Indian Health Service Telehealth: Remote Healing-Innovating for Health Equity

2024 IHS PARTNERSHIP CONFERENCE

AUGUST 13, 2024

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Objectives

1. Provide an overview of telehealth use at Indian Health Service (IHS), the accomplishments and telehealth services available for American Indians and Alaska Natives (AI/AN).
2. Provide an update on patient and provider outcomes when the modality is via telehealth (IHS Provider and Patient Qualitative survey responses and lived experience).
3. Review federal and tribal telehealth metrics.
4. Identify telehealth resources available.
5. Identify AVEL telehealth resources available, best practices on use, metrics and future needs.
6. Provide an update on the future state of telehealth at the IHS, including Webex, AA RingMD and peripheral enhancements efforts to support patient care.

IHS Telehealth Update

CHRIS FORE, PHD, DIRECTOR, TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE, IHS

SLIDES DEVELOPED IN COLLABORATION WITH SUSAN KAROL, MD, FACS, CHIEF MEDICAL OFFICER, CMS DIVISION OF TRIBAL AFFAIRS

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

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 links:
Telehealth for Providers: What You Need to Know

Billing for telehealth | Telehealth.HHS.gov

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, CMS 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, CMS finalized the continuation of their revised direct supervision policy to permit the supervising practitioner's presence and “immediate availability” through real-time audio and visual interactive telecommunications through December 31, 2024. In the proposed rule, CMS solicited comments on whether they should consider extending the definition of direct supervision to permit virtual presence beyond December 31, 2024. CMS received input from interested parties on potential patient safety or quality concerns when direct supervision occurs virtually, which they will consider for future rulemaking.
- Additionally, CMS 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.

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.

Telehealth Resources

- Telehealth in Medicaid – this website includes descriptions and links to toolkits
- 2024 Updated Telehealth Toolkit published February 2024

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
- 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.

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

PHE Unwinding

- Telehealth Email Communication Changes for patients post-PHE (sent out 4/10/23)
- PHE ended 5/11/23
- AA RingMD:
  - Visit scheduled in AA RingMD.
  - Patients log into the platform to get messages.
- Webex:
  - Use PHR to provide telehealth visit information
  - To inform the patient's family member, one can just email the link and nothing else.

IHS Telehealth Teleophthalmology Program

SLIDES DEVELOPED BY DARA SHAHON, MD,
DIRECTOR, IHS-JVN TELEOPHTHALMOLOGY PROGRAM, IHS

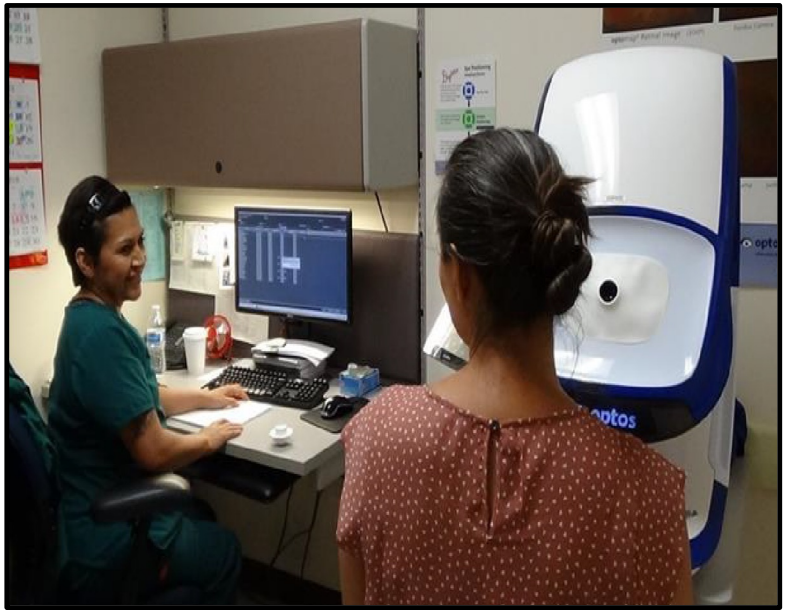
IHS Teleophthalmology Program

- Dr. Dara Shahon, Director, IHS Teleophthalmology Program
- 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
  2024 - 28,960 (estimated)
- Deployments 2023 - 15 new cameras deployed, 18 estimated for 2024
- Resource Information: https://www.ihs.gov/teleophthalmology/

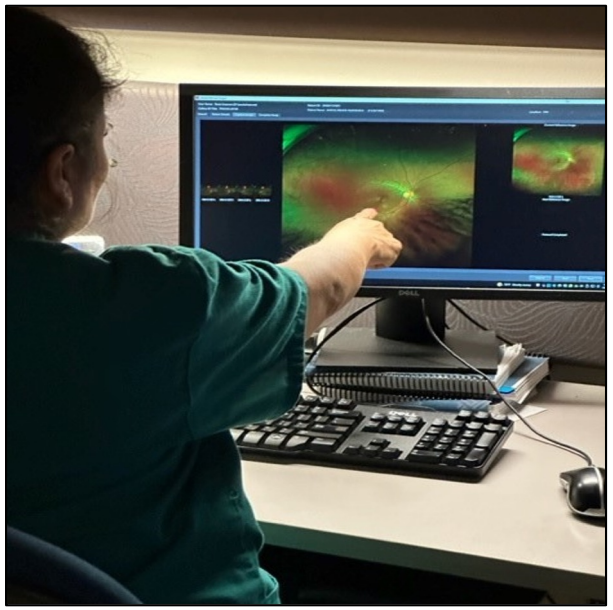
Slides developed by: Dr. Dara Shahon

JVN Image Acquisition

Image acquisition in primary care clinics.



Patient education occurs in real time.



Patient and Provider Survey Analysis

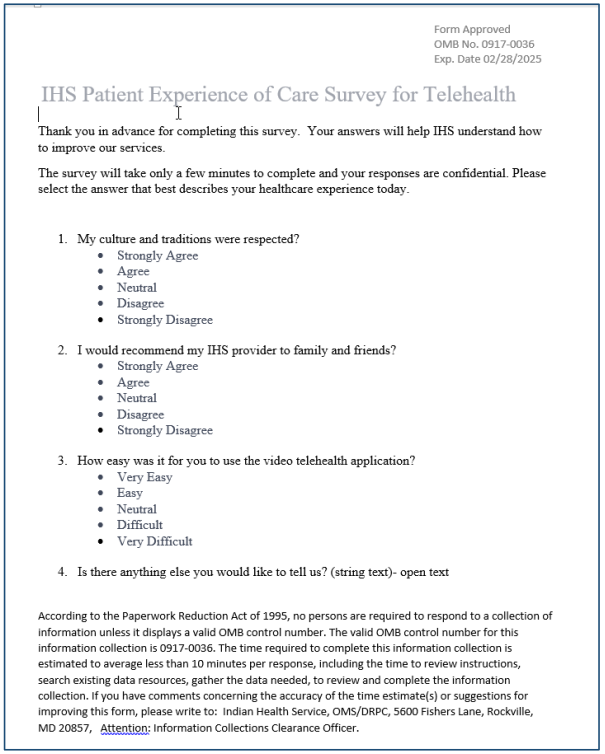
Patient and Provider Survey

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
- Performed Qualitative analysis
- Presented Qualitative analysis to senior staff on 2/26/24

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
- Performing ongoing analysis of responses



Form Approved
OMB No. 0917-0036
Exp. Date 02/28/2025

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

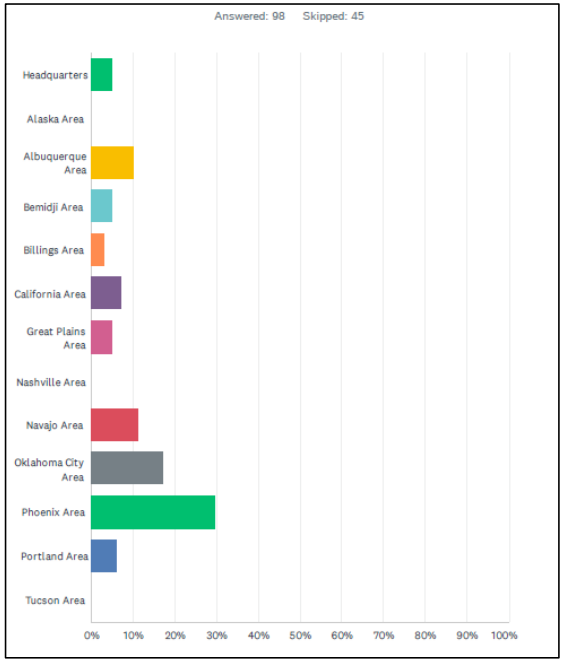
98 people completed

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

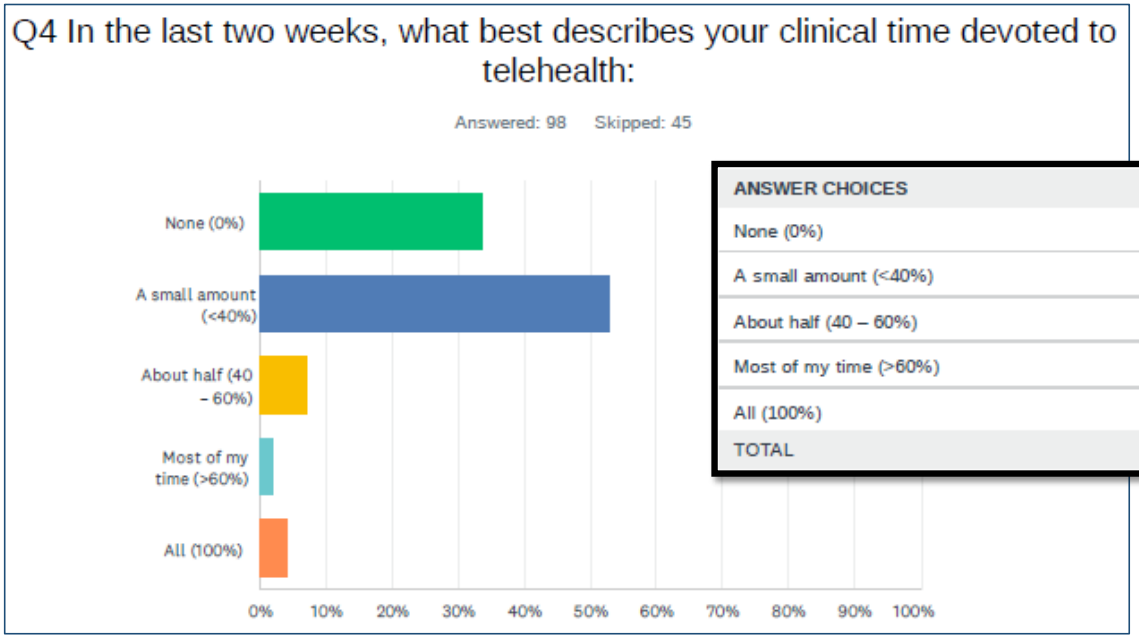
Nine Areas participated

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

Areas that Responded to Survey

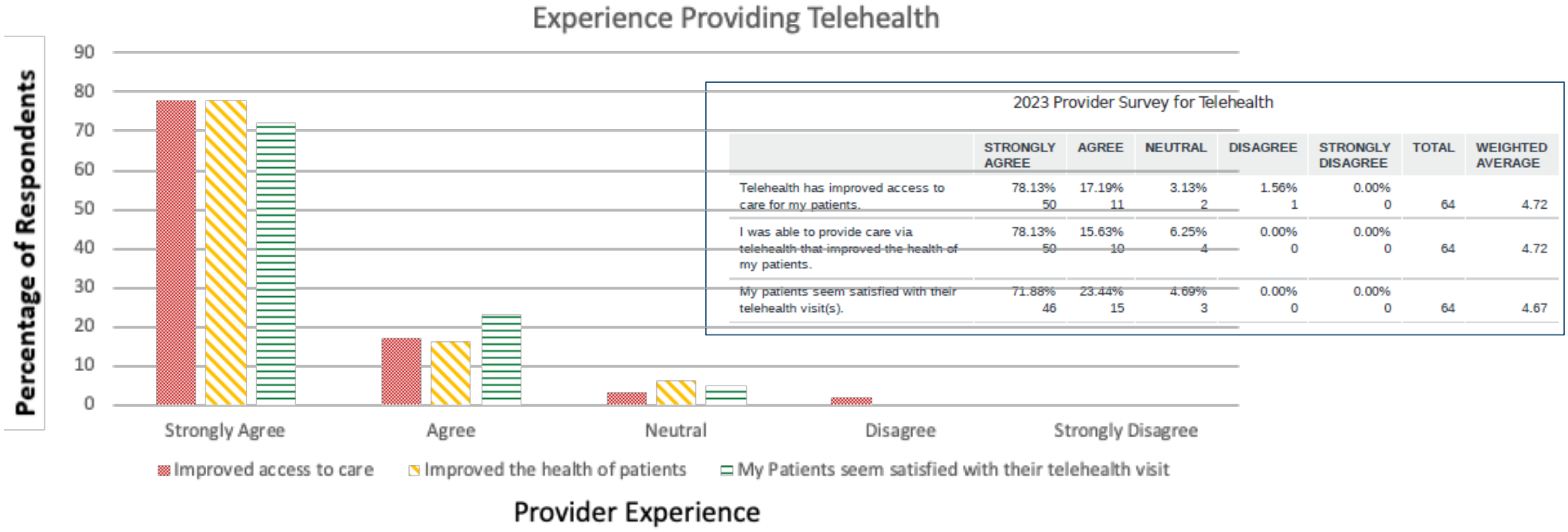


2023 Provider Survey – Clinical Time Devoted to Telehealth



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 -
Q7 Thinking about the last few experiences providing telehealth.

