# Indian Health Service

Getting Ready!
Deploying the new IHS Priority of Care policy

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AUGUST 15, 2024



# **2024 IHS OIT Partnership Conference**

#### Disclosure of financial or other conflict of interest:

Dr. Knutson has no financial ties, nor incentives, nor other conflict of interest with any commercial enterprises or organizations.

All screen shots in this presentation are of test/demonstration patients. No actual patient information is displayed.

# **IHS EDR Program: Support IHS Mission & Vision**

The IHS Electronic Dental Record program (EDR) directly supports IHS providers and clinics to maximize quality oral health services for federally recognized tribes seeking high-value dental healthcare for all eligible patients.

- IHS Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level
- IHS Vision: Healthy communities and quality health care systems through strong partnerships and culturally responsive practices

# **IHS EDR Program Goals**

#### IHS EDR Strategic Goals (in support of IHS Strategic Plan):

- **>** Goal 1:
  - Provide State of the Art EDR technology, maintain cutting edge innovation
  - Support active interfaces with multiple IHS I/T/U EHR systems
- ➤ Goal 2:
  - Identify patients-at-risk to ensure access to appropriate care
  - Track effectiveness of care and overall outcome of program success
- **>** Goal 3:
  - Modernize information technology support
  - Provide data analytics and reporting system
  - Prepare for future innovation and development

# **IHS EDR Purpose**

- ➤ Support IHS Mission, Vision and Goals
- Patient Safety
  - Coordinate patient information from EHR, other sources
- Standardize & streamline patient care clinical documentation
- Support Revenue Generation
- Provide Clinical Data for IHS Leadership Decision Support
- > EDR / EHR and IHS Workforce Modernization
- Provide / support IHS EDR system Training

## IHS EDR Program: Benefits to the IHS and Tribes

Provides services to tribes <u>regardless of IHS federal/Tribal/Urban affiliation</u> (contingent on IHS EDR Program funding)

#### What IHS and Tribes Receive:

#### **Continued EDR Support**

- Installation of EDR system
- First year of annual support
- Interface between EDR and EHR chosen by site
- Training
- Upgrades

#### **IHS custom enhancements**

- Tribal affiliation
- IHS Oral Health Status (OHS) measures identifying patients at risk of oral disease
- Dynamic reporting interface
- 837i eClaims billing
- Standardized clinical notes templates
- Current Dental Terminology (CDT®) updates

## IHS EDR Program: Benefits to the IHS and Tribes

#### **Supports**

- Preventive Care through Identification of people at risk of oral disease (OHS Measure)
- Appropriate patient-centered Disease Control and Treatment rehabilitations for people with oral disease
- Expansion of delivery of oral care via IHS revamped Priorities of Care initiative
- Oral Health Prevention, Control and Treatments that are cost effective and sustainable through customized reporting and metrics

## IHS EDR Program: Benefits to the IHS and Tribes

#### **Delivers**

- Tailored commercial practices, customized reports, features and workflows
  to continuously adapt to the unique IHS ecosystem, honoring cultural approaches to
  business
- State-of-the-art EDR technology, maintaining cutting edge innovation to support
  - IHS' mission of raising the physical, mental, social, and spiritual health of Al/AN to the highest level
  - Recruitment and retention of much needed providers

#### Data

allowing leadership to develop **data-driven** policies and direct resources to improve Al/AN oral health

# IHS Medical Priority Levels\_ 2024 Policy IHS Oral Health Clinical Implications

#### Oral health significantly affects overall health!

"You're not healthy without good oral health!"

- Dr. C. Everett Koop, Surgeon General 1982-1989



# Integrating Direct & Referral Care



PRC services are meant to complement, not replace, direct care services.

# Purpose

Restructure the PRC medical priorities plan to maximize the efficiency of resource allocation, promoting evidence-based strategies that balance the preventive, mental health, chronic, and acute care needs in our service population with the goal of improved patient satisfaction and health outcomes.



# Conceptual Framework-Restructuring

#### Previous Plan

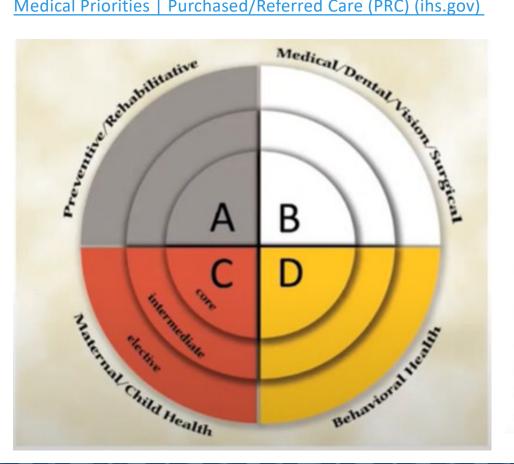
- Hierarchical list
- Acute > Chronic/Elective > Preventive/Rehab
- Prioritized treating complications over preventing disease

