



Office of Information Technology



Wishing a healthy and prosperous New Year to you & yours!

January 3, 2006

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This issue of IT Network News features articles that update and enlighten us about many current and up-coming topics - all contributed by our talented people. Feel free to contact the authors. They would like to have your feedback.

Hot Topics

Sunset Date for Obsolete NT and Exchange Server Environments

Effective January 31, 2006, the Office of Information Technology (OIT), and Microsoft will no longer support the Microsoft Windows NT 4.0 and Exchange 5.5 Legacy environments.

Please contact Karen Wade, Project Manager for the AD/Exchange 2003 deployment, at (505)248-4254

Beta-Test Sites Needed!

Beta-test sites are needed for testing CRS Version 6.1. Version 6.1 is scheduled to be ready for beta testing in mid-March 2006 and will last 4 weeks. Please contact Stephanie Klepacki at Stephanie.Klepacki@ihs.gov or by phone at (505) 821-4480.

NPIRS Update

By Dr. Stanley Griffith, Program Manager NPIRS, NDWITSC/DIR/OMS/IHS

The Indian Health Service (IHS) Office of Information Technology (OIT) is completing the upgrade of the IHS national data repository, NPIRS, to the NDW, a new, state-of-the-art, enterprise-wide data warehouse environment. NPIRS' new NDW system will provide more accurate, timely, and broader scope of information than was previously available to clinical and administrative managers throughout the Indian health system.

Keith Longie (CIO, IHS) is transferring all National Patient Information Reporting System (NPIRS) program responsibilities to Dr. Stanley Griffith, current Program Manager for the National Data Warehouse (NDW). The upgrade of NPIRS to the new NDW system is proceeding very well. The transition is planned to be complete next winter (December 2006), when we can confirm that we have successfully produced the current production reports from the NDW system (such as Workload/User Pop Reports, ORYX Reports).

Dates to Remember:

Servers sunset date: January 31

IHS Technology Conference: June 19-23

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*Please continue to send your current legacy exports to the legacy NPIRS system as well as perform the new NDW exports.*

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## Hot Topics

### NPIRS Update Continued

Until then it is critical that all sites and Areas continue to send your current legacy exports to the legacy NPIRS system as well as perform the new NDW exports. We are handling the transition in this manner to mitigate risk and assure the accuracy of the products. As soon as we have confirmed that we can perform the official reports from the NDW system we will notify you that you can discontinue sending the legacy NPIRS exports.

***Again, please continue to send NPIRS your current ongoing legacy exports until we tell you otherwise.***

All subsequent communications regarding the NPIRS program should be directed to Dr. Griffith at (505) 248-4144, or at his e-mail address: [Stanley.griffith@ihs.gov](mailto:Stanley.griffith@ihs.gov).

## HSPD-12: The Homeland Security Directive Explained

*By Rob McKinney*

*Acting Director, Division of Information Security*

### What is HSPD-12?

Homeland Security Presidential Directive (HSPD) 12, Policy for a Common Identification Standard for Federal Employees and Contractors, is a directive that requires a common identification standard in order for Federal employees and contractors to access Federal facilities and IT systems. Currently, government agencies use a wide range of methods to identify Federal employees and contractors before granting them access to facilities and IT systems. The primary objective of HSPD-12 is to establish a government-wide common, reliable, and secure identification verification system.

### What is a common, reliable, and secure identification verification system?

It is a system that is (1) based on sound criteria to verify an individual employee's identity, (2) strongly resistant to fraud, tampering, counterfeiting, and terrorist exploitation, (3) rapidly verified electronically, (4) issued only by providers whose reliability has been established by an official accreditation process, (5) applicable to all government organizations and contractors except identification associated with National Security Systems, and (6) implemented in a manner that protects citizens' privacy.

### How is it being implemented?

To give government agencies direction on implementing HSPD-12, the National Institutes of Standards and Technology (NIST) created Special Publication 800-79 and established a new Federal Information Processing Standard (FIPS PUB 201).

