

Navajo Area Indian Health Service Fall Session Report

24th Navajo Nation Tribal Council U.S. Department of Health and Human Services

October 19, 2020

Our overall effort to improve the Navajo Area Indian Health Service (NAIHS) is in support of the mission and priorities of the Indian Health Service (IHS), which is to raise the physical, mental, social and spiritual health of the people we serve. In Fiscal Year (FY) 2020, the NAIHS experienced the onset of COVID-19 in early March and a majority of the year was devoted in response to COVID-19. In spite of the significant challenges and losses, the NAIHS leveraged organizational changes to streamline and stand up a more efficient business system and processes to address COVID-19.

The Navajo Area IHS respectfully submits the Fall Session Report to the 24th Navajo Nation Tribal Council.

Roselyn Tso
Area Director

Leading Change

- The Navajo Area Indian Health Service continues to review and evaluate each facility's governance bylaws and policies. Our overall goal is to identify risks and weaknesses and create a system that supports quality and safe patient care.
- In late February, the NAIHS moved quickly to construct its Emergency Operations Center (EOC) to address the onset of COVID-19 on the Navajo Nation. A partnership was immediately established between the Navajo Nation and the NAIHS EOC to ensure a comprehensive and coordinated effort to combat COVID-19.
- A critical component of our operation was the development of projected surge plans and models to help prepare for the possible influx of COVID-19 positive cases and sick patients. On March 8, 2020, the Navajo Nation received its first COVID-19 positive case. Navajo Area leadership developed a tracking tool to monitor our patient-bed capacity, and track the number of COVID-19 positive cases and their sources of exposure.
- To ensure the health and safety of people on the Navajo reservation, we used all available media sources to educate our population on the risks and dangers of COVID-19, and developed educational materials that were translated in Navajo for our Navajo-speaking population.
- To ensure the safety of our healthcare workforce; we executed a plan to educate our employees about COVID-19, and immediately reduced non-essential health care services and repurposed critical employees to required positions, such as emergency response teams.
- The development and planning resulted in a comprehensive medical response to more than 13,500 COVID-19 positive cases on the Navajo reservation, with a peak of more than 375 positive cases on May 1, 2020.
- Navajo Area leadership continues to monitor and secure sufficient personal protective equipment (PPE) and review guidance with our workforce to ensure safe and proper use of PPE.
- NAIHS secured and processed more than 400 volunteers from around the United States to help with healthcare efforts.
- NAIHS monitored and responded to more than 180 media requests, ranging from local to international.
- NAIHS processed more than 750 supply and equipment donations from across the United States, at a value of \$1.6 million.

- With the advent of the COVID-19 pandemic, NAIHS health facilities maximized the use of telemedicine technology. The staff worked diligently to perform beta tests and work through the nuances of billing and payment for these new services with Medicaid and Medicare Agencies, leading to implementation of new guidelines for billing and reimbursement for telemedicine services rendered to Medicaid and Medicare beneficiaries. As of August 2020, NAIHS has collected over \$9.7 million in revenues for telemedicine services now available to support patient care.
- Patient Centered Medical Home Model - Crownpoint Service Unit's (CPSU) mission is to provide quality healthcare & strengthen community wellness. CPSU has instituted the Patient Centered Medical Home Model (PCMH). CPSU executive leadership recognizes the importance of incorporating evidence based principles, making care available to meet patient needs and coordinating care with multi-disciplinary teams. This is a fundamental change in our process and is a necessity in order to achieve new standards of care. We are confident CPSU will obtain PCMH certification by December 2021. The Change Package for Improving Patient Care or PCMH is Building Relationships. Building Relations consists of Empanelment and Team-based Healing Relationships. CPSU is assigning all patients to a provider panel and has established teams to provide support for the population panel. CPSU initiated two (2) teams and began seeing increases in patient empanelment rates from 9,332 to 10,430.
- After more than five years of planning, Chinle Service Unit (CSU) Optometry has become the first federal IHS eye clinic to begin implementation of the Carl Zeiss Meditech FORUM technology system in our Chinle, Tsaile, and Pinon Eye Clinics. The FORUM system will integrate patient testing data across multiple service unit clinics into a single patient record and allow eye care providers remote viewing capabilities from any service unit clinic for real-time interpretation and disease progression analysis. This technology is a major enhancement and expansion of the current CSU Optometry tele-eye care capabilities and will be highly impactful on management of glaucoma, diabetic eye disease, and other eye pathologies