#### Restructured Plan

- Holistic, Integrated
- Balanced
- Evidence-based
- Outcome-oriented
- Consistent

# **IHS Medical Priority Levels\_ 2024 Policy**

Medical Priorities | Purchased/Referred Care (PRC) (ihs.gov)



#### PRIORITY

Core = Essential

Intermediate = Necessary

Elective = Justifiable

#### Categories and Priorities

PRIORITIES	CATEGORIES					
1. Core	A. Preventive & Rehabilitative Services					
2. Intermediate	B. Medical, Dental, & Surgical Services					
3. Elective	C. Reproductive & Maternal/Child Health Services					
4. Excluded	D. Behavioral Health Services					

# BMC V4.0 PATCH 16- April 30, 2024

1A = Core - Preventive/Rehabilitative

1B = Core - Medical/Dental/Vision/Surgical

1C = Core - Reproductive & Maternal/Child

1D = Core - Behavioral Health

2A = Intermediate - Preventive/Rehabilitative

2B = Intermediate - Medical/Dental/Vision/Surgical

2C = Intermediate - Reproductive & Maternal/Child

2D = Intermediate - Behavioral Health

3A = Elective - Preventive/Rehabilitative

3B = Elective - Medical/Dental/Vision/Surgical

3C = Elective - Reproductive & Maternal/Child

3D = Elective - Behavioral Health

4A = Excluded - Preventive/Rehabilitative

4B = Excluded - Medical/Dental/Vision/Surgical

4C = Excluded - Reproductive & Maternal/Child

4D = Excluded - Behavioral Health

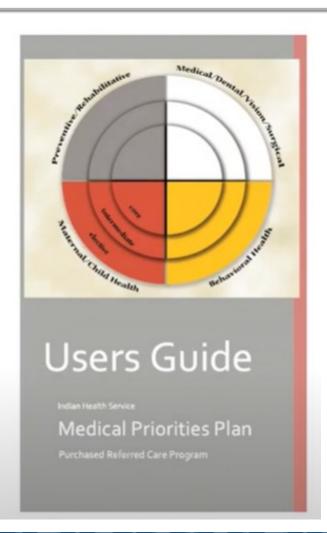
# User's Guide

#### Personnel

- Facility Administrators
- PRC Management Committee
- · PRC Staff
- · Referring Providers

#### Details

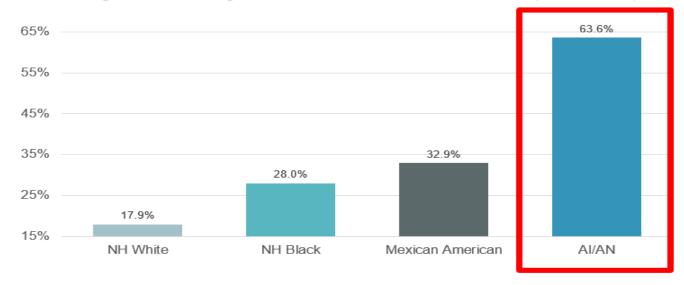
- · Categories and Priorities
- Case Management Guidelines
- · FAQs



## IHS CMO Reprioritization of IHS Priorities of Care (POC)

The IHS Chief Medical Officer has modified the IHS POC guidelines to improve access to care via IHS Purchase & Referred Care (PRC) program.

Percentage of children ages 2-5 with dental caries, 2011-2016 (AI/AN 2019)



Pediatric oral health services now a CORE (Priority 1/Essential) PRC service.

# **IHS Priorities of Care - [Dental]**

- ➤ CORE (Priority 1/Essential) Services:
  - ✓ Pediatric (0-18) Oral Health Services:
    - Diagnostic, preventive, restorative, surgical, and orthodontic services

\*Listed under PRC Category C, Reproductive & Maternal/Child Health Services

# **IHS Priorities of Care - [Dental]**

- ➤INTERMEDIATE (Priority 2/Necessary) Services:
  - ✓ Adult Prosthodontic (Dentures, Crowns, and Bridges)
  - ✓ Periodontal (treatment of gum disease)
  - ✓ Endodontic (root canal treatment)

\*Listed under PRC Category B, Medical, Dental, Vision & Surgical Services.

