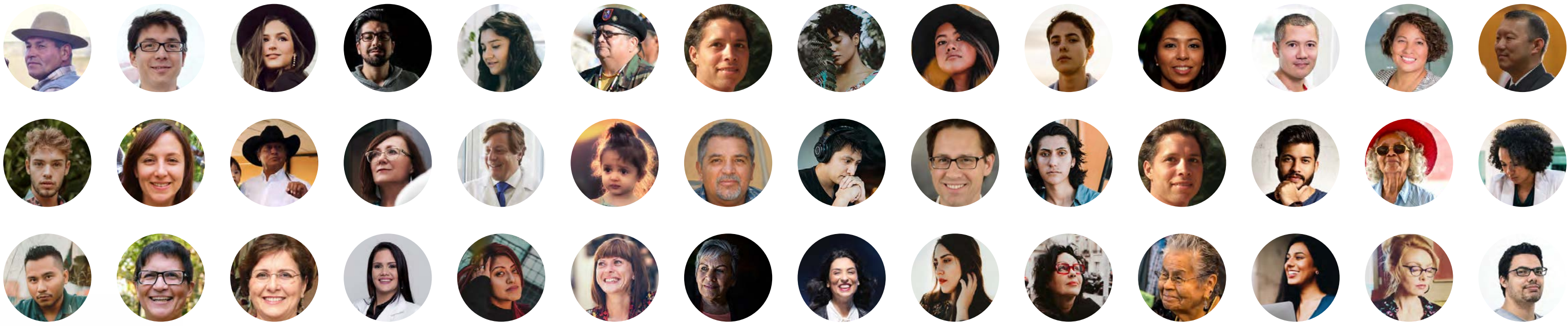
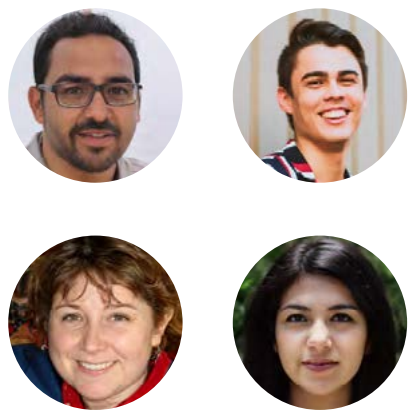




INDIAN HEALTH SERVICE HUMAN-CENTERED DESIGN

JOURNEY 3: SUICIDE IDEATION [SECTION 5 OF 11]



