



# Indian Health Service

## PRC Medical Priorities Update

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# PRC Medical Priorities- Training Sessions

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- Recorded Training: <https://youtu.be/H6r5yFs4GEc>
  - 27-minute You Tube Video
- Live (Complementary) Training Sessions
  - Expanded Content + Q&A
  - Session 1: Feb 15 (8 AM MST), Repeat Mar 5 (1 PM MST)
  - Session 2: Feb 20 (1 PM MST), Repeat Mar 7 (9 AM MST)



# Objectives- Session #1

1. Review the background and conceptual framework for the agency restructured PRC Medical Priorities Plan.
2. Evaluate the criteria for the updated PRC medical priorities in each novel category of referral care.
3. Provide an overview of the Clinical Topics List.

**Dates: February 15 & March 5, 2024 (Repeat)**



# Objectives- Session #2

1. Detail of the updated 2023 IHS PRC Medical Priorities Clinical Topics List by priority level and category of service.
2. Consider draft metrics to monitor referral trends by priority and category of care to support decision-making related to resource allocation at the facility, Area, and Agency level.
3. Review PRC Medical Prioritization Case Examples (time permitting)

**Dates: February 20 & March 7, 2024 (Repeat)**



# Training Session #1

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# Background

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- **PRC Restructuring Medical Priorities WG-** AAO Governing Body, 7/22/15
- Extensive Vetting and ORAP Approval
- Albuquerque Area Pilot Implementation, November 1, 2016



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**“This is a major project of utmost importance, but it has no budget,  
no guidelines, no support staff, and it’s due in 15 minutes.  
At last, here’s your chance to really impress everyone!”**

# Purpose

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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.





# Elements

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- Restructure
- Resource Allocation, Efficiency
- Evidence-based
- Balanced
  - Preventive, Rehabilitative, Behavioral Health, Maternal/Child Health, Chronic/Acute Care
- Improved
  - Satisfaction
  - Outcomes



# What are our Medical Priorities?

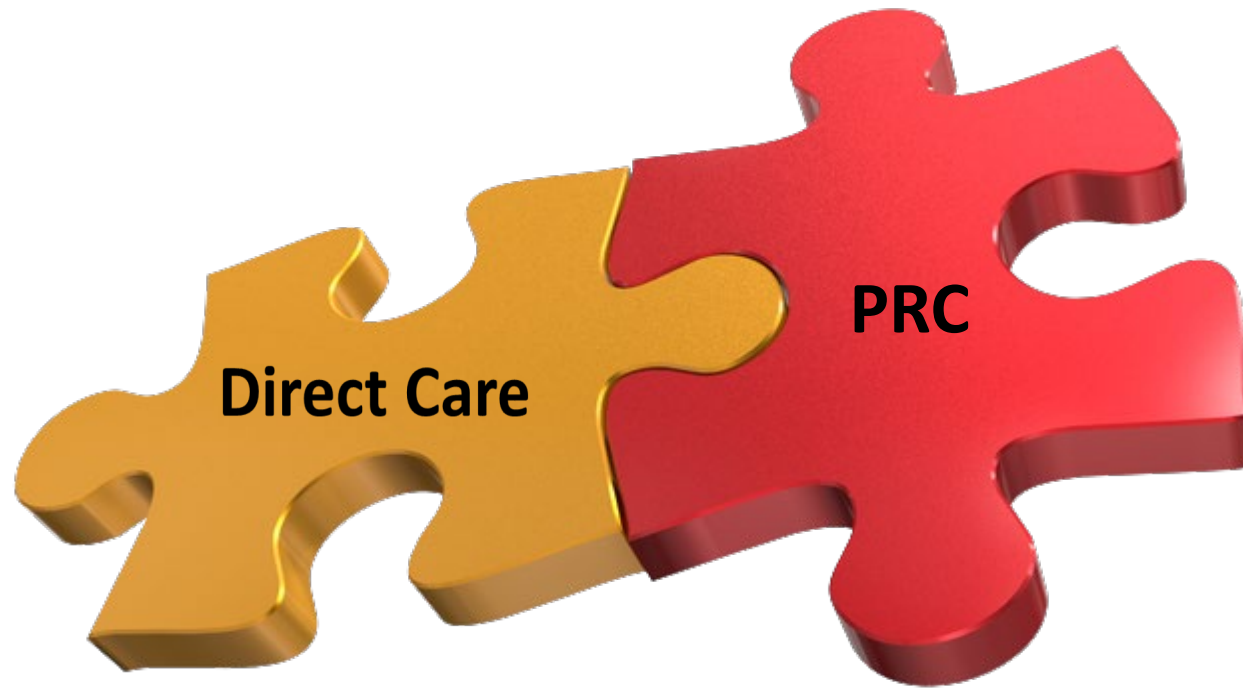
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- Past versus future
- Mission-driven approach
- Health-promotion and disease prevention
- Improvement of health outcomes
- Dual aspects of wellness (mind & body)
- The Primacy Effect & and the impact of acuity-based priorities
- Re-conceptualizing PRC medical priorities
- Transformation of care-planning in the IHS