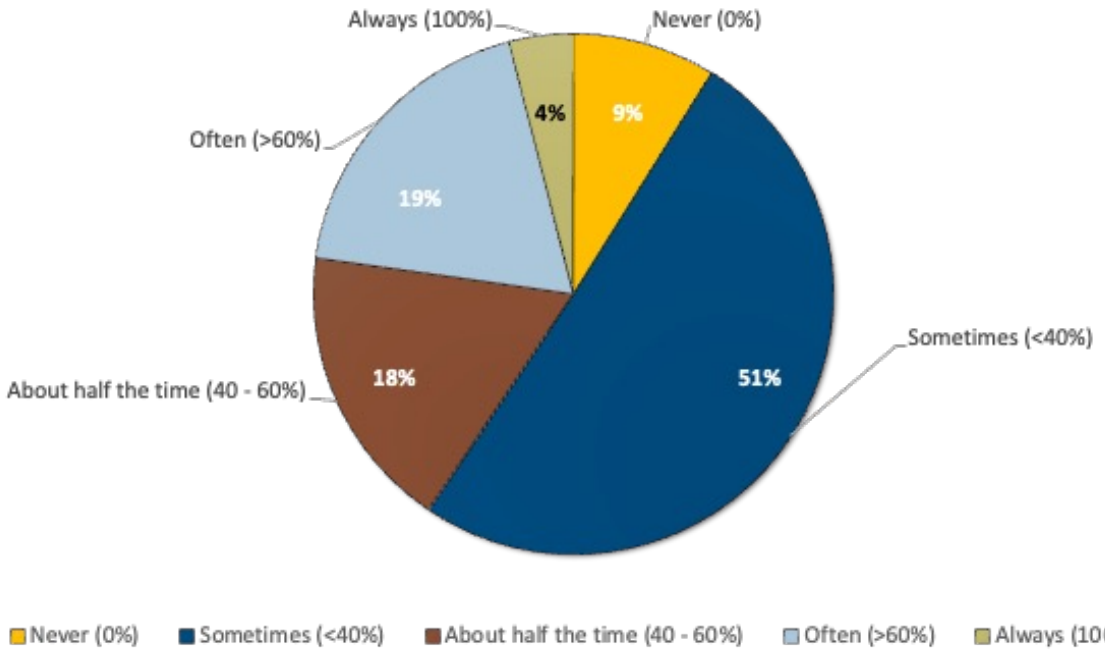


2023 Provider Survey for Telehealth

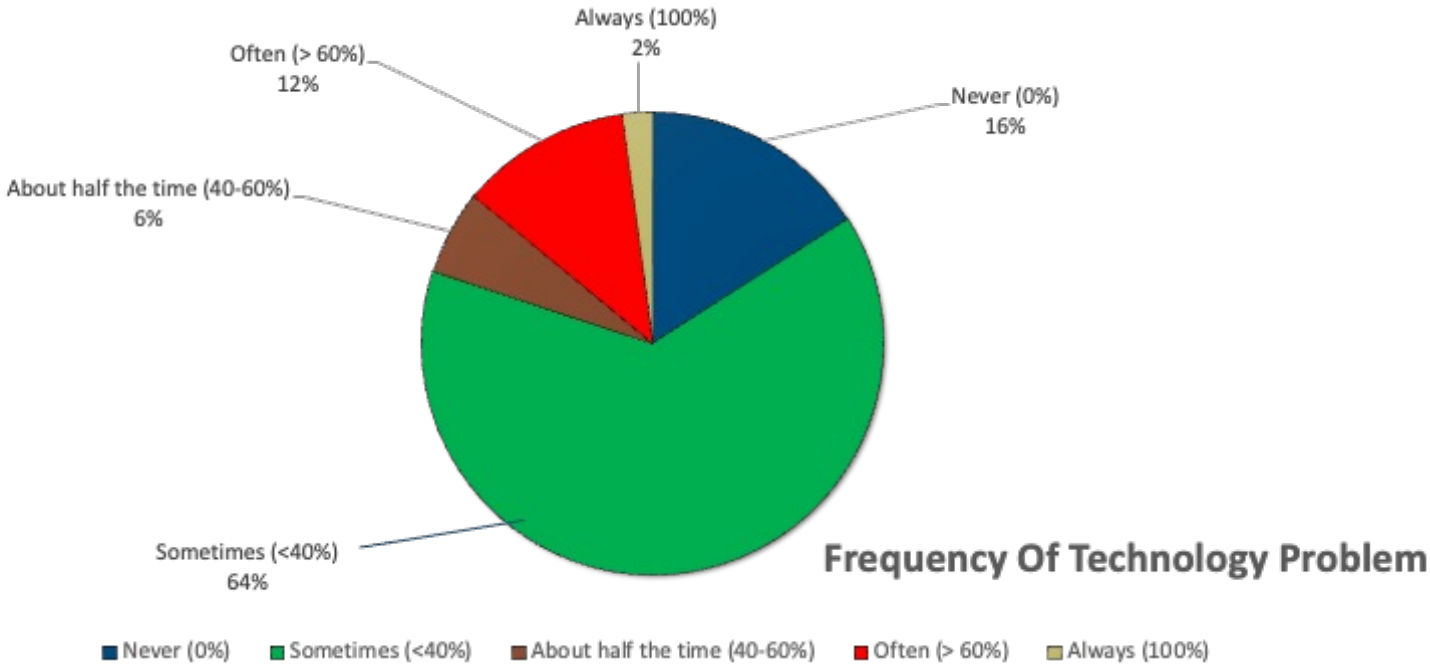
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Telehealth has improved access to care for my patients.	78.13% 50	17.19% 11	3.13% 2	1.56% 1	0.00% 0	64	4.72
I was able to provide care via telehealth that improved the health of my patients.	78.13% 50	15.63% 10	6.25% 4	0.00% 0	0.00% 0	64	4.72
My patients seem satisfied with their telehealth visit(s).	71.88% 46	23.44% 15	4.69% 3	0.00% 0	0.00% 0	64	4.67

N= 64

2020 Provider Survey-
Q8 Frequency of Technology Problems

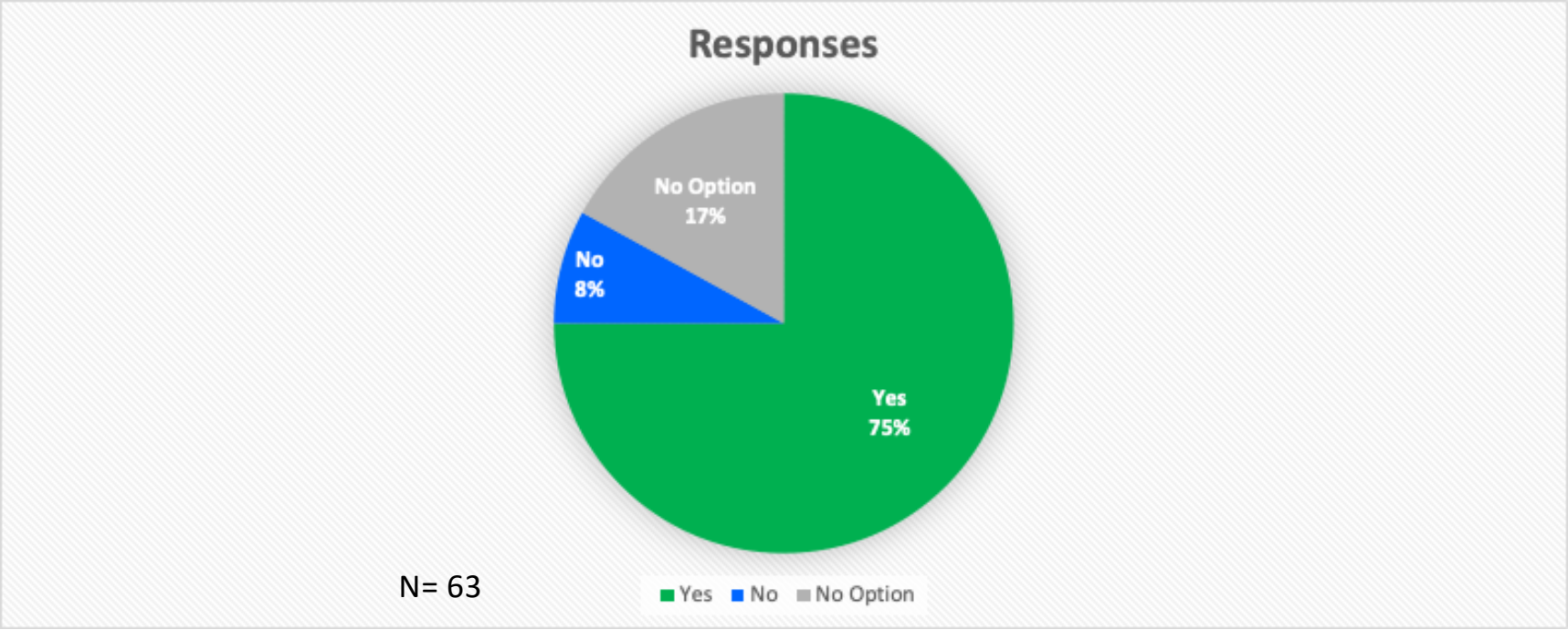


2023 Provider Survey-
Q8 Frequency of Technology Problems



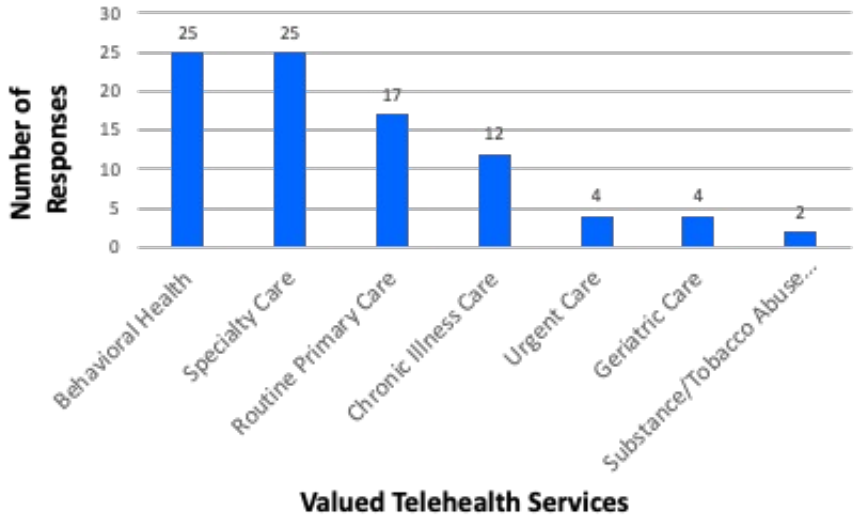
N = 64

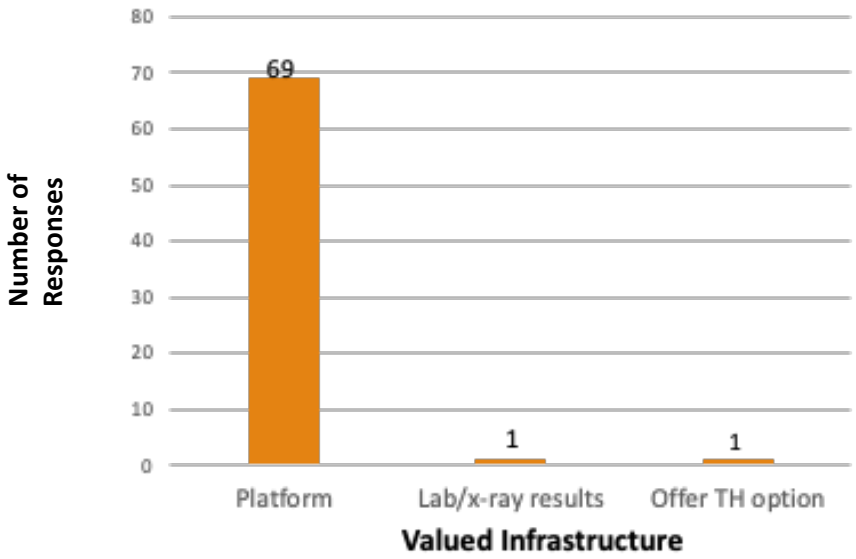
2023 Provider Survey-
Q9 Respondents who want to offer more Telehealth Services in the next 6 months



N= 63

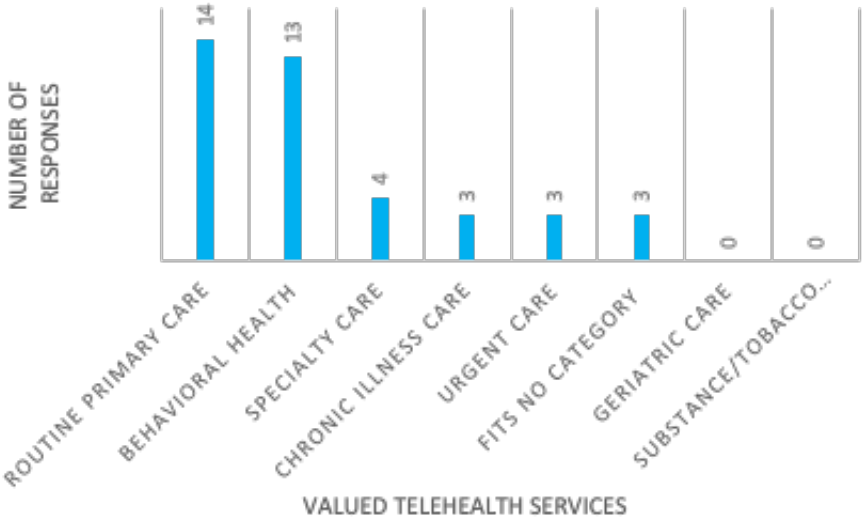
Q 10. 2020 What telehealth services would be valuable? Responses by Theme.

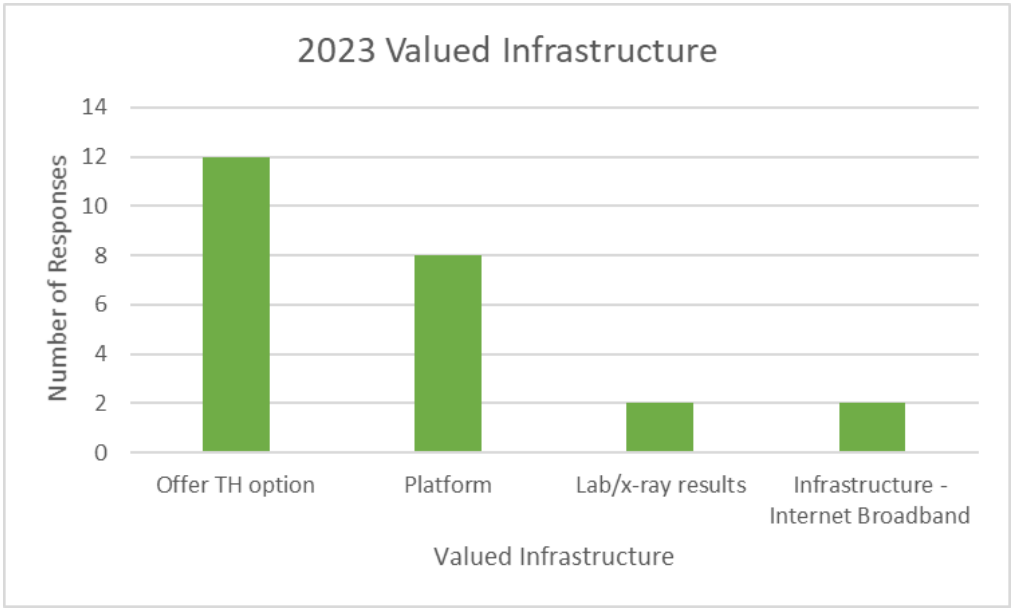




- 135 respondents, 161 responses.
- Sometimes 3 or more responses from one respondent.

Q 10. 2023 What telehealth services would be valuable? Responses by Theme.





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

Q 10: 2023 What telehealth services would be valuable?

	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 a physical exam

Q 10. What telehealth services would be valuable?

