



Information Technology NEWS

Office of Information Technology



December 2006

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WELCOME TO THE IHS IT NEWSLETTER

This issue of the *IHS IT News* spotlights **UFMS** and the **Reference Laboratory Interface** – plus a few more of the important projects in which you and your coworkers have been involved.

In this season of gratitude, we are thankful for each and every one of you. Health and happiness to yours.

A Message from Our CIO

By: Dr. Theresa Cullen, CIO

As we enter into a new fiscal year, the Office of Information Technology would like to reflect on some of our successes. These include:

- The deployment of the RPMS Electronic Health Record to a total of more than 70 sites
- The Davies Public Health Award for Information Technology being awarded to the Clinical Reporting System
- The successful release of the reference lab interface
- The ongoing work to help ensure a smooth transition to UFMS for federal sites starting 10/1/07.

Our successes are possible due to committed facilities that participate in testing and evaluating our software, dedicated end users who are willing to share their concerns and their compliments, as well as our combined commitment to improve the health status of American Indian/Alaska Native patients and their communities. Thanks for your ongoing input and support. *Happy Holidays!*

Remember, you can now provide your feedback regarding RPMS via the web at <http://www.ihs.gov/cio/rpms/index.cfm?module=feedback&option=add&newquery=1>.

(Type the link into your browser if it doesn't respond from this PDF.)



*Luminarias
Albuquerque, NM*

Date to Remember

*UFMS Data Transmission
Testing Begins
March, 2007*

UFMS Milestones

Finalize Technical Requirements:

December 20, 2006

Begin Testing Data Transmissions:

March 2007

"Go Live" Target Completion Date:

October 2007



Hot Topics

UFMS & RPMS

By: Sandra Lahi

The United Financial Management System (UFMS) project has been actively progressing during the past year. A great amount of information has been made available on the project, including websites and individual emails notifying the ITU world of how many days are left to the start date. To further support the project, recent discussion has occurred regarding how RPMS is to be modified to meet the wide range of requirements. This article will provide a brief update of what the plans are for RPMS, and what timelines are to be met with this project.

One of the workgroups as established for the UFMS project is the Accounts Receivable (AR) workgroup. The AR workgroup is comprised of both Finance and Business Office subject matter experts. Based on their discussion, a recommendation was made that there must be an interface developed to pull data from RPMS to the UFMS Oracle system. HHS approved the interface project, and as of November, weekly conference calls have been held to discuss the timelines and data exchange for this portion of the project.

The ultimate goal of the Finance and Business Office leadership is to set up a system for headquarters to review accounts receivable information that is useful for reconciliation purposes by both the Finance officers and for reporting by the Business Office management.

Based on these goals, it was decided to pull individual accounts (bills) from the RPMS Third Party Billing system and payment and adjustment amounts from the RPMS Accounts Receivable system. To further identify individual accounts, the RPMS ASUFAC number will be attached to each record for the purpose of sorting information by area and facility for reconciliation and reporting purposes.

Another key component of this project is the timeliness of the data transmissions. To be able to provide real time and accurate up to date reports, daily transmissions must be received from each facility database. Both the RPMS Accounts Receivable and Third Party Billing systems will be modified to facilitate this data transmission without user intervention. The data will be sent through a server located in OIT. Ultimately, the individual account information must be reconciled on the Oracle system for aging reports to be made available at the Headquarters level. The aging reports will be provided at the level of Medicare, Medicaid, and the Commercial Insurance level.

Another UFMS workgroup that has been established is for the Contract Health Services that will include modifications to the RCIS application. This workgroup has been meeting weekly as well and has included representation from the CHS Fiscal intermediary. The progress made includes defining vendor requirements, data submission requirements and transmission timelines.

The ultimate timeline for this project is to finalize the technical requirements by December 20, 2006. The testing of the data transmissions will begin in March 2007, with the go live date for all areas to be completed by October 1, 2007.

