2024
Indian Health Service Partnership Conference

Best Practices – PRC SU Supervisors

Brenda Molash
Health Systems Specialist
Purchased Referred Care
Standing Rock Service Unit
Great Plains Area IHS

Tracy George, PRC Supervisor
Angela Silverhorn, PRC Referral Lead
Alyssa Andes, PRC Finance Lead
Clinton Service Unit
Oklahoma City Area IHS

Brenette Pine, PRC Supervisor
Gary M. Russell-King
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Northern Navajo Medical Center
Navajo Area IHS

Beverly R. Zuniga
Supervisory Health System Specialist
Colorado River Service Unit, Phoenix Area IHS

Streamlining the Session – PRC Committee Meeting

Brenda Molash

Standing Rock Service Unit

Introduction

Great Plains Area IHS (North Dakota, South Dakota, Nebraska, and Iowa)

Standing Rock IHS is located on the Standing Rock Reservation located in North and South Dakota:

- Standing Rock Hospital – Fort Yates, ND
- McLaughlin Health Center – McLaughlin, SD
- PRC Supervisor
- Budget Analyst
- Medical Support Assistants - 2

Background Creating a Electronic, Virtual, and Paperless Process

- Why create a virtual process for the PRC Committee, what do we want to achieve?
- How is this process going to look?
- What are the benefits?
- What are opportunities for committee improvement?
- What could be some potential fall-outs, challenges, barriers?
- Paperless process
- Streamlining work
- Seize the opportunity to create a virtual committee, go paperless!

Participate Virtually via WebEx

When it's time, join your Webex meeting here.

Join meeting

More ways to join:

Join from the meeting link
https://hhs-ihs.webex.com/hhs-ihs/j.php?MTID=m33a42eef3dd29ca2300614f26e5cff1f

Join by meeting number
Meeting number (access code): 2823 420 8452
Meeting password: iVYJ2GDfx36

Tap to join from a mobile device (attendees only)
+1-415-527-5035,,28234208452## United States Toll

Join by phone
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Global call-in numbers

Join from a video system or application
Dial 28234208452@hhs-ihs.webex.com

Join from a video system or application
Dial 27620001629@hhs-ihs.webex.com

If you are a host, click here to view host information.

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PRC Committee Minutes

Purchased Referred Care Committee
Fort Yates IHS

DAILY SPENDING

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Thursday, August 1, 2024
Via WebEx

CTO: _____
ADJ: _____

_____ Clinic Referrals
_____ Call-in Referrals

___CEO
___DCEO
___PRC Supervisor
___Clinical Director
___Acting Clinical Director
___Budget Analyst
___PRC MSA
___PRC MSA
___FY BOM
___McL BOM
___Case Management Supervisor
___Case Manager
___Case Manager
___Case Manager

_____ Minutes entered by (initials)
_____ Minutes modified by (initials)

Chart #	Name	YEND	RCIS	DX/Procedure	Est. Amount	MPL	Approved	Admit Discharge	# of visits	Close Referral	Denied	IHS Available	Status	Provider	ALTERNATE RESOURCES/COMMENTS	BUSINESS OFFICE COMMENTS
				FY-24 REFERRALS												
					$ -											
				FY-24 CALL-INS												
					$ -											
				FY-23 BACKLOG REFERRALS												
					$ -											
				APPEALS												
					$ -											
				PATIENT BILLS												
					$ -											
NAME				**COMMITTEE DISCUSSION**											**ACTION/FOLLOW UP**	

Purpose Driven Results

- Increased participation
- Engaged discussions
- Immediate edit & updates
- More efficient meetings
- Easier document access
- Reduced paper = cost savings
- Greater Productivity

Virtual Process Continuity

- Process monitoring
- Measure Results
- Identify Bottlenecks & Roadblocks
- Resolve any identified Issues
- Continue to refine process

Contact Information

Brenda Molash, Health Systems Specialist

Purchased Referred Care Supervisor

Great Plains Area IHS

Standing Rock Service Unit

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Referral Management/Scheduling

TRACY GEORGE, PRC SUPERVISOR
ANGELA SILVERHORN, PRC REFERRAL LEAD
ALYSSA ANDES, PRC FINANCE LEAD
CLINTON SERVICE UNIT
OKLAHOMA CITY AREA IHS

Referral Information

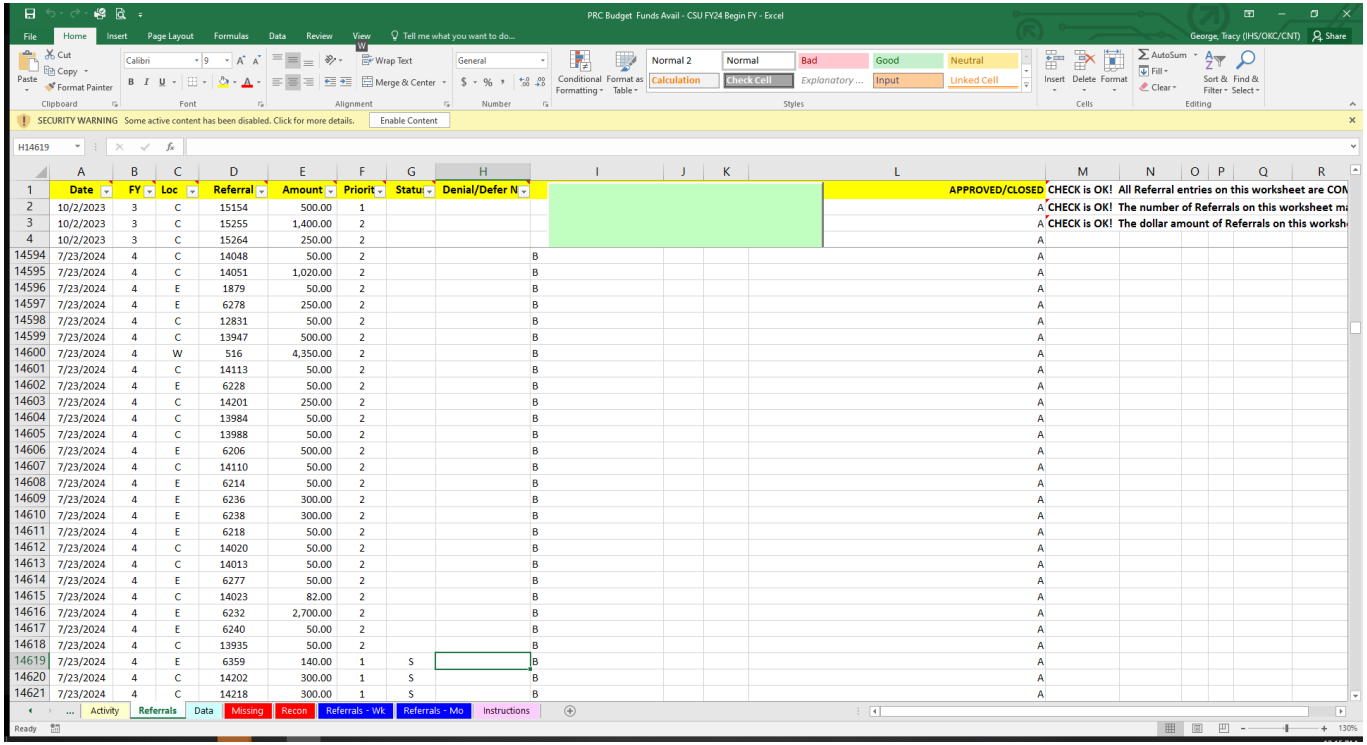
Where does it come from?

