



Indian Health Services: Equipment

The Recovery Act funds will be 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 Medical equipment at some IHS and Tribal health care sites is out of date or inadequate, especially at sites with high volumes of patients.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 will be used to mitigate some of the most pressing needs. Funds for medical equipment will be distributed to Areas using the existing equipment replacement formula which considers workload volume and facility space. Funds also will be 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

(Dollars in Millions)

	Total Appropriated	Planned Obligations FY 2009	Planned Obligations FY 2010
Medical Equipment Purchases (various types)	\$8.5	\$5.0	\$3.5
Computer Tomography (CT) Scanner Purchases	6.5	5.0	1.5
Ambulance Replacements	5.0	5.0	0.0
Total	20.0	15.0	5.0

B. Objectives

Recovery Act funding will be 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 though 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)	199
Computed Tomography (CT) Scanner Purchases	19
Ambulance Replacements	62

- 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 initial FY 2009 list identified 35 ambulances for replacement. The FY 2010 ambulance replacement list, estimated at 27, is under development.

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 will take place at the IHS Area (regional) level. All contract actions will be 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 \$8.5 million will be distributed to purchase medical equipment for Tribal and IHS healthcare facilities. The funding will be 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 10 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



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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.

- A list of 35 ambulances leased through GSA that require replacement in FY 2009 was developed; the updated list for FY 2010 is being assembled and will be available in May 2009. Funding will be transferred to GSA through an interagency agreement to purchase 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 (FY09 list)
Aberdeen (ND, SD, NE, IA)	9	1	9
Alaska (AK)	19	1	0
Albuquerque (NM, CO, TX)	13	1	2
Bemidji (MN, WI, MI)	13	1	0
Billings (MT, WY)	15	1	5
California (CA)	25	0	3
Nashville (AL, CT, FL, LA, MA, ME, MS, NC, NY, PA, TN)	14	1	1
Navajo (AZ, NM, UT, CO, TX)	14	1	2
Oklahoma (OK, KS, TX)	33	1	5
Phoenix (AZ, CA, NV, UT)	12	1	7
Portland (OR, WA, ID)	28	0	1
Tucson (AZ)	4	1	0
Total	199	10	35

E. Delivery Schedule

Activities	Initiation Dates	Milestones Dates	Delivery Dates
Medical Equipment	Priority List – April 2009	Acquisition process – Summer 2009	Starting in Summer 2009
Computed Tomography (CT) scanners including site-prep and installation	Contract for renovations, upgrades – May 2009	Awards for the CT equipment – August 2009 Renovations and Upgrades – September 2009	Starting in Fall 2009
	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	Starting in Summer 2009
	GSA Agreement 2010 – September 2009		

F. Environmental Review Compliance

- All Recovery Act purchases will be 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 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.



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 3 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.

H. Monitoring and Evaluation

All Recovery Act programs will be assessed for risk and to ensure that appropriate internal controls are in place throughout the entire funding cycle. These assessments will be done consistent with the statutory requirements of the Federal Manager’s Financial Integrity Act and the Improper Payments Information Act, as well as OMB’s Circular A-123 “Management’s Responsibility for Internal Control.”

- IHS will incorporate implementation of Recovery Act into its FY 2009 Management Control Plan, which is the agency’s management control system for ensuring compliance with the Federal Managers’ Financial Integrity Act.
- Monitor recipient progress reports at least quarterly or more frequently if required to correct risks.
- Identify deviations from planned schedule or performance.
- IHS gives feedback and corrective measures to recipients as necessary to mitigate risks.
- All new and replacement equipment purchased with Recovery Act funds will be recorded and tracked in IHS property inventory and management tracking systems.

I. Transparency

IHS will be 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 will also ensure that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public on Recovery.gov by October 10, 2009. IHS will inform recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations, and other program guidance. IHS will provide technical assistance to grantees and contractors and fully utilize 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



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- 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.
- IHS submits consolidated reports assembled from raw individual recipient reports, e.g., over-view of progress of multiple vendors working on a single project.
- 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 will 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 will build on and strengthen existing processes. Senior IHS Office of Clinical and Preventive Services program officials will 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 will also incorporate Recovery Act program stewardship responsibilities for program and business function managers.

- Incorporate Recovery Act implementation into IHS FY 2009 Management Control Plan.
- Track quantifiable outcomes and outputs for funded projects.
- Track Recovery projects & funds in the Unified Financial Management System (UFMS).
- Track Recovery 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.
- Track and report use of funds for administration.

K. Barriers to Effective Implementation

None.



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L. Federal Infrastructure

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