NIST's FIPS 201 (1) defines a system for agencies to use, (2) specifies a Personal Identity Verification (PIV) system so that agencies can create new badges that can later be used to verify identities, and (3) requires identity proofing and background investigations to verify identity.

### FIPS 201 outlines a 2-phase process:

#### Phase I (Personal Identity Verification (PIV) I):

Phase 1 is mainly administrative and procedural. It tasks each agency to define and implement a process that meets minimum requirements for personal identification with control and security objectives, such as

### HHS Timeline for HSPD-12 Implementation

The IHS is working closely with the HHS HSPD-12 Program to ensure that any program we implement will satisfy all relevant Federal regulations. The below timeline has been established for full HSPD-12/FIPS 201 implementation:

- 10/27/05 Comply with FIPS 201, PIV Phase 1; begin background investigations for current federal employees and contractors without an initiated or successfully adjudicated investigation
- 10/27/06 Complete implementation of technical requirements; begin issuance and use of "smart" cards
- 10/27/07 Complete issuance of "smart" cards
- 10/27/08 Complete background investigations for all employees with over 15 years of service

## HSPD-12 Continued

*The PIV process applies to all Federal employees and contractors within a department or agency who require long-term access to federally controlled facilities and/or information systems.*

personal identity proofing, registration, and issuance for Federal employees and contractors.

### Phase II (Personal Identity Verification (PIV) II):

Phase II requires each agency to define and implement technical specifications for systems that support technical interoperability among departments and agencies. This includes defining what capabilities the required "smart" cards will have, what system interfaces will be used, and what security controls are required to securely store and retrieve data from the card with the ultimate goal of enabling the use of the cards for physical and logical access.

### Who is affected?

The PIV process applies to all Federal employees and contractors within a department or agency who require long-term access to federally controlled facilities and/or information systems. Currently HHS has defined "long-term" as more than 6 months. OPDIVs have the option to define long-term as some period less than 6 months according to their operational risks.

## Implementing HSPD-12

How will all this work?

Once fully implemented, the PIV process will be broken down into 4 steps as described in the figure below.



Each step must be performed independently by different people.  
Entire process and support systems must be accredited.

Figure describing four steps: Authorize, Register, Issue, and Use .

## Current Projects

### OIT Self-Determination Services Team

During this past year we have had several meetings with IHS and Tribal representatives. The most important feedback we've received is that information about IT support packages must be more detailed, clear and concise, and that we must improve communication between IHS and Tribes. With that in mind, our current activities include:

- Update the information about IHS OIT PSFAs to reflect the advances in technology and the response of IHS to those advances
- Re-structure what has previously been called the "Core Package Options" (for Tribal share investments) to reflect those same advancements
- Update the Self-Determination Website to improve functionality and ensure that both Agency Lead Negotiators and Tribes have online access to the most up-to-date information available. Visit [www.TribalITSolution.ihs.gov](http://www.TribalITSolution.ihs.gov) and give us your feedback.

**Please feel free to contact us to request materials, or with any input, questions or concerns.**

**[Samuel.Berry@ihs.gov](mailto:Samuel.Berry@ihs.gov)**

## Department Profile: OIT Self-Determination Services Team

*By Samuel Berry, MCDBA*

### *About the OIT Self-Determination Services Team*

Our team offers guidance and support related to OIT IT products, services, functions and activities (PSFAs) to Agency Lead Negotiators, Information System Coordinators and Tribal customers. We also support development and customization of the Service Level Agreements, as well as informational materials that are distributed to our current and prospective Tribal customers.

### *Providing Information*

#### **Brochures**

In October of 2005, at the National Self-Governance Conference in Washington, DC, we distributed a tri-fold brochure offering an updated overview of IHS OIT PSFAs. It also outlined the benefits to some Tribes of choosing the RPMS solution for their healthcare IT needs. Our goal is to offer Tribal IT specialists and decision makers the information they need to make the best business decision for their health program. The brochure was also designed with you in mind. It contains two pockets so that ALNs and other IHS personnel who communicate with the Tribes can insert other communications when they distribute the materials.

