



2019 Indian Health Service Partnership Conference

Spokane, Washington



IHS PRC REFERRAL PROCESS

Purchased Referred Care

*Brenda Molash
Health Systems Specialist
Rapid City Indian Health Service*

INTRODUCTION

Great Plains Area IHS (SD, ND, NE, & IA)

- **Rapid City IHS Hospital, Rapid City, SD**
 - IHS Hospital located in the majestic Black Hills of SD (Rapid City is the 2nd largest city in SD).
 - Rapid City's Population is 74,000 and Pennington County, (PRCDA) Population is 108,000.
 - Rapid City Regional Health, Rapid City, SD is a regional trauma hospital and is utilized by 4 IHS hospitals, they are the largest consumer of PRC dollars in the Great Plains Area. Rapid City, SD is also home to numerous specialty providers that IHS relies upon.
 - Rapid City IHS User Population is approximately 15,000
- **Brenda Molash, PRC Supervisor**
 - 8 PRC staff

PRC VENDOR VISITS

PRC Staff, Managed Care Director, Nurse Case Managers, and other IHS staff make periodic visits to local Hospitals and Clinics and other providers (PRC Vendors), or invite them to IHS.

- Disseminate PRC information, brochure, contact info, etc
- Discuss PRC processes, MPO's, billing, etc
- Foster a positive working relationship
- Maintain relationship by conducting periodic follow up visits, communication, etc.
- Vendor visits benefit three other IHS Hospitals, located 1-3 hours away

Vendors identify other issues involving various IHS programs/processes such as HIM, IHS Provider documentation, consultation notes, etc., some of these visits have led to changes in PRC processes.

PRC VENDOR VISITS (CONT.)

One of the processes identified from Vendor visits was vendor concerns of follow up on vendor/provider consultation notes.

Incoming consultation notes require timely response by the referring IHS provider.

- IHS referred patient may require further testing, referral to another specialist, or follow-up care by IHS providers, sometimes quickly.
- CMS, Meaningful Use require review of the incoming consultation notes to “close the referral loop”.

CHANGE

As a result of vendor visits and working closely with our providers and nursing staff, we identified the need to change and re-structure the existing PRC referral process to align with the Patient Centered Medical Home model by using this team based approach:

1. Comprehensive care is coordinated for patients through their primary care physician and/or nursing staff.
2. Ensure they receive the necessary care when and where they need it.
3. To obtain maximal health outcomes.

PRC REFERRAL PROCESS

IPC/Patient Centered Medical Home Model

1. Empanel patients to a primary care provider or care team to promote continuity of care.
2. Provider, Nurse, or Case Manager enters a referral for specialty care.
3. Referrals are reviewed each day at the Managed Care Committee and either approved, denied or deferred.
4. PRC completes the administrative components of the PRC referral process, by modifying referral, issuing MPO's (or denials for Medicaid referrals), sending HIM ROI and sending HER notification to Care Team nurse to schedule.
5. Care team schedules patient appointment, contacts the vendor, and notifies patient of approved referral.
6. HIM faxes referral and medical records to referring facility and electronically transmits CCDA (Consolidated Clinical Document Architecture).
7. Patient attends appointment, medical records are generated from this visit, and are transmitted back to IHS facility electronically.
8. Care team schedules a follow up appointment for the patient with PCP to review records, specialist recommendations, or diagnostic reports received and determine the plan of care. Additional referrals would be entered if needed, or if PCP and/or patient determines no further care is needed or requested, then PCP will notify specialist.

PRC PROCESS

PRC changed the PRC Referral process to include the Patient-Centered Medical Home model using Care Teams:

West Team

- 2 Providers
- 2 RN's (Care Team Nurses)
- 1 RN (Case Manager)
- 2 LPN's
- 1 MSA

East Team

- 4 Providers
- 3 RN's (Care Team Nurses)
- 1 RN (Case Manager)
- 3 LPN's
- 1 MSA

South Team

- 3 Providers
- 1 RN's (Care Team Nurses)
- 1 LPN
- 1 MSA

HIM PROCESS

HIM – Medical Records Process:

1. Through the PRC referral process, HIM faxes the referral and medical notes to the non-IHS facility.
2. If radiology images are requested for a referral, HIM contacts Radiology Dept. and images are sent through the Picture Archived Communication System (PACS), a VPN connection must be established first. If no VPN connection is established, images are scanned to disc and HIM forwards to the non-IHS provider.
3. HIM receives a confirmation of fax delivery and enters the information into EHR and RPMS and documented on the referral.
4. HIM receives non-IHS records electrically or by fax, scans the documents into EHR.
5. If provider signature is required on incoming consultation notes, HIM will deliver document(s) to the referring non-IHS provider for review and signature.
6. With TOC, documents are received electronically, HIM will research each patient to verify if active or inactive. For active charts, records are scanned into EHR chart and routed to provider for electronic signature.

