Indian Health Service
All Tribal and Urban Indian Organization Leaders Call

NOVEMBER 3, 2022
IHS Update

DARRELL LAROCHE
DEPUTY DIRECTOR FOR MANAGEMENT OPERATIONS
INDIAN HEALTH SERVICE
IHS Chief Medical Officer Updates

LORETTA CHRISTENSEN MD MBA MSJ FACS
CHIEF MEDICAL OFFICER
INDIAN HEALTH SERVICE
Strategy 1 - Prevent

• 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

- 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**

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

**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

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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)

- 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

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

• 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

- Steady Decline in cases
- 7 Day Daily Average = 30 cases
IHS Equity Pilot Projects

• 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

• 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

• 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

• 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

• 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

• 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

CHRIS FORE, PHD, DIRECTOR, TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE, IHS
SUSY POSTAL, DNP, RN-BC, CHIEF HEALTH INFORMATICS OFFICER, IHS
IHS’s Current Efforts to Support Telehealth

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

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

- 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

<table>
<thead>
<tr>
<th>HCPCS GROUP</th>
<th>2022-01 (JAN)</th>
<th>2022-02 (FEB)</th>
<th>2022-03 (MAR)</th>
<th>2022-04 (APR)</th>
<th>2022-05 (MAY)</th>
<th>2022-06 (JUN)</th>
<th>2022-07 (JUL)</th>
<th>2022-08 (AUG)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Visits</td>
<td>252239</td>
<td>176003</td>
<td>204907</td>
<td>103756</td>
<td>182062</td>
<td>170383</td>
<td>172575</td>
<td>178689</td>
</tr>
<tr>
<td>OTHER (non-telehealth)</td>
<td>222621</td>
<td>155182</td>
<td>185747</td>
<td>174457</td>
<td>183781</td>
<td>160231</td>
<td>151184</td>
<td>168444</td>
</tr>
<tr>
<td>All Telehealth</td>
<td>23685</td>
<td>21441</td>
<td>18170</td>
<td>15279</td>
<td>16301</td>
<td>10552</td>
<td>11381</td>
<td>10564</td>
</tr>
<tr>
<td>Percent Telehealth</td>
<td>11.7%</td>
<td>12.14%</td>
<td>9.36%</td>
<td>8.45%</td>
<td>7.31%</td>
<td>6.23%</td>
<td>6.59%</td>
<td>5.56%</td>
</tr>
<tr>
<td>Video only telehealth</td>
<td>22%</td>
<td>28%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>27%</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Phone only telehealth</td>
<td>78%</td>
<td>74%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>73%</td>
<td>73%</td>
<td>72%</td>
</tr>
</tbody>
</table>
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)
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)

- 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

Percentage of Respondents

Provider Experience

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Improved access
Improved health of patients
Patients seem satisfied
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?

Themes for Technology Improvements or Tools

- Infrastructure
- Equipment
- Platform
- Process
- Staff

Number of Responses

168 respondents, 228 responses
AA RingMD Implementation Updates

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

**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
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

- Share Information
- Ask Questions
- Discuss best practices
- Telehealth Website at https://www.ihs.gov/telehealth/
Resource Information: Internet for All

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

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  

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.  

...
Resource Information


Additional information: https://broadbandusa.ntia.doc.gov


Contact Information

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Chris.Fore@ihs.gov
Questions & Answers
Next Tribal Leader and UIO Leader Call:

December 1, 2022