Hot Topics

HMS: HIV Management System Update

By: Cindy Gebremariam

The **RPMS HIV Management System (HMS) (BKMV 1.0)** was nationally released in September 2006. HMS is a case management component of the IHS Resource and Patient Management System (RPMS). It provides Indian Health Service/Tribal/Urban (I/T/U) healthcare providers with another tool for improving the direct care and management of people at risk for or living with HIV/AIDS (PLWH). HMS is one of the key tools for accomplishing the IHS goal to improve compliance with clinical practice guidelines for chronic diseases significant to AI/AN.

Both specialists and non-specialists will benefit from this tool, as it will assist them in the proactive management of PLWH at their sites. This application has the ability to identify candidates for this register based on diagnosis, positive test results and/or prescription of certain medications. These candidates will then be reviewed by the clinician and a decision made regarding their inclusion on the register. In addition to this, people at risk or living with HIV/AIDS can be manually added to the register. Active status on the register will generate reminders, reports and provide guidance.

To date, OIT has conducted two separate trainings of this application to a variety of clinicians. Response has been positive and participants have expressed their eagerness to get it up and running at their sites. OIT is interested in continuing this training and is eager to discuss your needs and time frames on an individual basis. Please contact Cindy Gebremariam, RN to set up your training.

**For additional information contact
Cindy Gebremariam, RN
at (520) 670-4697
or email:
cynthia.gebremariam@ihs.gov**



On the Horizon

WebEx

By: Stephanie Klepacki

*GPR and CRS
Recorded WebEx
Session Available!*

No Cost

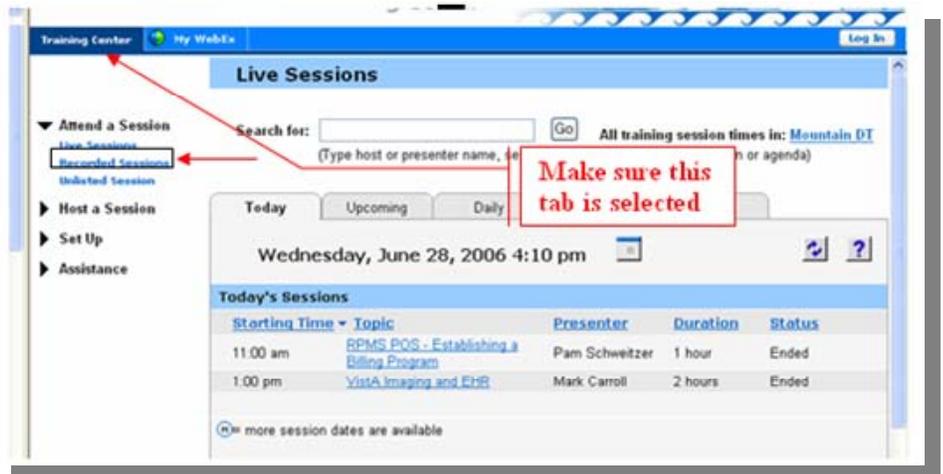
*GPR & CRS Overview
session now available
to view or download.*

GPR and CRS Recorded WebEx Session Available

A new recorded WebEx session entitled *GPR and CRS Overview* is available for anyone to view and/or download. **There is no cost for this session.** This 4-hour session focuses on CRS 2006 Version 6.1 and includes an overview of GPR and CRS, a demo of the CRS Version 6.1 roll-and-scroll and GUI versions, and tips for improvement on the clinical performance measures.

To access this WebEx, follow the steps below:

1. Go to <https://ihs-training.webex.com/>.
2. Click on "Recorded Sessions" under the "Attend a Session" menu on the left. **NOTE:** If you do not see "Attend a Session" and instead you are prompted to enter your User Name and Password, then you need to click the Training Center tab (vs. the My WebEx tab), as shown below.



3. Click on the "GPR and CRS Overview" link. Here you will see information about the WebEx. Scroll to the bottom and click "Go Back."
4. **If you want to view the entire session in one viewing**, click on the "View" button at the bottom. You will be prompted to fill out some information. Once you click "Register", the WebEx should begin. You can navigate through the session by using the Fast Forward (>>) or Next Segment (>>|) buttons. To close the session, click the "X" button. See the following page if you want to download files associated with the training session.

