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HHS INDIAN HEALTH SERVICES HEALTH IT MODERNIZATION - HUMAN CENTERED DESIGN

SERVICE BLUEPRINTS

How to read the Service Blueprints

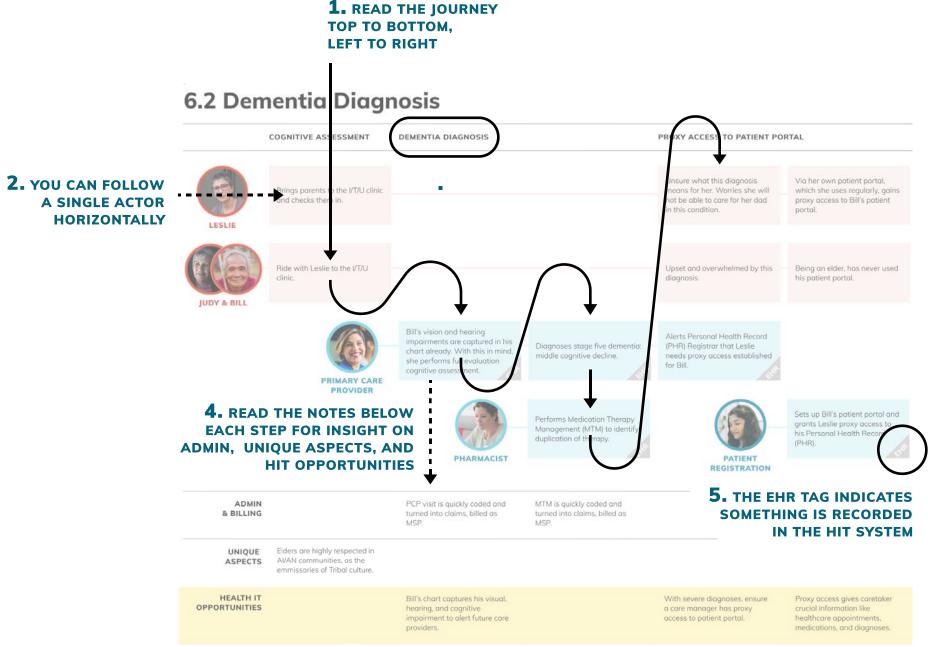
The journeys in this report present seven stories of patients and caretakers receiving care in adverse circumstances. The purpose is to convey stories that, read collectively, paint a dynamic and encompassing picture of the varying needs of the AI/AN population and IHS staff when it comes to health services.

These are composite experiences of real people and the processes they engage in to seek and provide care. Examples of regulations and reporting requirements are pulled from interviews and Subject Matter Experts.

However, these represent a "happy path" from an IT perspective. While retaining real challenges in the landscape such as ruralness and lack of connectivity, IT solutions are added to the stories to illustrate how IHS might service existing needs with modern solutions. These solutions are not meant to be prescriptive. They are simply examples of how Health IT can improve care. Solution-agnostic use cases are listed at the end of this report.

How the Stories Were Crafted

The HCD team selected stories based on patient's health disparities for AI/AN patients. The sequence of events was crafted to highlight Health IT opportunities and unique aspects of I/T/U that can be affected positively by Health IT opportunities as comprehensively as possible. Many health disparities and health outcomes were left out due to scope and to whether it covered a variety of Health IT opportunities. Workshops with team members from the Health IT Modernization project, HHS and the IHS were conducted to ensure the right opportunities were being highlighted based on experience and discovery conducted by many of those team members.



JOURNEY 2: GUARDIANSHIP OF GRANDCHILDREN

LYDIA'S JOURNEY

Lydia becomes the guardian for her three grandchildren when their mother passes away. To enroll them in their new school, she needs to make sure they are up-to-date on their immunizations.