- Information dashboard
- Pending referrals
- Approved referrals
- ER referrals
- Total number of referrals for current month
- Average number of days from initiation to approved
- Average number of days from initiation to approved in the last year

Overview: Sending referrals to review

- Prior to sending to review, verify:
  - Eligibility
  - Alternate Resources
  - Approved Vendors
  - Reason/Purpose
  - Medical History & Findings
  - Edit Abbreviations on Purpose Line
  - Where to place the referral for review – Review Folders

Overview: Spending Plan/Meeting Minutes



Overview: How to schedule appointments

- How do you know the referral is approved
- Build a referral packet electronically
  - Demographics; Medical Notes; Imaging; Lab; Outside notes (if indicated)
- Electronic Faxing
  - Software
  - Equipment
  - Saving Referral Packets
- Vendor/Patient Notification of Appointment
  - Complete the vendor/patient letters for finance
  - Where to place the letters for a purchase order
  - What happens next?
  - Vendor/Patient instructions for future services

Contact Information

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Title: Supervisor

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Office: Clinton IHS

- Purchase/Referred Care

Name Angela Silverhorn; Alyssa Andes

Title: Referral Lead; Finance Lead

Email: angela.silverhorn@ihs.gov
Alyssa.andes@ihs.gov

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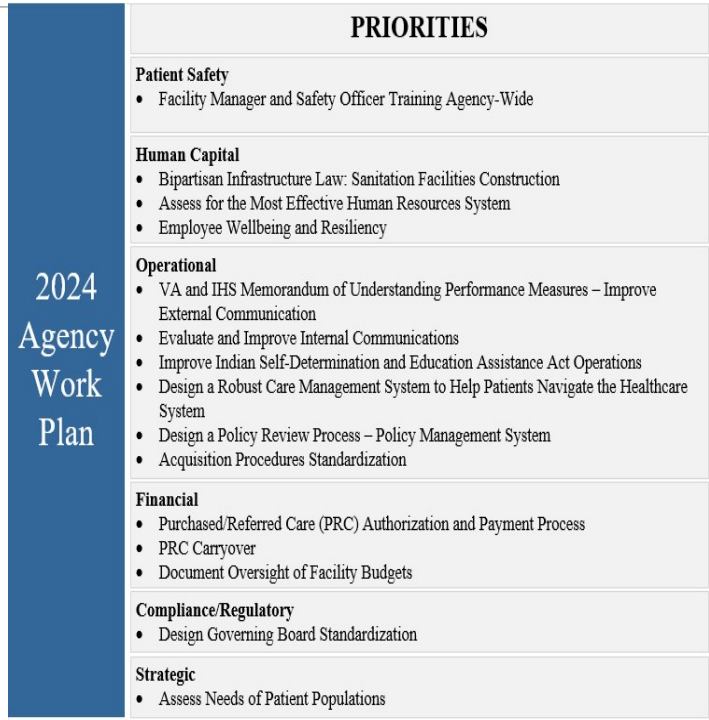
The Digital Future of PRC

BRENETTE PINE
SUPERVISORY HEALTH SYSTEM SPECIALIST
NORTHERN NAVAJO MEDICAL CENTER
NAVAJO AREA IHS

Best Practices to Improve PRC Fundamentals

- Identify the current basic concepts and practices
- Management of the financial aspects of healthcare services
- Planning and budgeting
- Management of financial operations based on purchasing of services
- Analyze the outcome



Back to the Future

- Electronic processing of claims
- Improve the PRC referral/financial process
- Communication and tracking of PRC Referrals and Purchase Orders
- Alignment of Patient-centered services and Access to Quality Healthcare

