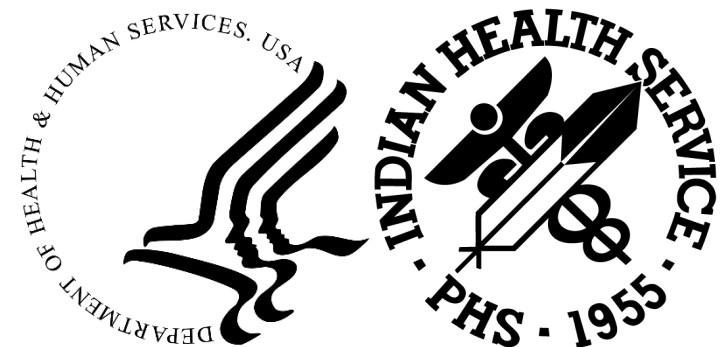# IHS Health Information Technology Modernization Program

TRIBAL CONSULTATION / URBAN CONFER
IMPLEMENTATION DEPLOYMENT PLAN
NOVEMBER 1, 2022

Technical Notes and Support

- If you lose connectivity during the session, simply **re-click your access link** to re-join the meeting

- If you experience technical difficulties, **send a note using the chat box** on the bottom menu bar - we'll assist you from there
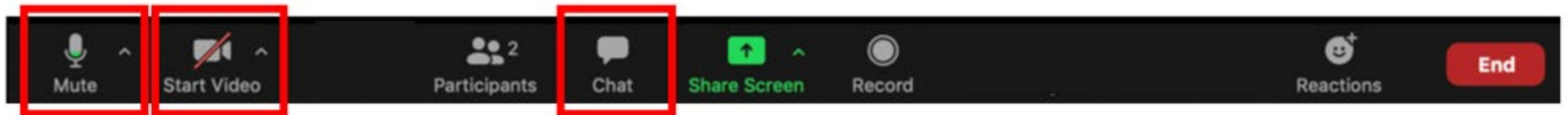
- Enjoy the session!

Rules of Engagement

- **Before commenting or asking a question**, please state your name and the tribe or organization you are representing either verbally or in the chat box

- Active participation is welcome from Tribal Leaders and Urban Indian Organization Leaders (or designees) **only**

- Members of industry and other participants are invited to **listen only** unless directly addressed
  - Questions asked on behalf of vendors will not be answered

Opening in a Good Way

Welcome & Opening	5 min
Modernization Overview	10 min
Tribal and Urban EHR Lessons Learned	30 min
Open Floor: Other IT Modernization Experiences to Share	20 min
Consultation/Confer Questions	20 min
Closing	5 min

Agenda

IHS Health IT Modernization Program Summary

- After consulting with tribes and conferring with urban Indian organizations, the Indian Health Service (IHS) began a multi-year Health Information Technology (IT) Modernization Program

- At the center of the Program is the replacement of the Resource and Patient Management System (RPMS) with a commercial electronic health record (EHR) solution that meets or exceeds existing capabilities

- The enterprise approach to health information technology will offload the majority of health IT development, minimize technical support burden for facilities, permit focus on system optimization for end-users, and promote standardization and best practices

Acquisitions – Updates

EHR RFP

On August 4, 2022, a Request for Proposals (RFP) for a modernized EHR product suite was released

- Part of the evaluation will include an opportunity for individuals to participate in product demonstrations
- Additional details on this will be released in the coming months

PMO and OCM RFPs

On October 25, 2022, IHS took another important step in Health IT Modernization with the release of two RFPs on SAM.gov; one is for Program Management Office (PMO) services and another for Organizational Change Management (OCM)

- Questions are due November 2nd
- Proposal submissions are due November 30th
- These RFPs are set asides for Indian Small Business Economic Enterprises under the authority of the Buy Indian Act

Tribes, Urban Indian Organizations, and Health IT Modernization

Tribes and UIOs Are Critical

- Many tribes/UIOs rely on RPMS as their core health IT solution
- Many others have adopted commercial off-the-shelf (COTS) health IT products
- All have an interest in the IHS approach to health IT infrastructure modernization
- Tribes/UIOs – both on RPMS and not – need to understand their options and plan their solutions as IHS moves forward with modernization

