

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**STATEMENT OF  
ROBERT MCSWAIN**

**DEPUTY DIRECTOR  
FOR MANAGEMENT OPERATIONS  
INDIAN HEALTH SERVICE**

**BEFORE THE  
FINANCE COMMITTEE  
OF THE  
UNITED STATES SENATE**

**FIELD HEARING ON  
HEALING IN INDIAN COUNTRY:  
ENSURING ACCESS TO QUALITY HEALTH CARE**

**August 8, 2012**

## **STATEMENT OF THE INDIAN HEALTH SERVICE**

Mr. Chairman and Members of the Committee:

Good Morning. I am Robert McSwain, Deputy Director for Management Operations of the Indian Health Service (IHS). I am pleased to have the opportunity to testify before the Senate Finance Committee on operations of the Crow/Northern Cheyenne IHS Hospital.

The IHS plays a unique role in the Department of Health and Human Services (HHS) because it is a health care system that was established to meet the federal trust responsibility to provide health care to American Indians and Alaska Natives (AI/ANs). The mission of the IHS, in partnership with AI/AN people, is to raise the physical, mental, social, and spiritual health of AI/ANs to the highest level. The IHS provides comprehensive health service delivery to approximately 2.2 million AI/ANs through a network of 29 federally operated Hospitals, 66 health centers, 41 health stations, and 2 school health centers, and 16 Tribally operated Hospitals, 166 Alaska Village Clinics, 74 health stations and 4 school health centers. In support of the IHS mission, the IHS and Tribes provide access to functional, well maintained and accredited health care facilities and staff housing in 35 states. This health system often represents the only source of health care for many AI/AN individuals, especially for those who live in the most remote and poverty-stricken areas of the United States.

The IHS has, as we all recognize, a challenging mission – and one that has grown

more so as a result of population growth, rising healthcare costs, and greater incidence of chronic conditions and their underlying risk factors, such as diabetes and childhood obesity, among Indian people. The circumstances in many of our communities – poverty, unemployment, and crime – often exacerbate the challenges we face. We have made great strides in assisting Tribes taking over management of health programs through the Indian Self-Determination and Educational Assistance Act (Public Law 93-638). Tribes now manage over half of the IHS budget and are demonstrating how new ideas and increased flexibility in managing these healthcare services can result in innovative and more effective healthcare programs.

### **Overview of the Billings Area IHS**

The Billings Area IHS was established to serve the Indian Tribes in Montana and Wyoming. Within the Billings Area, IHS brings health care to approximately 80,000 Indians living in both rural and urban areas. The Area Office located in Billings, Montana, is the administrative headquarters for eight service units consisting of three hospitals, fourteen health clinics, and two health stations. The Area has two Self-Governance Tribes.

Each facility incorporates a comprehensive health care delivery system. The hospitals, health centers, and satellite clinics provide inpatient and outpatient care and conduct preventive and curative clinics. Direct care and contract care

expenditures are used to augment care not available in the local IHS facilities. The Billings Area has an active research effort through the Epidemiology Program operated by the Montana-Wyoming Tribal Leaders Council. Research projects deal with diabetes, cardiovascular disease, cancer, and the application of health risk appraisals in all communities.

Tribal involvement is a major objective of the program, and several Tribes do assume partial or full responsibility for their own health care through contractual arrangements with the Billings Area IHS. Tribally managed facilities include health clinics operated by the Chippewa-Cree Tribes located in Rocky Boy, Montana, and the Confederated Salish and Kootenai Tribes located in Pablo, Montana.

The Billings Area and the Crow/Northern Cheyenne Hospital, a facility serving the Crow Nation and Northern Cheyenne Tribe, face several challenges, including difficulties associated with providing care in rural, remote, and impoverished communities.

I would like to discuss our progress to date in clearly defining and effectively addressing the challenges facing the Billings Area and the Crow Service Unit with specific focus on the Crow/Northern Cheyenne Hospital. The hospital serves the Crow Nation and Northern Cheyenne Tribe whose lands are located on adjoining reservations in Montana.

