

# Telehealth at the Indian Health Service: Where Are We Now?

2023 IHS PARTNERSHIP CONFERENCE

AUGUST 23, 2023



# Presenters

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**Susy Postal, DNP, RN-BC**, Chief Health Informatics Officer, IHS (Panel Lead)

**Teresa Chasteen, RHIT**, Clinical Informaticist, Bemidji Area, IHS

**Jennifer Farris, MHSA, MJIL, RHIA, CHPS**, HIM Consultant/Privacy Officer/FOIA Coordinator, Oklahoma City Area Office, IHS

**Howard Hays, MD, MSPH, FAAFP, FAMIA**, Chief Medical Information Officer, IHS

**Cynthia Larsen, Program Analyst**, ORAP/ Division of Business Office Enhancement HQ, IHS

**Ryan Luginbuhl, MD**, Principal, MITRE

**Andy Regiec**, Enterprise Architect, MITRE

**LT Brenda Steiger, MSHI**, IT Specialist GPA, IHS Teresa Chasteen

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

# Additional Telehealth Team who developed presentation material/slides:

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

**Scott Babcock**, Division of Information Technology Operations (DITO), application services Supervisor, IHS

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

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

**Jacob Falling**, DITO, application services system administrator, IHS

**Naomi H. Hixson, Au. D., CCC-A/SLP**, Director (acting), Telemedicine and Field Services, Chief of Audiology, Phoenix Indian Medical Center, IHS

**CDR. Darla McCloskey, PhD., MPH, BSN, MCGHE, CRCS-I, FAC-COR II**, Deputy CEO, Great Plains Area, IHS

**Dara Shahon, MD**, Director, IHS-JVN Teleophthalmology Program

# Objectives

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Provide an overview of telehealth use at Indian Health Service (IHS), the accomplishments and services available for American Indians and Alaska Natives (AI/AN).

Discuss post-Public Health Emergency (PHE) action to support communication of telehealth visits, lessons learned with telehealth coding, and system issues found.

Identify telehealth clean-up efforts taking place.

Review federal and tribal telehealth metrics

Identify telehealth resources available through AVEL and metrics on use.

Provide an update on telehealth/ Clinical Video Technology (CVT) expansion efforts to include Webex and AA RingMD, including enhancements to support workflow needs.

Provide an update on Telehealth Workflow Research Alignment Plan (WRAP).

Provide examples of a lived telehealth experience.

Identify telehealth support resources available.

# IHS Telehealth Update

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



# IHS Telehealth Overview/Background

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

# PHE Unwinding

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- 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.

# Post PHE Services

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- 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>



# Patient and Provider Survey

## Patient Survey

- ✓ Patient survey approved
- ✓ Tested survey in test environment on 3/13/23
- ✓ TWPA approved 4/21/23
- ✓ Communication drafted
- ✓ Pop-up added to the AA RingMD system on 6/6/23
- ✓ Addressed and secure survey confidentiality
- **Started sending automated survey August 1, 2023**

## Provider Survey

- ✓ Develop in survey monkey
- ✓ Test survey
- ✓ Prepared communication
- ✓ Communicate to stakeholders
- ✓ **Sent survey June 26, 2023- July 24, 2023 (4 weeks)- 98 responded**

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.

# Provider Survey – Preliminary Results

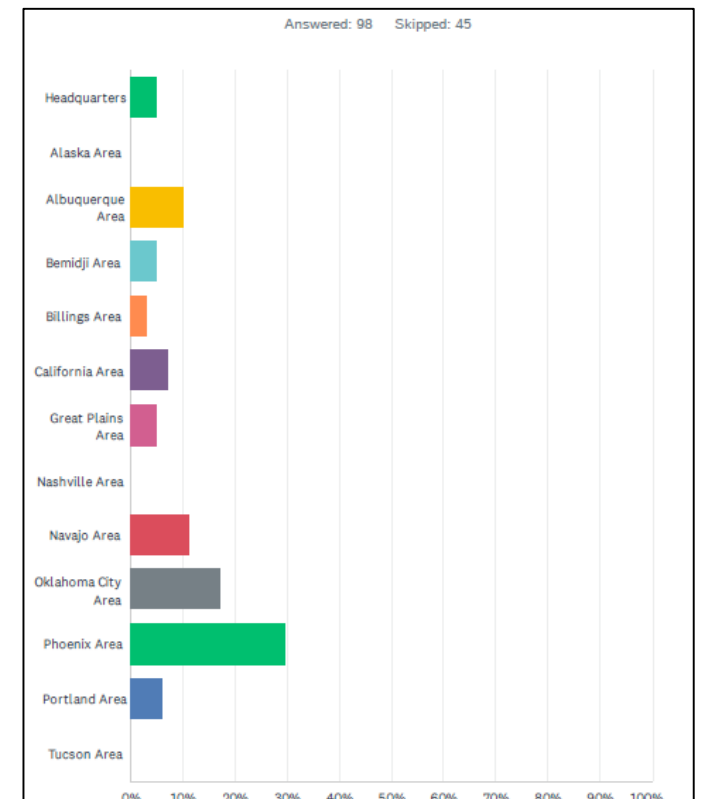
98 people completed

- 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%)

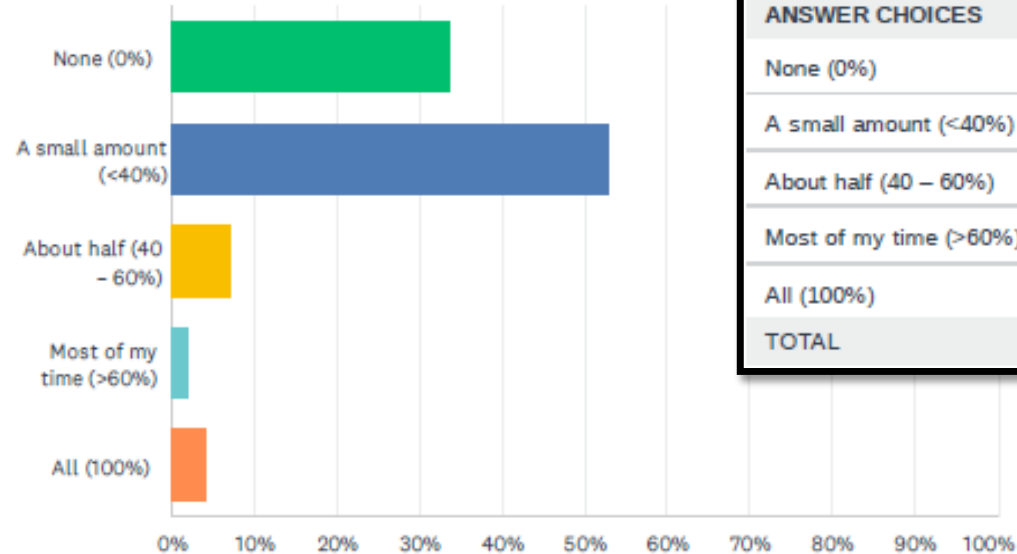
Areas that Responded to Survey



# Provider Survey – Clinical time devoted to telehealth

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

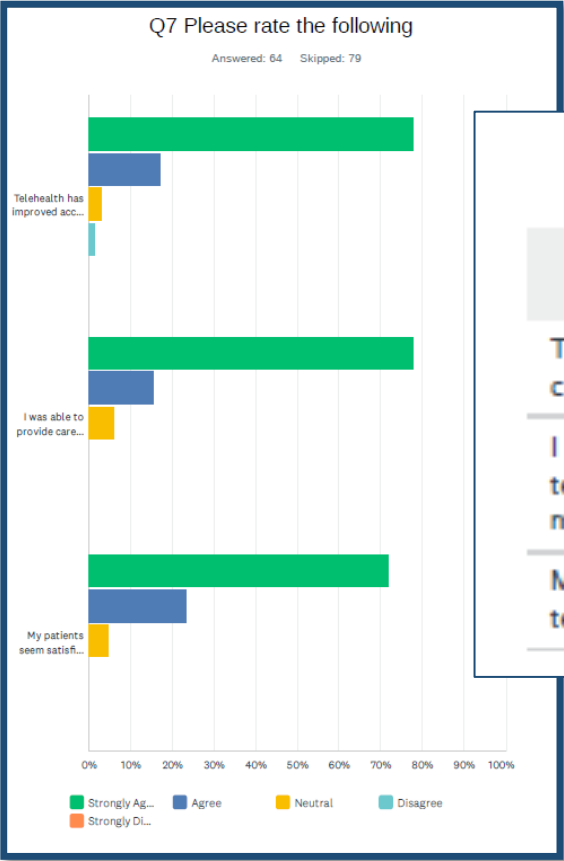
Answered: 98 Skipped: 45



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

# Provider Survey -

## Q7 Thinking about the last few experiences providing telehealth:



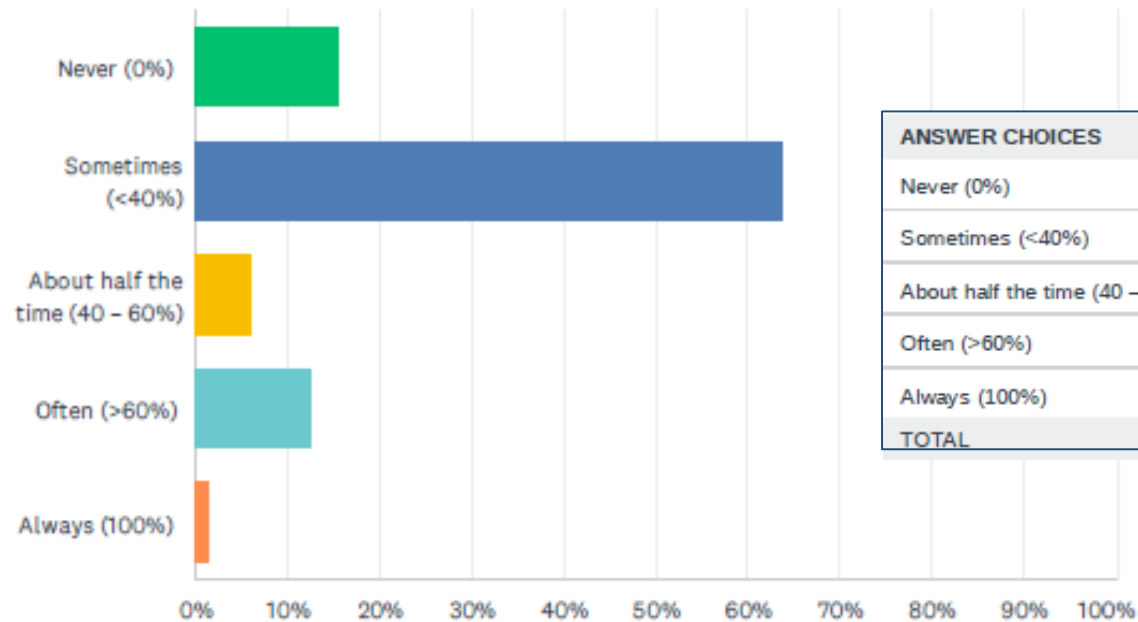
### 2023 Provider Survey for Telehealth

	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

# Provider Survey- Technology issues during telehealth visits?

Q8 How often are technology issues a problem for your telehealth visits?

Answered: 64 Skipped: 79

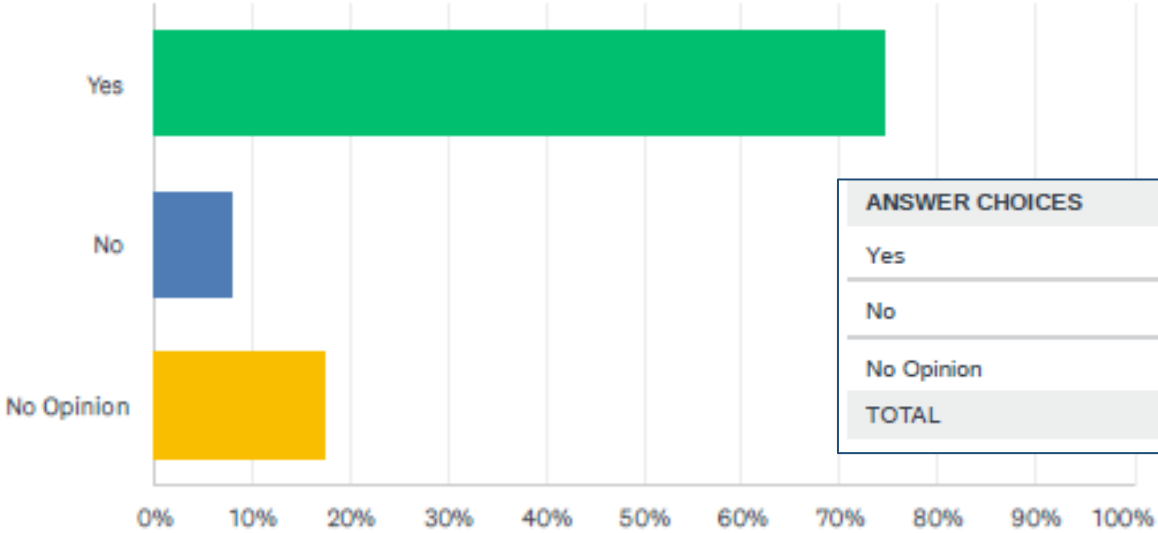


ANSWER CHOICES	RESPONSES	
Never (0%)	15.63%	10
Sometimes (<40%)	64.06%	41
About half the time (40 - 60%)	6.25%	4
Often (>60%)	12.50%	8
Always (100%)	1.56%	1
TOTAL		64

