

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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NOVEMBER 3, 2022



# IHS Update



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DARRELL LAROCHE  
DEPUTY DIRECTOR FOR MANAGEMENT OPERATIONS  
INDIAN HEALTH SERVICE







# IHS Chief Medical Officer Updates

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LORETTA CHRISTENSEN MD MBA MSJ FACS  
CHIEF MEDICAL OFFICER  
INDIAN HEALTH SERVICE



# Strategy 1 - Prevent

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- Get vaccinated, including bivalent (Omicron) booster
- Getting vaccinated is the key to decreasing the impact of COVID-19
- Expecting an increase in flu this season
- Expecting an increase in cases of RSV

Flu vaccinations are available



# Omicron variants

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- BA.5: 49.6%
- BQ 1: 14.0%
- BQ 1.1: 13.1%
- BA4.6: 9.6%
- BA.7: 7.5%



# American Indian/Alaska Native Vaccination Rates

Data reflective of 10/25/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Bivalent Boosters Administered
Age 65+	92.3% (136,816)	71.6% (106,152)	16,484
Age 18+	77.2% (658,457)	57.9% (493,366)	47,702
Age 12-17	50.2% (73,268)	39.8% (58,136)	3,177
Age 5-11	24.5% (44,351)	18.2% (32,881)	345
Age <5	6% (6,959)	Not Validated	N/A

## I/T/U Vaccination Activities:

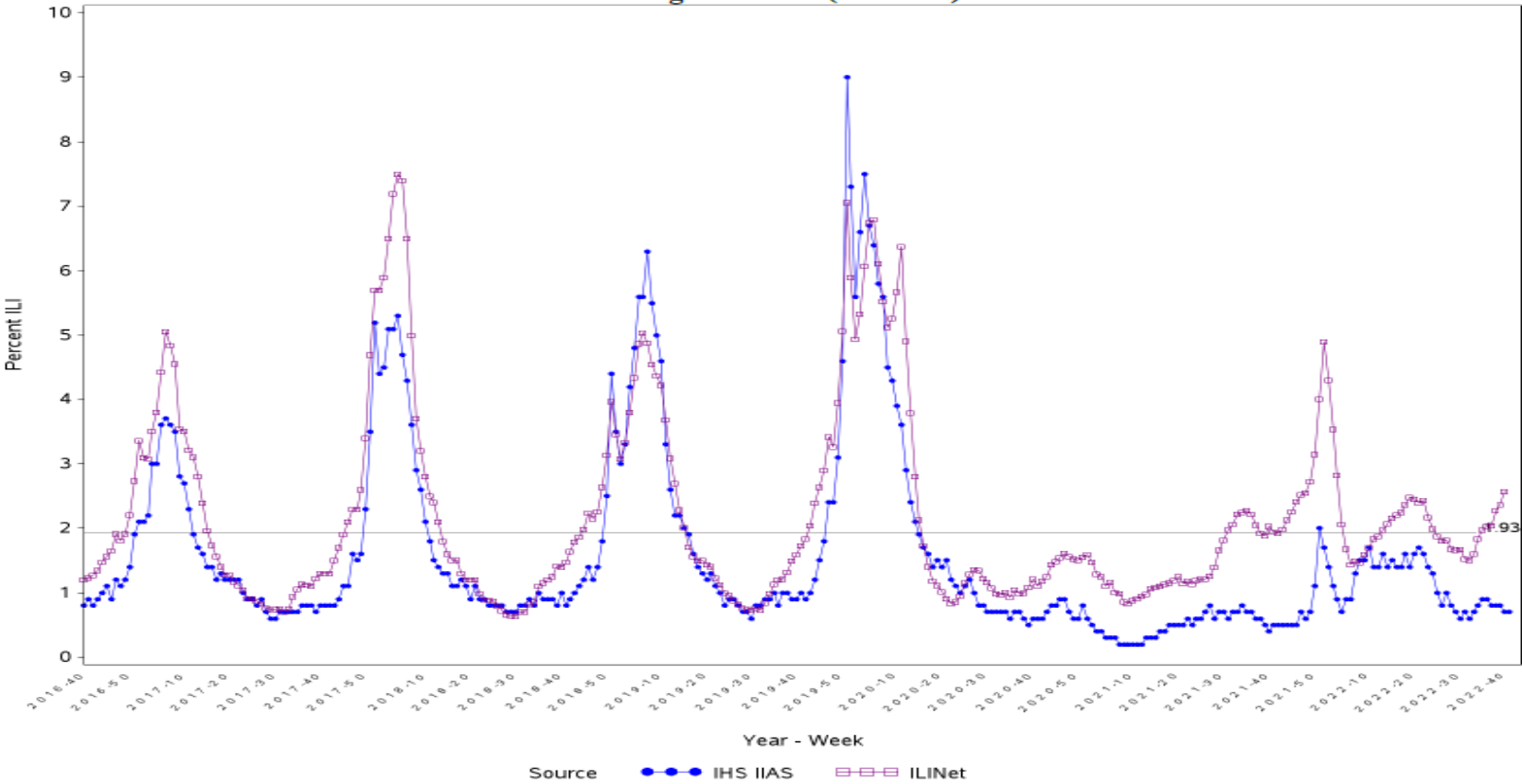
- Bivalent boosters are recommended for everyone 5 years+ that received a primary series and any number of booster doses.
- Immunization focus at I/T/Us:
  - Influenza vaccines
  - Bivalent booster administration for 5yrs+
  - Primary COVID vaccine series and routine immunizations for all ages

Data Considerations: All data is from the IHS COVID-19 Dashboard

- \*Administration data is still being validated for bivalent boosters
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.



