



Indian Health Services: Equipment

The Recovery Act funds are being used to purchase essential medical equipment and ambulances for Indian Health Service (IHS) and Tribal health programs. The IHS assesses equipment conditions and needs in all Areas (regions) considering condition, workload volume, and safety. Medical equipment at some IHS and Tribal health care sites is out of date or inadequate, especially at sites with high volumes of patients. Recovery Act funds are being used to mitigate some of the most pressing needs. Funds for medical equipment were distributed to Areas using the existing equipment replacement formula which considers workload volume and facility space. Funds also were used for replacement ambulances among the 94 Tribal and IHS emergency medical services (EMS) programs. The IHS supports a fleet of approximately 175 General Services Administration (GSA) leased ambulances nationwide.

A. Funding Table

(Obligations in Millions)

Program/Activity	Program Level Estimate	FY 2009 Actual	FY 2010 Estimate
Equipment/Medical Equipment Purchases (various types)	\$8.75	\$5.4	\$3.35
Equipment/Computer Tomography (CT) Scanner	6.25	1.25	5.0
Equipment/Ambulance Replacements	5.0	2.7	2.3
Total	20.0	9.35	10.65

B. Objectives

Recovery Act funding is being used to purchase new and replacement medical equipment and ambulances to:

- Increase access to health care, quality of care, and to expand health services received.
- Enhance capacity to provide modern diagnostic and treatment and ability to adapt to innovations and new technology in medical equipment.
- Improve diagnostic capability by installing new CTs and upgrading existing units in emergency departments, which will result in lives saved, as well as reducing unnecessary patient transports. CT scanners play an important diagnostic role for providers, especially in treating trauma patients. Having a CT allows expanded diagnostic services to be provided on-site that are otherwise referred out, thus reducing the dependence on care provided outside the Indian health system through contracts with other local providers.
- Replace ambulances that have exceeded their useful life by contracting with the GSA lease program, which is more affordable than outright purchase of ambulances.



C. Activities

Equipment Acquisition by Category

Equipment Category	No. of Activities Tracked
Medical Equipment Purchases (various types)	211
Computed Tomography (CT) Scanner Purchases	9
Ambulance Replacements	71

- For medical equipment, an activity tracked may be an individual piece of equipment or consist of a system that contains a number of individual pieces of equipment meant to work together to meet a medical need. An example of a system would be a dental operatory that consists of a dental chair, dental x-ray, and associated dental implements.
- For ambulances, the number of activities tracked represents an approximate number that can be purchased given an average cost for replacement. EMS programs in different communities will require a different body type of ambulance or a four-wheel versus a two wheel drive, thus changing the cost. The FY 2009 list identified 35 ambulances for replacement. The FY 2010 ambulance list identified an additional 36 ambulances for replacement.

D. Characteristics

Types of Recipients

Intended award recipients are IHS service units, Tribes, Tribal organizations, contractors, and other Federal Agencies (GSA and Veterans Affairs). Contract actions take place at the IHS Area (regional) level. All contract actions are publicized and reported in accordance with the requirements of the Recovery Act.

Types of Recipients

- Tribal governments and/or Tribal Organizations
- Private-sector vendors

Methods of Selection

- A total of \$8.25 million was distributed to purchase medical equipment for Tribal and IHS healthcare facilities. The funding was distributed to the IHS Areas (regions) using the existing equipment replacement funding priority formula. Facilities scheduled to receive new equipment through new construction, or sites identified to receive a new CT scanner, were not included in the distribution formula. Each IHS Area (region) developed a list prioritizing medical equipment needs among its sites considering a variety of factors, including repair frequency and cost, age of devices, reliability, obsolescence, program changes/needs, upgrade versus replacement cost, ability to integrate with electronic medical records, and safety. The cost threshold is a minimum of \$10,000 for each piece of equipment.
- A feasibility assessment among 41 Tribal and IHS hospitals yielded a list of 9 priority sites to receive a CT scanner, one site in each IHS Area (region) with a hospital. The assessment addressed the readiness of sites, including space requirements, utility requirements, information technology infrastructure, and their



ability to sustain the maintenance and operation of a CT. For sites requiring site preparation, power, and information technology upgrades to accommodate the CT, the upgrades will be made prior to the delivery of the CT to the site.

