Bridging the IHS and Community Gap

CAPT Kristy Klinger, PharmD, BCPS, CDE
San Carlos Apache Healthcare Corporation
SDPI Diabetes Program
Objectives

1. Understand site specific challenges in obtaining diabetes relevant data
2. List several staffing ideas to enhance communication and sustainability
3. State the benefits of having EHR access for a community directed diabetes program and how to request this access
What is the “Gap?”

- Clinic staff not familiar with tribal program
- Difficulty in obtaining labs and measurements
- Separate documentation methods
- Obtaining “audit” data for grant applications
- Two different personnel systems (federal vs. tribal)
Whiteriver, AZ

Healthy Heart – all had full EHR access
3 full time IHS employees
• coordinator/case manager
• dietitian/case manager
• data coordinator
1 split position IHS pharmacist
• 60% Healthy Heart, 40% Pharmacy
1 part time IHS educator
• Community outreach liaison

SDPI Community Directed Diabetes Program (Apache Diabetes)
Funded a podiatrist position for 1 year before it was incorporated into the hospital budget

Clinic Diabetes Program (all had full EHR access)
1 Department Director
3 Diabetes Educators
1 Administrative Assistant
2 part time nurses – both funded through SDPI Community Directed Apache Diabetes Program
• Annual diabetes clinic – every month
• Chart reviews & registry maintenance
San Carlos SDPI

- Tribal (638) hospital funded program
- Two IHS Commissioned Officers and the rest are tribal San Carlos Apache Healthcare Corporation employees

Who has EHR access?
- Program Director & All Clinical Staff: No EHR access
- Fitness Centers: 1 Master Fitness Trainer

Diabetes Clinical Program
Community Outreach
Fitness Centers
- San Carlos
- Bylas
Data Is Powerful

• Most tribes have strict rules regarding data and how they allow the data to be used.
• Data can be used in positive and negative ways
• State exactly how the data will be used.
  – “Required for the SDPI grant application.”
  – “To be used in our application for a USDA grant to address food insecurity.”
  – “For a newspaper article about diabetes in our tribal newspaper.”
Be Specific In Your Request

• Total number of children under the age of 20 served by the clinic
• Number of children under the age of 20 with a BMI over the 90th percentile
• Age breakdowns of diabetes prevalence (under 20, 20-30, 30-40, 40-50, 50-60, >60)
Know Local Policies

• At Whiteriver, the tribal Division of Health Director had to request the diabetes audit in a formal letter on tribal letterhead to the IHS Hospital CEO.

• At San Carlos, the tribal Department of Health Director could verbally request the diabetes audit and the Healthcare Corp Diabetes Director could simply send the audit via email with a “cc” to the CEO.
What’s So Difficult???

- IHS Diabetes Data Systems are a gold mine of data.........if you know how to work a DOS based system......
- Year before audit data should be fairly quickly available, if the person who submitted it is still around and remembers their passcodes.....
- Special requests require someone that knows how to run searches.
  - Give plenty of notice. Notify the data person ASAP.
  - You can give a heads up even before you have obtained permission so you know his/her limitations on what can be searched.
Memorandum of Agreement

- Types of federal hires
  - Commissioned Officer
  - IPA (Intergovernmental Personnel Act) civil service employee (Less common)
- First of all...... Does your local administration and tribal government support this?
Hiring of federal employees

- Tribal HR program must write a letter to the IHS Area Office of Self Determination (OSD) requesting for the position to be hired as Commissioned Officer or Civil Service.
- OSD then acts as the negotiator and forwards the request to the Area Director.
- The Area Director either approves or rejects the request and notifies the tribal HR program.
- If approved, the tribal HR program then sends a “1662” that is signed by the Tribal Chairman to the Area Office.
- Once the “1662” is completed, then the officer can be issued transfer orders.
Why Bother?

• Experience working under Collaborative Practice Agreements
• Extensive EHR experience from provider and pharmacist perspectives
• Minimum of 2 year commitment
• Respected by medical staff
Clinic Connections

• Clinic Medical Providers
  – Potential for rapid turn over
  – Constant need for re-training

• Ancillary Clinic Staff
  – Nurses, health techs – often from the community and tend to be more stable
  – Can enter consults and send to provider for signature
Finding Your Champions

• Is there a medical provider that will partner with you? Even one is a foot in the door.
• Are the ancillary staff your most stable options for teaching about your program?
• Develop an EHR consult that is quick, easy, and at the provider’s finger tips.
EHR Communications

• Draft up a consult or contact a “like” program for an already developed template that can be emailed to your CAC.

• Print to a specific networked printer in a department (PHN or a specific clinic) that will allow a mail folder to pick up consults daily.

• Develop EHR templates to document your clinical interventions in the notes section. Gives your program EHR visibility
  – Dietary and educational interventions
  – Fitness Center personal training
  – Medication considerations
  – Home management patterns
  – DM standards of care
EHR Communications

- Contact the clinic’s EHR Computer Access Coordinator (CAC) and IT staff.
- Find out what site specific requirements are needed to gain access to EHR for diabetes staff
  - Memorandum of Agreement
  - HIPAA training
  - EHR training
  - Hospital Orientation to be put on “volunteer” status?
  - Background check
  - ISSA training - annually
A Word on Sustainability

• When planning your budget and staffing plan, think about who can bill for services within your program?
  – What are your state limitations?
  – Which company insures a majority of the population you serve? What do they cover?

• What professions have a better track record with medication suggestions at your clinic? (not all inclusive!)
  – Pharmacists – collaborative practice agreements
  – Nurses – standing orders
  – NP or Physician – full ordering capabilities
AZ Medicaid Billable Services

- Medical Provider visits (incorporate a nurse practitioner or physician into your diabetes education visits)
- Medical Nutrition Therapy
- Pharmacist administered immunizations (adult flu and pneumococcal)
- JVN – technical component
- Medication Refill visits by pharmacy
Barriers

• Isn’t IHS already supposed to be providing this service?

• We can’t keep training the medical providers over and over again. We can’t seem to keep a provider more than a few weeks.
And when all of the above don’t work

Focus on community successes!