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Report to Congressional Requesters

April 2024

INDIAN HEALTH SERVICE

Opportunities Exist to Improve Clinician Screening Adherence and Oversight

Accessible Version

GAO-24-106230

GAO Highlights

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Highlights of GAO-24-106230, a report to congressional requesters
April 2024

INDIAN HEALTH SERVICE

Opportunities Exist to Improve Clinician Screening Adherence and Oversight

Why GAO Did This Study

IHS provides health care services to 2.8 million American Indians and Alaska Natives, including through a system of federally operated facilities. Clinician competence and excessive time spent on administrative tasks are factors that can affect the quality of care that clinicians provide.

GAO was asked to review IHS clinician screening and the performance of administrative tasks. This report examines IHS oversight of credentialing and privileging. It also describes administrative tasks performed by IHS clinicians at federally operated facilities.

GAO reviewed IHS policies and other documents, including the most recently available credentialing and privileging file for a random nongeneralizable sample of 91 clinicians. GAO also interviewed officials from IHS headquarters and nine geographic areas, as well as a random nongeneralizable sample of 24 clinicians who were working at an IHS federally operated facility.

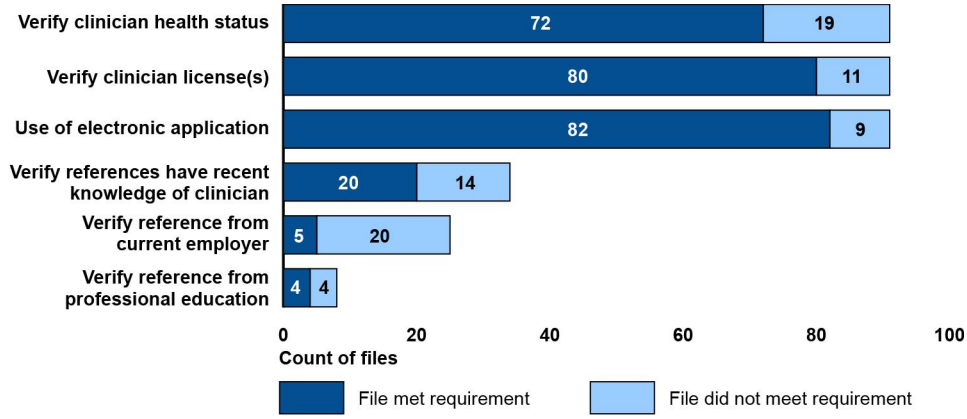
What GAO Recommends

GAO is making three recommendations, including that IHS should (1) develop a single, authoritative source outlining procedures to meet its credentialing and privileging requirements and (2) implement regular headquarters' monitoring of adherence to credentialing and privileging requirements. The agency concurred with all three recommendations.

What GAO Found

To provide patients with the highest level of care at its federally operated facilities, the Indian Health Service (IHS) reviews and verifies professional qualifications of clinicians through a process known as credentialing and privileging. GAO found that existing IHS oversight methods did not ensure adherence to all of IHS's credentialing and privileging requirements. GAO's review of a random nongeneralizable sample of 91 clinician files found that IHS generally met some of the requirements reviewed. However, IHS did not meet six of the requirements in 10 percent or more of the applicable files GAO reviewed. (Some of these requirements only apply to clinicians new to IHS.)

Indian Health Service (IHS) Adherence to Selected Credentialing and Privileging Requirements



Source: GAO analysis of IHS clinician credentialing and privileging files and requirements. | GAO-24-106230

Accessible Table for Indian Health Service (IHS) Adherence to Selected Credentialing and Privileging Requirements

	File met requirement	File did not meet requirement
Verify clinician health status	72	19
Verify clinician license(s)	80	11
Use of electronic application	82	9
Verify references have recent knowledge of clinician	20	14
Verify reference from current employer	5	20
Verify reference from professional education	4	4

Source: GAO analysis of HIS clinician credentialing and privileging files and requirements | GAO-24-106230

This lack of adherence was due to IHS not having a single, comprehensive source of its credentialing and privileging requirements and limited monitoring by headquarters. Currently, IHS requirements are spread across multiple, sometimes conflicting, documents, making it challenging for officials to know of and meet them. Further, existing IHS oversight is concentrated at the local level and does not routinely include headquarters' reviews of clinicians' files for adherence with IHS requirements. IHS officials said they plan to improve guidance and oversight, but plans are in initial stages and have not yet been implemented. Until it ensures clinicians are appropriately screened, IHS risks hiring or retaining clinicians with performance, health, or other issues,

potentially affecting the quality of care provided to patients and putting them at risk.

The 24 IHS clinicians from federally operated facilities who GAO interviewed reported performing a range of tasks they considered to be administrative, including entering data in IHS's electronic health record (EHR) system and communicating about patient care. They varied in the time they estimated spending on administrative tasks; 11 clinicians said they spent 20 percent or less of their time, while 13 said they spent from 21 to 50 percent of their time on such tasks. Clinicians who previously worked in non-IHS facilities generally reported spending less time performing administrative tasks at those facilities than at their IHS facilities. They attributed the difference to non-IHS facilities having a superior EHR, fewer training requirements, or more administrative support.

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EHR electronic health record
IHS Indian Health Service

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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April 8, 2024

Congressional Requesters

The Indian Health Service (IHS), an agency in the Department of Health and Human Services, is responsible for providing health care for more than 2.8 million American Indians and Alaska Natives who are citizens or descendants of federally recognized Tribes. IHS provides health care services directly to American Indians and Alaska Natives through its federally operated medical facilities.[1] IHS's stated mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

To ensure that patients receive the highest level of care, IHS, like other health care organizations, conducts a process known as credentialing and privileging.[2] During credentialing, facility staff verify that a clinician's professional credentials—such as medical licenses—are valid and appropriate for their requested clinical privileges. During privileging, facility staff grant permission and responsibility to a clinician to perform specified health care services at a medical facility. This process is used to provide reasonable assurance that clinicians—physicians and other health care practitioners—are qualified and competent to deliver care, and the process helps to avoid exposing patients and health care facilities to unnecessary risks from unprofessional, unethical, or incompetent clinicians.

In addition to clinician qualifications and training, other factors have been linked to the quality of care that patients receive. In particular, excessive time spent on administrative tasks, outside of direct patient care, may contribute to a reduction in quality of care and clinician burnout, according

[1]IHS also provides funding to Tribes to operate and manage their own medical facilities referred to in this report as tribally operated facilities.

[2]Indian Health Service, "Part 3, Chapter 1: Medical Credentials and Privileges Review Process," in *Indian Health Manual* (Rockville, Md.: Nov. 19, 2008).

to published research.[3] While the health care industry does not have a commonly accepted definition for what constitutes an administrative task, studies have cited various tasks such as electronic health record (EHR) management and documentation, or communication with insurance companies and pharmacies as potentially burdensome for clinicians.[4] For example, a study reported that physicians, on average, spent nearly 9 hours or 17 percent of their work week on administrative tasks.[5] The study also reported that physicians who spent more time on administrative tasks were markedly less satisfied with their careers.

We have previously reported that challenges with IHS oversight of providers may impact its ability to meet its mission to deliver high-quality and safe health care services.[6] These and other challenges have also raised questions about IHS's oversight and management of its health care delivery system.[7]

[3]Shari M. Erickson, MPH; Brooke Rockwern, MPH; Michelle Koltov, MPH; and Robert M. McLean, MD, "Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians," *Annals of Internal Medicine,* Volume 166 No. 9, May 2, 2017 and Fabrizio Toscano, MD; Eloise O'Donnell, MPH; Joan E. Broderick, PhD; Marcella May, MA; Pippa Tucker, MA; Mark A. Unruh, PhD; Gabriele Messina, MD, PhD; and Lawrence P. Casalino, MD, PhD "How Physicians Spend Their Work Time: an Ecological Momentary Assessment," Journal of General Internal Medicine, Volume 35 No. 11: 3166–72, August 17, 2020.

[4]Eric Apaydin, "Administrative Work and Job Role Beliefs in Primary Care Physicians: An Analysis of Semi-Structured Interviews," *SAGE Open*, January-March 2020: 1–9 and Steffie Woolhandler and David U. Himmelstein, "Administrative Work Consumes One-Sixth of U.S. Physicians' Working Hours and Lowers Their Career Satisfaction," *International Journal of Health Services*, Volume 44, Number 4, p. 635–642, 2014.

[5]Woolhandler and Himmelstein, "Administrative Work," p. 635–642.

[6]GAO, *Indian Health Service: Actions Needed to Improve Oversight of Provider Misconduct and Substandard Performance*, GAO-21-97 (Washington, D.C.: Dec. 10, 2020). We made three recommendations to IHS in this report to improve its oversight, all of which have been implemented.

[7]In 2017, we added federal management of programs that serve Indian tribes and their members to our High-Risk List, because inadequate oversight hindered IHS's ability to ensure that Indian communities have timely access to quality health care, among other reasons. See, GAO, *High-Risk Series: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas*, GAO-23-106203 (Washington, D.C.: Apr. 20, 2023). The High-Risk List is our list of federal programs and operations that are vulnerable to fraud, waste, abuse, and mismanagement, or need transformation.

