



July 2002

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*David White, Editor  
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# ITSC News

IHS Information Technology Support Center

## ***Welcome to the 2002 IHS Technology Conference!***

The IHS Technology Conference returns to Albuquerque and takes place July 8th through 12th at the Albuquerque Marriott Hotel. The conference theme is “Technology Transitions: Information Technology Supporting a Changing Indian Health System.”

During this event, interested people from all areas of Indian Country gather to share knowledge, ideas, and experience with new technology. The conference is being attended by IHS, tribal, and urban employees and leaders; the BIA, VA, and other Federal and State agencies will be represented as well. Tuesday afternoon and all day Wednesday and Thursday technical and health-oriented vendors will be available with product information and demonstrations.

The plenary session kicks off the formal portion of the conference at 8:30 on Tuesday morning with words and welcomes from a host of IHS leaders. Workshops and presentations begin on Tuesday afternoon and continue through Thursday afternoon. Technologies currently in deployment throughout IHS, new programs under evaluation, and the effects of various legislation will be discussed. Other topics this year include Technology Trends, Information Technology Security, Patient Care, Business, and the National Indian Health Data Warehouse.

Presentations will address various RPMS packages, including descriptions of new and recent releases, application of selected packages in the business or clinical environment, and tips for advanced or power users of selected packages. The schedule also includes special meetings throughout the week for specific working groups and project teams.

The web site for the 2002 IHS Information Technology & Program Support Conference is up and listed below. You can register for the conference at this web site.

<http://www.ihs.gov/EventsHappenings/Conferences/IHSTechConferences/TechConf2002/index.cfm>

We hope you will join us this year!

# Application Development News

## RPMS Upgrade to Caché Update

By Gary Shumway

As discussed in the last issue of ITSC News, RPMS is in the process of being converted from running on the Micronetics Standard MUMPS (MSM) platform to the Caché platform. This transition must take place in order for RPMS to be installed on future hardware and run on new operating systems. This will also allow the capability to use the advanced features of Caché. This project is scheduled for completion in early 2004. To that end, there has been progress on a number of tasks.

Development hardware and software have been purchased, installed, and are currently being used by RPMS Developers at ITSC. Developers are in the process of making changes to RPMS packages and working toward certification under Caché. All updates/patches to RPMS packages since March 31 are Caché compliant.

The current requirements and recommendations for a site upgrade to Caché have been documented and can be reviewed from the Project's web site at:

<http://home.ihs.gov/itsc-cio/cache/cuConfigReq.cfm>

Please check this site periodically as those recommendations are subject to change based upon testing and installation experiences.

Four Caché training sessions have been conducted for developers at ITSC with the most recent session having taken place May 13-14,

taught by Dr. Mark Delaney. The majority of ITSC and site developers have now been trained. The first formal Site Manager training specific to running RPMS on Caché will be conducted in the near future.

The analysis of COTS used by the sites and communication with the relevant vendors is well under way. It is expected that most, if not all, of the existing primary COTS will be usable under Caché. The Caché Upgrade Team is working with the vendors toward this goal.

ITSC is also in the process of producing a certified installation of FileMan/Kernel. This will provide sites wishing to perform their own Caché upgrade the ability to do so. Documentation will be provided to make the upgrade as quick and painless as feasible.

As of May 10, E. Dale Smith was appointed the Project Leader for the Caché Conversion Project. In this capacity, Dale will provide overall technical direction and will serve as final authority on technical decisions for the project.

The Caché Upgrade Installation Team is scheduled to perform a pilot conversion at the Taos Health Clinic on June 19. Additional pilot sites will follow shortly thereafter. Our experiences at Taos will be disseminated via the Project's web site:

<http://home.ihs.gov/itsc-cio/cache/cuProgressReportsIndex.cfm>

and at the IHS Tech Conference in July. We're moving forward!

## Pharmacy Billing Point of Sale (POS) Update

By Pam Schweitzer

Fifty-six sites in nine Areas are now using the RPMS Point of Sale (POS) Pharmacy billing software. The POS software, released in July 2001, makes it possible to electronically transmit Medicaid and private insurance prescription drug claims to the payer in "real time." This process is also known as on-line adjudication.