The Digital World of PRC Accessibility and Progress

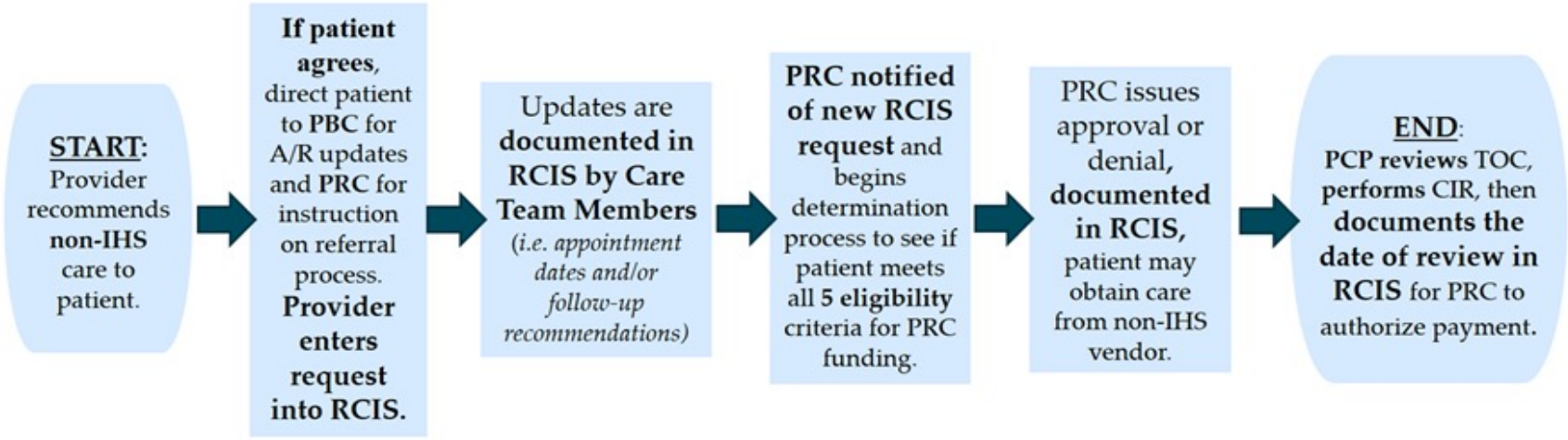
- Test project with five (5) providers for processing claims and referrals for patients
- Training for Fiscal Intermediary Portal Access for the providers
- Patient listing sent via secure email to PRC
- Excel spreadsheet to identify NAME/DOS/Allowable and Billable Amount
  - ❖Improvement of patient-centered services
  - ❖Quicker turnaround time for referral completion within five (5) days
  - ❖Tracking of PO process in Fiscal Intermediary
  - ❖Strengthen communication between PRC and Providers

Best Practices Compliance CMS

Ensure Transactions are Accurate and Secure and Utilize CMS Compliance Tools:

- ✓ Provide patients and providers with information and flow charts of the referral process to highlight best practices
- ✓ Implement New Medical Priorities
- ✓ Submitting electronic claims to FI
  - ✓ Collaboration with HIM for Public Health Records (PHR) sending information on patient health plans to the provider and patient.
- ✓ PRC referral and PRC letters updated to share information on guidance on alternate resources and liability clause

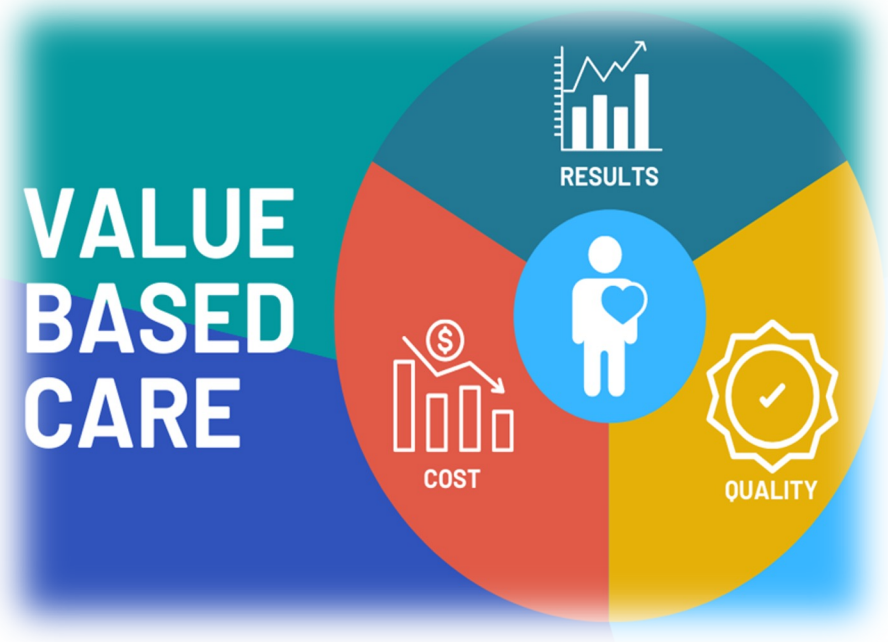
Best Practices In the Alignment of Interest



Best Practices Accessible to Quality Healthcare

Patients and Providers:

- Patient Centered Services
- Access to Quality Health Care
- Timely Care
- Reduce Costs
  - Education for outside healthcare providers on Medicare-like rates
  - Focus on Prevention and utilize the new Medical Priorities
- Purchase order processing
  - Track results through GPRA

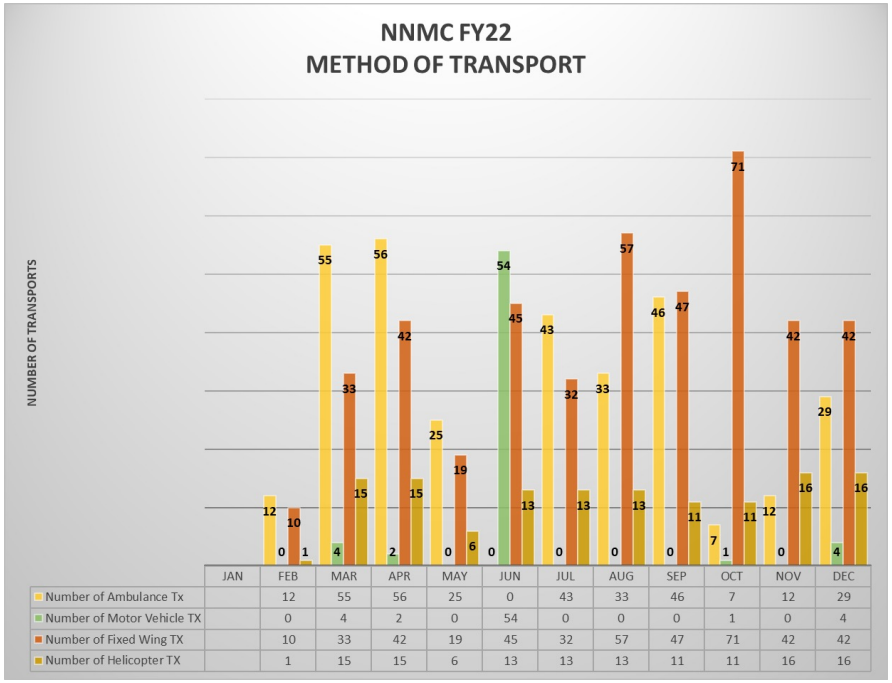


Best Practice of Patient Centered Services

- Motivational interviewing
- Emotional support
- Social and financial factors
- Values and culture
- Improve patient outcome
- Support providers