# Provider Survey- Plan to offer more telehealth services

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

Answered: 63 Skipped: 80



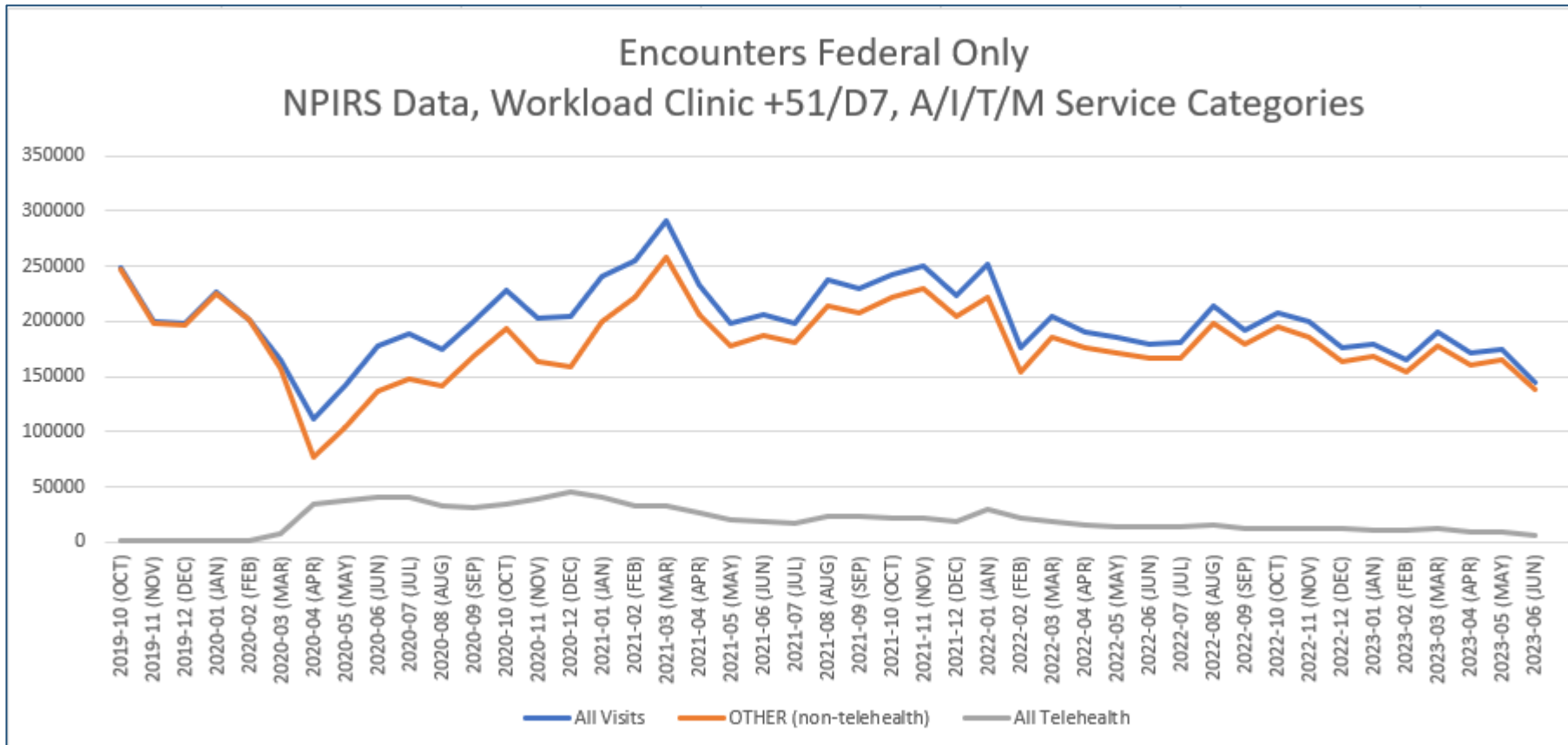
ANSWER CHOICES	RESPONSES
Yes	74.60% 47
No	7.94% 5
No Opinion	17.46% 11
TOTAL	63

# Telehealth Metrics

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# Metrics: Telehealth Encounters (IHS ONLY)

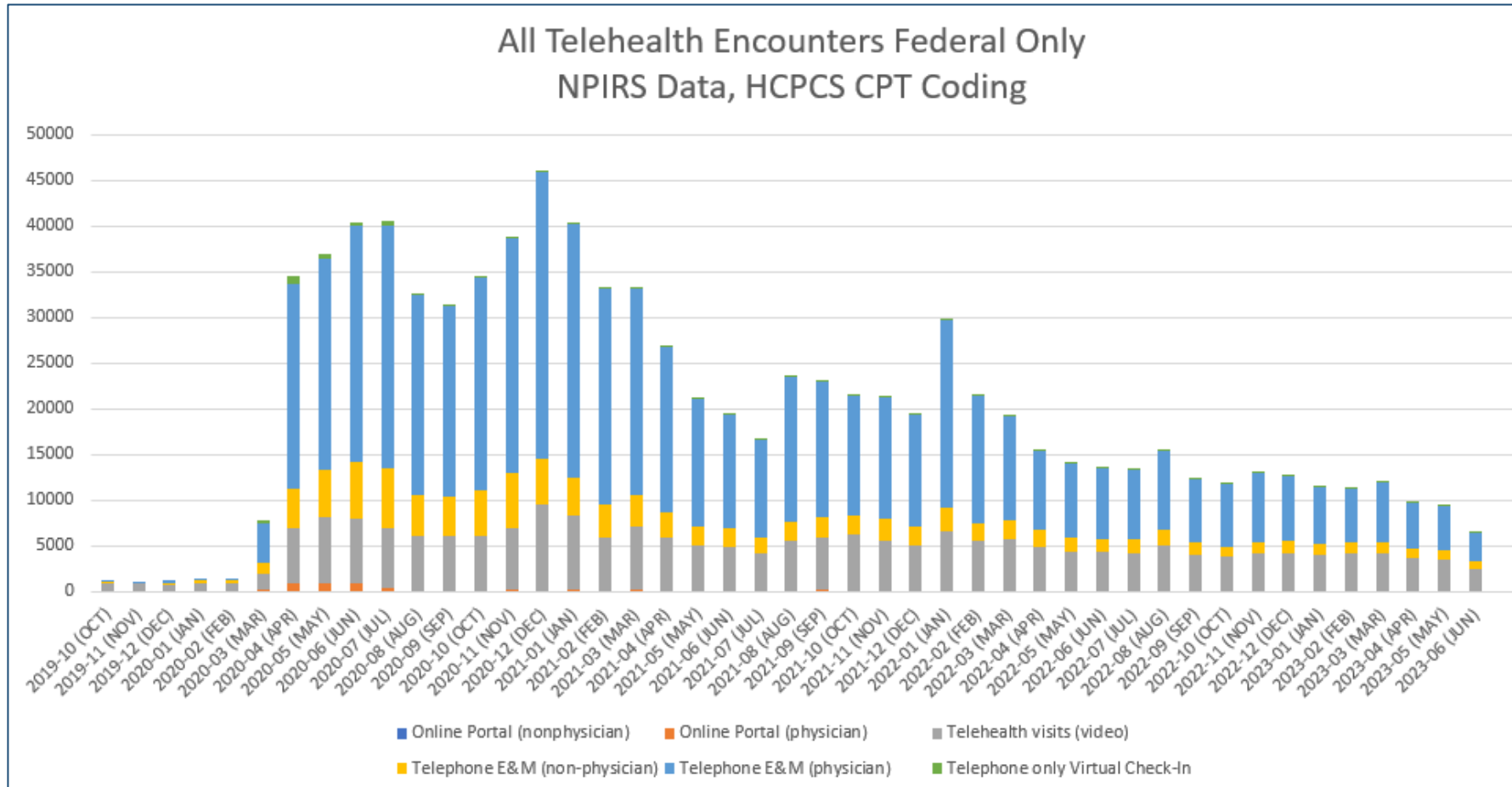


**IHS ONLY**  
**All encounters, the average use of telehealth**

CY 2020 = 16.5%  
 CY 2021 = 10.6%  
 CY 2022 = 8%  
 CY 2023 (Jan-June) = 6%



# Telehealth Metrics- IHS Only



# Telehealth Metrics Summary - IHS Only

From all telehealth encounters:

- **The Average Video Use:**

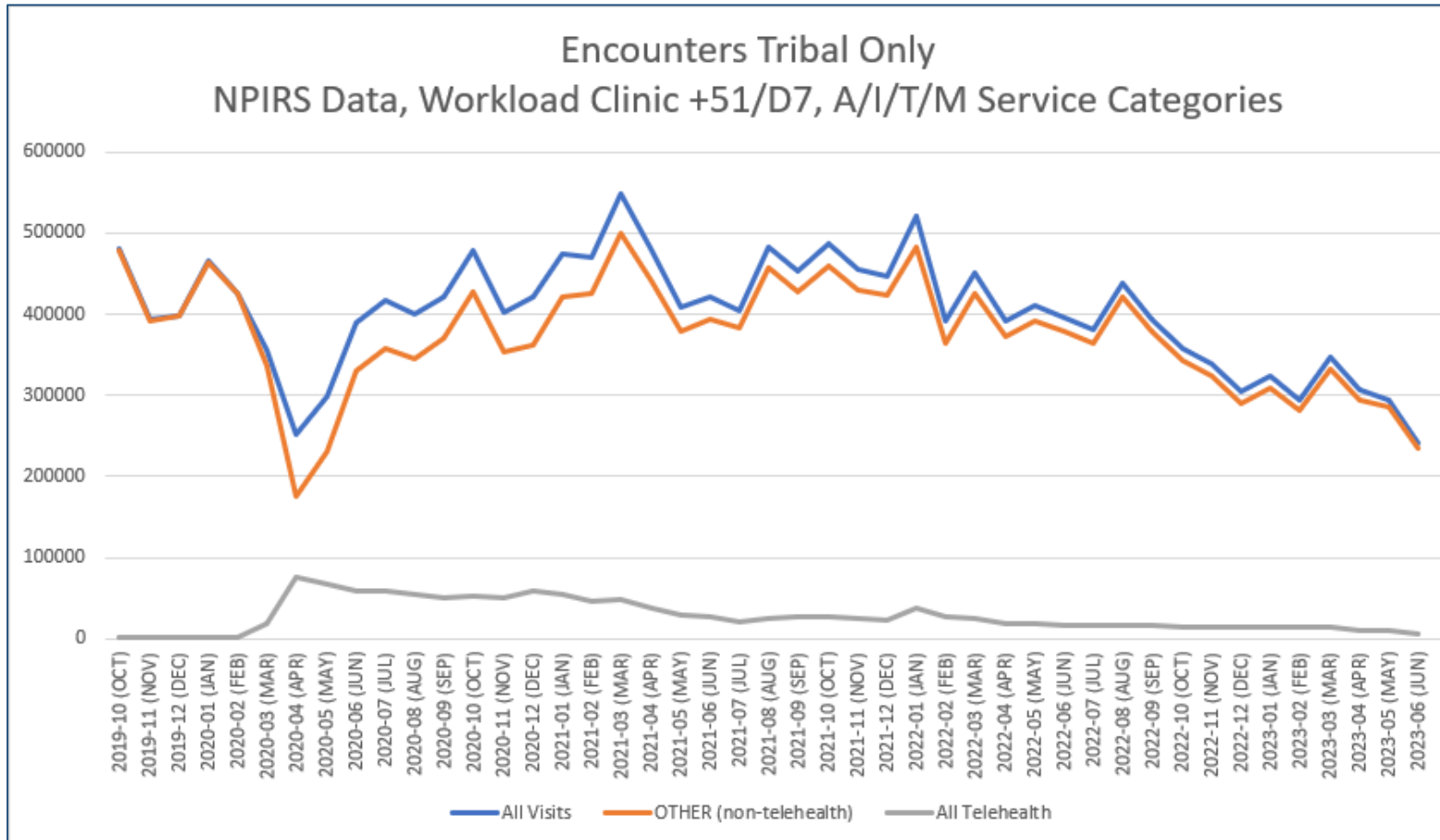
- CY 2020 = 27%
- CY 2021 = 23%
- CY 2022 = 30%
- CY 2023 = 36% (Jan.-June)

- **The Average Audio Only Use:**

- CY 2020 = 72%
- CY 2021 = 76%
- CY 2022 = 69%
- CY 2023 = 64% (Jan.-June)

HCPCS GROUP	2023-01 (JAN)	2023-02 (FEB)	2023-03 (MAR)	2023-04 (APR)	2023-05 (MAY)	2023-06 (JUN)	
All Visits	179520	165299	190365	170954	175337	145298	
OTHER (non-telehealth)	168102	154058	178483	161244	165877	138803	
All Telehealth	11418	11241	11882	9710	9460	6495	
Percent Telehealth	6.4%	6.8%	6.2%	5.7%	5.4%	4.5%	
<b>Video only telehealth</b>	34%	37%	35%	37%	36%	36%	
<b>Phone only telehealth</b>	66%	63%	65%	63%	64%	64%	

