



SEP 30 2011

The Honorable Max Baucus  
Chairman, Committee on Finance  
United States Senate  
Washington, DC 20510-6200

Dear Mr. Chairman:

Enclosed are copies of our final reports entitled *Access to Mental Health Services at Indian Health Service and Tribal Facilities* (OEI-09-08-00580) and *Access to Kidney Dialysis Services at Indian Health Service and Tribal Facilities* (OEI-09-08-00581). A July 2008 letter from your office expressed concern about access to health care for American Indians and Alaska Natives (AI/AN). In response to your concerns, the Office of Inspector General (OIG) conducted a review of AI/ANs' access to mental health services and kidney dialysis services.

The findings for both reports are based primarily on a survey of Indian Health Service (IHS) and tribal facilities that provided health services from January 2008 to June 2009. We also conducted site visits and interviews at a sample of 98 facilities and at all IHS Area Offices.

The results of OIG's study on access to mental health services show that the majority of IHS and tribal facilities provide some type of mental health service. In an OIG survey, 82 percent of responding facilities (514 of 630) reported that they provide some type of mental health service. However, staffing issues and shortages of highly skilled providers limit AI/ANs' access to mental health services. Respondents also reported that physical, personal/social, and economic challenges of AI/ANs may affect access to mental health services at IHS and tribal facilities. OIG recommends that IHS (1) provide guidance and technical assistance to help tribes explore potential partnerships with non-AI/AN providers of community mental and behavioral health services, (2) continue to expand its telemedicine capabilities and provide guidance and technical assistance to tribal health care providers to expand and implement telemedicine, and (3) develop a plan to create a single database of all IHS and tribal health care facilities. IHS concurred with all three of our recommendations.

The results of OIG's study on access to kidney dialysis services show that only 20 of 506 IHS and tribal facilities reported providing these services at their facilities; most AI/ANs receive dialysis services at non-IHS/nontribal dialysis facilities. Of the facilities that did not provide dialysis services, 56 percent reported that they assist in referring their patients to other facilities, both IHS/tribal and non-IHS/nontribal. OIG found that the remote locations of dialysis facilities can affect the availability of services and create hardships for AI/ANs. Most IHS and tribal facilities do not provide kidney dialysis services because of lack of resources and small patient populations. Finally, many IHS and tribal facilities assist tribal members in accessing dialysis services by providing transportation and expanding access to specialists. OIG recommends that

IHS (1) develop a plan and provide expertise to assist tribes in expanding dialysis services, (2) develop guidance and technical assistance resources to help IHS and tribal facilities offer alternative treatments for dialysis services, and (3) develop a plan to create a single database of all IHS and tribal health care facilities. IHS concurred with all three of our recommendations.

If you have any questions or comments regarding the issues discussed in the reports, please contact me, or your staff may contact Chris Hinkle, Director of Congressional and Regulatory Affairs, at (202) 401-2206.

Sincerely,

A handwritten signature in cursive script that reads "Daniel R. Levinson".

Daniel R. Levinson  
Inspector General

Enclosure