SERVICE BLUEPRINTS

How to read the Service Blueprints

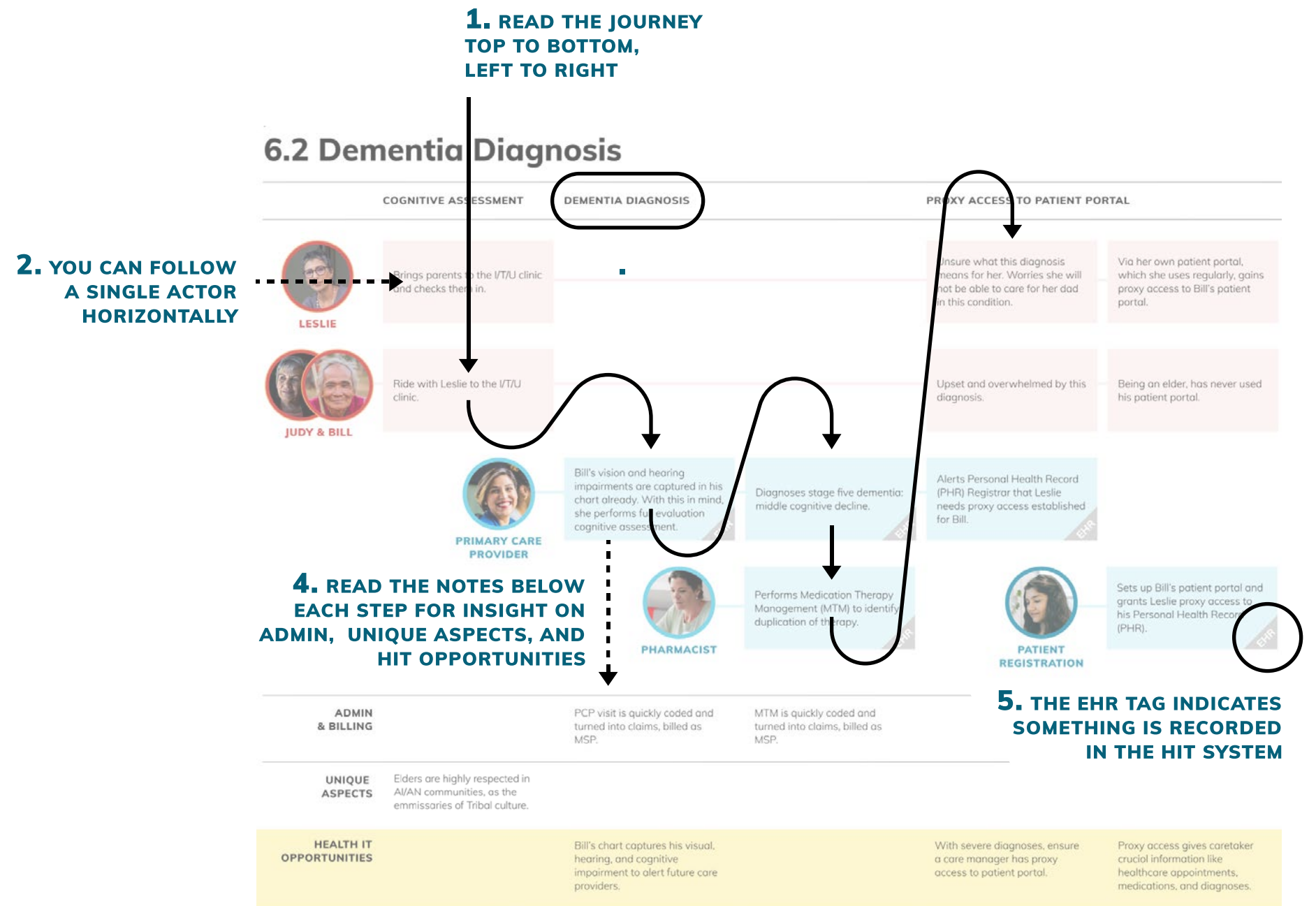
The journeys in this report present seven stories of patients and caretakers receiving care in adverse circumstances. The purpose is to convey stories that, read collectively, paint a dynamic and encompassing picture of the varying needs of the AI/AN population and IHS staff when it comes to health services.

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 3: SUICIDE IDEATION

SAM'S JOURNEY

Sam identifies as trans and Two-Spirit. They just moved from the reservation to the college town where they went to study. A friend's suicide and all the life changes caused them to start thinking about suicide.

URBAN FACILITY

COLLEGE

REFERRAL

EXTERNAL FACILITY

SUICIDE

PUBLIC HEALTH RESPONSE

RETAIL PHARMACY

AFFORDABLE CARE ACT

Sam's Background

Sam is an AI/AN individual who identifies as transgender and Two-Spirit*. Their gender identity had a special meaning in the reservation where they spent all their lives, but that did not make life easier for Sam—quite the opposite.

Sam moved a year ago from their reservation to a college town three hours away to start their higher degree studies. At college, they joined LGBTQ+ groups and chose to adopt a different name to match their gender identity and began using they/them as pronouns.

