Testimony of Ardell Blueshield, Health Director, Spirit Lake Tribe

Senate Committee on Indian Affairs Oversight/Legislative Field Hearing regarding "Improving Accountability and Quality of Care at the Indian Health Service through S. 2953"

Rapid City, SD

June 17, 2016

Chairman Barrasso, Vice-Chairman Tester and Members of the Committee,

I am honored to be here today to discuss the Spirit Lake Tribe's recent assumption of the Spirit Lake Health Center in Fort Totten, North Dakota from Indian Health Service. On June 1 the Tribe assumed the Health Center under the self-governance provisions in Title V of the Indian Self-Determination and Education Assistance Act. We are proud to be the first Tribe in the Great Plains Area to enter into the Indian Health Service Tribal Self-Governance Program and to exercise our sovereign rights to provide for our people's health care under self-governance.

The people of the Spirit Lake Tribe are Dakota. The Spirit Lake Reservation is comprised of approximately 405 square miles in eastern North Dakota and has four districts: Mission District (St. Michaels), Woodlake District (Tokio), Fort Totten District, and Crowhill District. The total population of the Reservation is 4,238 of whom 3,794 are tribal members. The total tribal enrollment is 7,839. According to recent census data, the economic conditions on the Reservation are difficult, with per capita income totaling only 37 percent of the statewide average and 35 percent of the national average, and 47.8 percent of reservation residents and 57 percent of children on the Reservation living below the poverty level. The Spirit Lake

community faces a number of health care challenges, including a high rate of diabetes. A 2015 community assessment found health care needs were eight of the community's top ten needs, in particular behavioral health issues and chronic disease.

The Spirit Lake Health Center is an outpatient facility on the Spirit Lake Reservation with over 70 staff positions serving IHS beneficiaries. Until June 1 IHS operated the Health Center. In recent years the Tribe noticed an increase in dissatisfaction among patients of the Health Center. In early 2015 the Tribe began evaluating whether it should assume administration of the Health Center under the Indian Self-Determination and Education Assistance Act. The Tribe conducted numerous community meetings in 2015 and 2016 to receive input from tribal members about the care provided at the Health Center and to discuss possible tribal assumption of the Health Center. The Tribe developed a patient survey and circulated it among patients. The results of that survey confirmed dissatisfaction with customer service and the care provided at the Health Center. The survey results also reflected concerns about the number of physicians and other providers available at the Health Center to serve patients and limited patient transportation services. In addition to the patient complaints, the Tribe was concerned about the high vacancy rate among IHS staff of the Health Center.

For many years, the Spirit Lake Tribe has operated a number of health programs under Title I of the Indian Self-Determination and Education Assistance Act, including programs addressing mental health, diabetes, women's health, alcohol and substance abuse, public health, community health, environmental health, and emergency medical services. Assuming the Health Center would facilitate integration of the Tribe's programs with care provided at the Health Center.

The IHS Office of Tribal Self-Governance confirmed that the Tribe was eligible for self-governance, and the Tribe determined to assume the Health Center. The Tribe and IHS concluded negotiations in early May 2016, the Compact and Funding Agreement for the Tribe's existing Title I programs and the assumption of the Health Center was approved later in the month, and they became effective June 1, 2016.

In order to ensure the smoothest possible transition, the Tribe offered the current IHS employees the option to continue to work at the Health Center under Intergovernmental Personnel Act agreements or Memoranda of Agreement (for Commissioned Corps officers). As a result, 48 IHS employees are detailed to the Health Center under such agreements. The Tribe has hired a Chief Executive Officer of the Health Center and is working hard to fill the 24 vacancies inherited from IHS. The Tribe is actively engaged in recruitment activities, including a job fair held just this week.

The Tribe's goal is to have a single integrated system of care for its tribal citizens. The Spirit Lake Tribe believes that it can use the flexibility of self-governance to redesign the health care programs and funding at the Spirit Lake Health Center in order to address the specific needs of our community and to be accountable to tribal citizens in a way that IHS cannot. The Tribe has only begun its journey to assume greater control over its health programs and its future, but it is excited about the opportunities and promise afforded by self-governance to improve health care for its people.

While it has not been easy, the Tribe would like to express its gratitude to Indian Health Service, in the Area Office and Headquarters, particularly the Office of Tribal Self-Governance, for their technical assistance and cooperation as the Tribe gathered information about the Health

Center and negotiated the Compact and Funding Agreement. The Tribe looks forward to a collaborative relationship with IHS in the future to provide the highest quality health care for our people.

I offer a few reflections based on the Tribe's experience to date.

The Spirit Lake Tribe found the tribal survey to be a useful tool to learn about patient experiences at the Spirit Lake Health Center. The Tribe intends to continue to use surveys in order to evaluate the health care programs and services that it provides. We recommend that IHS increase its use of surveys.

The Tribe also recommends that IHS expand its efforts to interact with tribal government of the communities which it serves, through regular meetings, consultations and a tribal liaison function at the Service Unit level.

The Tribe is still reviewing S. 2953 and reserves the right to submit additional comments later. However, in light of the Tribe's experience, I offer comment on certain provisions. For example, Section 4 would provide that before appointing, hiring, promoting or transferring a candidate to a senior position or a management position in an Area office or Service unit, IHS must, except in certain emergencies, consult with affected Indian tribes. The Tribe believes that this provision would be an improvement as it would enhance information provided to tribal government about important personnel decisions affecting the health care program serving the tribal community. Such communication between IHS and the tribal government representing the patients whom IHS serves should improve accountability, IHS responsiveness to local needs and the quality of care. The Tribe recommends that the Committee and IHS continue to search for ways to incorporate tribal input into IHS decisionmaking.

The Tribe also believes that the provisions in Section 5 for incentives for recruitment and retention, including authority for granting or rescinding bonuses to promote patient safety, employee performance or for recruitment, performance-based retention bonuses, and reimbursement to employees of relocation costs, would be beneficial. The reasons for the Tribe's decision to assume the Spirit Lake Health Center include the Tribe's greater ability – compared with IHS – to develop packages of compensation and other employment terms to attract and retain quality medical providers and other staff. Section 5 appears like to improve IHS's flexibility in this regard as well. The Tribe is studying the proposed changes regarding the pay scale for IHS providers.

I thank the Committee for inviting me to give testimony today. I am available to answer questions.