



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Telehealth: Improving Access to Care: Center for Medicare & Medicaid Services and Indian Health Service Updates

Susan Karol, MD, FACS, Chief Medical Officer, CMS Division of Tribal Affairs

Chris Fore, PhD, Director, TeleBehavioral Health Center of Excellence, Indian Health Service

Susy Postal, DNP, RN-BC, Chief Health Informatics Officer, Indian Health Service



COMMUNITIES

FAMILIES



INDIVIDUALS



RESILIENT



READY



CMS 2024
Quality
Conference
Resilient and Ready Together

Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities



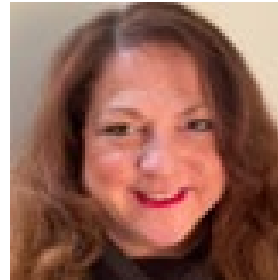
**Susan Karol, MD,
FACS**

Chief Medical Officer,
Center for Medicare &
Medicaid Services
Division of Tribal
Affairs



Chris Fore, PhD

Director,
TeleBehavioral Health
Center of Excellence,
Indian Health Service



**Susy Postal, DNP,
RN-BC**

Chief Health
Informatics Officer,
Indian Health Service

AGENDA

- CMS Telehealth Overview
- IHS Telehealth Update
- Resource Information



CMS Telehealth Policy Overview

Susan Karol, MD, FACS, Chief Medical Officer, CMS Division of Tribal Affairs

What is the CMS Policy on Telehealth?

- The COVID-19 Public Health Emergency ended on May 11, 2023, but the Consolidated Appropriations Act, 2023, extended many telehealth flexibilities through December 31, 2024, such as: People with Medicare can access telehealth services in any geographic area in the United States, rather than only in rural areas.
- Through December 31, 2024, all patients can get telehealth wherever they're located. They don't need to be at an originating site, and there aren't any geographic restrictions.
- More information can be found using the following link: [Telehealth for Providers: What You Need to Know](#)

CMS-1784-F

- CMS issued a final rule in mid-November, 2023 that updates payment policies and Medicare payment rates for services provided by physicians and nonphysician practitioners (NPP) that are paid under the Medicare Physician Fee Schedule (PFS) in calendar year (CY) 2024.
- These changes apply to services provided in CY 2024. For more information, visit the below sites.
 - [Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024](#)
 - [Medicare Physician Fee Schedule Final Rule Summary: CY 2024](#)

Telehealth Services Under the Physician Fee Schedule (PFS) (1)

■ For CY 2024, we finalized:

- A proposal to add health and well-being coaching services to the Medicare Telehealth Services List on a temporary basis for CY 2024.
- The addition of HCPCS code G0136 (Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment tool, 5-15 minutes) to the Medicare Telehealth Services List.
- A refined process to analyze requests received for changes to the services included on the Medicare Telehealth Services List, including a determination of whether requested services should be added on a permanent or provisional basis.
- Claims billed with Place of Service (POS) 10 (Telehealth Provided in Patient's Home) would be paid at the non-facility PFS rate. We believe this policy will protect access to mental health and other telehealth services by aligning with telehealth-related flexibilities that were extended via the Consolidated Appropriation Act (CAA), 2023.
- Removal of frequency limitations for Subsequent Inpatient Visits, Subsequent Nursing Facility Visits, and Critical Care Consultation for 2024, and we sought and received comment from interested parties on how practitioners have been ensuring that Medicare beneficiaries receive subsequent inpatient and nursing facility visits, as well as critical care consultation services since the expiration of the PHE.

Telehealth Services Under the PFS (2)

- For CY 2024, we also finalized the continuation of our revised direct supervision policy to permit the presence and “immediate availability” of the supervising practitioner through real-time audio and visual interactive telecommunications through December 31, 2024. In the proposed rule, we solicited comment on whether we should consider extending the definition of direct supervision to permit virtual presence beyond December 31, 2024. We received input from interested parties on potential patient safety or quality concerns when direct supervision occurs virtually, which we will consider for future rulemaking.
- Additionally, we also extended PHE flexibilities to allow practitioners furnishing telehealth services from their homes to report their office addresses on their enrollment forms. This extension aligns with telehealth-related flexibilities that were extended via the CAA, 2023, and addresses practitioner privacy and safety concerns about including their home addresses as practice locations on their enrollment forms.

Telehealth Services Under the PFS (3)

- Telehealth Services Furnished in Teaching Settings
 - CMS finalized a policy to allow teaching physicians in all training settings to be present using audio/video real-time communications technology when a resident is providing Medicare telehealth services consistent with other applicable telehealth policies. This virtual presence would meet the requirement that the teaching physician can bill under the PFS for the service involving the resident if they are present for the key portion of the service. **The virtual presence policy** applies in all teaching settings through December 31, 2024.

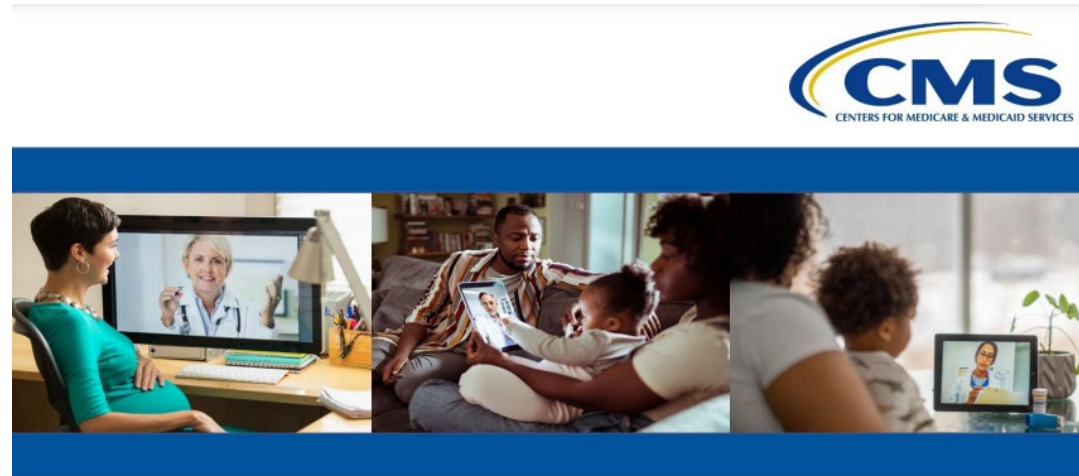
Medicaid in Brief

- States determine their own unique programs.
- Each state develops and operates a State Plan outlining the nature and scope of services; the State Plan and any amendments must be approved by CMS.
- Medicaid mandates some services, states elect to provide additional optional services.
- States choose eligibility groups, optional services, payment levels, and providers.

Telehealth

- Medicaid coverage of telehealth is not dependent on Medicare rules.
- States flexibility when covering telehealth:
 - What services to cover,
 - What practitioners to cover,
 - What types of technology to use,
 - Where in the state it will be covered, and
 - How will the services be reimbursed.
- Services must be provided within practitioners' scope of practice.
- The state must still cover service delivered face-to-face.

Medicaid Telehealth Toolkit - 2024



State Medicaid & CHIP Telehealth Toolkit

February 2024

- PDF of the toolkit can be found [here](#)



Telehealth Improving Access to Care: CMS and IHS Updates

Susy Postal, DNP, RN-BC, Chief Health Informatics Officer, IHS

Chris Fore, PhD, Director, TeleBehavioral Health Center of Excellence, IHS



Disclaimer



- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. The presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.
- Important Note: This presentation was developed in collaboration with Indian Health Service (IHS) subject matter expert staff.
- Slides are courtesy of IHS from various IHS websites, webinars and presentations about Telemedicine/Telehealth.

Additional Telehealth Team Contributors to Presentation Material/Slides:



- **Scott Babcock**, Division of Information Technology Operations (DITO), Application Services Supervisor, IHS
- **Keith Buck**, Project Manager, Advancia Aeronautics – Ring MD JV, LLC
- **Jacqueline Dent**, Support Operations Manager, Advancia Aeronautics – Ring MD JV, LLC
- **Jacob Falling**, DITO, Application Services System Administrator, IHS
- **CDR. Darla McCloskey, PhD., MPH, BSN, MCGHE, CRCS-I, FAC-COR II**, Deputy CEO, Great Plains Area, IHS
- **Dara Shahon, MD**, Director, IHS-JVN Teleophthalmology Program
- **LT Brenda Steiger, MSHI**, IT Specialist GPA
- **CAPT (ret) David Taylor, MHS, RPh, PA-C, RN**, Informatics Deployment Lead, HIT Modernization, IHS

Objectives

- Provide an overview of telehealth use at Indian Health Service (IHS), the accomplishments and services available for American Indians and Alaska Natives (AI/AN).
- Discuss post-PHE action to support communication of telehealth visits, lessons learned with telehealth coding, and system issues found.
- Identify telehealth clean-up efforts taking place.
- Review federal and tribal telehealth metrics.
- Identify telehealth resources available through AVEL and metrics on use.
- Provide an update on telehealth/ Clinical Video Technology (CVT) expansion efforts to include Webex and AA RingMD, including enhancements to support workflow needs.
- Provide an update on Telehealth Workflow Research Alignment Plan (WRAP).
- Provide examples of a lived telehealth experience.
- Identify telehealth support resources available.





IHS Telehealth Update

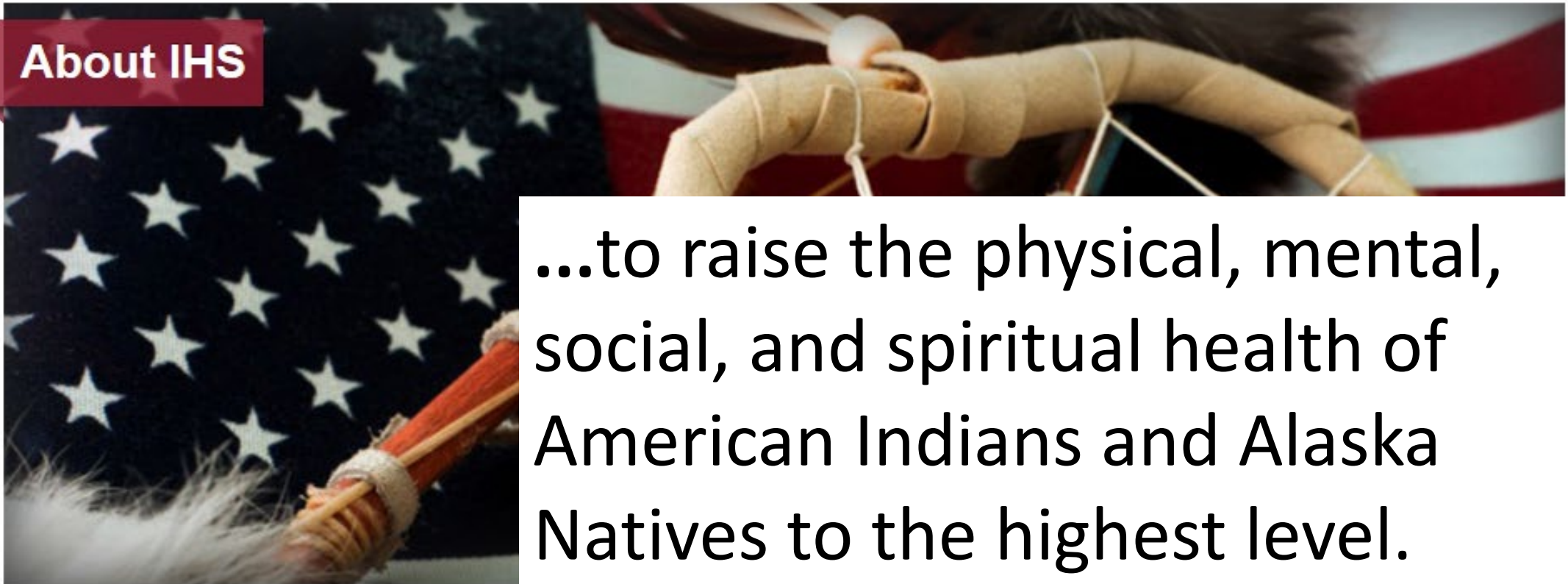
Chris Fore, PhD, Director, TeleBehavioral Health Center of Excellence, IHS