2023 Representative Participant Comments

Services for Routine Primary and Specialty Care:

- "More routine office appointments could be telehealth."
- "Expanded family medicine visits"
- "Medication education, diabetes management at home"

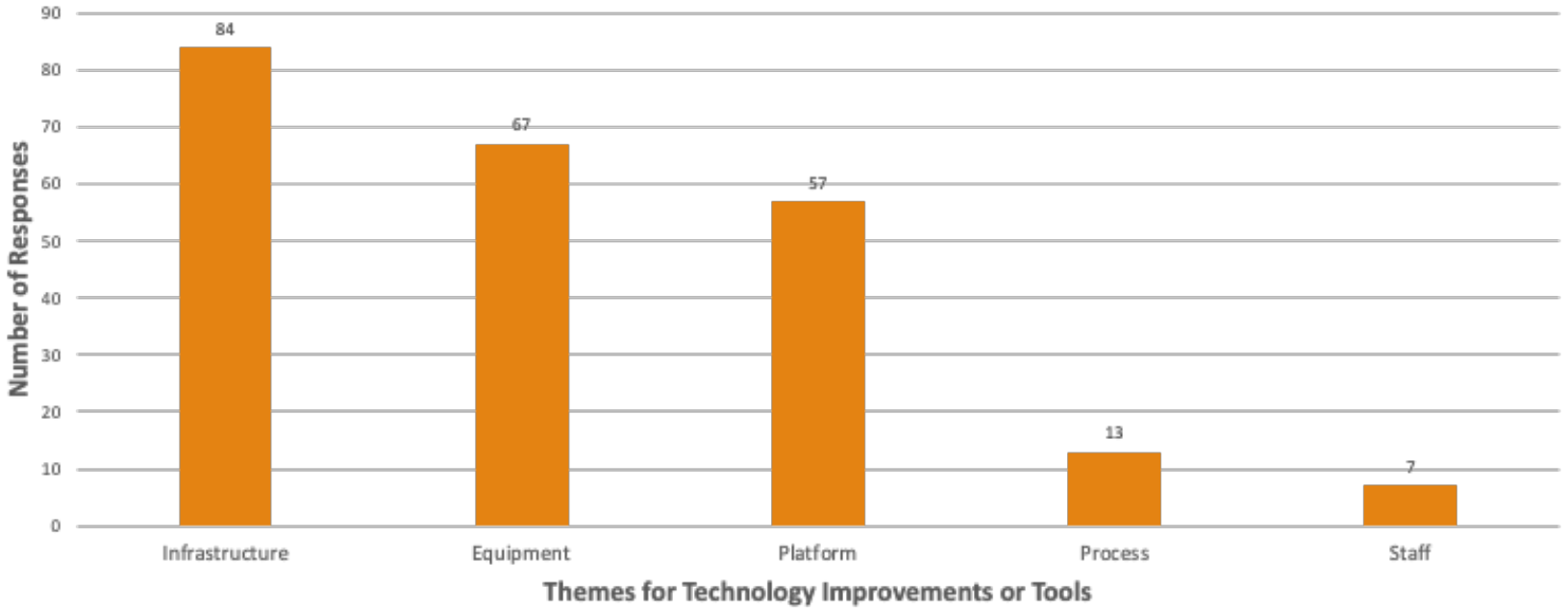
Services that support Behavioral Health:

- "Complex trauma treatment, groups"

Infrastructure support for telehealth:

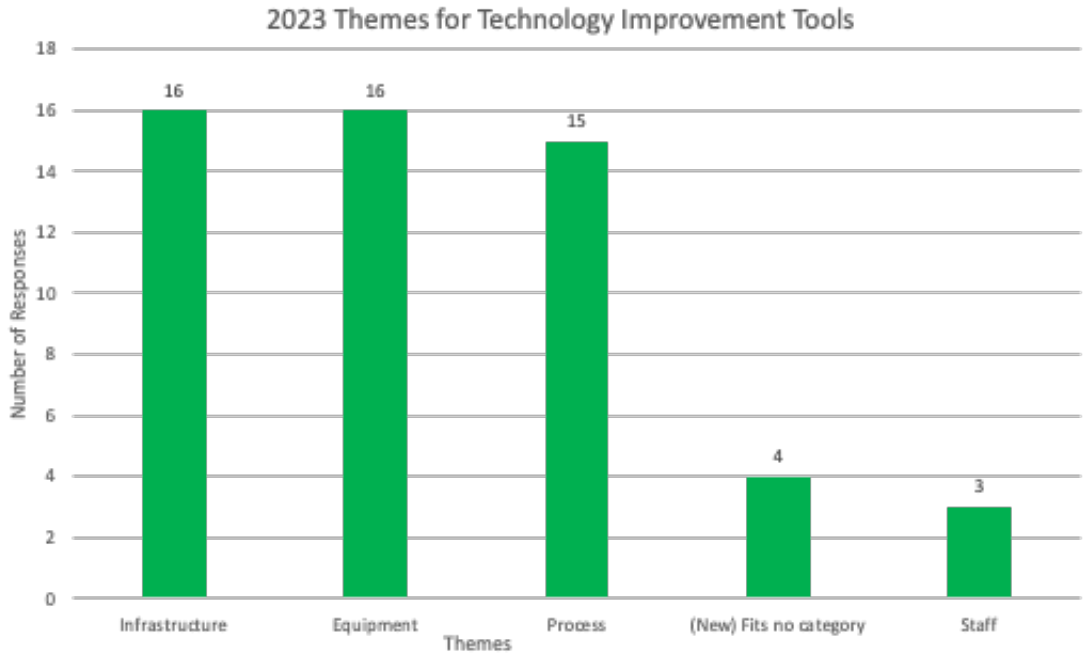
- "Peripherals added to RingMD so the patient can have a physical exam on the near side for the provider on the far side."

Q 11. 2020 What technological improvements and/or tools do you think would be most useful?



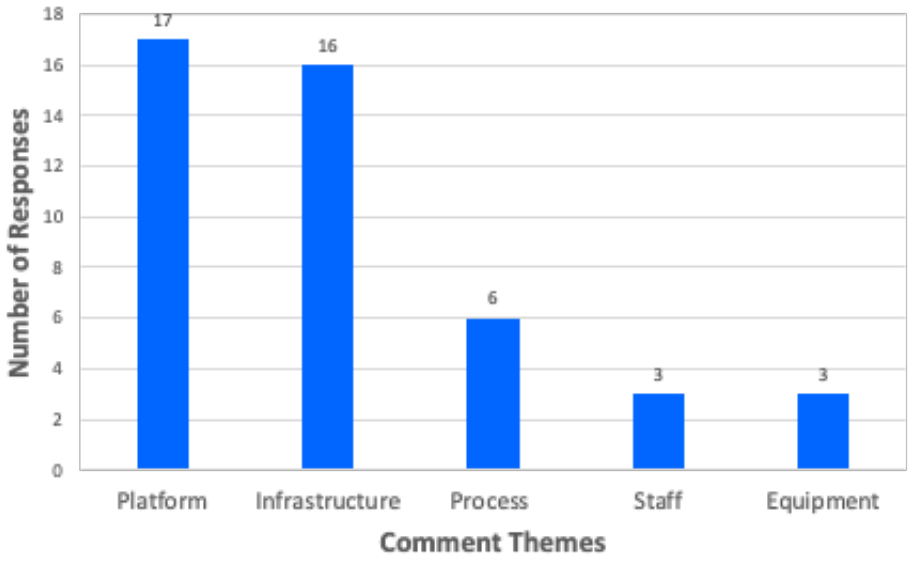
168 respondents, 228 responses

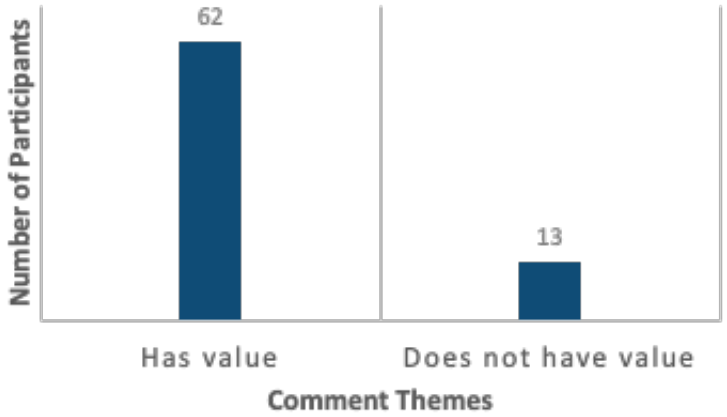
Q 11. 2023 What technological improvements and/or tools do you think would be most useful?



98 respondents, 53 answered

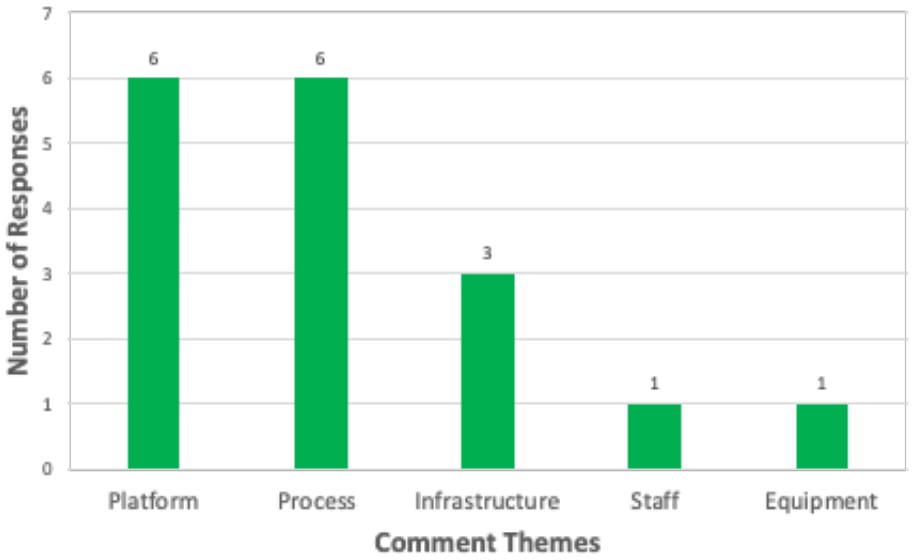
Q 12. 2020 Do you have any other comments to share about your experience with telehealth?

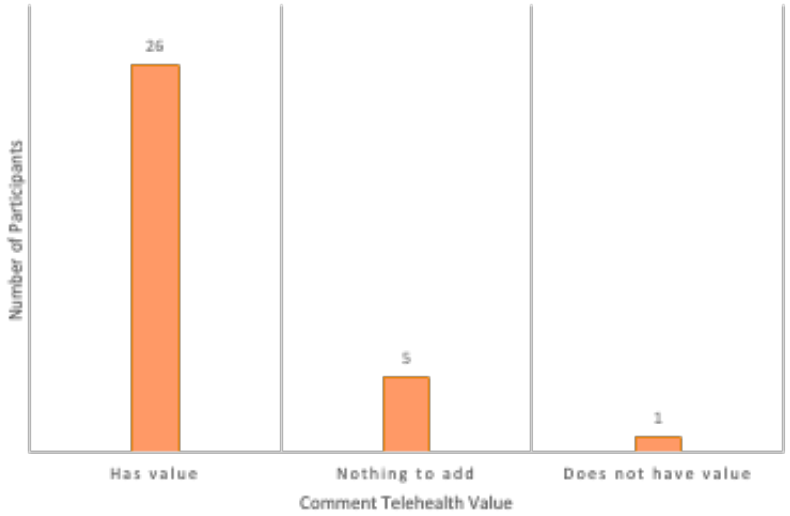




110 responses other than “no”

Q 12. 2023 Do you have any other comments to share about your experience with telehealth?





44 answered

Q.12 Do you have any other comments to share about your experience with telehealth?

2023 Representative Participant Comments

- "This is an excellent platform for providing care. Patients often can be seen without interrupting their ability to work seeing medication management provider on a break. It also eliminates long travel times."
- "RingMD is working well, great customer support for provider and clients."
- "Phone remains essential since video is extremely difficult due to complicated platform (esp. for patients), and poor technology/reception."
- "I think telehealth is the way of the future and is a great way to see patients that have challenges with access to healthcare."

Q.12 Do you have any other comments to share about your experience with telehealth?

2023 Themes of "Has Value"

- Improves access to care
  - Provides access to care for those in rural areas
  - Supports access with transportation limitations
- Audio- only is vital to support care
- Promotes continuity of care
- Promotes specialty care
- Improving appointment no-shows

Comment: "I think telehealth is the way of the future and is a great way to see patients that have challenges with access to healthcare."

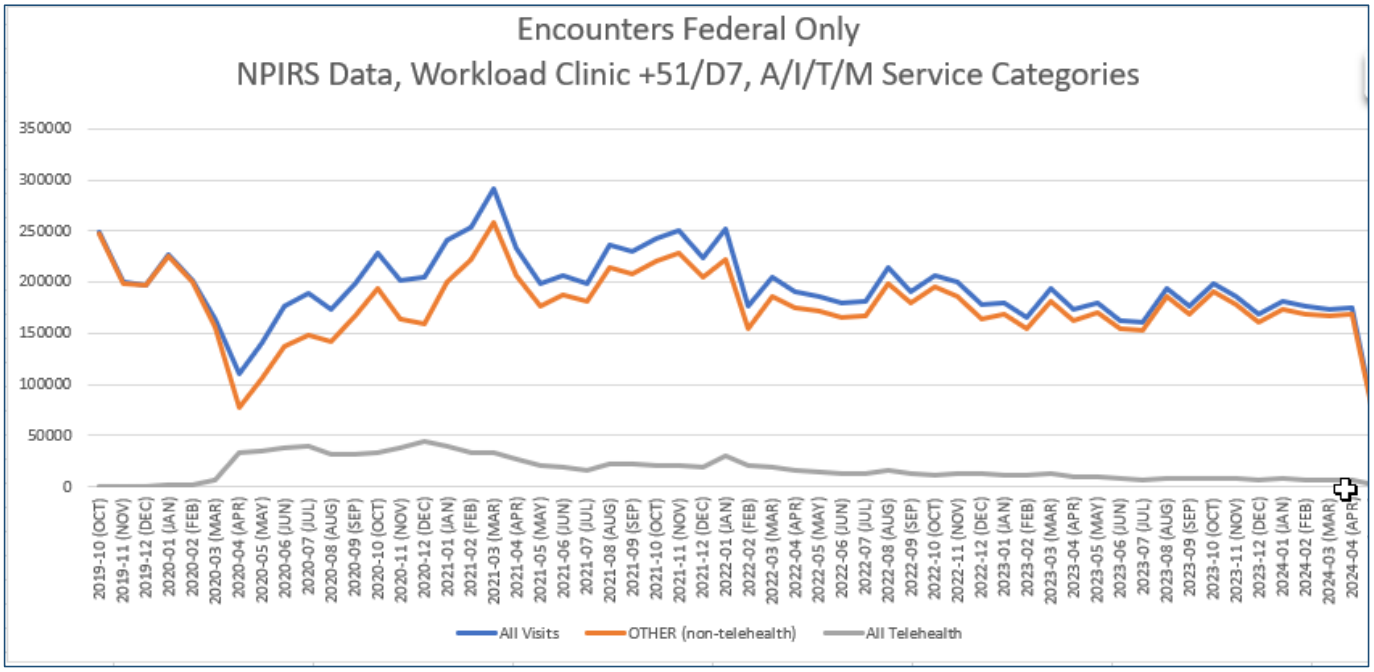
Q 13: 2023 Why aren't you providing telehealth service?

