



# INDIAN HEALTH SERVICE HUMAN-CENTERED DESIGN

JOURNEY 2: GUARDIANSHIP OF GRANDCHILDREN [SECTION 4 OF 11]

# SERVICE BLUEPRINTS

# How to read the Service Blueprints

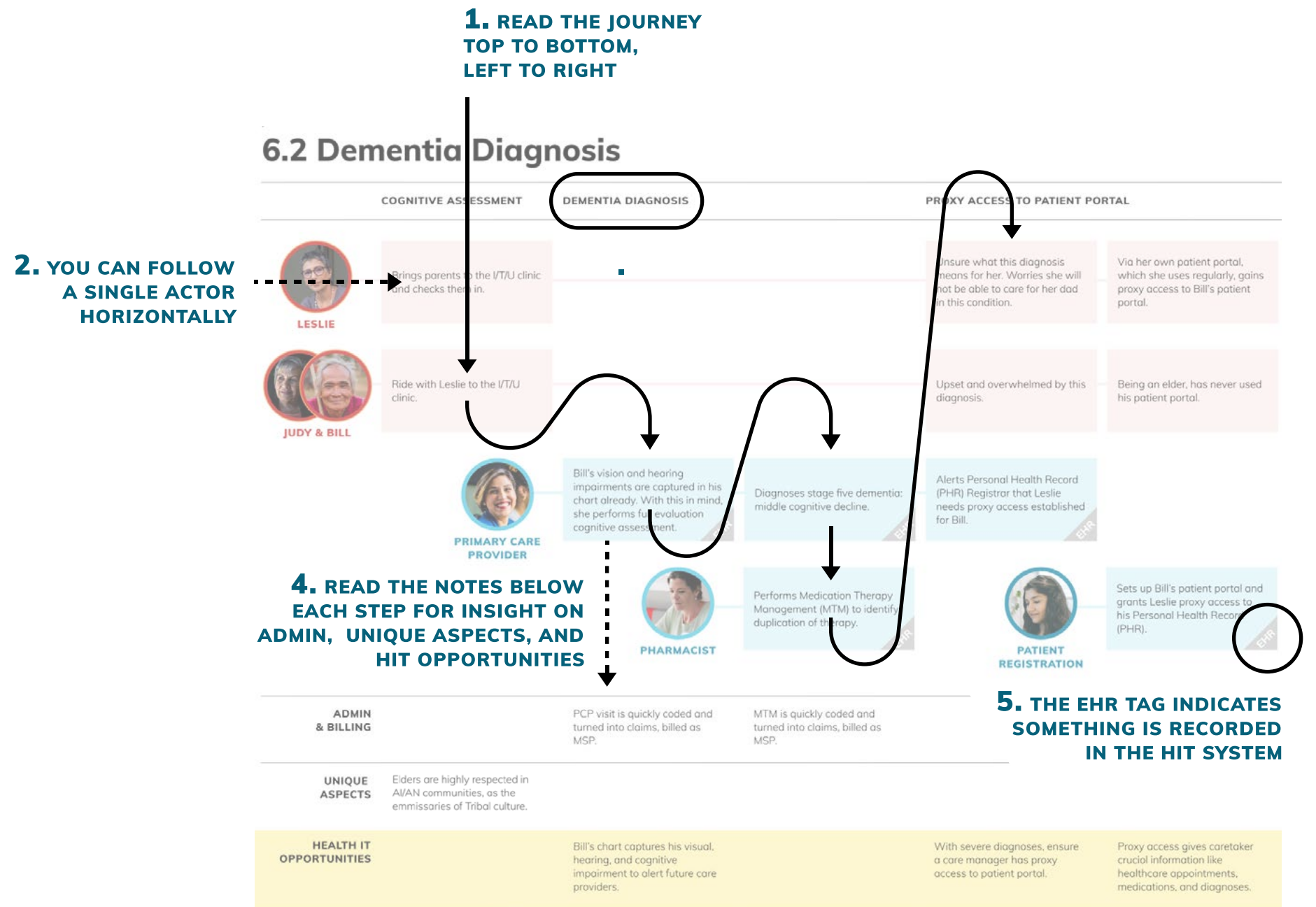
The journeys in this report present seven stories of patients and caretakers receiving care in adverse circumstances. The purpose is to convey stories that, read collectively, paint a dynamic and encompassing picture of the varying needs of the AI/AN population and IHS staff when it comes to health services.