Indian Health Service (IHS) Mission



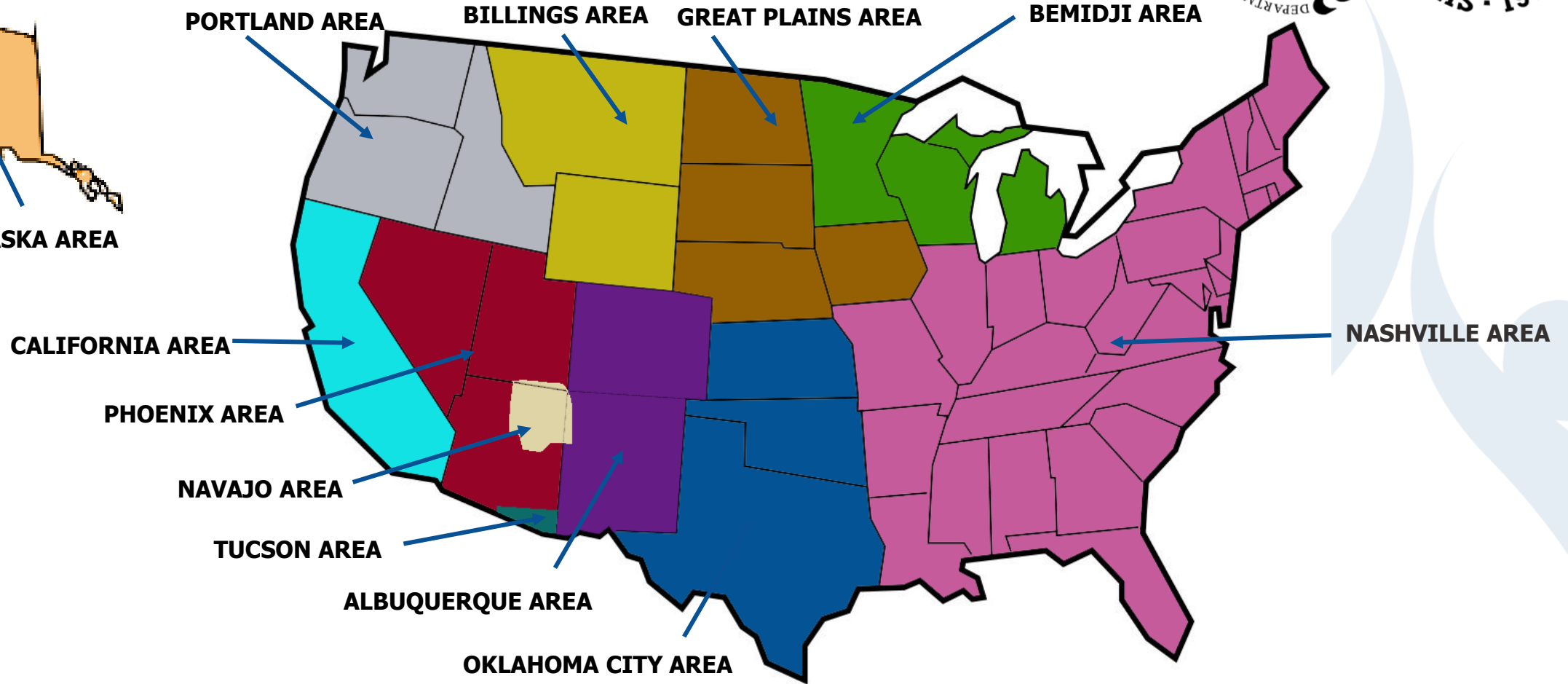
About IHS



...to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Source: <https://www.ihs.gov/aboutihs/>

IHS Service Areas



Indian Health Service

IHS Telehealth Overview/Background

- Expanded Telehealth to all IHS Staff on April 8, 2020
- Supported PHE Waivers and Flexibilities
 - Supported using certain additional, **non-public facing** audio or video communications technologies to augment all clinical activities related to providing care to patients during the COVID-19 national emergency.
- Supported IHS Telehealth Platforms (AA RingMD and Webex)
- Supported Audio-Only Services
- Participated in Telehealth Collaboration
 - Support collaboration of Federal, Tribal and Urban Partners
 - Promote Interagency collaboration
- Sought Provider and Patient Experience with Telehealth Services



PHE Unwinding

- Telehealth Email Communication Changes for patients post-PHE (sent out April 10, 2023)
- PHE ended May 11, 2023
- AA RingMD:
 - Visit scheduled in AA RingMD
 - Patients log into the platform to get messages
- Webex:
 - Use personal health record to provide telehealth visit information
 - To inform the patient's family member, one can just email the link and nothing else



Post PHE Services

- Continued access to and reimbursement of telehealth services will vary by payer after the end of the PHE.
- Medicaid telehealth services will continue to vary as many states offered coverage prior to the pandemic, with continued delivery of services not dependent on the end of the COVID-19 PHE. In its fact sheet, CMS "encourages states to continue to cover Medicaid and CHIP services when they are delivered via telehealth" and has provided a guidance toolkit.

Resources:

<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>

<https://www.healthleadersmedia.com/payer/cms-issues-payment-and-coverage-guidance-pandemic-waivers-approach-expiration>

- The Consolidated Appropriations Act, 2023, extended many telehealth flexibilities through December 31, 2024, such as:
 - People with Medicare can access telehealth services in any geographic area in the United States, rather than only those in rural areas.
 - People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.
 - Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer.



Patient and Provider Survey

■ Patient Survey

- Patient survey approved
- Tested survey in test environment on March 13, 2023
- TWPA approved April 21, 2023
- Communication drafted
- Pop-up added to the AA RingMD system on June 6, 2023
- Addressed and secured survey confidentiality
- Started sending automated survey August 1, 2023

■ Provider Survey

- Developed in survey monkey
- Tested survey
- Prepared communication
- Communicated to stakeholders
- Sent survey June 26, 2023- July 24, 2023 (4 weeks) - 98 responded

IHS Patient Experience of Care Survey for Telehealth

Thank you in advance for completing this survey. Your answers will help IHS understand how to improve our services.

The survey will take only a few minutes to complete and your responses are confidential. Please select the answer that best describes your healthcare experience today.

1. My culture and traditions were respected?
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
2. I would recommend my IHS provider to family and friends?
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
3. How easy was it for you to use the video telehealth application?
 - Very Easy
 - Easy
 - Neutral
 - Difficult
 - Very Difficult
4. Is there anything else you would like to tell us? (string text)- open text

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane, Rockville, MD 20857, [Attention: Information Collections Clearance Officer](#).

2023 Provider Survey

98 people completed

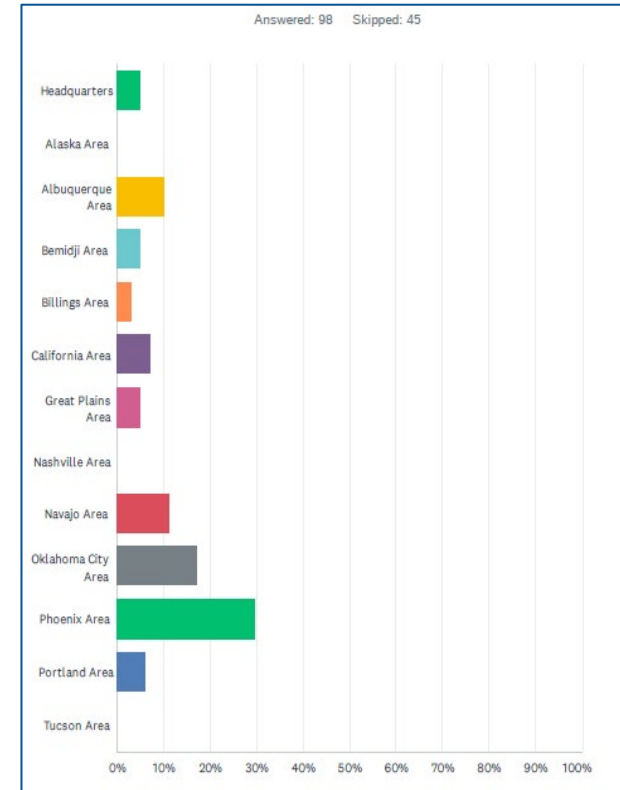
- 24 started but did not complete
- Top three respondents
 - Physician (43%)
 - Nurse Practitioners (14%)
 - Other (e.g., Audiologist, Physical Therapist) (12%)

Nine areas participated

- Top three areas that responded were:
 - Phoenix Area (29.6%)
 - Oklahoma City Area (17.4%) and
 - Navajo Area (11.2%)



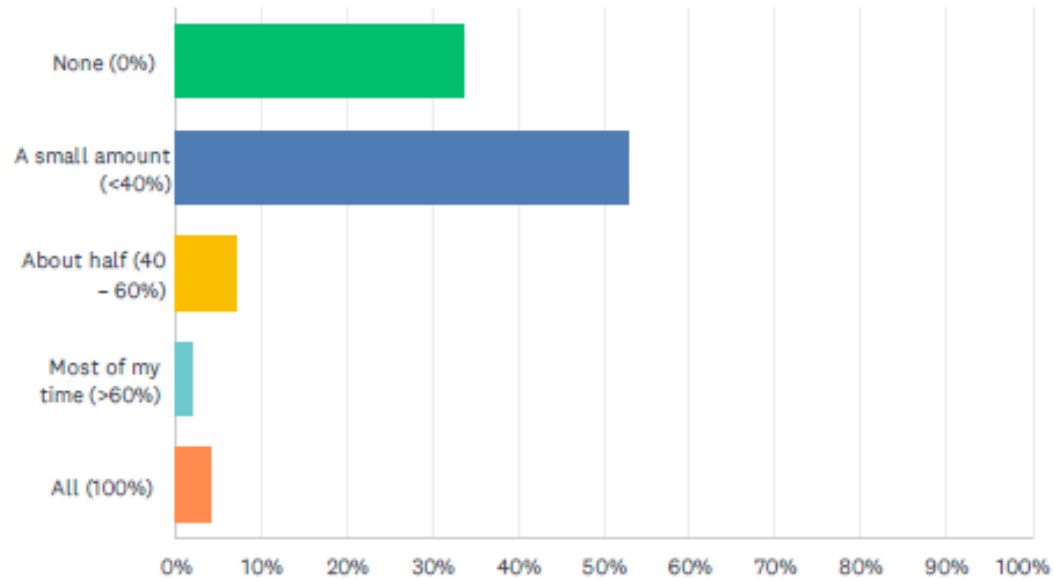
Areas that Responded to Survey



2023 Provider Survey – Clinical time devoted to telehealth

Q4 In the last two weeks, what best describes your clinical time devoted to telehealth:

Answered: 98 Skipped: 45



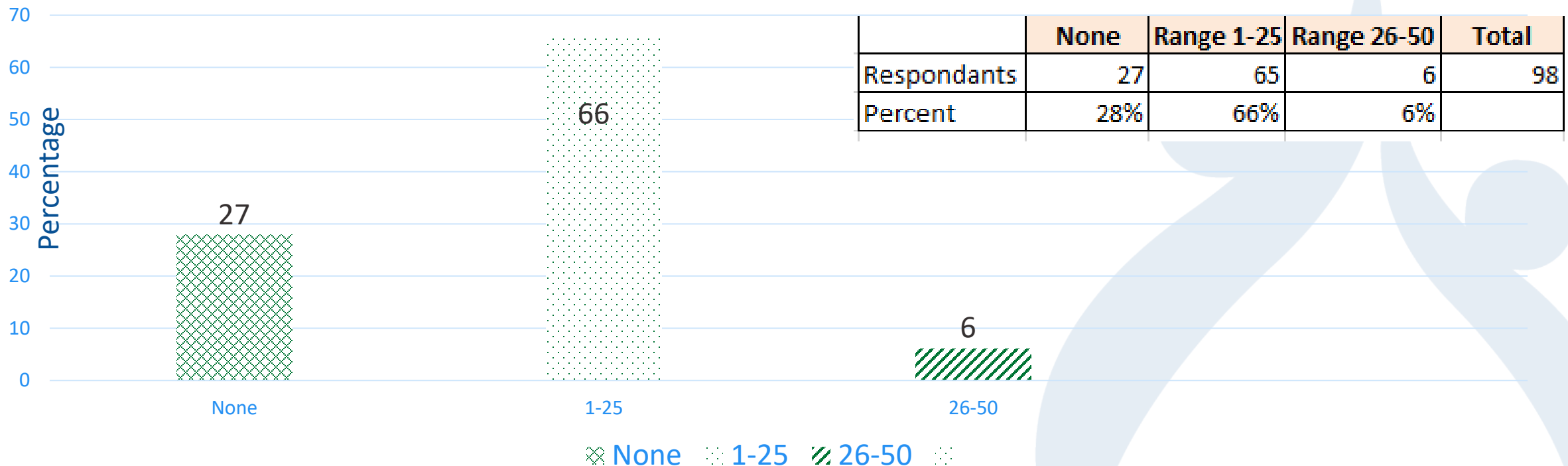
ANSWER CHOICES	RESPONSES	
None (0%)	33.67%	33
A small amount (<40%)	53.06%	52
About half (40 – 60%)	7.14%	7
Most of my time (>60%)	2.04%	2
All (100%)	4.08%	4
TOTAL		98