You asked us to review IHS's credentialing policies and procedures and the extent to which clinicians are performing administrative tasks. In this report,

1. we examine IHS oversight of its credentialing and privileging of clinicians, and
2. describe the administrative tasks selected IHS clinicians at federally operated facilities perform and the time spent on those tasks.

To address the first objective, we reviewed relevant IHS policies and documents, such as its national credentialing and privileging policy, the electronic application completed by the clinician, and other guidance, including medical staff bylaws. To assess IHS's adherence to its credentialing and privileging requirements, we reviewed the most recently available credentialing and privileging files for a random, nongeneralizable sample of 91 clinicians who were employed at a federally operated IHS hospital or health center located in one of nine of IHS's 12 areas as of 2022.[8] We reviewed these files to determine adherence to selected IHS credentialing and privileging requirements, specifically, requirements where IHS must verify a clinician's information with an external source, such as a state licensing board or the Department of Health and Human Services.[9] We also interviewed senior leadership officials from IHS headquarters—including from the IHS Office of Quality—responsible for setting national credentialing and privileging policies and supporting related processes across IHS. In addition, we interviewed officials from each of the nine IHS areas and two organizations that accredit IHS federally operated facilities—The Joint

[8]The sample was drawn from all licensed independent practitioners employed at IHS, such as physicians, nurse practitioners, dentists, and psychologists. We initially selected a random sample of 100 files for review, but excluded the files of nine telemedicine clinicians who were credentialed by proxy. According to the National Association Medical Staff Services, credentialing by proxy is a process by which telemedicine practitioners are credentialed. IHS health services are administered through a system of 12 area offices. We focused our review on the nine IHS areas containing two or more federally operated hospitals or health centers at the time we made our selections: Albuquerque, Bemidji, Billings, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, and Portland.

[9]External sources may include a primary source (i.e., the original source of the credential) or another source, such as a third-party database, according to IHS policy.

Commission and the Accreditation Association for Ambulatory Health Care.[10]

To address the second objective, we interviewed a random, nongeneralizable sample of 24 clinicians who worked at IHS federally operated hospitals or health centers in the same nine IHS areas noted above.[11] IHS clinicians were asked to identify tasks they perform that they consider to be administrative in nature and how much time they spent on those tasks. We also interviewed senior leadership officials from IHS headquarters and the nine IHS areas, as well as two national medical associations representing physicians—the American Medical Association and the American College of Physicians. For context, we reviewed academic and professional articles published in the last 10 years that describe administrative tasks performed by clinicians in the health care industry and how much time they spend on those tasks. For a complete list of articles reviewed, see the bibliography at the end of this report. In addition, we interviewed leadership officials from two tribally operated facilities.[12]

We conducted this performance audit from September 2022 to April 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[10]According to The Joint Commission, accreditation is the objective evaluation process that can help health care organizations measure, assess, and improve performance in order to provide safe, high-quality care for their patients. According to IHS, as of January 1, 2024, 95 percent of its federally operated hospitals and 100 percent of its federally operated ambulatory health centers were accredited by The Joint Commission or the Accreditation Association for Ambulatory Health Care.

[11]The sample was drawn from a list of IHS clinicians, as of 2022, who practiced in the fields of medicine or advanced nursing—such as physicians, physician assistants, and nurse practitioners—and included both permanent IHS employees and contractors. We focused on these clinicians because they would be expected to perform most of the medical patient care at IHS. We excluded clinicians that IHS identified as working in a leadership, management, or administrative role and who thus do not spend the majority of their time providing direct patient care.

[12]We randomly selected 10 Tribes that operated their own hospitals or health centers located across the nine selected IHS areas in our review. We requested interviews with leadership of the tribally operated facility and officials from two facilities agreed to an interview.

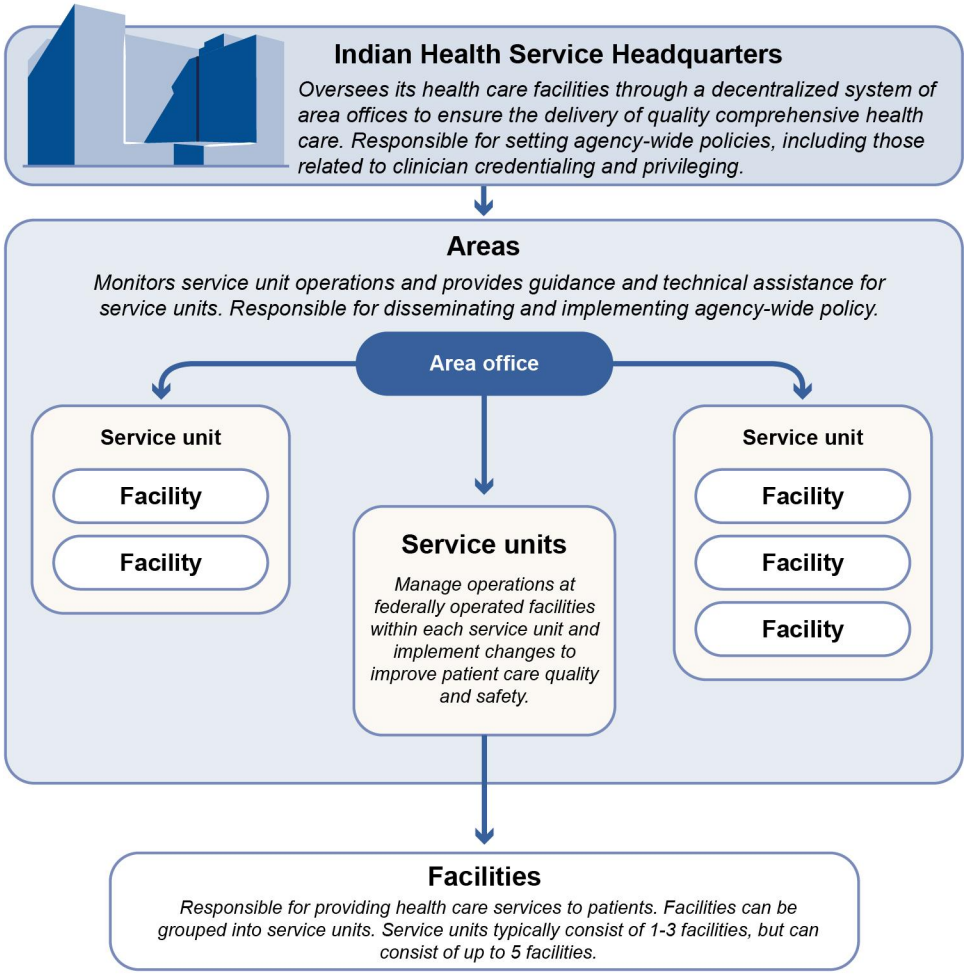
Background

IHS Organization and Structure

IHS was established within the Public Health Service in 1955 to provide health services to citizens of federally recognized American Indian and Alaska Native Tribes primarily in rural areas on or near reservations. IHS oversees its provision of health care services through a decentralized system of 12 geographic areas led by area directors. These areas are further subdivided into service units, administrative entities that may contain one or more federally operated facilities, including hospitals and health centers (see fig. 1). In addition to federally operated IHS facilities, some federally recognized Tribes receive IHS funding and choose to operate and manage their own medical facilities, denoted as tribally operated facilities.[13]

[13]Tribes and tribal organizations can choose to receive health care administered and operated by IHS or assume responsibility for providing all or some health care services formerly administered and operated by IHS. Under the Indian Self-Determination and Education Assistance Act, as amended, federally recognized Indian tribes can enter into self-determination contracts or self-governance compacts with the Secretary of Health and Human Services to take over administration of IHS programs for Indians previously administered by IHS on their behalf. Pub. L. No. 93-638, 88 Stat. 2203 (1975) (codified, as amended, at 25 U.S.C. §§ 5301-5423).

Figure 1: Overview of Indian Health Service (IHS) Headquarters, Area Offices, Service Units, and Federally Operated Facilities



Source: GAO analysis of Indian Health Service documentation (information); GAO (illustration). | GAO-24-106230

According to IHS, as of December 31, 2023, IHS, Tribes, and tribal organizations operated 44 hospitals and 381 health centers—of which 21 hospitals and 52 health centers were federally operated by IHS. Federally operated IHS hospitals and health centers offer a range of care, including primary care services and some ancillary services, such as pharmacy, laboratory, and X-ray, and are open at least 40 hours a week.[14] The majority of IHS hospitals have emergency departments and some provide surgical services and specialty care, such as ophthalmology and

[14]Other federally operated IHS facilities include school health clinics and health stations, which provide primary care services and are open less than 40 hours per week.

orthopedics. Health centers generally provide outpatient services and provide primary and preventive care.