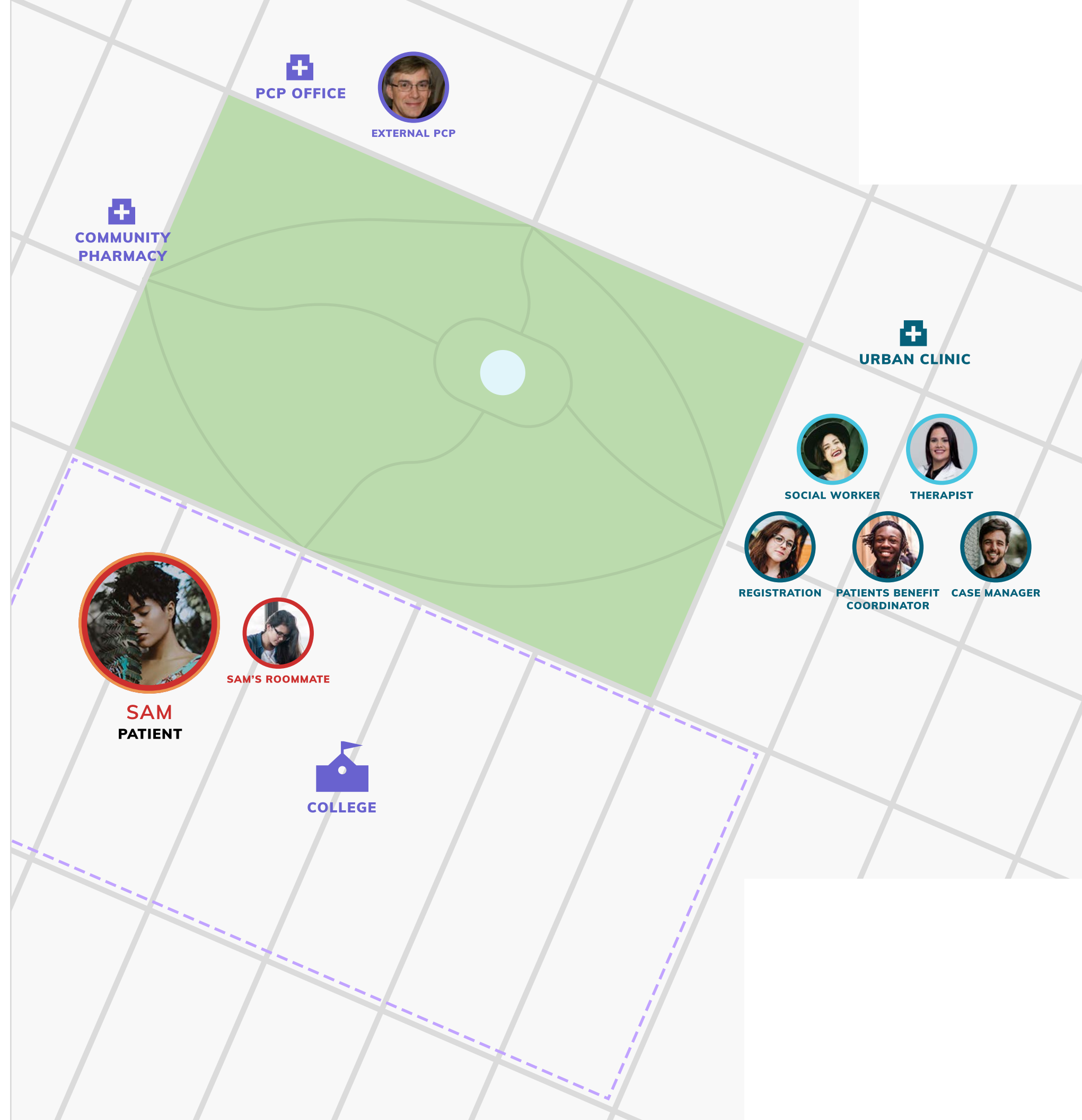
College offered a wonderful new life until a friend from their Tribe who was attending the same college committed suicide. Struggling with depression, Sam has started thinking about committing bodily harm and sometimes suicide. They cannot help it.