Leading People

- The NAIHS leadership supports a cohesive organization with primary focus on key roles and responsibilities for administrative and clinical oversight. We continue to reinforce the idea that any change is not intended to lessen the value of any one team member, but rather to apply consistency and accountability. The implementation of changes supports a more structured approach to business and services. This includes streamlined reports and tracking of critical and essential activities, and the development of regional real-time metrics and dashboards for review.
- NAIHS leadership continues to support broad and regular communication by sharing bi-weekly information with the entire NAIHS team. These updates include stories of our work throughout the Navajo region.

- During the first part of FY 2020, NAIHS leadership focused on executive leadership training. This was necessary training as it taught our team to think and act more strategically, which proved especially useful as we encountered our first COVID-19 positive cases. As COVID-19 positive case numbers increased, we discontinued our face-to-face meetings and moved team member communication and education to on-line meetings.
- When COVID-19 first began to emerge, our leadership team developed models which projected the possible surge of COVID-19 positive cases. These early models indicated that our health care systems would be overwhelmed by the potential number of COVID-19 positive cases. While these models were difficult to comprehend, honesty with my executive team was necessary.
- The Gallup Regional Supply Service Center (GRSSC) has placed safety at the forefront of employee focus to mitigate and prevent injuries, accidents, and maintain compliance. Currently, the Center has completed four separate safety huddles for the warehouse personnel and the next round will include non-warehouse personnel. Safety measures include issuance and proper wearing of PPE items. One day a month the GRSSC will continue to host a safety stand down training. Our goal is to keep everyone safe.
- Deployed two U.S. Public Health Service Commissioned Corps teams comprised of mental health professionals to support NAIHS staff through the COVID-19 Pandemic.
- In the midst of the COVID-19 pandemic and approaching flu season, the Shiprock Service Unit Public Health Nursing and Health Promotion Disease Prevention staff partnered with local Navajo Nation Chapters and Johns Hopkins to conduct community COVID-19 testing and offer flu vaccinations. The goal is to make it convenient and safe for community members to get their flu shots and be tested for COVID-19. Preventing and reducing levels of influenza will reduce symptoms that might be confused with COVID-19. Sixty-seven (67) individuals were tested for COVID-19 and 174 people received influenza vaccinations at Sheep Springs Chapter. At the Shiprock Chapter, 170 people were tested for COVID-19 and 815 received flu vaccinations. At the Newcomb Chapter, 83 people had COVID-19 testing and 388 influenza vaccinations were administered.
- The Gallup Indian Medical Center (GIMC) recognizes the hard work of staff and their efforts to screen all patients, visitors, and staff for COVID-19 signs, symptoms and temperature checks. The August summer days have been challenging with the heat and occasional monsoon downpours. The Screening Station Teams have our respect, praise, and appreciation as they persevere to ensure safe patient care and a safe work environment for all.
- Gallup Indian Medical Center implemented a Pharmacy car-based pick-up Team who provide medication requests to patients. Thank you for being an amazing staff supporting patients, caregivers, and family members with needed prescriptions. The team provided kind and caring attitudes with twinkling eyes and a smile behind a mask! Our health care facilities

were required to make changes to their traditional patient flows and processes to assure that our patients had access to patient care supplies. GIMC would like to recognize the GIMC Diabetes Program staff; our team offered curbside diabetic supply delivery to patients.