Several sites have been improving their collections by correcting rejections, submitting prior authorizations, and obtaining additional contracts with payers.

POS version 1 patch 1 will be released shortly and primarily includes additional formats.

More information on Point of Sale Pharmacy billing can be found at: <http://home.ihs.gov/MedicalPrgrms/Pharmacy/admin/bill/billmain.asp>

or e-mail: [pamela.schweitzer@mail.ihs.gov](mailto:pamela.schweitzer@mail.ihs.gov)



# IHS Releases GPRA+

By Theresa Cullen, MD, MS

The GPRA Reporting System (GPRA+) is an RPMS software application that provides local sites and Areas with a method to produce and review comparable GPRA data for those clinical indicators that are based on RPMS data. GPRA+ is based on a design by the Aberdeen Area (GPRA2000).

## What Is GPRA?

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate effective use of their funds toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish with their annual budget. Every year, the agency reports on how it has measured up against the performance targets set in the Plan.

GPRA indicators are categorized as follows:

- *Clinical*, such as various diabetes measures, cancer screening and others.
- *ITSC-related*, such as increasing sites using certain software.
- *Quality of care*, such as the percentage of accredited hospitals.
- *Prevention*, such as immunizations and injury prevention.
- *Infrastructure*, such as access to or improved sanitation facilities.
- *Administrative efficiency*.

## How Does GPRA+ Work?

The GPRA+ Reporting System is intended to eliminate the need for

manual chart audits to evaluate and report clinical GPRA indicators.

Administrative and clinical users will be able to review individual or all indicators at any time and can:

- Identify potential data issues in their RPMS database, i.e., missing or incorrect data.
- Identify specific areas where the site is not meeting the indicator in order to initiate business process or other changes.
- Quickly measure the impact of process changes on indicators.
- Identify Areas meeting or exceeding indicators to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA indicator definition was “translated” into programming code with the assistance of clinical subject matter experts. This means that an English text expression was defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition. GPRA+ uses predefined taxonomies for data items in PCC to determine if a patient meets the indicator criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each indicator has a specific denominator defined; most denominators are based on the IHS definition of “active users.”

## Features

- Any user can run reports for all, some, or one individual indicator, as well as for different time periods, including monthly, quarterly, or annually.

- Individual patient lists for each indicator can be run to demonstrate which patients meet the numerator and denominator criteria.
- Sites can select which indicator data to send to the Area office.
- Areas can aggregate reports from all their facilities.
- Taxonomies are used to identify facility-specific terminology so that indicators can be compared across all facilities.
- Three time periods are displayed for each indicator: Current Year (user identified), Previous Year, and Baseline (user identified).

## GPRA+ Deployment Plan

Through mid August 2002, ITSC will provide each Area with an on-site 6-hour orientation and training session for interested participants. The orientation session will include: a technical overview of the software for IT staff; a detailed walkthrough of the application for end users; discussion of the logic for the GPRA indicators; a guide to troubleshooting individual GPRA indicator reports; and suggestions for improving outcomes.

## Who Should Use GPRA+?

Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff, Area Directors, as well as any staff involved with quality assurance initiatives.

## For further information:

[www.ihs.gov/cio/gpraplus](http://www.ihs.gov/cio/gpraplus)  
or contact Dr. Theresa Cullen, (520) 670-4803; [tcullen@hq.ihs.gov](mailto:tcullen@hq.ihs.gov)

## FY 2002 Certified RPMS Package Releases

### PCC+ (VEN)

The PCC+ Encounter Form and Health Summary Package (VEN) enables end users to design highly customized encounter forms and health summaries. These documents are generated locally on a laser printer before each clinic visit and fully replace their traditional PCC counterparts. The new encounter forms combine features of the standard PCC encounter form, super bill, and health summary. PCC+ V 1.2 was developed to make it easier to manage the system. Most of the changes were geared toward site managers as well as technical support personnel.