2023 Provider Survey – Respondents’ Telehealth Visits per Week



Number of Telehealth Visits per Week

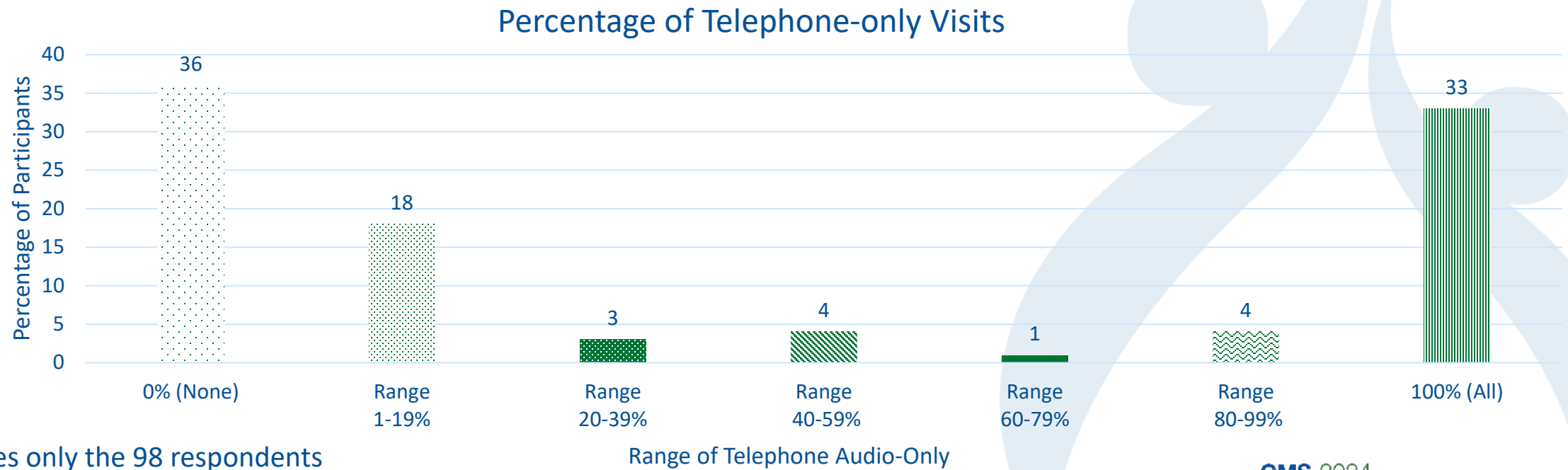


N=98
Total Telehealth Visits/week is 700

2023 Provider Survey – Percentage of Telephone-Only Visits*



	0% (None)	Range 1-19%	Range 20-39%	Range 40-59%	Range 60-79%	Range 80-99%	100% (All)	total
# participants reported ranges	34	17	3	4	1	4	31	94
Percentage of telephone only visits	36%	18%	3%	4%	1%	4%	33%	

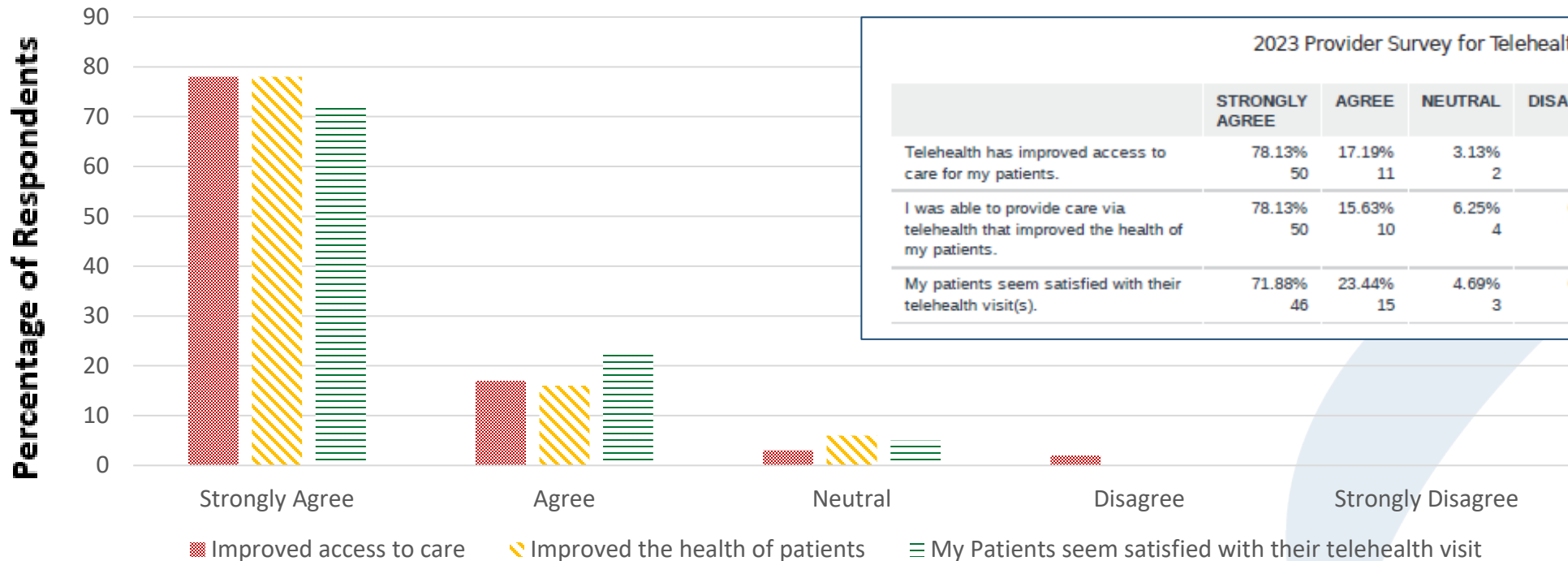


N=94 Includes only the 98 respondents that reported at least 1 telehealth visit in a typical week.

2023 Provider Survey - Q7 Thinking about the last few experiences providing telehealth.



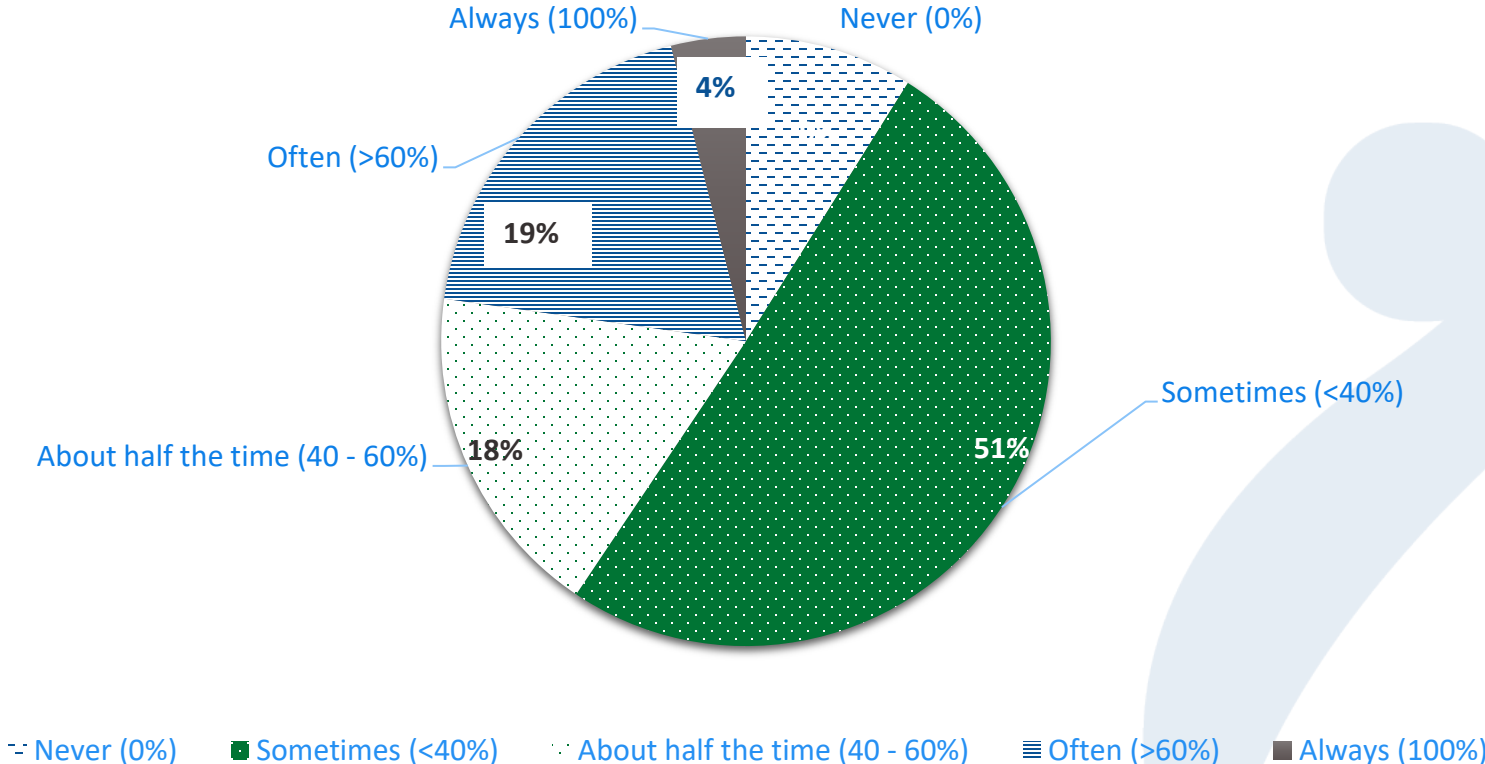
Experience Providing Telehealth



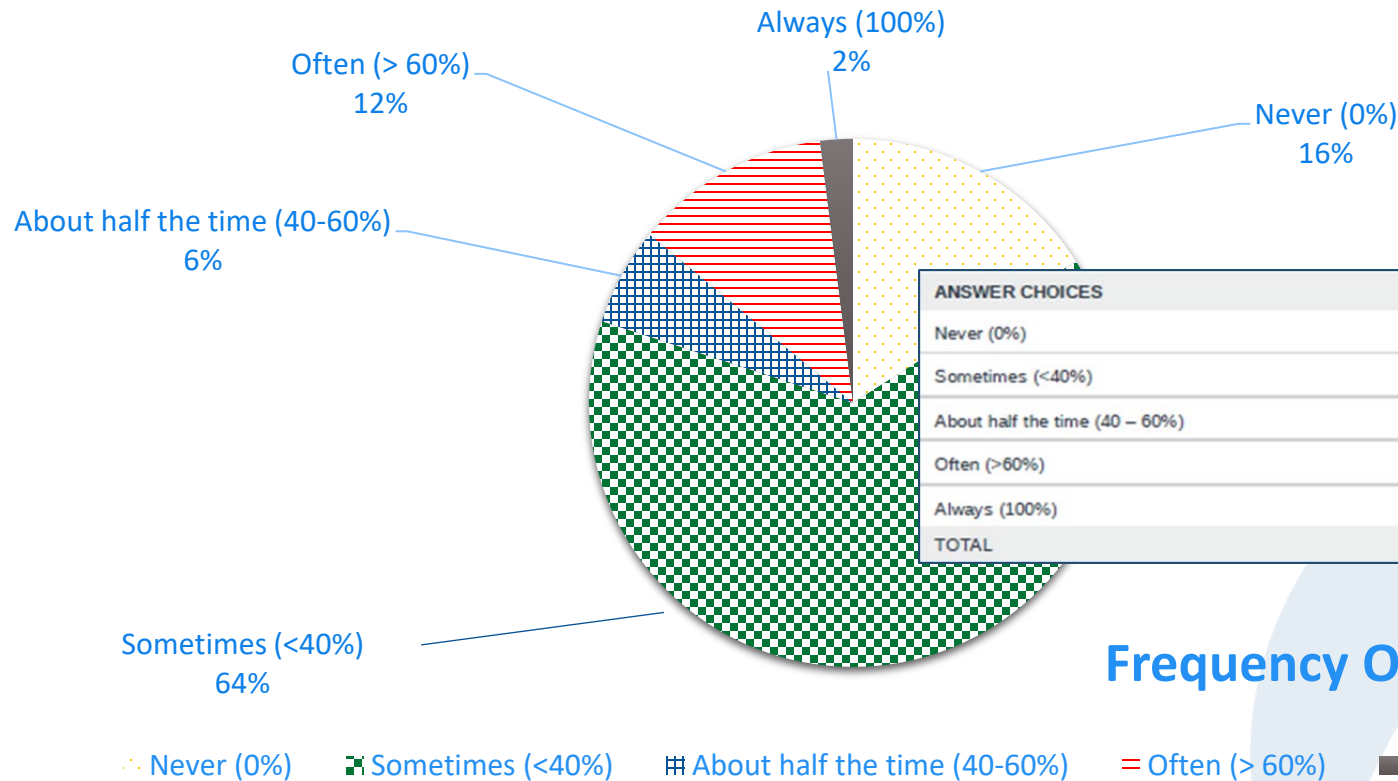
Provider Experience

N= 64

2020 Frequency of Technology Problems



2023 Provider Survey – Frequency of Technology Problems



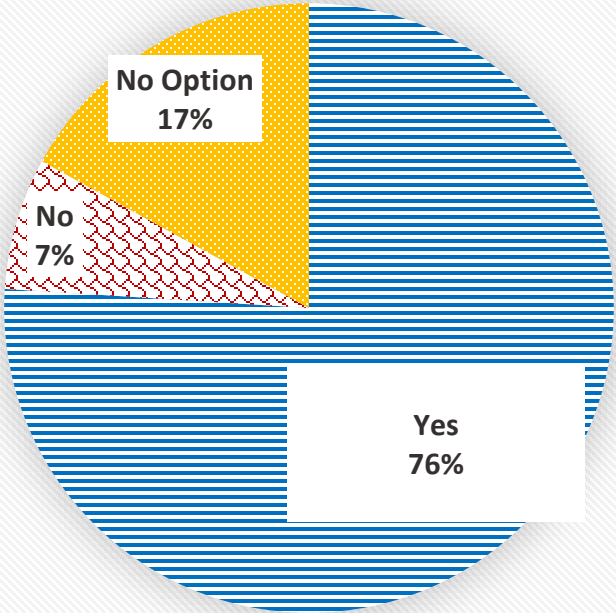
N = 64

2020 Respondents who want to offer more Telehealth Services in the next 6 months



Q9 Over the next six months, I would like our facility to offer more telehealth services to our patients.