Continued Digital Expansion of PRC

- Data Tracking on Transfer and flight status
- Spending Plans
- Deferred services
- Metric Reporting
- Workload tracking for PRC Contact Representatives
- Electronic patient listings from outside healthcare providers with future appointments
- Case Management Meetings every week
- Training for the PRC Workforce on technology and effective communication



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Number of Ambulance Tx		12	55	56	25	0	43	33	46	7	12	29
Number of Motor Vehicle TX		0	4	2	0	54	0	0	0	1	0	4
Number of Fixed Wing TX		10	33	42	19	45	32	57	47	71	42	42
Number of Helicopter TX		1	15	15	6	13	13	13	11	11	16	16

Contact Information

Thank you Ahéhee'

Brenette Pine

Purchase Referred Care

Supervisory Health System Specialist

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Personal Health Record

GARY M. RUSSELL-KING
CHIEF MEDICAL RECORDS ADMINISTRATOR
NORTHERN NAVAJO MEDICAL CENTER
NAVAJO AREA IHS

What Is PHR?

The IHS Personal Health Record system allows our patients to access their health information quickly and conveniently using their personal computer, tablet or cellular phone.

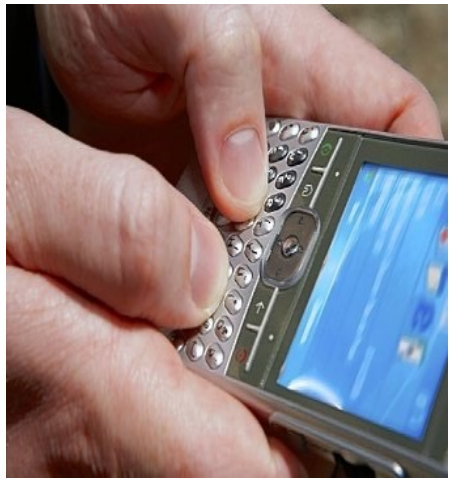
What Is Available Through PHR?

Patients can access the following:

1. Clinic notes
2. Immunizations
3. Laboratory results
4. Radiology reports
5. Medication listing
6. Last admission summary
7. Future appointments
8. Send email messages to their health care provider

PHR Benefits

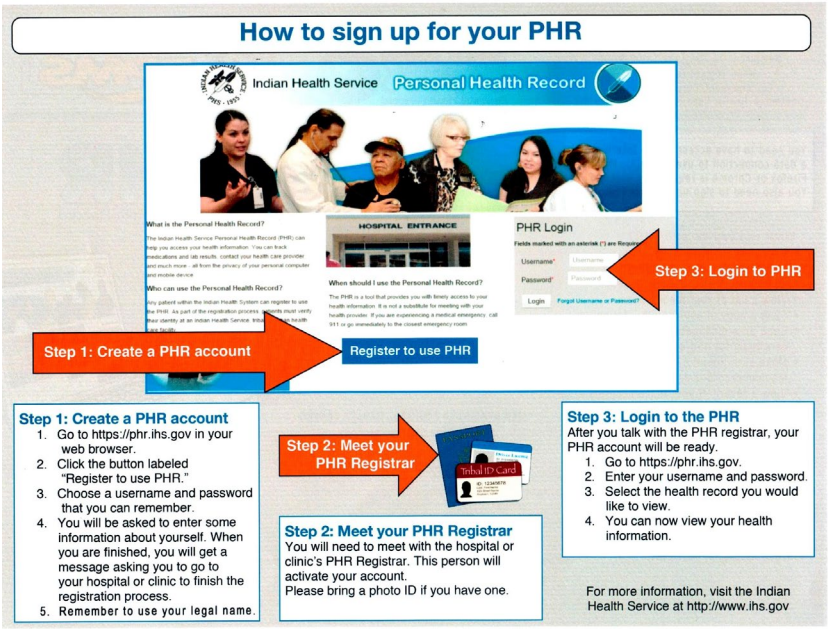
Patient can view any health information from any IHS and Tribal site that is running RPMS applications.



To Register

Its simple and only takes a few minutes.

Access to PHR is instantly once the PHR Registrar links the account.



Best Practices To Increase PHR Enrollment

Purchased Referred Care

Partner with PRC to enroll patients referred for health care outside your facility.

Going somewhere for health care?
Get immediate access to your health information by registering on-line for your PHR

Indian Health Service Personal Health Record

Sign up is easy using your smartphone, tablet or personal computer by going to **https://phr.ihs.gov**

It's so simple!

1. Create a user name and password that you will always remember
2. Answer security questions
3. Correctly identify yourself, using your full legal name
4. Read and accept Privacy Policy, Terms and Conditions
5. Review your entry and click **REGISTER**

You can also stop by the **PHR Office** (*across from Pharmacy*) on the way out for immediate access. It will only take a few minutes. Call **505-368-7388** or **505-368-6270** to have your account linked or if you have any questions.

You will be able to view and print your health information from your smartphone or computer*.

*PHR will only work with Google Chrome or Mozilla Firefox.
IHS PHR system is a secure web database subject to the Privacy Act.

Best Practices To Increase PHR Enrollment

Prenatal Clinic

Allows access to prenatal notes and lab results.

Get immediate access to your prenatal visit information for off-site care by registering for PHR!

Indian Health Service Personal Health Record

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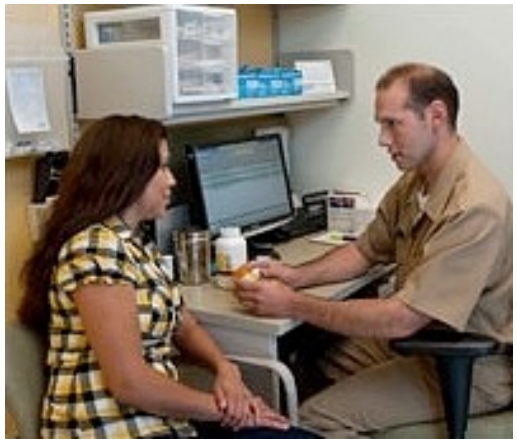
Best Practices To Increase PHR Enrollment

Pharmacy

Partner with Pharmacy Refills by placing PHR flyer in medication bag



Need your current medication listing or Need to contact your doctor about a question on your medication?