# Metrics: Telehealth Encounters (Tribal Only)



## Telehealth Usage (Tribal ONLY)

### CY 2022

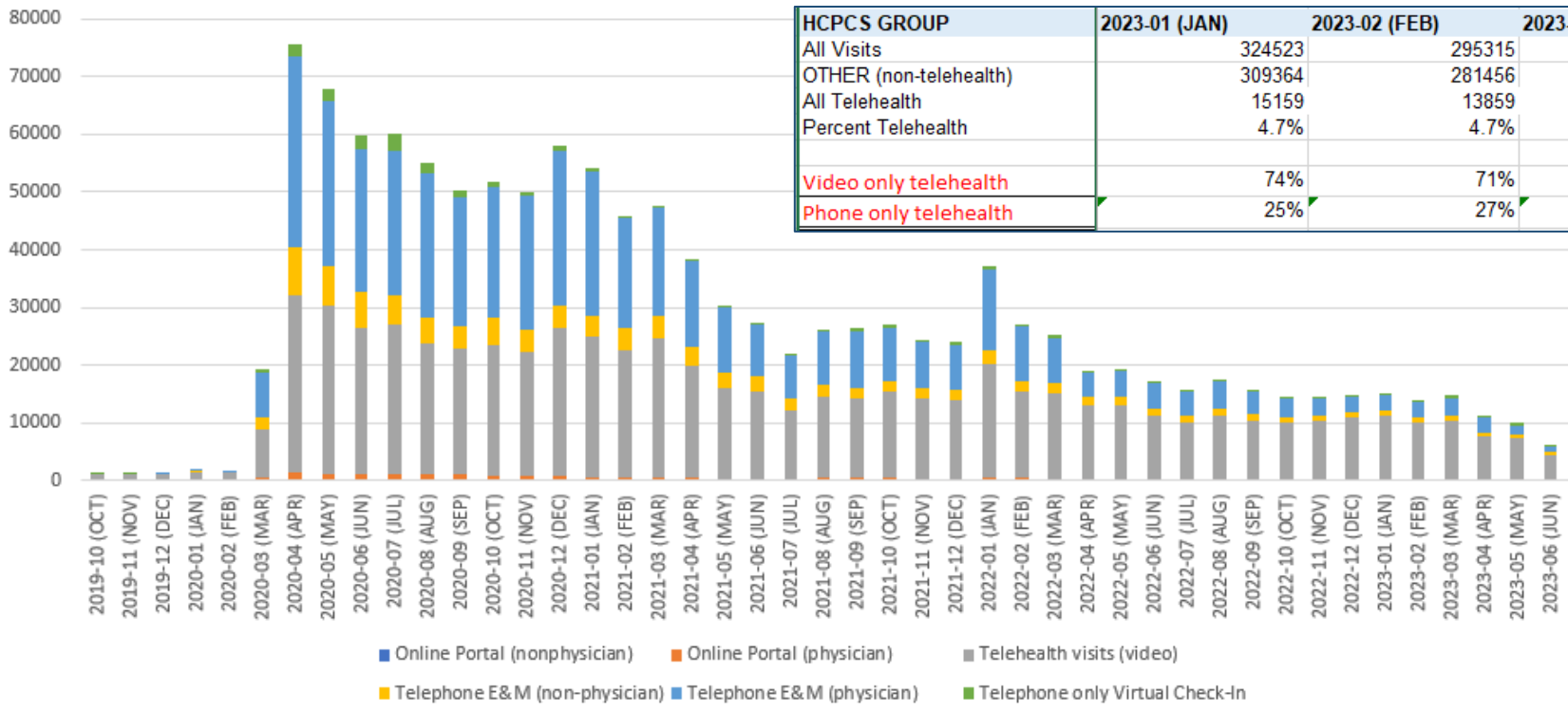
- All encounters, the average use of telehealth was 4.9%
- All telehealth encounters:
  - Average Video Use = 64%
  - Average Audio Only = 35%

### CY 2023

For January – June, for All Encounters, the average use of telehealth was 3.9%

# Telehealth Metrics- Tribal Only

All Telehealth Encounters Tribal Only  
NPIRS Data, HCPCS CPT Coding

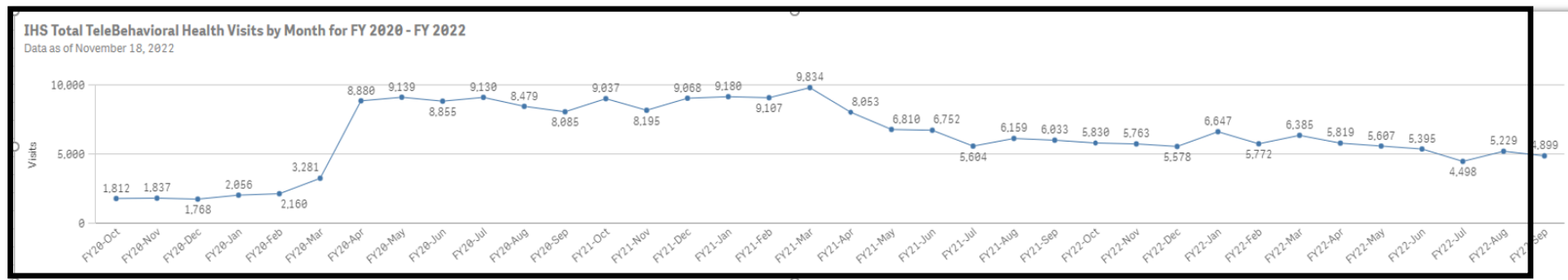


HCPCS GROUP	2023-01 (JAN)	2023-02 (FEB)	2023-03 (MAR)	2023-04 (APR)	2023-05 (MAY)	2023-06 (JUN)
All Visits	324523	295315	346307	306194	294833	241433
OTHER (non-telehealth)	309364	281456	331601	295040	284842	235236
All Telehealth	15159	13859	14706	11154	9991	6197
Percent Telehealth	4.7%	4.7%	4.2%	3.6%	3.4%	2.6%
Video only telehealth	74%	71%	70%	69%	72%	69%
Phone only telehealth	25%	27%	29%	30%	27%	28%

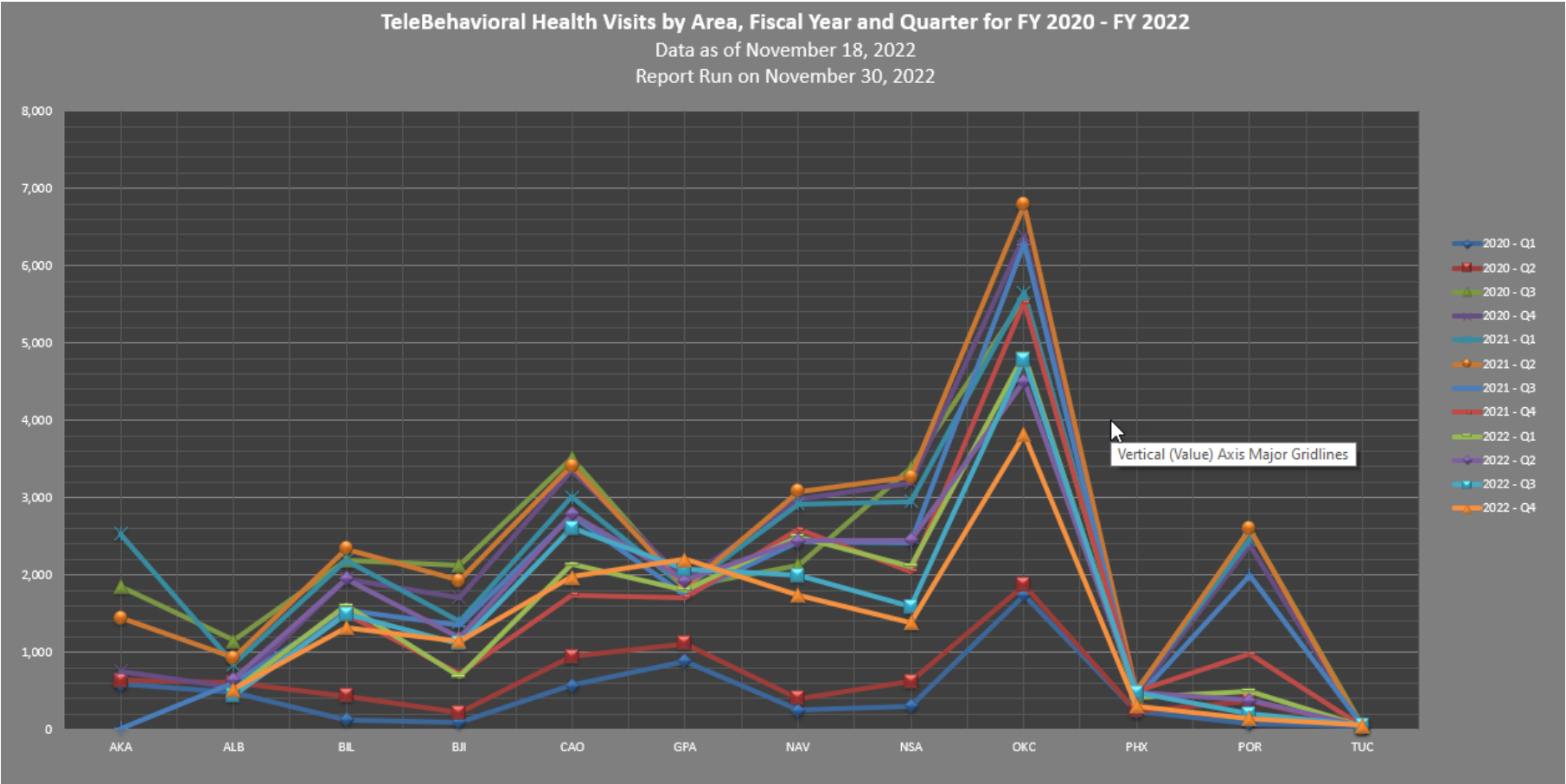
# Metrics: IHS Telebehavioral Health Center of Excellence (TBHCE)

TBHCE- **Dr. CHRIS FORE, Director**

- Data from across Indian Country
- Includes C9 Telebehavioral Health Clinic Stop Code
- Website link <https://www.ihs.gov/telebehavioral/>
- Metrics FY2020- FY2022 Telebehavioral visits were 226,735 (all IHS, not just TBHCE)



# IHS TeleBehavioral Health Visits by Area





# IHS Teleophthalmology Program

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- **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 - 24,456 (estimated)
- Deployments 2023 - 14 new sites (deployed or in process)
- Resource Information: <https://www.ihs.gov/teleophthalmology/>

# AA RingMD CVT Implementation

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KEITH BUCK PROJECT MANAGER, ADVANCIA AERONAUTICS – RING MD JV, LLC

JACQUELINE DENT SUPPORT OPERATIONS MANAGER, ADVANCIA AERONAUTICS  
– RING MD JV, LLC



# Implementation Processes

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

# Implementation Processes (continued)

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- **Created IHS custom system training materials**
  - 10 IHS role-based training videos
  - Four (4) comprehensive role-based training guides
  - 40 quick reference guides
- **Conducted 53 training sessions (358 personnel trained as of 7/25/23)**
- **Implemented 24/7 user support**
  - Quick access to Chatbot support
  - Access to AA RingMD live agents (via chat or 800#)
  - Developed and implemented IHS Service Now workflows

# AA RingMD Evaluation and Enhancements

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## **Conducted Lessons Learned; analyzed/captured feedback**

Configured AA RingMD to:

- Support additional guests, providers, and admins in a scheduled telehealth session
- Allow an Admin role (Support Staff) to open a session (host)
  - Allows the host to transfer the session to another host (Support Admin or Provider role)
- Provide session hosts the ability to delete all chat and file share data (Clean the Room)
- Support post-PHE messaging compliance via system-generated messaging for appointment reminders, re-scheduling, and cancellation
- Allow SuperAdmins the ability to create and manage system announcements that will display for all users upon accessing the site

# AA RingMD Metrics

## System Metrics (from October 31, 2022 - July 22, 2023)

- **899** patient and staff accounts created
- **2149** telehealth sessions conducted
- **652** AA RingMD support contacts resolved or elevated to Division of IT Tier III

Account Maintenance (Weekly #s)	Sum Totals	6-May-23	13-May-23	20-May-23	27-May-23	3-Jun-23	10-Jun-23	17-Jun-23	24-Jun-23	1-Jul-23	8-Jul-23	15-Jul-23	22-Jul-23
# IHS SuperAdmin Accounts	3	0	0	0	0	1	0	0	0	0	0	0	0
# IHS Provider Accounts	230	9	22	16	1	3	3	5	2	3	0	5	2
# IHS Local Admin Accounts	178	13	25	2	38	0	0	0	2	2	2	6	1
# IHS Patient Accounts	488	19	29	27	3	19	24	21	10	21	10	34	77
<b>TOTAL (Staff &amp; Patient Accounts)</b>	<b>899</b>	<b>41</b>	<b>76</b>	<b>45</b>	<b>42</b>	<b>23</b>	<b>27</b>	<b>26</b>	<b>14</b>	<b>26</b>	<b>12</b>	<b>45</b>	<b>80</b>
<b>TOTAL (IHS Staff ONLY)</b>	<b>411</b>	<b>22</b>	<b>47</b>	<b>18</b>	<b>39</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>11</b>	<b>3</b>
Weekly Usage #s (not cumulative)	Sum Totals	6-May-23	13-May-23	20-May-23	27-May-23	3-Jun-23	10-Jun-23	17-Jun-23	24-Jun-23	1-Jul-23	8-Jul-23	15-Jul-23	22-Jul-23
# Completed Consultations	432	11	22	33	26	28	30	31	18	24	15	15	21
# AD Hoc Calls Conducted	1717	51	75	149	133	110	141	126	74	95	71	125	93
<b>TOTAL</b>	<b>2149</b>	<b>62</b>	<b>97</b>	<b>182</b>	<b>159</b>	<b>138</b>	<b>171</b>	<b>157</b>	<b>92</b>	<b>119</b>	<b>86</b>	<b>140</b>	<b>114</b>
# Consultations Failed	24	2	2	0	2	0	2	1	1	1	1	0	0
# Consultations Canceled	78	7	3	9	6	2	0	4	2	10	3	1	0
# Consultations Expired	495	21	32	34	45	22	26	30	19	22	15	9	33
<b>TOTAL</b>	<b>597</b>	<b>30</b>	<b>37</b>	<b>43</b>	<b>53</b>	<b>24</b>	<b>28</b>	<b>35</b>	<b>22</b>	<b>33</b>	<b>19</b>	<b>10</b>	<b>33</b>

# Post Public Health Emergency

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TERESA CHASTEEN, RHIT, CLINICAL INFORMATICIST, BEMIDJI AREA, IHS

JENNIFER FARRIS, MHSA, MJIL, RHIA, CHPS, HIM CONSULTANT/PRIVACY  
OFFICER/FOIA COORDINATOR, OKLAHOMA CITY AREA OFFICE, IHS

# Telehealth Note Template Segment

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- Developed by Oklahoma Area
- Multidisciplinary approach
- A note template segment part of a Clinicians Progress Note
- Ensure note template includes start/stop time or total time of visit



# Telehealth Elements Post PHE

Template: Telehealth Elements Post PHE

<----- Click here if this was a telemedicine visit

Service provided via telehealth.