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.

PATIENT REGISTRATION

TRIBAL MEMBERSHIP

MEDICAID

TELEHEALTH

BEHAVIORAL HEALTH

OPTOMETRY

TRIBAL COURTS

EXTENDED FAMILY

PEDIATRICS

TRIBAL FACILITY

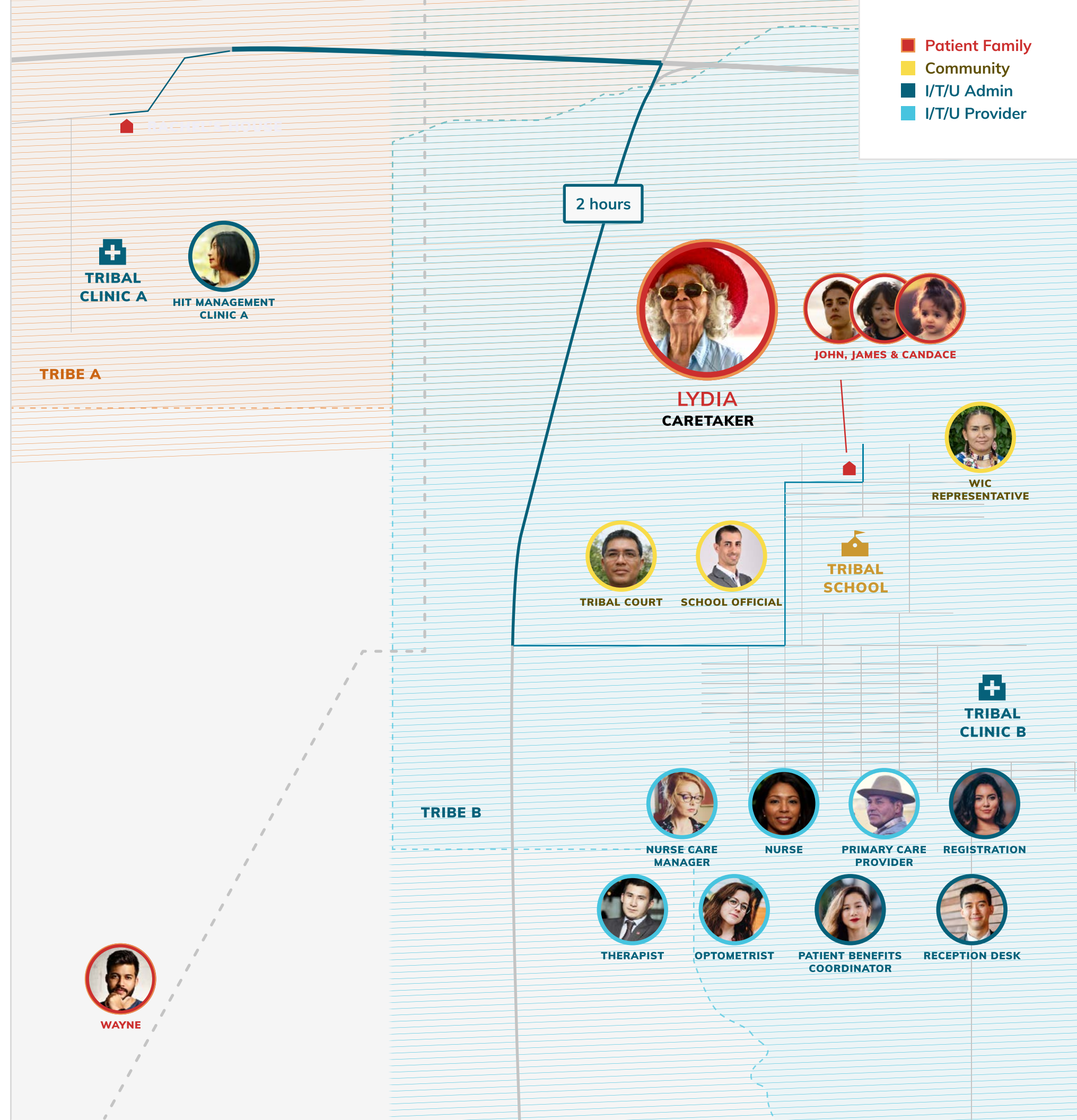
# Lydia's Family Background

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



**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.



**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.

## TRIBAL COURTS

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.

