



# Information Technology NEWS

Office of Information Technology



July 26, 2006

## Inside This Issue

- 1 Hot Topics:  
A New CIO
- 2 IT Conference Highlights
- 3 Tribal Health Consortium –  
First E-911
- 4 CRS Update
- 5 CRS Version 7.0
- 6 On the Horizon: EHR v1.1
- 6 New Scholarship Reports  
Application
- 7 HHSMail Update
- 9 Industry News: Gone  
Phishing
- 10 IT Security Awareness
- 11 OIT Training Schedule



*Captain Theresa Cullen,  
MD, MS, our new CIO*

*CRS – Final GPRA 2006  
Report*

***Date to Remember:***

*The deadline for submitting  
the 4<sup>th</sup> Quarter report data is*

***August 4, 2006***

## WELCOME TO THE IHS IT NEWSLETTER

Summer is here, and it sizzles with the advances that have been made by our information technology community. This issue of the *IHS IT News* focuses on these advancements.

## Hot Topics

### *A New CIO*

As was announced via email last month, Captain Theresa Cullen, M.D., M.S., was selected as the new Chief Information Officer (CIO) and Director, Office of Information Technology (OIT), Indian Health Service (IHS); and has recently assumed her new role. Mr. Keith Longie, the previous CIO/Director, OIT, now serves as Deputy Director, Phoenix Area IHS.

Dr. Cullen is no stranger to you. Perhaps you know her from her work as RPMS Program Manager, or from her participation on the team that received the Davies Award for the IHS Clinical Reporting System. You may remember her as the lead on interagency agreements with NASA and the Administration for Children and Families, or from her work as the OIT Senior Medical Informatics Consultant.

We at the *IT News* are happy to welcome Dr. Theresa Cullen into her latest role at IHS. ***Congratulations, Dr. Cullen!***

## A Message from Our New CIO

*By: Dr. Theresa Cullen, CIO*

I am excited to assume the role of the Chief Information Officer for the IHS. I want to thank Mr. Keith Longie for his service as the former CIO. His previous work and support were critical to a successful transition.

Health Information Technology (HIT) is essential to improving the health status of American Indian/Alaska Native communities. Everyone in our OIT community plays a pivotal role in this mission. OIT has consistently demonstrated the positive impact of HIT on individual, population and community health status. Thanks to your efforts, OIT continues to deliver the best technological resources available in a timely, consistent and cost effective manner.

However, the *impact* our efforts make is dependent upon our relationship with *you*, as well as our relationship with our patients. I'm pleased to be in a new role that allows me to continue working with a group of such high caliber people. I look forward to continuing a collaborative relationship with you!

## Hot Topics

### *2006 IHS Information Technology Conference Highlights*

The IHS Information Technology Conference for 2006 provided a wealth of useful information. This year's IT Conference was held at the Albuquerque Convention Center and hosted a plethora of interesting speakers and presentations.

The opening ceremony began with the color guard from the Santo Domingo Disabled Veterans Association. Composed of veterans from three wars, the color guard presented the American flag and provided an invocation spoken in the *Kress* language, which focused on care, protection, Mother Earth, funding, and better ideas.

Mr. Keith Longie, IHS Deputy Area Director, Phoenix, introduced local dignitaries including Albuquerque Mayor Martin Chavez and Mr. Benny Shendo, Cabinet Secretary for the Indian Affairs Department, State of New Mexico. Other speakers included Mr. Jaren Doherty – HHS CISO, whose informative presentation touched on aspects of Security and Privacy. Dr. Mark Carroll – IHS Telehealth Program Director, kept the audience fascinated (and often dizzy) with a presentation about Telehealth and VistA Imaging that included the interactive Telehealth website. Mark Urban conducted Section 508 Phase-II training sessions. Those are only a few of the things you missed if you were unable to attend.

