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“Improving Health and Medical Information Management”

by

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Good morning. It is a pleasure to be here today to speak on a subject that I am sure of all you here know is very important to the future of the Indian health system — health information technology (IT). I believe that health information records are a critical part of our efforts to ensure the provision of timely, safe, and effective health care services to American Indian and Alaska Native people.

The deployment of the Indian Health Service (IHS) Electronic Health Record (EHR) is a major information technology priority for the IHS. The IHS Health Record Program provides a full range of services, including managing millions of medical records nationwide, including patient scheduling, data quality control, medico-legal consultations, and various reports for practitioner and patients. Information managers also contribute to maximizing reimbursement rates, remaining compliant with accreditation and certification surveys and standards, protecting patient privacy, and providing information security.

The move from paper to electronic health records will help our health care providers make important health care decisions on a real-time basis, using clear, concise, and accurate information.

The IHS has long been a pioneer in using computer technology to capture clinical and public health data. The IHS clinical information system, the Resource and Patient Management

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System (RPMS), began nearly 30 years ago, and as a result, many facilities have access to decades of personal health information and epidemiological data on local populations. The primary clinical component of RPMS, the Patient Care Component (PCC), was launched in 1984 in close collaboration with the Veterans Administration. The IHS EHR represents the next phase of clinical software development for the IHS.

Impetus for the EHR began with the signing of Executive Order 13335 on April 27, 2004, by President Bush. It directed the Department of Health and Human Services (HHS, or Department) to establish a “nationwide implementation of an interoperable health information technology infrastructure,” that is, a nationwide electronic health record. The President then established the Office of the National Coordinator for Health Information Technology, headed by Dr. David Brailer. Dr. Brailer is supporting several important key factors, including the establishment and adherence to standards and interoperability, such as LOINC for lab transactions, NCPDP for pharmacy transactions, SNOMED for medical nomenclature, and HL7 for software messaging.

The IHS has additional requirements from the Office of Management and Budget that are included in my contract with the Secretary. These specify that that we have 20 sites operational by 2005 and all requesting sites by 2008. These contract requirements cascade to all staff in the IHS.

Although the IHS is only required to have 20 sites operational by the end of 2005, we expect to have about 30. The EHR is intended to help providers manage all aspects of patient care electronically by providing a full range of functions for data retrieval and capture to support patient review, encounter, and follow-up. By moving most (and eventually all) data retrieval and documentation activities to the electronic environment, patient care activities and access to the record are able to occur simultaneously at multiple locations without dependence on the availability of a paper chart. Also, point-of-service data entry ensures that the record is always up to date for all users.

The IHS EHR combines the powerful database capabilities of the RPMS with a familiar and comfortable presentation layer, or graphical user interface. Integration of various RPMS components into the user interface allows providers to obtain a more comprehensive view of the clinical process. Access to patient information is available via the "point and click" method, rather than the user having to log in and out of separate RPMS applications to retrieve different types of data.

Acceptance of EHR at IHS test sites has been very high, even though productivity may be initially reduced. This seems to be due to the time needed for a “learning curve.” Positive comments from users at EHR sites include:

- “Easier access to clinical data”
- “Coding and billing folks love it”
- “Improved access to (legible) progress notes”
- “Improved clinicians knowledge of coding”
- “Correcting errors is labor intensive for pharmacy”
- “Improved management of problem lists”

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“Markedly reduced lag between service time and note entry” (this from a behavioral health provider)

The EHR can be used to analyze a patient’s medical history. The IHS maintains a public Web site that anyone can view to learn more about the IHS EHR. It is located at:

www.ihs.gov/cio/ehr

The IHS is partnering with Tribes, HHS, and other Government agencies in its ongoing efforts to improve the IHS IT system by leveraging services at little or no cost. This includes our Tribal partnership efforts in the development of the Patient Accounts Management System. It is a collaborative effort to develop a unified Third-Party Billing and Accounts Receivable software package that will serve two primary purposes:

- To integrate the business software applications with the IHS RPMS and EHR, and
- To provide a solid foundation for optimal billing and collections.

Our HHS partnerships bring new efficiencies through a Shared Effort to implement Common Applications across the Department. Shared Effort is the “One HHS” initiative and is based on an enterprise-wide, consolidated approach for all HHS organizations versus each Operating Division trying to duplicate efforts individually. Collaborative efforts include:

- HHSNET-- the Department's effort to replace current IHS and the rest of the HHS agencies’ data telecommunications lines;
- The new Unified Financial Management System (UFMS), which is already being developed in the IHS, with implementation scheduled for 2006/2007; and
- The E-Mail Standard, which specifies one e-mail system for all of HHS, including the IHS.

Other HHS partnership initiatives are results of the Electronic Government Act of 2002, which defines “electronic government” (e-Gov) to mean “the use by the government of web-based Internet applications and other information technologies, combined with processes that implement these technologies, to enhance the access to and delivery of Government information and services to the public, other agencies, and other Government entities; or bring about improvements in Government operations that may include effectiveness, efficiency, service quality, or transformation.” Examples of other e-Gov initiatives include e-travel, e-pay, and Smartcard.

We have other federal partnerships as well that bring us new support with almost no cost, including with:

- VHA and DoD for shared IT technology between IHS RPMS and VHA Vista,
- NASA for use of the IHS RPMS and to share development of occupational health software application; and
- The Agency for Health Care Research and Quality for support of IHS EHR development and evaluation.

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The National Data Warehouse (NDW) is an upgrade of the IHS's national data repository, the National Patient Information Reporting System (NPIRS), to a new, state-of-the-art, IHS-wide data warehouse. The NPIRS produces various reports that are required by law and provides a broad range of clinical and administrative information to managers at all levels of the Indian health system, allowing better management of individual patients, local facilities, and regional and national programs.

The NDW is custom designed to meet the administrative and clinical needs of Indian health end users nationwide. It also accommodates individual DataMarts, which are highly focused databases where end users can quickly and efficiently access targeted information, often via a Web interface.

Historically, NPIRS data has been used to primarily support “administrative” activities such as operational statistics and user population reporting. With its receipt of additional clinical information, the NDW environment will be better able to support both administrative and clinical applications. The NDW environment will also provide a single data source for both administrative and clinical applications – “a single version of the truth.”

Our systems are more secure now than ever, not only to meet the demands of the Health Insurance Portability & Accountability Act but also to make good on our promise to our patients that their information will be protected and private. Actions we are taking to ensure the security of our information services and technology include:

- Developing and implementing security standards,
- Implementing an Information Security Training Program,
- Deploying security appliances (routers, firewalls, etc.), and
- Implementing a centralized combination network and security operations center.

So where do I see us going for 2005 and beyond? I see:

- Continued development and reliance on partnerships with Tribes and other government agencies;
- Deployment of the EHR and PAMs applications in all sites requesting them;
- Expanded tele-medicine capability with the Incorporation of Vista Imaging using HHS's high speed data network;
- A national data warehouse able to provide needed reliable statistical information;
- Deployment of the UFMS for the IHS, to provide needed reliable financial information;
- Expanded training opportunities using a combination of modalities;
- Secure systems meeting all requirements;
- And more ...

The future of IT in the IHS and the Federal Government looks bright, and we are well on our way with major innovations to the IT environment.

Thank you.

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