

Program: Resource and Patient Management System

Rating: Effective

Agency: Department of Health and Human Services

Program Type: Capital Assets & Service Acquisition

Bureau: Indian Health Service

Program Summary:

The Resource Patient Management System (RPMS) is an electronic information system designed to provide clinical and administrative information to health care providers and program managers at the local, regional and national levels.

The assessment indicates that the overall purpose of the program is clear: to provide accurate, timely and comprehensive information to health care providers and program managers. However, the program cannot provide a valid cost accounting link to health outcomes by specific activity and respective funding sources between its patient-based clinical and administrative applications and financial and administrative applications. Additional findings include:

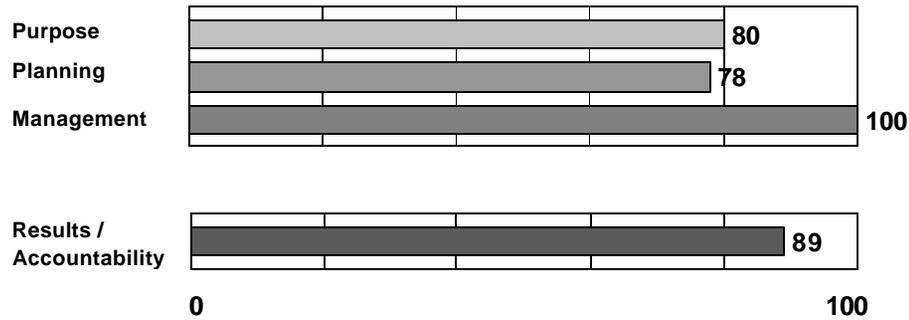
- The program demonstrated adequate progress in achieving two of its three long-term performance goals: derive all clinical indicators from RPMS and integrate with an electronic health record (EHR); and develop and deploy an automated behavioral health system to all Indian Health Service (IHS), Tribal and Urban facilities using RPMS. The long-term performance goal to develop a comprehensive EHR with clinical guidelines for five chronic diseases is a relatively new measure. The diabetes case management system was developed in 1998; the majority of targets are scheduled to be achieved from 2003-2008.
- RPMS compares favorably with other programs within the federal sector. RPMS includes the same functionality as the Departments of Defense and Veterans Affairs health information systems with additional functionalities such as a life long medical record and population health query ability on demand.
- Independent evaluations show that IHS facilities consistently score well on information system reviews.
- The program has strong management overall and sound financial practices.
- RPMS demonstrated improved efficiencies in achieving program goals. In 2000, IHS released 62 applications at a cost of \$6.63 million. In 2002, IHS released 72 applications at a cost of \$4.05 million.

In response to these findings, the Administration will:

1. Develop RPMS' capability to provide a valid cost accounting link to health outcomes by specific activity.
2. Ensure that Budget requests are explicitly tied to accomplishment of annual and long-term performance goals with a budget linkage to the specific activities of RPMS.

Program Funding Level (in millions of dollars)

2003 Actual	2004 Estimate	2005 Estimate
58	65	70



Key Performance Measures Year Target Actual

Key Performance Measures	Year	Target	Actual
Long-term Measure: Develop comprehensive electronic health record (EHR) with clinical guidelines for select chronic diseases: Targets: FY 2003: Prototype EHR/Asthma; FY 2004: HIV/AIDS; FY 2005: Obesity; FY 2006: Cardiovascular; FY 2008: Comprehensive EHR			
	2000	23/1	23/1
	2002	18/10	18/10
	2003	34/12	
Long-term Measure: Derive all clinical indicators from RPMS and integrate with EHR: Targets: FY 2000: 23 indicators/1 Area; FY 2002: 18 indicators/10 Areas; FY 2003: 34 indicators/12 Areas; FY 2004: 37 indicators/12 Areas; FY 2008: 39 indicators/integrate EHR	2000	10%	25%
	2001	10%	12%
	2002	5%	5%
	2003	5%	
Annual Measure: Percent increase in IHS, Tribal and Urban programs that use the national behavioral health data reporting system	2000	10%	25%
	2001	10%	12%
	2002	5%	5%
	2003	5%	