Agendas listing all of the speakers and topics are available online:

<http://www.ihs.gov/AdminMngrResources/techconf/index.cfm?module=agenda>

*A newsletter dedicated exclusively to the 2006 IHS IT Conference will be released soon.*



*Albuquerque, NM*



Mayor Martin Chavez,  
Albuquerque



Benny Shendo, Cabinet  
Secretary, Indian Affairs  
Dept., State of New Mexico



Keith Longie,  
IHS Deputy Area  
Director, Phoenix



Dr. Theresa Cullen  
IHS CIO



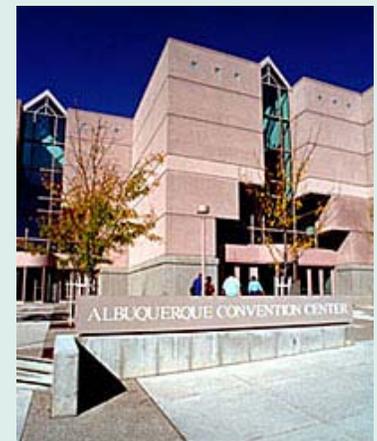
Jaren Doherty  
HHS CISO



Color Guard: Santo Domingo  
Disabled Veterans Association



Mark Urban, HHS Section 508  
Phase-II Training



*Albuquerque Convention Center*

## Hot Topics

### Tribal Health Consortium Installs First E-911 Phone System in Anchorage

*By: Alaska Native Tribal Health Consortium Staff*

The Alaska Native Tribal Health Consortium (ANTHC) Telecommunications department at Alaska Native Medical Center has created an automated 911 system that allows public authorities to determine the exact location of a phone extension used to place an emergency call. "My hat is off to Steve Sobetsky and his crew for their excellent work on this project!" said Thomas D. East, Ph.D., ANTHC Chief Information Officer. Sobetsky is Telecommunications Manager for the hospital.

The Consortium's enhanced 911 (E-911) emergency phone system allows Municipality of Anchorage police and fire dispatchers to identify exactly where an ANTHC emergency call originated, including the street address and office number, whether on or off the Alaska Native Health Campus in Anchorage, Alaska. This is the first commercial installation operating within the Municipality and comes after months of coordination, installing software, and creating and updating databases.

In the past, when an individual called 9-911 from ANTHC facilities, the only information displayed to dispatchers was the ANMC street address. This could pose a problem for emergency responders considering the size of the on-campus and off-campus facilities, especially if the person calling was unable to respond to the dispatcher and give the exact location.

With the new system in place, when someone calls 9-911, the readout at the Municipality's police and fire dispatch center displays the physical address of the building along with the floor, room number, extension number and name associated with the phone being used. The system will log the call. Call-dedicated extensions on campus allow operators and security officers to monitor the call. In addition, the system records the call for additional review if needed. A computer screen pop-up will also appear on selected operator computers indicating a 911 call.

The implementation of the new system took a great deal of time and planning. After securing the funding for the system, the telecommunications staff created databases to detail the specific location of each phone. The undertaking was the result of a coordinated effort between Alaska Communication Systems, Intrado (a national emergency database warehouse), Xtend Corporation, and ANTHC Telecommunications.

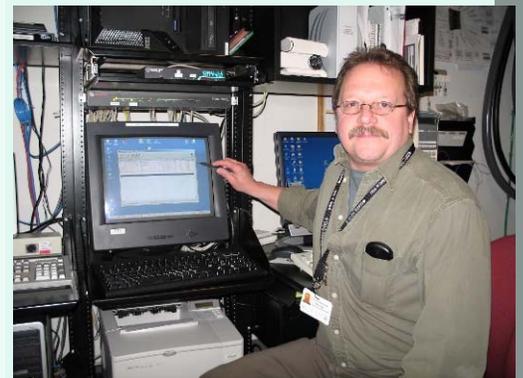


*Anchorage, Alaska*

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***Automated 911 system alerts rescuers to exact location of the phone used to make an emergency call.***

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*Steve Sobetsky, Telecommunications Manager at Alaska Native Medical Center, shows the E-911 phone system*

# Clinical Reporting System (CRS) Update

By: Stephanie Klepacki, CRS Project Coordinator

## Announcing

### The Release of CRS 2006 Software – Version 6.1

#### Key Changes to GPRA Measures:

- Diabetes: Nephropathy Screening: Include patients who have ever had any diagnosis of ESRD in the numerator.
- Childhood Immunizations: Change denominator from Active Clinical to Active IMM Package patients. *That means a site must be using the Immunization Package to meet this measure.*
- Colorectal Cancer Screening: Add exclusions for patients with total colectomy, and revise timeframe for FOB test from past 2 years to past year.
- Change to GPRA 06 targets, as shown below.