Information about this WebEx session continues on the following page.

WebEx Continued

Download a Session

If you want to download the session to your computer, you need to get the WebEx Player software installed. If you have never viewed a WebEx session before, the only way to do this is to act as if you are going to view the session first, cancel out of it, then download the CRS WebEx file, and double-click it to start the session. If you do not take these steps, you will get a Windows message that says it does not recognize the file type and asks you to select the application to open the file. *If you have previously viewed a WebEx session, skip to step D below.*

- A. Click the **View** button.
- B. Enter the required information to register for the session and click the **Register** button.
- C. The WebEx player should automatically start the session. You should also see the control window, as shown below. Click the **X** to stop the session.
- D. Click the Download button. Enter the required information to register for the session. Once you click "Register", you will be asked if you want to Open or Save the file. Click **Save**. Enter or browse to the directory to which the file will be saved. Click the "Save" button again. Because the file is very large (45.63 MB), it will take some time for the file to download. Once it has downloaded, double-click it to start the session. You may then view it at your convenience and may use the Fast Forward (>>) or Next Segment (>>|) buttons to navigate through the session.



Click this button to display the taskbar at the bottom of your computer. That way, you can switch between other applications, if you want to.

- E. You are encouraged to download the files associated with this training by clicking this link: <https://ihs-training.webex.com/meet/stephanie.klepacki>
- F. Click on the Files tab, then click the + sign next to the GPRA and CRS folder to open it. The available files are listed for you to download.

For more information, contact
Stephanie Klepacki at (505) 821-4480
or email Stephanie.Klepacki@ihs.gov.

Reference Laboratory Interface (Laboratory Patch 21)

Contributors: Clarence Smiley, Dorothy Russell, Lisa Petrakos, Karen Mundy

Introduction

The Reference Laboratory Interface is a component of the IHS RPMS Laboratory package and was released on August 11, 2006 as Laboratory Patch 21. It is designed to facilitate the electronic ordering and receiving of test results that are sent to any number of national reference laboratories such as Quest Diagnostics and Laboratory Corporation of America.

The interface can operate in either a bi-directional mode or in a uni-directional mode. Sites using the IHS RPMS Laboratory package version 5.2 as their laboratory information system (LIS) can utilize the bi-directional capabilities of the interface. Sites that do not utilize the IHS RPMS Laboratory package can utilize the interface only in a uni-directional capacity.

It should be noted that sites that utilize a commercial off the shelf (COTS) LIS system will not be able to utilize this interface unless they convert to the RPMS Laboratory package version 5.2.

The interface is actually a two part system: the *Generic Interface System* (GIS) and *Lab Patch 21*.

The GIS interface component serves as the actual telecommunications interface between the IHS facility and the reference laboratory.

