### AGENCY-SPECIFIC PLAN FOR THE NATIONAL QUALITY STRATEGY

**Indian Health Service (IHS)**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>NQS Priorities*</th>
<th>Current-Year Activities</th>
<th>Metrics</th>
<th>Future-Year Plans**</th>
<th>Vision/End Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Diabetes Programs for Indians (SDPI): Diabetes Prevention and Healthy Heart Project Initiatives</td>
<td>SDPI Initiatives grantees implement one of the following two programs: the Diabetes Prevention Initiative, which implements lifestyle changes among American Indians and Alaskan Natives to prevent diabetes; and the Healthy Heart Initiative, which assists individuals already diagnosed with diabetes to treat the risk factors of cardiovascular disease.</td>
<td>1 2 3 4 5 6</td>
<td>✅ ✧ ✅ ✭ ✭</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Conduct educational campaigns on the benefits of physical activity, weight management, proper medical treatment, and healthy nutrition to prevent diabetes and cardiovascular disease.
- Employ an intensive clinical, team-based case management approach to treat risk factors for cardiovascular disease through group classes and individual coaching sessions for at-risk individuals.
- Provide assistance to the 68 IHS, Tribal, and Urban Indian health participating programs, with 38 programs in the Diabetes Prevention Initiative and 30 programs participating in the Healthy Heart Initiative.

The initiatives track the risk factors associated with the conditions they are combating, including body mass index (BMI), prevalence of healthy eating, and amount of weekly physical activity. They also track the incidence of diabetes and changes in cardiovascular disease risk factors.

- Promote diabetes prevention techniques for at-risk individuals and cardiovascular disease prevention techniques for diabetes patients (P4, Goal 2).
- Maintain cost savings associated with improved clinical outcomes for diabetes patients and at-risk individuals (P6, Goal 1).

- Reduce the risk of diabetes in people at high risk and reduce cardiovascular disease risk in people with diabetes.

---

* ✅ = Priorities to which the program aligns  
★ = Primary priority  
** Please see Appendix A on the last page, which includes a table of the six NQS Priorities and Long-Term Goals.
## Appendix A. National Quality Strategy Priorities and Long-Term Goals

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Long-Term Goals (Recommended by the National Priorities Partnership)</th>
</tr>
</thead>
</table>
| 1  | Making care safer by reducing harm caused in the delivery of care.        | 1. Reduce preventable hospital admissions and readmissions.  
2. Reduce the incidence of adverse health care-associated conditions.  
3. Reduce harm from inappropriate or unnecessary care.                                                                                     |
| 2  | Ensuring that each person and family are engaged as partners in their care.| 1. Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.  
2. In partnership with patients, families, and caregivers—and using a shared decisionmaking process—develop culturally sensitive and understandable care plans.  
3. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively. |
| 3  | Promoting effective communication and coordination of care.               | 1. Improve the quality of care transitions and communications across care settings.  
2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status.  
| 4  | Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease. | 1. Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.  
2. Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.  
3. Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings. |
| 5  | Working with communities to promote wide use of best practices to enable healthy living. | 1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.  
2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.  
3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings. |
| 6  | Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models. | 1. Ensure affordable and accessible high-quality health care for people, families, employers, and governments.  
2. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud. |