Measure	New Target	FY05 National Rate	Previous Target
DM: Ideal Glycemic Control	32.0%	30.0%	Maintain
DM: LDL Assessed	56.0%	53.0%	Increase
DM: Nephropathy Assessment	50.0%	47.0%	Maintain
FAS Prevention (Alcohol Screen)	12.0%	11.0%	Increase
IPV/DV Screen	14.0%	13.0%	Increase
CVD Cholesterol Screen	44.0%	43.0%	Increase
Prenatal HIV Testing	55.0%	54.0%	Increase

- 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 for IPV/DV Screening, FAS Prevention, and Depression Screening so the performance rate is calculated the same across all applicable measures.

#### Key Changes Continued

- Revise existing 10 CMS performance measures to reflect changes made by HOA.
- Add 7 new hospital measures to the existing CMS report:
  - 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.
- Updated GUI version to reflect all changes made in the roll-and-scroll version.

## Clinical Reporting System (CRS) CRS 2007 Software – Version 7.0

Version 7.0 is currently in development. We anticipate released in late October to mid-November 2006. Key enhancements included in CRS Version 7.0 are shown here:

### Add 6 new performance measure topics to the CRS local reports:

- Breastfeeding Rates (**PENDING DHHS and OMB approval**, this is proposed GPRR measure that will replace existing Childhood Weight Control and PHN measures; also included in the National GPRR report)
- Drugs to be Avoided in the Elderly (also included in the HEDIS and Elder Care reports)
- Fall Risk Assessment in Elders (also included in the HEDIS report)
- Appropriate Medication Therapy after a Heart Attack
- Persistence of Appropriate Medication Therapy after a Heart Attack
- Appropriate Medication Therapy in High Risk Patients

### New Comprehensive National GPRR Export Option

Includes performance measure data for patients included in the National GPRR report during the timeframe of baseline period through the end of the GPRR report period (for 2007: July 1, 1999 - June 30, 2007). An Area option will combine all of the facilities' data within the Area into one or multiple files. This data will be used primarily for analysis of geographic variation in quality within the IHS, and it will be used to see how it compares to geographic variation in quality within the Medicare program. However, it will not be identifying individual communities. GPRR reporting sites will run this option at the same time they run their quarterly National GPRR reports.

### New Patient Education Report That Includes the Measure Topics Listed Below

- Rate of User Population Patients Receiving Patient Education
- Rate of Time by Provider Discipline
- Rate for Top 25 Diagnoses with Education
- Rate for Top 25 Education Topics
- Rate for Top 15 Provider Disciplines Who Educated
- Rate of Patient Understanding of Education

## Final GPRR 2006 Report

The deadline for submitting the final GPRR 2006 (i.e. 4<sup>th</sup> quarter) report data is **August 4, 2006**. The data files should be sent to Elaine Brinn by e-mail at [Elaine.Brinn@ihs.gov](mailto:Elaine.Brinn@ihs.gov). Instructions are available on the CRS web site, GPRR Reporting Page: [http://www.ihs.gov/cio/crs/crs\\_reporting.asp](http://www.ihs.gov/cio/crs/crs_reporting.asp).

### Add New Export Height/Weight Data Site Parameter

If a facility selects "N" for this site parameter, the facility's height and weight data will not be exported to the Area Office. The default will be "Y."

### Add Logic to the Local Facility's Height/Weight Export File to Count the Records

If there are more than 65,536 records, the file will be split into multiple files. This will enable the files to be opened in Excel without truncation of data.

