESCRIPTIONS	Expand access across all communities, while improving the quality, safety, and consistency of care.	Increase the alignment of resources and leadership commitment to consistency and standardization, resulting in an improved ability to recruit, develop and retain staff.	Improve our ability to function as one agency with clearly defined expectations, oversight structures, and accountability across all levels of the system.	Streamline HR, policy, IT, and financial work to reduce administrative burden and enable local care teams to succeed.	Operate as a cohesive and flexible healthcare system while enhancing our staff's ability to focus on the patient experience and engagement to deliver patient-centered care.

Guiding Principles

These principles serve as the foundation to guide our realignment efforts.



PATIENT CARE

Safe and Quality Patient Care

Center decisions on patient access, safety, and culturally responsive care.



PARNERSHIPS

Strengthen Tribal Partnerships and Honor Sovereignty

Honor and protect Tribal sovereignty and elevate the government-to-government relationship.



EMPOWERMENT

Empower Local Service Units

Equip local service units with autonomy, tools, and resources to meet community needs within a defined system framework.



EFFICIENCY

Enterprise Alignment & Operational Efficiency

Streamline enterprise operations (HR, IT, policy) to reduce burden and enable high-performing, coordinated field support.



ACCOUNTABILITY

Clear Accountability and Governance

Define clear expectations and roles, with performance metrics, governance structures, and consistent follow-through.



INSIGHT

Proactive & Data-Driven Decision Making

Use data, baselines, and forecasting to make proactive, informed, and forward-looking decisions.



INTEGRATION

Operate as ONE IHS System

Coordinate across HQ, Areas, and service units to operate as a unified system - even when delivery models vary.

Focus on Pillars

IHS has identified three core pillars to support changing priorities, strengthen oversight and accountability, and improve effectiveness and efficiency

Management & Oversight



Enterprise Services



Healthcare Operations



Intergovernmental
Relations

Enterprise Services

- Consolidates to a shared services model to service IHS business units, hospitals and facilities
- Includes services such as human resources, information technology, procurement and environmental engineering