# Stepwise Approach

- Develop a conceptual framework for restructuring PRC Medical Priorities (Restructure, Efficiency, Resource Allocation).
- Establish a list of non-excluded clinical services for which referral within the IHS PRC program might be indicated (Consistent).
- 3. Populate each of the four PRC categories with clinical services meeting established criteria for core, intermediate, and elective care to serve as guidance for IHS PRC Programs (Consistent).
- Prioritization process;
  - Follows the established criteria for core, intermediate, and elective services.
  - Seeks balance in each of the categories and priority levels. (Balanced)
  - Considers the unique needs of the IHS service population.
  - Aligns with relevant guidelines and/or the recommendations of professional organizations based on clinical evidence, or is otherwise supported by clinical evidence or third-party expert opinion. (Evidence Based)
- 5. Monitor impact of the restructuring process relative to its stated purpose (Satisfaction, Outcomes).

# **Ensuring Data Capture**

All referrals, regardless of payor source (e.g. Medicaid, Medicare, PI, PRC funds) should be entered in RCIS by priority and category of service.

# Taxonomy RPMS (ABQ Pilot 2016)

```
Referral: 2026141700036
                                              Date Entered: OCT 7,2016
PATIENT: DEMO, PATIENT
                                              PCC VISIT: OCT 5,2016013:
REQUESTING FACILITY: UTE MOUNTAIN UTE HEA
                                                 ay Face Sheet? N
REQUESTING PROVIDER: CLARK MATTHEW MD
<u>REFERRAL TYPE: CHS</u>
                                             PRIMARY PAYOR:
                                             CASE MANAGER: CLARK, NATTHEW MD
INPATIENT/OUTPATIENT:
APPT/ADM DATE&TIME:
                                             Insurance Auth No:
PROVISIONAL DRG:
ESTIMATED TOTAL PERRAL
                                           ESTIMATED IHS REFERRAL COST:
                        Eligibility Factors?: N
Do you want to 🛭
PURPOSE/SERVICE
Referral SNOMF
                        urns referral (procedure)
PRIORITY: 3B
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
```

# **Potential Benefits**

#### Program Evaluation

- · Assess balance of referrals
- Total referral volumes and trends
- Comparative referral volumes and trends (by Facility, Area)
- Reports to Management & Stakeholders
  - · CEO, Governing Body, HQ, Tribes, and other Federal agencies (? VA)

#### Program Planning

- Unmet Needs
- Budgeting
- Resource Allocation & Contract/Staffing Needs
- Tribal Consultation

#### Future Directions? (Requires NDW access)

Tie referral data to disease-specific trends & outcomes

# PRC Priorities Report- Data Set

- Individual Facility Reports
  - Adherence to Taxonomy
  - Volume: Category and Priority
  - Volume Trends: Category and Priority
- IHS & Area Summary Reports
  - · Volume: Category and Priority
  - Total Volume Quarterly Trend
  - Adherence to Taxonomy Quarterly Trend
  - · Volume Trends: Category and Priority
  - · Referral Percentage: Category and Priority
- IHS & Area Comparative Reports
  - · Areas/Facilities by Category Volume
  - · Areas/Facilities by Priority Volume
  - Areas/Facilities by Total Volume (Quarter and Trend)
  - Areas/Facilities by User Pop & Referral Volume as percentage of Area totals
  - IHS/Area Total by Priority

# PRC Priorities- Trend Reports

- Facility and Area
  - Trends by Category
  - Trends by Priority
  - Trends by Volume
  - Trends by User Pop & Referral Volume as percentage of Area totals
  - Comparative Trends (Facility Category, Priority, and Volume)

# Integrating Direct & Referral Care



## IHS EDR: adds Capability to measure *Outcomes*

The IHS EDR Program has created the **Oral Health Status (OHS) measure:** 

A prevention-oriented tool in IHS EDR to provide recording and tracking of oral health, leading to early diagnosis and timely intervention

Decrease emergency room visits and medivac expenses

Reports access to care and overall oral health status of individual

Reduce number of serious oral infections

Multiple treatment outcome reporting capabilities



	0	HS Stat	istics					
	Day	n Pannar 46	9/2019 - 4/9/	2021				
	Date	_		2021				
			*ALL*					
		Clinics	a <all></all>					
		Provide	rs: <all></all>					
39/04/3021	Report Generated By: 1_KNLITSCN							
Age Statistics	OH5 1	OH5 2	OH5 3	OHS 4	OHS 5	OH5 6	NO OHS	Age Tot
Patient(s) that are 0 to 2 years old	56	84	72	21	0	0	285	46
Patient(s) that are 3 to 4 years old	48	73	45	59	2	1	263	49
Patient(s) that are 5 to 6 years old	52	38	67	24	23	35	392	63
Patient(s) that are 7 to 8 years old	63	59	85	29	61	72	357	72
Patient(a) that are 9 to 10 years old	15	83	12	18	45	64	398	76
Patient(s) that are 11 to 12 years old	66	80	94	83	38	55	391	80
Patient(s) that are 13 to 14 years old	72	64	56	49	72	69	508	89
Patient(s) that are 15 to 16 years old	93	83	12	65	77	89	333	81
Patient(s) that are 17 to 20 years old	175	159	139	79	95	146	873	166
Patient(s) that are 21 to 30 years old	352	487	425	201	138	254	2976	483
Patient(s) that are 31 to 40 years old	1027	825	763	523	255	327	1995	560
Patient(a) that are 41 to 50 years old	955	763	824	569	266	359	394	413
Patient(a) that are 51 to 60 years old	834	678	561	349	317	451	719	390
Patient(s) that are 61 to 70 years old	694	845	389	352	244	358	233	311
Patient(s) that are 71 to 80 years old	351	362	285	157	81	467	144	184
Patient(a) that are 61 years and older	74	89	128	82	44	82	1198	170
Patient(s) without a birthday entered	0	0	0	0	0	0	15	1
Total Number of Patients	4987	4784	4027	2660	1758	2839	11365	3242