Themes	Theme Description
Service not Suitable	The respondent felt that telehealth services were not suitable for their role/work and required hands-on practice
Equipment/Infrastructure	Lack of hardware, Training needed, no setup at the facility
Not Role Responsibility	Respondent role was primarily non-clinical
Leadership/System	Need to set up at the clinic, has not been scheduled
No need	Respondents seeing patients in person
Miscellaneous	One comment noted “I do not know”
Service not Available	Type of care not is not affectively provided by telehealth

Telehealth Metrics

SUSY POSTAL, DNP, RN-BC, CHIEF HEALTH INFORMATICS OFFICER, IHS

Metrics: Telehealth Encounters (IHS ONLY)

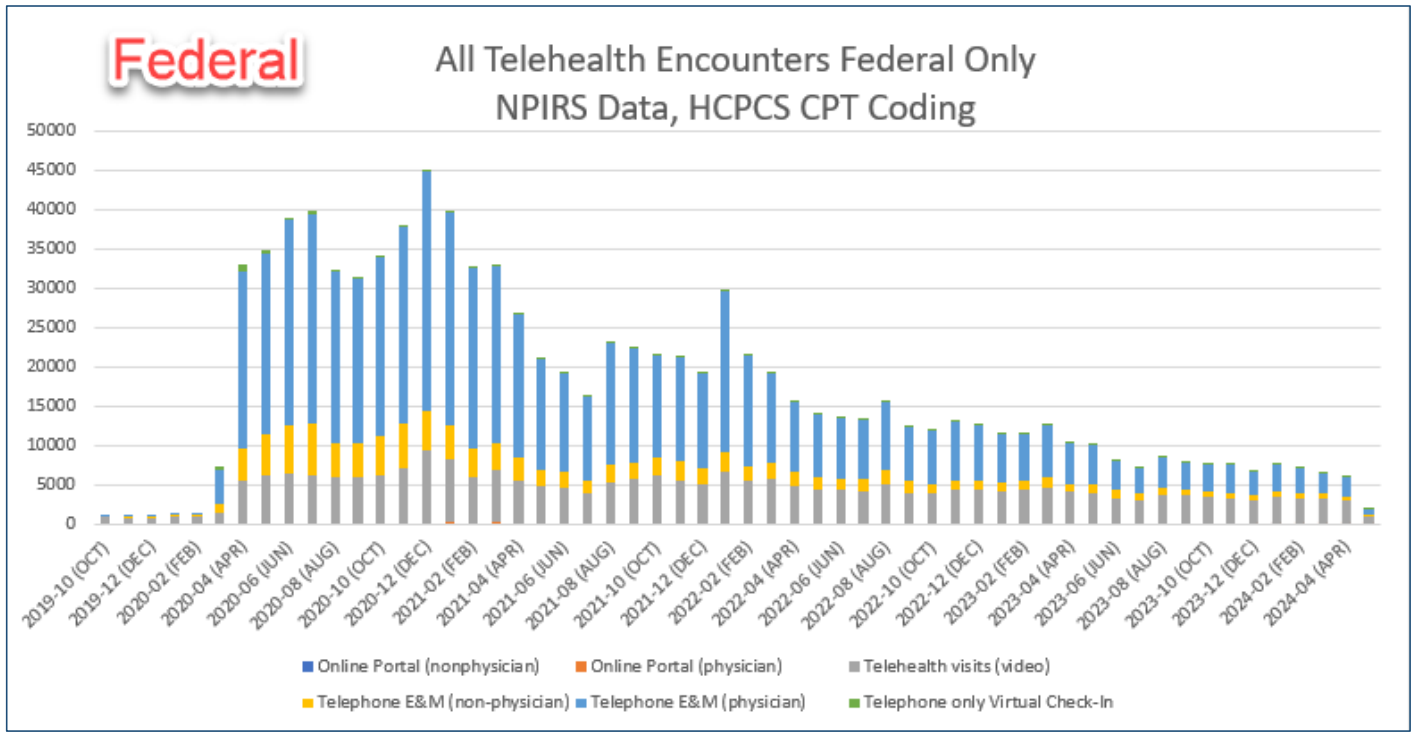


IHS ONLY
All encounters, the average use of telehealth

CY 2020 = 16.5%
CY 2021 = 10.6%
CY 2022 = 8%
CY 2023 = 5.1%
Jan. 2024 – April 2024 = 3.8%

Data obtained 6/1/24.

Telehealth Metrics- IHS Only



86% decrease in Telehealth use from December 2020 to April 2024

Data obtained 6/1/24.

Telehealth Metrics Summary - IHS Only

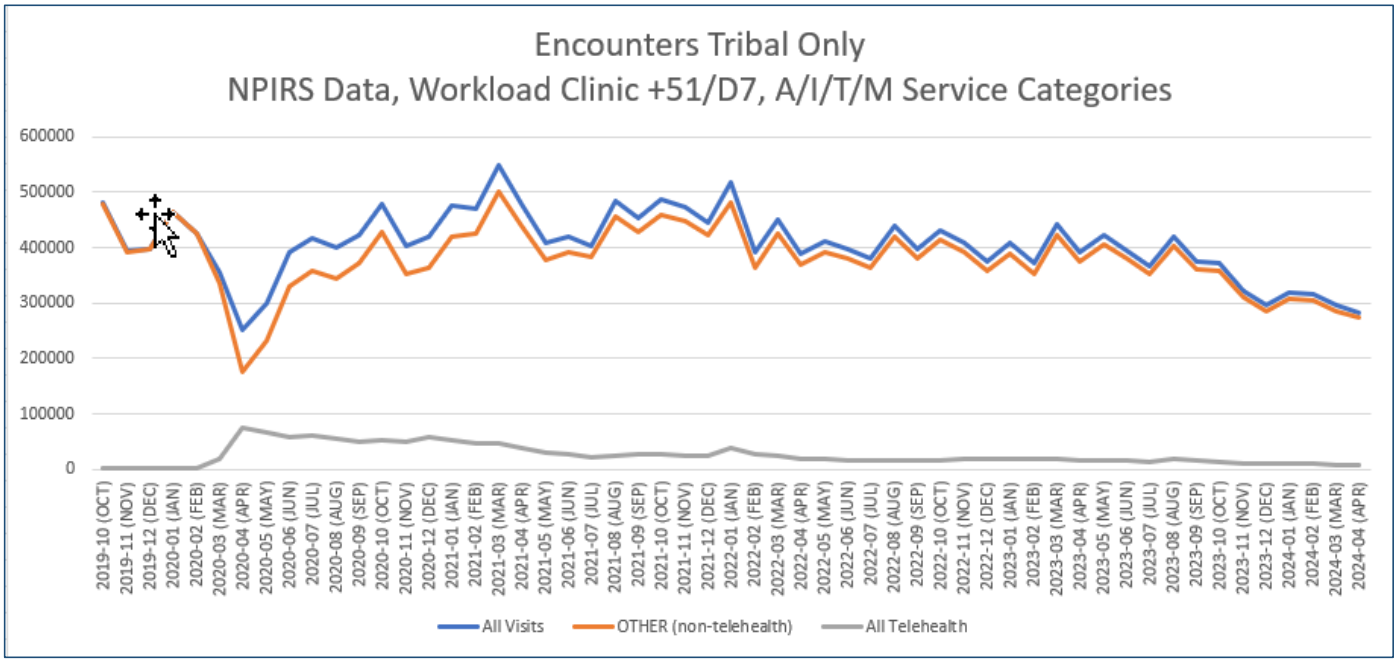
From all telehealth encounters:

- **The Average Video Use:**
  - CY 2020 = 27%
  - CY 2021 = 23%
  - CY 2022 = 30%
  - CY 2023 = 41%
  - CY 2024 Jan-April = 47%
- **The Average Audio Only Use:**
  - CY 2020 = 72%
  - CY 2021 = 76%
  - CY 2022 = 69%
  - CY 2023 = 59%
  - CY 2024 Jan-April = 53%

HCPCS GROUP	2023-11 (NOV)	2023-12 (DEC)	2024-01 (JAN)	2024-02 (FEB)	2024-03 (MAR)	2024-04 (APR)
All Visits	185777	168222	181878	176288	173240	174882
OTHER (non-telehealth)	178225	161590	174272	169281	166889	168798
All Telehealth	7552	6632	7606	7007	6351	6084
Percent Telehealth	4.1%	3.9%	4.2%	4.0%	3.7%	3.5%
Video Only	43%	44%	46%	45%	51%	47%
Phone Only	57%	56%	54%	55%	49%	52%
			Average telehealth Jan -April 2024		3.8%	
			Average telehealth video Jan -April 2024		47%	
			Average telehealth audio Jan -April 2024		53%	

Data obtained 6/1/24.

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 = 36%

CY 2023

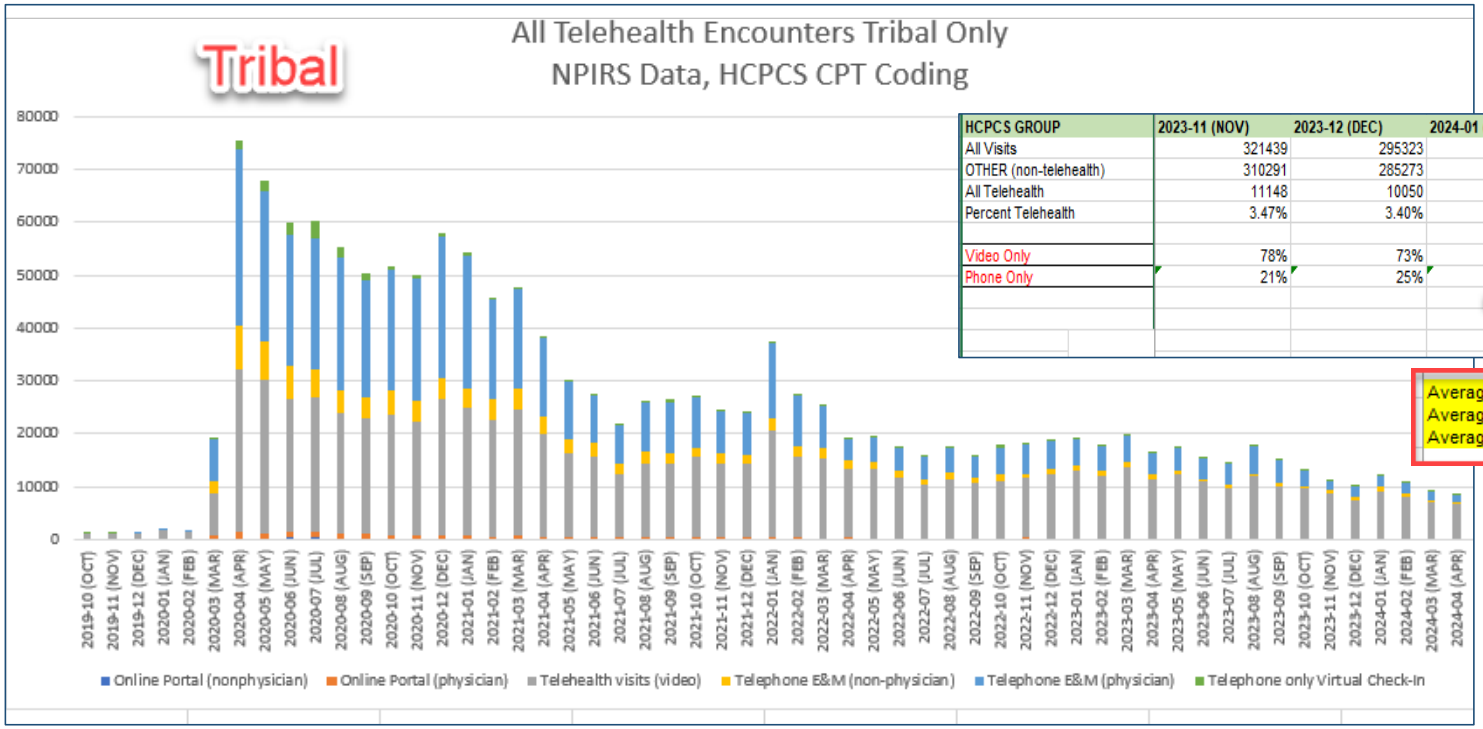
All Encounters, the average use of telehealth was 4.1%

- All telehealth encounters:
  - Average Video Use = 69%
  - Average Audio Only = 30%

All encounters the average use of telehealth for January 2024 – April 2024 = 3.3%

Data obtained 6/1/24.

Telehealth Metrics- Tribal Only



HCPCS GROUP	2023-11 (NOV)	2023-12 (DEC)	2024-01 (JAN)	2024-02 (FEB)	2024-03 (MAR)	2024-04 (APR)
All Visits	321439	295323	319561	316313	295361	281400
OTHER (non-telehealth)	310291	285273	307383	305422	286400	273066
All Telehealth	11148	10050	12178	10891	8961	8334
Percent Telehealth	3.47%	3.40%	3.81%	3.44%	3.03%	2.96%
Video Only	78%	73%	75%	72%	77%	78%
Phone Only	21%	25%	25%	26%	22%	20%

Tribal Metrics

Average telehealth Jan -April 2024	3.31%
Average telehealth video Jan -April 2024	75%
Average telehealth audio Jan -April 2024	23%

89% decrease in Telehealth use from April 2020 to April 2024

Data obtained 6/1/24.

AA RingMD Updates and Implementations

SLIDES DEVELOPED BY:

KEITH BUCK PROJECT MANAGER, ADVANCIA AERONAUTICS – RINGMD JV, LLC

JACQUELINE DENT, SUPPORT OPERATIONS MANAGER, ADVANCIA AERONAUTICS – RINGMD JV, LLC

AA RingMD Key Features:

No application download is required for use.

Automated/system-generated IHS-approved patient messaging.

- Automated scheduled appointment reminders.
  - Initial appointment scheduled
  - 30-minute reminder
  - Appointment rescheduled or cancelled

Dial in audio can be used when no microphone or speakers are available.

Editable appointment duration scheduling.

IHS/OMB approved automated patient feedback survey (deployed August 2023).

Quick view filterable metrics dashboard shows application use data and patient survey feedback.