### Other Key Logic Changes

- Mammogram Rates will add Active Clinical Female 40+ and User Population 40+ denominators.
- Add clinic code 16 (Obstetrics) to core clinic code list for Active Clinical denominator definition.
- Add refusals to Dental Sealants and Topical Fluoride topic.
- Make several changes to the Osteoarthritis and Rheumatoid Arthritis Medication Monitoring topics.



## On the Horizon

### New Version of Electronic Health Record (EHR)

By: IHS OIT Tribal IT Support Team

Release of the Electronic Health Record (EHR) Version 1.1 is expected in September or October of 2006. It features enhancements designed in direct response to requests by Tribal healthcare end-users. Testing of the new version has begun. Several Tribal health facilities participating, according to Dr. Howard Hays, MD, MSPH, Director of the EHR Program.

The main features of EHR v1.1 include enhancements for better documentation of patient education, created in support of IHS' nationwide patient education priority.

In addition, clinicians will find the upgraded medication management capabilities to be an improvement over previous functions, says Dr. Hays. Version 1.1 enhances a clinician's ability to see all of a patient's chronic medications, and so allows better management of those medications.

EHR components that bring the functionality of RPMS Behavioral Health applications into the EHR are currently in

development. Scheduled for release later this summer, the Behavioral Health components will allow for more integrated care for behavioral health patients and improved communication among behavioral health and primary care providers.

The number of sites now use EHR has reached nearly 60. They are working with Area offices to deploy EHR nationwide. For more information, visit the EHR Website at [www.ehr.ihs.gov](http://www.ehr.ihs.gov), or contact your Area office.

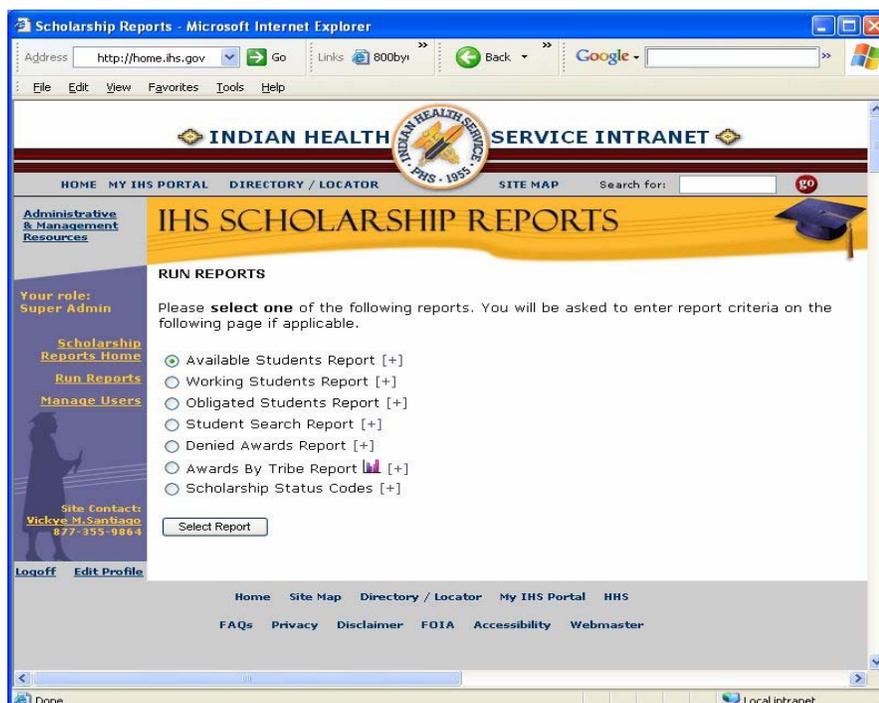


### New Scholarship Reports Application

By: Catherine V. Alleva, Web Applications Developer

The new Scholarship Reports application is now available. It allows IHS Scholarship Program Area Coordinators and IHS Recruiters to run reports and access data regarding program participants directly from the Scholarship program database. Previously, much of the data was unavailable directly and the users had to ask for the information from the Scholarship program staff.