- Replacement of ambulances leased through GSA that have exceeded their useful life: 35 ambulances in FY 2009 and an additional 36 ambulances in FY 2010. Funding is transferred to GSA through an interagency agreement to acquire the ambulances through existing contracts. The ambulances will be delivered to communities as they become available from the vendors.

Equipment Acquisitions by IHS Area (region)

Area (States)	Medical Equipment	CT Scanners	Ambulance Replacements
Aberdeen (ND, SD, NE, IA)	9	1	30
Alaska (AK)	20	1	0
Albuquerque (NM, CO, TX)	13	1	4
Bemidji (MN, WI, MI)	19	0	0
Billings (MT, WY)	14	1	10
California (CA)	30	0	3
Nashville (AL, CT, FL, LA, MA, ME, MS, NC, NY, PA, TN)	12	1	1
Navajo (AZ, NM, UT, CO, TX)	14	1	2
Oklahoma (OK, KS, TX)	33	1	6
Phoenix (AZ, CA, NV, UT)	12	1	14
Portland (OR, WA, ID)	31	0	1
Tucson (AZ)	4	1	0
Total	211	9	71

E. Delivery Schedule

Activities	Initiation Dates	Milestones Dates	Delivery Dates
Medical Equipment	Priority List – April 2009	Acquisition process – Summer 2009 to Summer 2010	Summer 2009 to Summer 2011
Computed Tomography (CT) scanners including site-prep and installation	Contract for renovations, upgrades – as necessary	Awards for the CT equipment – September 2009 to June 2010 Renovations and Upgrades – as necessary	1st Quarter 2010: 2 4th Quarter 2010: 4 4th Quarter 2011: 3
	CT Purchase Process – May 2009		



Activities	Initiation Dates	Milestones Dates	Delivery Dates
Ambulance Replacement	GSA Agreement 2009 – May 2009	Start orders to ambulance vendors – Summer 2009	August 2009: 34 October 2010: 37
	GSA Agreement 2010 – April 2010		

F. Environmental Review Compliance

- All Recovery Act purchases were/are being reviewed for environmental compliance.
- Ambulances and most equipment purchases not requiring installation will qualify as exempt under the National Environmental Protection Act (NEPA) requirements.
- Environmental reviews will be documented in writing and reported on the quarterly Section 1609(c) report.

G. Measures

Output	Frequency Measured	Will be posted for public access at
Percentage of Recovery Act funds expended	Quarterly	Supplemental information on HHS.gov/Recovery

Explanation of Measure: Hundreds of individual pieces of health care equipment and ambulances will be delivered and installed at health care sites throughout the IHS system. Because payment is closely tied to order delivery, expenditure of funds is a practical overall progress indicator for tracking installation of equipment IHS-wide. The percentage measure is defined as the cumulative expended funds (numerator) divided by the total Recovery Act Equipment funds available (denominator -- \$20 million). Progress will be reported quarterly.

Output	Frequency Measured	Will be posted for public access at
The number of ambulances over mileage (>100K mi) or over 10 yrs old is expected to decrease from 81 to 19 by October 2010.	Quarterly	Supplemental information on HHS.gov/Recovery

Explanation of Measure: Vehicles beyond their useful life have higher maintenance costs, lower availability, and lower reliability for emergency transport. Conversely, newer units have lower maintenance costs, higher availability, and better reliability for meeting communities' most urgent needs. The replacement ambulances will contribute to more efficient more reliable emergency transport services in Indian communities.



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Output	Frequency Measured	Will be posted for public access at
Increased access to diagnostic services with new CT scanners	Quarterly	Supplemental information on HHS.gov/Recovery

Explanation of Measure: The number of diagnostic CT diagnostic services will increase at the 2 sites receiving a new CT scanner. This output indicator measures additional services performed due to Recovery Act funding. CT scanners play an important diagnostic role for providers, especially in treating trauma patients. The purchase and installation of CTs at IHS and tribal emergency departments will enhance quality of care and access to care, and will reduce expensive patient transports to other facilities for services.