Patient  verbally gives consent to receive services for this encounter via

\*

Telemedicine using Cisco Meeting (audio/video).

Telemedicine using AA RingMD (audio/video).

Telephone (audio only).

Patient's information:

Patient's phone number: 405-555-1234 (home)

Patient's address: 2509 W COMMERCIAL ALB, NM 87119

Emergency contact name and address: DEMO, LETETIA LYNN ,

Emergency contact phone number: none on file

RUBIN, AMY D PHARMD, provider of services, was located:

\*

[Add clinic name here]

Provider's home

Other:

DEMO, BETTY RAE, patient receiving care, was located:

\*

[Add clinic name here]

Patient's home (address listed above)

Patient's home (corrected address)

Other:

Please document other individuals present during the encounter OR other emergency contacts in space provided below when applicable.

Pre-visit screening  was  was not performed.

Physical exam deferred due to nature of the visit.

Abbreviated physical exam performed due to nature of the visit.

# Post Public Health Emergency Planning

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- Multidisciplinary approach to develop one-page planning guide
- Multidisciplinary approach at your facility
- Data Management Review
- Review of Telemedicine Services
- Review and update CPT Superbills
- Check with your payers
- Review documentation workflow and business processes
- Authentication of Orders
- Review regulations for Telehealth for your State
- Review Coding Guidelines for Telehealth





# Lessons Learned

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- For any new Telehealth Service, we recommend you take a team approach to new workflow and business processes
- Ensure appropriate staff are aware of new changes
- Recommend HIM/Coding Staff routinely review and audit visits



# Documentation Standardization Efforts, including Clean-up

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CYNTHIA LARSEN, PROGRAM ANALYST, ORAP/ DIVISION OF BUSINESS OFFICE  
ENHANCEMENT HQ, IHS

# Telehealth Documentation Standardization and Clean-Up Efforts

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## **What:**

- In implementing a more widely used Telehealth Platform upon the PHE, it was found that there was a lot of diversity in how we Code, Capture, Count, and Bill for Telehealth Services.
- Documentation Standardization and Billing Guidelines were developed, webinar provided in May 2020 and data shared in late 2020.

## **Clean-Up – Why?**

### **Financial:**

- Miss capturing/counting can impact the Budget because items may or may not have been counted as Workload Reportable
- Improper Billing could occur – billing for items we shouldn't have or not billing for services we should have.

### **Statistical:**

- Impacts counts used for workload & for the calculation of the Medicare & Medicaid OMB rates (for Feds and Tribes)

### **Legal :**

- Certain Requirements are necessary to ensure we are in compliance with different Programs.
- Medical Record should reflect what actually happened & should be documented, coded, captured, & counted correctly.

### **Clinical:**

- Impacts to the care provided. Documentation and Consistency are key!

# Priorities of Clean-Up

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**Priority 1** – SC = T or C with a TH E/M Code – Not Workload Reportable, Financial Impact (Billing), Not Accurately Counted for OMB Rate, Legally may not be correct (Documentation Requirements).

**Priority 2** – SC = M without a TH E/M Code – Now Workload Reportable, Financial Impact (Billing),

**Priority 3** – SC = Other than T, C, or M. – No impact on Workload, Not easily Identifiable for OMB Rate, etc.

**Priority 4** – SC = T, not CC 51, with no TH E/M Code. Not Workload Reportable. Need to check the validity of these visits. Were they coded/captured correctly?

**Priority 5** – SC = Not equal to T, with CC 51. Not Workload Reportable. Need to check the validity of these visits. Standardization. Were these coded/captured correctly?

**Priority 6** – SC = M with TH E/M Code. Appear to be coded/captured correctly, depending on what you find in other Priorities, may want to review these as well. Impact OMB Rate if not captured/counted correctly.

# Status of Clean-Up Analysis

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Analysis on approximately 100 Federal Facility Data was performed using FY20 and FY21 Workload. Training and “hand off” was completed for all of those facilities.

Most sites have reported “clean up” being completed and lessons learned.

**The results of that Analysis for FY20 and FY21 are as follows:**

Year	Analyzed	Visits Possibly Telehealth	Considered High Priority
FY20	6.5 million	350,000	110,000
FY21	7.2 million	480,000	100,000

Doesn't appear to be a lot of improvement, but if you look at overall TH visits, we have improved.

As of today, a decision to continue the Analysis for FY22 has not been determined; however, sites need the data every year for clean-up efforts.

# AA RingMD Tier III Support

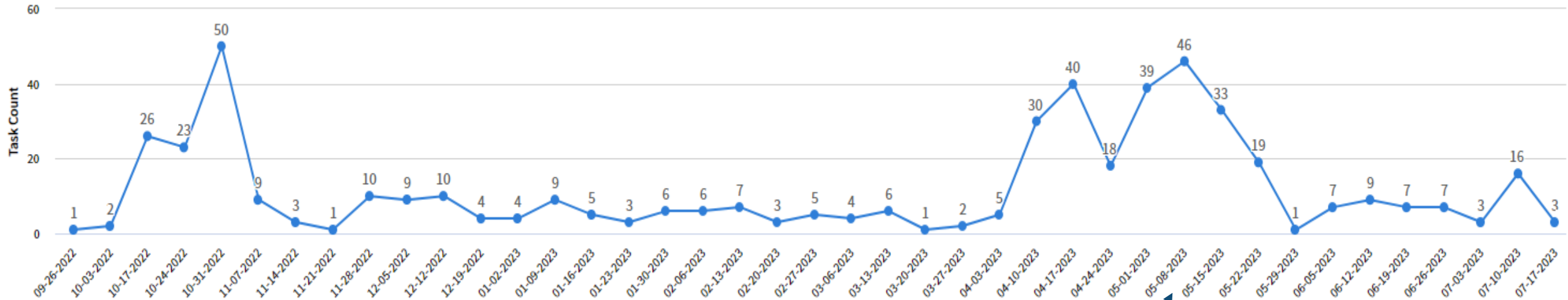
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SLIDES DEVELOPED BY:

SCOTT BABCOCK, DITO, APPLICATION SERVICES SUPERVISOR, IHS

JACOB FALLING, DITO, APPLICATION SERVICES SYSTEM ADMINISTRATOR, IHS

# AA RingMD License Requests

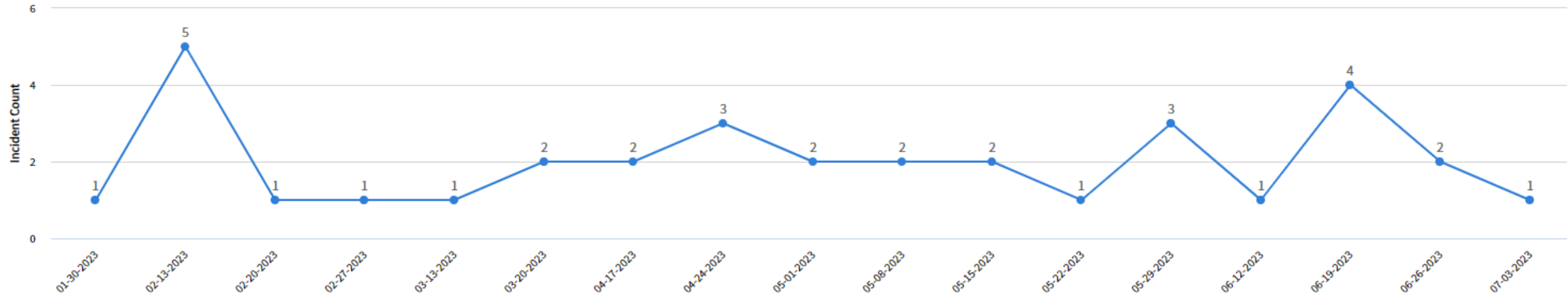


Total ServiceNow License Requests: 440

End of PHE  
5/11/23



# AA RingMD Incidents



Total ServiceNow Tier III Incidents: 34





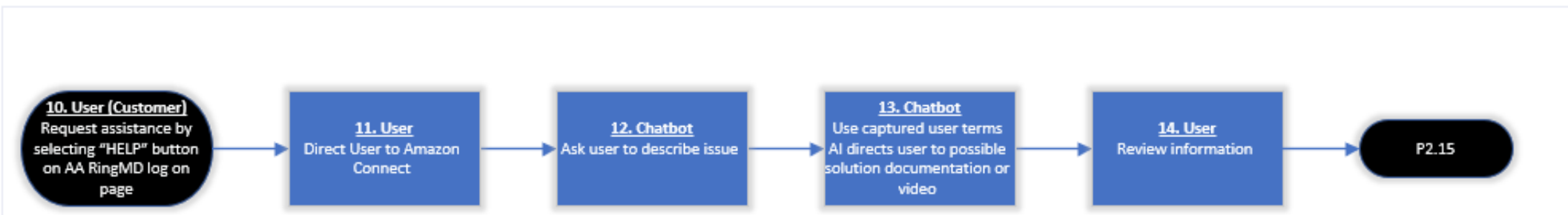
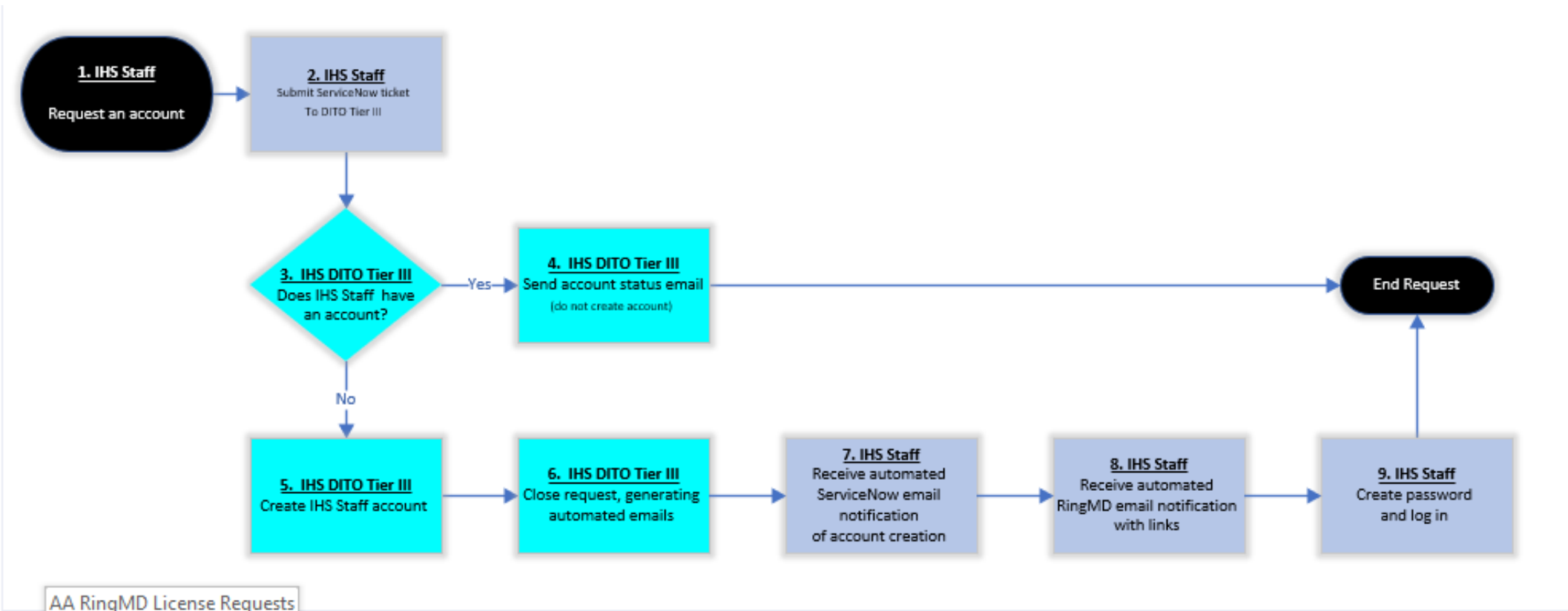
# AA RingMD Common Issues & Trends