#### **Trade Show Exhibits**

Additionally we have produced two sets of trade show exhibits for use by IHS ALNs and other personnel at meetings, conferences, and exhibits. One set is located in Albuquerque and the other in Rockville, MD. Contact Sam Berry if you want to use them. They are light, portable, and very easy to set up.

### *Improving Communication with Tribal Customers*

- A continuing a series of meetings to obtain Tribal input as the Core Package Options are updated
- Create a comprehensive email list (of compacted and contracted Tribal IT specialists and decision makers) to ensure that we can distribute critical information easily and cost effectively
- Develop a survey with key questions for current and prospective Tribal customers
  - All surveys must be approved by OMB prior to distribution and we look forward to sending that out, via email, as soon as approval is received.
- Meetings in late 2005 and early 2006 to better define our PSFAs as they related to those provided *only* at the Area level, those provided at the national level, and how to address Tribal customers who leave National (but not Area) level shares
- Strive to answer Tribal requests for more complete information about costs, especially those related to the implementation of EHR (in all facilities by 2008) and the investments IHS is making toward future initiatives (such as the Electronic Dental Record, Telemedicine, etc.)

## Employee Profile: Mike Danielson

### Welcome Newcomer!

**Mike Danielson**, Director, Division of Information Technology, Office of Information Technology (OIT), Indian Health Service (IHS)

Mike brings a wealth of leadership and information technology experience to our organization.

A native of Oklahoma and a member of the Cherokee Nation, he graduated from the University of Maryland with a degree in Civil Engineering. Although he began his IHS career in 1986 as a field engineer for the Crow Service Unit in Montana, he has worked in the information technology field for over 25 years.

Mike has served as a facility Site Manager, an Area Office Information Systems Coordinator, a national Computer Programmer, and most recently as the Associate Area Director of the Office of Information Management for the Billings Area.

During his career he developed the Third Party Billing system, made major enhancements to the Patient Registration system, provided key contributions to the development of the PCC+ encounter form system, and was responsible for the initial development and implementation efforts of the IHS Electronic Health Record project.

Please join us in welcoming him to the OIT. His duty station will be at the IHS National Programs office located in Albuquerque, New Mexico.



*Welcome Prairie Bighorn and  
Mike Danielson*

## Employee Profile: Prairie Bighorn

### Welcome Newcomer!

**Prairie Bighorn** joined OIT in the beginning of November, and will be working primarily the UFMS related issues. For the past year and a half, she worked in the finance division at IHS Headquarters. Prairie has served as a systems accountant and is familiar with the upcoming United Financial Management Systems (UFMS) conversion activities.

Ms. Bighorn had the opportunity to work at the Billings Area Office with the IT staff during her college years. She also obtained a bachelor of science degree in Accounting and a master's degree in Business Administration. She found the work both enjoyable and rewarding and is excited to be working with OIT in Rockville.

Prairie is a member of the Fort Peck Sioux tribe and grew up on the Northern Cheyenne Reservation in Montana. She enjoys playing basketball and traveling to any warm and sunny destination. Welcome!

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*If you have recently begun working in the information technology community in the Indian Health program, please let me know. It would be great to share a feature about you.*

[teagan.geneviene@ihs.gov](mailto:teagan.geneviene@ihs.gov)

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### ***GPRA Quarterly Reporting***

Quarterly GPRA reporting for 2006 will begin with the second quarter; no 1st Quarter reports will be run. The deadlines for the quarterly reports are shown below. Quarterly reports should be sent to Elaine Brinn by e-mail at [Elaine.Brinn@ihs.gov](mailto:Elaine.Brinn@ihs.gov). Instructions will be sent to the Area Offices in late December or early January.