Business Acumen

- In order to move the 12 NAIHS health care facilities to a more coordinated and centralized system, it was necessary to create an environment for change on a large scale. To support this change, we used positive and negative aspects of the system with our leadership team, which consisted of Area Office executives, hospital directors, and health center directors. Establishing a more centralized and unified system for the entire region was a simple step, but moving to and learning to operate within this new system came with many challenges. However, this created opportunities to find innovative and creative ways to operate within the new structure while still allowing for some individualism in various programs.
- The changes created by the shift in governance created many opportunities to evaluate our health care system regionally. This revised structure supports a system of compliance and heightens our ability to ensure the safety of the patients we serve.
- An example of change is that the NAIHS now has budget negotiations at the beginning of each FY, and the budgets are monitored throughout the year. Each facility is now encouraged to act strategically about their budget for the entire year, which allows for planning to address their needs and projections of expected resources throughout the year. Each quarter the executive team reviews the budgets of each facility to ensure expenditures are within the range allocated. This approach allowed the NAIHS to process more than \$250 million of COVID-19 Cares Act funds in a timely and efficient manner.
- The Navajo Area Finance staff provided assistance and guidance to the Federal and P.L. 93-638 health facilities to access their shares of CARES Act Provider Relief Funds, also known as STIMULUS funds. Each facility was required to complete a federal Health Resources and Services Administration (HRSA) application to acquire these funds, along with meeting specific eligibility requirements. Applications submitted were error free and accepted. To date, three STIMULUS funds allocations have been received by NAIHS Federal health facilities totaling \$69.5 million. The P.L. 93-638 programs received their funds directly from HRSA. The finance staff worked closely with IHS Headquarters Office of Tribal Self Governance staff and Navajo Area Office of Indian Self Determination staff to distribute COVID-19 funds to the P.L. 93-638 Tribal Organizations within two days so Tribal Organizations could secure their funds immediately for use. The next round of STIMULUS funds, application #4, is in process with a deadline of August 28, 2020 for submission of applications.
- The Joint Commission (TJC) School is in session at Gallup Indian Medical Center. The Walk-In Primary Care Clinic team flexed their creativity to make reviewing Joint Commission Standards fun. Presentation/learning stations were set up for staff to perform their annual

competencies/reviews on subjects that included documentation, department policies, medication administration, and infection prevention and control.

- The summary of COVID 19 to the Navajo Area Indian Health Service:

| | COVID-19 | NAIHS SU | NN/PL 93-638 | Urban | Total |
|--------------------------------------|-----------------|------------------|---------------------|----------------|------------------|
| Testing | | \$5,370,682.41 | \$2,345,956.59 | \$81,472.00 | \$7,798,111.00 |
| Response | | \$6,263,577.00 | | | \$6,263,577.00 |
| CARES | | \$34,540,624.60 | \$20,946,068.40 | \$1,357,869.00 | \$56,844,562.00 |
| CARES PRC | | \$9,939,978.50 | \$6,756,446.50 | | \$16,696,425.00 |
| CARES M&I | | \$2,624,101.00 | \$1,475,899.00 | | \$4,100,000.00 |
| CARES Equipment | | \$5,851,404.00 | \$3,302,396.00 | | \$9,153,800.00 |
| PPPHCEA COVID Testing | | \$39,958,918.00 | \$24,186,375.00 | \$1,357,868.00 | \$65,503,161.00 |
| COVID Reimbursable (Provider Relief) | | \$69,581,678.54 | | | \$69,581,678.54 |
| CARES SFC (Water) | | \$5,150,000.00 | | | \$5,150,000.00 |
| GIMC PreFab ICU* | | \$11,980,699.00 | | | \$11,980,699.00 |
| | | \$191,261,663.05 | \$59,013,141.49 | \$2,797,209.00 | \$253,072,013.54 |