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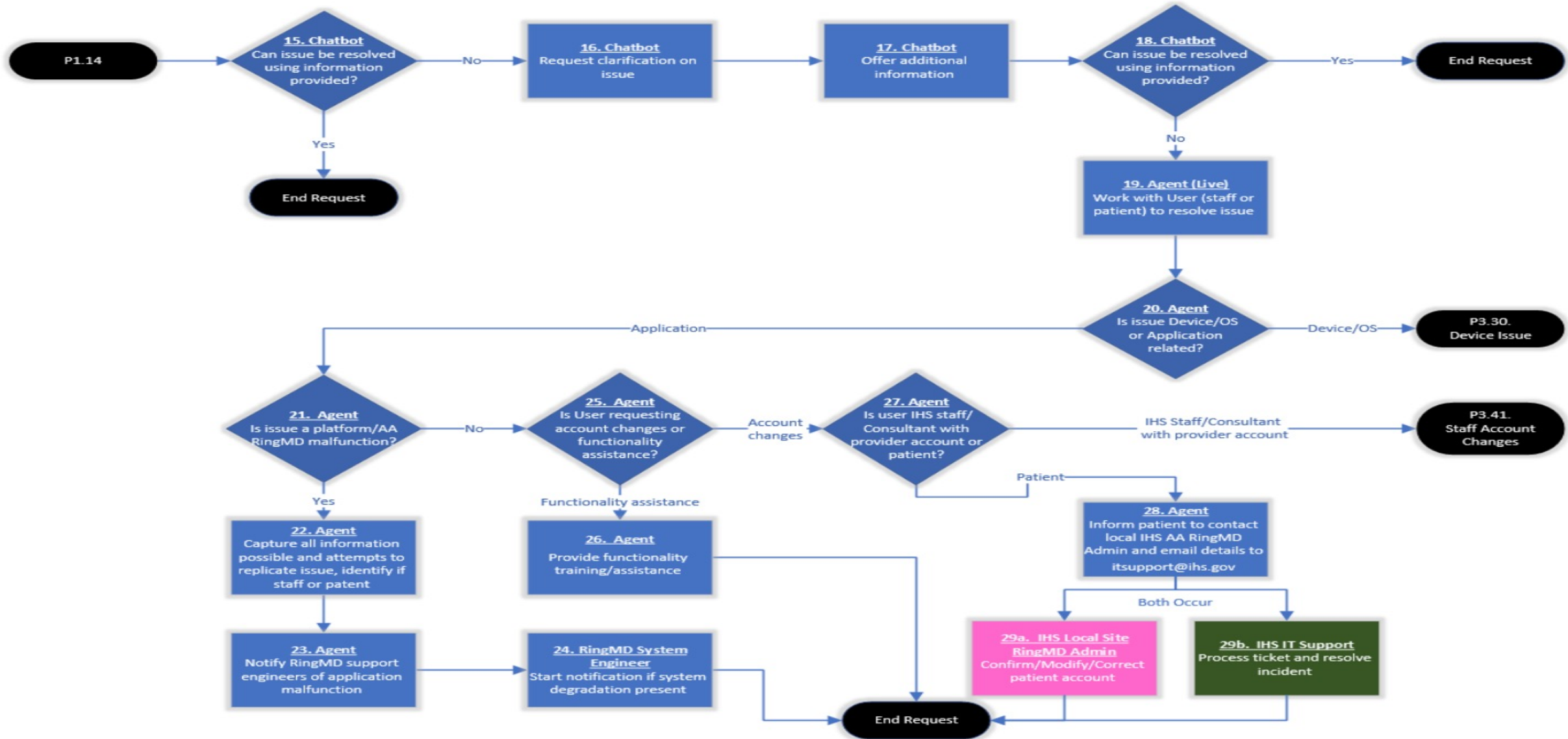
- Provider and admin license requests
- Providers Requesting the ability to create patient accounts
- Users not getting authentication (2FA) email



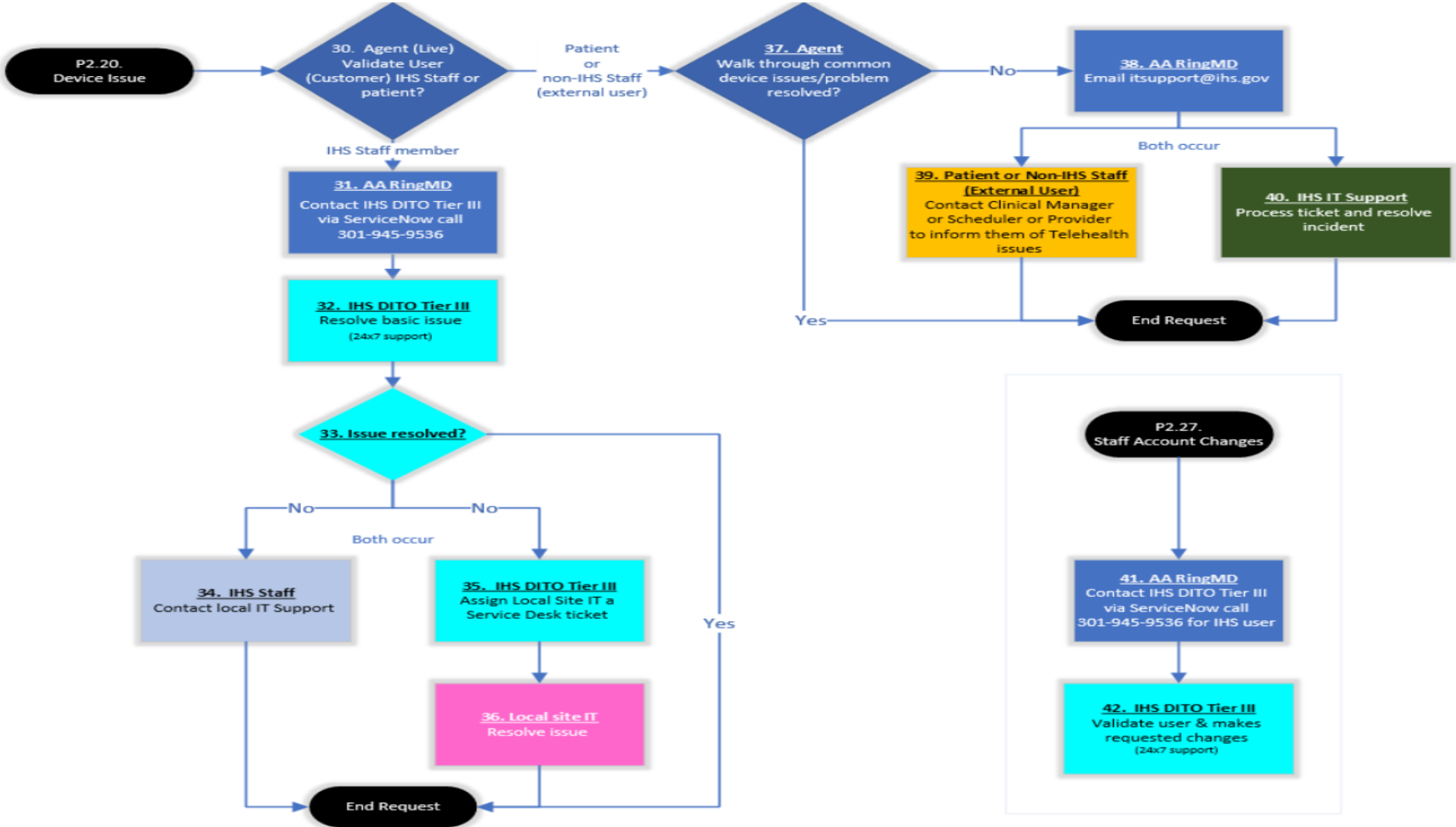
# IHS/AA RingMD Customer Support Workflow (P1)



# IHS/AA RingMD Customer Support Workflow (P2)



# IHS/AA RingMD Customer Support Workflow (P3)



# Webex Status

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LT BRENDA STEIGER, IT SPECIALIST, GREAT PLAINS AREA

# Webex Operations and Maintenance

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- Services went live in November 2021
- Fully approved Authority to Operate (ATO) signed February 2023
- Annual Test and Restore completed July 2023
- 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

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

# Webex Usage July 2022-June 2023





# Webex Device Examples



Webex DeskPro



Cisco SX10



Thinklabs One Stethoscope



JedMed Horus Scope



# AVEL Update

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CDR. DARLA MCCLOSKEY, PHD., MPH, BSN

# Great Plains Area Avel Telehealth Integration into IHS Services

- 2016- 2022 Avel Telehealth Contract in Great Plains Area total of \$32.1 million at the end of the contract (does not include other areas that utilize Avel services)
- GPA 2022-2023 Utilization scheduled- 11,572 with 5,485 completed visits, as of June 2023 estimated expenditures \$5.7 million.
- Billings Area 2022-2023 had its own contract: but all providers are managed by GPA COR, enter D1 accounts, utilization scheduled 7,519 with 3,379 visits

## Administrative next stage activity :

- IHS policy changes to background processes to SCL, SailPoint, IPP, IT connectivity, and PIV cards.
- Developing procedures for each step of these processes, including coding and billing to make sure facilities are reimbursed by 3<sup>rd</sup> party payor/review cost saving to PRC.

### Specialty Clinic (outpatient) Services

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

### Emergency Services

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

# Next Steps in Programing, Utilization and Oversight

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- GPA facilities continue to move toward meeting patients where they are, connecting to patients via video chat or, phone, and integrating telemedicine concepts into the routine health services provided by GPA. The need continues to grow, especially in rural, isolated areas but this will also allow GPA to provide services to urban areas.
- Equipment GPA is now purchasing their own equipment, with parts and supply being maintained by the area office. This will be an added cost.
- Routine analysis oversight of Specialty clinic, ER consult services, and scheduling.
- Tracking and monitoring coding and billing to make sure all facilities are getting reimbursed.
- Utilization of shared files to manage Security Clearance (SCL)/background documents to improve clearance time for providers.
- Implementing survey monkey questionnaires for patients and staff to improve compliance and access to services.

# Lived Experience: Using Telehealth

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SLIDES DEVELOPED BY:

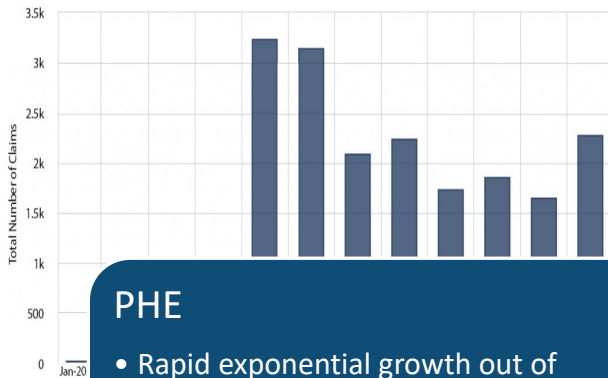
NAOMI H. HIXSON, AU.D., CCC-A/SLP

DIRECTOR OF FIELD AND TELEMEDICINE SERVICES (ACTING)

CHIEF OF AUDIOLOGY

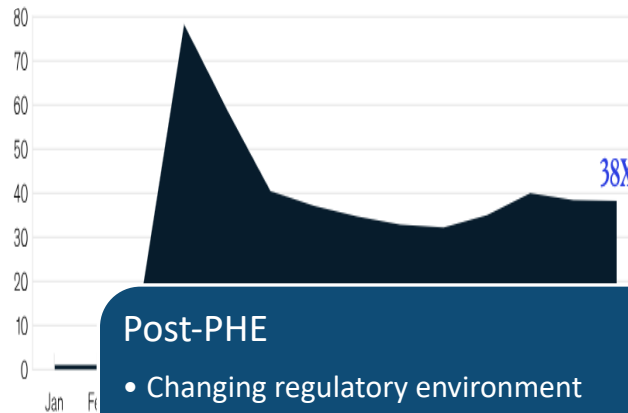
# Telehealth Expansion Reactive to Active to Proactive

Telehealth Utilization Trend, 2020



## PHE

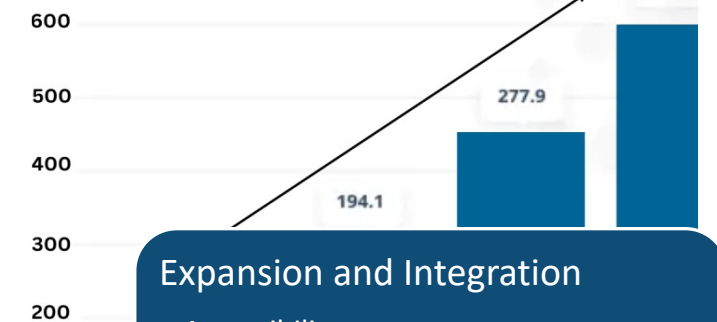
- Rapid exponential growth out of necessity
- Reduced disease exposure
- Reduced resource demand
- “Make it Work” innovation
- Maximum flexibility



## Post-PHE

- Changing regulatory environment
- Stable usage
- Data analysis and reflection
- Policy, procedure, and application
- Remodeling organizational structures

Telehealth Market Statistics



## Expansion and Integration

- Accessibility
- Types of care
- Re-envisioning care models
- Evidence-based practice
- Quality improvement
- Patient and provider resources



# Phoenix Indian Medical Center (PIMC): PHE Reaction

- Acquiring equipment and modifying workspaces
- Evolving SOPs with frequent communication to organization
- Testing innovative clinic workflows
- Juggling reassignments and staffing shortages
- Temporary changes to service delivery with immediate modifications prn
  - Diabetes Journey of Wellness – group based, multi-departmental collaborative model
    - PCP, Diabetes Educator, Nutritionist, CCC, Pharmacist, Physical Therapy, etc.
    - Transitioned to phone calls, call passed to each HCP
  - Audiology
    - Transitioned to phone calls to determine needs and if patient could be seen curbside
    - Began process of setting up patients for remote programming
    - Began acquisitions and planning for TeleAudiology clinic
  - BH
    - All visits through Telehealth
- Telephone triage for All Departments

Telehealth Utilization Trend, 2020

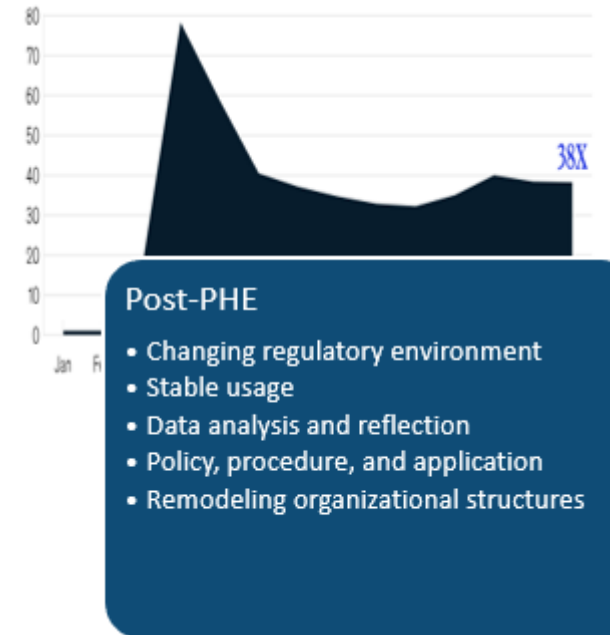


## PHE

- Rapid exponential growth out of necessity
- Reduced disease exposure
- Reduced resource demand
- “Make it Work” innovation
- Maximum flexibility