SERVICE BLUEPRINTS / 2 GUARDIANSHIP OF CHILDREN

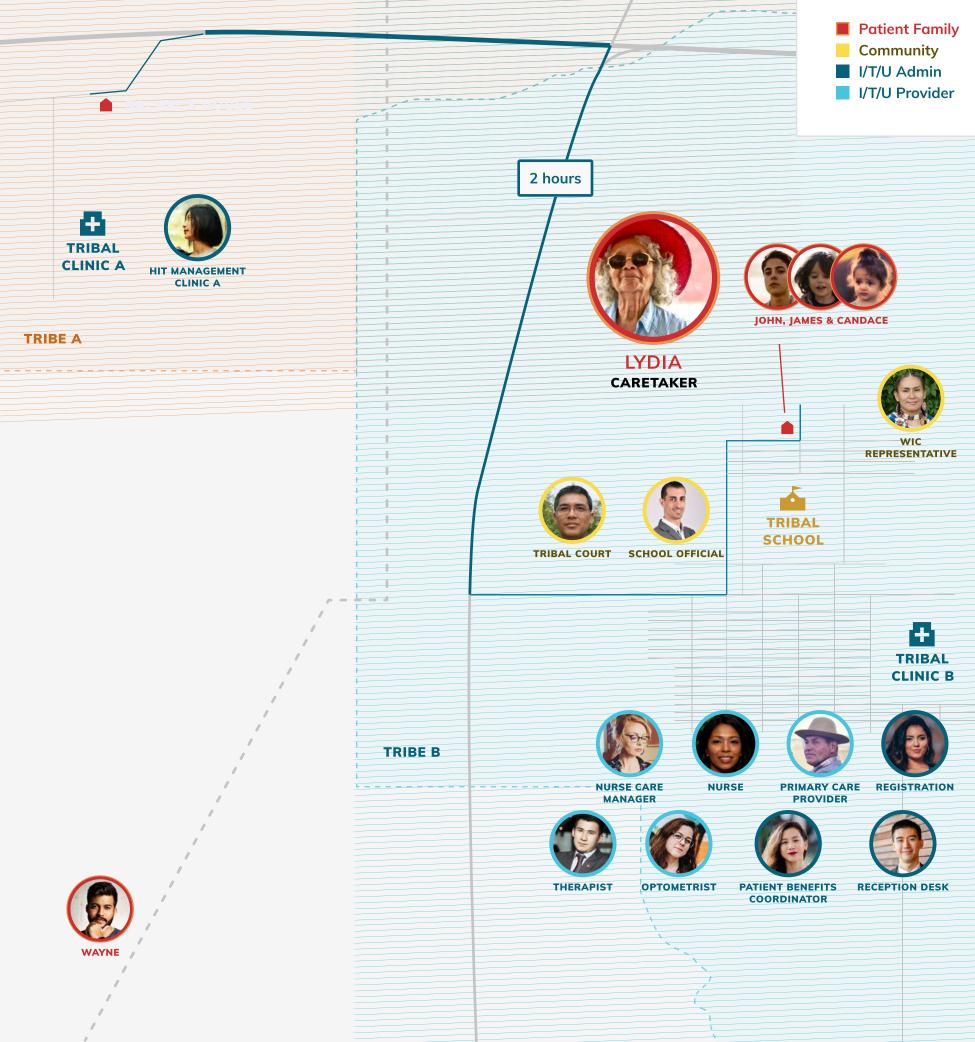
Lydia's Family Background

Lydia has recently become the guardian of her grandchildren John (12 y/o), James (8 y/o), and Candace (3 y/o). Lydia's son, Wayne, is their father, but is unable to take care of them because he travels a lot for construction work. Lydia and Wayne are both members of Tribe B and live on the reservation.

Lydia has become the guardian of the children, because their mother Rachel has died. Rachel was a single mom from Tribe A, and lived two hours away from Lydia.

This is a very overwhelming situation, and everyone is doing the best they can. Lydia is particularly worried about how she will manage financially.

The school year is about to start, and Lydia needs to figure out how to enroll the children in a Tribal school in the Tribe B reservation.





2.1 Obtaining Guardianship

| | SCHOOL ENROLLMENT | | TRIBAL COURTS | | |
|---------------|--|---|---|---|--|
| LYDIA & WAYNE | Lydia visits the school nearby to learn about enrollment for the upcoming year. The kids' father, Wayne, had to skip some days at work to help her out with this. | | Lydia and Wayne go with the kids to the Tribal court so that Wayne can give guardianship of the kids to Lydia. They bring Rachel's death certificate. | Lydia is unsure about how to get the kids' vaccination records. She calls the local clinic to schedule an appointment with the kids. She is told to come in next week. | |
| | SCHOOL OFFICIAL | Lydia needs to get guardianship for the kids at Tribe B Tribal court. School officials also need the kids' vaccination records. | | | |
| | | TRIBAL COURT | After checking the death record, they give the guardianship document to Lydia. They also provide descendant letters based on the dad's membership. | | |
| | | | | | |

| ADMIN & BILLING | | Certain documentation needed by patient registration can only be provided by Tribal courts. | |
|----------------------------|---|--|---|
| UNIQUE ASPECTS | It is common in Al/AN communities for extended family to become guardians for children. | Reservations typically have a Tribal court that issues records and documentation. Tribal social workers assist in this process. | Documentation for guardianship requirements vary from Tribe to Tribe. |
| HEALTH IT OPPORTUNITIES | | | |