Indian Health Service Personal Health Record

Get immediate access to your health information by registering online for your PHR.

Go to https://phr.ihs.gov to sign up using your smartphone, tablet or personal computer.

It's so simple!

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2. Answer security questions
3. Correctly identify yourself, using your full legal name
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5. Review your entry and click **REGISTER**

Then call **505-368-7388** or **505-368-6270** to have your account linked for immediate access or for any questions.

You will be able to view and print your health information, and send a personal email to your doctor from your smartphone or personal computer*.

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Best Practices To Increase PHR Enrollment

HIM Release of Information Office

- Inform patients of PHR at the time of face-two-face disclosure.
- Mail PHR flyer with copies of medical records to patient

Best Practices To Increase PHR Enrollment

Participate in community events, educating patients of PHR portal.

Best Practices To Increase PHR Enrollment

Community Vaccination Events

- Real-time PHR enrollment
- Patient calls NNMC to register while waiting in line.
- This was due to no internet access for on-site enrollment.
- Dedicated phone line at NNMC during community events managed.

Best Practices To Increase PHR Enrollment

Outside Activities

- Participate in local College Fair Day – Educating & enrolling 18 year old students who will be leaving the reservation/area for college.
- Armed Forces Recruitment Centers – Providing PHR flyers for Native troops to sign up if health information is needed.

Best Practices To Increase PHR Enrollment

VA Hospitals – Leave PHR flyers with Information Desk to improve communication with their VA doctor.

Local Dialysis Units – To share medication management and health care visits. Go on-site for enrollment event.

Best Practices To Increase PHR Enrollment

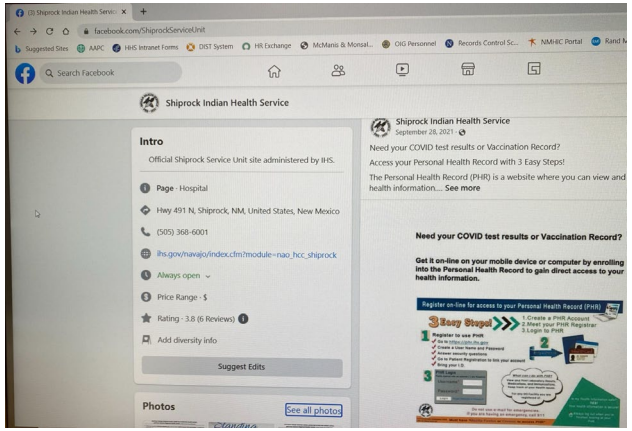
Sponsor a hospital/clinic employee sign-up blitz

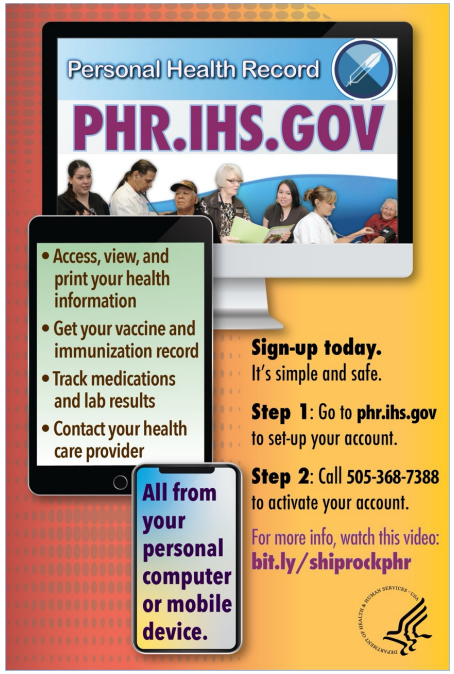
- Go to each department and enroll staff who have an IHS medical record.
- Best way to sell PHR is word-of-mouth. Employees can tell their family and friends to sign up after they see the benefits of having access to their health information

Best Practices To Increase PHR Enrollment

Social Media

Add flyer to your facility Face Book page.

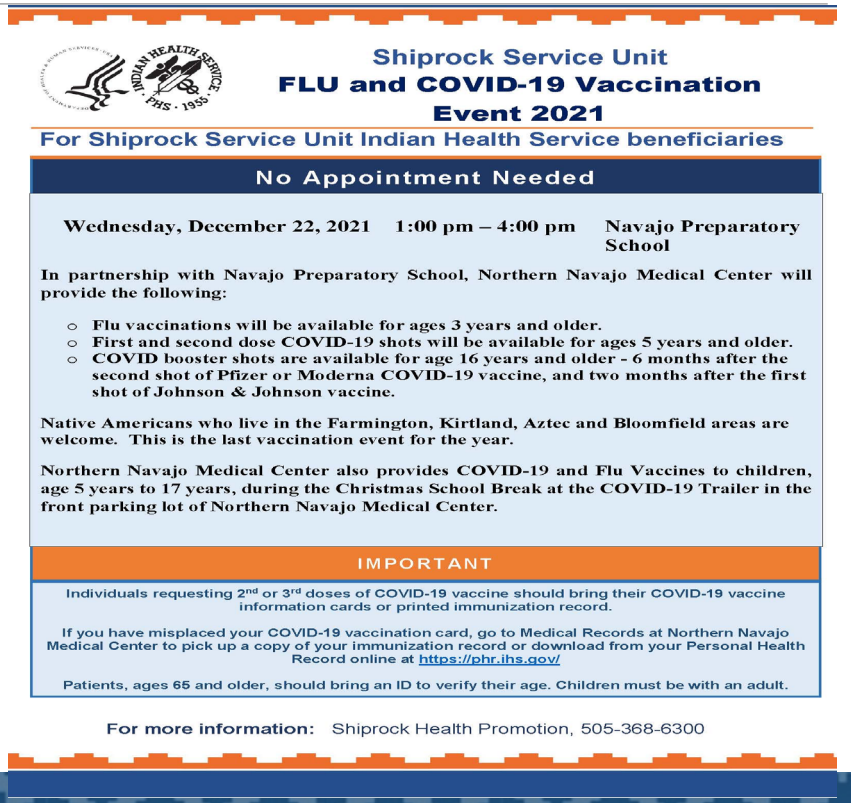




Best Practices To Increase PHR Enrollment

Public Information Officer

To include PHR option for access to health information for copies of records.