Interoperability and Care Coordination Are Key

- Patients are shared among I/T/U health care facilities
- All locations have referral networks, often crossing state lines
- All tribes/UIOs, regardless of their health IT solution, share data with IHS
- This data is critical to understanding the success of the IHS mission, reporting on this success to entities such as HHS and OMB, and securing IHS funding from Congress

Tribal Consultation and Urban Confer

- Key topics in the August 2, 2022, session included the planned data management strategy and the continued promotion of focus group participation and explanation of the volunteer process
- Past sessions held in March 2022 and May 2022 reviewed focus groups, the acquisition status, and the Program's governance structures and approach
- Future sessions are planned for 2023; more information will be announced in the coming months

Presenter's Introductions

- Brandy Russell, **Muscogee Creek Nation Department of Health**
- Merin McCabe, Deonna Perez, Anton Almqvist, **American Indian Health & Services Santa Barbara Urban Program**
- Stewart Ferguson, Ph.D., **Alaska Native Tribal Health Consortium**

Muscogee Creek Nation Department of Health
BRANDY RUSSELL, TECHNOLOGY & ANALYTICS OFFICER

Muscogee (Creek) Nation Department of Health – Overview

- **Patient Population**: 201,000 annual visits; 45,000-50,000 active patients

- **Total Staff**: 1000

- **Total System Users:** All staff on Epic except Maintenance and Security

- **Services**:

  - Ambulatory Primary Care
  - Audiology
  - Behavioral Health
  - Case/Care Management
  - Clinical Care
  - Community Health Aides (CHR)
  - Dentistry
  - Diabetes Management
  - Diagnostic Imaging
  - Emergency Medical Services
  - Forensic Health Care

  - Health Information Management
  - Health Promotion/Disease Prevention
  - Heart Health
  - Immunizations
  - Laboratory
  - Men's Health
  - Nursing Care
  - Optometry
  - Outpatient Care
  - Pharmacy
  - Physical Rehabilitation

  - Primary Health Care
  - Purchased and Referred Care
  - Public Health Nursing
  - Specialty Services
  - Substance Abuse Disorder
  - Surgery
  - Telemedicine/Telehealth
  - Well Child Care
  - Women's Health

Muscogee (Creek) Nation Department of Health – EHR Implementation

- **EHR Systems**:
  - Epic EHR; McKesson Pharmacy; ScImage Radiology PACS; Info supply chain management
  - We do not use RPMS or Dentrix – We use Epic for Dental
  - We began implementation of Epic in fall 2020; live in March 2023
  - Implemented 4 hospitals; 6 free-standing clinics; multiple programs
- **Implementation:**
  - **Win**: One complete medical record across multiple service areas - inpatient, outpatient, behavioral health, dental - etc., provides better continuity of care for our patients
  - **Challenge**: Managing change; availability of resources, including human and technical
  - **Lessons Learned**: Overly communicate and do it often; celebrate the small milestones along with the big; implementations are marathons, not sprints, and it is important to keep staff morale up

American Indian Health & Services Santa Barbara Urban Program

MERIN MCCABE, CHIEF ADMINISTRATION OFFICER; DEONNA PEREZ, CHIEF OPERATIONS OFFICER AND DEPUTY DIRECTOR; ANTON ALMQVIST, CHIEF INFORMATION TECHNOLOGY OFFICER

American Indian Health & Services Santa Barbara Urban Program – Overview

- **Patient Population**: In the past 12 months, we provided over 36,000 encounters for care to 7,833 individual persons, 600 of whom are Native American or Alaska Native

- **Total Staff**: We employ a staff of 86 team members, 25 of whom are licensed providers

- **Total System Users:** Most staff require some level of access to the EHR – 76 system users

- **Services**:

  – Ambulatory Primary Care
  – Audiology
  – Behavioral Health
  – Case/Care Management
  – Clinical Care
  – Community Health Aides (CHR)
  – Cultural Services
  – Dentistry
  – Diabetes Management
  – Elder Care
  – Endodontics
  – Health Information Management

  – Health Promotion/Disease Prevention
  – Heart Health
  – Immunizations
  – Laboratory
  – Men's Health
  – Nephrology
  – Nursing Care
  – Optometry
  – Orthodontics
  – Otorhinolaryngology (ENT)
  – Outpatient Care

  – Primary Health Care
  – Public Health Nursing
  – Social Services
  – Specialty Services
  – Substance Abuse Disorder
  – Surgery (office level)
  – Telemedicine/Telehealth
  – Well Child Care
  – Women's Health

American Indian Health & Services Santa Barbara Urban Program – EHR Implementation

- **EHR Systems**:
  - We are using Nextgen with i2i Population Health
  - RPMS was accessed frequently in the first year then rarely
  - We initially contacted Nextgen in October 2015, but the transition went nowhere until we contracted EMedApps in July 2016; they completed our implementation, and we went live January 2017. We still use their services for upgrades, support, and new user training
  - We were a one-location program at the time of implementation

- **Implementation**:

  - **Win**: Laboratory data reload from Quest was less expensive and cleaner than extracting data

  - **Challenge**: Data Extraction – What to include, what to omit, and how to do it

  - **Lessons Learned**: If working with Nextgen, use EMedApps as a partner vendor
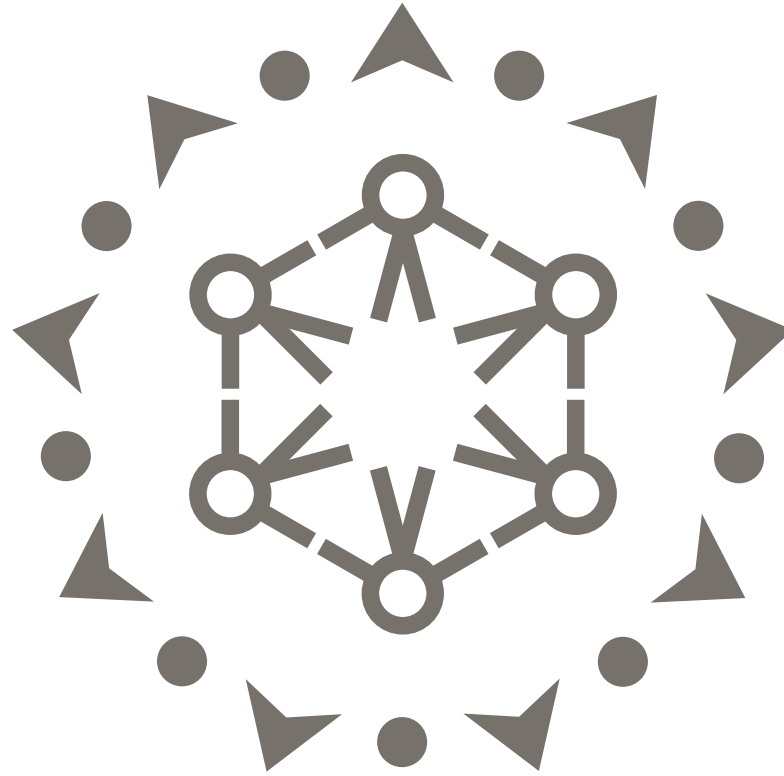
Alaska Native Tribal Health Consortium

STEWART FERGUSON, PH.D., CHIEF INFORMATION OFFICER (CIO)