# Integrating Direct & Referral Care

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**“It’s not a great mission statement, but we’ll revise it if things get better.”**

# Conceptual Framework



# Conceptual Framework- Restructuring

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- 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



# Conceptual Framework- Blueprint

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- Affordable Care Act
- I.H.S. System of Care
  - Culturally-appropriate
  - Unique needs of service population



# ACA Ten Essential Health Benefits (EHB)

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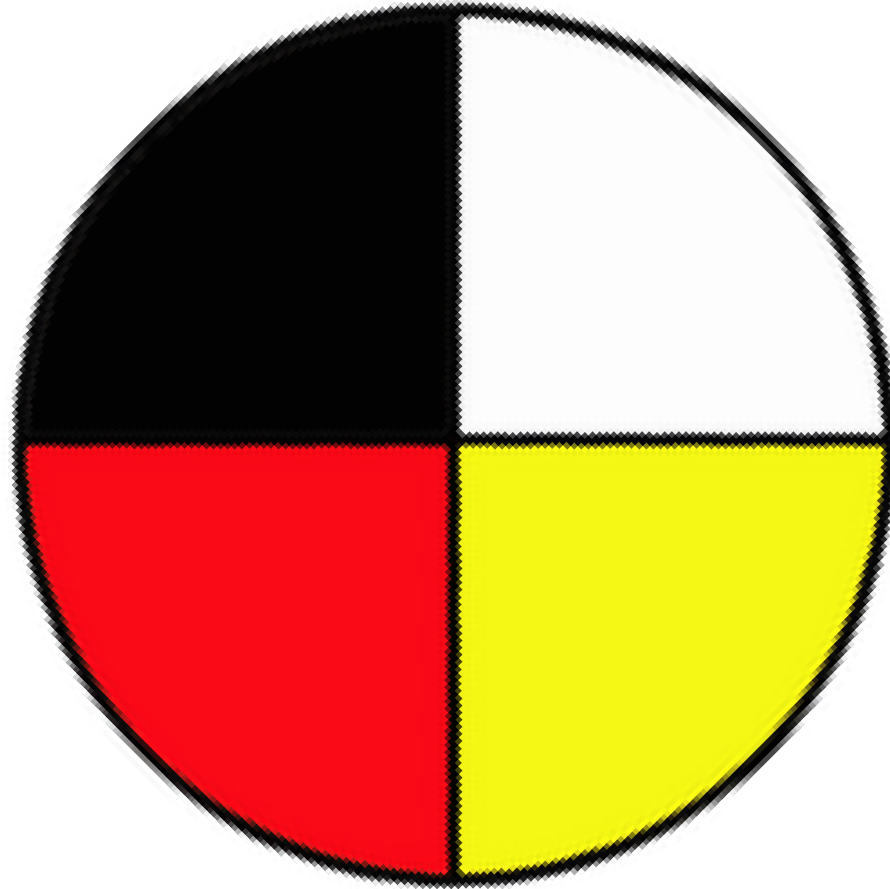
1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity/Newborn Care
5. Mental Health Services/Addiction Treatment
6. Prescription Drugs
7. Rehabilitative Services/Devices
8. Laboratory Services
9. Preventive/Wellness Services and Chronic Disease Management
10. Pediatric Services





# Medicine Wheel- Holistic Approach

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**Preventive and Rehabilitative Services**

Services designed to maintain health, prevent disease or the complications of disease, as well as those services intended to return or maintain a higher level of physical functioning.



**Elective**  
**Intermediate**

**Core**

**Medical/Dental/Vision/Surgical Services**

Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnosis and treatment of disease.

**Reproductive & Maternal/Child Health Services**

Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.

**Behavioral Health Services**

Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.

## A. Preventive and Rehabilitative Services

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Services designed to maintain health, prevent disease or the complications of disease, as well as those services intended to return or maintain a higher level of physical functioning.



## B. Medical/Dental/Vision/Surgical Services

Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnosis and treatment of disease.



## C. Reproductive & Maternal/Child Health Services

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Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.



# D. Behavioral Health Services

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Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.