# PIMC: Active Post-PHE

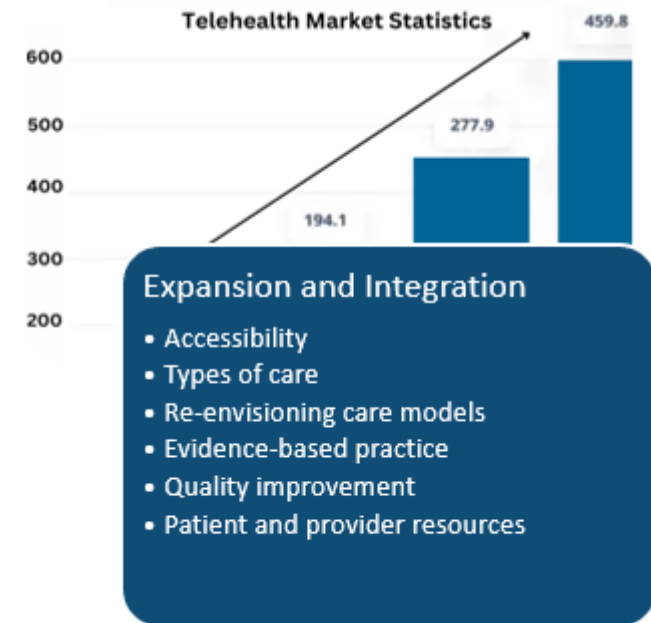
- “Finding our footing”
  - Tracking legislation
  - Tracking CMS changes
  - Addressing organizational needs for sustainable implementation
  - Patient needs and expectations
- Integrating multiple systems into outpatient workflows
  - EHR
  - Scheduling, patient correspondence, appointment notification and reminders
  - Telehealth platforms
- Some departments have transitioned to Telehealth as a convenience option for patients
  - PCMC and Peds – offer hybrid delivery for patients with chronic disease or routine f/u
  - BH – offer hybrid delivery
- Some departments have permanently changed care models to include Telehealth appointments
  - Anesthesia – all pre-op calls are telephone
  - Audiology –TeleAudiology clinic in transition to new location, remote programming
  - Nutrition
- Some departments have goals to implement more Telehealth, but are still “catching up” from COVID-19





# PIMC: Proactive/ Normalizing Telehealth

- Systems are in place, taking action on bigger picture healthcare
  - Getting patients access
    - Assign equipment to patient cohorts
  - Telehealth equipment use at patient's home – standardized RPM systems
    - Mats for ulcer monitoring
    - Hearing aids as pedometer
    - BP monitors, pulse oximeters
- Application of evidence-based care with telehealth delivery
- Staffing and establishing clinic-to-clinic Telehealth across IHS
- Plan Do Study Act (PDSA) and Quality Assurance/ Performance Improvement
  - Culturally competent patient support and resources for connecting via Telehealth
- Provider training and resources



# IHS HIT MOD EHR Modernization WRAP Update Business Process Modeling

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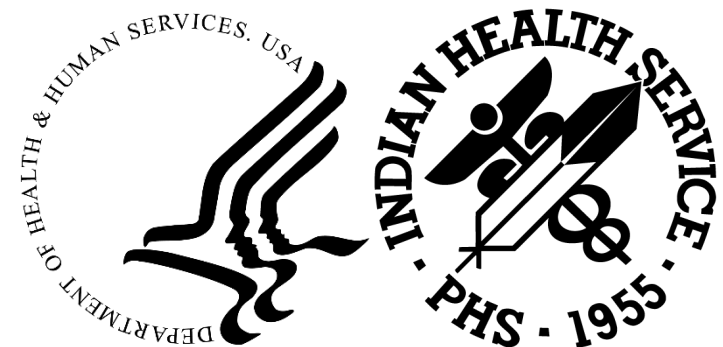
DAVID TAYLOR MHS, RPH, PA-C, RN  
IHS OIT INFORMATICS DEPLOYMENT



# EHR Modernization What Can We Do Now?

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HIT MODERNIZATION & INNOVATION



# Health IT Modernization

## December 2022 CIO Newsletter – Jeanette Kompkoff

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- We've all been hearing a lot about health information technology (IT) modernization and the coming replacement of the Resource and Patient Management System (RPMS), and some very reasonable questions to ask include:
  - “When is all this going to happen?” **and**
  - “What do we need to do to get ready?”
- In this article, we'll focus on that second question.
- Actual go-live of the first few sites is **more than two years** away, but there are things that our organizations can do to prepare for what is coming.

# Health IT Modernization - What We Can Do Now?

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

# Standardization - EHR Modernization

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- Telehealth – PHR – AA RingMD
- CHIT 2015 (Certified Health Information Technology)
- HL7 Data Transmission
- COVID-19 Vaccine CDC-IHS Data Management
- 21<sup>st</sup> Century Cures Act (21 CCA – Cures Bundle)
- IHS Four Directions Warehouse (4DW)– PAMPI & Migration of Data
  - Problems
  - Allergies
  - Medications
  - Procedures
  - Immunizations

Resource: <https://www.ihs.gov/hit/>

# EHR Business Process Modeling

## MITRE Corporation

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RYAN LUGINBUHL, MD

ANDY REGIEC, ENTERPRISE ARCHITECT

WEDNESDAY, AUGUST 23, 2023



# Telehealth: A System of Systems

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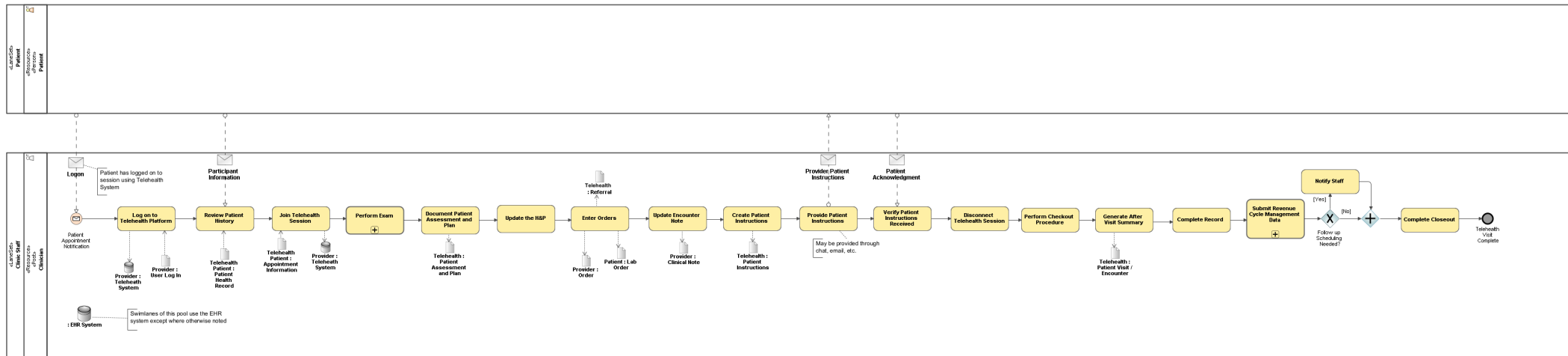
TELEHEALTH COMBINES WITH A COLLECTION OF OTHER SERVICE LINES TO CREATE A NEW, MORE COMPLEX SYSTEM WHICH OFFERS MORE FUNCTIONALITY, POTENTIAL FOR SCALED IMPACT IN REMOTE PLACES, AND OPPORTUNITIES FOR REVENUE CYCLE MANAGEMENT THAN SIMPLY THE SUM OF THE CONSTITUENT SERVICE LINES



# Telemedicine, Remote Visit

DRAFT MODEL – For Informational Purposes Only

Diagram name	Perform Remote Telehealth Visit
Author	ckendrick
Creation date	8/19/23, 10:50 AM
Modification date	8/14/23, 1:05 PM
Documentation	This model depicts the process of a patient who is at a remote location and has a virtual appointment with a provider.
Completion status	

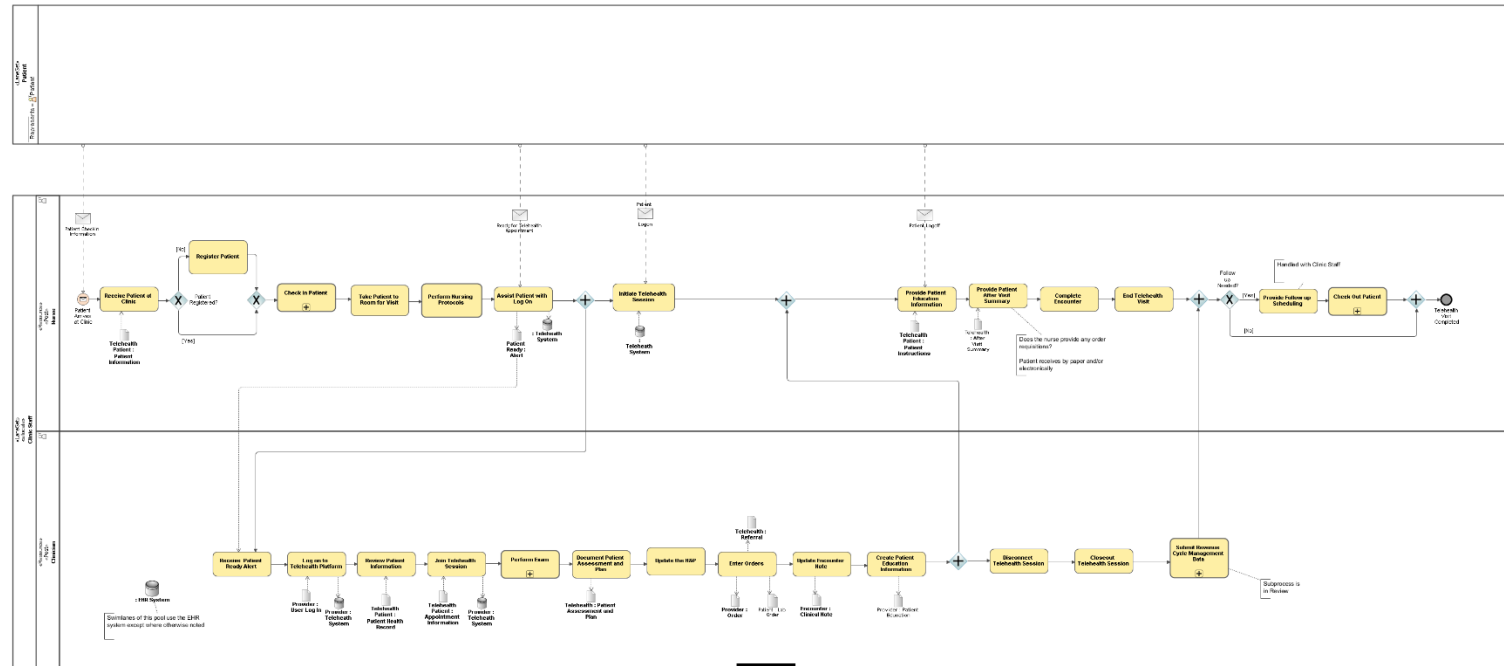


Perform Remote Telehealth Visit DRAFT 14 Aug 2023.png

# Telemedicine, In Clinic

**DRAFT MODEL – For Informational Purposes Only**

Diagram name	Perform In-Clinic Telehealth Visit
Author	Leah Kalk
Creation date	8/10/23, 10:59 AM
Modification date	8/14/23, 1:01 PM
Disciplinarian	This model depicts the process of a patient arriving at a clinic for an appointment with a provider who is a remote location.
Completion status	