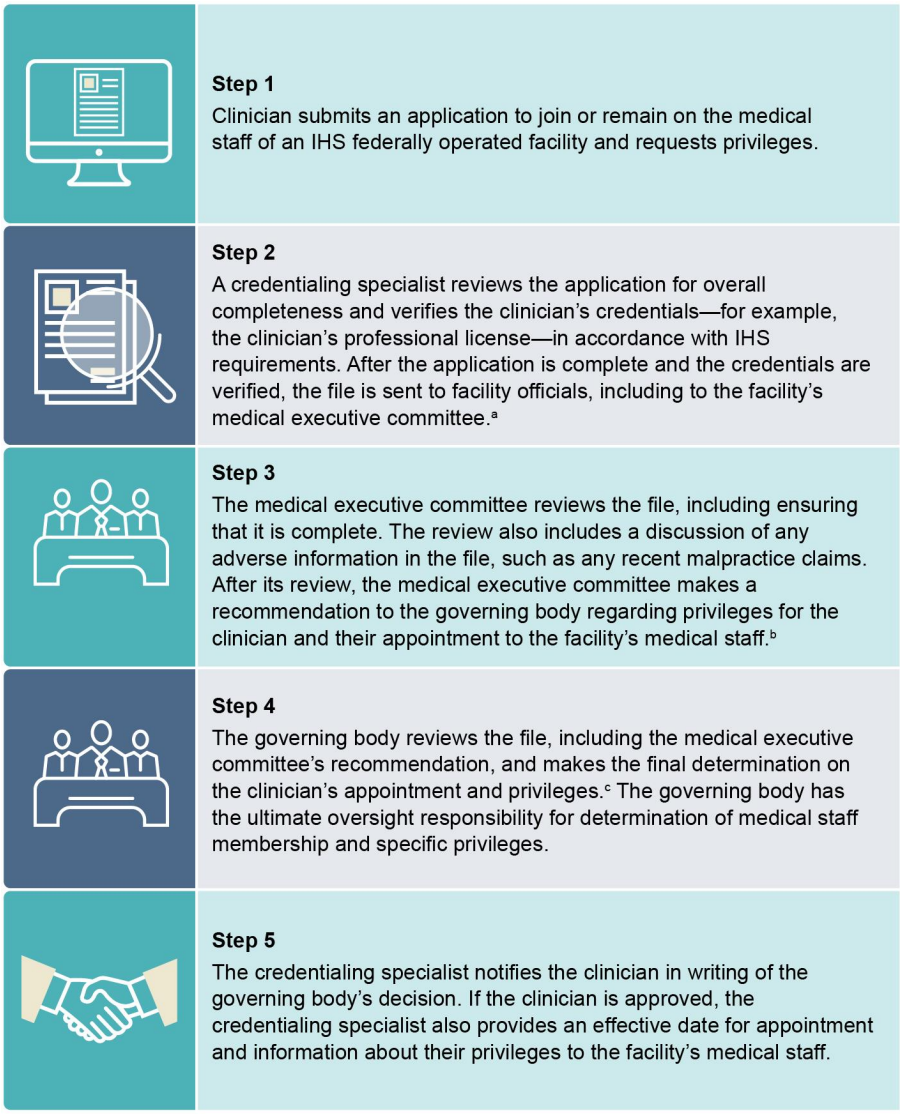
According to IHS, as of January 2024, about 14,000 people work at IHS's federally operated facilities. Of this workforce, roughly 3,000 are clinicians—including licensed independent health care practitioners, such as physicians, nurse practitioners, dentists, and podiatrists.

IHS Credentialing and Privileging

IHS reviews and verifies the credentials and professional qualifications and abilities of clinicians working at, or seeking to work at, its federally operated facilities in a process known as credentialing and privileging. During this process, a credentialing specialist, who may be based at the area or facility level, is responsible for reviewing a clinician's application to join an IHS federally operated facility's medical staff (initial appointment) or to remain on staff at the facility (reappointment); the credentialing specialist is also responsible for collecting information necessary to verify the clinician's credentials.[15] Leadership officials on both the facility's medical executive committee and the area's governing body separately review the information and determine whether the clinician is qualified to provide health care services, including what kinds of services the clinician may provide at a given facility (privileges). See figure 2 for an overview of IHS's credentialing and privileging process.

[15]Initial appointments last for one year. Reappointments, where the clinician must apply for a renewal of their membership and privileges, may not exceed two years.

Figure 2: Overview of Indian Health Service (IHS) Credentialing and Privileging Process



Source: GAO interviews with IHS officials and GAO review of IHS documents (data); M.Style/stock.adobe.com (icons). | GAO-24-106230

[a]The medical executive committee is comprised of clinicians from the facility and senior facility leadership, such as the chief of staff and clinical director.

[b]The governing body is comprised of senior leadership from the federally operated facility and area office, such as the area director.

[c]Privileges specify the health care services a clinician is authorized to provide to patients.

IHS headquarterds, specifically the IHS Office of Quality in conjunction with the IHS Chief Medical Officer, is responsible for developing and

issuing the agency's national credentialing and privileging policy and requirements.[16] IHS's national credentialing and privileging policy is described in the Indian Health Manual and requirements are specified in various documents, including the electronic clinician application, IHS circulars, and fact sheets.[17] Table 1 provides an overview of selected IHS national credentialing and privileging requirements applicable to the clinician files we reviewed, namely those that a credentialing specialist verifies with an external source, as of July 2023.[18]

Table 1: Overview of Selected Indian Health Service (IHS) Credentialing and Privileging Requirements, as of July 2023

Requirement	Description
Database reviews	
National Practitioner Data Bank	At initial appointment and reappointment: check this electronic repository for information such as reports on medical malpractice payments, state licensure, judgment, or conviction reports, among other information.[a]
Department of Health and Human Services *List of Excluded Individuals and Entities*	At initial appointment and reappointment: verify that the clinician is not on this list of individuals or entities that have been excluded from participation in federally funded health care programs, such as Medicare.[a]
Verification of credentials	
Professional education	• At initial appointment: verify all of a clinician's professional education. • At reappointment: verify any professional education completed since the last appointment.
Professional license(s)	• At initial appointment: verify all active and inactive professional licenses. • At reappointment: verify all active professional licenses.[a]
Board certification	• At initial appointment: verify all board certifications. • At reappointment: verify any new board certifications and confirm certifications that would have expired since the last appointment have been renewed.
Drug Enforcement Administration registration[b]	• At initial appointment: verify that the clinician, if required by their state, is registered with the United States Drug Enforcement Administration. • At reappointment: verify any new registrations and confirm registrations that would have expired since the last appointment have been renewed.
Review of references and clinician health status	

[16]Area offices may also develop and issue area-specific policies and requirements. IHS officials said these policies and requirements cannot be less stringent than the agency's national policy.

[17]Indian Health Service, "Part 3, Chapter 1: Medical Credentials and Privileges Review Process," in *Indian Health Manual* (Rockville, Md.: Nov. 19, 2008)

[18]One of the requirements related to peer references was subsequently changed by IHS in August 2023, which will be discussed later in the report.

Requirement	Description
Peer references	At initial appointment only: collect and review a minimum of two peer references who can attest to the clinician's current professional and clinical judgement, competence, and character.
Peer references have recent knowledge of clinician	At initial appointment only: confirm that two peer references have knowledge of the clinician from the last 12 months.[c]
Reference from professional education	At initial appointment only: for clinicians who graduated within the prior 2 years: ensure one of the two required peer references is from the clinician's professional school.
Reference from current employer	At initial appointment only: for clinicians employed by a health care entity at the time of their application: ensure that one of the two required peer references is from the clinician's current chief of staff or department supervisor.
Clinician health status	At initial appointment and reappointment: ensure that the clinician submitted an attestation that they are physically able and mentally capable of performing the required functions of their role and that the attestation was confirmed by a supervisor or personal physician.
Use of technology	
Use of electronic application	At initial appointment and reappointment: confirm that the clinician used the credentialing and privileging electronic application.

Source: GAO summary of IHS credentialing and privileging requirements. | GAO-23-106230

Note: The requirements presented here were in effect at the time we conducted our review. This table does not include all credentialing and privileging requirements. It includes an overview of requirements in which IHS must verify a clinician's information with an external source, such as a state licensing board or the Department of Health and Human Services. The overview does not include all actions associated with each of the selected requirements.

[a]This requirement also applies anytime a clinician requests changes to their privileges.

[b]In order to dispense, prescribe, or administer a controlled substance, federal law requires that a practitioner hold a Drug Enforcement Administration registration. Controlled substances are drugs that have a potential for abuse and dependence.

[c]As of August 2023, peer references must have personal knowledge of the clinicians from the last 24 months, instead of the last 12 months, according to IHS. IHS officials said they made this change to align with industry best practices.