2.2 Patient Registration

| | BOOKS APPOINTMENT | TRIBAL ELIGIBILITY | RELEASE OF INFORMATION (ROI) | | |
|--------------------------------|---|---|---|---|--|
| LYDIA, JOHN, AMES & CANDACE | Comes to the clinic with the kids, their descendant letters, and the guardianship documentation. Checks in at the desk. | | Tells Patient Registration they were going to the Tribal Clinic A. | Signs the ROI electronically. | |
| REGISTRATION | Asks Lydia for the dad for descendant letters and the guardianship paperwork. Scans the documentation. | Creates a new patient registration for each of the kids with their legal names. Children are also screened for CHIP/medicaid eligibility. | Hands a laminated copy of an ROI (Release of Information) for Lydia to review and sign which will be sent to the Tribal Clinic A to get the children's records. | Patient Registration sends signed ROI online to the Tribal Clinic A, along with scans of required documentation. | Receives r soon as th releases th payer, so o to Patient |
| | | | HIT MANAGEMENT | Receives ROI, transfers the children's records to the Tribal Clinic B through a secure connection. | |
| | | | CLINIC A | | |
| ADMIN & BILLING | | CIB7 proves eligibility for I/T/U— Tribal facilities may offer different levels of care for members of a different Tribe. | | | |
| UNIQUE ASPECTS | | Complex eligibility requirements for IHS; Tribal and urban facilities decide their requirements. | | Each Tribe has sovereignty over its data, but availability may vary depending on its relationships | |

HEALTH IT OPPORTUNITIES Ability to capture preferred name. Define eligibility by Tribal membership.

decide their requirements.

Digital signature of consent documentation. Bidirectional interface with state immunization records

depending on its relationships with other Tribes.

RPMS has cradle to grave health records. This information can be critical and should be carried over with Health IT Modernization.

without payer.

PATIENT BENEFITS

Gets approached about Medicaid for the kids. It is confusing why this is needed, but hears that it will give them better access to specialists in the future.

records instantly, as he Tribal Clinic A them. Kids have no a notification is sent t Benefits Coordinator.



PATIENT BENEFITS COORDINATOR



Approaches Lydia about Medicaid for the kids. It looks like they are eligible. Gives Lydia a list of documents for applying.

Offers WIC vouchers for Candace.



Tribal facility can provide services to the children based on Lydia's membership, but Medicaid ensures more freedom for them.

Many AI/AN expect I/T/U facilities to be paid for entirely by IHS and not to need insurance of any kind.

Automatic notification for patients

Tracking of application statuses in real time.

2.3 Primary Care Provider Consultation

| | VITALS | PCP CONSULT | | IMMUNIZATION | RECORDS |
|---------------------------------|---|---|---|--|---|
| LYDIA, JOHN, JAMES & CANDACE | Mentions the need for immunization records for the kids to the nurse. | At ease with the doctor, mentions that the kids have been acting up lately, and wonders what she can do about it. | Agrees with the PCP assessment and follow-up plan. | | |
| NURSE | Gets vitals for the children, lets PCP know that they're ready for him. Gets alert that Candace's immunizations are due. | Asks Lydia to give consent for the kids' immunizations. | | Administers DTaP immunization to Candace, adds to immunization record. | |
| RIMARY CARE PROVIDER | Reviews the kids' charts from Clinic A and sees notifications for many screenings. | Meets and greets the family and has a well-child meeting with each child as it hasn't been done in a while. Lydia is given a handout with more information about well-child and the developmental stages. | Examines Candace. She needs DTaP immunization, puts order in the system for nurse to carry it through, | Examines John, suggests that he sees a therapist at the clinic to help process his mom's passing. | Examines Ja seems to be optometrist clinic once a both James o optometrist |
| ADMIN & BILLING | Screening notifications help the facility achieve their quality measure targets. | | Visit will be covered by Tribal funds now, future visits will be billed to Medicaid. | | |
| UNIQUE ASPECTS | | | | | |
| HEALTH IT OPPORTUNITIES | Connectivity with medical devices reduces data input Age-appropriate notifications for screenings. | Child wellness module provides patient education codes that are age/gender specific to see if children need more work on specific developmental stages; questionnaires; and developmental education. | Connectivity with medical devices reduces data input. Follow up is accessible online. | Ability to document screenings done easily for quality measures and grant reporting. Auto update to state registry. EHR updates state immunization records automatically. | |

As they leave the clinic, pick up the immunization records and coordinate appointments with therapist and optometrist.