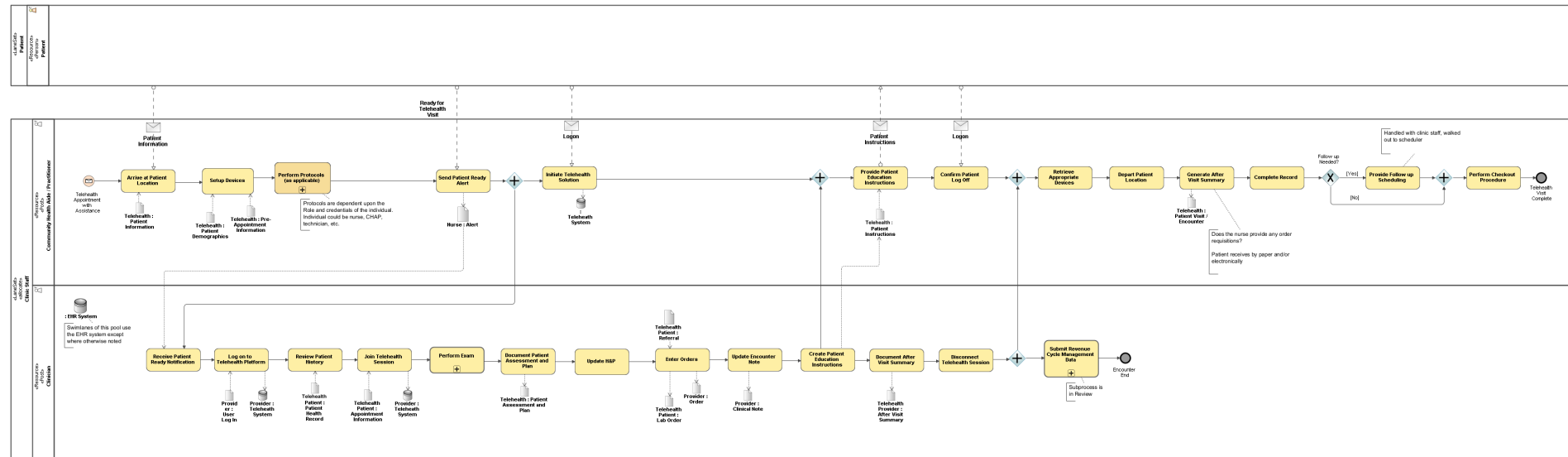


Perform In-Clinic Telehealth Visit DRAFT 14 Aug 2023.png

# Telemedicine, Remote with Assistance

DRAFT MODEL – For Informational Purposes Only

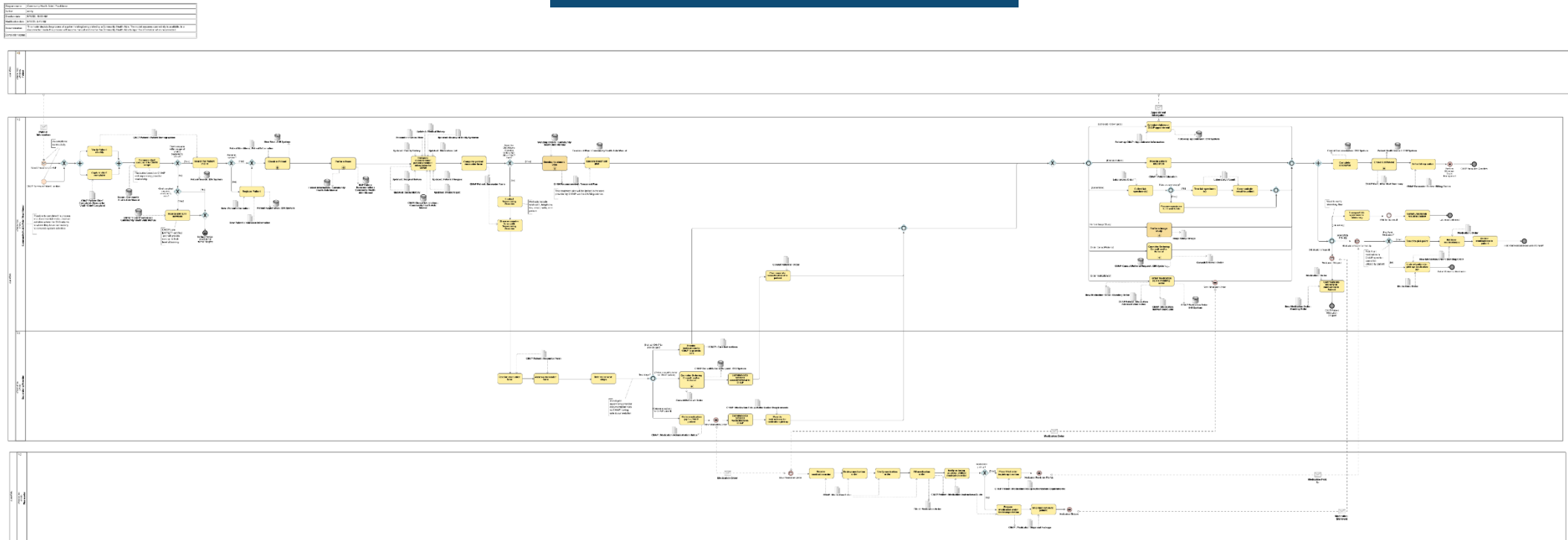
Diagram name	Perform Remote Telehealth Visit with Assistance
Author	ckandrick
Creation date	8/10/23, 10:50 AM
Modification date	8/17/23, 9:43 AM
Documentation	This model depicts the process of a patient who is at a remote location and needs assistance with connecting with the provider for a virtual appointment.
Completion status	



Perform Remote Telehealth Visit with Assistance DRAFT 17 Aug 2023.png

# Community Health Aide / Practitioner (CHA/P)

DRAFT MODEL – For Informational Purposes Only



Community Health Aide \_ Practitioner.png

# EHR Business Process Modeling

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For continued discussion of how business process modeling can be applied to telehealth, please attend the following session:

Telehealth Modeling for Business Office and HIM (Revenue Cycle Management)

Wednesday, August 23, 11:00-12:15 PM ET

# EHR Modernization Business Process Modeling

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*Transforming the way we deliver care begins with realigning our processes*

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



### **IMPROVING CARE DELIVERY**

---

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



### **ENHANCING PATIENT EXPERIENCE**

---

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



### **LEVERAGING DATA TO DRIVE OUTCOMES**

---

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

# WRAP: From Challenges to Opportunities

*With every challenge comes an opportunity*

## CHALLENGES



### **Mastery of the EHR by the User**

Inefficient and disparate processes can present a challenge to initial and ongoing training and compromise EHR mastery



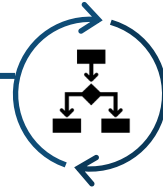
### **Configuring the EHR for the User**

Lack of consistent, rigorous models that do not meet the needs of the user can negatively impact the adoption of the EHR



### **Listening to the User in Decision Making**

Various clinical and business partners, dispersed across the country with unique needs, require consistent and deliberate engagement



## OPPORTUNITY



### **Using the Models for Configuring, Testing, and Training**

Use of models will be continuous and iterative, lasting through the EHR implementation and optimization



### **Leveraging the Models for Vendor Collaboration**

Comprehensive models based on SME engagement will help inform the EHR vendor's configuration efforts



### **Empowering the User Via Engagement**

Through consistent and deliberate engagement with user, models will ensure confidence and ownership in the new technology and form a more personalized EHR experience



# IHS Health Information Technology Modernization Preparation for Vendor

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“Too often clinics believe workflow should only be assessed after a vendor product has been selected and just before the health IT is implemented.”

- **Agency for Healthcare Research and Quality (AHRQ)**

By understanding workflows and preparing for changes to them throughout the planning and implementation process, a clinic is better prepared for the workflow changes postimplementation.



# Workflow Research Alignment Plan (WRAP) Overview

WRAP utilizes Business Process Modeling (BPM) to document shared best practice future-state workflows, supporting the configuration and implementation of the new EHR



## FIELD ENGAGEMENT

Engage IHS, Tribal Health Programs, Urban Indian Organizations (I/T/U) clinicians, business, and technical experts



## COMPREHENSIVE APPROACH

Select specific and complex service lines (e.g., Emergency Department, inpatient care, primary care)



## PARTNERSHIP

Use models to inform system build with new EHR vendor



Identify

Gaps and Inefficiencies



Model

Future State



Build

Configured EHR

# How WRAP Helps HIT Modernization

*WRAP is an ecosystem of tools and methods that allow for...*

## **Shareability:**

Models produced can be utilized and localized by another site or across multiple sites within the Indian Health ecosystem

## **Standardization:**

Rigorous, thorough models creates a common understanding across Indian Health

## **Re-usability:**

Models can be re-used depending on need, location, or uniqueness of site



## **Configurability:**

Models provides the foundation to configure, not customize, an EHR software

## **Interoperability:**

Models can help “connect the dots” between various systems and platforms

## **Extensibility:**

Models are expanded or enhanced through a modular approach, where new functionalities or components can be added incrementally

ULTIMATELY ENHANCING PROVIDER-PATIENT INTERACTIONS

# WRAP Summary

**Phase 1:**  
**Environmental Scan**  
*to collect internal and external information*



**Phase 2:**  
**Conceptual**  
*to form an overarching understanding of each process model*



**Phase 3:**  
**Design and Decide**  
*to map out the future state models with IHS SMEs*

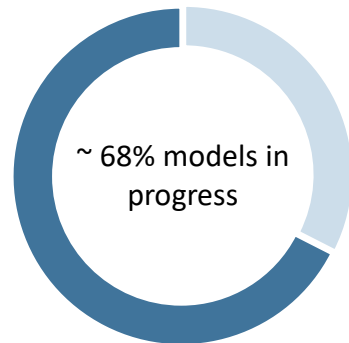



**Phase 4:**  
**Quality Review**  
*to final check process models for clinical and technical accuracy*




**Phase 5:**  
**Approval**  
*to approve models for Governance review and shared with EHR vendor*

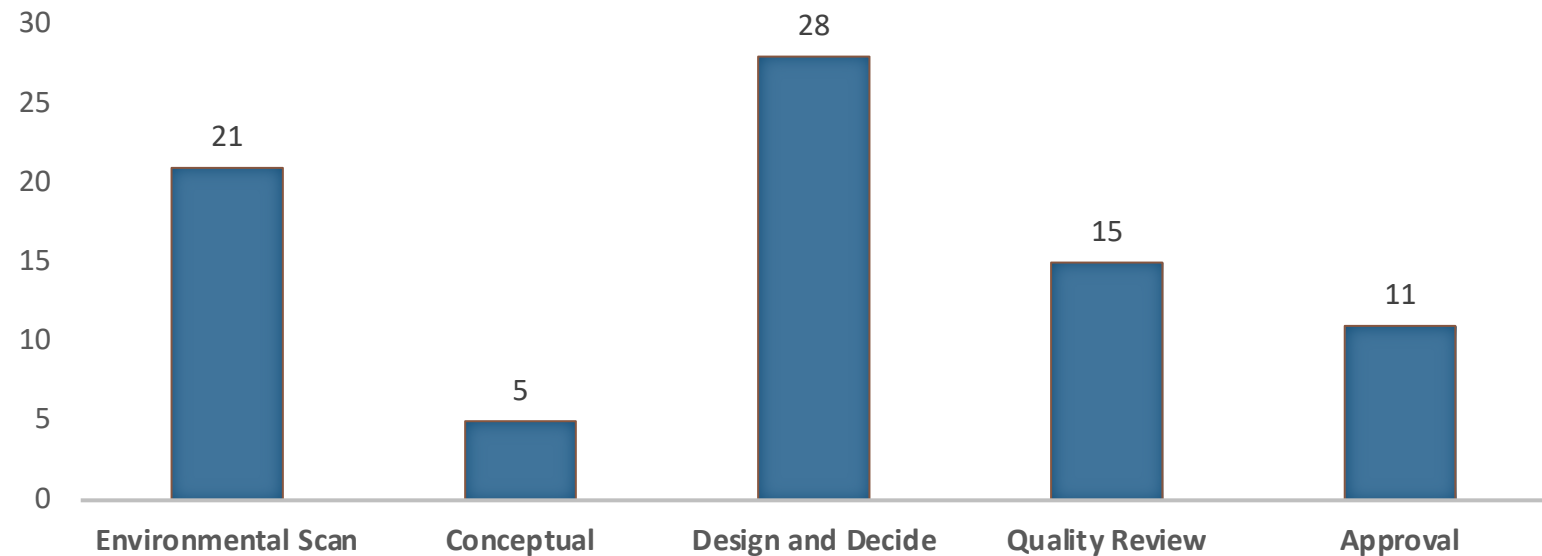
## 80 Process Models Identified



 In progress

 Not Started

## NUMBER OF MODELS IN PHASE



# Prioritization and Categorization of Process Models

Models are prioritized based on 4 distinct criteria, and categorized into 22 service lines, of which 16 are in progress

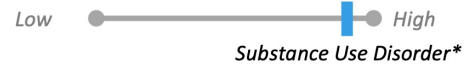
## Criteria for Prioritizing BPM Process Models (via Service Lines)

### 1 Core Functionality



- Essential service to the organization?
- Apart of the core business operations?
- Necessary to fulfill mission?

### 2 Uniqueness to IHS



- Specialized program or focus area?
- Special configuration required in the EHR?

### 3 Volume



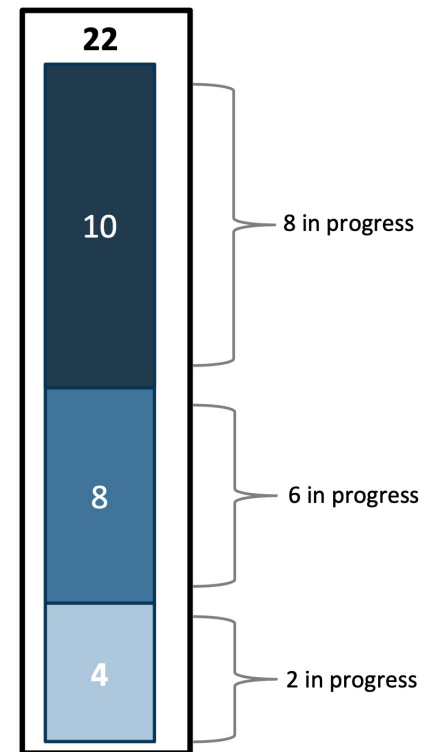
- Number of patients impacted?
- Processes that consume staff time?
- Frequently performed procedures or services?

### 4 High Risk



- Potential for harm to patient or impact to business operations?
- Increase of incidents or errors?
- Complexity of service?