Bi-Directional Interface

Basic Operation

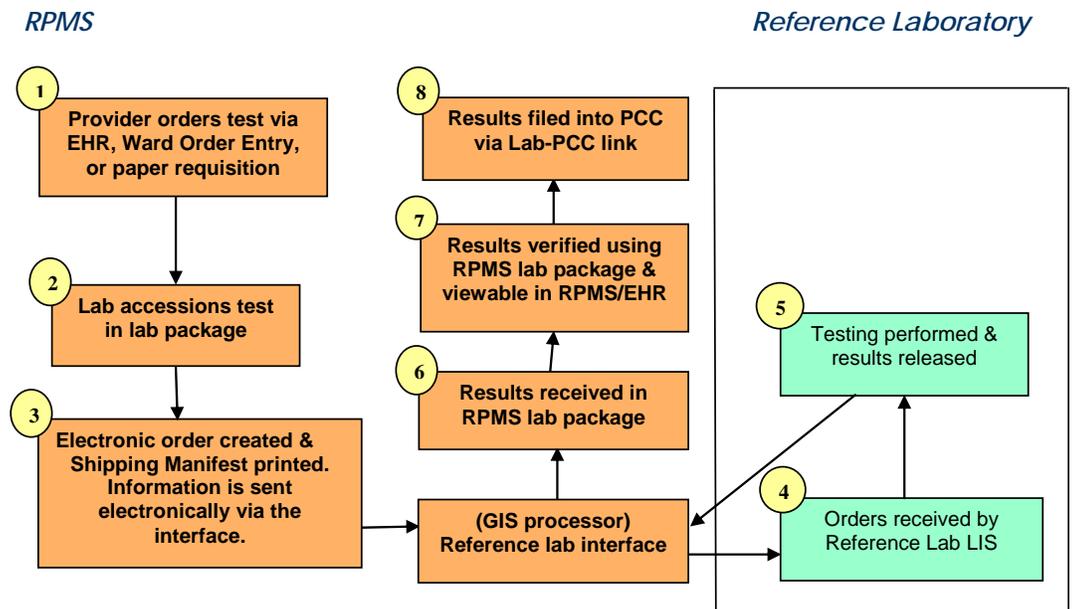
Facilities using the RPMS lab package will be able to utilize the bi-directional capabilities of the interface. At these facilities test orders can be placed via the IHS Electronic Health Record (IHS-EHR), via **Ward Order Entry**, or paper requisitions.

Once test orders are accessioned in the laboratory package, the order(s) is sent electronically to the designated reference laboratory. Test results that are completed and released by the reference laboratory are received via the interface for input into the RPMS lab package. Results automatically populate the IHS laboratory package, and are reviewed and verified within the lab package.

Verified test results are then available in all IHS Laboratory package reporting options. Results can also be viewed and graphed in the IHS EHR. The following is graphical representation of the interface when viewed in a bi-directional mode.

Bi-Directional Workflow

Diagram of Bi-Directional Workflow



This article continues on the following page.

Reference Laboratory Interface

Continued

Uni-Directional Interface

Basic Operation

In a uni-directional interface mode, the ordering facility does not have electronic ordering capability via the RPMS Laboratory package. The ordering of laboratory tests is completed via paper requisitions or via the reference lab's information system, which is often located within the laboratory. However, that information system is only connected to the reference lab, and not interfaced with the RPMS laboratory package. Completed results are passed through the uni-directional interface directly into the RPMS PCC database, bypassing the RPMS Lab package.