### ADMIN & BILLING

Certain documentation needed by patient registration can only be provided by Tribal courts.

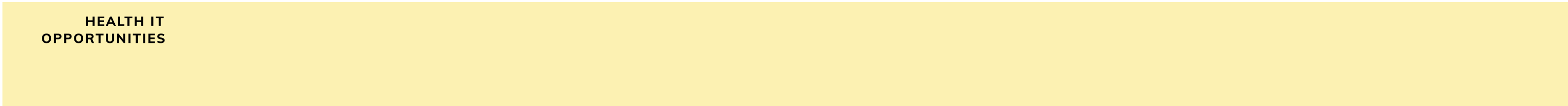
### UNIQUE ASPECTS

It is common in AI/AN communities for extended family to become guardians for children.

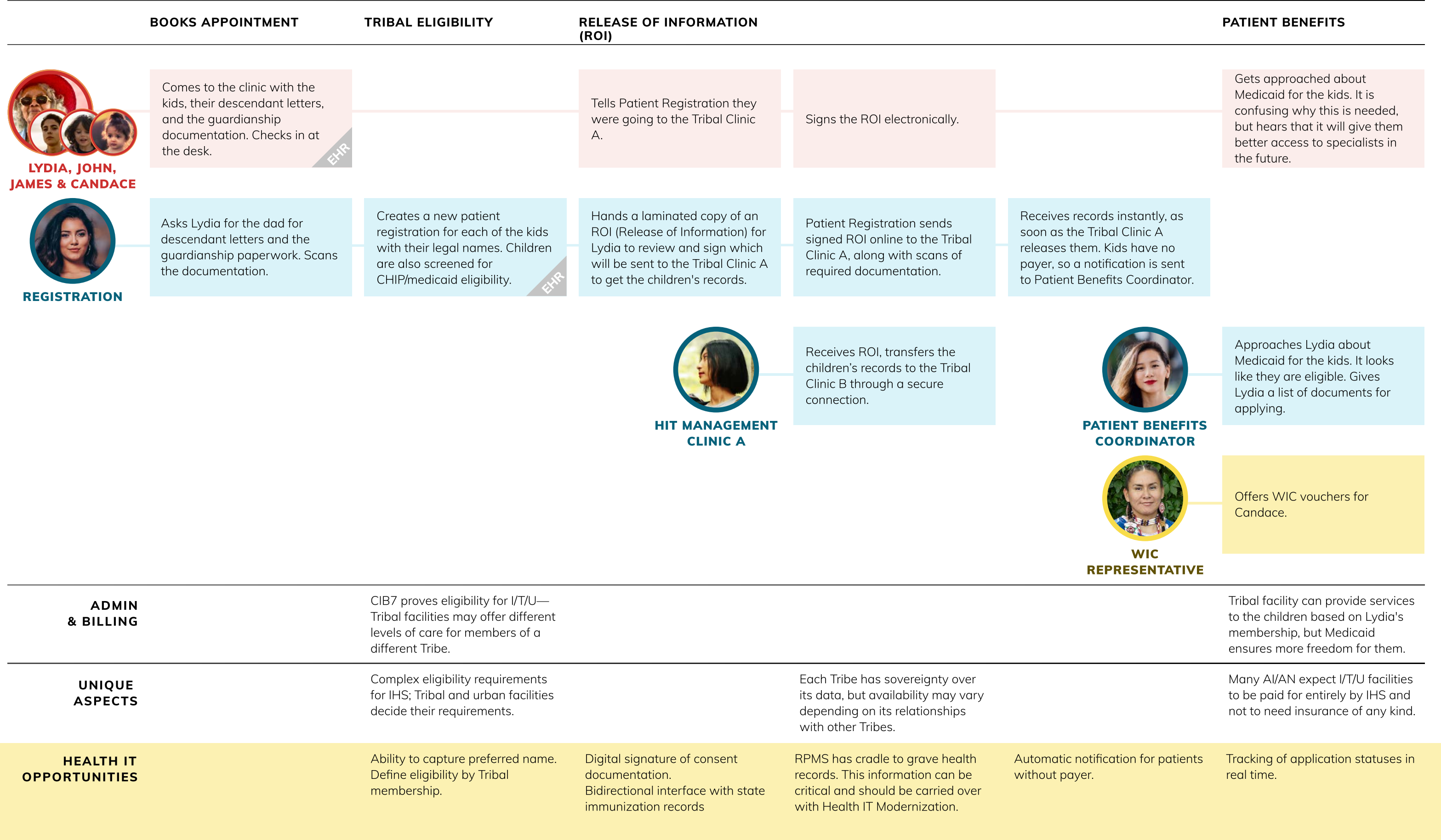
Reservations typically have a Tribal court that issues records and documentation. Tribal social workers assist in this process.