Emphasis on achieving positive health outcomes vs. 'counting services'

# IHS EDR Program Strategic *Goal* for [Oral] Health

People are typically born in excellent oral health with no oral health disease.

Therefore, the overall mission to improve oral health is actually a charge to maintain the original excellent oral health.

<u>Prevention</u> is the key to overall 'improvement' of oral health

# IHS EDR Program Strategic *Plan* for [Oral] Health

#### **IHS EDR Program overall strategy:**

- > Prevention is the key to reduction in oral health disease:
  - Education is paramount, starting with families and caregivers
  - Effective prevention 'treatments' that reduce risk of oral disease
- > Control & treatment of chronic oral disease:
  - Identify those at risk of oral disease & ensure timely access to care
  - Track efficacy of disease prevention & treatment interventions
- > Provide data for IHS leadership to make informed decisions

# Purchased/Referred Care (PRC) Referral Workflow in IHS Dentrix Enterprise EDR

Draft Workflow: [in effect July, 2024]

#### **IHS DXE EDR PRC Workflow Overview**



- 1. REQUEST CARE
- 2. DOCUMENT RESPONSE
- 3. UPDATE TREATMENT PLAN
- 4. DOCUMENT APPROVAL
- 5. ASSIGN FEE APPROVAL
- 6. SEND APPROVAL
- 7. RETURN SUPPORTING DOCUMENTS? (I.E. XRAYS)
- 8. TRANSMIT PRC UPDATE TO EHR
- 9. TRACK PRC COSTS

# **IHS PRC Workflow (Current State)**

#### 1. REQUEST CARE

IHS dental clinic refers patient to a civilian dental clinic for exam and treatment plan.

#### Workflow Steps (a-n):

- a. In EDR <u>Patient Chart, enter</u> <u>treatment planned</u> <u>procedure(s).</u>
- b. Attach Referral and Status 'Routed for Review' to treatment planned procedure(s).
- c. <u>Update Approval Status</u> to 'Consultation Pending'.

#### 2. DOCUMENT RESPONSE

Civilian dentist performs exam and sends treatment plan to IHS 'reviewer'.

#### **Considerations:**

- Reviewer may be referring IHS clinic.
- Treatment plan should include x-rays?

#### 3. UPDATE TREATMENT PLAN

Reviewer enters treatment plan into database (assume EDR).

- d. In EDR, <u>update treatment</u> <u>planned procedure(s).</u>
- e. <u>Update Referral & Approval</u>
  <u>Statuses</u> to 'Routed for
  Review'.

# **IHS PRC Workflow (Current State)**

#### 4. DOCUMENT APPROVAL

Reviewer approves or denies treatment plan (at CDT code level).

- f. Reviewer <u>assigns approval or</u> <u>denial to procedure as</u> <u>Approval Status</u>.
- g. If additional information is needed, the appropriate Approval Status is selected.
- h. Link approved or denied Approval Status to OHSC (displays as an added column in progress notes).\*

#### 5. ASSIGN FEE APPROVAL

Reviewer documents authorization number and approved fee(s).

- i. Reviewer <u>updates Referral</u>
   <u>Status to 'Approved', 'Denied'</u>, etc.
- j. Treatment Planner will display PRC fee schedule amount.\*\* \*\*Assumes fee schedule is standardized and available in the EDR.

#### 6. SEND APPROVAL

Generate 'pre-authorization' approval letter. Should be formatted to read like an EOB.

k. Reviewer generates approval notification.

\*Denotes future state; enhancement required

# **IHS PRC Workflow (Current State)**

7. RETURN SUPPORTING DOCUMENTS (I.E. XRAYS)

If hard copy film, this process will be outside of the EDR.

As treatment is completed, procedures will be updated in EDR.

- I. Completed procedures are updated in the Patient Chart to an Existing Other status.
- m. Referral Status is updated once all treatment is completed.

