

Report in Brief

Date: November 2018

Report No. A-01-17-01502

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

Longstanding challenges, including insufficient oversight and limited access to specialists, likely impact the quality of health care services provided to American Indians and Alaskan Natives. In certain cases, the Federal government permits Tribes to administer their own health care programs through Federally Qualified Health Centers (FQHCs), which receive Federal funding but limited Federal oversight in recognition of the independent nation status of the Tribes. Other audits of the quality of health care at tribally-run health care facilities have identified areas where Tribes may improve the quality of health care.

Our objective was to determine whether the Penobscot Indian Nation (Penobscot Nation) on Indian Island, Maine, met Federal and Tribal health and safety requirements for the quality of health care provided at the Penobscot Nation Health Department (PNHD).

How OIG Did This Review

We reviewed the scope of services identified in the Penobscot Nation Title V Compact and Multi-year Funding Agreement with Indian Health Service and identified health service requirements for Medicare FQHCs and Tribal requirements in effect for calendar years 2015 through 2018.

The Penobscot Indian Nation Did Not Meet All Federal and Tribal Health and Safety Requirements

What OIG Found

The Penobscot Nation did not meet all Federal and Tribal health and safety requirements for the quality of health care at PNHD. Specifically, we found that PNHD did not have a physician who provided the medical direction for the health center and performed all of the required oversight duties, written patient care policies and procedures (including pain-management and opiate-dependency treatment and compliance monitoring), and other policies and procedures needed to comply with the requirements.

Because the Penobscot Nation did not provide adequate oversight and implement policies and procedures for its health center, PNHD did not meet all Federal and Tribal requirements, which increased the risk that (1) patients may not have always received quality health care, (2) PNHD may have hired unqualified medical providers and administrative staff, and (3) PNHD may have missed opportunities to improve its delivery of health care services.

What OIG Recommends and Penobscot Nation Comments

We made several recommendations to the Penobscot Nation, including that it (1) ensures PNHD is under the medical direction of a physician who performs all of the required duties; (2) develops, approves, and implements written medical policies and procedures with the advice of the required group of professional medical staff; and (3) develops and implements policies and procedures to comply with health and safety requirements.

The Penobscot Nation concurred with our recommendations and described actions that it has taken or planned to take to address them. For example, PNHD is currently standardizing its policies and procedures to provide proper clinical oversight of provider healthcare and to better monitor pain management and opiate dependency treatment. Additionally, Penobscot Nation will work with external entities to perform annual quality assurance evaluations of patient care and to update its Tribal-wide emergency preparedness plan.