In 2017, IHS began requiring its federally operated facilities to use MD-Staff, an electronic software package, to manage the credentialing and privileging process. The move to MD-Staff was intended to standardize the data collection, storage, access, and approval of credentialing and privileging across the agency.[19] In addition to storing credentialing and privileging information, MD-Staff can automate previously manual tasks. For example, MD-Staff can be used to automate both the tracking of

[19]Prior to MD-Staff, officials told us more than 40 Excel and Access worksheets and multiple software programs were used to document and track credentialing and privileging across IHS areas and facilities.

credentials, such as medical licenses, that can expire and verification of their renewal.[20]

MD-Staff is also used to store and manage other key pieces of information, including through a number of modules tailored to different aspects of the process. For example, a module known as MD-App includes the electronic application that clinicians are to use when applying for initial appointments and reappointments. This application serves as the starting point for the credentialing and privileging process.

IHS Oversight Did Not Ensure Adherence to Its Credentialing and Privileging Requirements

Oversight of Credentialing and Privileging Is Primarily Conducted by Facilities and Area Offices

IHS's facilities and area offices are primarily responsible for overseeing the agency's credentialing and privileging process, according to interviews with agency officials and IHS policy.[21] This oversight is primarily done through reviewing and approving each clinician's credentialing and privileging file, first by the facility's medical executive committee, and then by the area governing body, as required by IHS policy.[22] Area officials told us that both the medical executive committee and governing body are to reject incomplete files if they receive them.

In addition to these required reviews, IHS facilities and areas regularly take additional action to help ensure they adhere to IHS credentialing and privileging requirements. For example, each credentialing and privileging file is reviewed for completeness prior to being sent to the facility's

[20]In contrast, in a paper-based system, credentialing specialists need to manually track credentials that can expire between appointment cycles to verify that they have been renewed.

[21]See Indian Health Service, "Part 3, Chapter 1: Medical Credentials and Privileges Review Process" and Indian Health Service, *Assuring Quality in Medical Staff Membership*, Circular No. 20-05 (Rockville, Md.: August 6, 2020).

[22]This process may be documented in one of MD-Staff's modules. However, IHS officials told us the use of the module is not required and we found that it was used for about one-third of the credentialing and privileging files we reviewed. For other files, the process may have been documented on paper instead of in the MD-Staff module. IHS officials told us they plan to require the use of the module in the future after some software updates are implemented.

medical executive committee, according to officials from most of the areas in our review.[23] The processes used to check for completeness varied across these areas. For example, officials from one area said the area's lead credentialing specialist reviews all files for completeness while officials from another area told us a second credentialing specialist not initially assigned to the file reviews the work of a colleague. In addition, a few area officials reported using area-specific checklists to help ensure all necessary information is collected and verified.

Facilities and areas also regularly use MD-Staff to monitor information, such as clinician credentials, that may need updating between appointment cycles, according to IHS area office officials. For example, officials from one area described using reports they generated in MD-staff to assist in identifying clinicians who are current versus not up to date with IHS trainings, such as those related to protecting children and prescribing opioids. Another area described reviewing MD-staff reports to ensure all clinicians have active state medical licenses.

IHS headquarters' oversight of credentialing and privileging has primarily consisted of providing training and technical assistance to facilities and areas, reviewing select credentialing and privileging files, and monitoring the use of MD-Staff agencywide. For example:

- IHS headquarters officials told us they hold several monthly meetings for area and facility staff tasked with credentialling and privileging responsibilities.[24] These meetings are used to share information across the agency, including best practices, and to address common challenges.[25]
- In August 2020, IHS began requiring headquarters officials to review credentialing and privileging files for clinicians with restricted professional licenses. Specifically, prior to final governing body

[23]A credentialing specialist may be associated with an individual facility or be based at the area office. According to IHS, based on July 2023 data reflecting about 1,000 initial appointments, the median number of days between when a clinician submits a complete initial application and their privileges are approved by their governing body is 36.

[24]Headquarters officials said that monthly credentialing specialist meetings began in April 2021, monthly educational town halls began in September 2021, and office hours began in July 2022.

[25]For example, a June 2023 call with credentialing specialists discussed many topics, including standardizing data in MD-Staff and an upcoming conference for professionals who do clinician credentialing. Information from these meetings are stored in a website, accessible to staff, according to IHS officials.

approval, files for such clinicians are to be submitted to headquarters' Quality Assurance Risk Management Committee, which is comprised of senior headquarters officials including the Chief Medical Officer, Director of Human Resources, and Director of the Office of Quality, for review.[26] While headquarters must review files for clinicians with restricted licenses, headquarters does not routinely review credentialing and privileging files for other clinicians for adherence to IHS policy or related requirements.

- IHS headquarters officials said they are working with areas and facilities to improve the use of MD-Staff. For example, officials from the Office of Quality told us they identified several areas in 2022 that were not using modules in MD-Staff to 1) document management review of files and 2) share employment information between IHS and non-IHS facilities. Officials told us they provided one-on-one training and held education town halls to increase the use of these modules.[27] In addition, the agency's 2023 work plan—a document that outlines critical actions the agency is planning to take during the year to address risk priorities—included standardization of MD-Staff across the agency.[28] The IHS Chief Medical Officer is leading this effort. As

[26]See Indian Health Service, *Assuring Quality in Medical Staff Membership*, Circular No. 20-05 (Rockville, Md.: Aug. 6, 2020). A restricted license means the clinician's ability to practice medicine is limited (e.g., loss of prescribing privileges). For example, an IHS clinician applying for reappointment with a restricted medical license due to a history of a substance use disorder would have to be reviewed and endorsed by the committee prior to the clinician's governing body approving the reappointment. These reviews are documented in the meeting minutes for the Quality Assurance Risk Management Committee and not the clinician's credentialing and privileging file, according to IHS officials.

[27]IHS headquarters officials also conducted reviews of facilities' use of MD-Staff in 2020. This review found several issues with the use of MD-Staff across the agency. For example, the review found that many facilities were not using MD-App, the electronic application in MD-Staff. Rather, they were using paper applications. The review also found that facilities did not have credentialing and privileging information for all their active clinicians in MD-Staff. Instead, information for these clinicians was maintained in paper format onsite, according to IHS officials. In 2021, IHS reviewed data in MD-Staff and determined that facility credentialing specialists were not using consistent terminology when entering data into MD-Staff, making it difficult for IHS to aggregate data for reporting purposes. For example, they found 1,277 different terms were used in MD-Staff to document the reason a clinician resigned. In 2021, IHS standardized the data field in MD-Staff, reducing the number of options to nine.

[28]See Indian Health Service, "Patient Safety. Enhance Standardization of the Credentialing System," in *Indian Health Service 2023 Agency Work Plan*, Fact Sheet (Rockville, Md.: January 2023).

of January 2024, 67 of 80 MD-Staff data fields and processes had been standardized.

Oversight Was Insufficient to Ensure Adherence to Credentialing and Privileging Requirements

Existing IHS oversight was insufficient to ensure that IHS credentialing and privileging requirements were fully met, according to the results of our credentialing and privileging file review. IHS nearly always met its requirements to review medical background databases and verify certain credentials such as a clinician's education for the random sample of files we reviewed. It did not consistently meet requirements related to verifying professional licenses, and clinician references, confirming a clinician's physical and behavioral health status, and use of the electronic application (see table 2).[29]

Table 2: Adherence to Selected Indian Health Service (IHS) Credentialing and Privileging Requirements for 91 Randomly Selected Files

Requirement	Number of files where requirement applied	Number (percent) of files that did not meet the requirement
Database reviews		
National Practitioner Data Bank	91	0 (0%)
Department of Health and Human Services List of Excluded Individuals and Entities	91	1 (1)
Verification of credentials		
Professional education	91	3 (3)
Professional license(s)	91	11 (12)
Board certification	91	2 (2)
Drug Enforcement Administration registration	91	1 (1)
Review of references and clinician health status		
Peer references[a]	34	1 (3)
Peer references have recent knowledge of clinician[a]	34	14(41)

[29]We considered a file to have not met a requirement if at least one element of the requirement was not satisfied. For example, if a clinician reported eight medical licenses and IHS verified seven, the requirement to verify all professional medical licenses at initial appointment would be considered unmet. In addition, a file was considered to have not met a requirement if it (1) lacked documentation that IHS verified the required information; (2) showed IHS verified required information after credentials and privileges were approved; or (3) lacked documentation that the electronic application was submitted by the clinician.

Requirement	Number of files where requirement applied	Number (percent) of files that did not meet the requirement
Reference from professional education[b]	8	4 (50)
Reference from current employer[c]	25	20 (80)
Clinician health status	91	19 (21)
Use of technology		
Use of electronic application	91	9 (10)

Source: GAO analysis of IHS clinician credentialing and privileging files and requirements. | GAO-24-106230

Note: We reviewed 91 clinician credentialing and privileging files (34 initial appointments and 57 reappointments) for adherence to selected IHS credentialing and privileging requirements—specifically, requirements where IHS must verify a clinician's information with an external source (such as a state licensing board or the Department of Health and Human Services) and the requirement to use the electronic application. We considered a file to have not met a requirement if at least one element of the requirement was not satisfied.

[a]Requirement applies to initial appointments only.

