

CROW TRIBE EXECUTIVE BRANCH



Bacheeitché Avenue
P.O. Box 159
Crow Agency (Baaxuwaaashe), Montana 59022
Phone: (406) 638-3732/638-3786
Fax: (406) 638-3773

Darrin Old Coyote

CHAIRMAN

Dana Wilson

VICE-CHAIRMAN

Alvin Not Afraid Jr.

SECRETARY

Shawn Back Bone

VICE-SECRETARY

TESTIMONY OF DARRIN OLD COYOTE CHAIRMAN FOR THE CROW TRIBE OF INDIANS – APSAALOOKE NATION

before the

SENATE COMMITTEE ON INDIAN AFFAIRS

FIELD HEARING ON THE INDIAN HEALTH SERVICE: ENSURING THE IHS IS LIVING UP TO ITS TRUST RESPONSIBILITY

May 27, 2014

INTRODUCTION

Good morning and welcome Senator Testor, committee members and staff, and honored guests. Thank you for the opportunity to speak today regarding the ongoing issues surrounding the provision of health care to the people of the Apsaalooke Nation. It has been an on-going struggle for our community to access quality health care at the Crow Service Unit, and specifically the Crow/Northern Cheyenne Hospital.

BACKGROUND

The Crow Tribe is comprised of approximately 14,000 members, with over 75% living on or near the reservation. The Crow/Northern Cheyenne Hospital serves a user population well in excess of the Tribe's almost 11,000 tribal members living on or near the reservation. In addition to Crow tribal members, the Crow/Northern Cheyenne Hospital also serves members of the Northern Cheyenne Tribe, a tribe whose reservation is to the east and whose boundaries are contiguous to that of the Crow, as well as other Native Americans in the area. For example, there are a significant number of individuals from various other tribes who reside either on the Crow Reservation, or in the nearby city of Billings, Montana, which is approximately 60 miles away from the hospital.

It is important to remember that the Crow people not only deserve better access and

quality of care, but also that it is owed to them. The Tribe's ancestors signed treaties with the federal government ceding many millions of prime acres rich in resources in exchange for goods and services. One of those services was healthcare, not only for themselves but for generations to come. The Tribe held up its end of the exchange, but the federal government has failed and the Tribe should not be in a position where it is having to continually fight for something that it is owed.

Members of the Tribe, particularly those living on or near the Crow Reservation, face many challenges in accessing quality health care. There are factors beyond the Tribe's control that Crow tribal members suffer from at a disproportionate rate than the rest of the country – notably diabetes, heart disease, alcoholism, and mental illness. However, other factors, like the Crow people's ability to have access to quality healthcare, are not beyond the Tribe's control. That is why we are here today: to address issues within the Billings Area Office and Crow Service Unit, including the Crow/Northern Cheyenne Hospital, and ask for the Committee's support.

We implore this Committee to assist the Tribe in demanding that the correct people within the Indian Health Service are being held accountable for the poor access and quality of care provided to the Crow people. It is imperative that the Indian Health Service live up to its obligation to provide quality health care to our community because our tribal members have the right to be treated with dignity and respect by Indian Health Service employees, and to have their medical issues addressed and treated.

1. Billings Area Office

Many of the issues seen at the Crow Service Unit are attributable to the Billings Area Office. The Billings Area Office, as the direct administrative support to the Crow Service Unit, is responsible for overseeing the successful operation and management of the Crow/Northern Cheyenne Hospital, the Lodge Grass Health Clinic and Pryor Health Station. In recent months, there has been extensive communication between the Tribe and Billings Area Office regarding the status of the Crow Service Unit, yet, as explained in the following paragraphs, the quality of care and access to services remains poor. The Tribe's concerns have developed not only from information provided by the Billings Area Office itself, but have also developed from anecdotal accounts by patients, community members and employees at the Crow Service Unit and Billings Area Office.

The Tribe has made an effort to organize and catalog these accounts to pin point the cause for the deficient healthcare services, or at least provide a fuller picture of the issues involved. One of the primary mechanisms for the collection of information has been the Apsaalooke Nation Health Board. In January 2010, the Crow Tribe Legislative Branch passed the Apsaalooke Nation Health Board Ordinance. This ordinance established a seven member tribal administrative board with the authority and responsibility to represent the Tribe with the federal government on healthcare matters. The Apsaalooke Nation Health Board advises the Crow tribal government on healthcare budgets, policies, and programs, and provides oversight of the Tribe with regard to federal government healthcare programs and services. In May 2010, the legislature confirmed the first board of duly appointed members with authority to represent the Tribe on healthcare matters.