- 2nd Quarter: January 20, 2006. To be reported using CRS Version 6.0 software.
- 3rd Quarter: April 21, 2006. To be reported using CRS Version 6.0 software.
- 4th Quarter (Final): August 4, 2006. To be reported using CRS Version 6.1 software.

## **Clinical Reporting System (CRS) Update**

*By Stephanie Klepacki, CRS Project Coordinator*

### ***CRS 2006 Software – Version 6.0***

Version 6.0 was released nationally in late November 2005. Key enhancements included in CRS Version 6.0 are shown below.

- Existing measures Colorectal Cancer Screening, Depression Screening, Childhood Weight Control, and Tobacco Cessation changed to GPRA measures.
- Diabetes: Access to Dental Services, Public Health Nursing, Tobacco Use and Assessment, and Obesity Assessment changed to non-GPRA measures. NOTE: Public Health Nursing remains a GPRA measure; however, it will not be reported by CRS.
- Revisions to several existing measures, including Tobacco Cessation, Depression Screening (renamed and removed the Anxiety component); Childhood Immunizations, and Alcohol Screening (FAS Prevention).
- 3 new performance measures:
  - Antidepressant Medication Management (also included in HEDIS report)
  - Prediabetes/Metabolic Syndrome
  - Osteoporosis Screening in Women
- New Comprehensive GPRA Patient List that lists patients included in the National GPRA report and shows which measures they did not meet.
- New site parameter for CHS-only sites
- New site-populated lab and medications taxonomies reports
- New childhood height and weight data file (GPRA developmental)

*The Clinical Reporting System Software Update continues on the following page.*



## Clinical Reporting System (CRS) Update Continued

By Stephanie Klepacki, CRS Project Coordinator

### CRS 2006 Software – Version 6.1

Version 6.1 is currently in development and is anticipated to be released in late May 2006. Key enhancements included in CRS Version 6.1 are shown below.

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*CRS v6.1 is currently in development.*

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- Add 3 new report period options shown below to the National GPRA and GPRA Performance reports.
  - 1<sup>st</sup> Quarter Report (July 1 – Sep 30) – Contains ONLY 3 months of data, even if additional data exists on the database.
  - 2<sup>nd</sup> Quarter Report (July 1 – Dec 31) – Contains ONLY 6 months of data, even if additional data exists on the database.
  - 3<sup>rd</sup> Quarter Report (July 1 – Mar 31) – Contains ONLY 9 months of data, even if additional data exists on the database.

The previous year and baseline year periods will be based on the same timeframe. For example, if the report period is Jul 1 – Sep 30, 2006 (a 1<sup>st</sup> Quarter Report), the previous year will be Jul 1 – Sep 2005 and the baseline year will be Jul 1 – Sep 30, 1999.

- Revise HEDIS-based measures to reflect HEDIS 2006 logic, including Diabetes Comprehensive Care, Diabetes: Nephropathy Assessment, Diabetic Retinopathy, Pap Smear, Colorectal Cancer Screening, Beta-Blocker and Persistence of Beta-Blocker Treatment after a Heart Attack, Cholesterol Management after Acute CVD Event, Chlamydia Testing, and Osteoporosis Management.
- Add 6 new performance measures to the CRS local reports:
  - Adolescent Immunizations\*
  - Appropriate Treatment for Children with Upper Respiratory Infection\*
  - Appropriate Testing for Children with Pharyngitis\*
  - Rheumatoid Arthritis Medication Monitoring
  - Osteoarthritis Medication Monitoring
  - Asthma and Inhaled Steroid Use

\*HEDIS-based measure, also included in the CRS HEDIS report.