[b]Requirement applies to initial appointments of clinicians who graduated within the prior 2 years only.

[c]Requirement applies to the initial appointments of clinicians employed by a health care entity at the time of their application only.

Specifically, IHS did not meet the credentialing and privileging requirements for 10 percent or more of the files we reviewed in the following areas.

Professional licenses. Eleven of the 91 files we reviewed (12 percent) did not meet IHS's requirement to verify all licenses held by the clinician.[30] For three of the 11 files, IHS failed to verify any licenses prior to approving privileges. For the other eight files, IHS verified at least one license prior to approving privileges, but failed to verify all of the clinicians' licenses. For example, for one file IHS verified the license the clinician held in one state, but it did not verify a license from a second state. For five of these 11 files, IHS officials provided documentation that all licenses were ultimately verified, but the verifications occurred after credentials and privileges were approved, which is inconsistent with IHS policy.

Verifying all of a clinician's professional licenses is important because it provides IHS staff reviewing the file with complete information about the current status of the clinician's licenses, including any restrictions. The failure to verify all licenses increases the risk that IHS could hire or retain

[30]For initial appointments, IHS must verify all active and inactive state licenses, while for reappointments, IHS must verify all active state licenses. See IHS, "Part 3, Chapter 1: Medical Credentials and Privileges Review Process."

clinicians with professional or performance issues, which may affect the quality of care patients receive and put patients at risk.

References. IHS facilities did not consistently meet requirements to collect references from individuals with recent knowledge of the clinician or from specific required individuals—including from a chief of staff or departmental supervisor, and those from professional schools.

- *Recent knowledge of clinician.* Nearly all 34 initial appointment files we reviewed had documentation of two peer references as required. However, 14 of these files (about 41 percent) did not meet the requirement that two references be from individuals with recent knowledge of the clinician, which IHS defined as within the last 12 months.[31]
- *Reference from professional education.* Four of the eight initial appointment files for clinicians who had graduated from professional school within the last two years (50 percent) did not include a reference from their professional school as IHS requires.
- *Reference from current employer.* We found that 20 of the 25 initial appointment files for clinicians who were employed by a health care entity at the time of their application (80 percent) did not include a reference from their current chief of staff or department supervisor, as IHS requires.[32]

According to IHS officials, in some cases the facilities were not using the standard IHS peer reference form. In addition, some facilities' medical staff bylaws we reviewed provided less specific instructions on references than the national requirement.

Collecting references from individuals with recent and pertinent knowledge of the clinician, as IHS requires, is critical to receiving valuable information about clinicians' quality of patient care, clinical skills, and communications skills, beyond what might be apparent solely from their professional qualifications. By not collecting the required references, IHS may lack important first-hand knowledge about a clinician's performance

[31]IHS officials told us they changed the definition of recent knowledge from 12 months to 24 months in August 2023 to be in line with industry best practices. Based on our review of 34 initial appointment files, 10 of the files (about 29 percent) would have failed to meet the expanded 24-month definition for a peer reference with recent knowledge of the clinician.

[32]IHS officials told us this requirement may be changed because applicants often decline to offer the current supervisor as a reference.

and professionalism. This in turn increases the risk that IHS may not make informed decisions about clinician suitability for IHS roles or on the appropriateness of requested clinical privileges, which could ultimately put patients at risk.

Clinician health status. Nineteen of 91 files we reviewed (about 21 percent) did not meet IHS's requirement that the clinician attest that they are physically able and mentally capable of performing the required functions of their role and have the attestation confirmed by a supervisor or personal physician.[33] These 19 files either lacked the health attestation form, or the health attestation form provided by the clinician was not confirmed by a supervisor or personal physician.

Most (17 of 19) of the files that did not meet the requirement were for clinicians seeking reappointment to their IHS position. Furthermore, nearly all of the files (18 of 19) were from the Navajo and Phoenix areas. According to headquarters officials, these two areas had been using facility-specific applications, forms, and processes, which differed from the national IHS requirements. However, in October 2023, IHS told us that these areas were now following standardized agencywide protocols.

Confirming a clinician's health status provides IHS with reasonable assurance that the clinician does not have any undisclosed or unmanaged health conditions that may impair their ability to provide quality health care to patients.[34]

Use of electronic application. Nine out of 91 files we reviewed (about 10 percent) did not meet IHS's requirement that clinicians use the electronic application contained in MD-App, a module of MD-Staff. This is despite the fact that IHS began using this electronic credentialing and privileging software and application in 2017, 4 years prior to the submission of most of the files we reviewed.

These nine applications used outdated paper applications that contained fewer attestation questions about a clinician's history than the electronic

[33]While this requirement remained in effect as of December 2023, IHS officials told us they plan to remove the requirement that a clinician's health status be confirmed by a supervisor or personal physician because, according to IHS, none of the organizations that accredit its federally operated facilities requires confirmation.

[34]Clinicians can indicate on the statement of health form if they have a health issue that requires accommodation. The supervisor or personal physician confirming the clinician's health is to then indicate the accommodation required by the clinician.

application in MD-App. For example, five of the nine paper applications did not ask the clinician if they were ever the subject of an investigation regarding sexual misconduct, child abuse, domestic violence, or elder abuse. Officials from one area told us a clinician completed a paper application in 2022 because the facility, one of the largest IHS hospitals, was not using MD-App at the time.[35]

The use of a standard application, such as that provided by MD-App, is important because it ensures that clinicians are submitting the same information for IHS review. This is a critical step toward achieving IHS's goal of standardizing the IHS credentialing system across the agency.[36]

IHS Lacks a Comprehensive Source of Credentialing and Privileging Requirements and Headquarters' Oversight Is Limited

We identified two primary causes for why IHS failed to consistently meet all of the credentialing and privileging requirements we reviewed. First, IHS does not have a single comprehensive document that clearly specifies all the agency's credentialing and privileging requirements in one place. Second, IHS headquarters' oversight of credentialing and privileging processes conducted by facilities and area offices is not sufficient to identify nonadherence to requirements.

IHS last published a national guidance document detailing how to meet its credentialing and privileging requirements in 2005; parts of this guidance document are outdated and the document does not contain all the information that is currently relevant.[37] Instead, IHS requirements are spread across a number of documents, including the national credentialing and privileging policy, the electronic application in MD-App,

[35]Officials from the area said the facility began using MD-App in January 2023.

[36]Indian Health Service 2023 Agency Work Plan.

[37]This document predates both when the current national policy was issued (2008) and when MD-Staff was implemented (2017).

an IHS fact sheet, an IHS circular, area-specific guidance, and facility medical staff bylaws.[38] For example:

- IHS national policy requires that initial appointments have two peer references. However, the requirement that these references' knowledge of the clinician be from the last 12 months is found in the instructions of the required electronic application in MD-App.[39]
- IHS national policy requires that a clinician must have an unrestricted license, but it does not specify what must be done if a clinician has any restricted licenses; clinicians may have licenses from more than one state. Credentialing specialists must refer to a 2020 IHS circular for information on the review process specific to clinicians with restricted licenses.[40]

Thus, IHS credentialing specialists must consult multiple documents to ensure they know and comply with all elements of IHS credentialing and privileging requirements.

Further, some of the documents contain conflicting requirements, and, as noted earlier, we found that some facilities and areas were using outdated area- or facility-specific forms and processes. For example, while IHS national policy specifies that clinicians must be credentialed and privileged every 2 years, we found two clinicians whose reappointments were approved for 3 years. This occurred because the bylaws of the facility where these clinicians worked allowed 3-year reappointments,

[38]See, for example, the following Indian Health Service publications: "Part 3, Chapter 1: Medical Credentials and Privileges Review Process; *IHS Medical Staff – Initial Application – OMB No. 0917-0009* (Rockville, Md.: Aug. 31, 2020); *IHS Medical Staff – Reapplication – OMB No. 0917-0009* (Rockville, Md.: Aug. 31, 2020); *Credentialing Software and Policy Update*, Fact Sheet (Rockville, Md.: Oct. 17, 2017); *Assuring Quality in Medical Staff Membership*, Circular No. 20-05 (Rockville, Md.: August 6, 2020); *Oklahoma City Area Policy and Procedures Credentialing and Privileging of Licensed Independent Healthcare Providers,* Circular No. 2021-02 (Oklahoma City, Okla.: May 5, 2021); *Medical Staff Bylaws of the Indian Cass Lake Hospital/Health Facility* (Cass Lake, Minn.: Feb. 2, 2022).

[39]According to IHS, in August 2023, the agency updated its application instructions related to the requirement that references' knowledge of the clinician be from the last 12 months. According to IHS, the application now specifies that references' knowledge be from within the last 24 months.

[40]Indian Health Service, Circular No. 20-05.

which is inconsistent with IHS national policy.[41] Additionally, as noted above, IHS officials indicated that applications and forms from two areas differed from national requirements as it relates to verifying clinician's health status. According to the officials, facility bylaws may be more stringent than national requirements but cannot be less stringent.