They have tried discussing this with a therapist from their college clinic, but the cultural disconnect made them feel exhausted and lonely.

They heard about an AI/AN urban clinic and decided to reach out. This is an Outreach and Referral urban clinic, which has behavioral health services funded through grants, but does not have a medical care team.

*TWO SPIRIT

Two-Spirit is a modern, pan-Indian, umbrella term used by some to describe Indigenous North American people (including First Nations in Canada) who fulfill a traditional, non-binary gender, ceremonial role in their cultures. Tribes with such roles have their own terms to identify such individuals, and their definitions can range widely based on non-binary gender identities or on sexuality, or both. The Two-Spirit label attempts to cover a wide spectrum of LGBTQ+ identities.

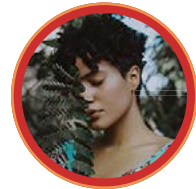


3.1 Sam Comes to the Clinic and Checks In

COMES TO URBAN CLINIC

TALKS TO SOCIAL WORKER

PATIENT BENEFITS



SAM

Arrives at clinic, asks registration about behavioral health services. Provides Tribal ID and updated address for registration.

Provides electronic consent to transfer their records from the IHS clinic to the urban facility—including behavioral health documentation.

EHR

Speaks with social worker, this time in a private room. Feels safe to tell them that they have been considering suicide.

Sam mentions their gender identity and name change. Learns that the sex assigned at birth is necessary for insurance purposes.

Agrees to see a therapist at the urban clinic. Relieved to know that the therapist is AI/AN as well.

While waiting to meet with therapist, talks to patient benefits coordinator to check on their health insurance options.



REGISTRATION

Asks Sam for Tribal ID (CIB7) as proof of eligibility. Updates their address, which makes them eligible for services at the urban clinic.

EHR

Upon Request of Information (ROI) signing, instantly pulls Sam's medical records from the IHS facility, creating an ongoing point-to-point connection.

EHR

Places an order for the Behavioral Health social worker for intake.

EHR



THERAPIST

An urgent appointment comes through, makes room in the day to see Sam.

EHR



SOCIAL WORKER

Receives order, reviews EHR, assesses Sam. Gets notified to screen for depression and suicide ideation based on their history.

EHR

Changes Sam's preferred name and gender identity in EHR. Confirms sex assigned at birth with Sam for insurance purposes.

EHR

Requests therapy for Sam at urban center same day. Documents their discussion.

EHR



PATIENTS BENEFIT COORDINATOR

Notified of Sam's arrival, sees that they do not have health insurance.

EHR

Sam is not eligible for Medicaid, but qualifies for Affordable Care Act (ACA) health plan. Provides a list of documents needed for enrollment.

EHR

ADMIN & BILLING

CIB7 proves eligibility for I/T/U facilities.

Without a payer, cost of therapy is covered by the urban facility—most likely through grants, if at all.

UNIQUE ASPECTS

Eligibility for some urban clinic services are based on Tribal membership or descent, and living in the covered area.

Urban facilities have insufficient budget for their demand, rely on third-party payers and grants for most of their care.

Trans patients may not disclose their trans identity at registration in front of others.

AI/AN enrolled in ACA plans are exempt from deductibles and copays, but do pay premiums.

HEALTH IT OPPORTUNITIES

Fully accessible EHR between facilities, depending upon Tribal data sovereignty rules.

Able to screen for and document depression and suicide ideation. Could be based on demographics.

Able to record preferred name and gender identity (as well as sex, or sex assigned at birth, needed for insurance purposes).

Benefits coordinator is alerted when a patient checks in without a payer.

3.2 Therapist Consultation

SEES THERAPIST

CARE PLAN

SUPPORT NETWORK



SAM

Patient Benefits Coordinator enrolls them in ACA. Tells them about Patient Portal phone app, downloads it. Upon setup, is notified of their wait time.