# Flu





# Respiratory Syncytial Virus (RSV)

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- Common respiratory virus
- Circulates late fall to early spring
- Serious for infants and older adults
- Children's hospitals are seeing a significant increase in admissions



# RSV



## **SYMPTOMS**

Runny nose, decreased appetite, coughing, sneezing, fever, and wheezing



## **PREVENTION**

Cover coughs and sneezes, wash hands often, avoid contact with sick people



## **STAY UP TO DATE WITH VACCINATIONS**

COVID and flu vaccines

# Prevent Spread of RSV

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## **HELP PREVENT THE SPREAD OF RSV**

- Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others
- Clean frequently touched surfaces such as doorknobs and mobile devices



# Monkeypox

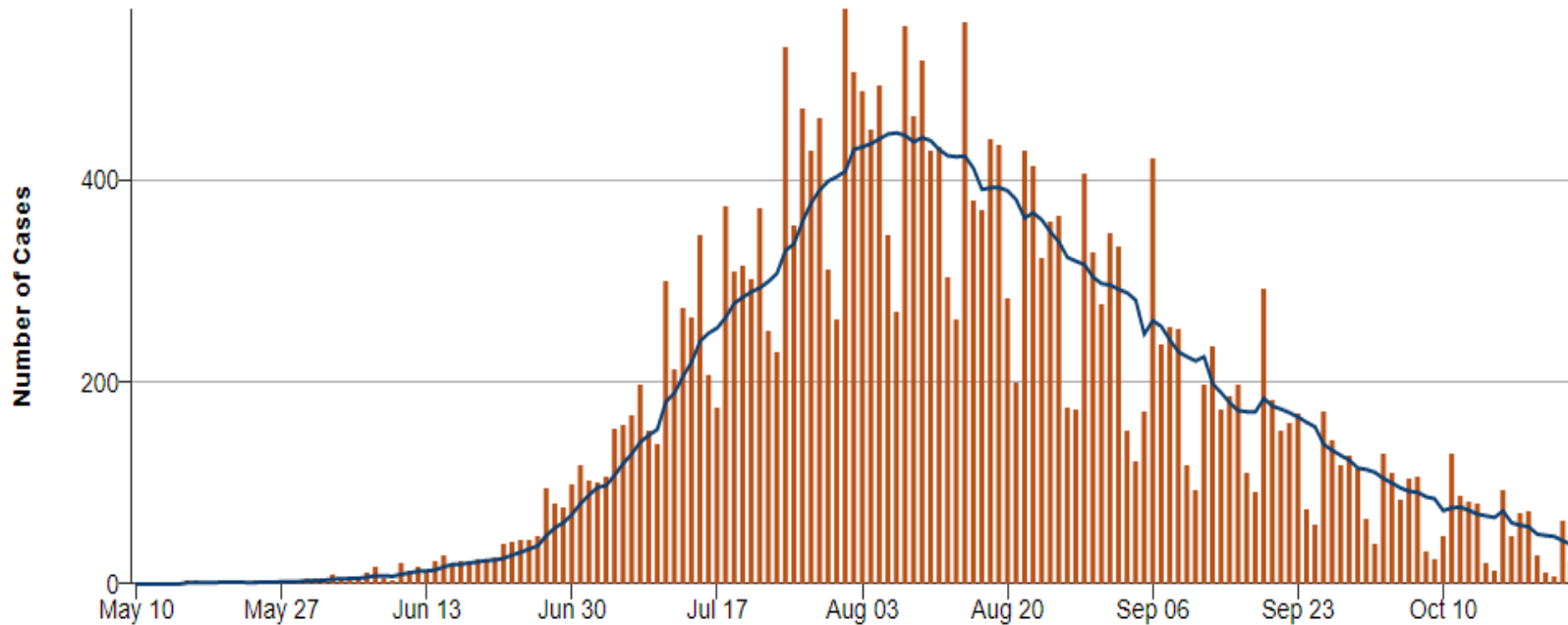
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- 28,377 cases in the United States
- If there is a case in the household, use all precautions with disinfection of surfaces and separation of personal items and laundry



# Monkeypox Case Trends

Daily Monkeypox Cases Reported\* and 7 Day Daily Average



- Steady Decline in cases
- 7 Day Daily Average = 30 cases



# IHS Equity Pilot Projects

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- IHS worked with ASPR, CDC, and SNS to craft a simplified process for eligibility and application for equity pilot proposals in tribal communities.
- IHS has received and approved proposals from three Areas (Phoenix, Navajo, Great Plains) and has received a supplement of 1500 intradermal doses to support these Equity Pilot Program activities, which commenced in late September.
- Events include community and clinic-based vaccination of high-risk populations.
- **Interested in participating?**
  - Areas/facilities can submit a brief proposal (a few bullet points regarding planned sites and activities) to the IHS National Pharmacy and Therapeutics Committee (IHSMedSafety@ihs.gov) for expedited clinical review.



# Strategy 2 - Detect

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- 4.9 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 8.9%
- Over 544,696 positive tests
- Home testing: many kits sent out, supply is available and still encourage use



# Strategy 3 - Treat

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- Therapeutics: Monoclonal antibody therapy is available
  - Remdisivir is approved for outpatient treatment
  - Bebtelivomab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention, some weakness against one variant but still effective
- The oral antivirals are approved however **Paxlovid is provided at Test 2 Treat**





# Test and Treat

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- Established Test and Treat for our communities up to 81 registered sites with another 200 providing Test2Treat
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites



# Strategy 4 - Recover

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- Manage Long COVID
- Increase mental health services
- If you are having symptoms that continue after COVID see your primary care doctor
- Up to 30% of people that tested positive for COVID will have Long COVID



# Behavioral Health

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- Need for behavioral health services
- Development of Behavioral Health Aides
- Environmental scan of current healthcare facilities
- Consideration of converting some inpatient beds to address mental health and substance use disorder treatment
- We must look at how we are using our beds and the space in our healthcare facilities





# Access to Cancer Care

- Most of the tribal communities are not near cancer care
  - Patients are referred for care in urban/suburban areas
  - Family members cannot often afford to accompany the patients for care and follow up
  - Families members often provide the care at home
- Understanding of cancer is variable amongst the tribal members
- Tribal members are uncomfortable seeking care outside the community or their regular healthcare facility





# Needs

- Community based screening for cancer
- Innovative workforce development
- Public Health Infrastructure
- Community based education
- Expanded case management
- Community based navigators







# Innovative Work teams

- Public Health Aides: Navigate the cancer journey
- Training and education about public health and prevention
- Education communities about cancer screening and support those efforts with colorectal screening kits
- Work with tribal partners for mobile mammography
- Assist with appointments for other screenings
- Coordinate with providers, PHNs, Case management
- Involve families in the education and plans
- Ensure follow up with results