24/7 user support- Quick access Chatbot support- Access to AA RingMD live agents (via chat or 800#)

System Metrics

- 2221 patient and staff accounts created
- 9307 telehealth sessions conducted
- 2189 AA RingMD & DITO Tier III support contacts resolved

Account Maintenance (Monthly #s)	Current Production Site Totals	Total Accts Created	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
# IHS SuperAdmin Accounts	3	4	0	0	0	0	0	0	0	0	0	1	0	0	0
# IHS Provider Accounts	270	289	14	9	7	11	5	7	2	2	4	0	3	6	6
# IHS Local Admin Accounts	138	154	4	9	4	4	0	0	1	1	2	0	2	1	0
# IHS Patient Accounts	1582	1774	80	166	143	117	161	141	100	123	101	85	77	93	62
TOTAL	**1993**	**2221**	**98**	**184**	**154**	**132**	**166**	**148**	**103**	**126**	**107**	**86**	**82**	**100**	**68**

Weekly Usage #s (not cumulative)		Sum Totals	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
# Completed Consultations		2798	114	124	239	199	197	218	174	241	202	217	238	191	176
# AD Hoc Calls Conducted		6509	489	419	487	386	404	413	353	404	374	507	483	434	412
TOTAL		**9307**	**603**	**543**	**726**	**585**	**601**	**631**	**527**	**645**	**576**	**724**	**721**	**625**	**588**
# Consultations Failed		168	5	1	4	18	20	15	9	16	15	12	18	13	5
# Consultations Canceled		406	17	13	12	18	18	38	38	35	29	27	33	48	22
# Consultations Expired		2317	109	132	151	153	117	181	162	190	206	146	174	138	125
TOTAL		**2891**	**131**	**146**	**167**	**189**	**155**	**234**	**209**	**241**	**250**	**185**	**225**	**199**	**152**

Description	Sum Total	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
# IHS – Resolved via AI/Chatbot Contact	1601	72	97	132	130	108	85	62	75	91	85	83	120	121
# IHS – Resolved via Live AA RingMD Agent	511	27	26	35	35	15	32	43	33	47	33	25	37	33
# IHS – Contact Elevated to DITO Tier III	77	5	1	2	2	2	4	7	14	7	3	1	1	2
Total Support provided to IHS Contacts	**2189**	**104**	**124**	**169**	**167**	**125**	**121**	**112**	**122**	**145**	**121**	**109**	**158**	**156**

Continuous System Security Monitoring

IHS Information System Contingency Plan (ISCP) annual review

- Contingency plan testing to include system backup and restore completed and plan approved 03/11/24

2024 FedRAMP security requirement changes

- New AA RingMD System Security Plan developed for required changes 02/01/24
- Implemented new system security controls to meet requirements
- System Data Flow, Boundary, and Network diagrams updated to reflect new changes
- FedRAMP accredited 3rd Party Assessment Organization (3PAO) completed new system assessment 06/06/24

FedRAMP Certification in progress (updated to new 2024 security requirements)

- First IHS-sponsored system!

Ongoing Improvements

IHS custom system training materials continually updated to reflect the most recent enhancements/changes

- 25 IHS role/function-based training videos
- Four (4) comprehensive role-based training guides
- 40 quick reference guides

Ongoing training sessions (406 personnel trained to date)

- Quarterly “Office Hours” Training/overview
- Small group or one-on-one training available on demand

Continual AA RingMD Support Analysis

Constant Team Analysis of support requests leads to system enhancements.

- The **dial-in feature** allows users without a microphone or speakers to dial into a session while still allowing them to view video and utilize file sharing and chat functions in a WebRTC session.
- **Bounced Email Notifications-** Notifies the account creator or appointment scheduler when an e-mail message is not deliverable.
- **Dashboard Improvements-** Filterable data display of system usage and “unassociated” OGC and Privacy approved patient survey feedback
- **System use instructions** now contained in ALL Patient email correspondence
- **Customization-** Added ability to edit/customize single Appointment Duration without disrupting the provider’s default appointment preferences

Recent & Future Enhancements

Recent Enhancements Re-Cap:

- Dial-in Feature
- Bounced Email Notifications
- Dashboard Improvements
- Patient Instructions on ALL Patient Email Correspondence
- Ability to Edit Appointment Duration

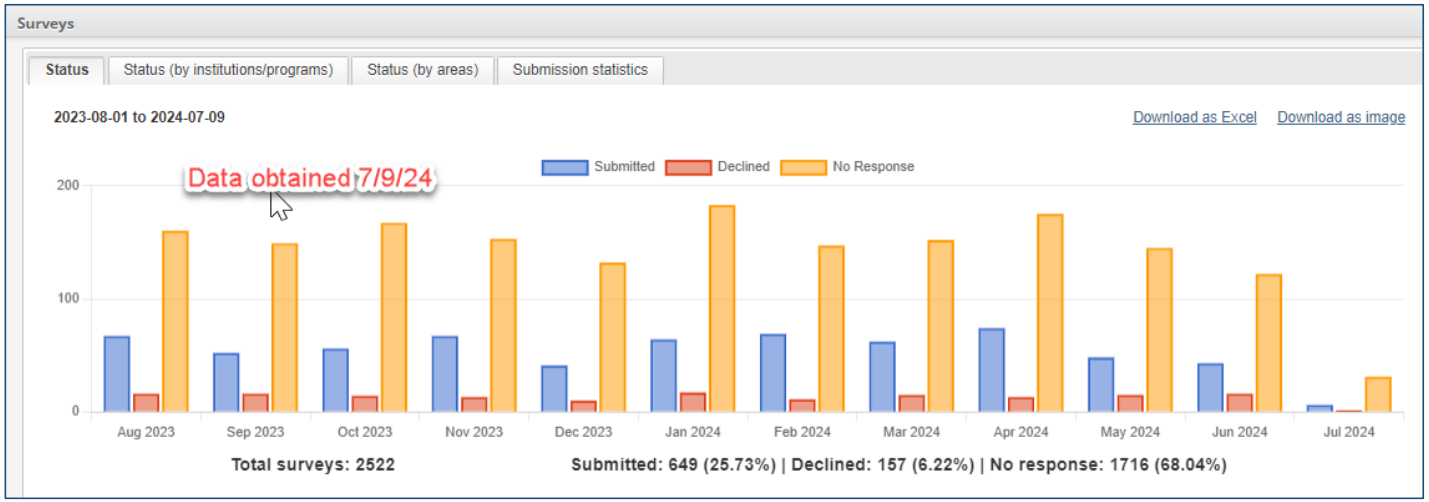
Future Enhancements:

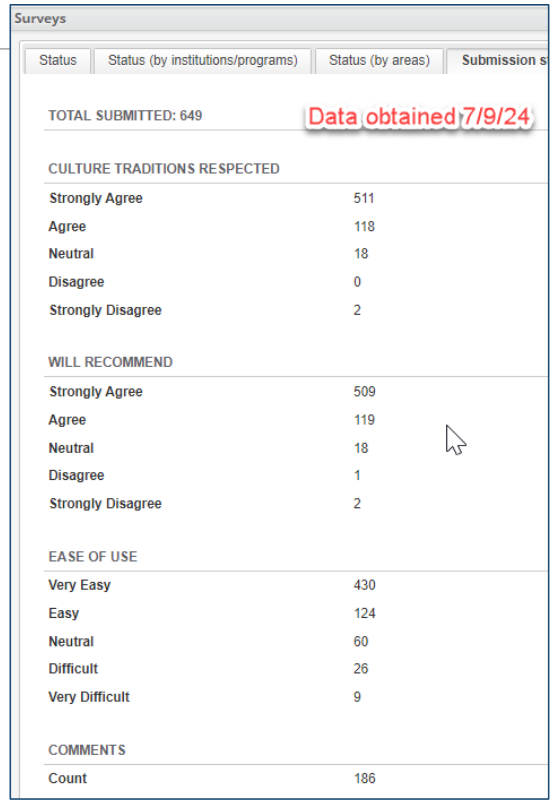
- Dial-out Feature
- Group Appointments (Scheduled)

Patient Survey

AA RINGMD

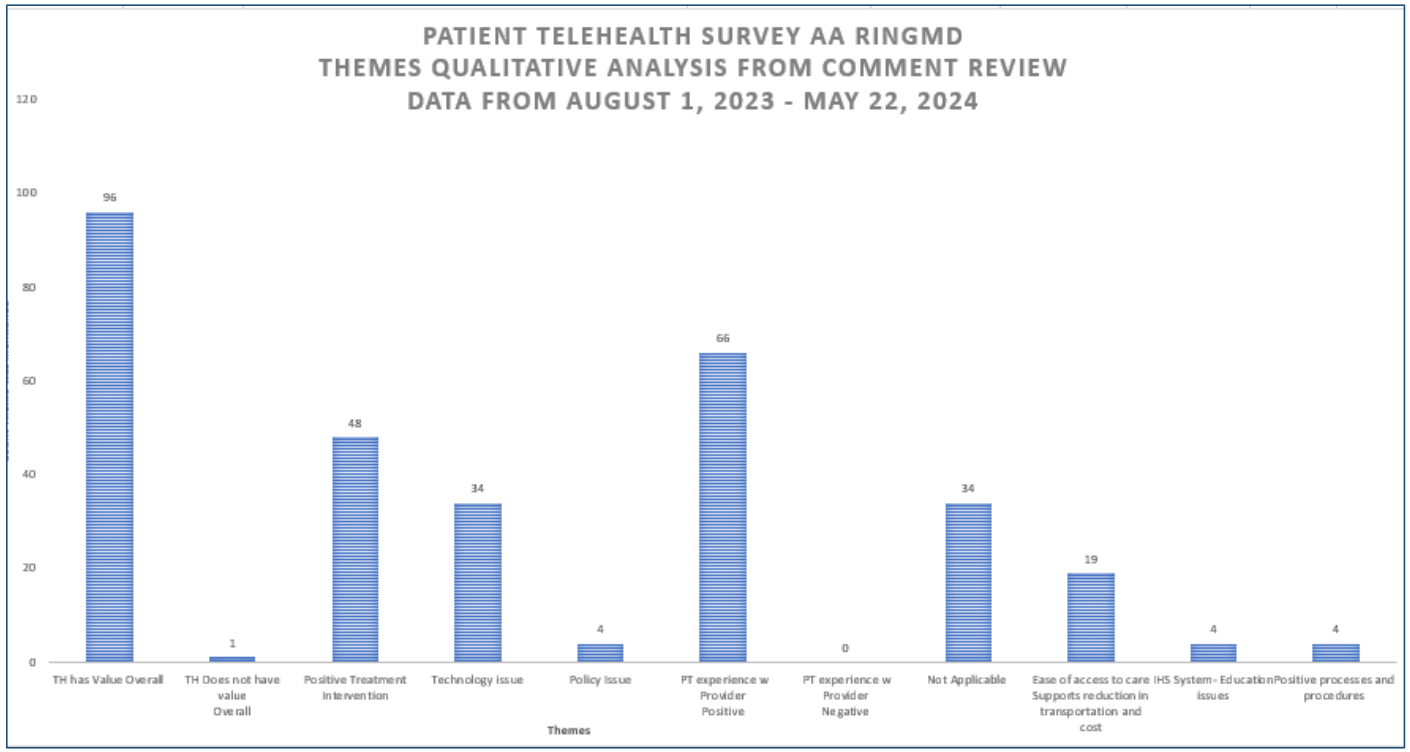
Patient Survey – AA RingMD



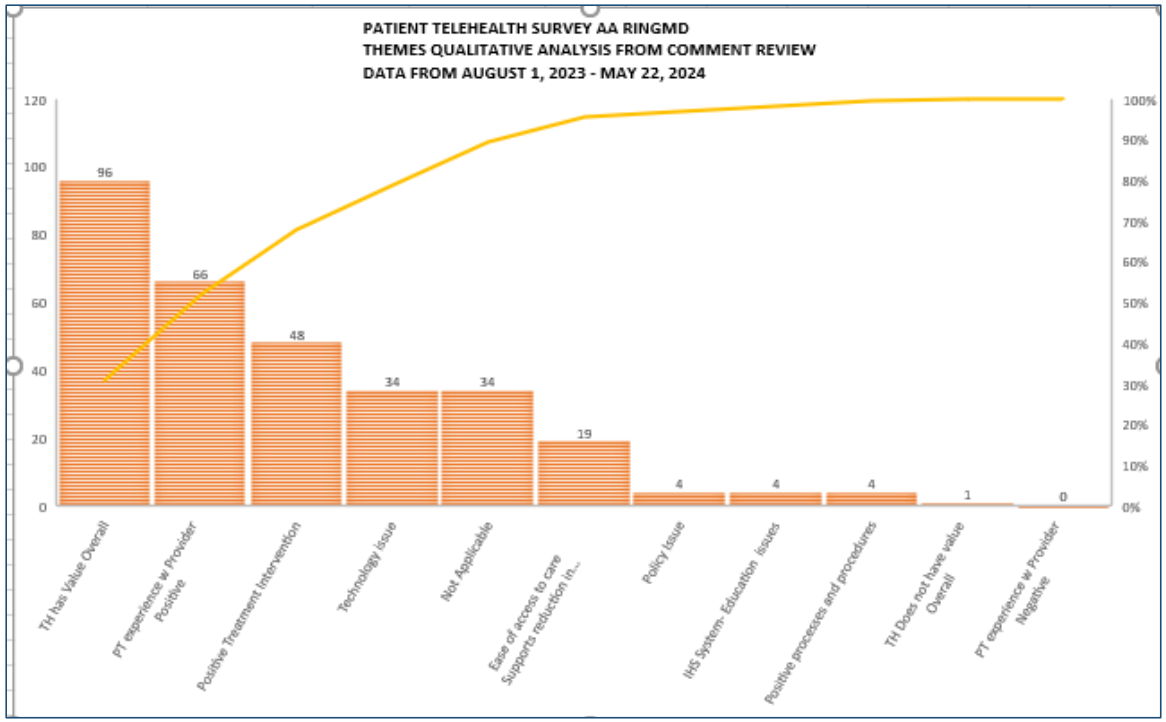


Data retrieved 7/9/2024

Patient Telehealth Survey: Qualitative Analysis



Patient Telehealth Survey: Qualitative Analysis (continued)



AA RingMD Support: Common Issues & Trends

- Provider and admin license requests
- Providers requesting the ability to create patient accounts
- Users not getting two-factor authentication (2FA) emails
- Follow up for bounced emails

Webex Status

SLIDES DEVELOPED BY:

LCDR BRENDA STEIGER, IT SPECIALIST, GPA, IHS

Webex Operations and Maintenance

Services went live in November 2021

Fully approved Authority to Operate (ATO) signed February 2023

Moved from Annual test and restore to Quarterly per NIST 800-53 requirements

Other than AA Ring MD, and Secure Data Transfer, Webex is the only collaborative tool approved for viewing/sharing PII/PHI

Available to all IHS D1 domain users

Webex Use Cases

Telehealth

Video Conferencing with various devices

Meeting collaboration

Technical support

Audio Only Conferencing

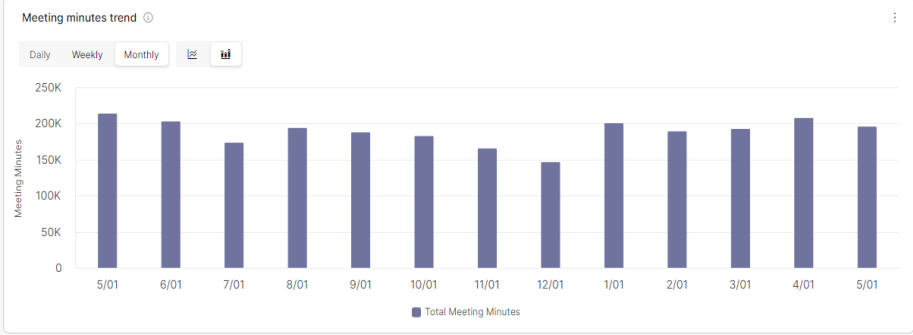
Webex Teams Document share and chat

Controlled Webinars up to 3000 participants

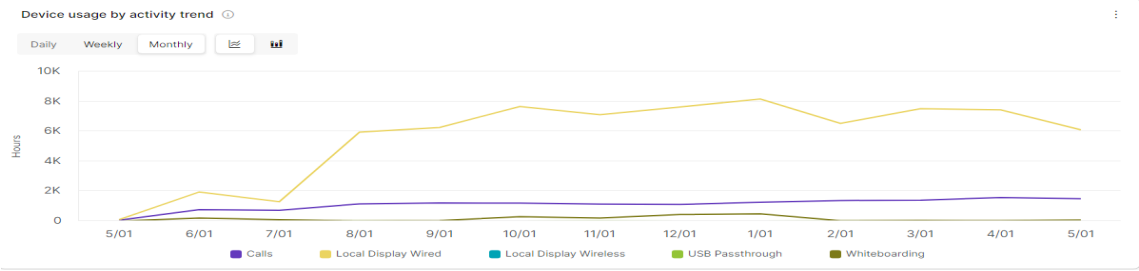
Web-based Training

Recorded Training/Video repository for sharing files

Webex Usage May 2023-May 2024



The two charts above demonstrate that we are averaging close to 3,000 meetings per moth and around 200,000 minutes of meetings per month



We are ranging from 6,000-8,000 minutes of screen sharing per month, and we have added new devices with whiteboarding capability in the past year

Webex Device Examples

Webex DeskPro

Cisco SX10

Cisco Desk Pro

New Webex Board Pro

Thinklabs One Stethoscope

JedMed Horus Scope

Cisco Desk Pro

Telehealth – Clinic Codes

BRYAN K. BURRELL RHIA, LPN, LEAD CONSULTANT, HIM/ OIT, IHS

E-9 Clinic Code Discontinued

E9	VIRTUAL VISIT	**Code not in use effective 10/1/2023.** Healthcare services via a two-way interactive audio and/or video technology.