Shiprock Service Unit
FLU and COVID-19 Vaccination Event 2021

For Shiprock Service Unit Indian Health Service beneficiaries

No Appointment Needed

Wednesday, December 22, 2021 1:00 pm – 4:00 pm Navajo Preparatory School

In partnership with Navajo Preparatory School, Northern Navajo Medical Center will provide the following:

- Flu vaccinations will be available for ages 3 years and older.
- First and second dose COVID-19 shots will be available for ages 5 years and older.
- COVID booster shots are available for age 16 years and older - 6 months after the second shot of Pfizer or Moderna COVID-19 vaccine, and two months after the first shot of Johnson & Johnson vaccine.

Native Americans who live in the Farmington, Kirtland, Aztec and Bloomfield areas are welcome. This is the last vaccination event for the year.

Northern Navajo Medical Center also provides COVID-19 and Flu Vaccines to children, age 5 years to 17 years, during the Christmas School Break at the COVID-19 Trailer in the front parking lot of Northern Navajo Medical Center.

IMPORTANT

Individuals requesting 2nd or 3rd doses of COVID-19 vaccine should bring their COVID-19 vaccine information cards or printed immunization record.

If you have misplaced your COVID-19 vaccination card, go to Medical Records at Northern Navajo Medical Center to pick up a copy of your immunization record or download from your Personal Health Record online at https://phr.ihs.gov/

Patients, ages 65 and older, should bring an ID to verify their age. Children must be with an adult.

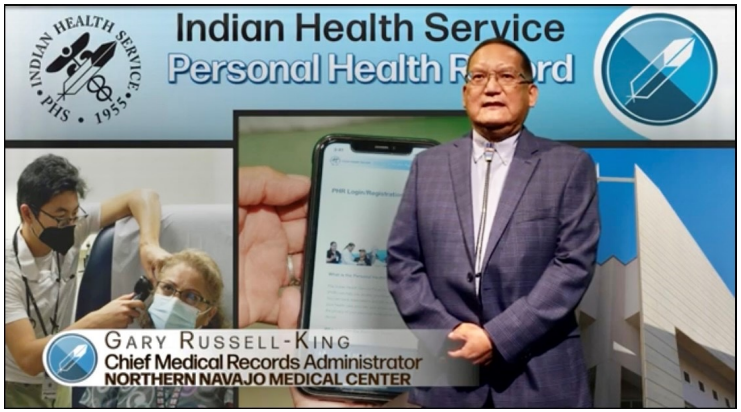
For more information: Shiprock Health Promotion, 505-368-6300

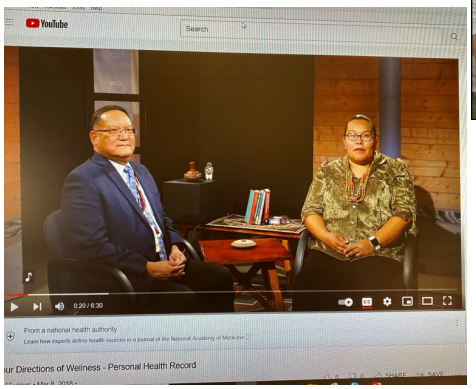
Best Practices To Increase PHR Enrollment

Navajo Area PHR Video

https://youtu.be/dq6VrLXn9XY

- Video shown in clinic waiting rooms





Best Practices To Increase PHR Enrollment

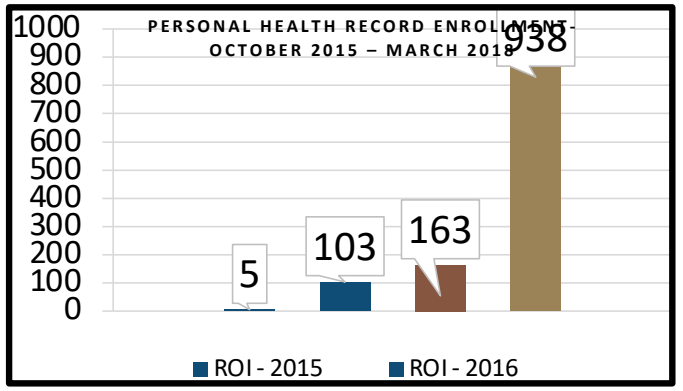
- PHR Registrar participates in discharge planning and enrolls patients before leaving the inpatient unit.
- Sets up mini-PHR enrollment in clinic waiting rooms.
- Participates in hospital events for enrollment
- No funding or approval for full time PHR registrars, then possibly invest in kiosk stations for patients to use.

PHR Challenges

- Health Information available in PHR begins at the time RPMS EHR was implemented.
- Medical Coding must be current and complete for data to cross over to PHR.
- Registration must be accurate (legal name) and no duplication of patient record.
- PHR is only available for 18 years and older. NO minors.

Increase Enrollment to Meet Requirements

- Very important to track progress and monitor enrollment to see if these activities have successfully contribute to increasing PHR enrollment.
- Patient access to their PHI is part of regulatory requirements and CMS.



Personal Health Record

The Personal Health Record (PHR) contributes to the Indian Health Service Mission by improving patient care by allowing patients to have direct access to their health information.

Contact Information

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2024
Indian Health Service Partnership Conference

Collaborative Innovations in Quality Care

BEVERLY R ZUNIGA
SUPERVISORY HEALTH
SYSTEM SPECIALIST
COLORADO RIVER SERVICE UNIT
PHOENIX AREA IHS

PRC Improvement Initiative

1. PI initiative should never be difficult…It's about breaking down the Process and NEVER about breaking down people!
2. Audit
   - Identified areas of opportunity to improve
   - Drill down processes
   - Take a look at each step of the workflow of the various different disciplines
3. How do we make our interprofessional collaboration successful?
   - What is our multidisciplinary approach?
   - What is our team makeup/players?
4. Can we be innovative?
   - What is our expected outcomes?
   - What is our realistic timeframe?
   - Is this an opportunity to spread to all 5 sites?
5. Overall, can we be measurable?
   - What is our target goals?
   - What is attainable?
   - Need to make data driven decisions
6. SMART Goals
   - Specific, Measurable, Attain, Realistic, Time