Moreover, as previously discussed, IHS headquarters' oversight is limited to providing training and technical assistance to facilities and areas, reviewing credentialing and privileging files for clinicians with restricted licenses, and monitoring the use of MD-Staff. IHS headquarters does not, for example, regularly review clinician files for adherence to IHS credentialing and privileging requirements. In addition, headquarters officials reported they do not regularly review facility bylaws for adherence to national requirements. As a result, IHS headquarters officials have not been in a position to identify when facilities or area offices are failing to adhere to national requirements.

The lack of a single, comprehensive source of agency requirements and regular monitoring by headquarters also helps explain other reasons identified by IHS officials as causing the agency's failure to consistently meet all of its requirements, including:

- Failure by the credentialing specialist and individuals reviewing the work to identify missing or incomplete parts of the credentialing and privileging file;
- Lack of awareness that peer references had to have recent knowledge (within the last 12 months at the time of our review) of the clinician; and
- Confusion about what constituted a recent graduate from professional school.

Creating a single, comprehensive source of its credentialing and privileging requirements, updating it when requirements change, and establishing regular monitoring by headquarters, would be consistent with IHS's strategic goals of strengthening its management and operations through effective oversight and standardizing the IHS credentialing

[41]According to IHS officials, this facility's bylaws incorporated the 3-year reappointment standard of its accrediting bodies, instead of the more stringent 2-year standard set by IHS policy. IHS headquarters officials said they directed facilities to follow IHS policy of appointment time frames, which for reappointments is 2 years.

system across the agency.[42] In addition, it could provide the agency with a reasonable assurance that its credentialing and privileging process collects and verifies all necessary information about a clinician.

Planned Efforts to Develop New Guidance and Increased Oversight Are in Initial Stages

According to IHS officials, the agency is developing a credentialing and privileging procedure manual and plans to create a more active oversight role for IHS headquarters.

New guidance. Officials told us they anticipate that the procedure manual will expand on the updated policy by detailing the steps needed to fulfill each requirement. For example, according to IHS officials, the procedure manual could specify what is required for peer references, such as a definition of what constitutes a peer, and direct staff to use the approved IHS peer reference form.[43] Officials told us a procedure manual would be a better source for detailed information about credentialing and privileging requirements because it can be updated more quickly and regularly than policy.[44] Once published, IHS expects to review and update the procedure manual at least annually, according to officials.

Oversight. IHS officials also told us that the agency intends to use the new procedure manual to outline new oversight roles, including for IHS headquarters. Specifically, officials said the procedure manual will require IHS headquarters to conduct audits of credentialing and privileging files independently of the facility and area. Officials said the procedure manual will also include a new requirement for areas and facilities to conduct audits of their credentialing and privileging files. Area and facility officials will receive training on how to conduct these audits and be required to use a standardized checklist to audit files for compliance with IHS

[42]Indian Health Service, "Objective 3.2: Secure and Effectively Manage the Assets and Resources," *IHS Strategic Plan Fiscal Years 2019-2023* (Rockville, Md.: July 9, 2019) and Indian Health Service, "Patient Safety. Enhance Standardization of the Credentialing System," *Indian Health Service 2023 Agency Work Plan* (Rockville, Md.: January 2023).

[43]Officials from one area office told us additional clarity on what constitutes a peer would be helpful. IHS headquarters officials said they plan to include a definition of what constitutes a peer in the manual.

[44]According to IHS officials, updates to policy in the Indian Health Manual require multiple levels of management review at IHS and its overseeing department, the Department of Health and Human Services.

requirements and communicate the results of the audits to headquarters, according to officials.

In addition to these new audits, IHS officials noted two other ways they intend to increase headquarters oversight of credentialing and privileging. First, they plan to increase the number of credentialing and privileging files headquarters is directly involved in reviewing. As previously mentioned, under current policy, headquarters' Quality Assurance Risk Management Committee is required to review the files of clinicians with restricted professional licenses. According to IHS officials, they plan to require the committee to review files with other types of 'red flags', such as files for clinicians with short tenures at multiple facilities or a history of substance use disorder.

Second, IHS officials told us the updated national policy will contain a requirement for headquarters' officials to review facility medical staff bylaws to ensure they comply with the updated credentialing and privileging policy. Such a review, if implemented, could help address nonadherence to IHS requirements that was caused by facility bylaws conflicting with or being less stringent than the national requirements.

IHS's plans for a procedure manual, including potential new oversight requirements, are in the initial stages of development. According to IHS officials, the agency began drafting the procedure manual in December 2023 to accompany its national credentialing and privileging policy; this policy is currently in the process of being updated and scheduled to go into effect in the second half of 2024.[45] Officials told us they anticipate having the procedure manual completed when the new policy goes into effect.

If completed, implemented, and kept up to date, this new guidance and increased oversight could help to address the reasons why IHS failed to meet certain credentialling and privileging requirements. It could also provide reasonable assurance that IHS officials are following a standard process for screening clinicians. However, until these plans are finalized and implemented, it is impossible to know if these planned changes will effectively guide and assess IHS areas' and facilities' adherence to the agency's requirements. Until IHS ensures adherence to its credentialing and privileging requirements, the agency risks hiring or retaining clinicians

[45]In April 2022, IHS began updating its national policy, which was issued in 2008, to better align it with industry best practices, according to officials.

with professional, health, or performance issues, which may ultimately affect the provision of quality medical care to patients and put its patients at risk.

Selected IHS Clinicians Reported Performing a Range of Administrative Tasks Totaling Up to 50 Percent of Their Time

Administrative Tasks Cited by Selected IHS Clinicians Include Those Related to the Electronic Health Record and Facility Meetings

The selected clinicians we interviewed from federally operated IHS facilities reported performing a number of tasks they considered to be administrative, such as those related to the electronic health record (EHR) system, facility meetings, communications related to patient care, and trainings (see table 3). As noted previously, the health care industry does not have a commonly accepted definition for what constitutes an administrative task.

Table 3: Most Frequently Cited Administrative Tasks Performed by 24 Selected Indian Health Service (IHS) Clinicians

Category	Examples of administrative tasks
Electronic health record (EHR)	• Entering patient data • Fixing discrepancies within the EHR • Patient chart review
Health care facility meetings	• Medical executive meetings with facility leadership • Clinical staff meetings • Committee meetings
Communications related to patient care	• Telephone calls • Day-to-day emails • Writing letters • Facilitating transfers
Trainings	• Mandatory annual trainings • Continuing education trainings

Source: GAO analysis of interviews with a random sample of 24 IHS clinicians. | GAO-24-106230

Note: This table is not exhaustive of all administrative tasks reported by the IHS clinicians interviewed.

Some of the administrative tasks identified by our selected clinicians were directly related to patient care, such as charting patient encounters within the EHR, which digitizes a patient's medical history, and communicating with patients or staff. For example, one clinician described spending administrative time documenting their patients' experiences after seeing referred specialists. Another clinician considered phone calls related to facilitating patient transfers, obtaining patient records, and scheduling patient encounters to be administrative in nature.[46]

Other administrative tasks cited were associated more with health care facility operations, such as staff and committee meetings. For example, one clinician attended meetings held by the clinician's facility's pharmacy and therapeutic committee. During these meetings, clinicians at this facility discussed the approval or removal of medications from the prescription drug formulary and patients who require medications that are non-formulary.

Similar to what clinicians at IHS federally operated facilities reported, leadership officials we interviewed at tribally operated facilities also reported that their clinicians participate in health care facility meetings and consider such meetings to be administrative in nature. For example, officials from one tribally operated facility told us they considered committee meetings where their clinicians discussed topics related to process and policy improvement to be administrative.

Additionally, some of the administrative tasks cited by the IHS clinicians we interviewed were similar to those reported in the published literature and by officials from the national medical associations we spoke with. For example, the literature and medical associations we interviewed also cited administrative tasks related to the EHR, such as patient information documentation.

However, some administrative tasks cited in the literature or by medical association officials were not mentioned, or were infrequently mentioned, by the IHS clinicians we spoke with. This included tasks related to billing and insurance, regulatory compliance, and health care quality measurement. For example, the literature and medical association officials discussed the administrative burden of prior authorizations—a

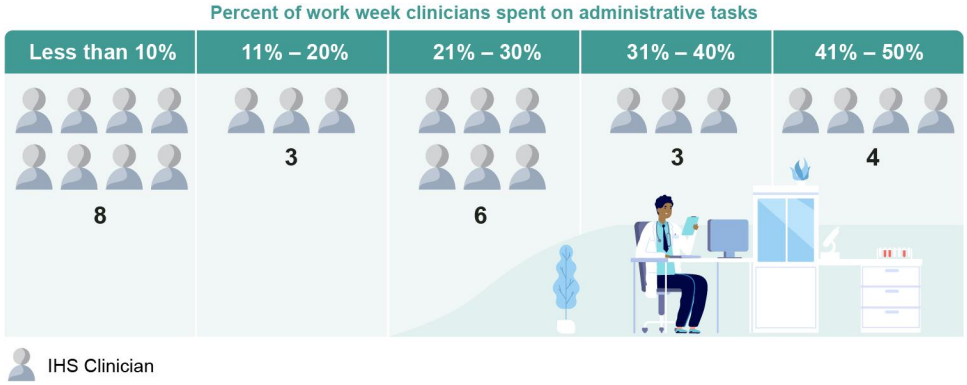
[46]The transfer of patients to another health care facility is often required when a patient needs specialized treatments, consultations with specialists, or access to advanced medical technologies that are not available at the facility where the clinician saw the patient initially.

process where health care providers must obtain advance approval from a health insurance plan to be reimbursed. Tasks related to billing and insurance, including prior authorization, were cited by only two IHS clinicians we spoke with. This may be due, at least in part, to the fact that IHS federally operated facilities do not charge eligible American Indians/Alaska Natives for services provided and have billing staff who handle billing and insurance related tasks for patients that have insurance.