Results Driven

- NAIHS worked to review the procurement and contracting processes for the region and immediately identified several areas where system changes were required. After multiple attempts to address the concerns and find ways to improve, it was necessary to overhaul the entire system and decentralize the contracting and procurement process. In 2020, each facility assumed the day-to-day responsibilities of their own procurement and contracting, including daily supervision. This straightforward change has significantly increased facility responsibility and several sites have reported that all procurement actions are up to date. These changes are further supported by a smooth closeout process that ensured few incomplete purchase requests. NAIHS completed its financial closeout for FY 2020 on time and efficiently due to this overall improved administrative structure.
- To improve the hiring practices, NAIHS leadership teams of each hospital, health center, and human resources gathered statistics and heard directly from our stakeholders about the impacts, challenges, and limitations of our then-current system. The NAIHS also incorporated data from the 2019 Federal Employee Viewpoint Survey to ensure valuable input was received from the entire organization. Once the data were gathered, we developed a process map and tools to assist first line management staff to be able to more efficiently hire staff. This step brought out the frustration of our stakeholders, as it was considered as tedious, unnecessary, and time consuming. Ultimately, in FY 2020, using the systems built to monitor our efforts, our Human Resource team successfully hired 514 new

employees, 29 of which were directly hired as a result of the COVID-19 pandemic. Additionally, our data further demonstrated that 358 employees separated, for a net gain of 156 employees. Unfortunately, while we made significant improvements, the COVID-19 pandemic created challenges with retaining employees. To maintain staff, we used all resources available, including flexible work schedules, telework, hazard pay, and support for mental health services, to support our current health care team.

- Specific elements that impacted our hiring of new staff were the lack of affordable housing, the impact of the COVID-19 pandemic, and the length of time necessary to clear security background checks. The NAIHS specifically cited the lengthy security background checks required to hire federal employees as detrimental to the region's ability to hire exceptional employees. To identify areas of improvement, we used a process map to understand the complicated steps involved in the hiring process, and to help implement changes at the national level. As a result of our education and planning efforts, I discovered the need for increased staff to support the overall hiring system in order to build a more efficient hiring process. While we have made changes, we still have work to do and will continue to improve our system and our hiring efforts.
- A system redesigned was initiated to fully integrated work processes between acquisition, human resources, and finances to timely onboard contract personnel and prevent rejection of invoice payments for services rendered by contract staff. The new approach allows the issuance of non-personal service contracts at least one month prior to a start date of a contract performance period. This action grants extra days for the Human Resources (HR) Personnel Security Officer to obtain the necessary data to expedite the security clearance process for contract staff. The security clearance process is lengthy and giving HR a head start leads to advanced synchronization of a contractor on-duty start date and a contract period of performance (beginning and ending dates). Harmonizing these dates prevents rejection of invoice payment for services rendered. In addition, with a solicitation notice issued at least 2 to 3 months in advance and informing the staffing agency or an independent contractor of a potential start date by a confirmation letter, federal staff and contractors are in alignment. The next step is to finalize the process map citing the changes and collection of data to evaluate the test of change.
- The IHS allocated \$10 million of CARES Act funding for Transitional Water Point (TWP) projects. A portion has been allocated to Navajo Area for the TWP project. In coordination with Navajo Area IHS, Bureau of Indian Affairs, Navajo Engineering Construction Authority, and the Navajo Nation, select Chapters were identified through an IHS-conducted survey to receive transitional water points based on water access needs. Throughout the Navajo Nation, there are a total of 58 complete Active TWP Projects.
- Kayenta Service Unit (KSU) Outpatient services began Wednesday Immunization Clinics on August 26, 2020 and continued every Wednesday until September 30, 2020. Our goal was met with immunizing over 230 children and resulted in over 400 vaccinations. The KSU held its first drive-through Mass Flu Vaccination Clinic on September 30, 2020. KSU vaccinated

over 800 patients. IHHC vaccinated over 200 patients the same day. Staff provided education on the Flu vaccine and information distinguishing the difference between the Influenza (Flu) and COVID 19 virus. The Flu vaccine is a preventive measure against the Influenza virus.