The first version release of the application has been completed and is currently in Beta testing.



Scholarship reports screen

## HHSMail Update

*By: Matt Parkinson, IT Specialist*

The HHSMail Migration team has participated in numerous meetings with HHS and has created a transition plan that is best suited for the IHS. More than 100 early adopters have been migrated and tested. The team has created user documentation with complete instructions for the pre and post migration events of which users must be aware. Documentation for Systems Administrators has also been developed to help the migration go as smoothly as possible for the user population.

The start date for migration to HHSMail has been extended to refine some problems in the migration process that were identified during the pilot phase. Early Adopter Migrations #1 and #2 are now complete, as are Pilot #1 and Pilot #2. The General Migration began July 13, 2006, with target completion in November 2006.

- ✓ Early Adopter Migration #1: 1/31/06
- ✓ Early Adopter Migration #2: 4/4/06
- ✓ Pilot #1: 5/2/06
- ✓ Pilot #2: 6/8/06
- **General Migration Began: 7/13/06 and goes through 11/16/06.**

All migrations will be executed centrally and coordinated with the Area Point of Contact to the migration team. A detailed up-to-date schedule is maintained online at:  
<https://workgroups.ihs.gov/sites/HHSMail/Tab5.aspx>.



*General migration to HHSMail began July 13, 2006.*

*Target completion in November 2006*

### Importance

This initiative is important because it is part of the IHS Director's performance contract with the Secretary of HHS. This agreement cascades to all IHS executive management's annual performance contracts including the Area Directors.

Benefits include:

- Reduce recurring costs of providing e-mail service to over 65,000 HHS employees, contractors, and other e-mail users
- Provide a common Enterprise address book
- Calendaring solution to schedule people and resources across IHS and HHS
- Enterprise-wide public folders
- Provide all HHS e-mail users a single e-mail address scheme
- Provide dependable e-mail delivery times
- Consistent email service and support throughout all of IHS
- Enhanced technologies including archiving, anti-virus, and anti-spam protection
- Provide High availability and redundancy
- 24x7 network and security monitoring

Who Uses HHSMail?	
OS	4,300 Users
PSC	1,400 Users
CMS	5,600 Users
AOA	190 Users
AHRQ	600 Users
ACF	2,000 Users
SAMHSA	1,000 Users
IHS	813 Users

*Table showing number and category of HHSMail users*

Should you have any questions or concerns, please send them via email to: [hsmailteam@ihs.hhs.gov](mailto:hsmailteam@ihs.hhs.gov).