Selected IHS Clinicians Reported Spending 1 to 50 Percent of Their Time on Administrative Tasks

The amount of time IHS clinicians we interviewed reported spending on administrative tasks varied, ranging from 1 to 50 percent of their typical work weeks (see fig. 3). Nearly half of the 24 selected clinicians we interviewed (11) told us they spent 20 percent or less of their time performing administrative tasks. However, four clinicians told us they spent up to 50 percent of their work weeks completing administrative tasks.

Figure 3: Proportion of Time 24 Selected Indian Health Service (IHS) Clinicians Estimated Spending on Administrative Tasks



Source: GAO analysis of interviews with a random sample of 24 IHS clinicians (data); GAO (icons); MicroOne/stock.adobe.com (illustration). | GAO-24-106230

The 24 selected IHS clinicians we interviewed had varying views on which administrative tasks they considered their most time consuming, including those in the following areas.

Communications related to patient care. Nine IHS clinicians told us they considered tasks related to communicating with patients, staff, and other facilities about patient care to be their most time-consuming

administrative tasks. Four of the nine clinicians told us the amount of time they spent on this task was due to a lack of administrative support and staffing. For example, one clinician explained that managing telephone calls pertaining to requesting patient transfers, conducting consults, and contacting other hospitals is time consuming due to a lack of support personnel within that clinician's facility.

The amount of time clinicians reported spending on patient care related communication tasks varied. For example, one clinician told us they spent 1 to 2 hours of their 40-hour work week calling patients to communicate test results and arrange follow-up encounters, while another clinician told us they spent 12 hours of their 40-hour work week, or 30 percent of their time, communicating with patients via phone or letters.

Examples of Administrative Time Spent on Electronic Health Record Tasks from Published Literature

Published literature we reviewed identified examples of how much time clinicians who work outside of Indian Health Service facilities spent on tasks related to the electronic health records (EHR). For example:

- One study estimated that family medicine physicians at a Wisconsin hospital spent about 6 hours out of an 11-hour work-day, on average, using the EHR. (Arndt, Beasley, Watkinson, Temte, Tuan, Sinsky, and Gilhirst, "Tethered to the EHR," 2017.)
- Another study found that most of the primary care physicians surveyed (61 percent) spent 1 to 2 hours daily during the week and 1 to 3 hours daily on the weekends outside scheduled clinic time on EHR documentation. (Mishra, Kiang, and Grant, "Medical Scribes in Primary Care with Physician Workflow," 2018).

See the bibliography for a full list of published literature within our review.

Source: GAO summary of literature | GAO-24-106230

EHR. Eight IHS clinicians told us they considered tasks related to the EHR to be their most time-consuming administrative tasks. Several of these clinicians that we spoke with told us they spent considerable time working within IHS's EHR because it is "antiquated" and "difficult to use."[47] For example, one clinician explained that, when entering patient notes, IHS's EHR can stall and delete all the patient information entered by the clinician. To adapt to this challenge, this clinician said they document their patient encounter notes outside of the EHR and then copy the information into the appropriate location once finished.

The amount of time clinicians spent on EHR-related tasks varied. For example, one clinician reported spending 2 to 3 hours of a 40-to-50-hour work week entering patient notes and test results within the EHR. Another clinician reported spending 8 hours of a 45-to-50-hour work week correcting deficiencies within IHS's EHR. A third clinician said they spent up to 12 hours of a 40-hour work week entering information about patient visits, billing, printing referrals, and faxing within the EHR.

Health care facility meetings. Three IHS clinicians told us they spent the most administrative time attending health care facility meetings, about 2 to 4 hours per week. For example, one clinician said their health care facility clinic is closed every Thursday morning for four hours so staff can attend IHS area meetings.

[47]In November 2023, IHS announced that it has selected General Dynamics Information technology, Inc. to build and maintain a new EHR system utilizing Oracle Cerner technology. According to officials, IHS plans to begin implementing the new EHR system in fiscal year 2025 with implementation to be completed for all sites by the early 2030s.

Other tasks. Four IHS clinicians identified other administrative tasks as their most time-consuming. For example, one clinician—a physician—reported spending 4 to 8 hours per week serving as a medical assistant due to a staffing shortage at their IHS facility. As part of this role, the clinician is paired with another clinician to perform tasks such as screening, charting, and following-up with the other clinician's patients. Another clinician reported spending 2 to 3 hours per week on quality improvement projects including conducting research, collecting evidence, and developing spreadsheets.

In addition, of the 16 IHS clinicians we interviewed who had previously worked at a non-IHS facility, several of them (11) told us they generally spent less time on administrative tasks at their prior positions compared to their current positions with IHS. Clinicians who previously worked elsewhere provided a variety of reasons for why they spent less time on administrative tasks at previous non-IHS facilities including superior EHR functionality, fewer training requirements, and more administrative support at those other facilities.

Conclusions

Effective credentialing and privileging processes are critical for health care organizations to ensure patient safety and deliver high-quality health care. While IHS has taken some steps to improve its processes and practices following questions about clinician quality of care, our review found that IHS was not consistently meeting its clinician screening requirements. Conflicting and outdated guidance spread among many sources have made it challenging for IHS staff to track and, thus comply with, the agency requirements in place at the time they are conducting their reviews. Additionally, existing oversight, done chiefly at the facility and area level rather than at the IHS headquarters level, has been insufficient to ensure that agency credentialing and privileging requirements were fully met.

IHS officials told us they plan to address these issues through their development of a procedure manual, which would help with staff understanding of, and compliance with, IHS requirements, and by increasing oversight at the headquarters, area, and facility levels. However, IHS's plans are in the initial stages and thus have yet to be finalized or implemented.

Compiling information on credentialing and privileging requirements into one source that is updated when requirements change and increasing headquarters role in monitoring compliance are important steps to ensure adherence to agency credentialing and privileging requirements. Without such centralized information in one source, IHS does not have the needed assurance that its clinicians are qualified and competent to deliver quality health care to help the agency best meet its mission to elevate the health of the more than 2.8 million American Indians and Alaska Natives it serves.

Recommendations for Executive Action

We are making the following three recommendations to IHS:

The Director of IHS should develop a single, authoritative source that clearly defines the procedures and steps to meet national credentialing and privileging requirements. (Recommendation 1)

The Director of IHS should develop and implement a process to review and update the single, authoritative source of credentialing and privileging requirements, once developed, to ensure that it is updated in a timely manner to reflect any changes in those requirements. (Recommendation 2)

The Director of IHS should implement regular monitoring of areas' and facilities' adherence to IHS's credentialing and privileging requirements by headquarters officials. Such monitoring could include, headquarter officials conducting audits or reviews of a sample of credentialing and privileging files, and regular reviews of audits conducted by area offices and facilities. (Recommendation 3)

Agency Comments

We provided a copy of this draft report to the Department of Health and Human Services for review and comment. In its written comments (reproduced in appendix I), the Department concurred with all three recommendations and described steps IHS is taking to address them. For example, it said that IHS has workgroups in place to update the agency's credentialing and privileging policy as well as its *Credentialing Guidebook*, which will contain standard operating procedures that will define the steps needed to meet credentialing and privileging

requirements. According to IHS, both are expected to be released in September 2024.

IHS noted it plans to review its credentialing and privileging policy on an annual basis to determine if any updates are needed. It also will be important for IHS to ensure it has a process in place to update its standard operating procedures in a timely manner to reflect any changes to requirements, including any changes that may occur between the annual policy reviews. Finally, IHS said it plans to implement headquarters' monitoring efforts in fall 2024 to coincide with the estimated release of the revised policy. The Department of Health and Human Services also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional requesters, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or RosenbergM@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.