Responses

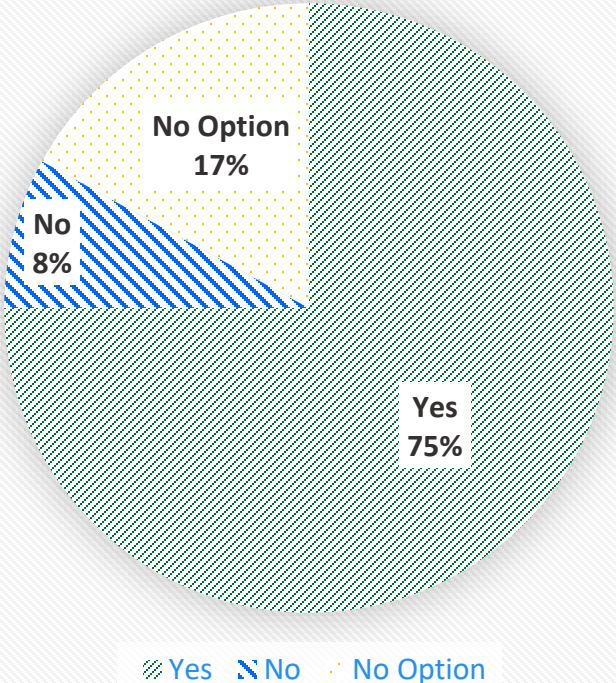


= Yes x No ■ No Option

2023 Provider Survey – Question 9: Respondents who want to offer more telehealth services in the next six months



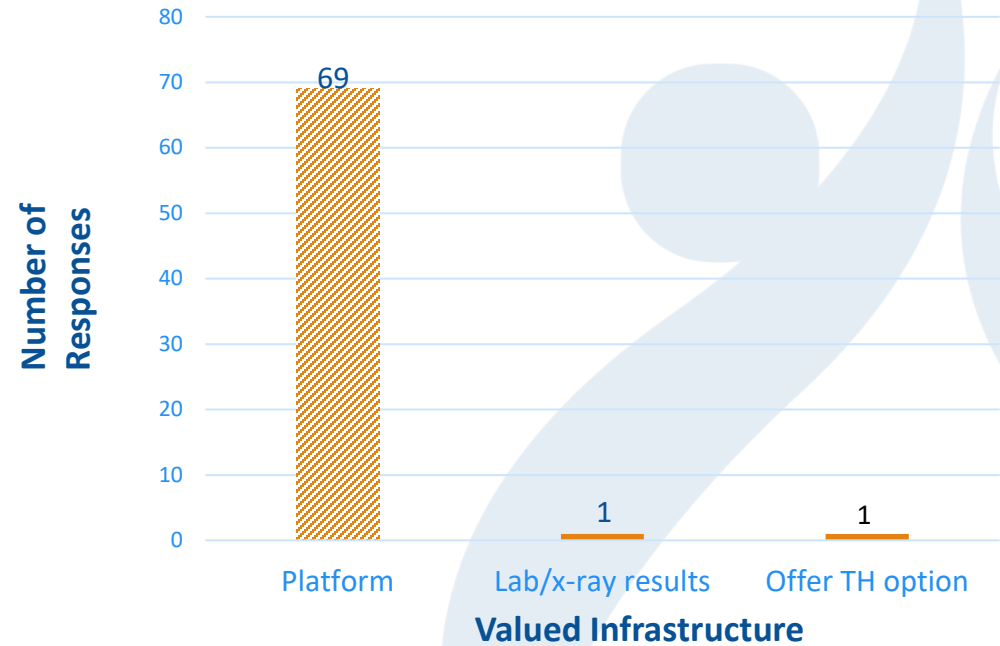
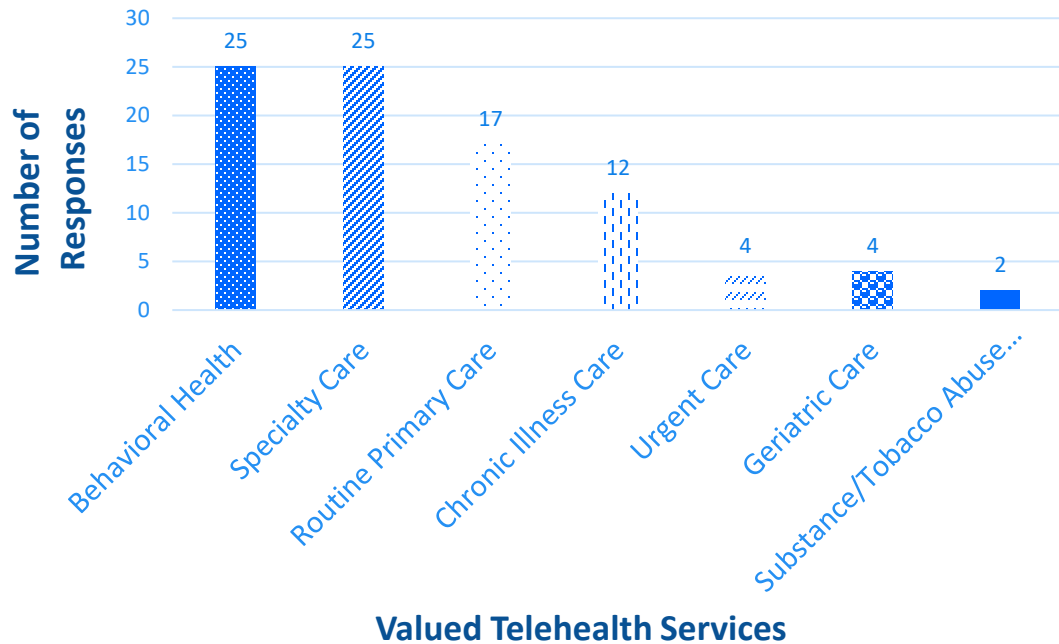
Responses



N= 63

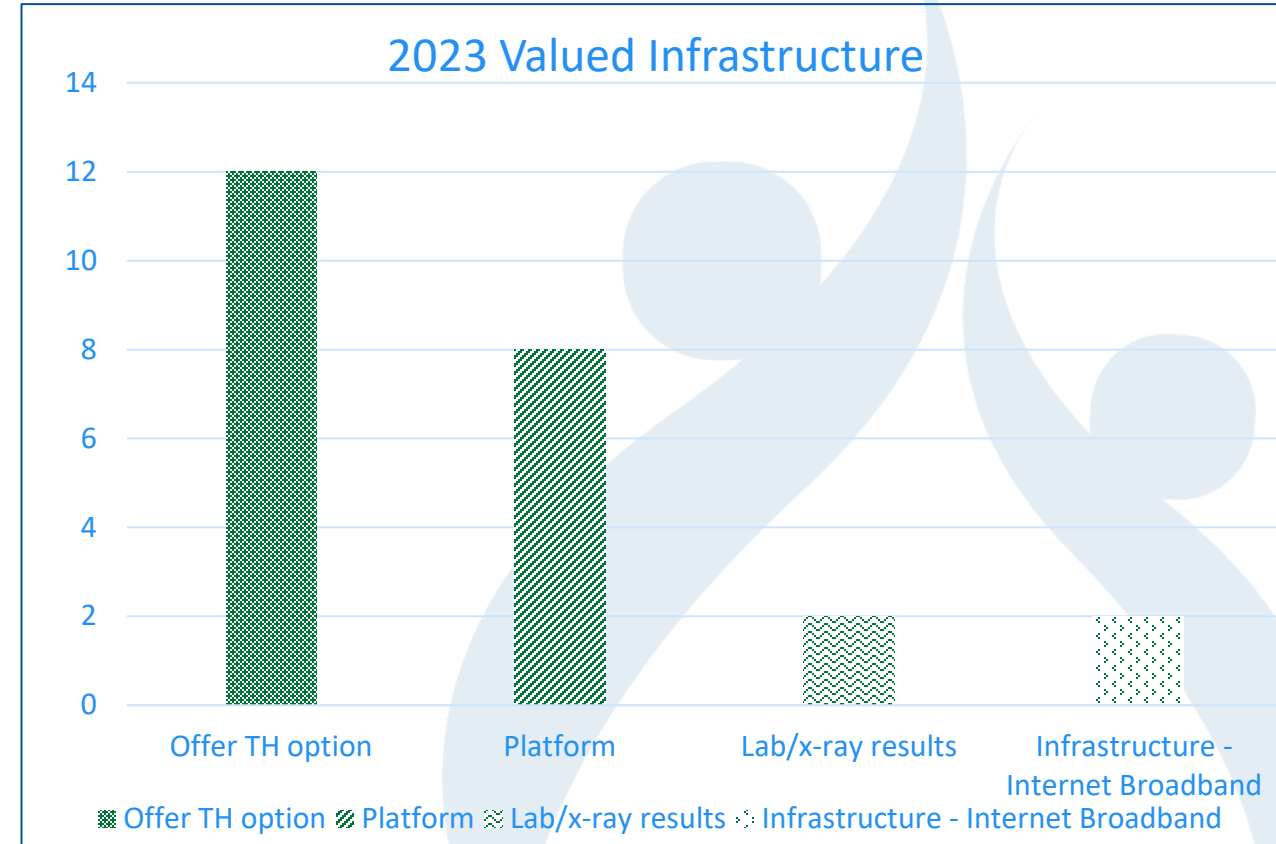
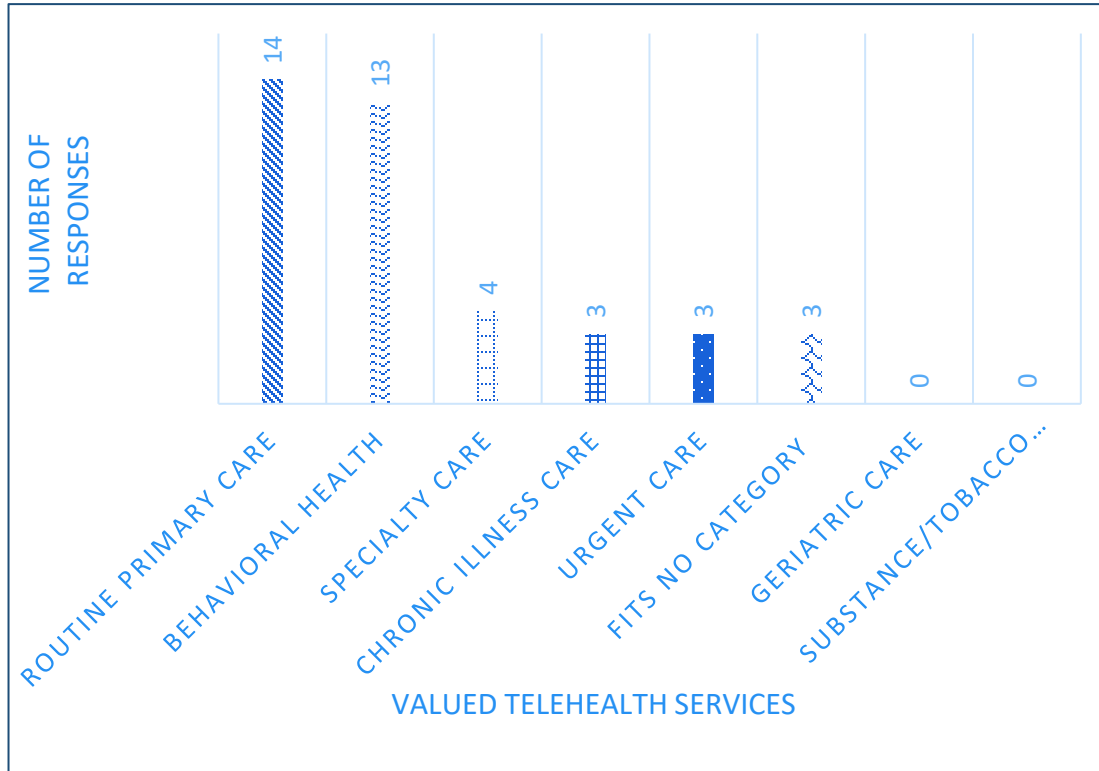
ANSWER CHOICES	RESPONSES	
Yes	74.60%	47
No	7.94%	5
No Opinion	17.46%	11
TOTAL		63

2020 What telehealth services would be valuable? Responses by theme



- 135 respondents, 161 responses.
- Sometimes 3 or more responses from one respondent.

2023 Provider Survey – Question 10: What telehealth services would be valuable? Responses by theme.



- 98 respondents, 48 answered
- Sometimes 3 or more responses from one respondent.