## Total Service Lines



### Care Delivery Services

- Emergency Department\*
- Hospitalization\*
- Labor Delivery Recovery Postpartum\*
- Primary Care\*
- Residential Treatment Centers\*
- Swing Beds
- Substance Use Disorder\*
- Surgery\*
- Telemedicine\*
- Urgent Care

### Support Services

- Community Health Aide Program\*
- Employee Health\*
- Imaging
- Laboratory\*
- Medication Management and Administration\*
- Nutrition\*
- PAMPI\*
- Referral Management

### Business Services

- Population Health
- Public Health\*
- Reporting
- Revenue Cycle Management\*

# Currently Identified Models

*The individual status of the 80 models in scope are listed below (Service Line not listed)*

**Phase 1:**  
**Environmental Scan**  
*to collect internal and external information*

1. Admit to ICU from floor
2. Admit to Surgery from floor
3. Adult Follow up Visit
4. Adult Sick Visit
5. Allergies
6. ICU Medication Management
7. Imaging
8. Immunizations
9. Inpatient Medication Management
10. Medications
11. Pediatric Follow up Visit
12. Pediatric Sick Visit
13. Pediatric Well Child
14. Population Health
15. Procedures
16. Public Health Emergency
17. Referral Management
18. Reporting
19. Surgery Medication Management
20. Swing Beds
21. Transfer to another hospital from floor



**Phase 2:**  
**Conceptual**  
*to form an overarching understanding of each process model*

1. Blood Bank
2. Day Surgery, Post-op
3. Inpatient Revenue Cycle Management
4. Inpatient Surgery
5. Pathology



**Phase 3:**  
**Design and Decide**  
*to map out the future state models with IHS SMEs*

1. Administration Medication and Dispensation
2. Ambulatory Medication Management
3. Behavioral Health Aide
4. Chemistry / Hematology
5. Day Surgery, Day of Surgery
6. Day Surgery, Pre-op (Anesthesia)
7. Drug Dependency Unit
8. ED Boarding
9. ED Observation
10. ED Fast Track
11. ED Transition of Care
12. ED Treatment Decision
13. Fulfill Medication Order
14. Hospitalization
15. Labor and Delivery
16. Microbiology
17. OB Triage
18. Outpatient Revenue Cycle Management
19. Public Health Nurse
20. Public Health Threat
21. Postpartum
22. Problem List
23. Process Medication Order
24. Recovery Post Labor and Delivery
25. Refill Authorization Denial
26. Resolve Adverse Drug Event
27. Urgent Care
28. Youth Regional Treatment Centers



**Phase 4:**  
**Quality Review**  
*to final check process models for clinical and technical accuracy*

1. Adult New Patient
2. Community Health Representative
3. Day Surgery, Pre-op Clinic
4. Dental Health Aide Therapist
5. Emergency Department Medication Management
6. Emergency Department Point of Care Ultrasound (POCUS)
7. Home Telemedicine
8. Home with Assistance Telemedicine
9. In Clinic Telehealth
10. Inpatient RDN Screening and Consult
11. Medical Management of Inpatient Detoxification
12. Medication Review
13. Remote Telehealth
14. Remote Telehealth with Assistance
15. Substance Use Disorder, Primary Care

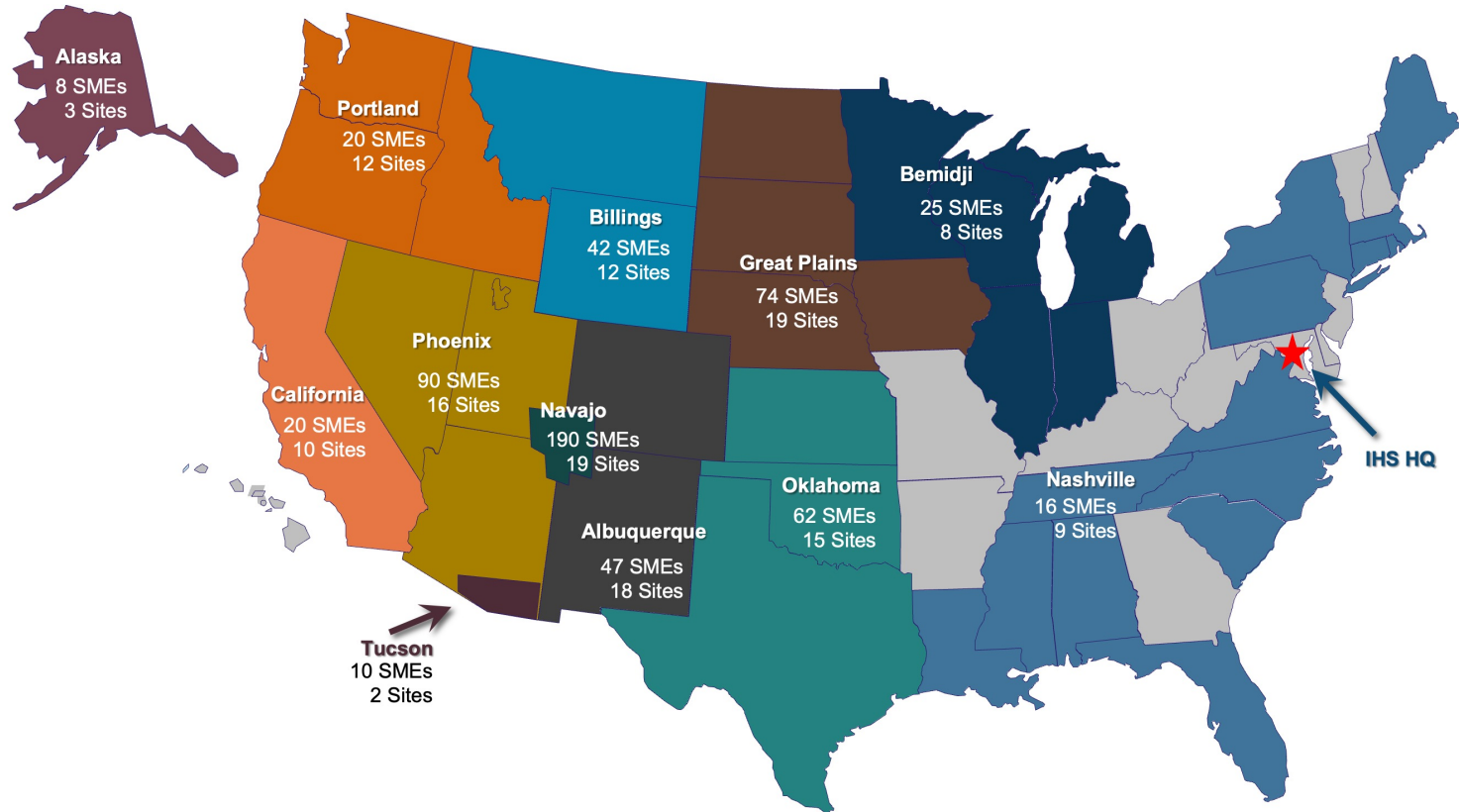


**Phase 5:**  
**Approval**  
*to approve models for Governance review and shared with EHR vendor*

1. Advanced Practice Pharmacist
2. Ambulatory Nutrition
3. Buprenorphine Bridge Program, Emergency Department
4. Community Health Aide
5. Employee Health Exposure – Emergency Department
6. Employee Health Exposure – Primary Care
7. Employee Health Immunizations
8. Employee Health Mass Wellness
9. Group / School Nutrition Event
10. Occupational Health
11. Public Health / Community Nutrition Home Visit



# WRAP by the Numbers

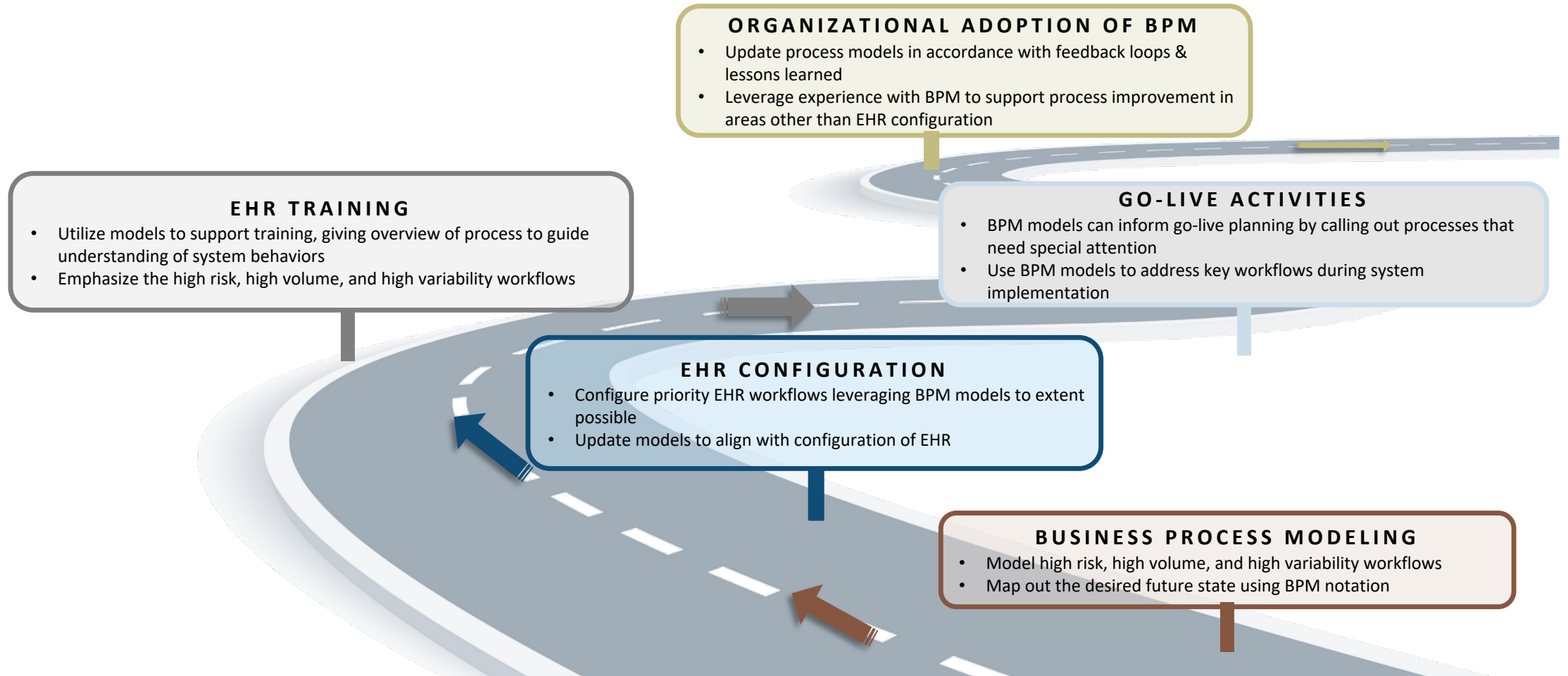


*I/T/U SME engagement throughout the sessions*

- 201** WRAP Work - Sessions held between Sept. 2021 and July 2023
- 22** Service Lines
- 12** Areas Participating (plus IHS HQ)
- 204** Sites of Care Participating (Station, Center, Clinic, Hospital)
- 1300+** Unique SMEs Participating
- 5300+** Participant Encounters

# The Path Ahead with WRAP

*WRAP lays the groundwork for configuration, training, implementation, and optimization of the new EHR*





# Resource Information

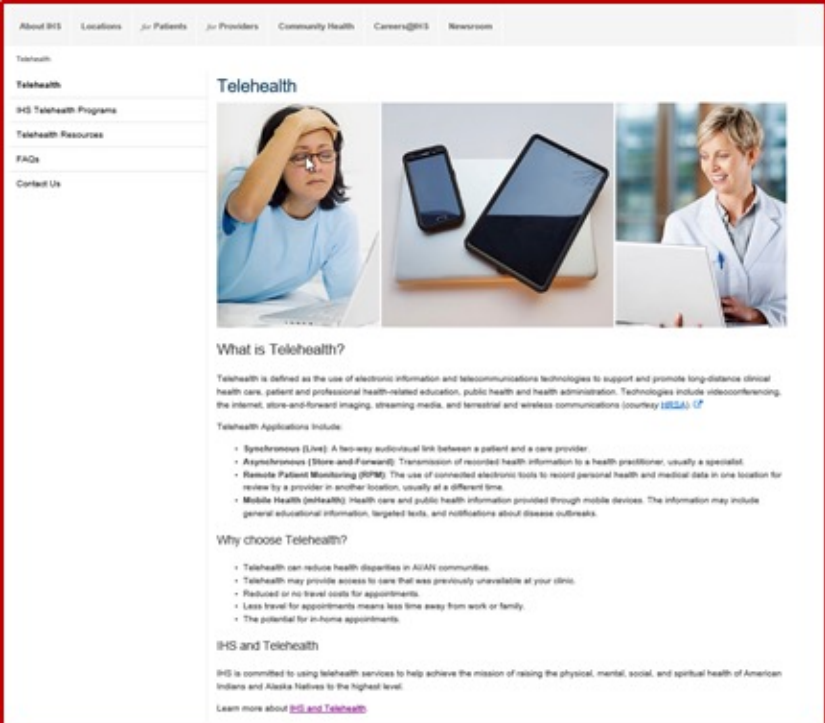
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# IHS Telehealth Listserv and Website

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](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/>



The screenshot shows the IHS Telehealth website page. The navigation bar at the top includes links for About IHS, Locations, Patients, Providers, Community Health, Careers@IHS, and Newsroom. The main content area features a sidebar with links for Telehealth, IHS Telehealth Programs, Telehealth Resources, FAQs, and Contact Us. The main content area has a header titled "Telehealth" and a large image showing a patient using a laptop, a smartphone, and a tablet. Below the image, the text defines Telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. It lists Telehealth Applications including Synchronous (Live), Asynchronous (Store and Forward), Remote Patient Monitoring (RPM), and Mobile Health (mHealth). It also lists reasons to choose Telehealth, such as reducing health disparities, providing access to care, reducing travel costs, and saving time. The page concludes with a statement of IHS commitment to telehealth services and a link to learn more about IHS and Telehealth.

# Telehealth Resource Information

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- Beerman, L. (March 6, 2023). CMS Issues Payment and Coverage Guidance as Pandemic Waivers Approach Expiration. HealthLeaders Media. Available at <https://www.healthleadersmedia.com/payer/cms-issues-payment-and-coverage-guidance-pandemic-waivers-approach-expiration>
- 117<sup>th</sup> 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/text/enr>
- CMS. (July 5, 2023). Current emergencies. Available at <https://www.cms.gov/about-cms/agency-information/emergency/epr/current-emergencies/current-emergencies-page>
- CMS. (July 20, 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. (December 6, 2021). State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth COVID-19 Version: Supplement #1, Available at <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>
- CMS. (February 27, 2023). What Do I Need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency (CMS PHE Fact Sheet). Available at <https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>
- Indian Health Service (nd). IHS.gov Medicaid Unwinding Coronavirus (COVID-19). Available at <https://www.ihs.gov/coronavirus/medicaid-unwinding/>

# Thank You

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Thank you to everyone supporting  
the IHS Telehealth Initiative!

# Questions



# Contact Information

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# Thank You

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