Telehealth Terminology

- (Asynchronous): Acquiring and storing clinical information data, images, sound, etc.. that is forwarded or retrieved by another site for clinical evaluation.

- (Synchronous) interactive: Interactive audio and video telecommunications systems that permits real-time communication between the provider and the patient.

Clinic Codes

Code	Clinic	Definition
01	GENERAL	An organized clinic that provides acute, chronic and preventive medical care to all age groups on an appointment or walk-in basis.
05	DERMATOLOGY	An organized clinic that provides diagnosis and treatment of skin conditions.
14	MENTAL HEALTH	An organized clinic that provides care to patients with mental conditions, diseases, and disorders.
28	FAMILY PRACTICE	An organized clinic providing family medical services through family practice-trained providers.

Service Category

Code	Name	Description	Status
A	Ambulatory	Used for workload.	Available
C	Chart Review	Used to document chart reviews. Not used for workload.	Available
E	Historical (Event)	Used to document past events. Not used for workload.	Available
I	In-Hospital	Used to document ambulatory visits on hospitalized patients.	Available
M	Telemedicine	Used to document telemedicine visits.	Available
N	Not Found	Used for service categories not otherwise specified.	Available
R	Nursing Home	Used to document nursing home visits.	Available
S	Day Surgery	Used to document Day Surgery visits.	Available
T	Telecommunications (Telephonic)	Used to document **informal** Patient encounters such as telephone conversations. Not used for workload	Available

Synchronous Telehealth Visit - Home

- Dermatology Provider is in office at NNMC.
- Patient is in their living room at home.
- Clinic is 05 Dermatology
- Service Category Code is M-Telemedicine
- Follow Telehealth documentation guidelines

Telehealth Documentation Guidelines

- Documentation requirements for a visit conducted via telehealth are the same as for a face-to-face visit.
- Mode of telecommunication used to communicate with the patient
- Location of the patient
- Location of the provider
- Names and roles of other staff participating in the telehealth service.
- Patient consent in accordance with state and federal requirements

Telehealth Codes

TELEHEALTH

- Use the same E&M code as if the patient was present in your exam room.
- GT Modifier added
- If the patient is at a different facility, Originating Site codes the encounter Q3014, Telehealth Originating Site Facility Fee.

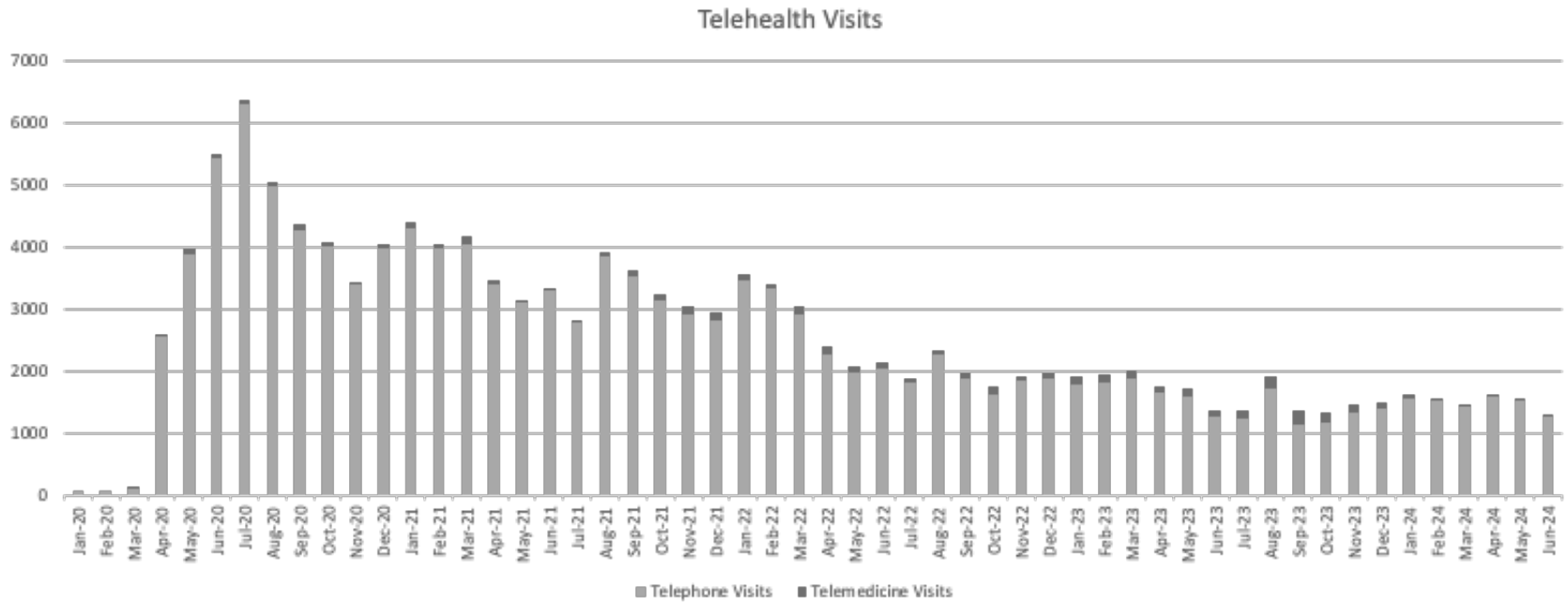
Telephone Encounter Codes

- 99441 Telephone E/M service by a physician or other qualified health care professional not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442 Telephone E/M service provided to an established patient; 11-20 minutes
- 99443 Telephone E/M service provided to an established patient; 21-30 minute

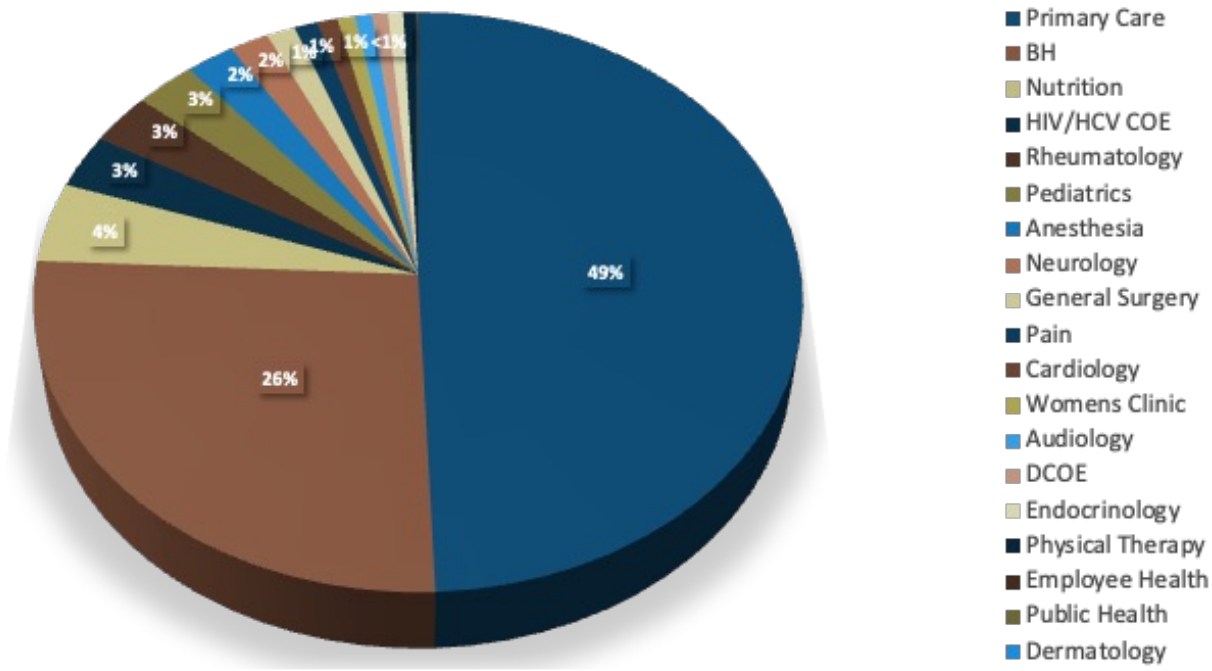
IHS PIMC – Telehealth Usage

NAOMI H. HIXSON, AU. D., CCC-A/SLP, CHIEF OF AUDIOLOGY, PIMC, IHS

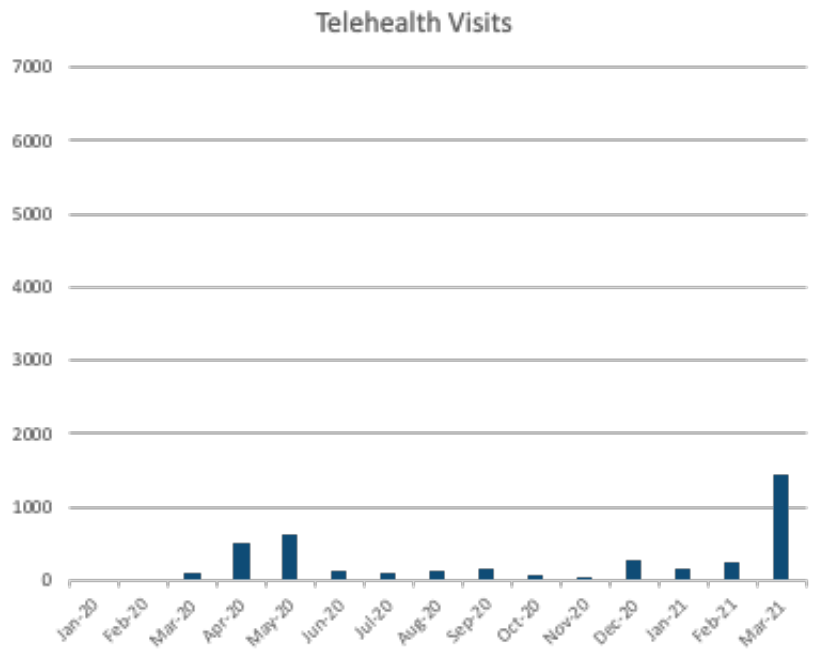
PIMC Telehealth Over Time

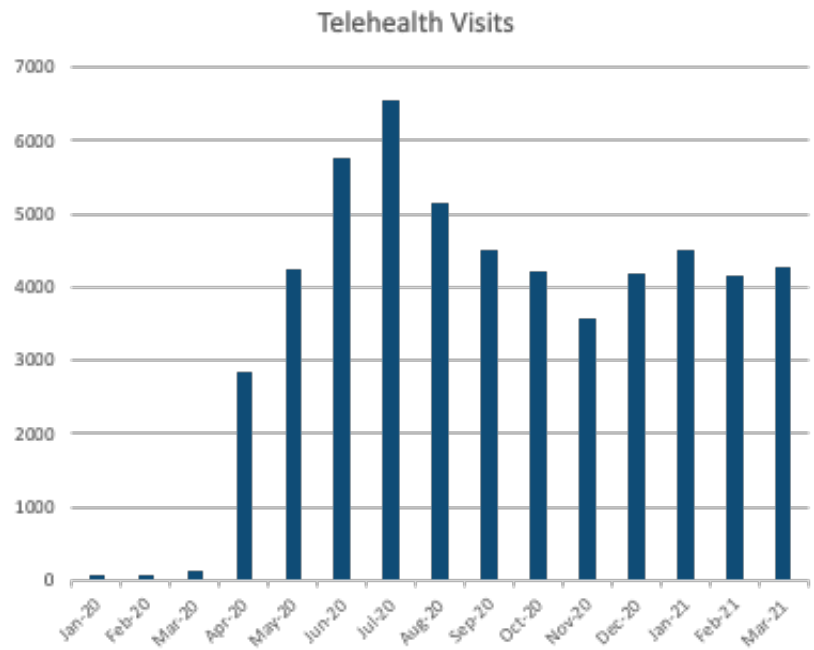


PIMC Telehealth Service Distribution



Importance of Accurate Service Category





PIMC Projections

Replacement facility and expanded services

Telehealth to the entire Phoenix Area

Specialty services predicted to triple in telehealth share by 2035

Building design for integration of telehealth capabilities within each department

IHS PIMC – Nutrition

ZOE YEH, MS, RDN, CDCES, REGISTERED DIETICIAN,
PRIMARY CARE MEDICINE CLINIC-NUTRITION, PIMC, IHS

Pros of video visits in the clinical setting

A combination of phone and in-person visit

Patient can show their environment and food items at home through video screen: reading nutrition facts label

Visually assess patients' body conditions when they could not come into the clinic: malnutrition

Patient's body language and attention is observable

Save travel time for both providers and patients

Children can join parents' medical appointments without traveling

Home nurse can help elderly has a video appointment from home

Class could be held from different parts of cities at the same time

Pharmacists could go through medicine bottles with patients from home

Cons of video visits in the clinical setting

Extra tasks of clinical work: explaining, link sending/setting up account/trouble shooting

Technological literacy concern: providers and patients

Internet connection stability

Extra appointment time used for logging in

Communication of meeting link through secure email, instead of personal email, especially when meeting is hosted through ad-hoc, instead of individual appointment

Extra functions missing, such as raise hand

Confusion of signing in from patients' end: password/guest/platform

Make it more clinical setting friendly

Easier communication to patients regarding meeting link and sign in questions, especially when patient couldn't access secure email.

Patients can test out their internet speed and connection quality before their meetings

Video tutorial or Q&A sections that could be found on search engine, so patients can be familiar with the platform before their 1st video visit.