NURSE CARE MANAGER

nes James. His vision to be failing, he can see netrist that comes to the once a week. Suggests ames and John see the etrist and the therapist.

Updates state immunization registry records, coordinates appointments with the therapist and the optometrist on the same day, sets up text message reminders.

Finishes notes and places orders and referrals in EHR to print the kids' immunization records.

Notification sent at appointment.

HEALTH IT

OPPORTUNITIES

2.4 Follow-Up Appointments: Therapist

| | TRAVEL TO THE CLINIC | CHECK-IN | | THERAPIST CONSULT | |
|---------------------|---|---------------|--|---|--|
| LYDIA, JOHN & JAMES | The kids' school enrollment is sorted out! Picks up the kids at school for appointments, leaves Candace with a relative for the afternoon, drives to the clinic and checks in at the desk. | | | Lydia speaks with the therapist and explains their mom's passing. After that, John and James chat with him alone. | |
| RECEPTION DESK | Checks the kids in, prompting notifications to the designated team. | THERAPIST | Reviews the kids' charts before appointment, sees their history, along with a note in the referral regarding their mom's passing. | Invites the family in. Chats with Lydia for a few minutes to understand what's going on, then chats with the boys. | Chats with recommend counseling s once a wee Documents |
| | | PATIENT BENEF | Receives notification that Lydia is in the clinic. | | |
| | | COORDINATO | | | |
| ADMIN & BILLING | | | | | BH visit will k retroactively. |
| UNIQUE ASPECTS | | | | | Telehealth fo Behavioral H successful w and remote c |

Custom notifications based on

team configuration.

notification.

Proxy identification for

Ability for treatment in-person, to EHR. Wraps up Medicaid enrollment while waiting for the kids to be done with the therapist.

th Lydia again, ends they do Telehealth ng sessions with him reek for a few weeks. nts visit notes in EHR

> Wraps up the kids' Medicaid application now that they have all the documentation needed. Submits application.

| vill be billed to Medicaid ely. | Tracking Medicaid application on Health IT. |
|---|---|
| n for Children's Il Health may be I with mix of in-person te appointments. | Medicaid is critical to keep I/T/U facilities open—IHS funding is not sufficient. |
| therapist to provide both remotely and , with seamless access | Ability to verify and bill third-party payers efficiently. |

2.5 Follow-Up Appointments: Optometrist

| | CHECK-IN FOR OPTO | OPTO CONSULT | | | GLASSES AI |
|----------------------------|--|---|--|--|---|
| LYDIA, JOHN & | After the therapist appointment, checks in with the reception desk for the optometrist appointment. | Comes in for optometrist appointments for the boys. | Kids try out a few different pairs of glasses, decide on two models they like. | | Lydia receiv notification ready for pic |
| JAMES | Checks the kids in for the optometrist appointment, prompting a notification to the optometrist. | | | | |
| OPTOMETRIST | Reviews the kids' charts and PCP referral notes. | One at a time, runs exams of their eyes and retina, then checks if they need glasses. All the devices' data feed directly into the EHR, making 3D imaging available on EHR. Documents notes on EHR. | Both kids have astigmatism and myopia. Places order for glasses. | Places order for glasses, which will be ready for pick-up in a couple of weeks. Wraps up notes. | Glasses arri notification them up. |
| ADMIN & BILLING | | | Optometrist visit will be billed to Medicaid. | Glasses will be covered by Medicaid. | |
| UNIQUE ASPECTS | | | | | |
| HEALTH IT OPPORTUNITIES | | EHR documents medical devices data automatically. | | Updates on glasses delivery. | Patient text r |

ARRIVE

eives a text on that the glasses are pick-up at the clinic.

arrive, which triggers a on for Lydia to pick

xt notifications.

HHS/IHS Health IT Modernization

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