*This update continues on the following page.*

HHSMail Update Continued

# HHSMail Architecture

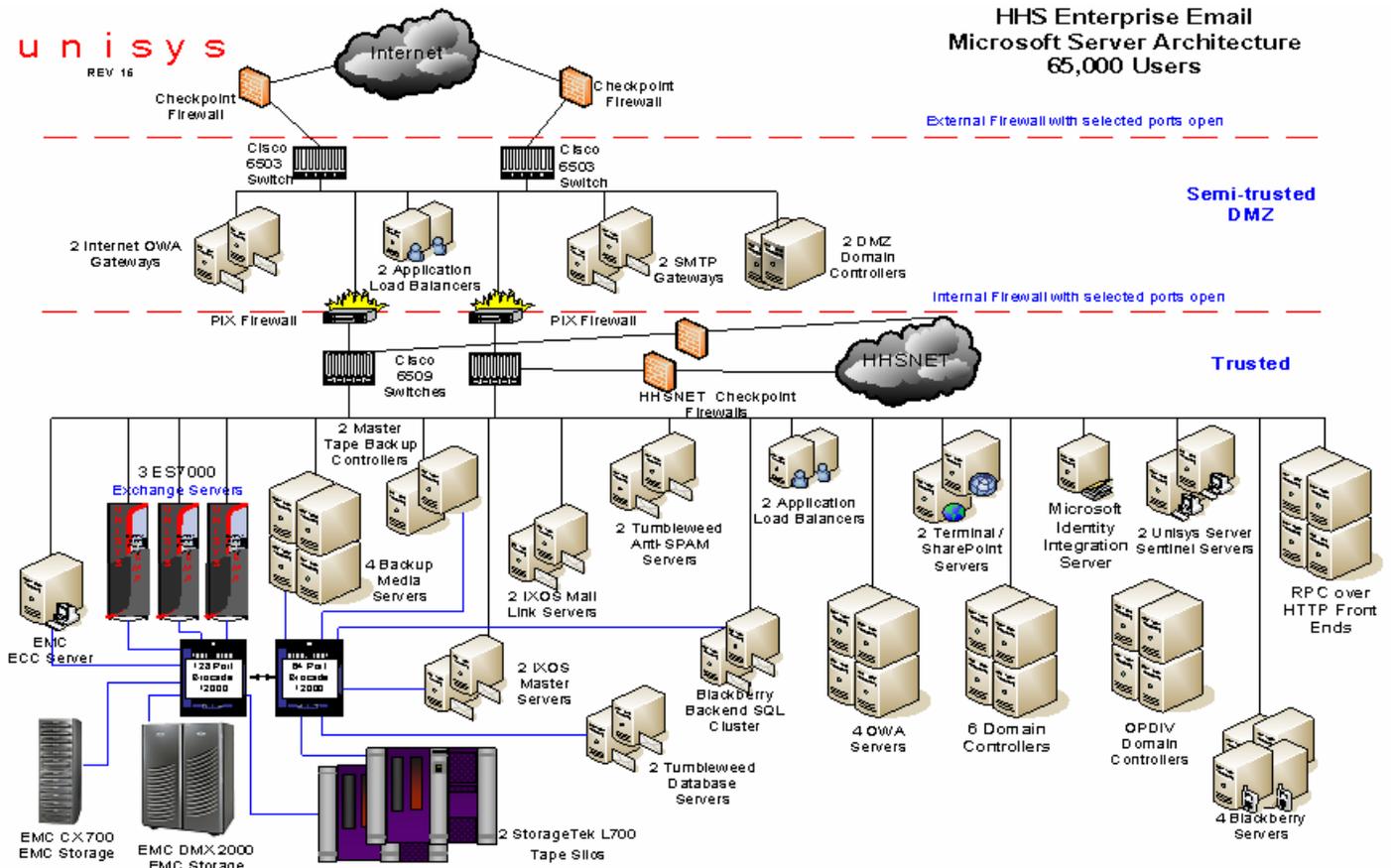


Diagram of HHSMail Architecture

- Single exchange organization for entire department
- Hosted in 2 datacenters:
  - Reston, VA
  - Atlanta, GA
- Access via HHSNet
- Dark fiber connections from IHS to Unisys
- Exchange 2003
- Tumbleweed (anti-spam)
- Antigen (anti-virus)
- IXOS (archiving)
- GFI (anti-spoofing)
- SharePoint (T2 admin)
- MIIS (GAL sync)
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## Industry News

### Gone Phishing

By: Teagan Geneviene, IHS IT News Editor

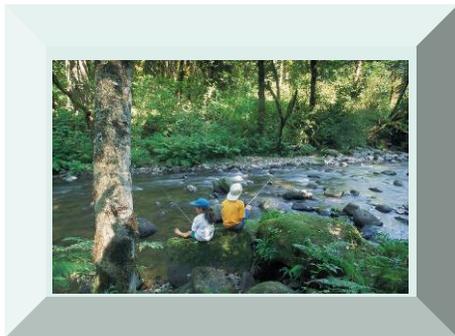
As part of the IHS Information Security Program, our security team educates us with invaluable security awareness facts. We live in the *Information Age*, but ultimately it is up to us to keep our information secure.

Many of the major financial institutions have attempted to educate customers about the dangers of online *phishing* scams. These email "lures" trick people into giving away their personal or financial information at phony Web sites.

Unfortunately, that does not mean they have managed to prevent scammers from exploiting the programming flaws in their sites. Vital data and customer credentials have still been tricked out of customers.