A platform most patients are familiar with?

Barriers for rural area

Internet speed and stability

Hardware for video visits

Technological support when equipment is malfunction

The interest in learning and using ever changing technology

Access to food and produce: Nutrients dense products

Telenutrition Update

MARIA KOFAS, MSPH, RDN, LN, HEALTH NUTRITIONIST

PUBLIC TELENUTRITION PROGRAM SPECIALIST

(A) NUTRITION CONSULTANT, BILLINGS AREA, IHS

Telenutrition: An Overview

❖IHS has been providing telenutrition services since **2008**.

- Telenutrition made nutrition services available to areas where **recruitment** of Registered Dietitians Nutritionists (RDNs) was **challenging**.

❖During the **COVID-19 pandemic**, telenutrition **utilization increased** significantly.

- Pre-existing programs were ahead of the curve and provided **guidance** to healthcare staff that was unfamiliar with telehealth.
- Patients expressed **satisfaction** with and, in many cases, **preference for telenutrition** over in-person nutrition care.

❖ Even though telehealth utilization trends changed after the pandemic, telenutrition has become **a standard part** of the services offered **in remote clinics** of Billings Area.

IHS Telenutrition Support
Billings Area Telenutrition Program (BATP)

Based on the outcomes of the **Crow Service Unit Telenutrition Pilot Program**.

- 3-month pilot was completed in 2019, which showed that after transitioning to telenutrition:
  - The total number of visits increased.
  - Visit attendance increased.
  - Revenue generation increased.

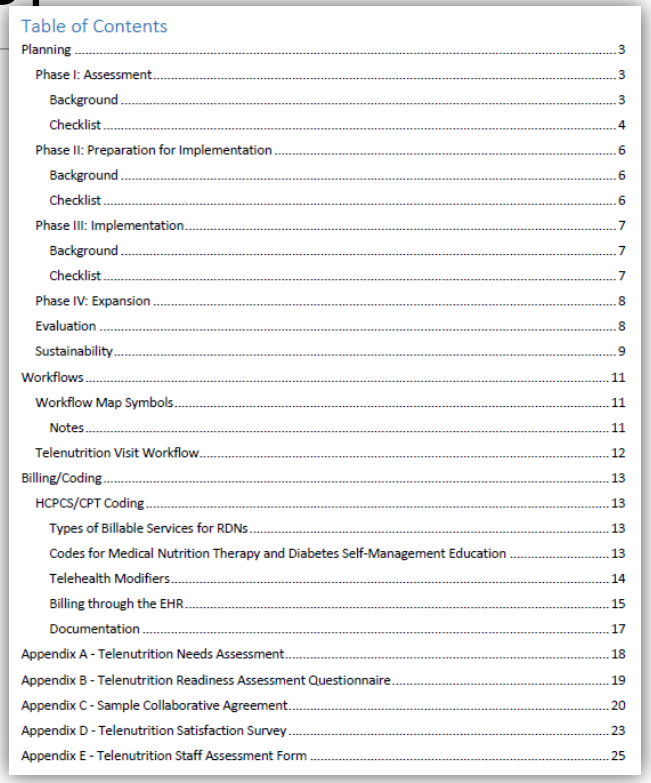
BATP offers **two types of services** to IHS/Tribal/Urban facilities in the Billings Area:

- Telenutrition training for on-site RDNs (arm A – provided in 4 SUs and 1 urban facility)
- Patient care via telenutrition (arm B – implemented in 2 SUs currently)

For BATP, the following **documents/tools** were created:

- BATP Proposal
- Telenutrition Implementation Guide
- BATP Data Collection Guide

- Available **resources/trainings** for providers interested in telenutrition:
  - Telenutrition Implementation Guide
  - Telenutrition Webinar (currently available on the DDTP-IHS webpage)



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Telenutrition Implementation Guide – Table of contents

Telenutrition: Lessons Learned

- ✓ On-site support is **vital**.
- ✓ Well-established **workflows and detailed instructions** allow for smoother transitions when there is **high employee turnover**.
- ✓ **Revisions and quality improvement initiatives** are beneficial for long-term operation of a program.
- ✓ **Site visits** are very important for designing effective QI initiatives, troubleshooting, and maintaining team morale and communication.
- ✓ **Teleworking** may be key in the recruitment and retention of nutrition providers that are difficult to find in remote areas.

Telenutrition: Future Directions

Examples of **simple modifications** with positive impact: Using life-size screens, streamlining patient education material provision, including checking points in the workflow, and utilizing all existing platforms.

Telenutrition is often the **preferred mode of delivery of care**.

- In IHS/Urban/Tribal facilities.
- In other programs, like WIC.

Tribal leaders requested the **expansion of telenutrition coverage** because of its effectiveness and usefulness at the Tribal Consultation Meeting for the White House Conference for Hunger, Nutrition, and Health.

Telenutrition is here to stay!

Avel Telehealth Services

A LOOK AT TODAY AND THE FUTURE

SLIDES DEVELOPED BY CDR. DARLA MCCLOSKEY, PHD., MPH, BSN, MCGHE, CRCS-I, FAC-COR II, DEPUTY CEO, GPA, IHS

Avel Telehealth services a look a today and the future

GPA 2023-2024 Utilization: 7,027 Outpatient/Behavioral Health visits and 1,135 Emergency room calls/video visits in the Great Plains Area (GPA) Service Units.

- Focus on behavioral health needs in specialty clinics and emergency rooms.
- Increase in need for services in rural areas.
- There will be an increase in billing for services to offset contract costs; they are billing at an all-inclusive rate for outpatient visits.
- Avel and Contract Officer Representative (COR) utilize shared files to review and complete background forms to improve clearance time now that there is a Personal Identify Verification (PIV) requirement.

Administrative next stage activity :

- Continue implementing processes to address IHS policy changes regarding background processes for Security Clearance (SCL), SailPoint, Invoice Payment Program (IPP), IT connectivity, and PIV cards.
- Develop an online—electronic quality survey for patients/providers/COR to provide metrics for each facility and document the quality of services.

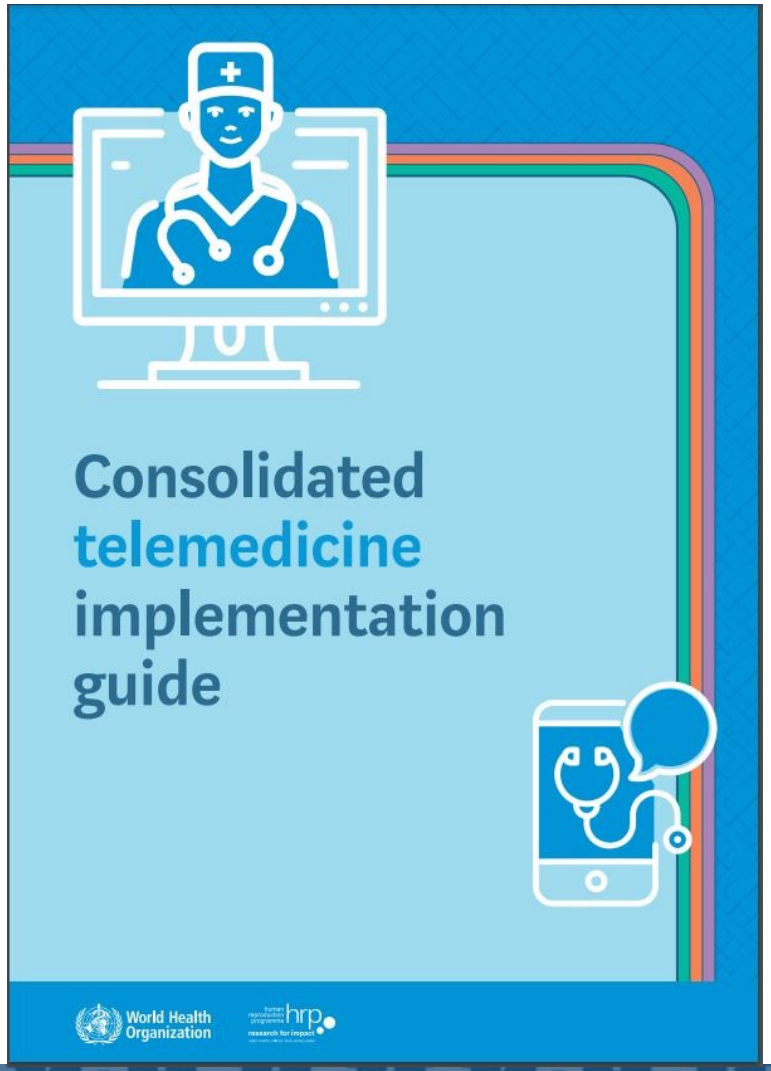
Next Steps to Integration

GPA facilities continue toward integrating Telemedicine into the routine services provided to meet patients where they are, connecting to the patients via video chat or phone, and integrating telemedicine concepts.

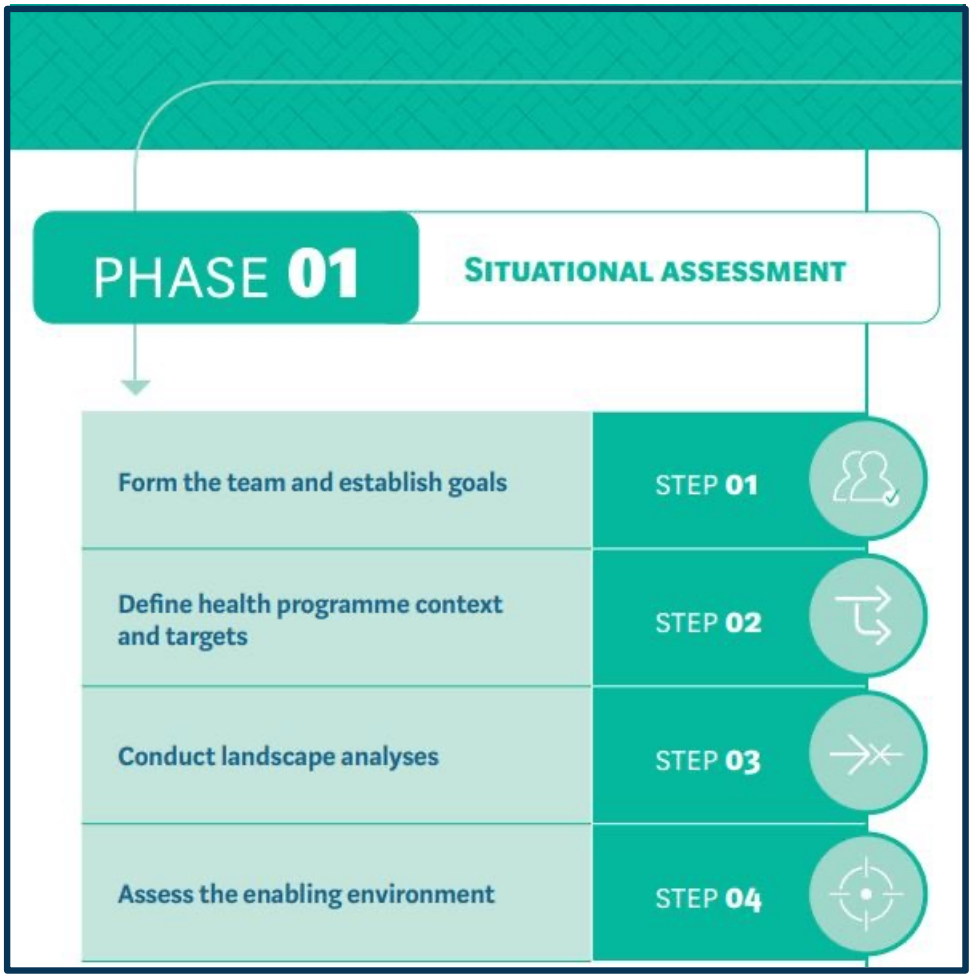
- Add pharmacy services to assist pharmacies with staffing issues.
- GPA purchased Telehealth equipment, with parts and supplies being maintained by the area office. This will be an added cost.
- Continue analysis and oversight of Specialty, Behavioral Health, and ER consult services and scheduling.
- Continue 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.

Creating a National Telehealth Program

VIJAY KANNAN, MD, MPH, DIRECTOR, OFFICE OF CLINICAL PERFORMANCE AND HEALTH IMPACT, IHS



PHASE 01: SITUATIONAL ASSESSMENT	
STEP 01	**FORM THE TEAM AND ESTABLISH GOALS** ❑ Identify stakeholders that should be involved in the design, management and implementation of the telemedicine programme
STEP 02	**DEFINE HEALTH PROGRAMME CONTEXT AND TARGETS** ❑ Determine the programmatic and geographic scope of the telemedicine service.
STEP 03	**CONDUCT A LANDSCAPE ANALYSIS** ❑ Conduct a landscape analysis of software applications and channels ❑ Map hardware needs and availability
STEP 04	**ASSESS THE ENABLING ENVIRONMENT** ❑ Assess digital maturity to determine infrastructural and organizational needs ❑ Review availability and competency of health workers ❑ Assess regulatory and policy considerations ❑ Consider implications for cross-jurisdictional flow of information ❑ Explore financing mechanisms
PHASE 02: PLAN THE IMPLEMENTATION	
STEP 05	**DETERMINE HOW THE TELEMEDICINE SYSTEM WILL OPERATE** ❑ Define the functional and nonfunctional requirements ❑ Update workflows reflecting the requirements ❑ Conduct extensive user testing ❑ Plan for change management
STEP 06	**ENFORCE MECHANISMS FOR PATIENT AND HEALTH WORKER SAFETY AND PROTECTION** ❑ Put systems in place for data privacy, access and protection of patient information ❑ Enforce ways to verify licensing/accreditation of health workers ❑ Determine and disclose if audio/video recording will be done
STEP 07	**ESTABLISH STANDARD OPERATING PROCEDURES** ❑ Clarify clinical protocols and identify potential liability considerations ❑ Determine the training package and channels for support ❑ Establish a process for confirming identification ❑ Establish clear consent documentation ❑ Explore whether changes to health worker remuneration are needed ❑ Establish a plan for management of connected medical devices
STEP 08	**INVEST IN CLIENT/PATIENT ENGAGEMENT AND GENDER, EQUITY AND RIGHTS** ❑ Determine mechanisms for outreach ❑ Assess implications on equity, gender and rights ❑ Ensure accessibility for persons with disabilities
STEP 09	**DEVELOP A BUDGET** ❑ Define the budget for overall cost of ownership ❑ Plan how to integrate telemedicine into routine health service delivery and purchasing arrangements
PHASE 03: MONITORING AND EVALUATION (M&E), AND CONTINUOUS IMPROVEMENTS	
STEP 10	**DETERMINE M&E GOALS** ❑ Define indicators for assessing performance and impact
STEP 11	**PLAN FOR CONTINUOUS IMPROVEMENTS AND ADAPTIVE MANAGEMENT** ❑ Embed mechanisms for routine monitoring and continuous improvement ❑ Mitigate potential risks



