

GAO Highlights

Highlights of [GAO-24-106230](#), a report to congressional requesters

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.

View [GAO-24-106230](#). For more information, contact Michelle B. Rosenberg at (202) 512-7114 or rosenbergm@gao.gov.

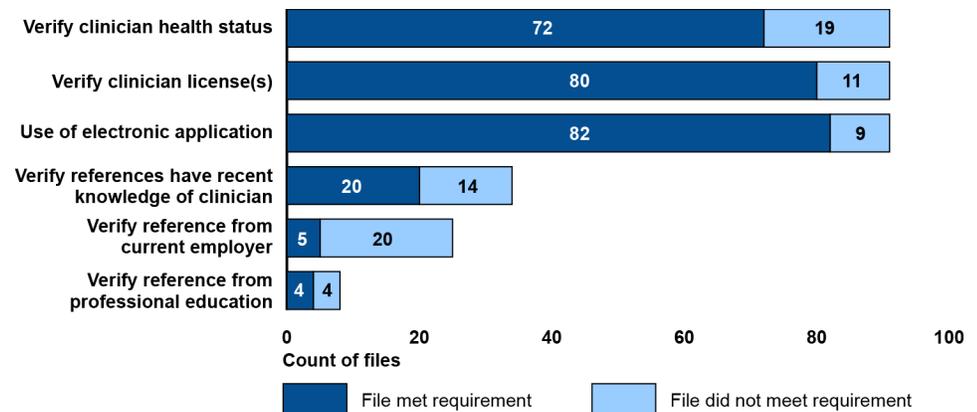
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INDIAN HEALTH SERVICE Opportunities Exist to Improve Clinician Screening Adherence and Oversight

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

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.