# An Overview of Telehealth at the IHS

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



# IHS's Current Efforts to Support Telehealth

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## Addressing increased demands for telehealth services and technology

### Providing healthcare via telehealth

- Enabling patient-to-provider consultation
- Enabling provider-to-provider telehealth meetings

### Increasing access to specialty care

- Avel contract renewed for Great Plains Area (GPA) and Billings Area (8/1/22)

### Working with other agencies to address needs

- Broadband resources “Internet for All”
- Biden-Harris Administration release two reports (8/3/22)
  - National Research Action Plan (NRAP)
  - Long Term Impact of COVID (LTIC)

# Support for Rural Provider-to-Provider Telehealth (RT) to be Effective

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## Public Health Emergency/ COVID-19

- Provide additional access to specialty care providers (Areas include- Cardiology, Behavioral Health, Neurology, Emergency Department)

## Technology and Infrastructure Limitations

- Address barriers such as lack of broadband, internet, resources (financial and human)
- Support Audio-Only telehealth visits

## Collaboration

- Support collaboration of Federal, Tribal and Urban Partners
- Promote Interagency collaboration

## Patient Experience

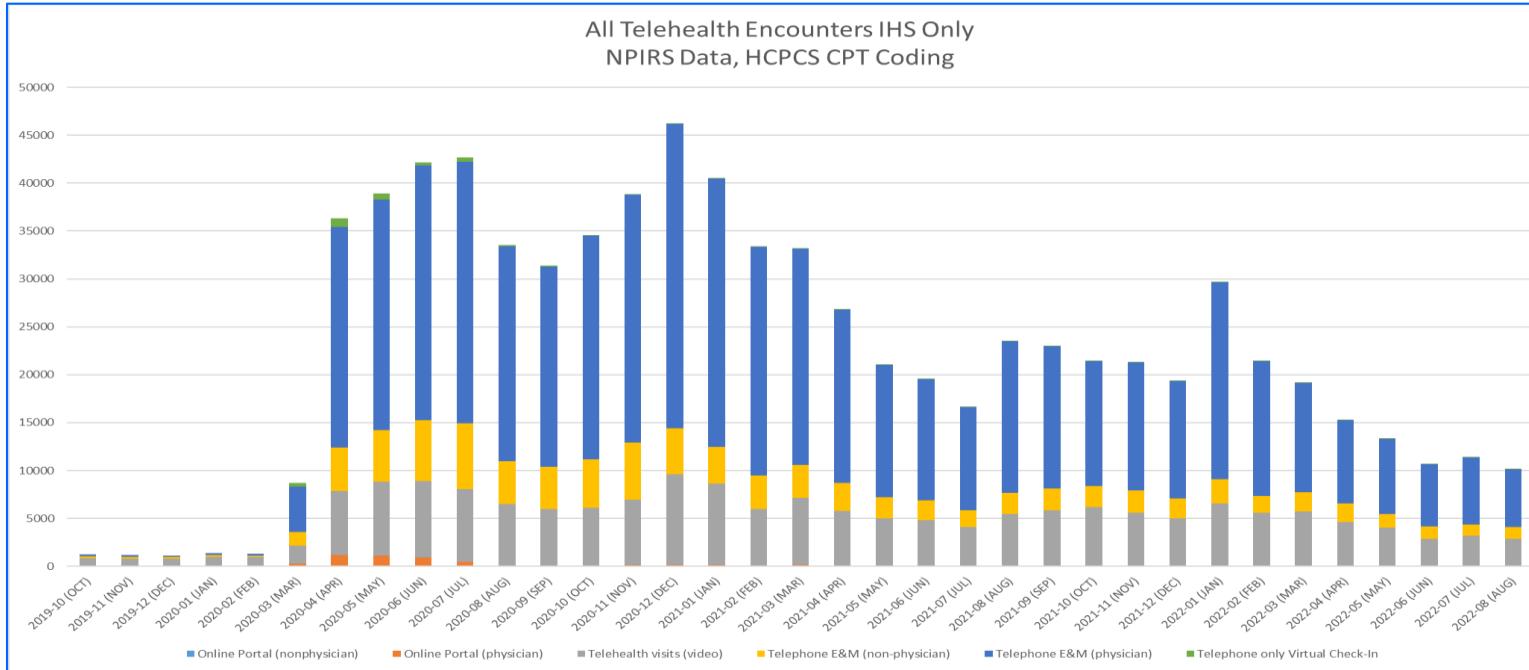


# IHS Telehealth Accomplishments

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- Awarded a new telehealth system (7/8/21) and implemented (10/31/22)
- Cisco Meeting Rollout IHS wide (April 8, 2020) and then Upgrade to Webex FedRAMP Cloud 10/31/21
- Offered Multiple Telehealth Webinars and presentations (internal and external)
- Expanded resources to specialty providers for patients and providers
- Expanded Communication Telehealth Listserv
- Developed IHS Telehealth Toolkit
- Launched the Telehealth Website
- Surveyed our providers to better evaluate the use and needs regarding telehealth.