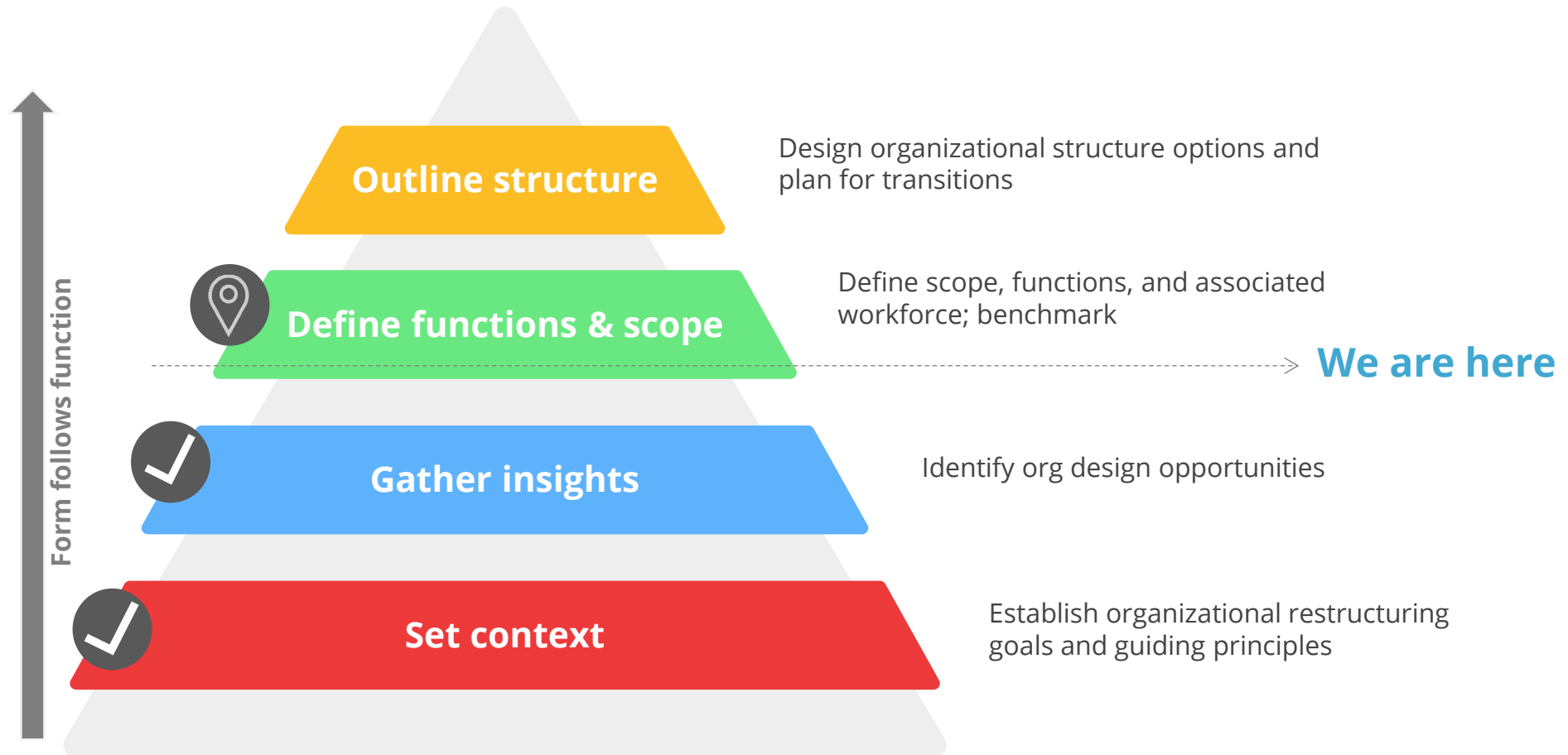
Healthcare Operations

- Shifts to a function-based model to drive consistency and scalability in healthcare delivery
- Supports an enterprise-wide view to integrate quality, system performance and patient outcomes

Intergovernmental Relations

- Balances the value of specialization at the local level with standard approaches
- Creates a centralized view to realize economies of scale with consistent practices

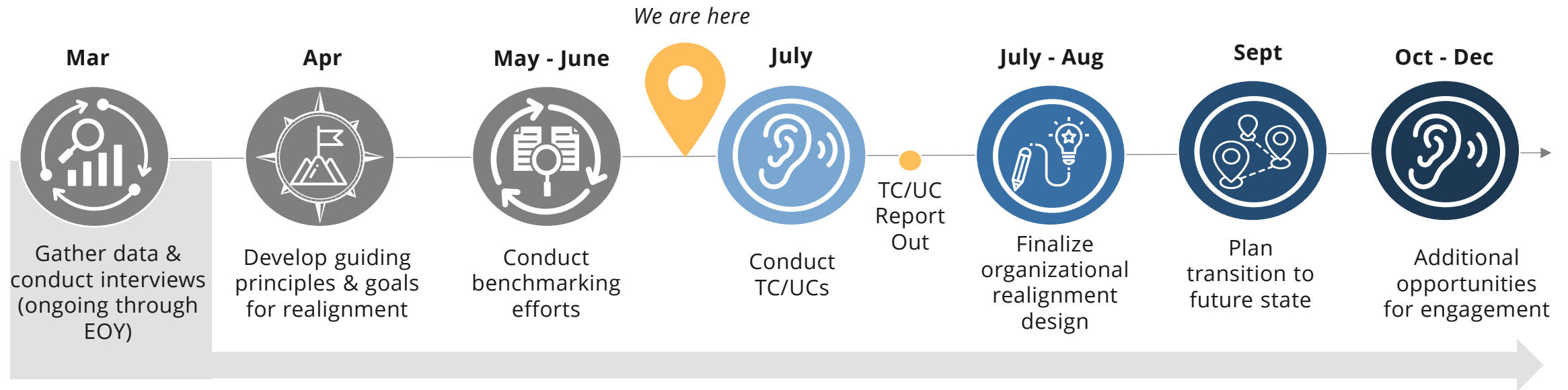
Our Approach



The Path Forward



IHS is advancing through the realignment process while maintaining community engagement via TC/UCs, with the goal of finalizing the organizational design by the end of summer.



Key Topic: Committees & Workload



We Hear You

Leadership has heard consistent concerns from Tribal partners about burnout related to the number of active committees, boards, and workgroups.



We're Talking About It

This is an active conversation among IHS leadership. We are committed to ensuring meaningful engagement that respects time and capacity.



Current Landscape

- Combined costs for all committees, boards, and workgroups for FY2024 was just over **\$1 Million**
- **Nine** active committees conducted **45** total meetings in FY2024
- There are currently **20** vacancies in key positions across committees

Consultation and Confer Topics & Questions



Realignment

What else should IHS consider as part of the realignment?

What works and what adjustments might be helpful?



IHS Tribal Advisory Committees

What are your thoughts on maintaining the 9 current committees?

How can we improve committees to better support you?



Open Dialogue



Closing