Meets with therapist. Relieved to talk to someone who is also AI/AN. Talks about suicide ideation. Tells therapist about deceased friend.

Promises to utilize support network. Shares family and friends' contact information. Takes pamphlet with suicide hotlines and other resources.

Answers therapist's questions about other plans and modes of lethality, as well as personal demographic information.

Works with case manager to schedule PCP appointment and follow-up visit with the therapist.

Receives a call from their mom and roommate, the bad feelings feel a little less urgent now.



THERAPIST

Checks Sam's history, sees history of depression, a suicide attempt from a few years ago, and a recent ER visit due to a violent attack.

Invites Sam into office. Evaluates whether Sam needs inpatient management. Decides they will be okay without it. Asks for emergency contacts.

Asks Sam about their support network. Gives pamphlet with resources. Recommends anti-depressants, which will require a PCP appointment.

Places an order for a follow-up visit and a PCP appointment to make sure Sam gets a full check-up and anti-depressants.

Documents their discussion. Gives a rating on a suicide ideation scale, along with case details to get a full picture of the episode.

With Sam's consent, calls Sam's mom and roommate to ask to check in with them. Documents their discussion.



PATIENTS BENEFIT COORDINATOR

Provides Sam with PRC student form in the patient portal app. This will allow them access to PRC as a full-time college student.

EHR



CASE MANAGER

Reviews and approves coverage of referral copay costs upon approval of Sam's ACA health insurance application.



SAM'S ROOMMATE

Receives a call from the therapist, checks in with Sam when they meet at home.



SAM'S MOM

Receives a call from Sam's therapist, calls them immediately to check in. Calls every day to make sure they are okay.

ADMIN & BILLING

UNIQUE ASPECTS

Medicaid denial letter and PRC student form are required for PRC eligibility.

Outreach and Referral urban facilities do not have a health care team and need to refer to external providers.