# Monthly Telehealth Utilization IHS Only – Telehealth by Type

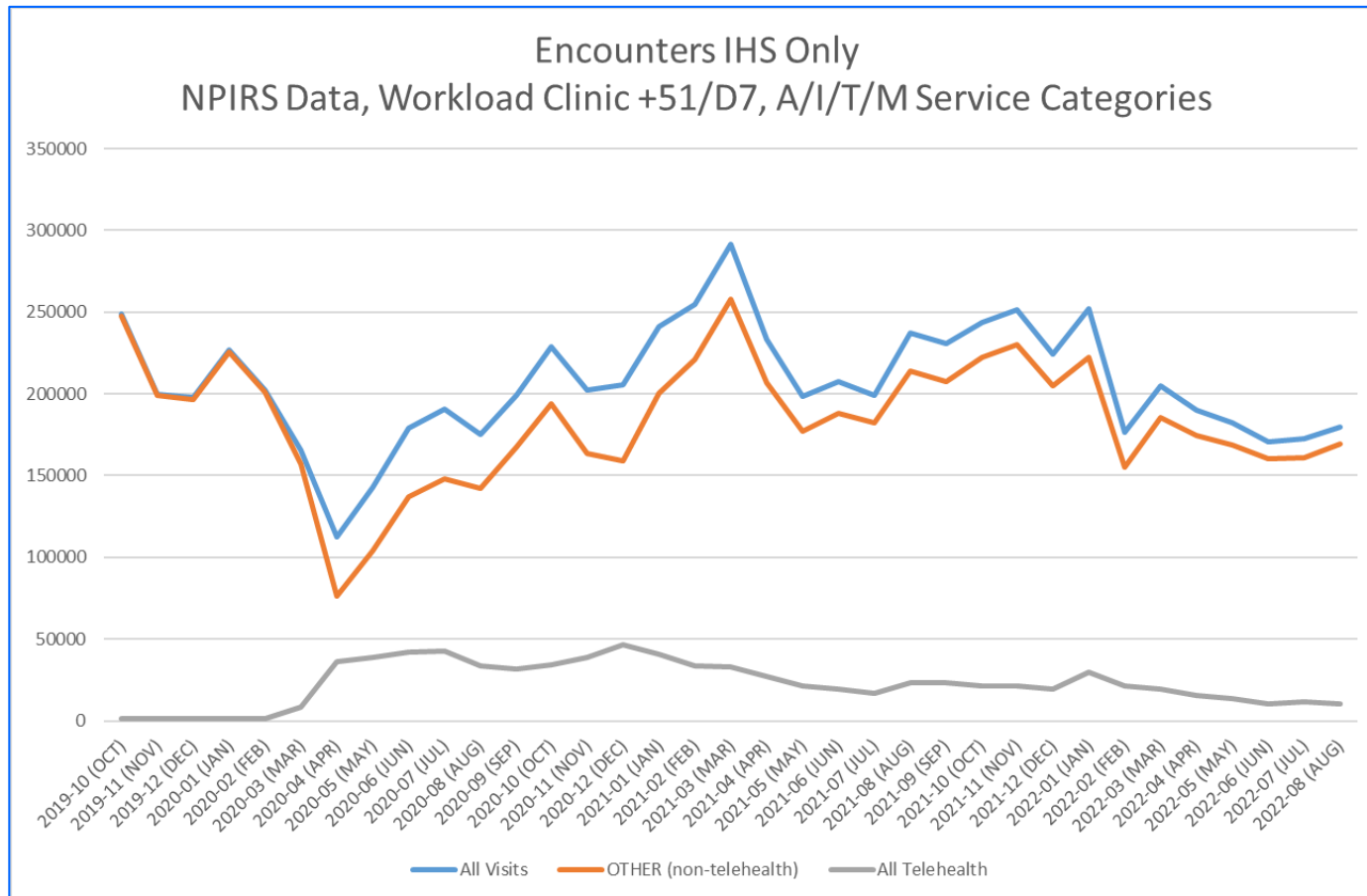


- Based on coding (HCPCS/CPT/Modifiers) of encounters at IHS sites
- IHS only through **August 2022**
- For CY 2022 January- August IHS facilities use telephone (yellow/ green/ blue) most frequently (~72%) to conduct telehealth
- The acquisition of a new video telehealth platform should impact this over time

HCPCS GROUP	2022-01 (JAN)	2022-02 (FEB)	2022-03 (MAR)	2022-04 (APR)	2022-05 (MAY)	2022-06 (JUN)	2022-07 (JUL)	2022-08 (AUG)
All Visits	252290	176603	204917	189766	182062	170883	172575	179608
OTHER (non-telehealth)	222825	155182	185747	174487	168761	160231	161194	169444
All Telehealth	29665	21441	19170	15279	13301	10652	11381	10164
Percent Telehealth	11.76%	12.14%	9.36%	8.05%	7.31%	6.23%	6.59%	5.66%
Video only telehealth	22%	26%	30%	30%	30%	27%	27%	28%
Phone only telehealth	78%	74%	70%	70%	70%	73%	72%	72%