- The Kayenta Service Unit (KSU) and Inscription House Outpatient services reopened clinical services on Mondays, Tuesdays, Thursdays and Fridays by appointment only. Patients are being empaneled to primary care providers as we began the Patient Centered Medical Home initiative in the KSU Adult Clinic. Our goal is to achieve PCMH certification by The Joint Commission (TJC) and Arizona American Indian Medical Home certification.
- The NAIHS continues to monitor COVID-19 cases on a daily basis. For the five federal services units, the following summary is provided, the information includes unduplicated patients:

| Service Unit | Positive | Negative | In Process | Total Tested |
|--------------|----------|----------|------------|--------------|
| CHINLE | 2,492 | 10,182 | 94 | 12,769 |
| CROWNPOINT | 823 | 4,762 | 15 | 5,600 |
| GALLUP | 1,164 | 4,843 | 10 | 6,020 |
| KAYENTA | 3,324 | 11,037 | 132 | 14,523 |
| SHIPROCK | 2,403 | 8,906 | 93 | 11,406 |

Testing Data

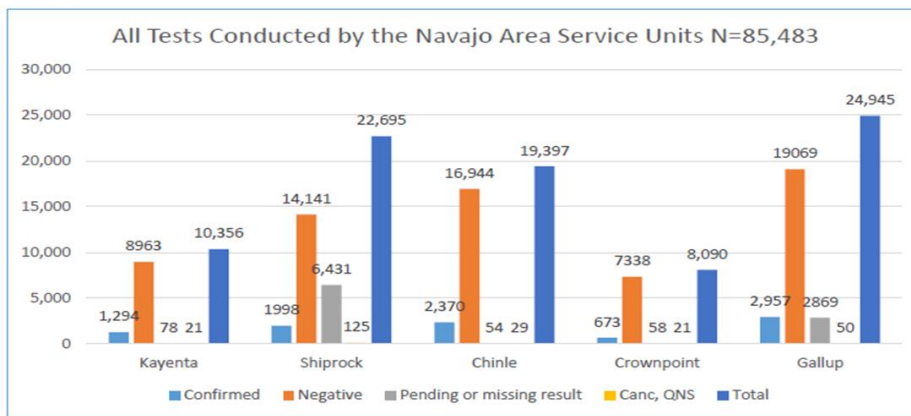


Figure 4: All tests conducted by Navajo Area service units, this includes duplicates of tests, pending's are not cleaned. ICARE Extracted 10/8/2020

- The NAIHS monitored patient care, including Purchase and Referred Care (PRC), or patients transferred out for higher level of care. The chart below demonstrates patient workload.

| As of: | 10/6/2020 | | | | |
|----------|---------------|----------------|-----------------|-----------------|-----------------|
| | # of Patients | # of Referrals | ALLOWANCE | DISBURSED | FUNDS AVAIL |
| Chinle | 311 | 996 | \$ 2,172,673.00 | \$ 1,149,671.39 | \$ 552,518.35 |
| Crownpt | 112 | 123 | \$ 1,219,494.00 | \$ 413,872.62 | \$ 517,126.24 |
| Gallup | 644 | 1037 | \$ 2,596,727.50 | \$ 732,187.47 | \$ 1,347,063.07 |
| Kayenta | 314 | 399 | \$ 963,824.00 | \$ 62,961.60 | \$ 618,487.41 |
| Shiprock | 527 | 620 | \$ 2,987,260.00 | \$ 1,630,227.28 | \$ 899,703.98 |
| TOTAL | 1908 | 3175 | \$ 9,939,978.50 | \$ 3,988,920.36 | \$ 3,934,899.05 |