Audit/Findings

1. Organization
   - Interviewing PRC staff, across the board they indicated there needs to be more communication within the PRC department
   - Instituted daily huddles right at 8am. Go over schedules, pressing tasks for the day such as reports, committee review, meetings and any other concerns
2. Clinical Administration
   - Referral review and request for services
   - Need of follow up to show what was done for the patient to get the appointment scheduled, resolve the pending referrals
   - Develop a tracking method to determine if we are on track with this finding
   - PRC to start calling patients with a goal of 100% including documentation
   - Providers/Clinicians entering purpose of referral vs specialty
3. PRC Committee
   - Need to document communication to patient of review and vendor information
   - Uninsured patients, develop a tracking method for PBO accountability and follow up
   - Clinical Care Coordinators helping with tracking of appointments and records

Team Make Up/Multi-Disciplinary

Purchased Referred Care
- Schedulers
- Obligators

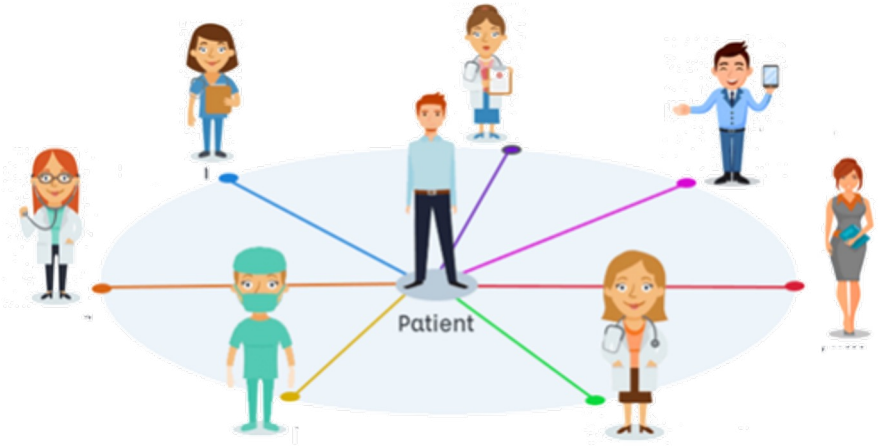
Patient Business Office
- Patient Registration
- Benefits Coordinators
- Supervisory Health System Specialist

Outpatient
- Clinical Care Coordinators
- Case Managers
- Supervisory Clinical Manager

Clinical Director
- Dental Chief

Discharge Planner/Utilization Review

Risk Manager



Measures/Data

Provider/Clinician Referral Notation

- Collected referrals that had specialty department in the purpose of visit.
- PRC standing agenda item for MDS monthly meetings to review referrals
  - e.g. Mammogram vs diagnostic mammogram, Endocrinology vs Elevated TSH, Cardiology vs CAD