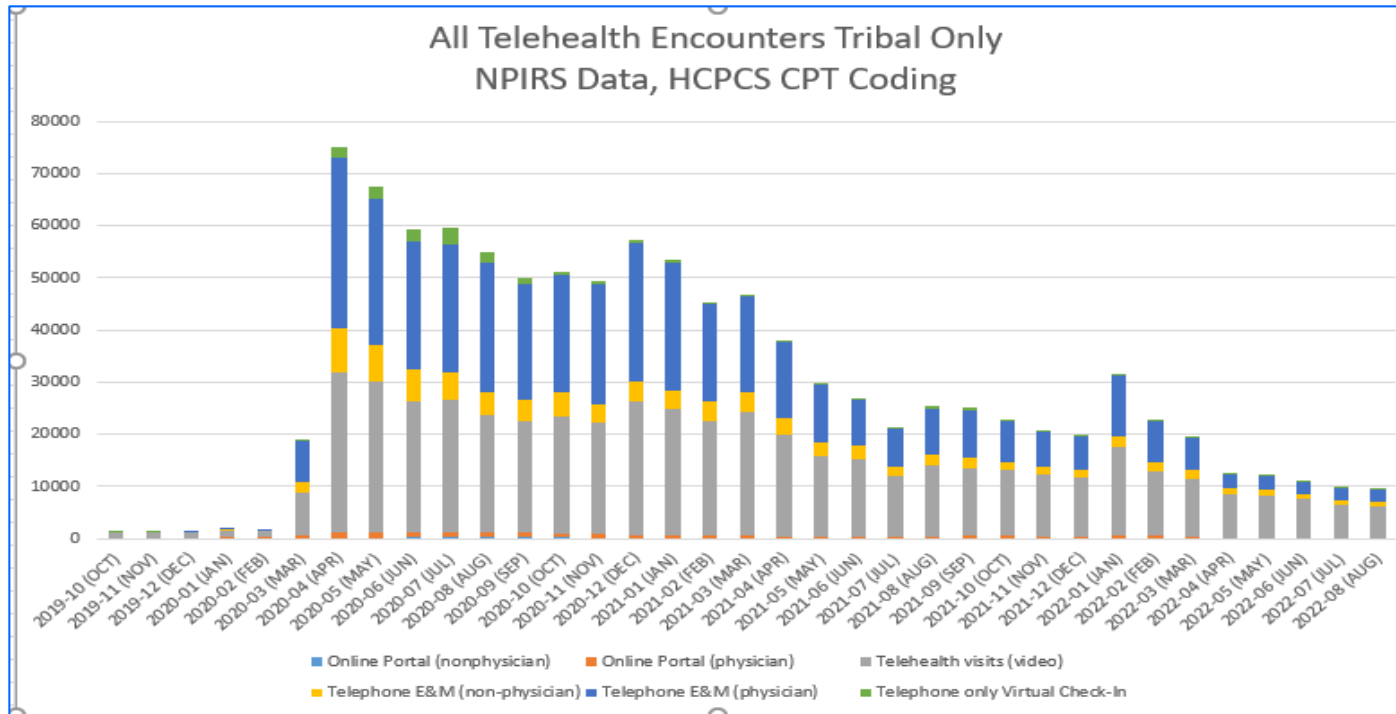
# Telehealth: All IHS Encounters



Percent of all **IHS** encounters that used telehealth in CY 2022

- March 9%
- April 8%
- May 7%
- June 6%
- July 7%
- August 6%

# Monthly Telehealth Utilization Tribal-Only Telehealth by Type



- Based on coding (HCPCS/CPT/Modifiers) of encounters at Tribal sites
- Tribal data through **August 2022**
- Tribal facilities use telephone only to conduct telehealth:

**2021 is ~46%**

**2022 is ~37% (Jan-Aug)**

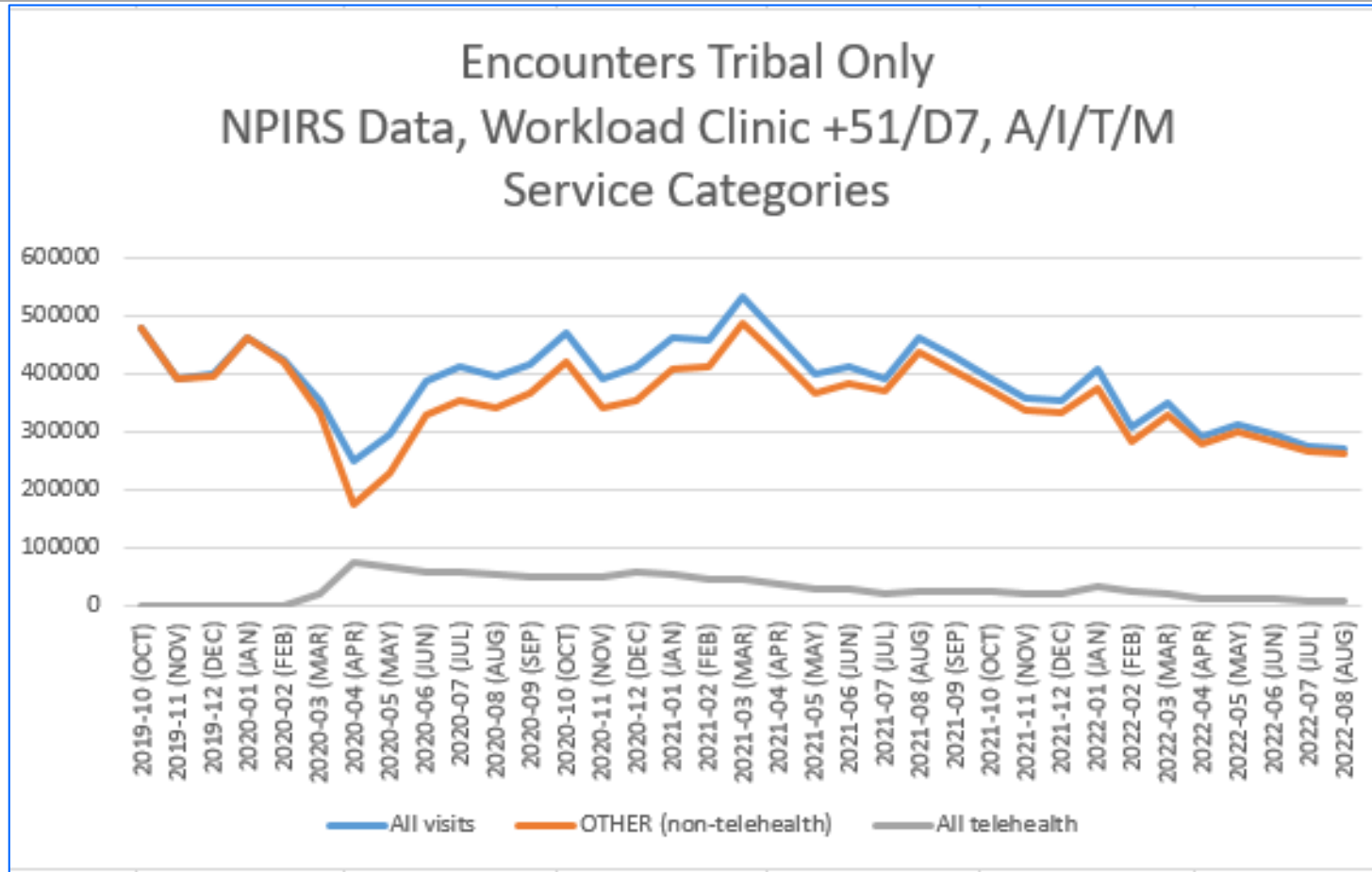
- Tribal facilities use video to conduct telehealth:

**2021 is ~53%**

**2022 is ~62% (Jan-Aug)**

HCPCS GROUP	2022-01 (JAN)	2022-02 (FEB)	2022-03 (MAR)	2022-04 (APR)	2022-05 (MAY)	2022-06 (JUN)	2022-07 (JUL)	2022-08 (AUG)
All visits	406496	307749	350817	292990	311895	296215	276441	272670
OTHER (non-telehealth)	374868	285026	331194	280398	299582	284966	266557	263075
All telehealth	31628	22723	19623	12592	12313	11249	9884	9595
Percent Telehealth	7.78%	7.38%	5.59%	4.30%	3.95%	3.80%	3.58%	3.52%
Video only telehealth	54%	55%	57%	66%	66%	66%	64%	64%
Phone only telehealth	45%	43%	42%	33%	33%	33%	34%	35%