Documentation for guardianship requirements vary from Tribe to Tribe.

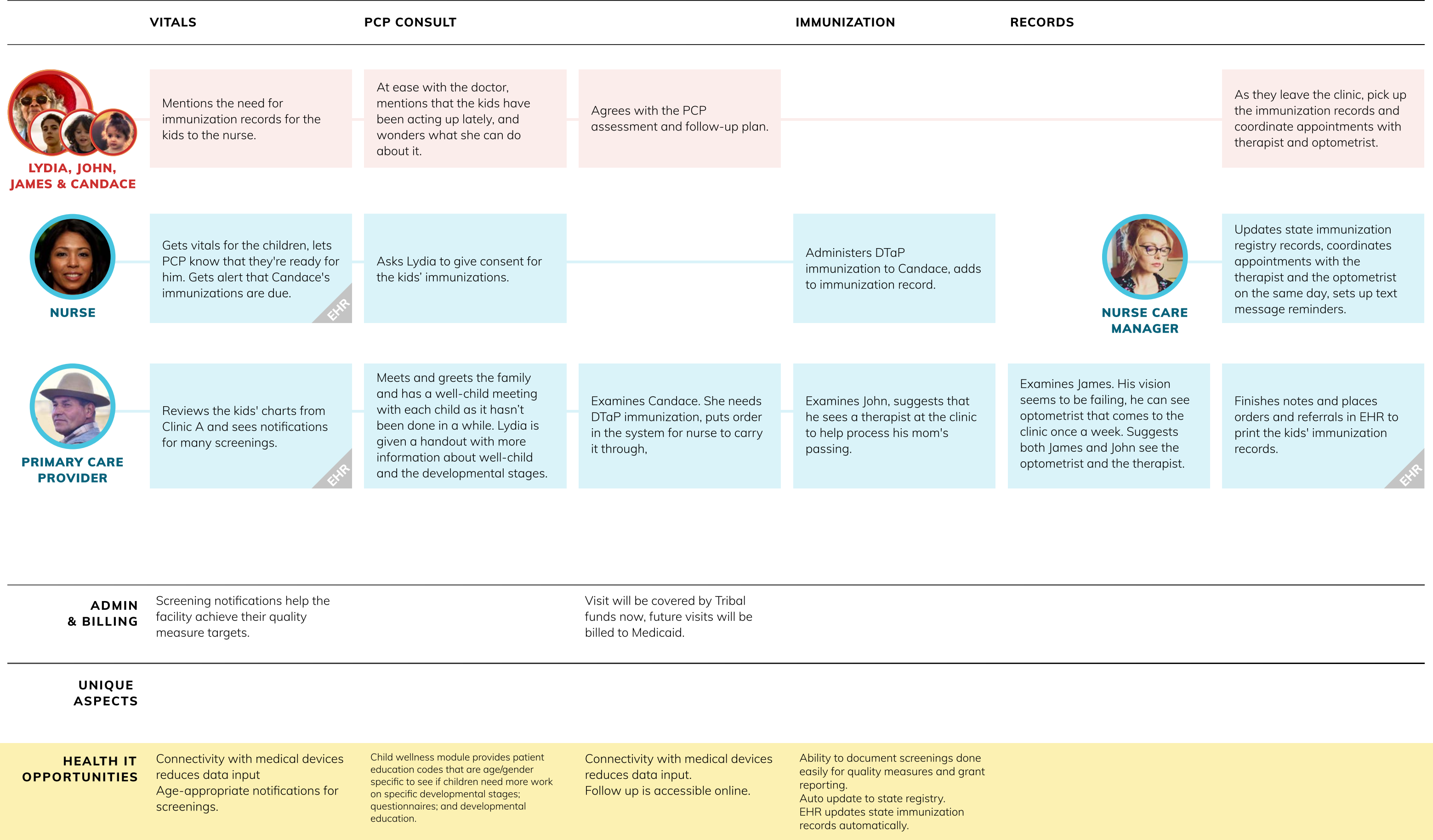
### HEALTH IT OPPORTUNITIES



# 2.2 Patient Registration



## 2.3 Primary Care Provider Consultation





# 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.



**RECEPTION DESK**

Checks the kids in, prompting notifications to the designated team.

EHR



**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 Lydia again, recommends they do Telehealth counseling sessions with him once a week for a few weeks. Documents visit notes in EHR.

EHR



**PATIENT BENEFITS COORDINATOR**

Receives notification that Lydia is in the clinic.

Wraps up Medicaid enrollment while waiting for the kids to be done with the therapist.

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

EHR

**ADMIN & BILLING**

BH visit will be billed to Medicaid retroactively.

Tracking Medicaid application on Health IT.

**UNIQUE ASPECTS**

Telehealth for Children's Behavioral Health may be successful with mix of in-person and remote appointments.

Medicaid is critical to keep I/T/U facilities open—IHS funding is not sufficient.

**HEALTH IT OPPORTUNITIES**

Notification sent at appointment.

Custom notifications based on team configuration. Proxy identification for notification.