The Governing Body and the Crow/Northern Cheyenne Hospital Chief Executive Officer (CEO) have made improvements in strengthening Tribal relations with the two tribal governments and are now focused on overall structure, system, and process improvements supporting the healthcare programs. The Governing Body created an action plan to institutionalize the needed improvements into the structure and operations of the Governing Body and the Crow/Northern Cheyenne Hospital. The improvements have touched every element of the Crow/Northern Cheyenne Hospital and include:

- Successful recruitment of a new administrative team. In March of 2012, a new CEO was hired. The CEO has recruited and filled several Executive management staff positions including the Clinical Director, Director of Nursing, and Business Office Manager. The Administrative Officer (AO) and Chief Financial Officer positions have been advertised and a selection panel has been issued with qualified applicants. A selection has been made for the Chief Pharmacy Officer position with a tentative Enter On Duty date of October 1, 2012.
- The Northern Plains Regional Human Resources (NPHR) Director is now located in the Billings Area Office. Process improvements are being made through IHS Hiring Initiatives with progress in implementing the Office of Personnel Management's (OPM) directives for improving HR operations. Specifically, the OPM has established an improvement goal throughout the Federal Government to reduce the time it takes to fill a vacancy for an available position to 80 calendar days or less. The NPHR Office currently maintains an

average hiring timeframe of 60 days, which is well under the 80 day benchmark. The Billings Area has fully implemented the HHS requirement to utilize the USA Staffing for all vacancy announcements. These improvements have assisted in reducing the hiring times for many critical vacancies.

- A monthly meeting was established with representatives of the two Tribes and respective Tribal Health Officials for communication purposes and to work in partnership in addressing short-term and long-term issues and concerns.
- A weekly Governing Body meeting was established with the Crow/Northern Cheyenne Hospital to provide direction and assist the new CEO in addressing administrative, access, quality care, and customer service issues.
- An Action Plan was established through the weekly Governing Body meetings to improve organization performance; monitor clinical initiatives; and address management, planning, and resource issues; and to monitor the Balanced Scorecard indicators.
- The Billings Area IHS Director of Field Operations and Area Chief Medical Officer continue to assist the Hospital CEO with the administrative and medical leadership needs.

We have a Billings Area Director and Crow/Northern Cheyenne Hospital CEO who are committed to bringing the kinds of changes needed at the Area and Service Unit level by working to hold individuals accountable for their performance. The efforts to identify and address the management and performance problems at the Crow/Northern Cheyenne Hospital over the past five months demonstrate a

commitment by the Area Director, Governing Body, and the CEO to make meaningful progress. At the same time, the Governing Body and the Hospital must also respond to unexpected demands, including emergencies due to severe weather and crises due to unplanned staffing shortages which was the case recently in disruption of services/care that resulted in temporary limitations on inpatient care and suspension of Obstetric services. These disruptions of key services are being addressed through the overall current management improvements and the services/care are scheduled to be resumed shortly.

Effective collaboration between IHS and the two Tribes is essential to helping us achieve our shared goals, and I am grateful for the commitment the Crow Nation and the Northern Cheyenne Tribe have made to focus on the challenges facing the Billings Area and work with IHS to develop solutions.

## **Conclusion**

Today, IHS in partnership with Crow/Northern Cheyenne Hospital leadership and Tribes, is focused on helping ensure better customer service, promoting ethical behavior, ensuring fairness and accountability in performance management, strengthening financial management, improving Tribal consultation, and improving the quality of services delivered to patients. While the situation at the Crow/Northern Cheyenne Hospital is improving, our focus on change and better outcomes for patients is continuing. We have made, and will continue to make, specific

improvements at the Crow/Northern Cheyenne Hospital in partnership with the Tribes we serve.

Mr. Chairman, thank you again for your long-standing commitment to improve Indian health, in the Billings Area and throughout IHS, and for the opportunity to testify today.

I will be happy to answer any questions you may have.