# All Tribal Encounters



Percent of all Tribal encounters that used telehealth in CY 2022

- March 6%
- April 4%
- May 4%
- June 4%
- July 4%
- August 4%



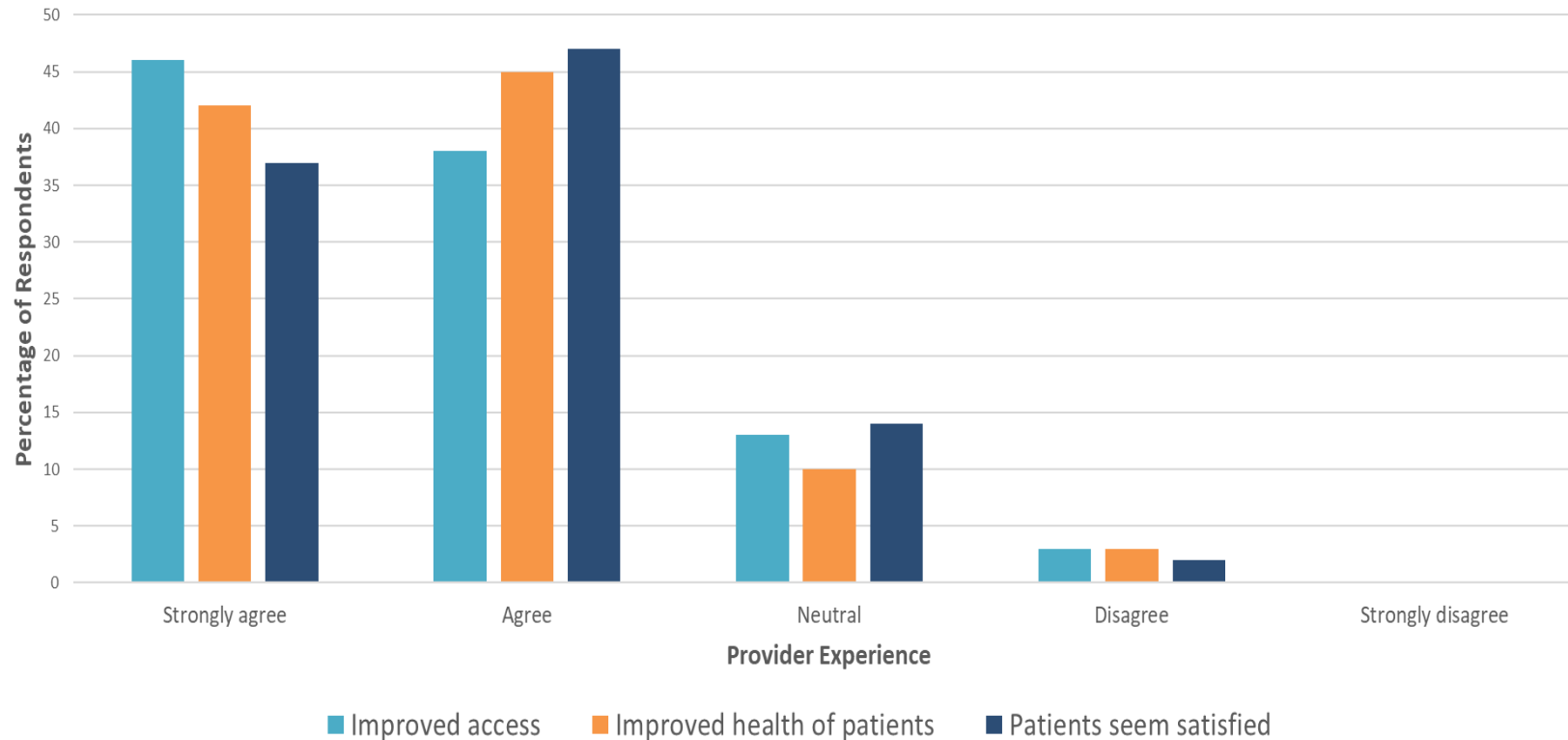
# Telehealth Survey for IHS Providers (November 2020)

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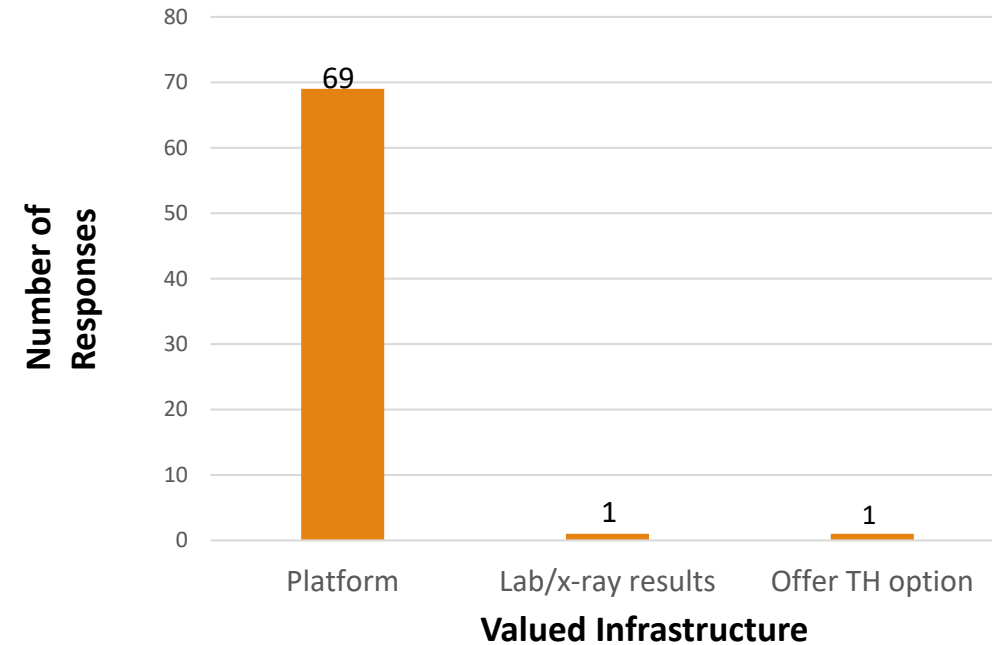
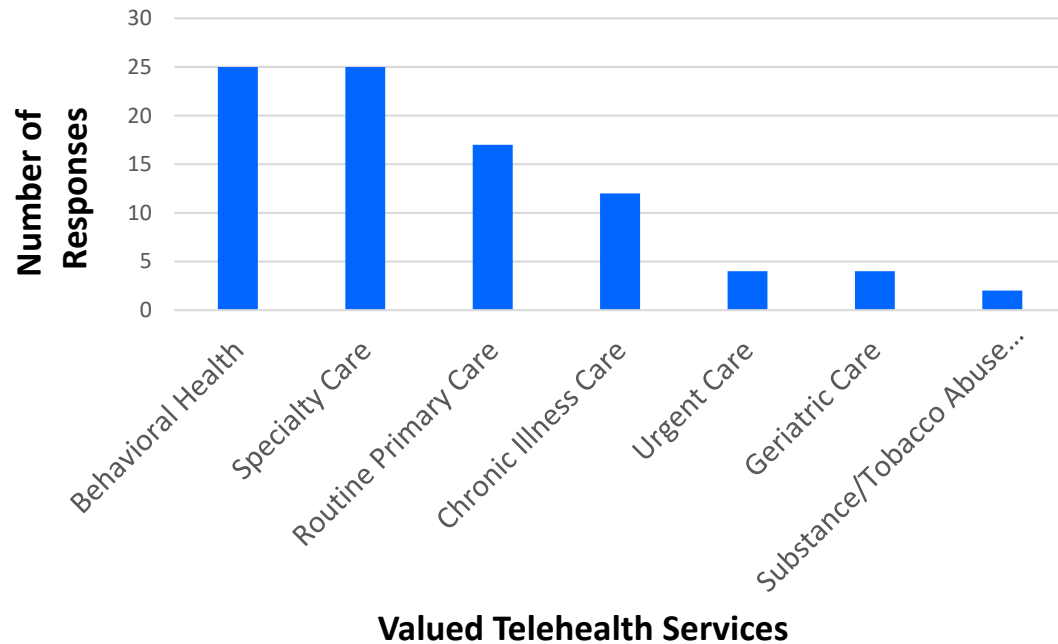


