

Indian Health Service sets standards for patient wait times

September 15 2017, by Felicia Fonseca

The Indian Health Service has set standards for patient wait times more than a year after being criticized by a government watchdog for doing a poor job tracking them.

American Indians and Alaska Natives seeking appointments for routine or preventative care will be scheduled within 28 days and be seen in urgent care within 48 hours, on average, the agency recently announced. The standards are part of an effort to improve [health care](#) and have consistency within the agency that's been labeled "high-risk" by the U.S. Government Accountability Office for inadequate oversight of its hospitals and clinics.

"Our aim is that [patients](#) receiving care in IHS direct-service facilities have access to timely, comprehensive and quality [health care services](#) to promote and maintain health, avoid preventable disease, manage disease, reduce unnecessary disability and premature death and achieve health equity," IHS Chief Medical Officer Capt. Michael Toedt wrote in an email.

The standards in place since late August apply only to IHS facilities run by the federal government, and the IHS plans eventually to include emergency room visits and other services. Most Indian Health facilities are run by tribes or tribal entities under contract with IHS and can set their own standards.

The IHS said it worked with the U.S. Department of Veterans Affairs,

another federal health care agency, on a patient management system that's being phased out. But Toedt said the VA will support the system for several years while the IHS transitions to a new one.

The U.S. Government Accountability Office reported last year that patient wait times at IHS service areas were reviewed inconsistently or not at all, hindering the agency's ability to tell whether it's best serving its patients. Some Navajo Nation members, for example, waited four months to see a physician. Other tribal members in Billings, Montana, waited up to a month for a routine vision check, according to the report.

William Bear Shield, the tribal administrator for the Rosebud Sioux Tribe in South Dakota, said he understands the challenges IHS faces with recruitment and retention of providers but would like to see wait times in line with the private sector.

"If they're saying that's the norm, they're probably right," he said. "To me, it can be better."

The IHS said it wants all patients to be seen in a timely manner, but the standards aren't guaranteed. The wait times can change due to resources at hospitals and clinics, patient needs and emergency response without the patient being notified, the agency said.

U.S. Sen. Tom Udall of New Mexico highlighted the Albuquerque, New Mexico, service area in a hearing Wednesday on high-risk programs that serve Indian Country. He said wait times there are tracked electronically and patients are asked to fill out surveys about their experience.

"When promising innovations like that are being done at the local facility level, I'd like to ensure they get recognized and shared across the Indian [health](#) system," Udall said in a statement.

Rear Adm. Michael Weahkee, acting director of IHS, said the agency will collect data on [wait times](#) to continually improve them and take action if they're not met. The ability to measure and report the standards should be implemented by the end of the year, the agency said.

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