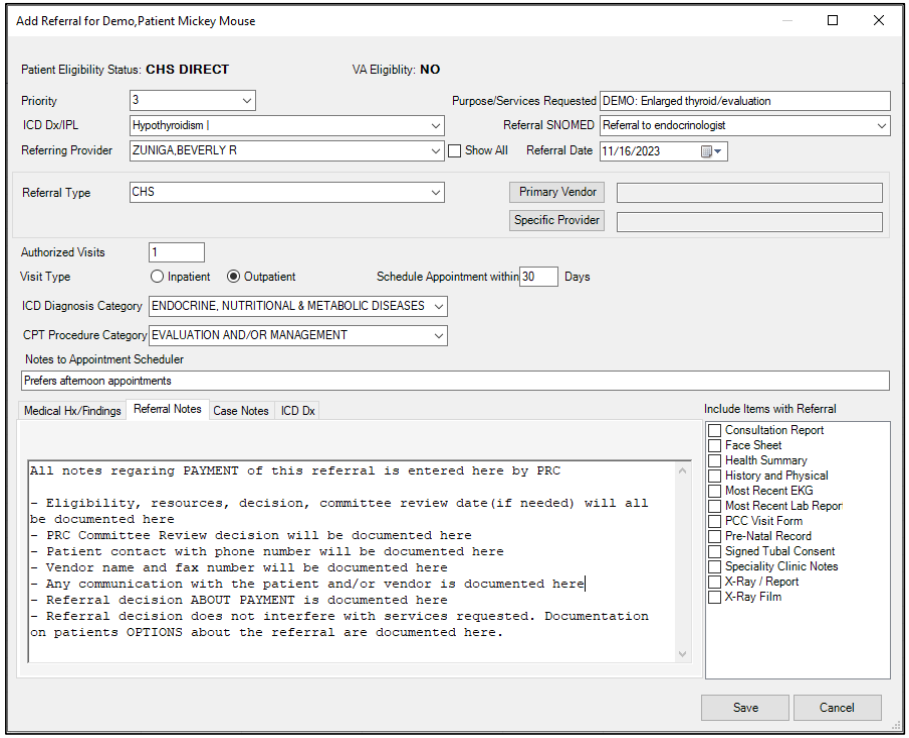
Patient Business Office

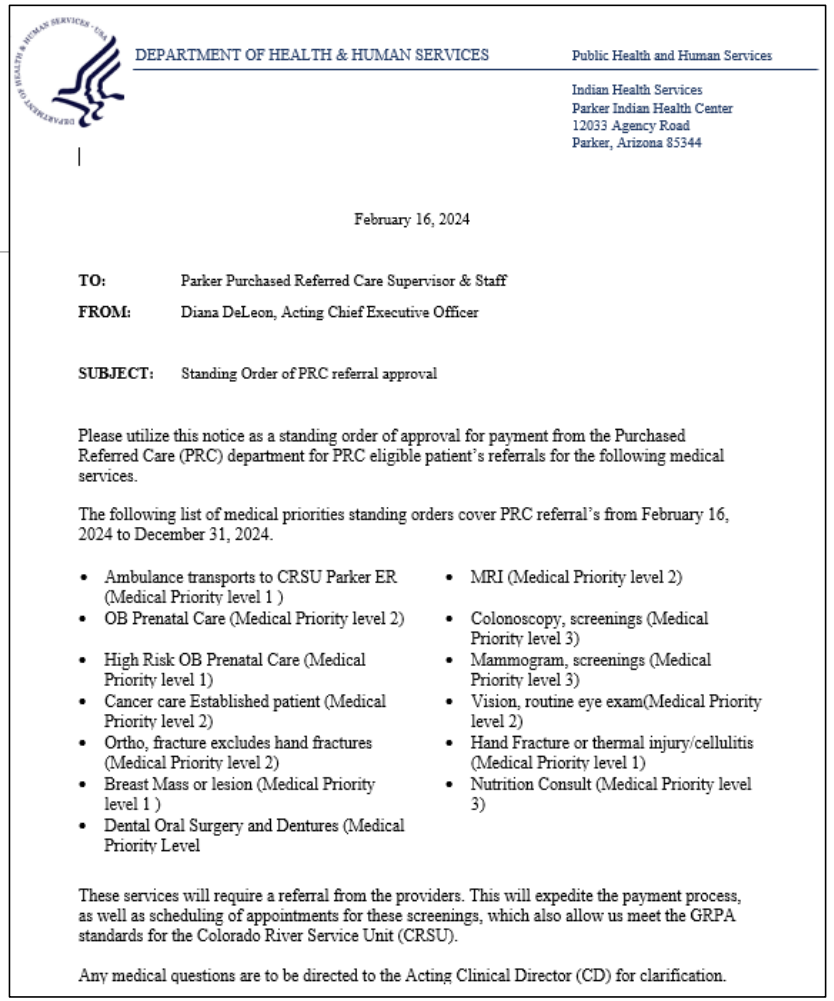
- Establish a method to track uninsured patients who received a referral with no alternate resources and a status

2024 Referral Documentation

	January	February	March
Eligibility	0%	33%	44%
Alt Res	70%	76%	88%
Committee Review	60%	23%	27%
Decision	50%	33%	61%
Doc Vend Ph #	45%	23%	50%
Doc Vend Fax #	70%	38%	67%
T/C	20%	28%	64%

Workflow





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health and Human Services

Indian Health Services
Parker Indian Health Center
12033 Agency Road
Parker, Arizona 85344

February 16, 2024

TO: Parker Purchased Referred Care Supervisor & Staff

FROM: Diana DeLeon, Acting Chief Executive Officer

SUBJECT: Standing Order of PRC referral approval

Please utilize this notice as a standing order of approval for payment from the Purchased Referred Care (PRC) department for PRC eligible patient's referrals for the following medical services.

The following list of medical priorities standing orders cover PRC referral's from February 16, 2024 to December 31, 2024.

- Ambulance transports to CRSU Parker ER (Medical Priority level 1)
- OB Prenatal Care (Medical Priority level 2)
- High Risk OB Prenatal Care (Medical Priority level 1)
- Cancer care Established patient (Medical Priority level 2)
- Ortho, fracture excludes hand fractures (Medical Priority level 2)
- Breast Mass or lesion (Medical Priority level 1)
- Dental Oral Surgery and Dentures (Medical Priority Level
- MRI (Medical Priority level 2)
- Colonoscopy, screenings (Medical Priority level 3)
- Mammogram, screenings (Medical Priority level 3)
- Vision, routine eye exam(Medical Priority level 2)
- Hand Fracture or thermal injury/cellulitis (Medical Priority level 1)
- Nutrition Consult (Medical Priority level 3)

These services will require a referral from the providers. This will expedite the payment process, as well as scheduling of appointments for these screenings, which also allow us meet the GRPA standards for the Colorado River Service Unit (CRSU).

Any medical questions are to be directed to the Acting Clinical Director (CD) for clarification.

Accountability/Tracking Method

PRC Review Committee Dashboard

	Ref Type	HRN	Patient Name	Alt. Res	DOS	Referring Provider	Service Requested/Purpose of Ref	Vendor Name	Decision	MPL	Category	Est Cost	PRC Staff
1													
2													
3													
4													
5													
		Approved: _____		Denied: _____		Pend: _____						0	

Legend:	R = Referral	R
	N = Notification	N
	A = Approved	Approved
	D = Denied	Denied
	NAR = No alt res	Pending

Priority Level:	Category:
1 - CORE/Essential	A - Preventive & Rehabilitative
2 - INTERMEDIATE/Necessary	B - Medical/Dental/Vision/Surgical
3 - ELECTIVE-Justifiable	C - Reproductive & Maternal/Child Health Services
4 - EXCLUDED	D - Behavioral Health Services

PBO Tracking Log

	Date	PRC Staff	HRN	Patient Name	Alt. Res	Date of referral	Ref #	Service Requested/Purpose of Ref	Decision	Date of PRC note	Need	BC Assigned	BC Notes
1													
2													
3													
4													
5													

CCC Tracking Log

	Patient Name	MR #	Resources	Date Transferred	Transferring Facility	Accepting Facility	Diagnosis	PCP	CCC	CCC Notified	Date Discharged	Follow up	Transfer Facility
	Acute												
	Skilled Nursing Facility/LTAC												
	MENTAL HEALTH												
	PIHC IN HOUSE												
	Long Term Care												
RA=	Repeat Admission												
Yellow=	Tentative DC date												

Outcomes

1. Patients – access to care, continuity of care, decrease in complaints/grievances
2. Staff – sense of worth in their work, morale, empowered, contribution to patient care
3. Leadership – PCMH, multidisciplinary work, Mission driven
4. CCC's – trust the documentation entered, "closing the loop on referrals"
5. PBO – spreadsheet catching those "falling through the cracks"
6. Providers – understanding accurate documentation is key to moving forward with requested services
7. PRC – time management and *standardization* makes all the difference
8. Increase PRC communication & education, scheduling and obligations will increase as well

	May	June
Eligibility	100%	100%
Alt Res	100%	100%
Committee Review	100%	100%
Decision	100%	100%
Doc Vend Ph #	100%	100%
Doc Vend Fax #	100%	100%
T/C	100%	100%

Future Outlook:

- Team dynamics – always evolving, always getting better, "Opportunities"
- Role clarity – bridging PRC into to the team
- Improve health status for our patients/community to its highest level

Contact Information

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Purchased Referred Care Supervisor

Phoenix Area IHS

Colorado River Service Unit

Parker Indian Health Center

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Questions

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