2023 Provider Survey – Question 10: What telehealth services would be valuable? (1 of 2)



Themes		Theme Description
SERVICES	Behavioral Health (BH)	BH services and counseling Mood check-in
	Specialty Care	Nine (9) specialties listed specifically
	Routine Primary Care	All services as appropriate for telehealth (virtually translatable)
	Chronic Illness Care	All services as appropriate for telehealth
	Geriatric Care	Did not list
	Urgent Care	All services as appropriate for telehealth
	Substance/Tobacco Use Treatment	Did not list

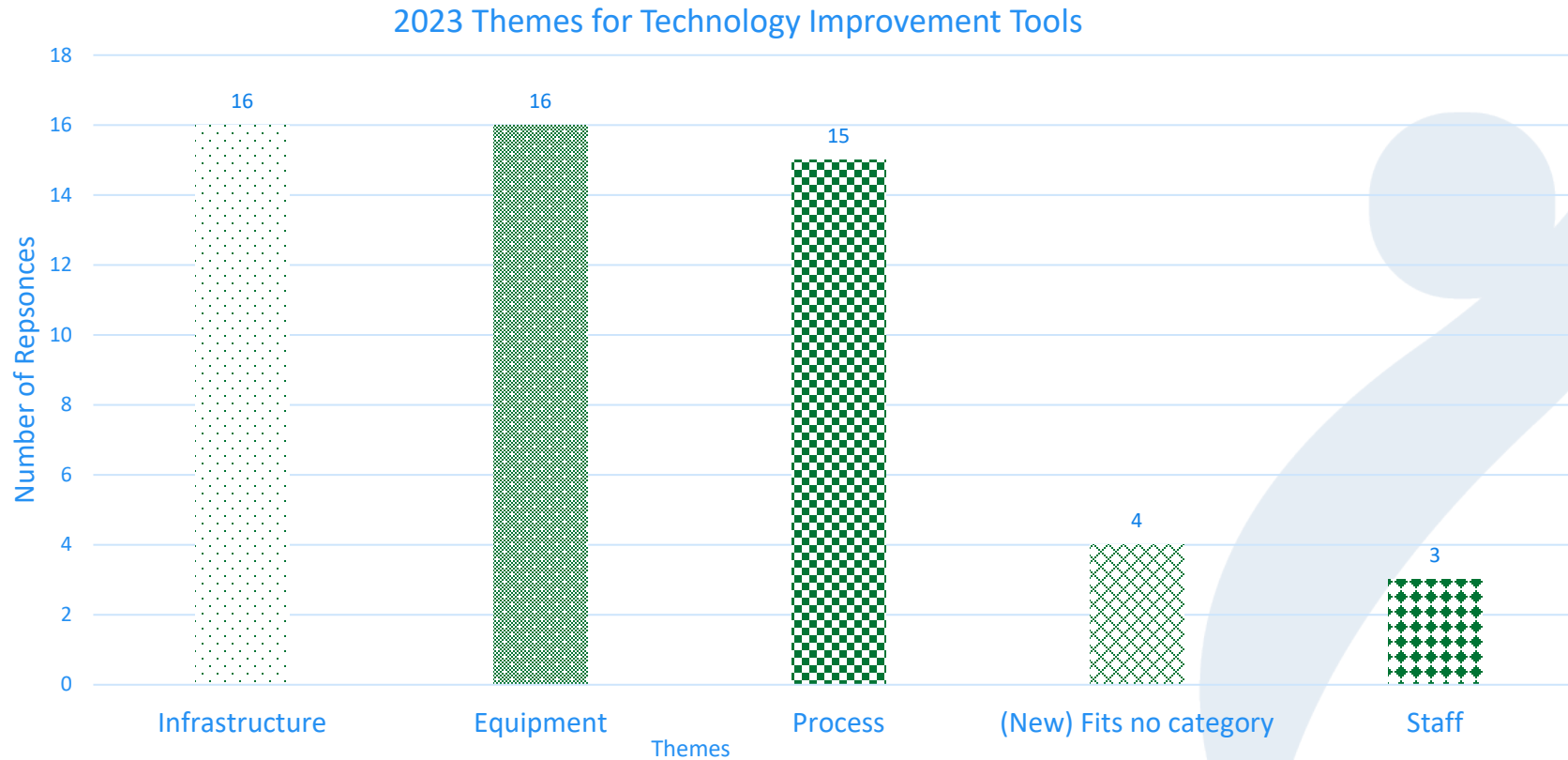
2023 Provider Survey – Question 10: What telehealth services would be valuable? (2 of 2)



Themes		Theme Description
INFRA- STRUCTURE	Platform	Video capability
	Lab/x-ray results	Provide results review and follow-up
	Offer Telehealth Option	Wanted the ability to continue offering telephone visits
	Internet Broadband (new)	Increase bandwidth and improved internet access

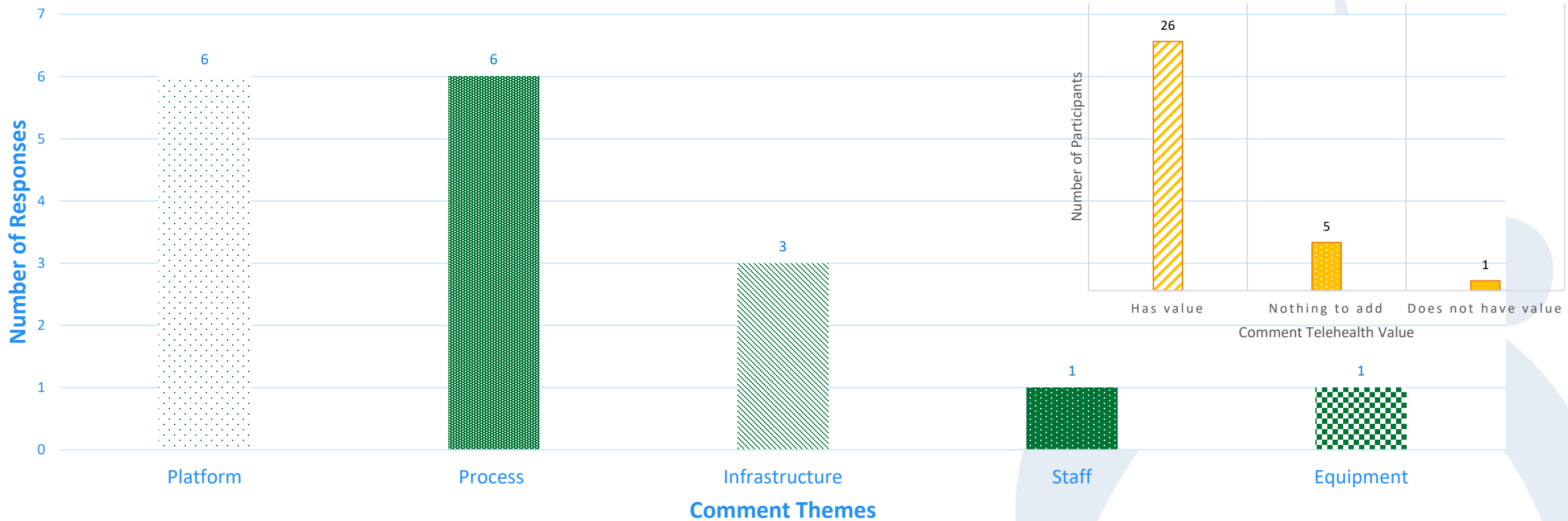
*Note: All services that would not require physical exam

2023 Provider Survey – Question 11: What technological improvements and/or tools do you think would be most useful?



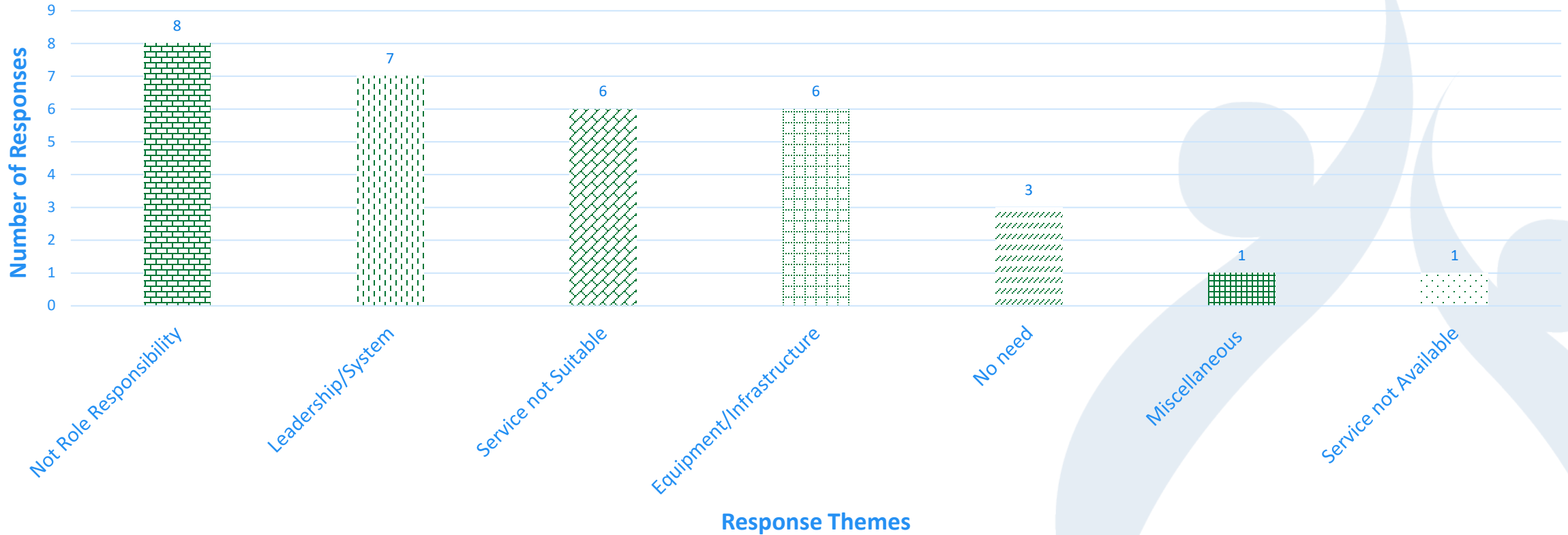
98 respondents, 53 answered

2023 Provider Survey – Question 12: Do you have any other comments to share about your experience with telehealth?



44 answered

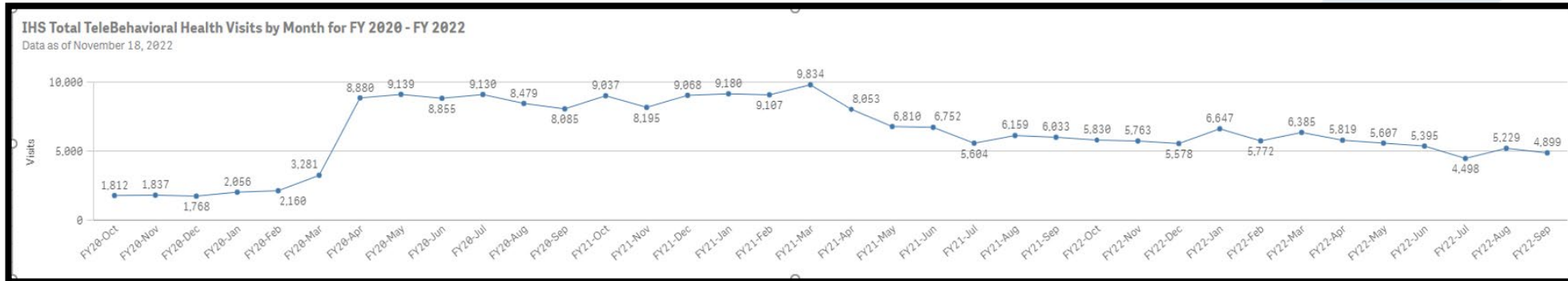
2023 Provider Survey – Question 13: Why aren't you providing telehealth service? Responses by theme



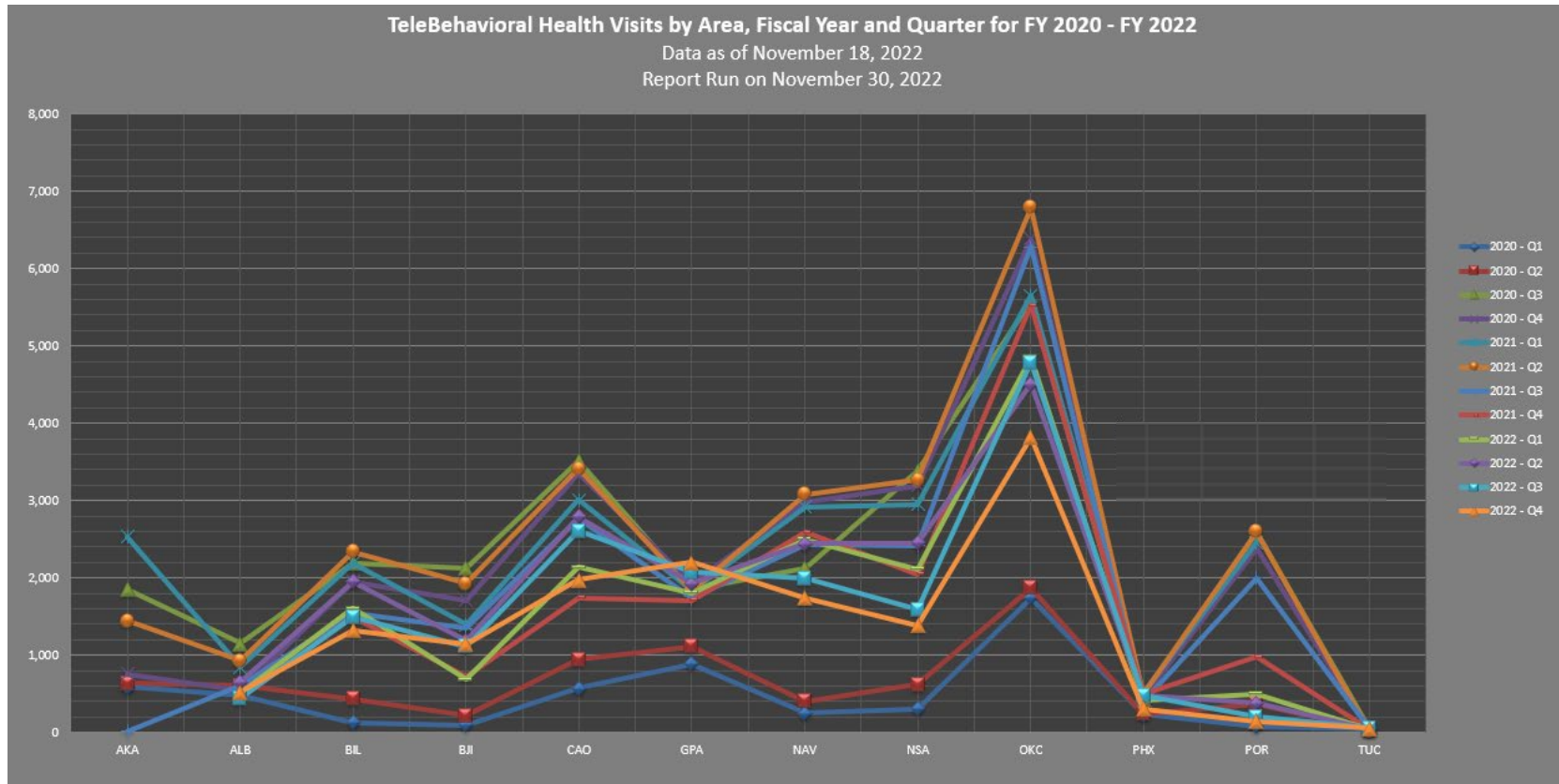
83 respondents

Metrics: IHS TeleBehavioral Health Center of Excellence (TBHCE)