- Designed by the Telehealth Workgroup
- Conducted in Survey Monkey
- Link broadly distributed via listservs, Week in Review
- Target audience: all provider types delivering telehealth
- 375 federal respondents
- 309 finished most or all of the questions

# Provider Telehealth Survey: Experience Providing Telehealth

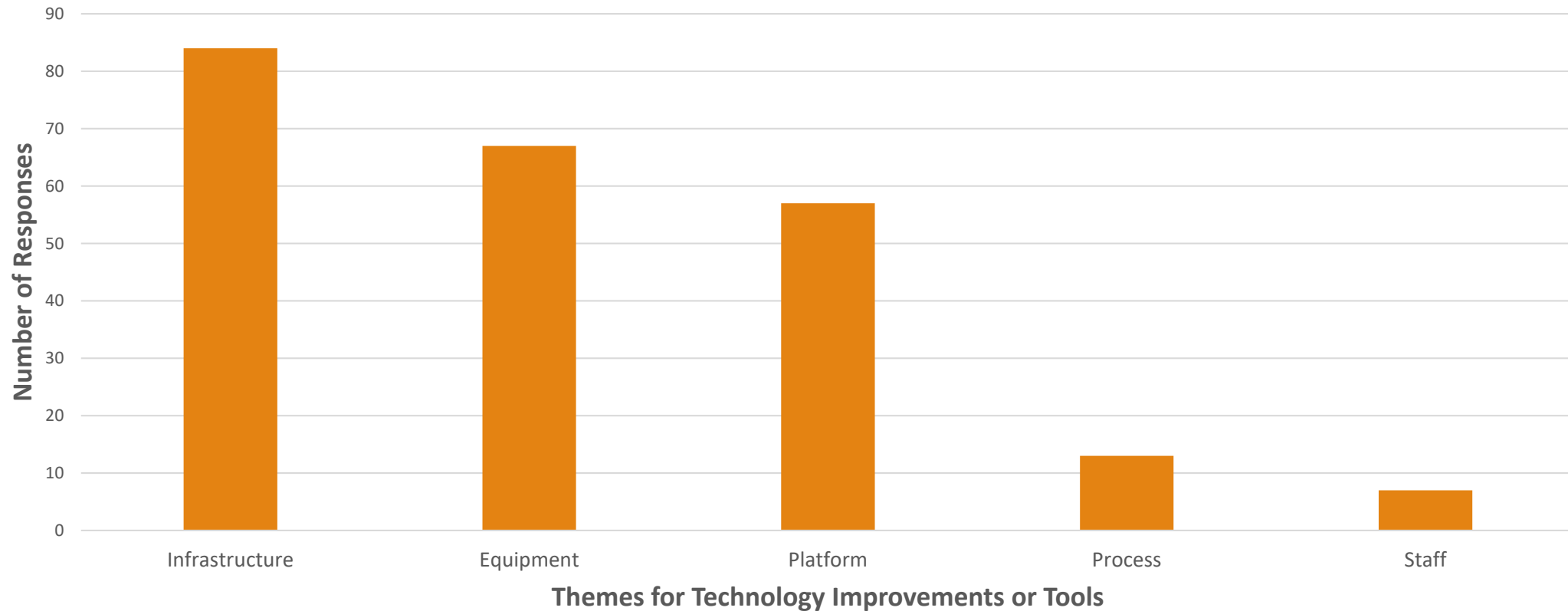


# Q 10. What telehealth services would be valuable? Responses by Theme.



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

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



168 respondents, 228 responses



# AA RingMD Implementation Updates

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Go-Live/ Rollout **October 31 2022.**

- Support rollout of AA RingMD.
- Meeting weekly with IHS AA RingMD Project team.
- Completed four rounds of testing with feedback and
  - Completed Pilot testing with IHS providers and patients (10/25/22).
  - Held lessons learned (10/26/22).
- Addressed workflows with clinical Subject Matter Experts (SMEs).
- Finalized training materials and working on new videos.
- Established an Information Technology Service Desk (ITSD) for support.
- Address Security needs (Authority to Operate [ATO], FedRAMP).
- Address functionality (Profiles configuration for providers and patients).
- Finalizing Downtime SOP.