- Revise refusals so the performance rate is calculated the same across all applicable measures.
- Revise existing 10 CMS performance measures to reflect changes made by HOA.
- Add 7 new hospital measures to the existing CMS report. At this time, the measures are expected to be:
  - AMI
    - Thrombolytic agent received within 30 minutes of arrival
    - PCI received within 120 minutes of arrival
    - Adult smoking cessation advice/counseling
  - Heart Failure
    - Discharge instructions
    - Adult smoking cessation advice/counseling
  - Pneumonia
    - Blood culture performed before first antibiotic received in hospital
    - Adult smoking cessation advice/counseling
- Add new MFI site parameter for sites within the Alaska Area.
- Add new option for creating a search template from the National GPRA patient lists.



## Industry News: HHS Enterprise Email System Comes to IHS

By Matt Parkinson, EES Project Manager

### CRS 2006 Software – Version 6.1

In 2003, the Secretary for HHS asked the Office of the Assistant Secretary for Budget, Technology and Finance (ASBTF) to lead an initiative to unify the different E-mail systems within the Department serving over 65,000 users. As a result, the Department of Health and Human Services (HHS) is engaged in the implementation of an outsourced unified Enterprise E-mail System (EES). This system is intended to replace the various e-mail systems currently in use throughout the Department with a single enterprise e-mail, public folder, and calendaring system. Outsourcing the HHS EES will result in the consistent implementation of E-mail enhancement technologies such as E-Mail archiving, anti-virus and anti-spamming protection across the Department. Outsourcer expertise in these areas will also create a system that provides improved reliability and availability of E-mail service to all Department personnel.

The Secretary of Health and Human Services has established several high-level milestones for Indian Health Service (IHS) that are fully expected to be incorporated into the IHS Directors performance contract and cascaded through all levels of IHS management. Specifically, IHS is to develop a transition plan by January 15, 2006, migrate a small subset of early adopters located at Headquarters to EES by January 31, 2006, and migrate remaining staff located at IHS headquarters, area offices, and remote locations with sufficient bandwidth by June 30, 2006. In addition, a plan to migrate the remainder of the IHS locations is to be developed by April 30, 2006.

In order to meet these objectives, the HHS and IHS project and technical management teams will be working closely with Area Office and Facility Information Technology support staff in the early months of 2006. All cooperative efforts and support of all IT staff throughout IHS is crucial to meeting the IHS management performance objectives for 2006 and overall success of this project.



**65,000 E-mail Users in the Department of Health and Human Services to be unified!**

## UFMS – a New Business Management Tool

By Prairie Bighorn and Jim Garvie

On November 7, 2005 the IHS officially embarked on a challenging and exciting project: Unified Financial Management Systems (UFMS). The UFMS project is a business management tool that will provide relevant, timely, and reliable information to improve the efficiency and effectiveness of financial, business, and operational functions. The new system will be implemented throughout the entire HHS department, enabling the agency to reflect a more unified system of operations.

The UFMS program will consolidate the multiple, outdated accounting systems currently in use across HHS. The current financial systems will be replaced by Oracle software that will produce more relevant financial data.

While the official IHS initiation event occurred in November, the HHS agency has been preparing for this transformation for years. Due to its size and unique complexities, the IHS will be the last agency to implement the new financial system in October of 2007. The IHS has begun forming the Implementation Teams that will take charge of ensuring that the organization is ready for the change.

### UFMS Kick-Off

A project kick-off event is scheduled for January 18 -19 in Rockville, MD to initiate the team and prepare them for this exciting challenge. This project will take cooperation from all levels of the organization, but it will allow our agency to consistently produce relevant, reliable and timely financial information to support decision-making and cost-effective business operations.

Further information may be found at: <http://www.hhs.gov/ufms/>



### Team Members

The Implementation team includes the UFMS Steering Committee, Mr. Tommy Thompson (CIO), and Mr. Chet Levesque (Project Implementation Lead). The team is divided up into three focus areas: the Business Analysis Team (BAT) led by Mr. Carl Love; The Technical Analysis Team (TAT) led by Mr. Jim Garvie; and the Business Transformation Team (BAT) led by Mr. Dan Madrano.

