

CALIFORNIA AREA OFFICE IT TRIBAL SHARES LISTENING SESSION

MARCH 17, 2011

Presentations from Dr. Theresa Cullen (ISAC IT Priorities & IT Tribal Shares listening session process)

Listening session included participants from the California Area Office, California Rural Indian Health Board, Indian Health Council, Quartz Valley Indian Reservation, Toiyabe Indian Health Project, Inc., and Feather River Tribal Health Inc.

Feedback from the participants:

GENERAL COMMENTS ABOUT OIT PRODUCTS/SERVICES

- Dentrix-issues with interfacing with the RPMS where one Tribal organization paid for the HL7 link to Dentrix because IHS was not ready but how does IHS support these programs that have laid the groundwork. Tribal organization would be willing to sell the code to IHS. IHS spent \$3.3 million to fund Dentrix (dental program, not OIT program) to get dentists on electronic dental record. OIT is aware of there are other issues with Dentrix (medication, billing).
- Bar code scanning medications-Bar Code Medication Administration released bar code medication scanning
- E-prescribing-deployed as part of certified RPMS. Must clean up the pharmacy package prior to deploying certified application
- GUI scheduling vs. flagging systems-discussion regarding using GUI to get scheduling benefits or flagging to get pop-ups and messaging. Jeanette Kompkoff works on GUI scheduling package.
- Meaningful Use/Patient Access-the Personal Health Record and health summaries will meet MU but also could meet requirement by sending information via encrypted email.
- Interoperability-what is IHS/OIT doing about exchanging personal health information (PHI)? IHS will be using NHIN CONNECT (query method for exchange) and NHIN DIRECT (provider to provider exchange) and is in the process of completing the application and onboarding process. IHS's role is to ensure that IHS is connected into those secure networks for exchange.
- NextGen, commercial electronic health record-several California Area Tribal health programs use NextGen and are working with the National Data Warehouse to accept, verify and validate data. OIT was invited to participate in conference calls with the Tribal Health NextGen Consortium to hear the current challenges. OIT will commit staff to participate in the quarterly conference calls.
- Tribal programs need to interface with lab but many area hospitals do not have electronic health records. IHS cannot assist non-I/T/U programs get an electronic health record.
- Tribal Shares-question about where Tribal shares are generated and who is responsible for the distribution and after a Tribe is terminated but then reinstated, are those shares identified and provided?

COMMUNICATION/INFORMATION ON SERVICES/PRICES

There is concern about leveling the playing field between those Tribal organizations on RPMS versus those that are not on RPMS but leave their shares with IHS. Tribes are aware that other resources and other "non-share" funding go into infrastructure and other activities and would ask Tribal leaders to

support a level playing field, where there is an allocation of that funding/resource (not about the amount of funding but just a level playing field).

A Tribal program asked if there were useful support services that OIT provides with its “core funding” that would have utility/usefulness to Tribes? If so, what are these services?

Also, can OIT identify IT Tribal shares so it can quantify the funding so Tribal program could use IHS as a consultant with those dollars, to assist its IT department with tasks it cannot do for itself (instead of using other “638” funding)? Is there any residual function for leaving shares?