Phishers take advantage of Web site flaws, allowing them to create legitimate looking scams. This deceptive practice is known as *cross-site scripting*, or *XSS attacks*. This happens when the Web site accepts something from the customer (usually entered into a pop-up search box or an email form), but the Web site fails to properly filter that input to strip out potentially malicious code.

A skilled attacker could totally redesign a webpage to make it show anything he/she wants. It has already happened at many major financial companies. If it can happen to corporate giants, then any Web site could be subject to attack – allowing the scam (*phishing*) email to look authentic. (Krebs 2006. Washington Post.)



### Are They Who They Claim to Be?

Phishers can be very convincing – what can we do?

Check out the site's security certificate. Make sure they are using **secure sockets layer** (SSL) technology to protect the transmission of login data. SSL is a cryptographic system developed for the transmission of private documents over the Internet.

You could look for "**https://**" in front of a login page. However, some scammers have managed to get around that obstacle, for example an XSS flaw at PayPal is actively exploited.



### Don't Get Hooked by a Phishing Scam

The Federal Trade Commission (FTC) suggests these tips to help you avoid being hooked by a phishing scam:

1. If an email or pop-up requests financial or personal information – *do not reply*. Do not click on a link in the message.
2. Use anti-virus software and a firewall – *and keep them up to date*.
3. Review bank or credit card statements as soon as you receive them.
4. Do not send emails containing personal or financial information.
5. Use caution in downloading files or opening attachments that you get in an email.
6. If you think you are the victim of a phishing scam, file a complaint at [ftc.gov](http://www.ftc.gov) (<http://www.ftc.gov/>), and visit the FTC's Identity Theft website at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft).



Photo of clown fish

**P2P Sharing**  
refers to any software or system that allows two or more users to connect to each other and share files.



## Ways to Minimize Risks

*Attend training that discusses P2P file sharing.*

*Use and maintain anti-virus software.*

*Install or enable a firewall.*

*Avoid it!*

For more information refer to NIST at:

<http://csrc.nist.gov/policies/M-04-26.html>

or US-CERT at

<http://www.us-cert.gov/cas/tips/ST05-007.html>

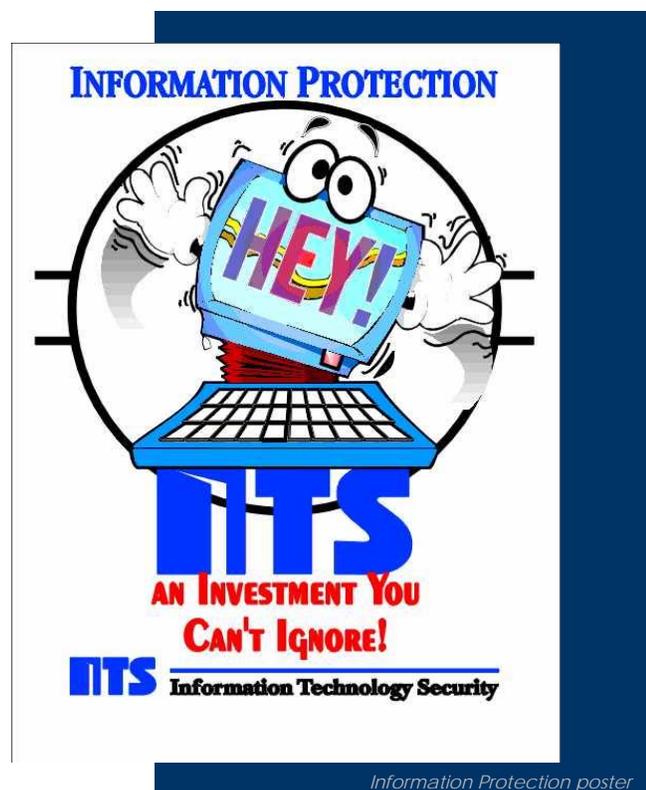
## IT Security Awareness Tip – P2P Sharing

By: Cathy Federico, CISSP

Peer-to-peer (P2P) file sharing allows users to share files online, and in turn offers them access to a tremendous amount of information in the form of games, music, and software. P2P file sharing refers to any software or system allowing individual users to connect to each other and trade files. These systems are usually decentralized and are designed to facilitate connections between persons who are looking for certain types of files. While many people use this technology appropriately, there are also those who use it to trade copyrighted files or to spread computer viruses.