Joining Mr. Garvie on the Technical Analysis Team are Prairie Bighorn, Mike Danielson (Interface and Extensions), Jeff Curfman (Conversions) and Rob McKinney (Systems Infrastructure). The team will be working with Area Office Information Systems Coordinators and Facility Site Managers to ensure the successful implementation of UFMS.

## On the Horizon: Networkx

By Wes Old Coyote

### Networkx Overview

Networkx is the third in a series of major competitive full service telecommunications acquisition programs administered by the General Services Administration (GSA). The scope of the Networkx telecommunications program includes technology enhancements not previously available with FTS 2001 contracts, such as service improvements, customer-specific applications service, wireless service, quality support, higher level of security, billing support, and professional services.

The technical requirements for both Networkx Universal and Networkx Enterprise include approximately 50 telecommunications related services under 6 basic service categories:

1. Telecommunications Services (Voice, Frame Relay, Digital, Ethernet, Optical)
2. Management and Application Services (Web/Audio/Video Conferencing)
3. Access Services (Wireless, Broadband, Satellite Access)
4. Security Services (Firewall, Intrusion Detection, Anti-Virus)
5. Special Services (Land Mobile Radio, Satellite Radio)
6. Wireless Services (Cellular, Paging)

### Networkx Universal

Networkx Universal is designed to provide facilities with a comprehensive range of full service contractors providing telecommunications services in all 6 categories.

### Networkx Enterprise

Networkx Enterprise is designed to provide alternative service providers with innovative approaches to providing specialized services not available in a geographic region with the Universal carrier. Both Universal and Enterprise are 4 year contracts with three options for two years.

### Preparing for the IHS Networkx Transition

Transition is the movement of telecommunications services from the current FTS 2001 contracts (MCI) to the Networkx contract. Networkx transition goals are to move all services from current FTS2001 contracts to Networkx before they expire (January 2008), expedite availability of enhanced service, ensure no loss of service and minimize transition expenses.

In the event MCI is selected as a Networkx contractor, the impact of transitioning current circuits will primarily involve a change in billing formats from FTS2001 to the Networkx program. If MCI is not selected as a Networkx vendor, all existing FTS2001 circuits must be converted to the selected carrier(s). This would require additional costs for facilities currently utilizing MCI. These additional costs will be primarily for the non-recurring connection fees.

Healthcare Facilities requiring additional telecommunication services that are not provided by FTS2001 or the Networkx Universal carrier in their specific geographic regions, may utilize one or more of the Networkx Enterprise carriers to provide that service (Microwave, Satellite, Wireless, Voice-over-IP, ATM, VPN, Fiber Optical, etc).

Networkx program goals are to ensure service continuity, highly competitive pricing, high quality service, full service providers, alternative sources, operations support, transition assistance/support and performance based contracts.

### Networkx: Steps for a Smooth Transition

The Networkx Universal contract is expected to be awarded in June/July of 2006 and Networkx Enterprise contract is expected to be awarded in Sept/Oct of 2006. Key steps for a smooth FTS 2001 to Networkx transition for Federal and Tribal facilities:

1. Compile and Validate Transition Inventory of all telecommunications circuits.
2. Determine Goals and Define Requirements.
3. Prepare for Networkx Contractor Selection.
4. Allocate Resources.
5. Select Contractor(s).
6. Schedule site transitions and prepare sites.
7. Accept Service and Conduct Parallel Operations.
8. Track Transition Progress within Agency.
9. Maintain Accurate Inventory of Services.
10. Manage Disconnects of FTS2001 circuits.

## IT Security News: Patch Considerations

By Kathleen Federico

When a hole or vulnerability is discovered in our computer system, we can use a patch to repair the problem. A patch (also known as a service pack, hot-fix, or security patch) is a fix or repair that will provide an immediate solution to a problem, and can be downloaded by your computer support staff.