# IHS's Future Vision for Telehealth

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## **Care is provided no matter the modality or location (in person, or virtual)**

- Care is provided wherever the patient is, no matter the location

## **Digital divide is addressed (broadband)**

- Internet access to support telehealth
- Innovative solutions to support telehealth

## **All stakeholders have access to telehealth solutions**

- Technology is available to connect no matter location
- Remote monitoring is available
- Health Equity improves
- Improved patient outcomes
- Supports Population health

# Telehealth Resource Information

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# Resource Information: IHS Telehealth Listserv and Website



If you have an interest 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/>

A screenshot of the IHS Telehealth website. The page has a navigation bar at the top with links for 'About IHS', 'Locations', 'Patients', 'Providers', 'Community Health', 'Careers@IHS', and 'Newsroom'. Below the navigation bar is a sidebar with links for 'Telehealth', 'IHS Telehealth Programs', 'Telehealth Resources', 'FAQs', and 'Contact Us'. The main content area is titled 'Telehealth' and features three images: a woman with glasses looking at a laptop, a smartphone and a tablet on a desk, and a woman in a white lab coat looking at a laptop. Below the images is the heading 'What is Telehealth?' followed by a definition: 'Telehealth is defined 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. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications (courtesy HBSA).'. Below this is a section titled 'Telehealth Applications Include:' with a bulleted list: 'Synchronous (Live): A two-way audiovisual link between a patient and a care provider.', 'Asynchronous (Store-and-Forward): Transmission of recorded health information to a health practitioner, usually a specialist.', 'Remote Patient Monitoring (RPM): The use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.', and 'Mobile Health (mHealth): Health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.'. Below this is a section titled 'Why choose Telehealth?' with a bulleted list: 'Telehealth can reduce health disparities in AI/AN communities.', 'Telehealth may provide access to care that was previously unavailable at your clinic.', 'Reduced or no travel costs for appointments.', 'Less travel for appointments means less time away from work or family.', and 'The potential for in-home appointments.'. At the bottom of the page is a section titled 'IHS and Telehealth' with the text: 'IHS is committed to using telehealth services to help achieve the mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.' and a link: 'Learn more about IHS and Telehealth.'





# Resource Information: Internet for All

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Department of Commerce (DOC), National Telecommunications and Information Administration (NTIA)

Announces broadband funding opportunities

NTIA launched three “Internet for All” funding opportunities:

- Broadband Equity, Access, and Deployment (BEAD) Program (\$42.5 billion)
- Enabling Middle Mile Broadband Infrastructure Program (\$1 billion)
- State Digital Equity Act programs (\$1.5 billion)

Tribal broadband planning toolkit resource

Tribal broadband planning Toolkit

Feel free to share the information on the “NTIA Internet for All”

Resource: <https://www.internetforall.gov>

# Resource Information: IHS Awards Telehealth Contract

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**From July 11, 2021 IHS Week in Review**

## **IHS Awards Contract to Provide a Clinical Video Telehealth Solution**

As we adjust to increased demands for telehealth services across the IHS, the agency is working to implement a new telehealth solution that is secure, cloud-based, and scalable. This clinical video telehealth solution will enable patient-to-provider and provider-to-provider telehealth meetings. The telehealth solution will provide a mechanism to enhance access to care, patient safety, continuity of care, optimize clinical resources, quality of care, and ultimately patient satisfaction. It will also complement the current telehealth solution used in IHS, Cisco Meeting. To support this effort, the IHS has awarded a contract to **AA RingMD Joint Venture, LLC**. We will share more information regarding the new Clinical Video Telehealth solution as we move forward.

# Resource Information: AA RingMD Training

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From October 16, 2022 IHS Week in Review

## AA RingMD Training

To continue with our telehealth expansion efforts and meet the needs of our American Indian and Alaska Native patients, IHS awarded a new clinical video telehealth solutions contract to AA RingMD in July 2021. Over the past 15 months, IHS has been working with AA RingMD staff and engineers to prepare for implementation at IHS federal facilities, which is tentatively scheduled to begin at the end of October. In addition to being available across multiple device types, this platform was chosen, in part, to allow for expanded televideo visits in settings such as homes or schools with low broadband availability. This week, we began training any interested IHS clinical and support staff (e.g., schedulers) on the new telehealth solution, AA RingMD. This will give IHS clinicians multiple ways to connect with patients and increase access to high-quality, culturally sensitive healthcare services. We also plan to record the training sessions and offer some additional training after the implementation.

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# Resource Information

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Centers for Medicare & Medicaid Services. (May 2022). Coronavirus waivers & flexibilities. Retrieved from: <https://www.cms.gov/coronavirus-waivers>

Centers for Medicare & Medicaid Services. (October 2022). Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers. Retrieved from: <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

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Department of Commerce, NTIA .(n.d.). Biden–Harris Administration’s “Internet for All” Fact Sheet. Retrieved from: <https://www.internetforall.gov/sites/default/files/2022-05/Fact-Sheet-IFA-Launch.pdf>

Department of Commerce, NTIA. Tribal Broadband Planning Toolkit. Retrieved from: [https://broadbandusa.ntia.doc.gov/sites/default/files/2022-05/Tribal Broadband Planning Toolkit %28PDF%29 1.pdf](https://broadbandusa.ntia.doc.gov/sites/default/files/2022-05/Tribal%20Broadband%20Planning%20Toolkit%20%28PDF%29%201.pdf)  
Additional information: <https://broadbandusa.ntia.doc.gov>

Department of Commerce, NTIA. (May 2022). Introducing the Tribal Broadband Planning Toolkit. Retrieved from: <https://broadbandusa.ntia.doc.gov/news/latest-news/introducing-tribal-broadband-planning-toolkit>

Biden-Harris Administration (August 3, 2022). Biden–Harris Administration Releases Two New Reports on Long COVID to Support Patients and Further Research. Retrieved from: <https://www.hhs.gov/about/news/2022/08/03/biden-harris-administration-releases-two-new-reports-long-covid-support-patients-further-research.html>



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## Contact Information

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# Questions & Answers

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Next Tribal Leader and UIO Leader Call:

December 1, 2022

