



Quality Improvement in Integrated Care: A Leadership Guide for AI/AN Health Organizations

Quality Improvement (QI) in American Indian and Alaska Native (AI/AN) healthcare is a vital discipline for advancing health equity, clinical excellence, and Tribal self-determination. By dismantling operational silos among primary care, behavioral health, dental, traditional healing, and community health services, healthcare leaders can build a seamless, patient-centered continuum of care.

Strategic Foundations & Metric Design

1. The Strategic Imperative: Why QI Matters to Your Health System

Quality Improvement is not a static compliance exercise; it is an active strategy to strengthen clinical care, protect financial sustainability, and honor community trust.

- **Promoting Cultural Safety & Trust:** Historical trauma and structural inequities have created deep-seated community mistrust in healthcare institutions. Standardizing empathetic, trauma-informed care through QI ensures services are delivered consistently and respectfully.
- **Optimizing Third-Party Revenue:** AI/AN health systems rely on complex funding streams. High-performing QI directly improves clinical documentation, GPRA/GPRAMA measure attainment, and accreditation compliance. This maximizes third-party reimbursement via Medicaid, Medicare, and commercial insurance.
- **Mitigating Workforce Burnout:** High turnover and chronic staffing shortages heavily impact AI/AN health facilities. Streamlining workflows and fostering team-based care reduces administrative burden and clinician exhaustion.
- **Bridging Fragmented Care:** Integrated QI eliminates handoff gaps between primary medical care, behavioral health, dental services, traditional healing practitioners, and community health programs.

2. Balanced Metrics Strategy for Integrated Care

Track indicators tailored to holistic care delivery using Electronic Health Record platforms (RPMS, Epic, Cerner) and Tribal Epidemiology Centers (TECs).

Category	Leadership Focus	Integrated Metric Focus
Structure	Capacity & Integration	% of primary care visits with co-located Behavioral Health or Community Health Representative (CHR) access
Process	Culturally aligned Workflows	% of patients screened for ACEs/Trauma, SDOH, and substance use using culturally adapted screening tools
Outcome	Whole-Person Impact	Hospital readmission rates, ED utilization for complex chronic conditions, and GPRA measure attainment

Operational Execution & PDSA Implementation

Phase 1: Flow Mapping & Community Co-Design (Weeks 1-4)

- **Map Patient Journeys:** Work directly with frontline clinical staff, CHRs, and community liaisons to identify friction points and drop-offs between medical, behavioral health, dental, and social services.
- **Define Actionable Aim Statements:** Establish clear, measurable targets.
 - Example: "By Q4, increase same-day warm handoffs from primary care to behavioral health or traditional healing for patients in crisis from 20% to 65%."

Phase 2: Rapid-Cycle Testing via PDSA (Weeks 5-8)

- **Test Relational Warm Handoffs:** Pilot personal introductions; a primary care provider directly introduces a patient to a behavioral health specialist or CHR rather than relying on passive paper or EHR referrals.
- **Real-Time Data Visuals:** Share simple charts during daily or weekly huddles to demonstrate incremental progress and keep clinical teams engaged.
- **Remove Barrier Friction:** Address scheduling misalignments, meeting space availability, and EHR documentation burdens early.

Phase 3: Standardization & Policy Codification (Weeks 9+)

- **Embed in Organizational SOPs:** Institutionalize successful workflows into standard operating procedures (e.g., universal dual-screening for diabetes and depression).
- **Align Revenue Capture:** Ensure integrated visits and screenings are coded properly to capture all applicable Medicaid and commercial insurance reimbursements.
- **Spread Across Programs:** Expand refined workflows to additional clinics, satellite sites, or regional partner programs.

3. Leadership Pitfalls and Mitigation Strategies

High Staff Turnover & Shortages

- **Risk:** Continuous staff changes stall QI momentum and project continuity.
- **Mitigation:** Embed team-based care models (i.e., PCMH, CoCM) so processes belong to the entire team rather than an individual champion; invest in training local Community Health Representatives and peer specialists.

Intergenerational Trauma & System Mistrust

- **Risk:** Patients disengage when care delivery feels rigid, punitive, or overly bureaucratic.
- **Mitigation:** Mandate ongoing Trauma-Informed Care and Cultural Safety training for all staff; incorporate relational care practices into everyday clinic workflows.

Data System Incompatibility

- **Risk:** Siloed systems prevent tracking patient care across medical, behavioral, and community-based programs.
- **Mitigation:** Partner with Tribal Epidemiology Centers (TECs) and health informatics

References & Additional Resources

IHS Office of Quality (OQ): Provides strategic leadership, continuous accreditation compliance, and quality frameworks across the Indian Health Service.

- **Website:** [IHS Office of Quality](#)

Improving Patient Care (IPC) Initiative: The Indian Health Service's primary quality improvement framework, adapting Patient-Centered Medical Home (PCMH) principles for Native health settings.

- **Resource:** [IHS Improving Patient Care \(IPC\)](#)

IHS Quality Portal: A collaborative platform for IHS, Tribal (638), and Urban Indian Organization (UIO) personnel to access toolkits, training modules, and shared PDSA examples.

- **Access:** [IHS Quality Portal](#)

Core Quality Improvement Frameworks & Guidelines

Institute for Healthcare Improvement (IHI): The originators of the Model for Improvement and Plan-Do-Study-Act (PDSA) methodology used widely across integrated care settings.

- **Resource:** [IHI Model for Improvement](#)

Tribal Epidemiology Centers (TECs): Regional technical assistance centers providing data, surveillance, and performance metric support specifically tailored to Indigenous Data Sovereignty.

- **Resource:** [National Tribal Epidemiology Centers Consortium](#)