Alaska Native Tribal Health Consortium – Overview
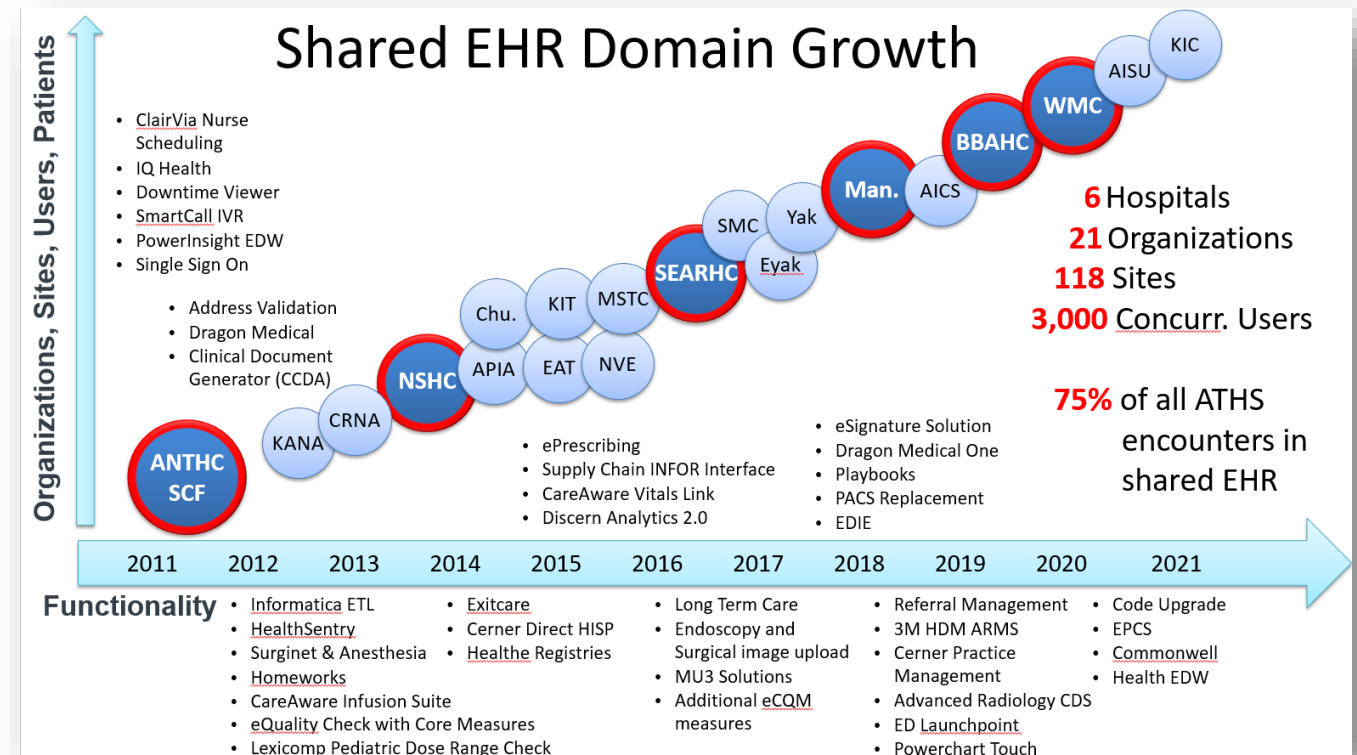
Alaska Tribal Health System (Shared EHR Domain)

- **Patient Population**: 163,610 patients treated in a year
- **Total Staff**: 21 participating Tribal Health Organizations; 6 hospitals and 118 total sites
- **Total System Users:** 9,230 total active user accounts
- **Services**:
  - Ambulatory Primary Care
  - Audiology
  - Behavioral Health
  - Case/Care Management
  - Clinical Care
  - Community Health Aides (CHR)
  - Delivery (newborn)
  - Dentistry (outside of EHR)
  - Diabetes Management
  - Diagnostic Imaging
  - Elder Care
  - Emergency Medical Services
  - Forensic Health Care
  - Health Information Management
  - Health Promotion/Disease Prevention
  - Heart Health
  - Immunizations
  - Laboratory (in LIS, interfaced with EHR)
  - Men's Health
  - Nephrology
  - Nursing Care
  - Optometry (notes done in EHR only)
  - Outpatient Care
  - Pharmacy
  - Physical Rehabilitation
  - Primary Health Care
  - Public Health Nursing (some in EHR)
  - Purchased and Referred Care (outside of EHR)
  - Social Services
  - Specialty Services
  - Substance Abuse Disorder
  - Surgery
  - Telemedicine/Telehealth
  - Well Child Care
  - Women's Health

Alaska Native Tribal Health Consortium – EHR Implementation

- **EHR Systems**:
  - Cerner EHR, SoftLab and Orchard Lab systems, Dentrix, and interfaces to many other systems (pharmacy, PACS, etc.).
  - RPMS is limited to legacy PRC usage. Dentrix is used and integrated at several sites.
  - Original EHR go-live at ANMC on 10/1/2011. Nineteen more go-lives from 2012-2021.