### *Things to consider before choosing to patch:*

- Would a patch correct the vulnerability?
- Would it open a new vulnerability?
- Would use of a patch reduce reliability?
- Would a patch degrade performance?
- Would the patch match other required applications?

### *Think about the pros & cons of using a patch:*

Deployment of one patch	<b>VERSUS</b>	Deployment of a bundle of patches at once
Installation of a single patch now		Installation of a bundle of patches later
Use of an automated version		Use of a manual version
<p>Combining patches may cause complications.</p> <p>Installing several patches at once might complicate troubleshooting.</p> <p>Check the space requirement. Service packs require a certain amount of space.</p>		

*Patch Management* is the process of acquiring, testing, and distributing patches to the appropriate staff and/or users in an agency.

Keeping current regarding the latest vulnerabilities and keeping up to date with the latest patches is critical to the success of a patch management program.

### *Tips for a successful patch management program:*

- Read all related documentation
- Have a roll back plan
- Forewarn help desk and key users groups

### **Please refer to the following resources for more information on Patch Management:**

- ◆ NIST SP 800-40: Version 2, Creating a Patch and Vulnerability Management Program
- ◆ U.S. Computer Emergency Response Team (US-CERT)
- ◆ Vendors that offer patch products
- ◆ Your Information System Security Officer (ISSO)
- ◆ IHS Security Team – Division of Information Security (DIS), Office of Information Technology, Albuquerque, NM



## New Chronic Care Management Tool Added to RPMS: HIV Management System

By Dr. Theresa Cullen

### *HIV Management System Overview*

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*Expected to be  
released in early  
2006!*

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The **RPMS HIV Management System (HMS) (BKMV 1.0)** went to beta testing in early December, and is expected to be released IHS-wide in January 2006. HMS is a case management component of the IHS Resource and Patient Management System (RPMS) and provides Indian Health Service/Tribal/Urban (I/T/U) healthcare providers with another tool for improving the direct care and management of patients with HIV, AIDS, or who have been identified as being "at risk" for the disease. The primary function of HMS version 1.0 is to identify any patients who should be managed and provide condition-specific reminders and reports to assist providers in improving quality of care for this population. HMS is intended for use by both experienced HIV case managers and providers without specialized knowledge.

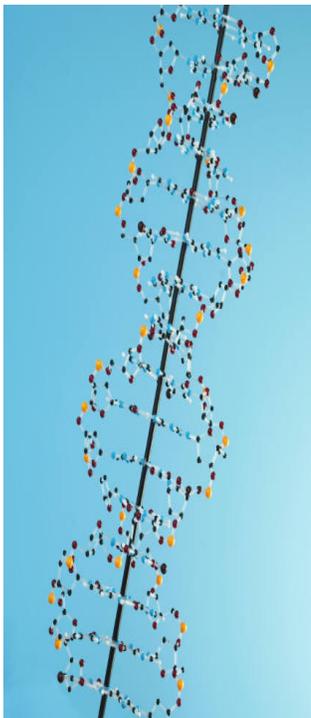
Case (chronic care) management provides a mechanism for healthcare providers to recognize and follow up on clinical interventions and information on single or multiple diseases. These applications can assist healthcare providers to identify high-risk patients, proactively track health care reminders and health status of individuals or populations, provide appropriate care by embedding evidence-based guidelines, and report outcomes.

The HMS is another key tool for accomplishing the IHS goal to improve compliance with clinical practice guidelines for chronic diseases that are significant to the American Indian/Alaska Native (AI/AN) population, including diabetes, asthma, HIV/AIDS and cardiovascular disease. Other RPMS case management applications include Diabetes Management System (BDM), Asthma Register System (BAT), and Women's Health (BW); users can also define their own populations to track using Case Management (ACM).

