



Statement by

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Before the

**Committee on Indian Affairs
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Oversight Hearing

GAO High Risk List: Turning Around Vulnerable Indian Programs

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Good afternoon, Chairman Hoeven, Vice-Chairman Udall, and Members of the Senate Committee on Indian Affairs. I am RADM Michael D. Weahkee, Acting Director of the Indian Health Service (IHS). I am pleased to provide testimony today regarding IHS programs identified by the U.S. Government Accountability Office High Risk Report. Providing quality care is imperative to the IHS mission and I want to thank you for bringing awareness to the important issues and recommendations highlighted by GAO.

IHS is a unique agency within the Department of Health and Human Services (HHS). It is the only HHS agency whose primary function is direct health care delivery. IHS was established to carry out the responsibilities, authorities, and functions of the United States in providing health care services to American Indians and Alaska Natives. The mission, in partnership with American Indian and Alaska Native people, is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS system consists of 12 area offices, which oversee 168 service units that provide care at the local level. Health services are provided through facilities managed by IHS, by tribes and tribal organizations under authorities of the Indian Self-Determination and Education Assistance Act, and through contracts and grants awarded to urban Indian organizations authorized by the Indian Health Care Improvement Act.

Demonstrated Progress

IHS is committed to make improvements and ultimately be removed from the GAO's High Risk list. The GAO's High Risk Report cited 14 recommendations focusing on IHS, based on seven reports issued over a period of six years. Since the report's publication on February 15, 2017,

GAO has closed four recommendations as implemented and two recommendations as unimplemented. One request for closure is still under consideration, and eight recommendations are progressing toward completion by IHS.

Leadership Commitment

IHS leadership is committed to making substantial progress on addressing GAO's recommendations and continues to press forward in working partnership with GAO. Since last September, I have met several times with key GAO officials to describe action plans for closing-out the recommendations. IHS is focused on implementing change across the agency to strengthen our ability to ensure quality health care.

Progress on Improvements in Quality Care

IHS has taken a comprehensive and integrated approach towards creating an oversight capability at headquarters to improve the quality of care and patient safety. We implemented corrective measures to mitigate high-risk in areas directly impacting patient care, including uniform standards across all agency hospitals and clinics for accreditation, credentialing, patient wait times, and Purchased/Referred Care (PRC) authorizations to improve quality and accountability across the system of care.

Reducing patient wait times continues to be a priority for the agency. Wait times are an important measure of the patient experience and IHS federally-operated service units have been collecting and tracking this data to improve patient services. Through IHS Circular Number 17-11, IHS established in 2017 wait time standards for outpatient primary and urgent care visits to

direct care IHS facilities, and we are currently monitoring and collecting data. In addition, patient wait time metrics for emergency care were made available through the Centers for Medicare & Medicaid Services (CMS) and are now under agency review. A workgroup was established to finalize patient wait times on primary care non-urgent visits as well. IHS is working toward automated data collection and aggregation capabilities to improve monitoring.

Monitoring

IHS finalized the National Accountability Dashboard for Quality on February 20, 2018. Data for the first quarter of fiscal year (FY) 2018 was published on the IHS website in early April 2018 and data from the second quarter of FY 2018 is currently being collected and reported internally through the reporting tool. The dashboard is a valuable reporting tool that will enable IHS headquarters and area offices to have a near real-time view of health care hospitals and health centers functioning across the system. Over time, this will facilitate implementation and monitoring of quality care measures. As IHS continues to implement the National Accountability Dashboard for Quality, we anticipate the results will demonstrate sustained improvements in the nine key metrics tracked in the dashboard including accreditation and an active quality improvement program.

Organizational Capacity

Moving forward, IHS is working with our HHS colleagues to establish an Office of Quality (OQ) that will be responsible for providing oversight for quality across the IHS health care system. The OQ will oversee, direct, and evaluate agency-wide activities to ensure quality health care. Moreover, the OQ will support IHS hospitals and health centers by providing a system of quality

assurance to attain and maintain compliance with CMS Conditions of Participation and accreditation standards. The office will collaborate with the IHS Office of Information Technology to ensure that the agency has effective systems in place to promote patient care, encourage data collection and reporting, provide secure credentialing and privileging, and prepare for the reporting and evaluation of adverse events. The OQ will also focus on building a quality improvement capability and encouraging innovations that promote safe, effective, and efficient care delivery.

IHS is committed to addressing any and all risks to our mission. Enterprise risk management and compliance are important components of the quality process. We believe the most efficient and effective approach for coordinating national risk management and compliance activities is by consolidating related functions in the OQ. The OQ will ensure that quality is integrated into all agency programs in a collaborative and organized manner.

Purchased/Referred Care Improvements

IHS continues to improve and increase access to care for our beneficiaries through outreach, education, and enrollment activities. The national PRC program is setting targets for local programs and monitoring compliance to ensure that IHS is able to provide access to our patients in the most cost effective manner. IHS monitors the online PRC Rates Provider Tracking tool to assess and take action if there is an impediment to available care. This tool enables PRC programs to document providers that refuse to contract for their most favored customer rate or accept the PRC rate. Since implementation of the PRC rates regulations in October 2016, the PRC program has realized a \$553 million savings according to the fiscal intermediary. These

savings have allowed PRC programs to pay for additional services and fund more medical priority levels than before, which improves access to care for our patients.

IHS continues to work closely with tribal leaders in making decisions about PRC fund allocation. Any future changes in PRC allocation methods will undergo tribal consultation. As recently as October 2017, the Director's Workgroup on Improving PRC recommended maintaining the existing PRC formula without change. We were pleased to have GAO staff participate in two PRC Workgroup meetings where they engaged in discussions with tribal leaders about their recommendations. After discussion with the Workgroup, GAO acknowledged IHS's limited ability to make any changes to the PRC formula that could potentially result in the reduction of funds to any tribe. GAO subsequently made the decision to close two recommendations concerning the PRC formula allocation as not implemented. In addition, IHS is updating its PRC policy chapter in the Indian Health Manual and is conducting tribal consultation before finalizing the chapter.

I am very proud of the dedication and commitment of IHS staff at all levels of the agency who have focused on and accomplished the objectives of the action plan during this past year. These actions demonstrate that IHS is taking its challenges seriously, and is continuing to take assertive and proactive steps to address them. Thank you for your commitment to improving quality, safety, and access to health care for American Indians and Alaska Natives. I am happy to answer your questions.