**“I’m razzled, but not dazzled.”**

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





# Criteria for Core Services (Priority 1)

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1. *The service must be;*
  - ***Either*** necessary to protect life, limb, or vision in the next 30 days,
  - ***Or*** indicated for a substantial proportion of patients in the Indian Health Service.
2. *The service must be a core component of the current standards of care for the condition (i.e., you cannot provide appropriate care without the service).*



# Criteria for Intermediate Services (Priority 2)

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Standard of care services which are necessary for the diagnosis and management of chronic and non-emergent acute conditions.



# Criteria for Elective Services (Priority 3)

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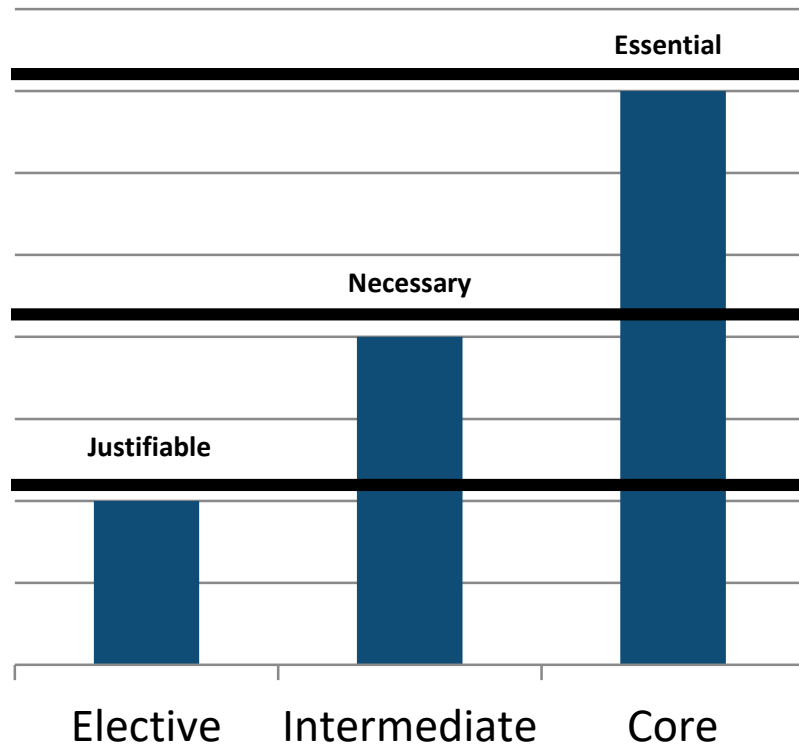
Clinically justifiable services intended to enhance health and well-being.



# Summary

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## CRITERIA



## PRIORITY

Core = Essential

Intermediate = Necessary

Elective = Justifiable



# Excluded Services (Priority 4)

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- Medical Excluded Services shall be based on the Centers for Medicare and Medicaid (CMS) Medicare National Coverage Determinations Manual.
  - Cosmetic Procedures
    - ✓ Except when necessary for proper mechanical function or clinically-indicated psychological reasons
  - Experimental and Other Excluded Procedures
    - ✓ Except when a formal exception has been granted by the IHS CMO
  - Payment for Direct Services
    - ✓ On-call hours
    - ✓ After-hours and weekend pay
    - ✓ Holiday coverage (e.g. on-site radiology, laboratory, and pharmacy services)



# Controversial Types of Therapy

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- Subject to rigorous review and a second opinion process established by the Area CMO.



# Categories and Priorities

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## PRIORITIES

1. Core
2. Intermediate
3. Elective
4. Excluded

## CATEGORIES

- A. Preventive & Rehabilitative Services
- B. Medical, Dental, & Surgical Services
- C. Reproductive & Maternal/Child Health Services
- D. Behavioral Health Services





Bing.com Pictures, Accessed 8/2/23



# Stepwise Approach

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1. Develop a conceptual framework for restructuring PRC Medical Priorities (*Restructure, Efficiency, Resource Allocation*).
2. 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*).
4. 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*).

# PRC Clinical Topics List

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- Establishes “core” PRC services.
  - Considers unique needs of the service population.
  - Considers standards of care.
- Balanced
  - Each general category of care represented.
  - Not intended to represent every possible specific PRC service.
- Provides “reasonable basis” for consistency/parity within and across service units.
- Complements (does not over-ride) conceptual framework.
  - Conceptual framework is intended to guide prioritization decisions on a case-by-case basis.
- Establishes new “baseline.”
  - Process should be dynamic, changing with the changing needs of the service population and changing clinical science.

# IHS PRC Medical Priorities Plan

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# Guidelines

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1. PRC services are meant to complement, not replace, timely available direct care services.
2. Services must be deemed clinically essential, necessary or justifiable following appropriate clinical review.
3. Listed Intermediate/Elective services may be judged Core (when meeting core criteria) on a case by case basis as determined by the local PRC Management Committee.
4. PRC Categories are considered equivalent (i.e. one category does not have precedence over another).
5. All services listed within a given PRC Priority Level are considered equivalent (i.e. there are no sub-priorities).