MEDICAL PRIORITIES

Determination of PRC Medical Priority

- Overall benefit to PRC and implementation of new process
- Can be a challenge for PRC/MCC's to correctly prioritize.
 - Providers determine medical priorities higher than what they actually are, want to see their patient's referrals approved.
- When medical priorities are not correct, makes managing limited PRC appropriations difficult.
 - Difficult to prioritize care within a weekly/daily spending limit when all care is determined emergent.

Cannot defer non-emergent care

- Difficult to identify Unmet Needs

- *“CHANGE IS OFTEN DIFFICULT, BUT SOMETIMES VERY NECESSARY”*

EHR - PRC REFERRAL EXAMPLE

Add Referral for Demo, Patient P

Patient Eligibility Status: **CHS_DIRECT** VA Eligibility: **NO**

Priority: 1

Purpose Of Referral: Knee pain, Left | Referral SNOMED: Patient referral

Referring Provider: RICO, SHANNELLE S Show All Referral Date: 1/21/2018

Referral Type: CHS

REGIONAL HEALTH RC HOSPITAL

Authorized Visits: 1 Visit Type: Inpatient Outpatient Schedule Appointment within: Days

ICD Diagnosis Category: MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE CPT Procedure Category: DIAGNOSTIC IMAGING

Notes to Appointment Scheduler

MRI of the LEFT knee without contrast R/O complete tear of ACL. Include recent X-rays of knee, labs.

Medical History and Findings

37 y/o male injured left knee on January 1 of 2018, recently experiencing severe pain, giving way on ambulation, and affecting ability to work and ADLs. He had a normal X rays. He has been doing physical therapy 3 times per week with no improvement. Patient failed conservative treatment with NSAIDs and P.T. Referral for MRI of the left knee without contrast to R/O complete tear of ACL.

Business Office Notes

Include

- Consultation Report
- Face Sheet
- Health Summary
- History and Physical
- Most Recent EKG
- Most Recent Lab Report
- PCC Visit Form
- Pre-Natal Record
- Signed Tubal Consent
- Speciality Clinic Notes
- X-Ray / Report
- X-Ray Film

SUMMARY OF PRC REFERRAL PROCESS

- **Patient sees IHS Provider, provider initiates referral in EHR, creates an RCIS Referral**
- **PRC staff print RCIS Referral/provider notes, prepare for committee review**
- **PRC Committee approves, PRC staff update referral, estimate PO(s) & Issue**
- **HIM faxes medical records to non-IHS provider/vendor, Care Team Nurse schedule appointment**
- **Patient sees non-IHS Provider, provider sends consultation notes to IHS (HIM electronic or fax)**
- **Care Team review consultation notes and act appropriately.**
- **Option for “Electronic PO” Process (RPMS’ VURS report)**

*** CONTRACT HEALTH MANAGEMENT SYSTEM ***
 XXXXXXX XXXXXXX (individual IHS Service Unit name will be here)
VENDOR USAGE REPORT - OPEN AND PAID DOCUMENTS

Provider: XXXX XXXXX (provider/vendor name)

Dec 01, 2017@15:15:29 (indicates the date the report is run)

For the period Oct 01, 2017 through Oct 31, 2017 (period in which PO was issued, not the DOS)