Ability for therapist to provide treatment both remotely and in-person, with seamless access to EHR.

Ability to verify and bill third-party payers efficiently.

# 2.5 Follow-Up Appointments: Optometrist

**CHECK-IN FOR OPTO**

**OPTO CONSULT**

**GLASSES ARRIVE**



**LYDIA, JOHN & JAMES**

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 receives a text notification that the glasses are ready for pick-up at the clinic.



**RECEPTION DESK**

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 arrive, which triggers a notification for Lydia to pick 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 notifications.

# HHS / IHS Health IT Modernization

Created by the HCD team at &Partners:

Sabrina Fonseca  
Arden Klemmer  
Rients van Blanken  
Kate Murphy  
Angela Palm  
Eduardo Ortiz

Sponsored by the US Department of Health and Human Services (HHS).

Developed with invaluable contributions from:

Indian Health Service (IHS)  
Regenstrief  
National Indian Health Board (NIHB)  
Emerging Sun

Thanks to the team at the NIHB and the IHS for their dedication and passion.

Special thanks to all staff members at IHS-run, Tribal, and Urban facilities, and patients who contributed with their time, knowledge, experience, and connections.



(302) 505-1472

[hello@andpartners.io](mailto:hello@andpartners.io)

[andpartners.io](http://andpartners.io)