8. TRANSMIT PRC UPDATE TO EHR Interface message sends update to EHR.

n. In EHR, message triggers payment to civilian provider.\*

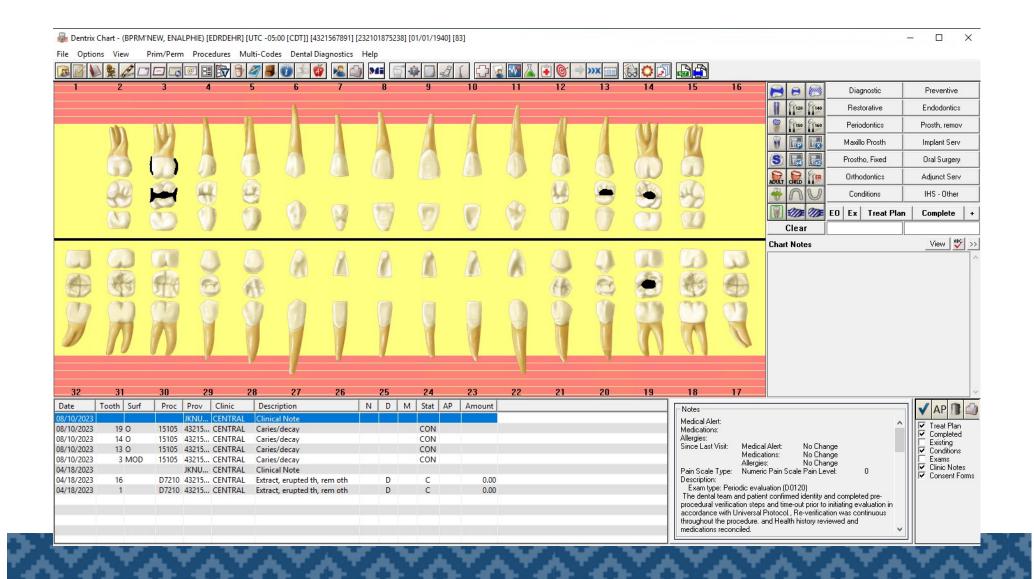
9. TRACK PRC COSTS

EDR will have capability to track PRC care and costs.\*

\*Denotes future state; enhancement required

# PRC Referral Tracking in IHS Dentrix Enterprise EDR

Tracking PRC using the IHS DXE Referral & Approval Statuses



#### **Step 1: Request Care**

The IHS dental clinic refers the patient to a civilian dental clinic for exam and treatment plan.

Step 1a:

**Enter Treatment** Planned Procedure(s)

**Progress Notes now** lists procedure as "TP" (Treatment Planned)

(in red box)



# **Step 1b: Request Care**

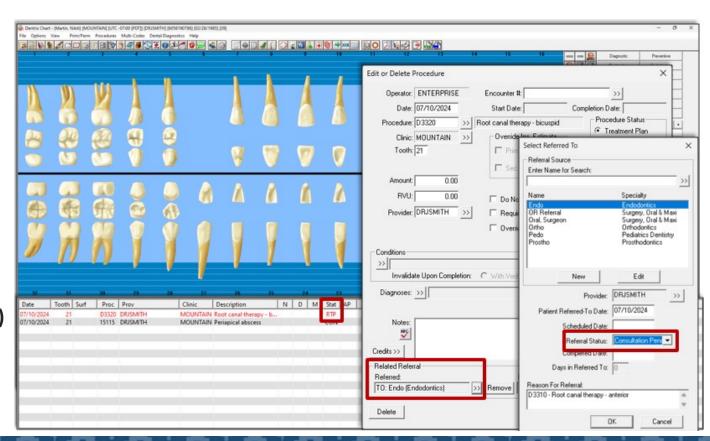
#### Step 1b:

Attach Referral to Treatment Planned (TP) Procedure[s].

Procedure status is now "RTP" (Referred Treatment Plan)

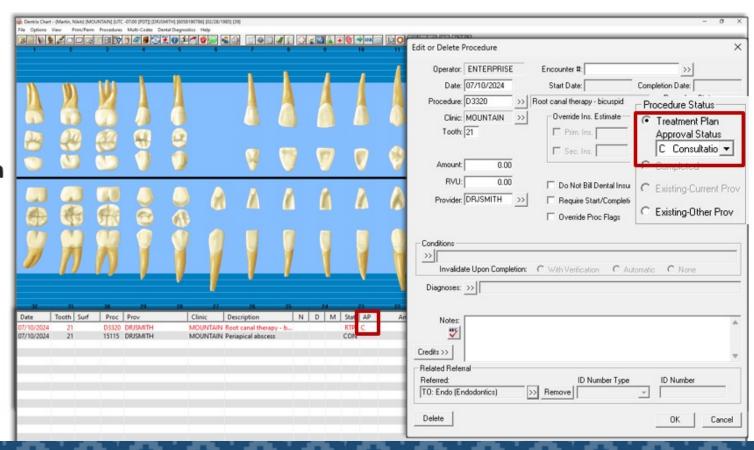
Set Referral Status to: "Consultation Pending"