DOCUMENT #	PATIENT NAME	HRN	TYPE	DOS	STAFF	LAST-4SSN	OC	DOLLARS *=PAID
*17-COX-00333	LAST NAME, FIRST NAME	10000	64	10/1/2017	ABC	1234	254D	\$ 50.00
*18-COX-00001	LAST NAME, FIRST NAME	10001	64	10/2/2017	ABC	1235	254D	\$ 420.00
18-COX-00002	LAST NAME, FIRST NAME	10002	64	10/3/2017	ABC	1236	254D	\$ 40.00
18-COX-00003	LAST NAME, FIRST NAME	10003	64	10/4/2017	ABC	1237	252Q	\$ 10.00
18-COX-00004	LAST NAME, FIRST NAME	10004	64	10/5/2017	ABC	1238	254D	\$ 40.00
18-COX-00005	LAST NAME, FIRST NAME	10005	64	10/6/2017	ABC	1239	254D	\$ 50.81
18-COX-00006	LAST NAME, FIRST NAME	10006	64	10/7/2017	ABC	1240	254D	\$ 231.50

TOTAL PAID DOCUMENTS: 0 DOLLARS: \$ -
 TOTAL OUTSTANDING DOCUMENTS: 12 DOLLARS: \$ 842.31
 GRAND TOTALS DOCUMENTS: 12 DOLLARS: \$ 842.31

***NOTE:** Please pay attention to slight variations in *Document #'s*, if vendor claim data does not match the IHS PO info, **your claim may reject.**

DOCUMENT #: IHS Purchase Order or PO# (Order number from the "IHS 843-1A, Order for Health Services" paper form)

PATIENT NAME: Patient name for which payment (PO) is authorized.

HRN: IHS Facility Specific Chart # of the patient

TYPE: Indicates the type of Purchase Order (64 = Outpatient and 43 = Inpatient)

DOS: Indicates the Date of Service for which the PO is authorized.

STAFF: Initials of IHS staff member initiating the PO (optional data, some IHS service units may not utilize this option)

LAST-4SSN: Indicates the last four Social Security # of Patient

OC: Indicates an IHS specific service code (example: 252Q = Emergency Room Services)

DOLLARS *= PAID: Dollar amount obligated for the PO (* indicates PO has paid)

TEAM BUILDING

Each quarter PRC conducts team building exercises with other departments in the facility. These exercises are designed to foster a positive working relationship with one another and to coordinate and streamline processes that will serve as a benefit to the patients we serve.

In team building, it requires:

- Identify areas for improvement, recognize the need for change
- Engage other staff and departments in this change (buy in, input)
- Team build, have trainings, in-services, and strategize on how to best to approach changes to ensure they will work for everyone involved
- Implement “Test of Change”
- Monitoring and surveillance of process changes
- Work closely with external health partners to communicate process improvements
- Form an alliance with providers, nursing staff, Case Managers, in-house staff and other departments to join forces to make our work accountable, reliable, and meaningful for patient care.

Team building exercise reports

PURCHASED REFERRED CARE

Calendar Year 2018, QUARTER 4 ~ October – December, 2018

TEAM BUILDING EXERCISE ~ THANK YOU and APPRECIATION to Medical Staff and Nursing Staff *Report*

Purpose:

The staff of Purchased Referred Care wanted to extend their appreciation to the Medical Staff and Nursing Staff of Rapid City IHS by giving a bag of cookies, bottled water and a note saying...*"Thank you Medical Staff, Nursing Staff. We know you all work hard at all that you do and we appreciate you! Here's a little treat from us to you...From PRC Staff."* In addition, the Executive Leadership Team of our facility also received the same bag of cookies and bottled of water. This is a small token of our appreciation for all that we do to serve our patients. We are thankful for one another.

Below is the results of each team member's experience with this event.

PRC Staff member	Date of exercise	Person contacted Name/Title	Questions	Comments/Feedback
Brenda Molash	11.07.18	Medical Staff Nursing Staff Urgent Care staff		The experience was positive and all participants were surprised and pleased with the bag of cookies and water. In some offices we introduced ourselves as there were new staff we have never met. In Urgent Care, the staff said it was an awesome gesture and was thankful. We received an email from the Clinical Director thanking us for the nice gesture and stated they had a very good medical staff meeting because of this.

Team building exercise reports (cont.)