The accounts by individuals of problems occurring at the Crow Service Unit and Billings Area Office are not only disturbing but also inexcusable and unacceptable. The issues can be broken down into three categories: financial, patient care (or lack thereof) and personnel matters. The issues within each of these categories is described further below.

a. Financial

The Billings Area Office is in charge of disbursement of funds to the various tribal service units, including the Crow Service Unit. The Crow Service Unit's budget consists of 40-50% from Indian Health Service Headquarters, and the remainder from third-party reimbursements from Medicare, Medicaid and private insurance. One major problem with the budget at the Crow Service Unit level that has become a problem in recent years is that it is based on old enrollment numbers. When the budget at the Crow Service Unit was developed, the Crow population was around 10,000. The Crow population has since grown by 4,000 members (an increase of 40%) but the budget has remained unchanged.

Any financial problems within the Billings Area Office or Crow Service Unit has a direct impact on patients' access to quality healthcare because without the appropriate funding, vendors and bills cannot be paid, and services are shut off. For example, the Tribe learned that recently the Emergency Room could not provide emergency services and could not accept patients due to lack of payment to contracted providers. As a result, doctors and nurses were unavailable to provide emergency care – requiring patients to be transferred to Hardin and Billings hospitals as instructed.

According to several past employees, it seems that funds are deliberately tied up at the Billings Area Office, causing an additional backlog of bills and forcing vendors to stop services. Sources close to the Billings Area Office have also stated funds are not made available in a timely manner, Crow is usually the last tribe to receive funding and that any backlog of funds are kept by the Billings Area Office rather than dispersed to the Crow Service Unit. In addition, the Tribe has learned of problems within the Business Office Department at the Crow/Northern Cheyenne Hospital. Apparently, there is a practice within that Department that has the effect of bottle necking revenue that could be recouped by the hospital. For example, explanations of benefits, or an "EOB" as they are commonly referred to, are held on to for over a year so that by the time the billers receive them they are too out of date to follow up on, ultimately preventing the hospital from receiving revenue before the end of the year. In addition, there is only one billing coder for third-party billing at the Crow/Northern Cheyenne Hospital when other tribes have 2, 3 and even 4 coders. The Tribe asks for the Committee's support in requesting a forensic audit of the financial management practices endorsed by the Billings Area Office.

Another area of concern for the Tribe is the status of ambulance services for the Crow Service Unit. Originally, there was a contract with Big Horn County to provide ambulance services. The contract was negotiated without tribal involvement or input, and was in place for a number of years. In recent months, the Tribe expressed concern that the Crow/Northern Cheyenne Hospital again contracted for ambulance services with Big Horn County without tribal consultation. After inquiring, the Billings Area Office provided a four sentence memo explaining that there has not been a contract for ambulance services with any provider since

September 2011, and that the hospital has since been reimbursing ambulance providers on a fee basis for each service run provided.

The response to the Tribe's concern regarding the status of ambulance services is just one example among many of how the Billings Area Office is dismissive of the Tribe's concerns. The Tribe is entitled to know how monies designated for providing services to the Crow people are being allocated. The Tribe will continue our investigation into this area, and would ask for support and cooperation from Indian Health Service in determining how the funding that currently is going out to ambulance providers will benefit Crow people members more directly in the future.

The budget remains extremely top heavy at the Billings Area Office. For example, in fiscal year 2013, 66% of the \$10,000,000.00 plus budget went to administration, and only 15% went to health care services. With such a large amount of money going into administrative oversight of the Crow Service Unit, with little to no improvement in the quality of healthcare received, it is no wonder there has been discussion among the Tribe to eliminate the Area Office all together and administer the funds itself, or transfer the Crow Service Unit to another area office.

b. Patient care

After the catastrophic flood of 2011, the hospital was inaccessible and closed for several weeks. In addition, continuing water and sewer infrastructure left in-patient services closed for months. Even after the hospital reopened, OB/GYN unit delivery services remained unavailable, and to this day, Crow woman still cannot deliver their babies on the Crow Indian Reservation. Expectant mothers are sent to Billings, Hardin, or Sheridan, depending on their residence and any potential complications in their delivery. This is problematic for many reasons. First, it is disruptive to the community as future generations are not able to be born in the community in which they will be raised. Second, it also presents a burden on contract health care funds, which are already limited. Third, requiring tribal members to travel long distances to be admitted for in-patient and OB delivery services is expensive and burdensome, especially for those relatives travelling off-reservation to support their relatives who are hospitalized, or to greet new relatives when they are born. The Tribe has recently learned of the Billings Area Office's plans to bring in a mid-wife. This creates concern regarding expectant mother's safety, because usually a nurse anesthesiologist should be available for all deliveries.