Building Coalitions

- Our priority is to ensure that we maintain solid working relationships with the Navajo and San Juan Southern Paiute Tribes. On a regular basis, Navajo Area leadership meets with Tribal leaders from both Tribes to listen to their concerns, and to provide an overview of the NAIHS goals, expectations, and commitments. Our goal is to strengthen partnerships with Tribal leaders and stakeholders, share bi-weekly updates of NAIHS activities, and provide quarterly and annual reports to the Tribal Leaders.
- To support a comprehensive understanding of the duties and requirements it is necessary to support a transparent and streamlined approach to daily operations. For example, NAIHS leaders routinely ensure that Tribal leaders are aware of Public Law 93-638, or the Indian Self Determination and Education Assistance Act (ISDEAA). This law permits Tribes and Tribal Organizations (T/TO) to assume a portion or all of the health care programs for their Tribal communities. As of this date, nearly 70% of the entire IHS is operated by T/TO through the ISDEAA. In the Navajo region, nearly 30% of the health care programs have been assumed by the Navajo Nation, while 70% remain with the NAIHS.
- The lack of water to many family homes is a significant public health deficiency, and the NAIHS is responsible for providing not only health care infrastructure, but water and sanitation infrastructure as well. In FY 2020, the NAIHS worked closely with Tribal Leaders to improve the water and sanitation infrastructure process by sharing information on the status of more than 400 water projects.
- Unfortunately, the COVID-19 pandemic consumed a majority of the NAIHS work and our ability to respond to this basic need. To add to this, the COVID-19 Cares Act funds received by the Navajo Nation must be spent by December 2020, which creates undue stress on the overall health care system. Regardless, the NAIHS worked to strengthen the partnerships with the Navajo Nation, the New Mexico and Arizona Departments of Health, and several Federal and private organizations, to address the needs of several water projects. Over the course of 20 days, the NAIHS leadership worked with the Navajo Nation and the Bureau of Indian Affairs to approve 15 water projects that crossed allotted lands and had been held up

for more than 20 months. Final reports were completed for 38 Sanitation Facility Construction (SFC) projects, which were funded for \$14.4 million. These projects served 440 homes with improved water and wastewater facilities. An additional 39 SFC projects, funded for \$16.2 million, have completed the construction phases and entered the transfer agreement phases. These projects served 467 homes with improved water and wastewater facilities.

- In the early weeks of the COVID-19 pandemic, we used our established partnerships with Tribal Leaders to share information directly and provide assurances that our emergency preparedness plan was in place to address the pandemic. As a result of the pandemic, there were challenges and disconnects in working together to combat COVID-19, involving stress, fear, and confusion. However, we were able to overcome many of these challenges. Seven months into the COVID-19 pandemic, the partnership between the NAIHS and the Navajo Nation remains strong. This partnership has helped establish a centralized data system to track and monitor the number of COVID-19 positive and recovered cases, a sharing of professional resources to support the medical response to COVID-19, and a messaging system for the people we serve on the Navajo reservation to educate them and ensure they remain vigilant to reduce additional COVID-19 cases and outbreaks.
- The NAIHS Business Office and Centers for Medicare & Medicaid Services (CMS) co-hosted an annual CMS Indian Health Service, Tribal, & Urban Training. The training was scheduled in March 2020 and due to COVID-19 pandemic, the training was rescheduled to July 7-16, 2020, using virtual technology. The participants included staff from Health Information Management (HIM), Business Office, Purchased/Referred Care, Medical Coding & Billing, Patient Registration, Patient Benefits, and other interested personnel. There were 12 presentations covering CMS Tribal Affairs, Outreach & Enrollment, Office of Inspector General, Social Security & Disability 101, Arizona Medicaid 101, Colorado Medicaid 101, New Mexico Medicaid Panel, Patient Registration, Purchased/Referred Care, HIM, Coding, and Billing. The agenda included subject matter expert presenters from NAIHS. Total attendance was 890 staff throughout the 2-week span. The virtual training was highly successful, considering that in the past, the usual on-site attendance had been limited to 100 individuals for two days.
- COVID-19 continues to threaten Tribal customs and beliefs, particularly the traditions and practices for bidding farewell and burial of loved ones. Unfortunately, despite the best efforts and hard work of NAIHS employees, the Navajo Nation experienced the highest number of COVID-19 positive cases and associated deaths when compared to other IHS regions. To date, the Navajo Nation has reported more than 500 deaths due to COVID-19. Early assessments suggest that people of color, including American Indians, have a higher rate of contracting COVID-19, in part due to higher rates of underlying health conditions. With the help of the incredible NAIHS health care staff, we provided assurance to our patients that an optimal health care system was in place to meet their needs, while also keeping the NAIHS health care staff as safe as possible.