- TBHCE Director: **Dr. Chris Fore**
- Data from across Indian Country
- Includes C9 Telebehavioral Health Clinic Stop Code
- Website link [here](#)
- Metrics FY2020- FY2022 Telebehavioral visits were 226,735 (all IHS, not just TBHCE)



IHS Telebehavioral Health Visits by Area



IHS Teleophthalmology Program



- IHS Teleophthalmology Program Director: **Dr. Dara Shahon**
- Provides remote diagnosis of diabetic retinopathy and management recommendations
- Contributes to the prevention of Diabetes-Related Blindness
- Asynchronous (Store and Forward) - IHS completed JVN studies:
 - 2019 - 30,753
 - 2020 - 16,332
 - 2021 - 21,851
 - 2022 - 21,977
 - 2023 - 25,240
- Deployments 2023: 15 new cameras deployed
- Resource Information can be found [here](#)

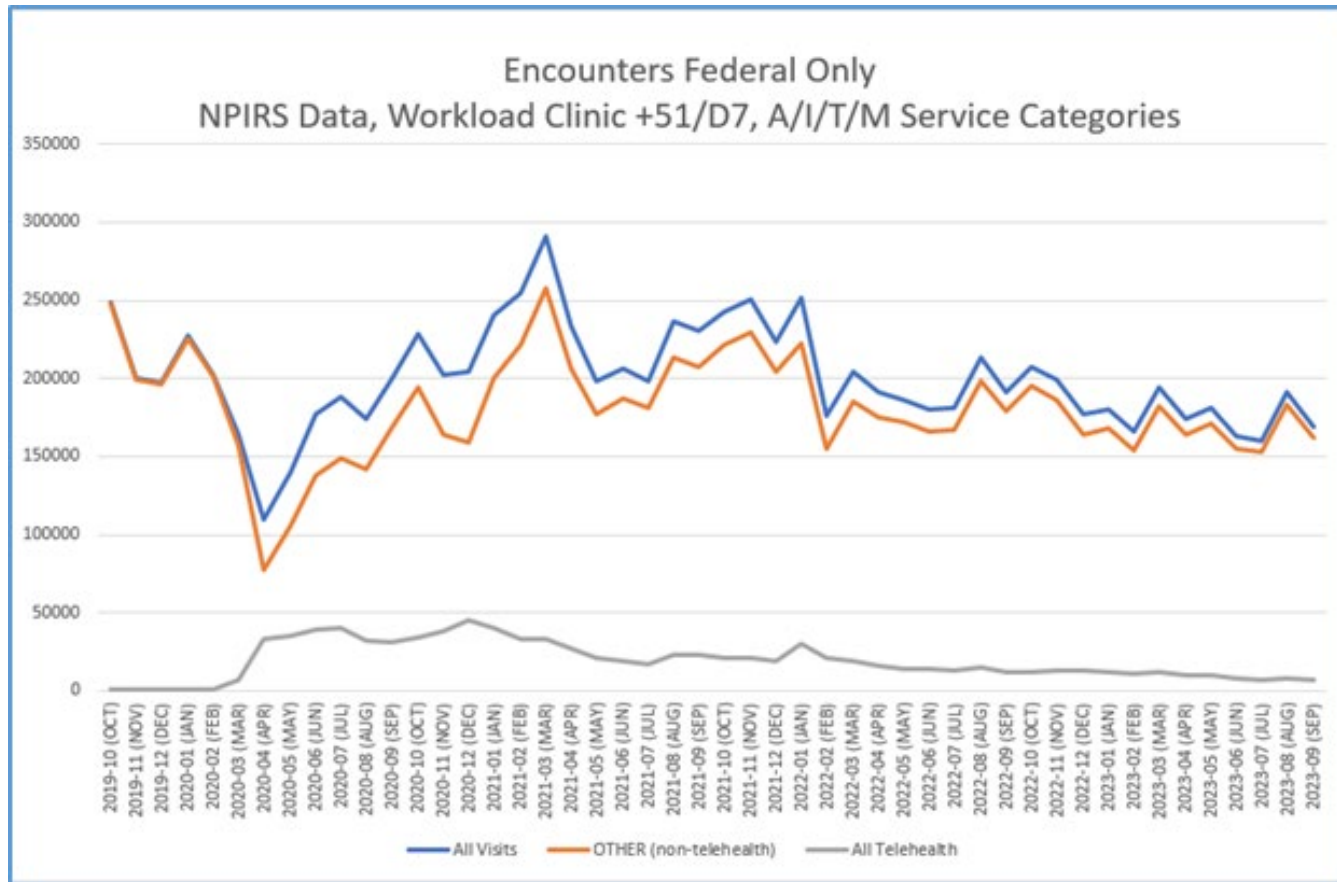


Telehealth Metrics

Susy Postal, DNP, RN-BC, Chief Health Informatics Officer, IHS



Metrics: Telehealth Encounters (IHS ONLY)



Note- Data obtained 12-6-23

IHS ONLY

All encounters, the average use of telehealth

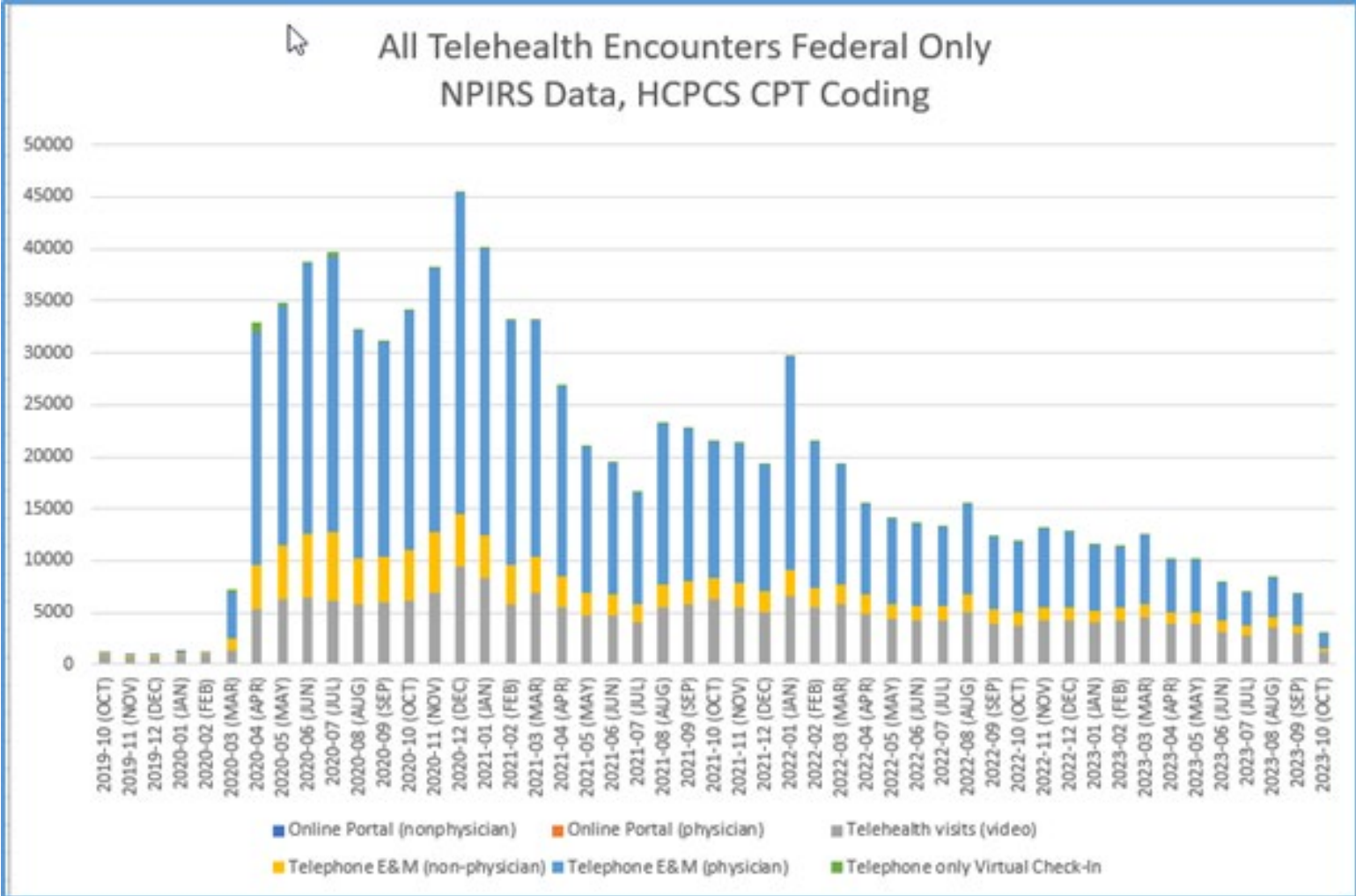
CY 2020 = 16.5%

CY 2021 = 10.6%

CY 2022 = 8%

CY 2023 (Jan-Sept) = 5.1%

Telehealth Metrics- IHS Only



Data obtained 12-6-23

Telehealth Metrics Summary - IHS Only



■ From all telehealth encounters:

● **The Average Video Use:**

- CY 2020 = 27%
- CY 2021 = 23%
- CY 2022 = 30%
- CY 2023 = 39% (January -September)

● **The Average Audio Only Use:**

- CY 2020 = 72%
- CY 2021 = 76%
- CY 2022 = 69%
- CY 2023 = 60% (January -September)

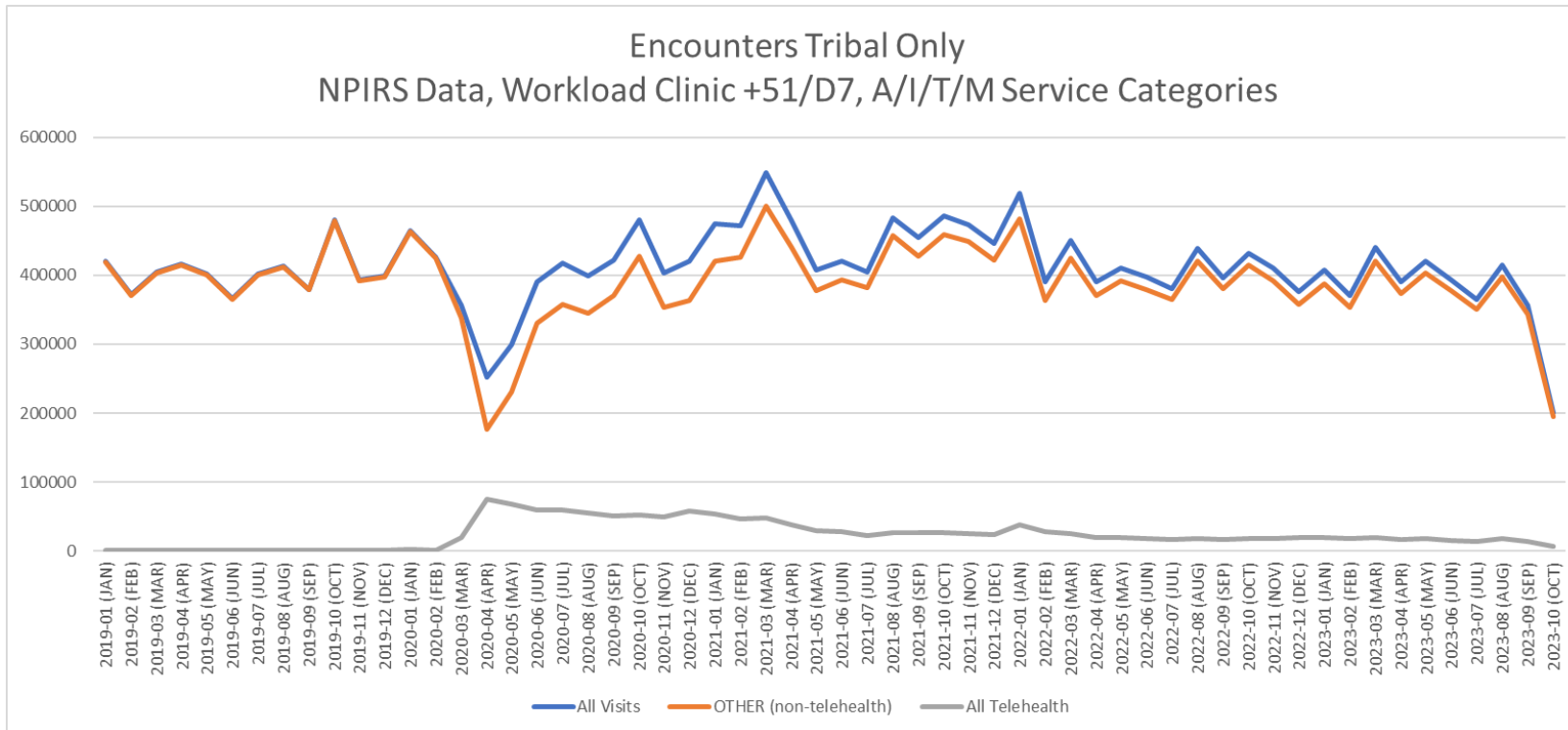
HCPCS GROUP	2023-01 (JAN)	2023-02 (FEB)	2023-03 (MAR)	2023-04 (APR)	2023-05 (MAY)	2023-06 (JUN)	2023-07 (JUL)	2023-08 (AUG)	2023-09 (SEP)	2023-10 (OCT)
All Visits	179795	165576	194107	173936	180940	162898	159919	191479	168980	111451
OTHER (non-telehealth)	168294	154240	181727	163786	170882	154958	152909	183133	162186	108480
All Telehealth	11501	11336	12380	10150	10058	7940	7010	8346	6794	2971
Percent Telehealth	6.4%	6.8%	6.4%	5.8%	5.6%	4.9%	4.4%	4.4%	4.0%	2.7%
Video Only	35%	37%	36%	39%	38%	40%	41%	43%	45%	40%
Phone Only	65%	63%	63%	61%	62%	60%	59%	57%	55%	59%