Michelle B. Rosenberg
Director, Health Care

List of Requesters

The Honorable Brian Schatz
Chairman
The Honorable Lisa Murkowski
Vice Chairman
Committee on Indian Affairs
United States Senate

The Honorable John Barrasso
United States Senate

The Honorable Deb Fischer
United States Senate

The Honorable John Hoeven
United States Senate

The Honorable James Lankford
United States Senate

The Honorable M. Michael Rounds
United States Senate

The Honorable Jon Tester
United States Senate

Appendix I: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

March 15, 2024

Michelle B. Rosenberg
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Rosenberg:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, **"INDIAN HEALTH SERVICE: Opportunities Exist to Improve Clinician Screening Adherence and Oversight" (GAO-24-106230).**

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – INDIAN HEALTH SERVICE: OPPORTUNITIES EXIST TO IMPROVE CLINICIAN SCREENING ADHERENCE AND OVERSIGHT (GAO-24-106230)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

GAO Recommendation 1
The Director of Indian Health Service (IHS) should develop a single, authoritative source that clearly defines the procedures and steps to meet national credentialing and privileging requirements.

HHS Response
HHS concurs with this recommendation.

In February 2022, the results of an IHS internal agency-wide compliance audit on credentialing and privileging practices identified three actions that needed to be taken: 1) update the Indian Health Manual (IHM) Part 3: Professional Services, Chapter 1 Credentialing and Privileging Policy; 2) update the Credentialing Guidebook; and 3) initiate standardization of the credentialing software (MD-Staff) fields and processes. The immediate priority was to standardize MD-Staff fields to capture comprehensive credentialing and privileging information to meet industry standard. As of March 6, 2024, 67 of 80 fields/processes have been standardized across IHS in the MD-Staff software system. The remaining fields and processes will be standardized by June 30, 2024.

In July 2021, the IHS leadership added a Credentialing Coordinator, subject matter expert (SME), to the IHS Office of Quality (OQ) to provide oversight and expert guidance to achieve and sustain compliance with policy, national credentialing industry best practices, and accreditation requirements. As a result of the IHS internal agency-wide audit, three workgroups were developed to update the agency IHM Credentialing and Privileging Policy, update the Credentialing Guidebook as Standard Operating Procedures (SOP), and standardize the MD-Staff software.

As of March 6, 2024, the IHM Credentialing and Privileging Policy has been updated and the IHS Office of General Council has provided review of the policy, with comments adjudicated by the OQ and IHS Chief Medical Officer. The policy will progress through the IHS Division of Regulatory and Policy Coordination process with an anticipated dissemination of the policy and SOP in September 2024.

The new policy and SOP clearly define the steps for IHS healthcare facilities to meet credentialing and privileging requirements. The OQ Division of Quality Assurance and Patient Safety is responsible for the dissemination of the new credentialing and privileging policy and SOP agency-wide. Sustainability and standardization will be demonstrated through internal controls identified in the policy, e.g., license and credential verifications, and cycle time for the credentialing process.

GAO Recommendation 2
The Director of IHS should develop and implement a process to review and update the single, authoritative source of credentialing and privileging requirements, once developed, to ensure that it is updated in a timely manner to reflect any changes in those requirements.

HHS Response
HHS concurs with this recommendation.

The IHS updated the IHM Credentialing and Privileging Policy as the single authoritative source of credentialing and privileging requirements across the agency. The policy includes an annual review to ensure that it is updated in a timely manner to reflect any changes in those requirements. The oversight of this policy is assigned to the Office of Quality, Division of Quality Assurance and Patient Safety, with any updates to the policy going through the Division of Regulatory and Policy Coordination.

GAO Recommendation 3
The Director of IHS should implement regular monitoring of areas' and facilities' adherence to IHS's credentialing and privileging requirements by headquarters officials. Such monitoring could include, headquarters officials conducting audits or reviews of a sample of credentialing and privileging files, and regular reviews of audits by area offices and facilities.

HHS Response
HHS concurs with this recommendation.

The updated Indian Health Manual (IHM) Credentialing and Privileging Policy and standard operating procedures (SOP) include requirements for headquarters officials in the IHS Office of Quality, Division of Quality Assurance and Patient Safety to ensure the oversight and monitoring of credentialing and privileging compliance across the agency. Area Governing Bodies are responsible for monitoring compliance, which includes e-virtual reviews through MD-Staff and regular reviews of audits by Area offices and facilities, identifying trends, and implementing any improvements within the Service Units. The responsibilities of auditing and internal control reports are listed in the updated policy. The updated SOP will identify the fields and reports to be audited.

The monitoring of Areas and facilities' adherence to IHS's credentialing and privileging requirements by headquarters officials will be initiated in the Fall 2024 in cadence with the completion of IHM Credentialing and Privileging Policy dissemination.

Accessible Text for Appendix I: Comments from the Department of Health and Human Services

March 15, 2024

Michelle B. Rosenberg
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Rosenberg:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "INDIAN HEALTH SERVICE: Opportunities Exist to Improve Clinician Screening Adherence and Oversight" (GAO-24-106230).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – INDIAN HEALTH SERVICE: OPPORTUNITIES EXIST TO IMPROVE CLINICIAN SCREENING ADHERENCE AND OVERSIGHT (GAO-24-106230)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

GAO Recommendation 1

The Director of Indian Health Service (IHS) should develop a single, authoritative source that clearly defines the procedures and steps to meet national credentialing and privileging requirements.

HHS Response

HHS concurs with this recommendation.

In February 2022, the results of an IHS internal agency-wide compliance audit on credentialing and privileging practices identified three actions that needed to be taken: 1) update the Indian Health Manual (aIHM) Part 3: Professional Services, Chapter 1 Credentialing and Privileging Policy; 2) update the Credentialing Guidebook; and 3) initiate standardization of the credentialing software (MD-Staff) fields and processes. The immediate priority was to standardize MD-Staff fields to capture comprehensive credentialing and privileging information to meet industry standard. As of March 6, 2024, 67 of 80 fields/processes have been standardized across IHS in the MD-Staff software system. The remaining fields and processes will be standardized by June 30, 2024.

In July 2021, the IHS leadership added a Credentialing Coordinator, subject matter expert (SME), to the IHS Office of Quality (OQ) to provide oversight and expert guidance to achieve and sustain compliance with policy, national credentialing industry best practices, and accreditation requirements. As a result of the IHS internal agency-wide audit, three workgroups were developed to update the agency IHM Credentialing and Privileging Policy, update the Credentialing Guidebook as Standard Operating Procedures (SOP), and standardize the MD- Staff software.

As of March 6, 2024, the IHM Credentialing and Privileging Policy has been updated and the IHS Office of General Council has provided review of the policy, with comments adjudicated by the OQ and IHS Chief Medical Officer. The policy will progress through the IHS Division of Regulatory and Policy Coordination process with an anticipated dissemination of the policy and SOP in September 2024.

The new policy and SOP clearly define the steps for IHS healthcare facilities to meet credentialing and privileging requirements. The OQ Division of Quality Assurance and Patient Safety is responsible for the dissemination of the new credentialing and privileging policy and SOP agency-wide. Sustainability and standardization will be demonstrated through internal controls identified in the policy, e.g., license and credential verifications, and cycle time for the credentialing process.

GAO Recommendation 2

The Director of IHS should develop and implement a process to review and update the single, authoritative source of credentialing and privileging requirements, once developed, to ensure that it is updated in a timely manner to reflect any changes in those requirements.

HHS Response

HHS concurs with this recommendation.

The IHS updated the IHM Credentialing and Privileging Policy as the single authoritative source of credentialing and privileging requirements across the agency. The policy includes an annual review to ensure that it is updated in a timely manner to reflect any changes in those requirements. The oversight of this policy is assigned to the Office of Quality, Division of Quality Assurance and Patient Safety, with any updates to the policy going through the Division of Regulatory and Policy Coordination.

GAO Recommendation 3

The Director of IHS should implement regular monitoring of areas' and facilities' adherence to IHS's credentialing and privileging requirements by headquarters officials. Such monitoring could include, headquarters officials conducting audits or reviews of a sample of credentialing and privileging files, and regular reviews of audits by area offices and facilities.

HHS Response

HHS concurs with this recommendation.

The updated Indian Health Manual (IHM) Credentialing and Privileging Policy and standard operating procedures (SOP) include requirements for headquarters officials in the IHS Office of Quality, Division of Quality Assurance and Patient Safety to ensure the oversight and monitoring of credentialing and privileging compliance across the agency. Area Governing Bodies are responsible for monitoring compliance, which includes e-virtual reviews through MD-Staff and regular reviews of audits by Area offices and facilities, identifying trends, and implementing any improvements within the Service Units. The responsibilities of auditing and internal control reports are listed in the updated policy. The updated SOP will identify the fields and reports to be audited.

The monitoring of Areas and facilities' adherence to IHS's credentialing and privileging requirements by headquarters officials will be initiated in the Fall 2024 in cadence with the completion of IHM Credentialing and Privileging Policy dissemination.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Michelle B. Rosenberg, (202) 512-7114 or RosenbergM@gao.gov

Staff Acknowledgments

In addition to the contact named above, Stella Chiang (Assistant Director), Deitra H. Lee (Analyst-in-Charge), Kevin Dong, Robert Dougherty and Jenna Moody made key contributions to this report. Jennie Apter, Cynthia Khan, Jeanne Murphy-Stone, Roxanna T. Sun, and Emily Wilson Schwark also made important contributions.

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