### ABM V 2.5

The Third Party Billing System (ABM) automates the creation of a claim using existing RPMS data. In 3PB you can edit files and claims; print a UB-92, HCFA 1500, or ADA Dental form; or create an electronic UB-92 or HCFA 1500 files. The system generates bills for private insurance, Medicare, Medicaid, and non-beneficiary (self-paying) patients.

ABM version 2.5 is primarily a maintenance release consisting of version 2.4 through patch 10. Additionally, this version supports FileMan version 21 and 22. Other enhancements include auto-approve dental claims, additional modes of export and files that support claim submission to Envoy/ Web MD, and a new file that will prevent local modifications from being overwritten by future ABM versions.

### IHS V Files 200 Conversion V 2.0

The goal of the IHS V Files 200 Conversion package is to convert PCC from File 6 use (Provider file) to File 200 use (New Person file) to determine provider data. This will require that the appropriate provider data, currently stored in and obtained from File 6, be merged into File 200 in a way that is transparent to system users.

This release of the V files 200 Conversion package enhances the PCC suite of packages by completing a two-phased approach to convert PCC data elements from File 6 to File 200 pointers.

## RPMS Support Center Statistics

The RPMS Support Center closed 648 support calls from February 1 through May 31 of this year. Here's a breakdown of closed orders:

1. Open 0-7 Days: 529
2. Open 8-14 Days: 33
3. Open 15-21 Days: 28
4. Open over 22 Days: 58

You can contact the RPMS Support Center by:

**Phone:**

888-830-7280  
505-248-4371

**Email:**

[RPMSHelp@mail.ihs.gov](mailto:RPMSHelp@mail.ihs.gov)

**Web:**

[www.rpms.ihs.gov/TechSupp.asp](http://www.rpms.ihs.gov/TechSupp.asp)

## Training News

### ITSC Introduces RPMS On-line Procedures

*By David White*

ITSC recently posted several on-line procedures to its RPMS website for assisting users with RPMS applications.

These tutorials are designed to answer the "How do I ...?" questions we receive from RPMS users.

The tutorials are based on options from the Administrative Resource Management System (ARMS), Patient Chart, Patient Registration, Referred Care Information System

(RCIS), and the Contract Health System (CHS) applications.

If you don't see the tutorial you need, please e-mail us using the link at the bottom of the website and tell us what you need. Keep checking back — our development is ongoing so this list will continue to grow.

Visit the RPMS Tutorials website at:

<http://www.ihs.gov/CIO/RPMS/AppIndex.asp>

# RPMS Training Schedule

## July

### Billings Area

7/29-31: Q-Man\*

### CRIHB

7/23: Patient Generator

7/24: Visit Generator

7/25: Management Reports

### Phoenix Area

7/9: Release of Information (ROI)  
Program V 2.0

7/23-25: Beginning CPT Coding

\* Training Co-Sponsored by ITSC

## August

### CRIHB

8/13-15: Q-Man V2.0

8/28-29: Community Health  
Representative V1.0

### ITSC - Albuquerque

8/27-29: Site Manager's Training\*

### Nashville Area

8/6-8: Third Party Billing/Accounts  
Receivable

### NW Portland Area IHB

8/6-8: Diabetes Management  
System\*

8/14-15: Dental Data System

### Oklahoma Area

8/13-15: Radiology\*

### Phoenix Area

8/6-7: Patient Registration V6.0

8/27-30: Introduction to Basic  
MUMPS Programming

## September

### California Area

9/17-18: PCC Management  
Reports\*

### CRIHB

9/17-19: Women's Health V2.0

9/24-26: Diabetes Management V1.0

### NW Portland Area IHB

9/24-25: Referred Care Information  
System

9/26-27: Contract Health System

### Phoenix Area

9/4-5: Chemical Dependency MIS  
(CDMIS) V4.1

### Portland Area

9/16-20: Third Party Billing/Accounts  
Receivable

9/26-27: Contract Health System  
(CHS) Administration/CHS  
RPMS V3.0

### Don't See What You're Looking For?

If you have any questions about training or wish to request a training session for your Area, please contact Larry Saavedra:

**Phone:** (505) 248-4277

**Email:** larry.saavedra@mail.ihs.gov

**Web:** <http://www.ihs.gov/Cio/RPMS/TrainSched.asp>



# NPIRS News

## IHS Pilot Data Warehouse Management and Technical Review Meeting

By Stephanie Klepacki

The Pilot Data Warehouse (PDW) project team conducted a Management and Technical Review meeting on April 3 in Albuquerque. The goals of the meeting were to:

- Provide information about the progress of the project, thus far, to all interested parties.
- Allow DIR management to determine what decisions had to be made and when, and to provide them the information to make those decisions.
- Discuss how the project should best evolve into a formal, intra-organizational, high-priority ITSC project.