Data obtained 12-6-23

Metrics: Telehealth Encounters (Tribal Only)



Telehealth Usage (Tribal ONLY)



CY 2022

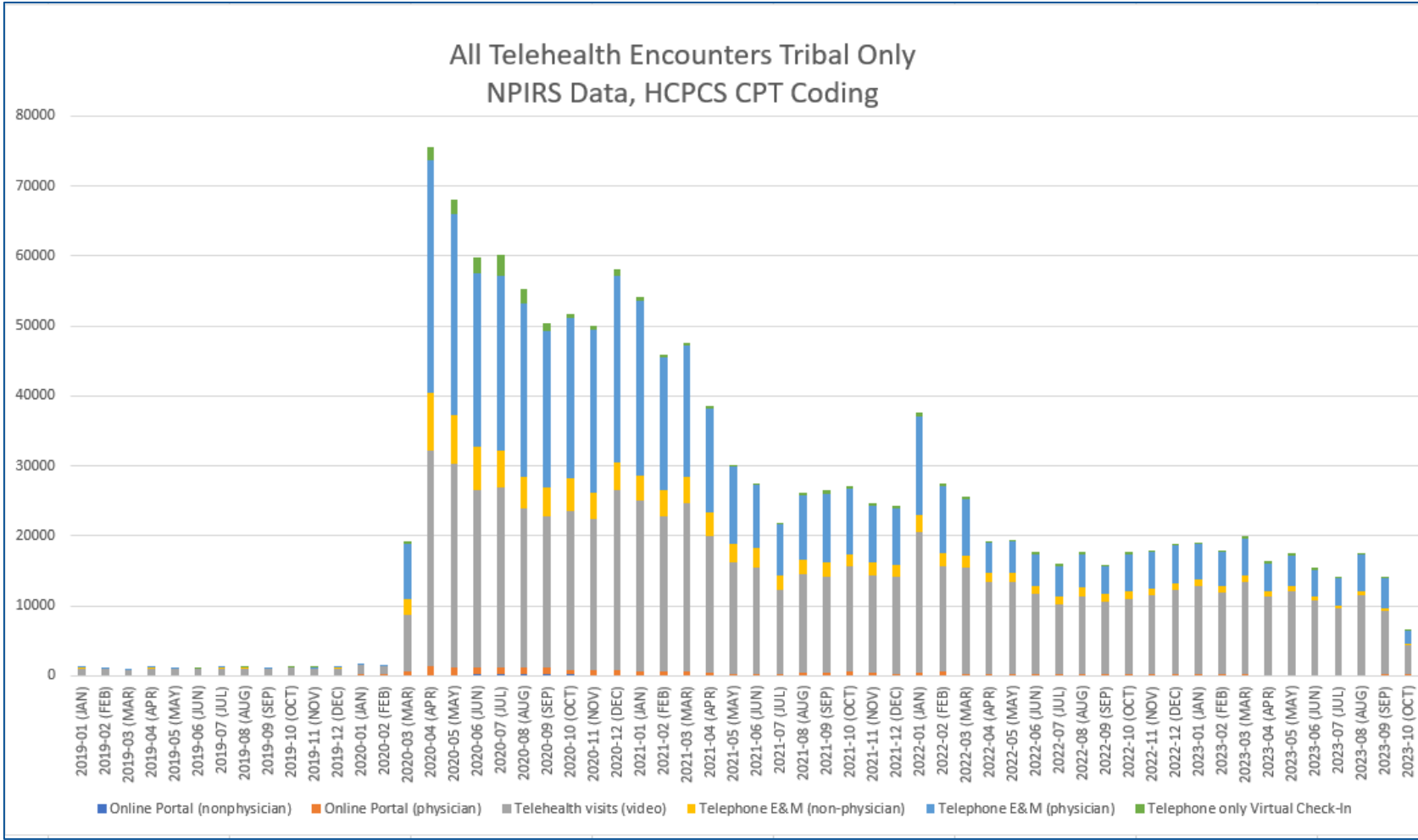
- All encounters, the average use of telehealth was 5.0%
- All telehealth encounters:
 - Average Video Use = 62%
 - Average Audio Only = 37%

CY 2023 From January –October, All Encounters, the average use of telehealth was 4.2%

- All telehealth encounters:
 - Average Video Use = 66%
 - Average Audio Only = 32%



Telehealth Metrics- Tribal Only



HCPCS GROUP	2023-01 (JAN)	2023-02 (FEB)	2023-03 (MAR)	2023-04 (APR)	2023-05 (MAY)	2023-06 (JUN)	2023-07 (JUL)	2023-08 (AUG)	2023-09 (SEP)	2023-10 (OCT)
All Visits	407065	370668	441045	390167	420800	393576	364137	414864	356698	201082
OTHER (non-telehealth)	387955	352715	421133	373823	403334	378114	349936	397365	342755	194708
All Telehealth	19110	17953	19912	16344	17466	15462	14201	17499	13943	6374
Percent Telehealth	4.7%	4.8%	4.5%	4.2%	4.2%	3.9%	3.9%	4.2%	3.9%	3.2%
Video Only	66%	65%	66%	69%	69%	69%	67%	66%	65%	63%
Phone Only	33%	34%	33%	31%	30%	30%	33%	34%	33%	33%



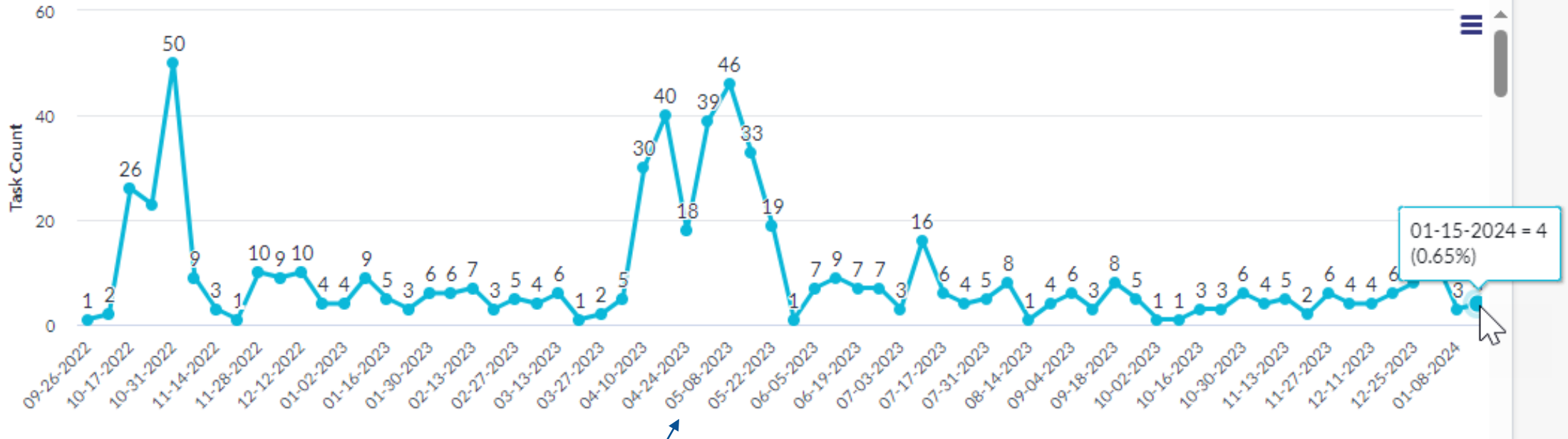
AA RingMD Tier III Support

Slides developed by:

Jacob Falling, DITO, Application Services System Administrator,
IHS



AA RingMD License Requests



End of PHE
5/11/23

Total ServiceNow License Requests: 511



AA RingMD CVT Implementation

Slides developed by:

Keith Buck, Project Manager, Advancia Aeronautics – Ring MD JV, LLC

Jacqueline Dent, Support Operations Manager, Advancia Aeronautics – Ring MD JV, LLC

Implementation Processes



- **Created an In-Depth Project Management Plan**
 - Over 500 lines of task tracking and embedded documents and evidence of task completion
- **Completed IHS Authority to Operate**
 - At implementation and one year
- **Completed IHS/Federal Enterprise Performance Life Cycle (EPLC) process**
 - Developed/Delivered EPLC-required documents
- **FedRAMP Certification in progress**
 - First system/telehealth platform that IHS is sponsoring!
 - Enhance, enhance, enhance to support usability

Implementation Processes (continued)



- **Created IHS custom system training materials**
 - Role-based training videos
 - Comprehensive role-based training guides
 - 40+ quick reference guides
- **Conducted 60 training sessions (370 personnel trained as of 1/22/24)**
- **Implemented 24/7 user support**
 - Quick access to Chatbot support
 - Access to AA RingMD live agents (via chat or 800#)
 - Developed and implemented IHS Service Now workflows

AA RingMD Metrics



System Metrics (from October 31, 2022 – January 13, 2024)

- **1707** patient and staff accounts created
- **5707** telehealth sessions conducted
- **1400** AA RingMD support contacts resolved or elevated to Division of IT Tier III

Account Maintenance (Weekly #s)	Current Production Site Totals	Total Accts Created	4-Nov-23	11-Nov-23	18-Nov-23	25-Nov-23	2-Dec-23	9-Dec-23	16-Dec-23	23-Dec-23	31-Dec-23	6-Jan-24	13-Jan-24
# IHS SuperAdmin Accounts	3	3	0	0	0	0	0	0	0	0	0	0	0
# IHS Provider Accounts	262	266	1	4	1	0	2	1	0	1	0	0	2
# IHS Local Admin Accounts	134	188	0	0	0	0	0	0	1	0	0	1	0
# IHS Patient Accounts	1262	1250	45	23	47	27	26	32	32	32	5	26	24
TOTAL (Staff & Patient Accounts)	1661	1707	46	27	48	27	28	33	33	33	5	27	26
TOTAL (IHS Staff ONLY)	399	457	1	4	1	0	2	1	1	1	0	1	2
Weekly Usage #s (not cumulative)	Sum Totals	4-Nov-23	11-Nov-23	18-Nov-23	25-Nov-23	2-Dec-23	9-Dec-23	16-Dec-23	23-Dec-23	31-Dec-23	6-Jan-24	13-Jan-24	
# Completed Consultations	1650	51	44	58	29	68	48	57	44	18	47	64	
# AD Hoc Calls Conducted	4057	106	94	110	67	92	77	109	119	38	80	88	
TOTAL	5707	157	138	168	96	160	125	166	163	56	127	152	
# Consultations Failed	99	6	3	7	2	1	1	4	3	1	4	6	
# Consultations Canceled	230	5	7	10	8	11	9	3	19	7	8	10	
# Consultations Expired	1414	38	40	43	37	41	43	47	45	24	35	44	
TOTAL	1743	49	50	60	47	53	53	54	67	32	47	60	



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities



Webex Status

Slides developed by:

LT Brenda Steiger, IT Specialist, Great Plains Area



Webex Operations and Maintenance

- Services went live in November 2021
- Fully approved Authority to Operate (ATO) signed February 2023 and first-year review completed January 2024
- Annual Test and Restore completed July 2023
- Other than AA RingMD and Secure Data Transfer, Webex is the only collaborative tool approved for viewing/sharing Personally identifiable information (PII) and Protected health information (PHI)
- Available to all IHS D1 domain users



Webex Use Cases

- Telehealth
- Video Conferencing with various devices
- Meeting collaboration
- Technical support
- Audio Only Conferencing
- Webex Teams Document share and chat
- Controlled Webinars up to 3000 participants
- Web-based Training