Federal computer systems or networks should not be used to download illegal and/or unauthorized copyrighted content. P2P file sharing can cause security risks to your information and system:

- **Installation of malicious code:** P2P sharing may lead to unwanted downloads because it is almost impossible to verify the integrity of applications.
- **Exposure of sensitive or personal information:** P2P applications may give other users (authorized and unauthorized) access to your information, putting your information at risk.
- **Susceptibility to attack:** Some P2P applications may request that you open certain ports for file transmission, thereby giving others access to your system.
- **Denial of service:** Downloading some P2P files increases network traffic and uses system applications that limit Internet access and availability of system programs.
- **Prosecution:** P2P shared files may contain pirated software, copyrighted materials, or illegal files. If these are downloaded, even if unintentionally, you and your employer are liable and could face legal action.



## OIT Training Schedule

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

July Class Listing	Location	Date
EHR Super End User	Yakima, WA	July 5-7
Basic Third Party Billing	Bemidji, MN	July 10-12
EHR CAC & Implementation Team	Phoenix, AZ	July 10-14
Behavioral Health GUI	Juneau, AK	July 11-12
Third Party Billing/Accounts Receivable	Portland, OR	July 11-13
Intermediate Laboratory Package	Albuquerque, NM	July 11-13
Accounts Receivable	Bemidji, MN	July 12-14
PIMS Scheduling	Aberdeen, SD	July 19
PIMS ADT/SPT	Aberdeen, SD	July 20
EHR CAC & Implementation Team	Albuquerque, NM	July 24-28
POS Pharmacy Billing	Portland, OR	July 25-26
Pharmacy Outpatient 7.0/Inpatient 5.0	Aberdeen, SD	July 25-27
PCC+ 2.5	Billings, MT	July 25-27
Patient Registration 7.1	Sacramento, CA	July 25-27
EHR: Overview, Implementation, & Lessons Learned	Lame Deer, MT	July 26
August Class Listing	Location	Date
PIMS Scheduling	Phoenix, AZ	August 1
PIMS ADT/SPT	Phoenix, AZ	August 2
PCC+ 2.5	Anchorage, AK	August 1-3
Behavioral Health GUI	Billings, MT	August 8-9
Patient Registration 7.1	Phoenix, AZ	August 8-10
Behavioral Health Reports and Manager Utilities	Billings, MT	August 10-11
Radiology 5.0	Albuquerque, NM	August 15-17
EHR: Overview, Implementation, & Lessons Learned	Fort Defiance, AZ	August 15
Third Party Billing/Accounts Receivable	Sacramento, CA	August 22-24
FHR for Techies	Albuquerque, NM	August 22-24
EHR CAC & Implementation Team	Phoenix, AZ	Aug 28 – Sept 1
POS Pharmacy Billing	Albuquerque, NM	August 29-30
EHR: Overview, Implementation, & Lessons Learned	Cherokee, NC	August 30
September Class Listing	Location	Date
Advanced Third Party Billing/Accounts Receivable	Albuquerque, NM	September 12-14
Behavioral Health GUI	Portland, OR	September 13-14
EHR CAC & Implementation Team	Albuquerque, NM	September 18-22
Third Party Billing/Accounts Receivable	Nashville, TN	September 19-21
EHR: Overview, Implementation, & Lessons Learned	Warm Springs, OR	September 20
EHR: Overview, Implementation, & Lessons Learned	Cherokee, NC	September 20
Patient Registration 7.1	Albuquerque, NM	September 26-28

### JULY 2006

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### AUGUST 2006

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### SEPTEMBER 2006

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To register online for any of the above training go to:

<http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=OITTrainingLinks>