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Outcome / Achievement	Units	Type	9/30/09	12/31/09	3/31/10	6/30/10	9/30/10	12/31/10	3/31/11	6/30/11	9/30/11	Program End: 9/30/2012
Percentage of Recovery Act funds expended	%	TARGET		53.5%	58.5%	63.5%	71.0%	73.5%	86.6%	88.5%	100%	100%
		ACTUAL	30.7	37.0%	60.4%							
The number of ambulances over mileage (>100K mi) or over 10 yrs old	#	TARGET		81	81	81	62	62	62	62	46	19
		ACTUAL	47	47	47							
Increased access to diagnostic services with new CT scanners*	#	TARGET		0	0	450	900	1300	1300	1300	1300	1300
		ACTUAL	0	0	0							



H. Monitoring and Evaluation

All Recovery Act programs are assessed for risk to ensure that appropriate internal controls are in place throughout the entire lifecycle of the program. These assessments are conducted by operating components to comply with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act as well as OMB Circular A-123, "Management's Responsibility for Internal Control" (including Appendices A, B, and C).

The IHS risk management process fits within the overall governance structure established at HHS to address Recovery Act program risks. The HHS Risk Management and Financial Oversight Board provides executive leadership and establishes accountability for the risk assessment process related to internal controls over financial reporting, and the HHS Senior Assessment Team ensures that risk assessment objectives are clearly communicated throughout the Department. The IHS Recovery Act Coordination Team carries out comprehensive annual assessments of its Recovery Act program(s) to identify risks and develop strategies to address them, including those associated with selecting recipients, awarding and overseeing funds, and achieving program goals. It meets bi-weekly to monitor and assess the effectiveness of mitigation strategies and identify emerging risks.

In addition, IHS has presented/will present its high level risks to the Recovery Act Implementation Team. Chaired by the Deputy Secretary and comprised of senior policy officials from throughout the Department, the Implementation Team convenes monthly to monitor progress in carrying out Recovery Act programs and address the obstacles and risks that could impact on their success.

I. Transparency

IHS is open and transparent in all of its contracting competitions and regulations that involve spending of Recovery Act funding consistent with statutory and OMB guidance.

IHS ensures that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public. IHS informs recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations, and other program guidance. IHS provides technical assistance to grantees and contractors and fully utilizes Project Officers to ensure compliance with reporting requirements.

- The Recovery Act requires reporting by Federal agencies and prime recipients of funds.
- Post Recovery Act reports on Recovery.Gov and supplemental information on HHS.Gov/Recovery
- Post reports enabling the public to see how much Recovery Act funding has been awarded and to whom.
- Recipients submit Recovery Act reports to a web-based central data portal which routes raw reports to a central national data repository and to the IHS.



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- Types of data available to the public:
 - Recovery Act financial data for IHS
 - Recovery Act implementation plans
 - Recovery Act award data
 - Recovery Act program and project level status reports - individually by recipient and collectively synthesized as appropriate.
- No agency contact or oral communications with registered lobbyists are allowed about particular Recovery Act projects.
- All tribal and Federal contracts include relevant reporting requirements for use of Recovery Act funds.
- Post any written agency communications with lobbyists to Recovery.Gov.

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, IHS builds on and strengthens existing processes. Senior IHS Office of Environmental Health and Engineering program officials meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions. The personnel performance appraisal system also incorporates Recovery Act program stewardship responsibilities for program and business function managers.

- Incorporate Recovery Act implementation into IHS FY 2010 Management Control Plan.
- Track quantifiable outcomes and outputs for funded projects.
- Track Recovery Act projects and funds in the Unified Financial Management System (UFMS).
- Track Recovery Act funded equipment and ambulances in the Agency's Property Management Inventory System (PMIS).
- Incorporate Recovery Act implementation in:
 - Director's Performance Plan and cascade to responsible Recovery Act managers
 - Annual Budget Process
 - IHS Strategic Plan
- Projects comply with procurement standards and quality assurance.

K. Barriers to Effective Implementation

None.

L. Federal Infrastructure

United States Environmental Protection Agency (EPA) Energy Star products will be purchased if available.



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Summary of significant changes:

Update to the plan reflects minor context changes (e.g., "will" to "is"), minor adjustments on the summary number on awards/amounts, the projected number of FY-2010 replacement ambulances, and the procurement of nine rather than the original estimate of ten CT scanners. No change in schedule. Rather the updated Implementation Plan better define the projected delivery schedule in lieu of the more general statement "starting in Summer 2009" listed in the original Implementation Plan.