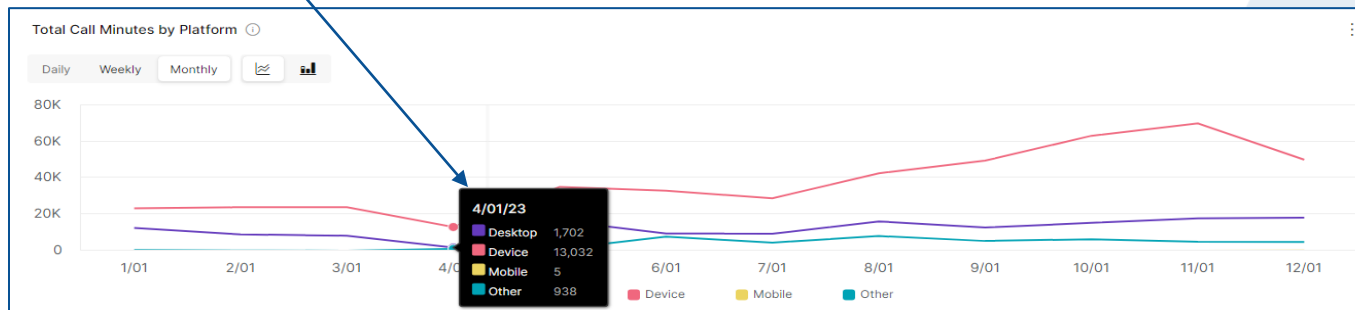
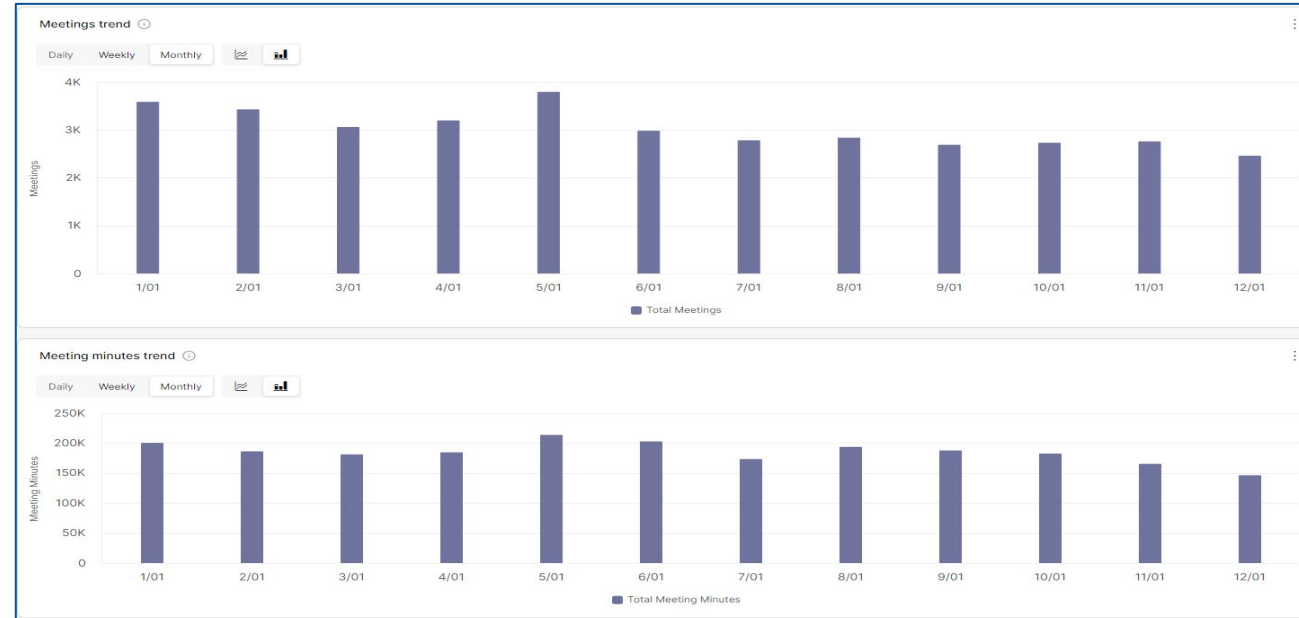


Webex Usage 2023



4/01/23

Desktop	1,702
Device	13,032
Mobile	5
Other	938



Webex Device Examples



Webex DeskPro



Cisco SX10



Thinklabs One Stethoscope



JedMed Horus Scope





AVEL Update

Slides developed by:

CDR. Darla McCloskey, PhD., MPH, BSN



Great Plains Area (GPA) Avel Telehealth Integration into IHS Services

- GPA 2022-2023 Utilization scheduled- 12,372 with 6,973 completed visits, as of June 2023 estimated expenditures \$6.4 million.
- Billings area had (own contract), but all providers are managed by GPA.
- Contracting Officer's Representative (COR) enters D1 accounts, utilization 2023 scheduled 8,345 with 3,988 visits.

Administrative next stage activity:

- New processes developed to address IHS policy changes to background processes to Security Clearance forms, Invoice Processing Platform SailPoint, IT connectivity, and personal identity verification (PIV) cards.
- Developed procedures for each step of this process, including coding and billing to make sure facilities are reimbursed by 3rd-party payors/ review cost savings to IHS [Purchased/Referred Care \(PRC\)](#).

Specialty Clinic (outpatient) Services

- ▶ Sisseton, SD
- ▶ Belcourt, ND
- ▶ Fort Yates, ND
- ▶ McLaughlin, SD
- ▶ Fort Thompson, SD
- ▶ Lower Brule, SD
- ▶ Eagle Butte, SD
- ▶ Rosebud, SD

Emergency Services

- ▶ Belcourt, ND
- ▶ Fort Yates, ND
- ▶ Eagle Butte, SD
- ▶ Rosebud, SD
- ▶ Pine Ridge, SD

Next Steps in Programing, Utilization and Oversight



- GPA facilities continue to meet patients where they are, connecting to the patients via video chat or phone, and integrating telemedicine concepts into the routine health services provided by GPA. The need continues to grow, especially in rural, isolated areas, but this will also allow GPA to provide services to urban areas.
- Adding psychiatric services to address behavioral health conditions in the emergency room (ER).
- Will be adding pharmacy services to assist pharmacies with staffing issues.
- Equipment GPA is now purchasing their own equipment, with parts and supplies being maintained by the area office. This will increase annual costs.
- Routine analysis oversight of Specialty clinic, ER consult services, and scheduling.
- Tracking and monitoring coding and billing to make sure all facilities are getting reimbursed.
- Utilization of shared files to manage SCL/background documents to improve clearance time for providers.



EHR Modernization What Can We Do Now?

HIT Modernization & Innovation

Slides developed by:

CAPT (ret) David Taylor, MHS, RPh, PA-C, RN,
Informatics Deployment Lead,
HIT Modernization, IHS



Health IT Modernization - What We Can Do Now?

- **Prioritize** your People – Address staffing concerns
- **Identify** change champions – i.e. Superusers, Package Owners
- **Catch up** on any billing, coding & accounts receivable
- **Engage** with Workflow Research & Alignment Plan (WRAP)
- **Optimize** RPMS EHR as delineated through the WRAP Best Practice/Future State Business Process Modeling (BPMN) Workflows & IHS Program Initiatives
 - E.g. Telehealth, STI/Syphilis, ACT, ASQ, HOPE, EHR Component Functionality, PAMPI, 4DW
- **Keep** RPMS up to date with patches
- **Adhere** to life cycle management best practices for all technologies
- **Leverage** Health Information Technology (HIT) to improve safety and patient outcomes
 - E.g. Clinic BCMA, Outpatient ADC Profiling, Smart Pumps
- **Routinely** monitor RPMS
- **Ensure** system administration process & backups are performed



way we deliver care

Transforming the way we deliver care begins with realigning our processes

Targeted configuration of unique high-risk, problem-prone, and high variability workflows



IMPROVING CARE DELIVERY

Seamless, consistent, rigorous processes across the field will drive efficiencies to deliver better care



ENHANCING PATIENT EXPERIENCE

Enhanced processes in telehealth, patient portal, and digital health applications expands our digital footprint and will enrich patient experiences and provide more seamless access to care



LEVERAGING DATA TO DRIVE OUTCOMES

Redesigned processes will improve data capture and data quality fostering innovative analytics to better understand our patient populations and drive improved outcomes

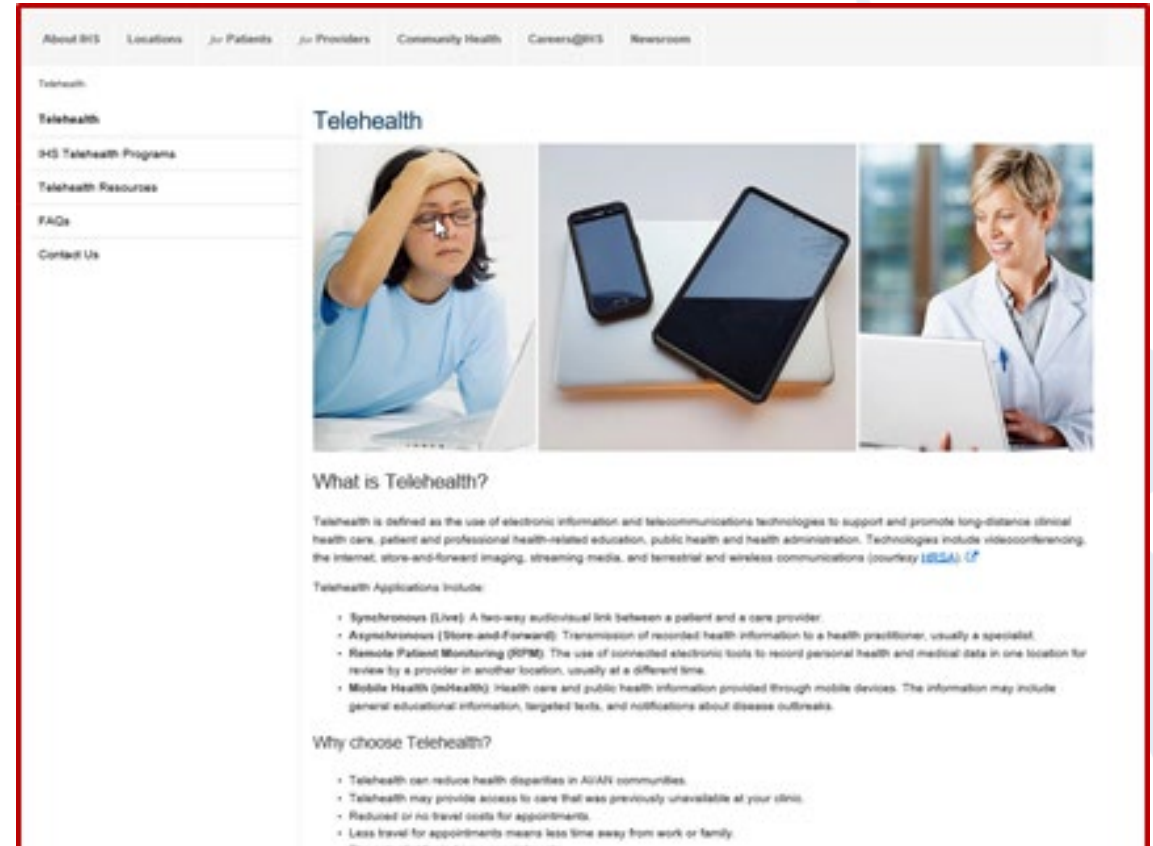


Resource Information



IHS Telehealth Listserv and Website

- If you are interested in telehealth, we encourage you to sign up for the Telehealth & mHealth listserv [here](#)
- Share Information
- Ask Questions
- Discuss best practices
- Telehealth Website [here](#)



Telehealth Resource Information



- 117th Congress. (December 29, 2022). Text - H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023. Congress.gov. Library of Congress. Available at: <https://www.congress.gov/bill/117th-congress/house-bill/2617>
- CMS (September 6, 2023). Coronavirus waivers and flexibilities. Available at: <https://www.cms.gov/coronavirus-waivers>
- CMS. (July 5, 2023). Current emergencies. Available at <https://www.cms.gov/about-cms/agency-information/emergency/epro/current-emergencies/current-emergencies-page>
- CMS. (May 5, 2023). Frequently Asked Questions: CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency. Available at: <https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>
- CMS (November 13, 2023). List of Telehealth Services. Available at: <https://www.cms.gov/medicare/coverage/telehealth/list-services>
- CMS (December 2023). Medicare Learning Network: Telehealth Services. Available at: <https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>

Telehealth Resource Information Continued



- CMS. (November 6, 2023). Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19. Available at: <https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf>
- CMS. (nd). State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth COVID-19 Version: COVID-19 version, Available at: <https://medicaidinnovation.org/wp-content/uploads/2022/11/medicaid-chip-telehealth-toolkit.pdf>
- Federal Registrar (November 16, 2023). Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program. Available at: <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- Indian Health Service (nd). COVID-19 Resources Archive. Available at: <https://www.ihs.gov/nptc/archive/covid-19/>



Thank You

Thank you to everyone supporting
the IHS Telehealth Initiative!

Questions



Contact Information

Susy.Postal@ihs.gov

Chris.Fore@ihs.gov

susan.karol@cms.hhs.gov

Thank You