Shared EHR Domain Growth

6 Hospitals
21 Organizations
118 Sites
3,000 Concurr. Users

75% of all ATHS encounters in shared EHR

Alaska Native Tribal Health Consortium – Wins

1. A "Single Patient Record" in a tribal health "system" is incredibly valuable for patient care, care coordination, referral management, and analytics.

2. A COTS EHR solution offers a significant range of options, solutions, build strategies, and available SMEs. It allows for a plethora of choices and solutions to optimize care, interoperability, patient engagement, etc. EHR and third-party vendors have many integrated options. This is all good and bad.

3. An integrated analytics tool, designed and optimized for health care, was a giant leap compared to EHR reporting tools, or an enterprise data warehouse.

Alaska Native Tribal Health Consortium – Challenges

1. The EHR is not designed for sharing across multiple organizations, which can lead to issues with standardization, security, workflows, support, and training.

2. Resources are strained at all levels due to constant growth and change, major upgrades and routine patches, replacing deprecated solutions, expanding functionality, and meeting regulatory requirements.

3. Maintain and growing an EHR, while simultaneously expanding sites and users, is extremely complex and resource intensive.

4. Achieving balance between local needs and standardized design is hard, e.g., standardizing EHR medical content and operations/workflows between different companies with different leadership is not advised. Ensure the clinical content is patient centric and viewable across companies; however, organization specific operations, forms, workflows, etc. should ideally not be visible to staff who are not affected by them.

5. IHS specific interfaces (e.g., NDW, GPRA, PRC) are challenges.

Alaska Native Tribal Health Consortium – Lessons Learned

1. EHR adoption is a major project – and will be harder and longer than you expect. Highly involved and consistent staff and leadership are the greatest indicators for success. The most common areas of struggle are revenue cycle and reporting/analytics.

2. Maintaining an EHR is hard and requires constant attention and planning.

3. Be prepared for significant growth (and costs) for new solutions and functionality.

4. Standardizing on (and moving to) other systems (e.g., LIS, PACS, Rev tools) is critical.

5. Develop governance early and be highly inclusive. Rely on governance to build and manage an EHR Roadmap. Educate governance. Plan for regular involvement, but also annual mega meetings to develop strategies and shared priorities.

6. Develop a strong and robust (and highly communicative) Change Management process. Develop a Release Management process in parallel.

7. Contract management is complex, hard, and lengthy, and requires significant resources and collaboration. Contracts often require signatures and agreements with all participating organizations, so it cannot be a fully centralized process.

8. Optimization needs to be planned and supported for every solution, in every department.

9. There will never be enough support or training.

Open Floor

Questions for the presenters?

Are there additional EHR implementation experiences or lessons learned that you would like to share?