# A. Preventive/Rehabilitative Services

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## Core (Priority 1) = Essential

Hospitalization, Subacute Medical/Surgical

Hospice

Screening Mammogram

Screening Sigmoidoscopy/Colonoscopy

DEXA Scan

AAA Screening Ultrasound (smoker)

Lung Cancer Screening Low Dose CT (smoker)

Wound Management

Orthotics & Diabetic Footwear

Limb Prosthetics

## Intermediate (Priority 2) = Necessary

Residential Skilled Nursing Facility, Short Term

Home Health

Physical/Occupational Therapy

Cardiac Rehabilitation

Speech, Hearing & Language Disorder Services

Diabetes Education

Medical Nutrition Therapy

Tobacco Cessation Counseling

Durable Medical Equipment and Supplies

Hearing Aids (Adult)

## Elective (Priority 3) = Justifiable

Residential Skilled Nursing Facility, Long Term

Infusion Services

Non-Emergency Medical Transportation

Cochlear Implants (Adult)

Genetic Counseling/Testing



# B. Medical/Dental/Vision/Surgical

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## Core (Priority 1) = Essential

Emergency Care  
Emergency Transportation (EMS)  
Hospitalization, Acute Medical/Surgical  
Specialty Consultation, Acute Medical/Surgical  
Cardiac Diagnostics  
Coronary Reperfusion  
Cancer Diagnosis/Treatment  
Diagnostic Imaging  
Renal Replacement Tx & Dialysis Access  
Renal Transplant  
Diabetic Eye Exam  
Glaucoma Management  
Retinal Surgery/Retinal Specialty Care  
HIV Management

## Intermediate (Priority 2) = Necessary

Medical/Surgical Specialty Consultation, Chronic  
Cataract Surgery  
Oxygen  
Polysomnography  
Home Sleep Apnea Testing/Portable Monitoring  
Respiratory Therapy Equipment: CPAP/BiPAP  
Interventional Radiology  
Prosthodontics: Dentures, Crowns, & Bridges  
Periodontal Surgery  
Endodontics  
Eye Prosthesis

## Elective (Priority 3) = Justifiable

Reconstructive/Restorative Surgery  
Bariatric Surgery  
Organ Transplant, Other  
Respiratory Therapy Equipment: Neb Machine  
Oximetry  
Corrective Lenses, Limited Indications  
Contact Lenses, Limited Indications  
Orthodontics  
Gender Affirming Services, Medical/Surgical  
Laboratory Services  
Electroencephalogram  
Electromyography  
Nerve Conduction Studies  
Acupuncture



# C. Reproductive & Maternal/Child Health

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## Core (Priority 1) = Essential

Prenatal Care  
Labor and Delivery  
Postpartum and Newborn Care  
Permitted Abortion Services  
Sexual Assault Evaluation  
OB/GYN Medical/Surgical Consultation  
Colposcopy  
EPSDT Services  
Pediatric Specialty Consultation/Care  
Pediatric Diagnostic Services  
Pediatric Oral Health Services  
Pediatric Hearing Aids

## Intermediate (Priority 2) = Necessary

Breastfeeding Equipment/Counseling  
OB/GYN Medical Consultation, Chronic  
OB/GYN Surgical Consultation, Chronic  
Reproductive/Family Planning Services  
Consult, Long-Acting Reversible Contraception  
Bilateral Tubal Ligation  
Vasectomy

## Elective (Priority 3) = Justifiable

Cochlear Implants, Pediatric  
Infertility Services



# D. Behavioral Health

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## Core (Priority 1) = Essential

Psychiatric Emergency Care

Psychiatric Hospitalization, Acute

Residential Psychiatric Care, Adult/Pediatric.

Child Psychotherapy

Alcohol/Substance Detoxification

Inpatient Alcohol/Substance Rehabilitation

## Intermediate (Priority 2) = Necessary

Psychiatry, Ambulatory, Adult/Pediatric

Mental Health Counseling (Psychotherapy), Adult

Alcohol/Substance Abuse Counseling

## Elective (Priority 3) = Justifiable

Electroconvulsive Therapy

Transcranial Magnetic Stimulation







# Conceptual Framework vs. Clinical Topics List

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- The Clinical Topics List is not intended to be comprehensive.
  - Does not include all clinical services eligible for PRC coverage
  - Designed to support consistency and parity in Medical Prioritization decisions
- Complements (does not over-ride) conceptual framework.
- Conceptual framework is intended to guide ALL prioritization decisions on a case-by-case basis.
  - Respects Categories of Care and Priority Definitions