It should also be noted that, even when faced with the additional burdens of traveling off-reservation to receive basic services that are in high demand by our community, many of these patients choose to continue to receive services off-reservation – especially those who are eligible for third-party payment, such as Medicare/Medicaid, and those with private insurance. Two of the most common complaints in the community is the wait times and level of patient interaction. Patients are often forced to go to the Emergency Room to ensure access to a provider, even when it is for non-emergency care. An example of this is there were 15,000 visits to the Emergency Room, 85% of which were non-emergency, and only 6,200 in-patient visits. But when patients go off-reservation to receive services, they encounter dramatically

shorter wait times and a more respectful level of provider interaction and customer service. The Tribe has continued to inquire into how the Billings Area Office plans to change from provider-centered care to patient-centered care, but has received little to no guidance.

In short, the failure to provide these services is driving many revenue-generating patients away permanently. The continuing reduction in third-party revenue is deteriorating the budget. The Billings Area Office is again responsible in this regard as they should be providing the necessary training and administrative oversight to correct any deficiencies. We should be able to rely on third-party billing revenue to supplement the budget, but this will not be a viable option if the current situation continues.

Tragedy is unfortunately an all too familiar aspect of life for the Crow people. As mentioned earlier, the Crow people suffer disproportionately from a number of diseases including diabetes, heart disease, alcoholism, and mental illness. I bring this to your attention to highlight and underscore the severe need we have for substance abuse treatment services, and for mental health services. As you are aware, the issues of mental health and substance abuse are fundamentally intertwined in nearly every case. There is a high demand from Crow tribal members for mental health services and for grief counseling. For the vast majority of tribal members who suffer from mental illness, they are only able to access these services when it is ordered by a court.

c. Personnel

Staffing issues continue to present a challenge to patients who need access to health care providers. There are some dedicated providers at the Crow Service Unit, but there are not enough of them. It also results in compromising Emergency Room services because many individuals put off medical care, or are unable to dedicate the time it takes to be seen by out-patient providers until their condition becomes acute and they are forced to go the Emergency Room in order to be seen by a provider. In order to address understaffing, Crow Service Unit started the practice of using traveling doctors, or “locums.” But the locums are costly, and place a burden on an already stressed budget. There is no question that they are necessary, but it is a short-term solution to a long-term problem.

Another issue that has raised tribal concern is the inability to hire qualified Crow tribal members. Clayton Old Elk – a Crow tribal member – was successfully hired into the position of Chief Executive Officer for the Crow/Northern Cheyenne Hospital, but was there for less than a year and a half before returning to Indian Health Service Headquarters. The Tribe learned that Mr. Old Elk’s decision-making authority was micro-managed by the Billings Area Office administration and health care programs, which is why he ultimately left the hospital. We want to see those Crow tribal members who have worked hard to achieve their credentials supported in their goals to fill positions such as these, where they can work to improve the quality of patient care provided to their fellow tribal members.

2. Indian Health Service Headquarters

As mentioned earlier, the Billings Area Office is the starting point for many of the issues and challenges faced by the Crow Service Unit. But Indian Health Services' Headquarters is not completely faultless either. For example, on March 10, 2014, after making several requests to the Billings Area Office with little to no progress, the Tribe requested a meeting with Dr. Roubideaux. A meeting was called at Headquarters in Rockville, Maryland. Dr. Roubideaux was receptive to the Tribe's concerns, but those concerns have ultimately gone unattended. In fact, she suggested the Tribe work with the Billings Area Office in addressing its complaints even though the Tribe's objective for the meeting was to by-pass the area office and get assistance from a higher authority since the Billings Area Office was being unresponsive to the Tribe's needs.

CONCLUSION

Until our community members stop bringing the same complaints to us at the same volume, we will not stop advocating for reform and accountability at every level. The proper people need to be held accountable, and not just at the Billings Area Office but at all levels, including holding medical staff accountable and requiring them to treat staff and patients in a professional, courteous, and respectful manner. As mentioned earlier, it is imperative to acknowledge the fact that what the Tribe is demanding has already been paid for; Indian Health Service must know that the Crow people deserve better access and quality of care because it is owed to them.