Health IT Modernization Program Funding

IHS uses one-time and recurring funding to support Health IT Modernization

Recurring Appropriations

- FY2020 appropriations included **$8M** to initiate modernization and establish the Modernization Program Management Office
- FY2021 appropriations increased to **$34.5M** for the Health IT Modernization Program
- The FY2022 Omnibus appropriation added $110M for a total of **$144.5M** in recurring funding for EHR modernization
- The FY2023 Congressional Justification includes an ask of **$284.5M** for FY2023 and **$6B** over five years, from FY2024 to FY2028, to replace the IHS EHR with a modernized system
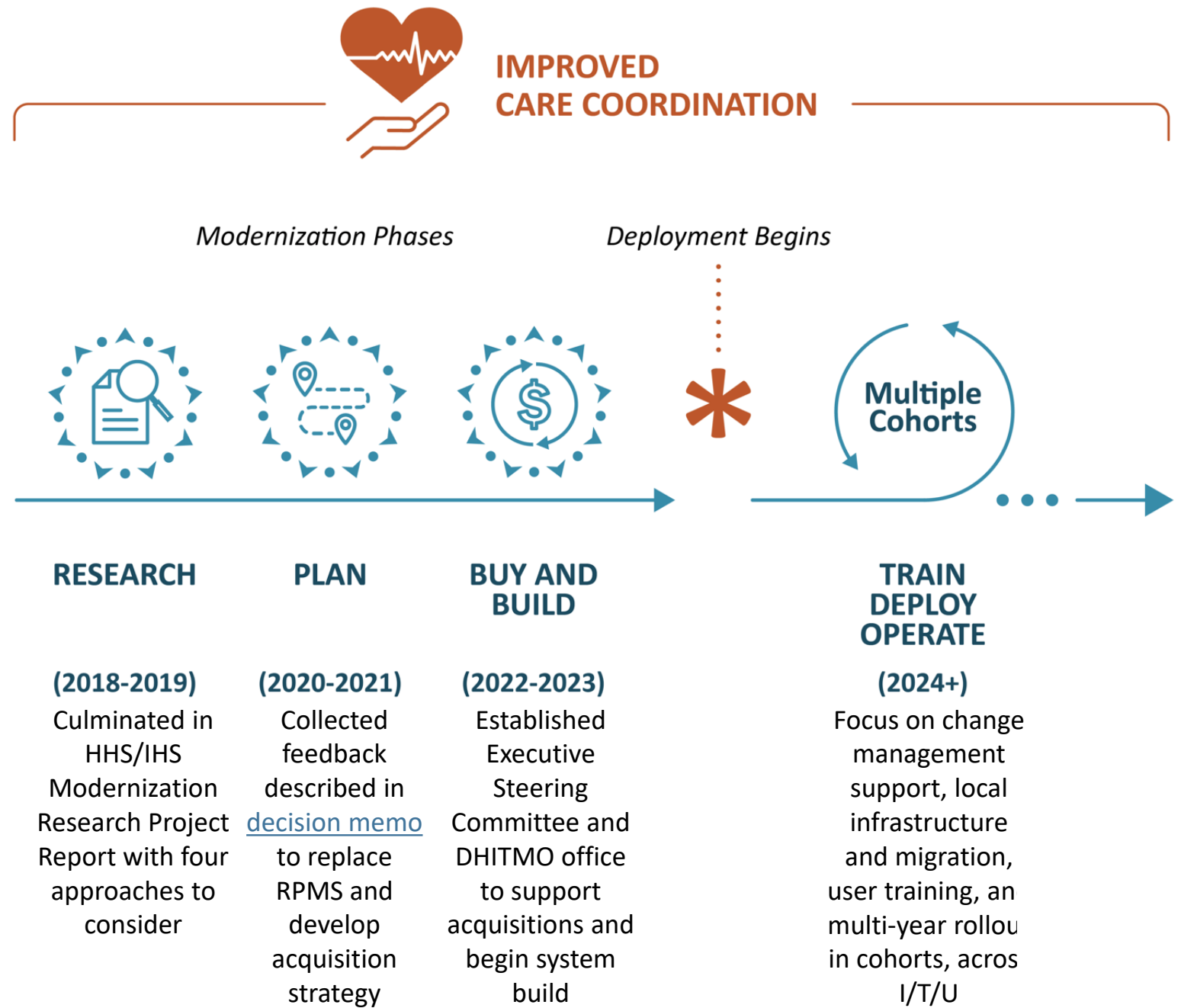
One-Time Funding

- The CARES Act of 2020 provided **$65M** in one-time funding to accelerate the Program
- The American Rescue Plan Act (ARPA) provided **$70M** of one-time funding in FY2021 for the IHS Electronic Health Record
- **IHS also distributed $141M from the CARES Act and ARPA to federal, tribal, and urban sites in FY2021 for telehealth and technology needs**