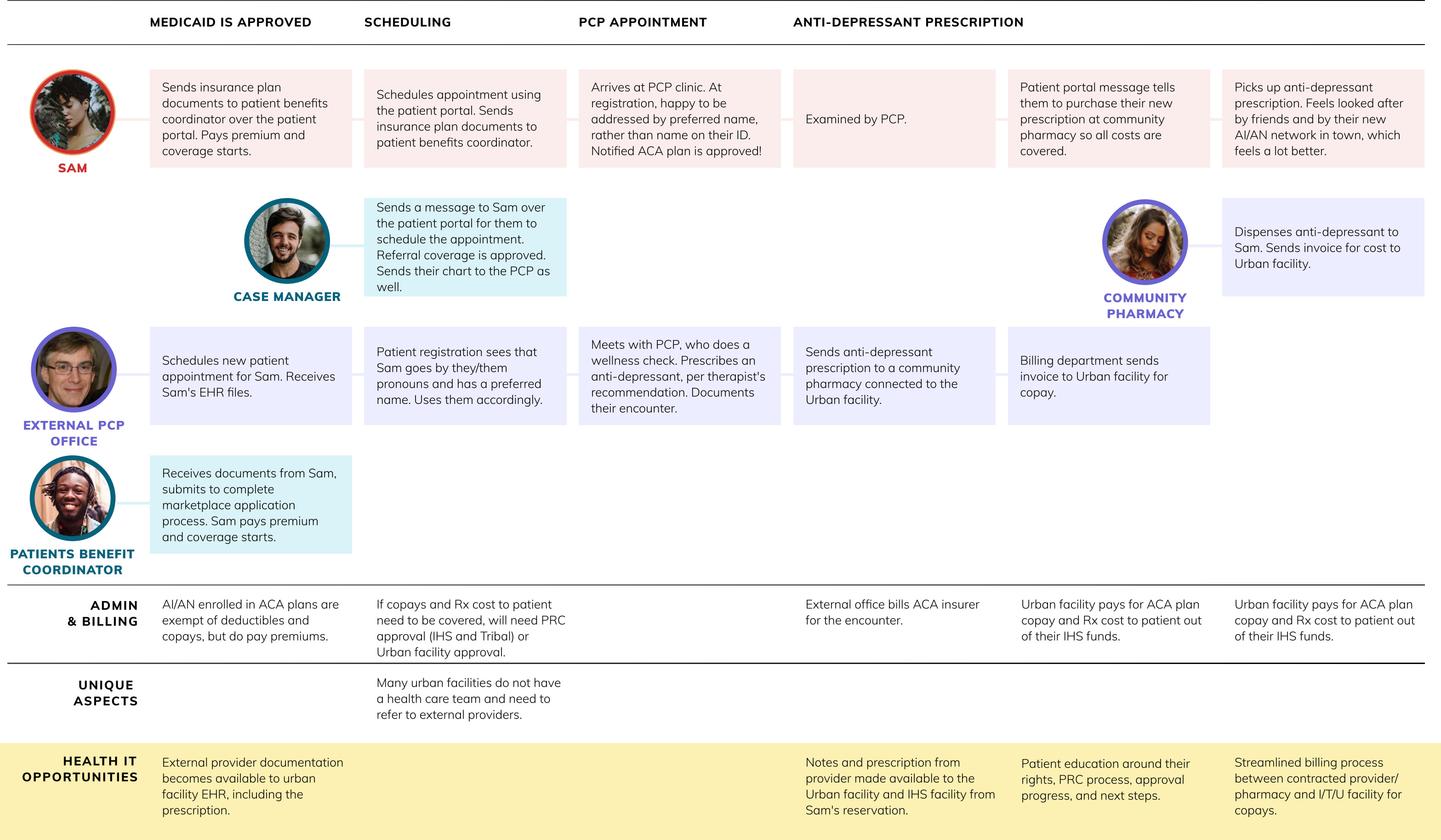
PCP referral full cost or copay may be covered by the Urban facility funds—not PRC funds (exceptions apply).

HEALTH IT OPPORTUNITIES

Ability to document alternate contacts (not the same as next of kin).

Suicide rating might include age, gender, and orientation for identifying trends and taking targeted action.

3.3 Primary Care Provider (PCP) Consultation



3.4 Suicide Ideation Report Triggers a Public Health Response

CONTACTING THE TRIBE

CONTACTING THE COLLEGE

IDENTIFYING HIGH-RISK PATIENTS



SOCIAL WORKER

Calls Tribal Health Board from Sam's Tribe, shares anonymized suicide ideation event and details—mode, lethality, plans, triggers, age, and gender.



IHS + TRIBAL HEALTH BOARD

Together, Tribal Health Board and the IHS facility identify cases common with Sam's. They also look into Sam's friend who committed suicide.

Work together on an action plan—screening at-risk patients and an education session for kids at high school age.

IHS facility creates panel of high-risk patients, sends messages for online screening, along with suicide prevention education.



COMMUNITY HEALTH WORKER

Runs depression and suicide prevention education session at the local high school.



CASE MANAGER

Researches the urban clinic panel to find other patients around that age who might be at risk for suicide.

Sends depression screening question and AI/AN-appropriate suicide prevention resources. Appointments are scheduled with those at risk.

Sets up reminders for depression screening for all patients within Sam's age range and/or going to their college.

ADMIN & BILLING

Workshops may be paid for by grants—need EHR for reporting on number of patients present.

UNIQUE ASPECTS

HEALTH IT OPPORTUNITIES

Local community resources contacts, ability to research patient panels for public health response.

High-risk patients can be screened directly through patient portal phone app and mobile website.

Access to EHR by community health workers for grant reporting purposes.

Able to send targeted mass messages through patient portal, email, and text.

Online screening through the patient portal and by other messaging means.

HHS / IHS Health IT Modernization

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