(refer to red boxed areas)



# **Step 1c: Request Care**

Step 1C:
Update
Approval
Status to
'Consultation
Pending'



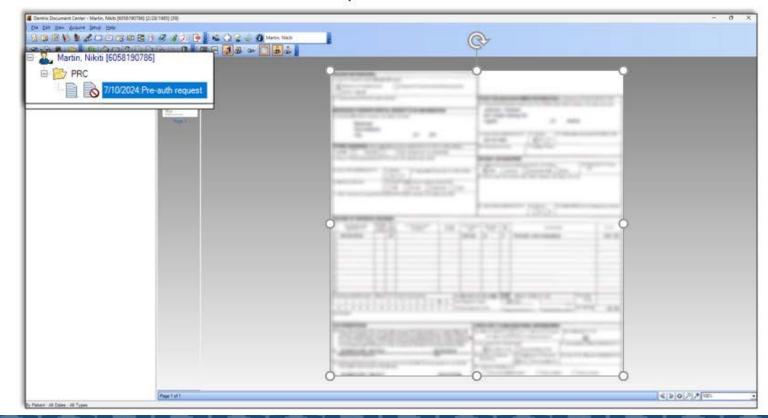
# **Step 2: Document Response**

Civilian dentist performs exam and sends treatment plan to IHS 'reviewer'.

#### Step 2:

Scan or Import Treatment Plan in the Document Center

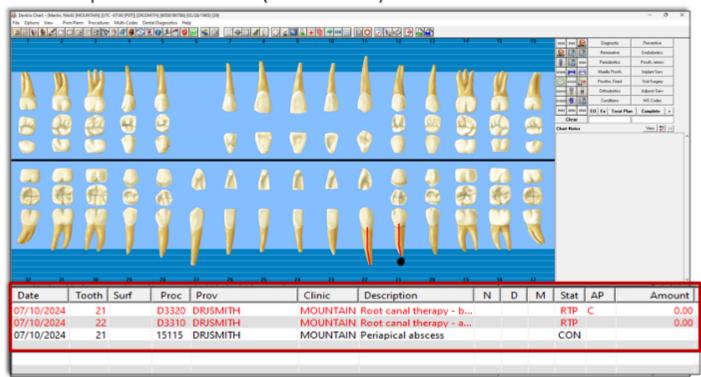
Consideration: Reviewer may be referring IHS clinic.



# **Step 3: Update Treatment Plan**

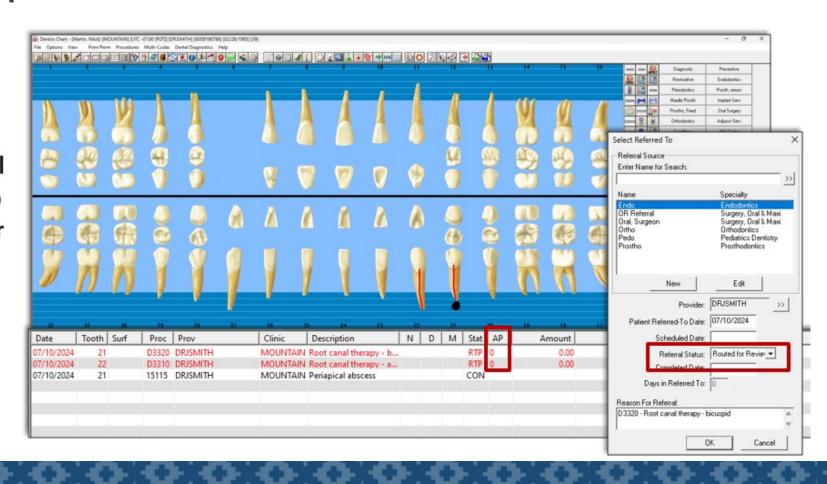
Reviewer enters treatment plan into database (assume EDR).