Representatives from the Data Transport team; Epidemiology, Diabetes, Pharmacy, and Performance Measurement programs; RPMS; NPIRS; Area Statistical Officers; Self-Governance; and the nine pilot sites attended the meeting.

Subsequent to the meeting, Mr. Rus Pittman made the following key decisions for this project:

- NPIRS, the current national data repository, will accommodate the new PCC Patch 6 exports and then will be, as much as possible, frozen. This enables NPIRS personnel to participate in the development of the data warehouse and begin the knowledge transfer process.
- An interim PDW Team was formed that includes PDW project staff and NPIRS personnel. This team will complete the development of the PDW, with an estimated completion date of October 31.
- The next phase of the project, referred to as DW-1, will receive all

of its exports from the interface engine (IE), including non-RPMS exports. RPMS exports from the facilities will be sent directly to the IE in HL7, and the IE will reformat the exports to a format designed by the PDW Team.

The PCC encounter export will be combined with the RPMS patient registration export and will be used to populate the data warehouse for all RPMS sites.

An overview of this project will be given at this year's IHS Information Technology & Program Support Conference in Albuquerque.

For additional information on this project, please visit our web site at:

<http://www.ihs.gov/CIO/DataQuality/warehouse/index.asp>

# Self-Governance News

## USAC Update

By Rich Luarkie

The Universal Service Administrative Company (USAC) reimbursement program is one we are anxiously awaiting word on. With the exception of a small number of sites, we have submitted all 466 and 468 forms for Year 4. Once the pending sites are resolved, we will have submissions for 221 total sites. According to USAC, the Indian Health Service has the

largest number of submissions of any other organization in the country! We hope that the reimbursement amounts are consistent with the high number of submissions.

For Year 5, we have submitted 182 of the 465 forms for the USAC reimbursement program. A great big THANK YOU is extended to Ms. Jean Garcia and Mr. Donnie Webb for assisting in the submission process. By completing all Year 5

submissions by June 3, we secured the potential for reimbursement for a complete year. All 465 forms for Year 5 are now posted on the USAC website for the 28-day posting period.

We are now gearing up for 467 notices from Year 4, and the fun part: Getting Money!! Periodic updates for Year 4 will be provided as the 467 forms begin to roll in.

# Telecommunication News

## Systems and Networking Update

By Tom Fisher

The first step in providing additional security for the IHS is almost complete with only the HQE PIX firewall left to be installed. At this time all 12 Area offices and the Tucson and Albuquerque access points are now protected by the firewalls.

In addition, both the Phoenix and Billings Areas have had their Internet links installed and made operational. These links are the first phase in implementing the VPN between Area offices and the other computers used to support IHS patient care delivery. The remaining Areas are expected to have their Internet links

operational by August 1, 2002. Once the VPN installation is completed, all Areas will be able to operate and transmit data without having to depend on a central location such as ITSC to be operational. This new network will provide a fail safe operation that will help to ensure IHS's ability to provide timely health care.

In the testing process for the Video Conferencing equipment, we have determined that the Polycom units must be installed on a switched port with full duplex capabilities. Once all the sites have this completed, the video network will be much more stable.

Starting this month the FTS bills will be generated from ITSC via a contract with USDA. USDA is the group that handles the billing for all agencies within the government. With these new reports, the Areas will be provided with accurate and timely bills for their FTS services.

The Systems & Networking group has been busy preparing for the IHS technical conference. There is a full T1 connecting from the technical conference site, and wireless connections are available for presenters.

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