Debbie Mendoza	11.07.18	Medical Staff Nursing Staff Urgent Care staff		It was a nice experience doing something good for the medical staff and the nurses.
Jackie Randall	11.07.18	Medical Staff Nursing Staff Urgent Care staff		I thought it was a great exercise and it was nice to put a face to the name of each employee that we work with each day. I hope this exercise encourages future successes!
Mary Steele	11.07.18	Medical Staff Nursing Staff Urgent Care staff		The team experience was a great success and I got to meet some of the new staff. They all enjoyed the treats and glad to see that they were recognized for all they do for us and the patients.
Erin Red Bear	11.07.18	Medical Staff Nursing Staff Urgent Care staff		On our team building exercise today, I felt the Med and Nursing staff seemed very appreciative of the snack and message. They all said thank you and that they appreciate PRC too.
JD Traversie	11.07.18	Medical Staff Nursing Staff Urgent Care staff		The exercise was quite enjoyable! Meeting our providers and nurses was great and I'm sure they were delighted with the goodies.
Larissa Ross	11.07.18	Medical Staff Nursing Staff Urgent Care staff		I feel like this team building exercise was great. It was a good way to get away from the daily hustle and show one another appreciation. I hope that this gesture will aide in our relationships with one another in the work place, and help us all remember we are working together for 1 goal; improving patient care. Great idea, and well played.

Team building exercise reports (cont.)

Kristar Shouldis	11.07.18	Medical Staff Nursing Staff Urgent Care staff		I thought the Nursing and Med staff really appreciated the gesture and snack, everyone seemed surprised and thankful, I even heard one staff say we should be thanking PRC!
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Team building exercise reports (cont.)

PURCHASED REFERRED CARE

Calendar Year 2018, QUARTER 3 ~ July – September, 2018

TEAM BUILDING EXERCISE W/**BUSINESS OFFICE STAFF**

Report

Purpose:

The staff of Purchased Referred Care in coordination with staff of the Business Office which included the Patient Benefit Coordinators, participated in the Sioux San 80th Anniversary event held on July 18, 2018 from 9:00 AM to 1:00 PM. The event took place on the campus of Sioux San in the Lakota Lodge Courtyard. A booth was set up adjacent to the conference room with a sign in sheet where participants were given a bag of incentives that included pens, key chain lights, tablets, lip balm, stress ball and a water bottle. Also included were handouts such as the PRC brochure and PRC contact information. The Business Office staff provided the PBC pamphlet, DSS poster, the Tribal Health folder which contained facts on The Marketplace, Medicaid, Medicare, and Social Security information. The sign-in sheet contained 112 signatures along with telephone numbers. This does not include some of the participants who we were not able to approach our table, but were provided the bag full of information delivered to them in the conference room.

Below is the results of each team member's experience with this event, with one staff member on approved leave.

PRC Staff member	Date of exercise	Person contacted Name/Title	Questions	Comments/Feedback
Brenda Molash	7.18.18	All participants		The experience was positive and all participants were pleased with the bag of information and handouts. Some asked for additional information for their family members.

Team building exercise reports (cont.)

Debbie Mendoza	7.18.18	All participants		Explained to patients that if they move, PRC will need proof of residency again. Assisted elders by taking their bags inside of the conference room. Wishes she can help with elders every year, enjoyed helping the patients.
Jackie Randall	7.18.18	All participants		Enjoyed taking part in the exercise and recommend a sign-in sheet for the To-Do items.
Mary Steele	7.18.18	All participants		Assisted elders in describing what PRC does. Question on what to do when someone goes straight to RCRH ER room instead of coming to IHS Urgent Care. It was a good experience.
Erin Red Bear	7.18.18	All participants		It was a positive interaction with patients, no suggestions but happy to receive the information. Everyone welcomed the information and the elders had a positive experience.
JD Traversie	7.18.18	All participants		Good experience, refreshing seeing and mingling with patients. Smiles and laughs gave gratitude of being able to serve patients. The feedback received was happy and informative. Patients liked that they knew who their MSA was and a direct phone number to call. Great exercise and do more with the public and patients.
Stormy Williams	7.18.18	All participants		Enjoyed the customer service. It was beneficial for our department and to our constituents to see us out there. As a new worker, I would like to have learned a bit more from the Business Office team and the PBC's and the work they do.

Team building exercise reports (cont.)

Kristar Shouldis	7.18.18	All participants		Didn't have the opportunity to interact with any patients. Seemed well organized and some staff did ask about their referrals.
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PRESENTED BY:

Brenda Molash, Health Systems Specialist

Purchased Referred Care Supervisor

Great Plains Area IHS
Rapid City Indian Health Service
605-355-2236
Brenda.Molash@ihs.gov

QUESTIONS?