Enterprise Electronic Health Record Roadmap

The Program will methodically create and deploy the new enterprise EHR system across Indian Country in coordination with our partners

IMPROVED CARE COORDINATION

Modernization Phases

Deployment Begins

Multiple Cohorts

RESEARCH

(2018-2019)
Culminated in HHS/IHS Modernization Research Project Report with four approaches to consider

PLAN

(2020-2021)
Collected feedback described in decision memo to replace RPMS and develop acquisition strategy

BUY AND BUILD

(2022-2023)
Established Executive Steering Committee and DHITMO office to support acquisitions and begin system build

TRAIN DEPLOY OPERATE

(2024+)
Focus on change management support, local infrastructure and migration, user training, and multi-year rollout in cohorts, across I/T/U

Consultation/Confer Questions

1. What factors do you recommend IHS prioritize in planning and implementing the new enterprise EHR? For instance, what should be considered for implementation planning, site selection, readiness, and timing?

2. What would make your organization more likely to participate in the new enterprise EHR?

3. What topics would you like to see discussed at future consultation/confer sessions in 2023?

After the session

Please submit additional comments on Health IT Modernization following the session and before **December 1, 2022.** We want to be in dialogue.

E-mail or copy

consultation@ihs.gov or urbanconfer@ihs.gov

SUBJECT LINE: **Health IT Modernization TC/UC**

In Closing

Today's slides will be posted
at https://www.ihs.gov/newsroom/triballeaderletters/

Sign up for Modernization@ihs.org
to receive future announcements and invitations

To learn more about the IHS Health Information Technology Modernization Program

visit the Health IT Modernization Program website: https://www.ihs.gov/hit/

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To sign up for Program updates, visit the IHS website sign-up page:
https://www.ihs.gov/listserv/topics/signup/?list_id=611

Health IT Modernization Tribal/Urban Engagement

- **August 2022** – DTLL/DUIOLL published announcing the release of a Request for Proposals seeking commercial products to replace the Resource and Patient Management System (RPMS)
- **August 2022** – Tribal Consultation and Urban Confer session about the Program's data management strategy and focus group participation
- **July 2022 –** DTLL/DUIOLL invitation to participate in conversations on the effectiveness of current engagement efforts in the Health IT Modernization Program and provide insight to support continued engagement with partners
- **May 2022** – Tribal Consultation and Urban Confer session about the Modernization Program's governance approach, effective IT governance, and promotion of focus groups for I/T/U clinical and technical SMEs
- **March 2022** - Tribal Consultation and Urban Confer session about the benefits of the EHR Modernization Program, Program trajectory, and acquisition strategy
- **February 2022** – DTLL/DUIOLL announcing a series of upcoming Tribal Consultation/Urban Confer sessions on the Health IT Modernization, in particular Program updates, opportunities for participation, and next steps

- **August 2021 –** DTLL/DUIOLL announcing Program updates and asking for written feedback to the RFI containing the Statement of Objectives
- **May 2021** – DTLL/DUIOLL announcing a data call to inform Tribal Health Programs and Urban Indian Organizations' experiences with electronic health record acquisitions and costs
- **April 2021** – DTLL/DUIOLL announcing IHS decision for full replacement of the Resource and Patient Management System after significant tribal and urban engagement and input
- **December 2020** – DTLL/DUIOLL announcing Listening Sessions for input on next steps in the Health IT Modernization
- **November 2019 –** DTLL/DUIOLL announcing the Strategic Options for the Modernization of the Indian Health Service Health Information Technology Roadmap Executive Summary and Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report
- **October 2018** – DTLL/DUIOLL announcing the IHS Health IT Research Project and first steps in evaluation options in modernizing Health IT
- **July 2017** – DTLL/DUIOLL announcing two additional listening sessions for further input and recommendations on how to best modernize the RPMS EHR
- **June 2017** – DTLL/DUIOLL announcing two listening sessions for input and recommendations on approaches to modernize the RPMS EHR