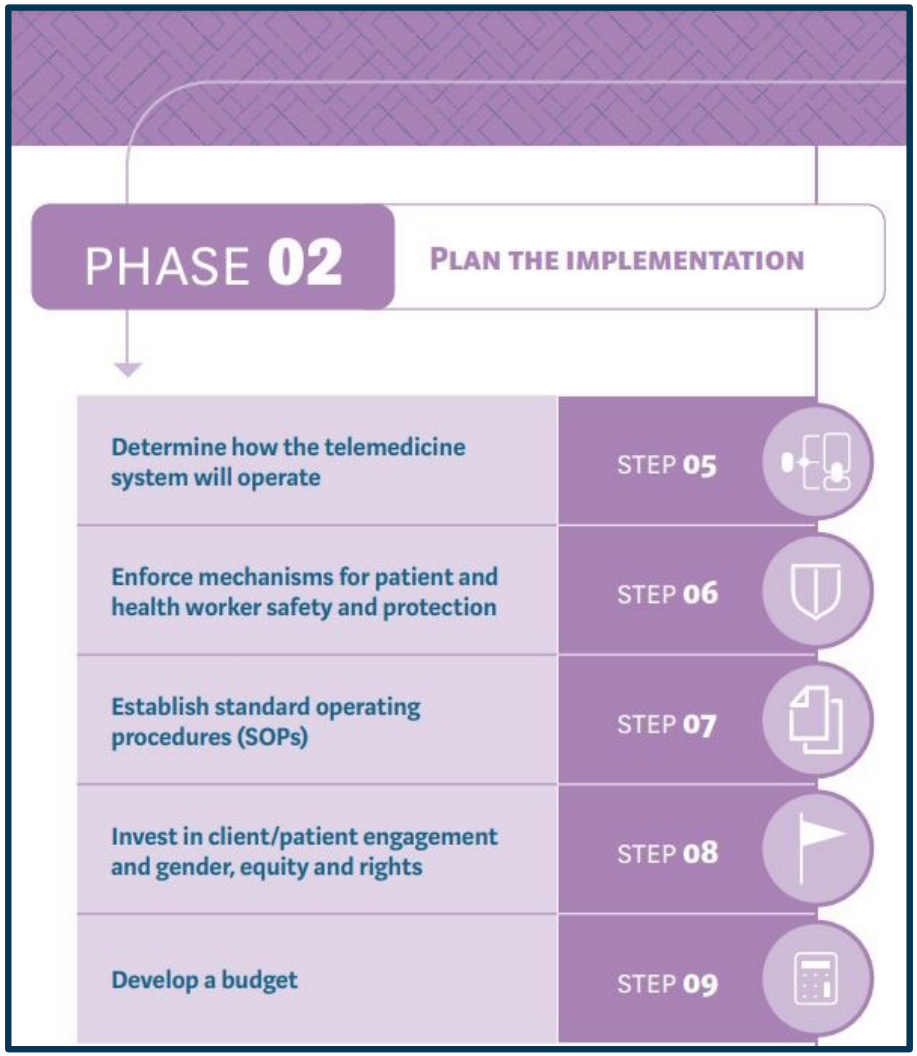
Source: https://www.who.int/publications/i/item/9789240059184

Phase 1 – Situational Assessment

Goals

1. Establish team with roles and goals articulated
2. Defined target population and programmatic scope
3. Assessment of the enabling environment, including the technical governance, regulatory, sociocultural, infrastructural and institutional considerations, to inform the design of the telemedicine intervention

Source: https://www.who.int/publications/i/item/9789240059184



Source: https://www.who.int/publications/i/item/9789240059184

Phase 2 – Plan the Implementation

Goals

1. Description of functional and nonfunctional requirements responsive to the end-users' and programmatic needs
2. Mapped workflows, including integration points with the health information system
3. Defined mechanisms for assuring data privacy, access and protection of patient information
4. Training plan and SOPs, including protocol for health workers and guidance for clients/patients on use of the telemedicine service
5. Budget and financing plans for developing, sustaining and integrating the telemedicine service within the broader health system

Source: https://www.who.int/publications/i/item/9789240059184

Source: https://www.who.int/publications/i/item/9789240059184

Phase 3 – Plan the Implementation

Goals

1. M&E plan, with defined indicators and data sources
2. Mechanisms for continuous monitoring and improvements
3. Risk management and mitigation plan

Source: https://www.who.int/publications/i/item/9789240059184

RE-AIM FRAMEWORK

Elements of the RE-AIM Framework

Source: https://www.collidu.com/presentation-re-aim-framework

Monitoring and Evaluation Proposed Measures

TABLE 2. *Illustrative M&E indicators for telemedicine based on adapted RE-AIM framework*

Domain	Definition	Illustrative subdomains	Illustrative indicators
Reach	The number of people who are willing to participate in a given telemedicine programme.	» Coverage » Equity » Accessibility	Coverage: » Percentage of all health services/encounters performed using telemedicine *(17,18)*. » Percentage of target population/caregivers enrolled in telemedicine programme *(17)*. » Number/percentage of patients being monitored by telemedicine *(17)*. Equity/accessibility: » Number of people with disabilities, physical/economic limitations, etc., that have had access to care through telemedicine *(18)*.

Source: https://www.who.int/publications/i/item/9789240059184

Domain	Definition	Illustrative subdomains	Illustrative indicators
Effectiveness	The impact of a telemedicine programme on important outcomes, including potential negative effects, quality of life, and economic outcomes. Heterogeneity of effects and reasons for success or lack of success.	» Timeliness of care » Quality of care » Financial implications for clients/patients	Timeliness of care: » Time required to obtain health service via telemedicine versus non-telemedicine *(17)*. » Decrease in wait times for clients/patients *(18,19)*. » The amount of time to check in for a visit *(19)*. Quality of care: » Medication adherence/care plan compliance among patients *(18,19)*. » Percentage change in admission and readmission rates *(16)*. Financial implications – clients/patients: » Private or out-of-pocket transport costs to access service *(18-20)*. » Non-transport costs to clients/caregivers, such as time off work/school, cost of childcare *(18-20)*. » Travel distance to service or health worker's office and distance saved from not travelling *(18,20,21)*.
Adoption	The absolute number, proportion and representativeness of: (a) settings; and (b) intervention agents (people who deliver the telemedicine programme) who are willing to initiate a telemedicine programme.	» Adoption by geographic area » Adoption by type of health worker » Utilization of telemedicine services » Health worker satisfaction » Client/patient satisfaction » Acceptance and trust	Adoption by geographic area or facility: » Percentage of units (municipalities, populations, hospitals, clinics) that offer telemedicine services out of the units originally proposed *(18)*. » Proportion of hospitals/health facilities taking part in telemedicine out of the national total *(18)*. Adoption by health worker: » Percentage of health workers that demonstrate adequate ability in telemedicine service delivery *(17)*. » Number of telemedicine appointments requested with health workers of different specialties *(18)*. Health worker satisfaction and acceptance: » Percentage of health workers that indicated overall satisfaction levels of satisfied or above *(17)*. » Percentage of total practitioners referring clients/patients for telemedicine services *(17)*. Client/patient satisfaction and acceptance: » Percentage of clients/patients who refuse to use telemedicine service *(17)*. » Clients'/patients' ability to interpret diagnosis and treatment instructions through the telemedical modality*(17)*.

Domain	Definition	Illustrative subdomains	Illustrative indicators
Implementation	At the setting level, this refers to the intervention agents' fidelity to the various elements of a telemedicine programme's protocol, including consistency of delivery as intended and the time required.	» Usability » Stability » Fidelity of implementation » Adaptations required	Usability: » Percentage of completed telemedicine encounters affected by a technical issue *(17)*. » Percentage of incomplete telemedicine encounters affected by a technical issue *(17)*. Fidelity of implementation: » Percentage of requested telemedicine appointments that were successfully scheduled *(17)*. » Percentage of scheduled telemedicine appointments completed *(17)*. Stability: » Number of hours or days the programme does not provide services due to a technological or operating issue *(18)*. » Time taken to resolve technical problems per unit *(18)*. Adaptations required: » Number and types of changes to the system to accommodate the programme (e.g. purchasing devices, investing in technology support services and creating telemedicine platforms) *(21)*.
Maintenance	The extent to which: (a) the programme is sustained after the initial intervention; or (b) a telemedicine programme or policy becomes institutionalized or part of routine organizational practices and policies. This includes proportion and representativeness of settings that continue the intervention and reasons for maintenance, discontinuation or adaptation.	» Sustainability » Institutional changes » Costs to health system	Sustainability: » Percentage of clinical services delivered via telemedicine *(21)*. Institutional changes: » Percentage of patient encounters for which no subsequent in-person encounter was necessary *(17)*. » Change in access to specialty health workers *(19)*. Costs to health system: » Percentage of telemedicine services reimbursed *(17)*.

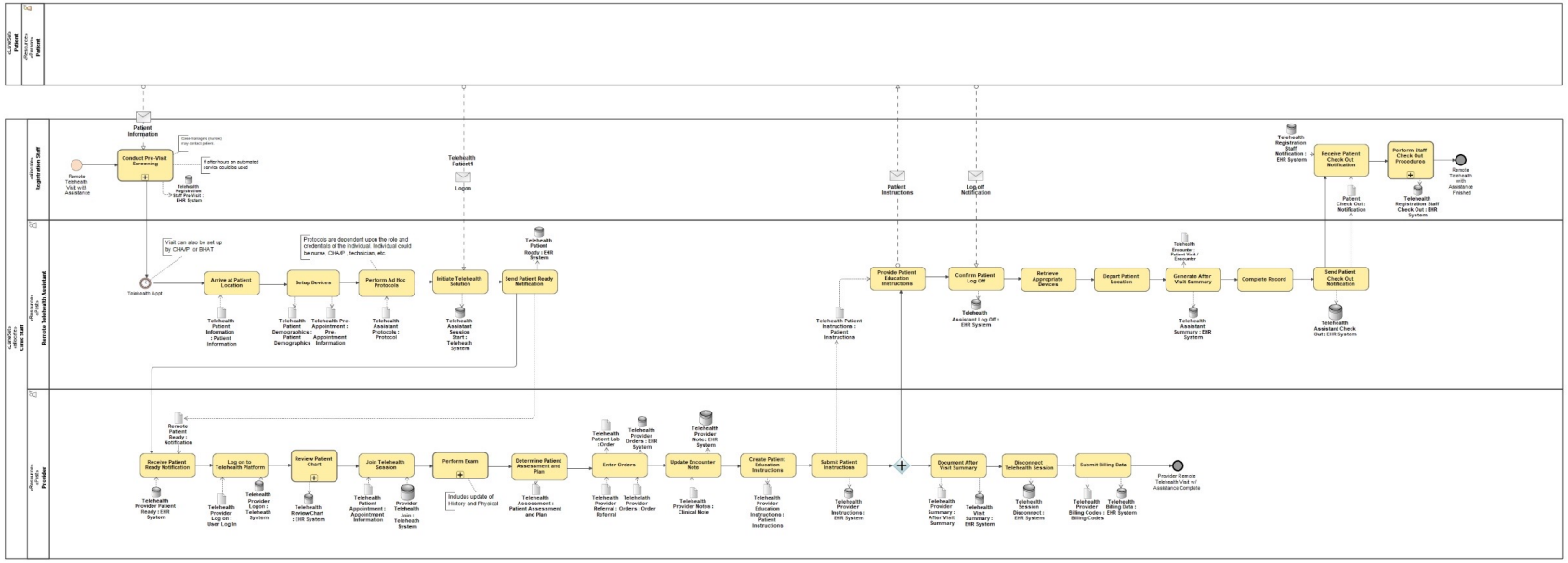
Source: https://www.who.int/publications/i/item/9789240059184

EHR Modernization WRAP Business Process Model (BPM)

TELEHEALTH

Perform Remote Telehealth Visit – BPM WRAP

Diagram name	Perform Remote Telehealth Visit with Assistance
Author	ckendrick
Creation date	1/30/24, 10:53 AM
Modification date	7/25/24, 9:33 AM
Last modified by	smpomec@mitre.org
Documentation	This model depicts the process of a patient who is at a remote location and needs assistance with connecting with the provider for a virtual appointment.
Exclusion Criteria	Patients who do not use Telehealth services.
Inclusion Criteria	Patients who use Telehealth services.
Post Condition	Patient has received Telehealth services.
Pre-Condition	Patient has a Telehealth appointment and is at a remote location but requires assistance. The provider is also at a remote location.
Completion Status	Ready for ECG



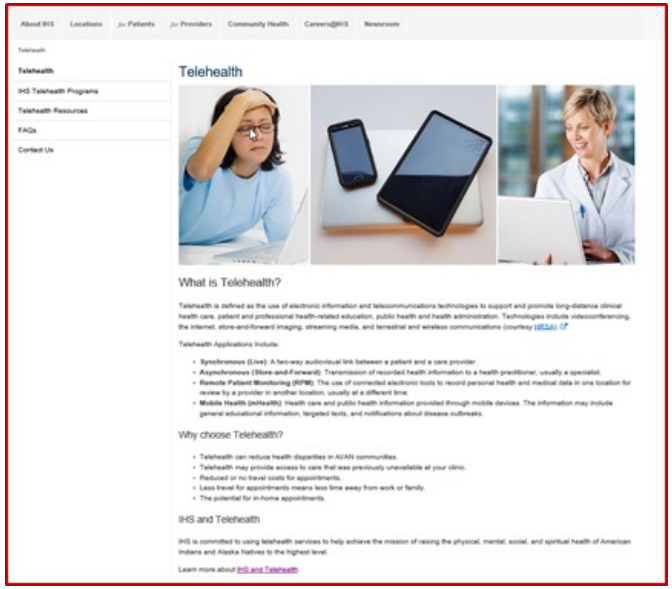
Resource Information

IHS Telehealth Listserv and Website

If you are interested in telehealth, we encourage you to sign up for the Telehealth & mHealth listserv at https://www.ihs.gov/listserv/topics/signup/?list_id=196.

- Share Information
- Ask Questions
- Discuss best practices

Telehealth Website at https://www.ihs.gov/telehealth/



Internet and Broadband Resources

- **National Telecommunications and Information Administration (NTIA)** BroadbandUSA (doc.gov)
- Constructing the Digital Landscape: Highlights of NTIA's Middle Mile Program (June 24, 2024 Press release)
- On March 22, 2024, **National Telecommunications and Information Administration (NTIA)** launched a new mapping tool, the NTIA Permitting and Environmental Information Application, to help grant recipients and others deploying infrastructure identify permit requirements and avoid potential environmental impacts when connecting a particular location to high-speed Internet service.
- On March 28, 2024, **Biden-Harris Administration Allocates More Than $800 Million to Increase Digital Inclusion Efforts** The Department of Commerce's National Telecommunications and Information Administration (NTIA) today announced approximately $811 million in digital equity funding, including allocations for all 56 states and territories and funding available for native entities. This funding will empower individuals and communities with the tools, skills, and opportunities to benefit from meaningful access to high-speed Internet service.
- On March 14, the FCC raised the benchmark for high-speed fixed broadband to download speeds of 100 megabits per second and upload speeds of 20 megabits per second.

Resource information:
https://broadbandusa.ntia.doc.gov and https://www.internetforall.gov

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. (November 7, 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 (April 2024). 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/

Questions

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