

Testimony

Good morning and welcome, I am the President of the Northern Cheyenne Tribe, Llevando Fisher. I have three topics I would like to address with the first being the Budget, the Access for the Community Members located on the reservation, and finally the quality of care and issues that we deal with in regards to patient care.

- Budget shortfalls – The service unit does not have enough money to provide care for the Community for the entire year.
- Contract care costs are in the excess of 2 million dollars due to the mismanagement of the staff in the system
- The budget shortfall sets the standard for the priority level for referrals, the money on a yearly basis lasts only a few months a year. From the months of June to September we can only get care from another facility if we are in a life threatening situation. These do not include the minor emergent situations such as kidney stone blockage, gall bladder attacks, decreasing and limiting individuals who go out with a head injury, and broken bones
- Bills are not getting paid in a timely manner causing community members who have prior approval to see another Doctor to get these bills sent out to collection. The limited socio economic status of our community members gets compromised ruining the credit and ability for enrolled tribal members to have opportunities such as purchasing reliable transportation and affordable appliances and improvement loans.
- High maintenance diseases that are delayed in treatment impact the budget such as diagnosis of cancer, heart disease, renal failure, liver failure
- Geographic barriers and lack of transportation for patients cause undue stress for community members, The transportation department currently is

only transporting Dialysis patients as the department does not have enough money to serve the whole communities needs

- The Indian Health Service has not made available to our community members information on why payments are being denied after referral to an outside facility was made by the attending Emergency Room Physician
- The further denial of payments for services provided years before are stating that alternative resources were not applied for, These ongoing problems have caused families that have 4 or more children and trying to work apply for bankruptcy or create more hardship financially for the individuals who are on a fixed, limited, or no income

Access

- The impact of the budget leaves the entire community without the ability to get a referral to a Doctor who has a specialty in the field of the need, this would include a Doctor's who can give information and Patient education and guidance on how to manage disease such as Heart Disease, Heart Failure, Kidney Care and Failure, Liver Care and Failure, and Cancer care
- Currently the Indian Health Service only allows for community members to have one follow up visit following major surgeries such as Heart Bypass, Intensive Care stays, and complex medical diagnosis
- Lack of screening for preventable diseases which increases our risks for Cancer, Heart Disease and Strokes
- The lack of communication between Providers decreases the community members chance of full recovery and preventing further complications when they come back home

- The lack of specialty care and communication with other Providers leave community members at risk for additional complications and re-admission to the Hospital or emergency room visits.
- The lack of Providers with advanced training in specialty care limits the amount of education and guidance that our community members receive regarding new diseases that they are faced with.
- The local Service Unit is unable to provide services to the community for such services like aftercare for heart surgeries, transplants, and amputations
- The inability of the Providers to recognize and advocate for community members out in a timely manner for cancer and heart disease delays the chances for our them to sustain a healthy quality of life and in some causes there premature death
- The reservations Geographic location creates an additional barrier for our community, that is not addressed in delivering health care to our community

Quality and Patient Care Issues

- Misdiagnosis causing loss of life and limb. Community members go in and are told they have a virus or a condition not needing medication or further follow up. When the community persists and goes further they are told they have a life threatening problem.
- Wait times in the referral process are now causing emergent transfers. When Community members are waiting to get approval they end up in more emergent issues to address their concerns
- Lack of medication updates – generic medication given to all individuals. Individuals are not given an option to try different medications they only

have what the Indian Health Service chooses to stock without any recommendation from the Community members.

- Inability to meet priority levels for referral and inability to treat condition – due to the budget shortfalls all service stops six months into the year. There is no treatment options for the Community for over half a year.
- A gap between what is known and what is delivered to our population. Services that are available in the surrounding communities are not offered or considered for our Community members.

In closing, for years we have voiced our concerns at the Tribal Consultation meetings with the Indian Health Service when doing the budget formulation and prioritized Contract Health Services each year and each year we continue to run out of funding. We have lost tribal members, disabled many, and harmed the welfare of others due to the inability of being provided quality and consistent health care to our people. I am asking you at this time to ensure the survival and welfare of the Northern Cheyenne Tribe we are requesting that you hear us and guarantee that the Indian Health Service fulfill the general trust responsibility.