Step 3d: In EDR, update treatment planned procedure(s)



# **Step 3: Update Treatment Plan**

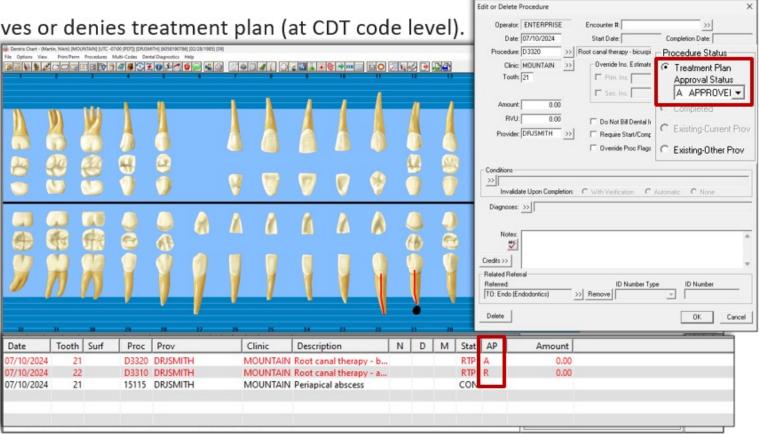
Step 3e:
Update
Referral
& Approval
Statuses to
'Routed for
Review'



# **Step 4: Document Approval**

Reviewer approves or denies treatment plan (at CDT code level).

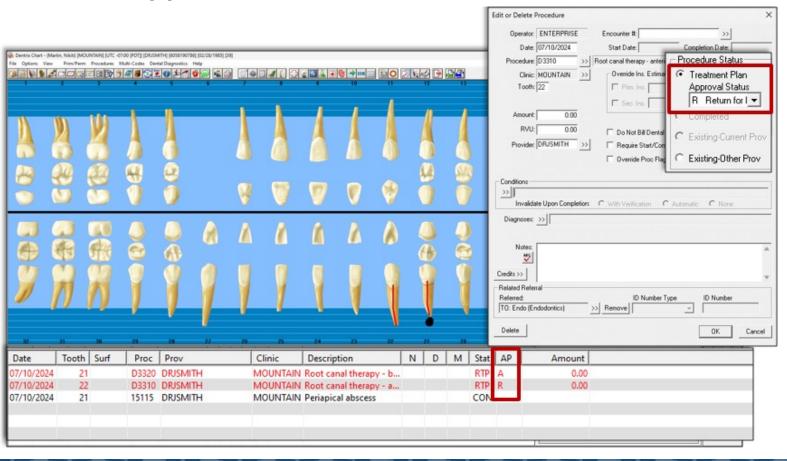
Step 4f: Reviewer assigns approval or denial to procedure as an Approval Status (AP)



# **Step 4: Document Approval**

Step 4g:

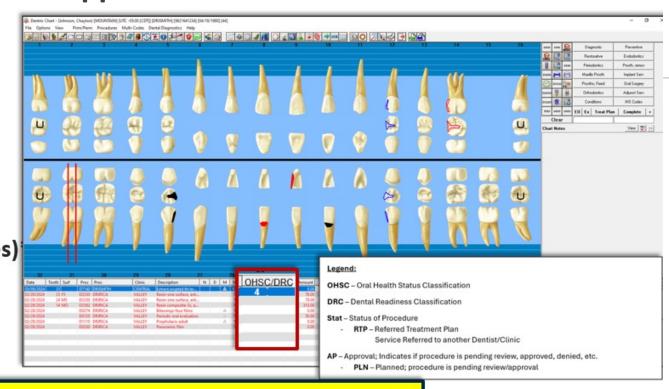
If additional information is needed, the appropriate Approval Status is selected



# **Step 4: Document Approval**

Step 4h:

Link Approved or Denied Approval Status to OHSC (to display as an added column in DXE Progress notes)

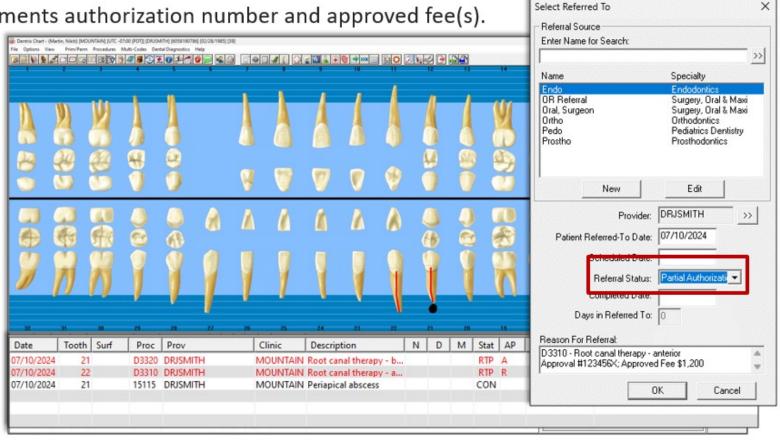


\*OHSC assignment at the code level is EDR Future State; EDR Enhancement Required.

# **Step 5: Assign Fee Approval**

Reviewer documents authorization number and approved fee(s).

Step 5i: Reviewer updates Referral Status to 'Approved', 'Denied', etc.