HMS provides the capability to identify candidates for a register from the RPMS database, based not only on diagnosis but on combinations of lab test results and medications. Providers can create and maintain a patient register and collect HIV/AIDS-related data not currently available within RPMS, such as CDC Etiology categories, HAART medication compliance, and state reporting status. HMS provides condition-relevant reminders and reports for register patients, including the HIV/AIDS Supplement, a quality of care population report, clinical treatment guidelines, a due/overdue reminder report, and a state surveillance report.

In addition to deploying the HIV Management System, OIT will continue to support Dr. Grim's Chronic Disease initiative in 2006 by developing significant enhancements to the Women's Health and Asthma Register applications. The iCare (Integrated Case Management) (BKM) graphical user interface is currently in development and is expected to be released by March 2006; iCare v1.0 will include clinical logic related to cardiovascular disease (CVD).

*Questions about the HIV Management System and iCare should be directed to Dr. Theresa Cullen.*



## TeleMed Update

As reported in the November 2005 issue of the Telehealth News

### Sites in all twelve IHS areas report use of Telehealth.

Collectively, IHS and tribal facilities report active or recent experience in telehealth for more than 30 different clinical modalities and specialties.

The most common clinical uses of telehealth in Indian healthcare are similar to other commonly used telehealth applications in the USA, for example, teleradiology, teleretinal screening, telemental health, and telecardiology.

The term "telemedicine" refers to the remote delivery of direct clinical care via advanced information technologies. The term "telehealth" includes telemedicine, as well as the use of advanced technologies for distance learning, program planning, and public health.

## OIT Training Schedule

Please make note of the following class listing for OIT Training.

### January

Radiology – Oklahoma Area	Jan 10 – Jan 12
Patient Registration – Bemidji Area	Jan 10 – Jan 12
Basic Third Party Billing – Navajo Area	Jan 10 – Jan 12
CRS (GPRA) – Albuquerque Area	Jan 20
BH GUI – Oklahoma Area	Jan 24 – Jan 25
EHR Super End User – Wellpinit, WA	Jan 24 – Jan 26
EHR HIM & BO – Albuquerque Area	Jan 24 – Jan 26
Accounts Receivable – Phoenix Area	Jan 24 – Jan 26
Basic 3BP – Albuquerque Area	Jan 31 – Feb 2

### February

Accounts Receivable – Albuquerque Area	Feb 7 – Feb 9
PCC+ v2.5 User Training – Oklahoma Area	Feb 7 – Feb 9
EHR for Techies – Albuquerque Area	Feb 14 – Feb 16
Behavioral Health Reports – Navajo Area	Feb 14 – Feb 16
PIMS: Scheduling – Albuquerque Area	Feb 22
PIMS: ADT/SPT – Albuquerque Area	Feb 23
Radiology v5.0 – Portland Area	Feb 28 – March 2

### March

Emergency Room System – Albuquerque Area	March 2
EHR for CACs – Cherokee, NC	March 6 – March 10
Point of Sale Pharmacy Billing – Oklahoma Area	March 7 – March 8
Behavioral Health v3.0 – Albuquerque Area	March 7 – March 8
PCC+ v2.5 User Training – Portland Area	March 7 – March 9
Behavioral Health GUI – Albuquerque Area	March 9 – March 10
Introduction to Laboratory – Albuquerque Area	March 14 – March 16
Third Party Billing/Accounts Receivable – Billings Area	March 14 – March 16
EHR for CACs – Albuquerque Area	March 20 – March 24
Patient Registration v7.1 – Nashville Area	March 21 – March 23
Accounts Receivable – Navajo Area	March 21 – March 23

To register online for any of the above training see:  
<http://www.ihs.gov/Cio/JPMS/index.cfm?module=home&option=OITTrainingLinks>

**SAVE the DATE**

The IHS Technology Conference will be held **June 19-23.**

The conference will be held in Albuquerque at the Convention Center. The Doubletree is the hotel of choice. Make your travel plans now, and save the date!

### JANUARY 2006

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### FEBRUARY 2006

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

### MARCH 2006

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	