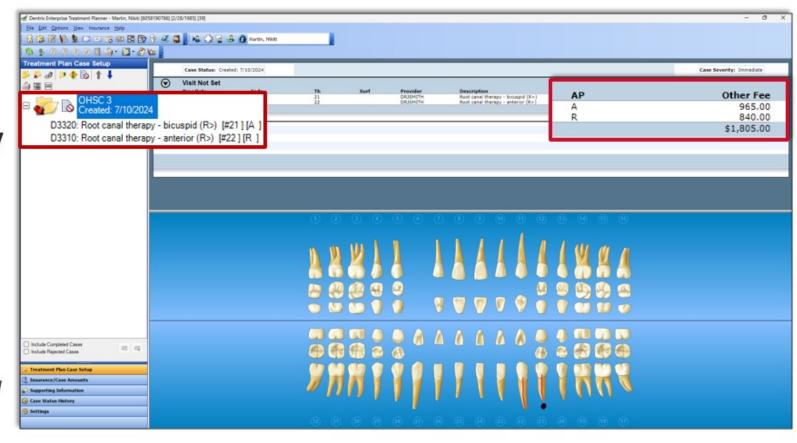


# **Step 5: Assign Fee Approval**

#### Step 5j:

Treatment
Planner
will track by
OHSC and
display
PRC fee
schedule
amount.\*\*

\*\*Assumes fee schedule is standardized and available in the EDR.



# **Steps 6-7: Send Approval & Return Documents (if indicated)**

Generate 'pre-authorization' approval letter. Should be formatted to read like an EOB.

#### Step 6:

Reviewer generates approval Notification

#### Step 7:

Return Supporting Documents

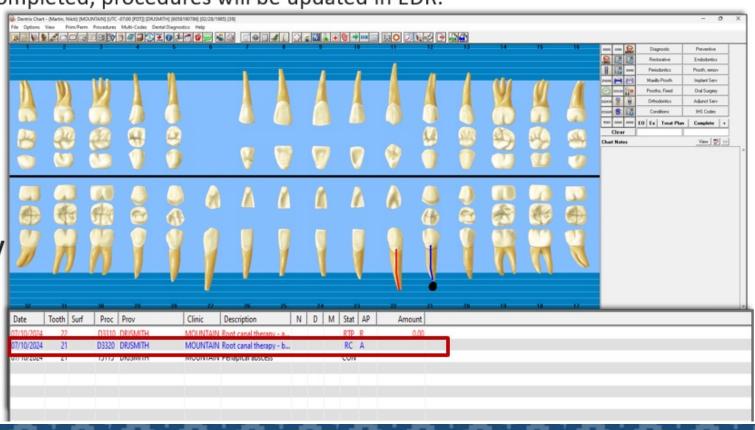


# **Step 7: Update Completed Procedures**

As treatment is completed, procedures will be updated in EDR.

Step 7I:

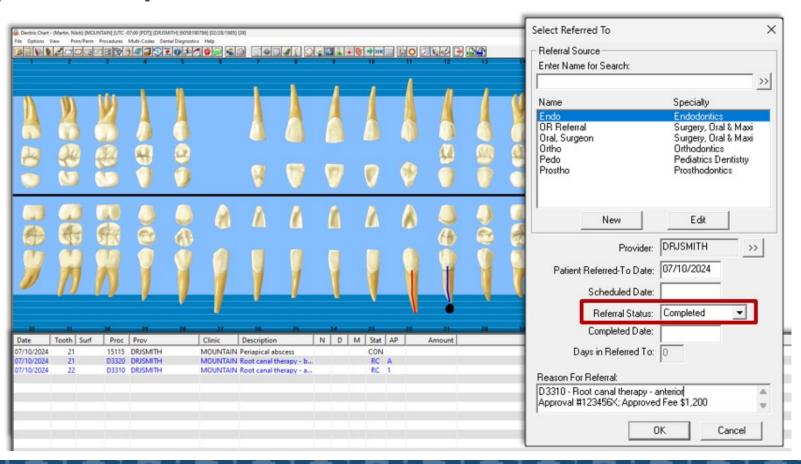
Completed
procedures
are marked
as complete
in the Patient
Chart to display
a Referred
Complete (RC)
status.



# **Step 7: Update Completed Procedures**

Step 7m:

Referral Status is updated once all treatment is completed.



# Purchased/Referred Care (PRC) Payment & Cost

**Tracking PRC Funds** 

# **Step 8-9: Transmit PRC Update to EHR & Track PRC Costs**

^Denotes tuture state; Dentrix ennancement required.

These slides depict current capabilities. The long-term goal is to streamline the IHS Dentrix Enterprise EDR and automate interoperability with IHS EHR system.

# Questions

# What can we do to improve IHS EDR for you?

**Joel Knutson** 

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