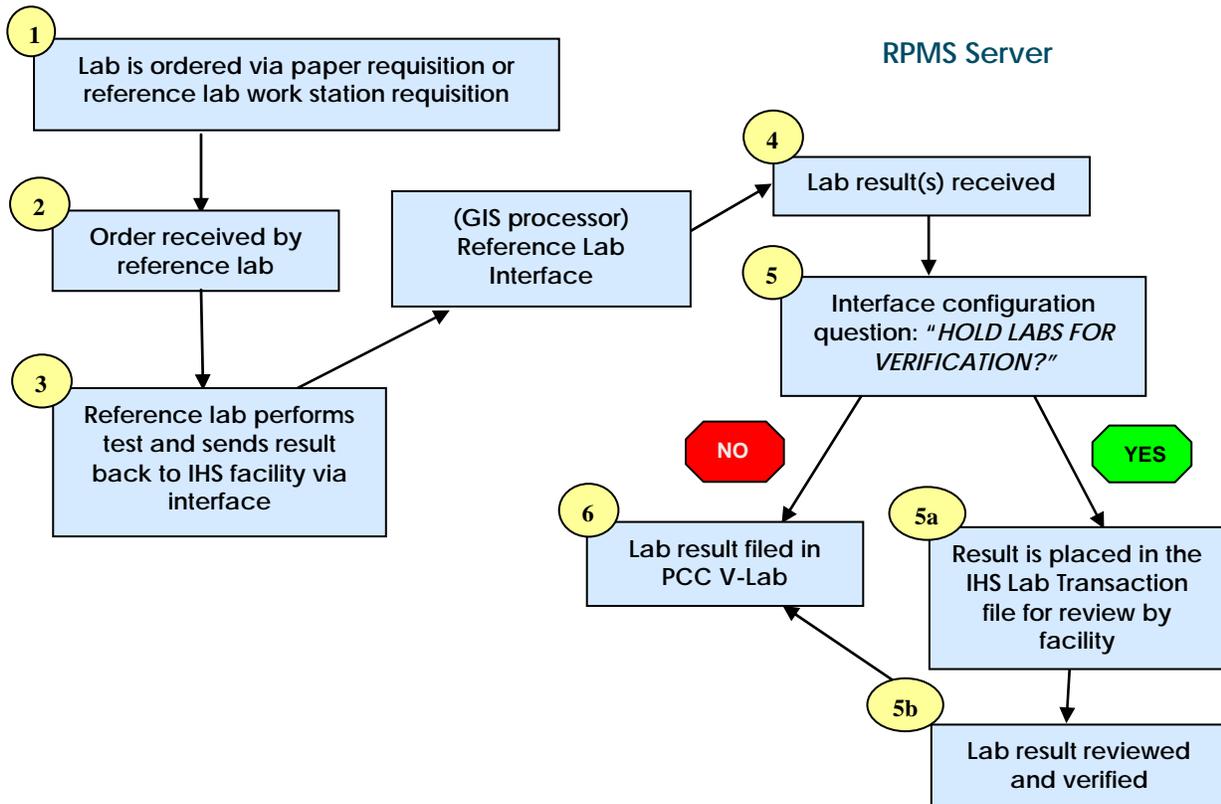
Laboratory results stored in the RPMS PCC database are in no way to be construed as a replacement for the hardcopy result forms issued by the reference laboratory.

Hardcopy lab results issued by the reference lab remain the legal laboratory report and these reports are to be filed in the patient's medical chart.

Laboratory results submitted to the RPMS PCC database via the uni-directional interface are designed as a replacement for PCC Data Entry. They provide an abstracted view of lab results suitable for RPMS Health Summary display and Q-Man searches. Note that lab results filed in RPMS PCC utilizing a uni-directional interface can be viewed on a health summary via the IHS Electronic Health Record, but they cannot be viewed on the Lab tab.

The uni-directional interface can be converted to a bi-directional interface if a site wishes to implement EHR, **and** the site has the available resources/personnel to implement and utilize the IHS RPMS Laboratory package. Following is a flowchart of the interface when viewed in a uni-directional mode. Please note the absence of the RPMS Laboratory package.

Diagram of Uni-Directional Workflow



Reference Laboratory Interface

Continued

Health Care System Impact

Implementation of the reference laboratory interface has far-reaching effects on both clinical and business processes.

Clinical Impact

- Health Summary - Now there is automatic accessibility, via the Laboratory component of the Health Summary, for reference lab results that previously were only available via the reference laboratory's report forms.
- Diabetes Flow-sheet – Reference lab results will automatically display on the Diabetes Flow-sheet, provided the tests have been entered in the diabetes flow-sheet setup. This occurs in the Diabetes Management System (DMS).
- Diabetes Audit – Facilities will have the applicable reference lab tests automatically display on the RPMS Diabetes Audit.
- Q-Man – Reference lab results are searchable via Q-Man searches.
- GPRA/CRS – Reference lab tests that are part of the menu of tests used for CRS reporting can be identified and added to the GPRA Lab Test taxonomies.

Implementation of the Reference Laboratory Interface

One of the very first tasks a site should do is to contact the reference laboratory's account representative and let them know of your site's interest in establishing an interface between your facility and the reference laboratory. Your account representative will review the current contract and insure that there is a provision included in the contract that specifies the establishment of an interface. If an interface agreement is already a part of the contract the next step is to visit the IHS Laboratory website at <http://www.ihs.gov/Cio/Lab/index.asp>

The website contains all necessary information that a facility will need to begin the process of establishing an interface with your reference laboratory.

OIT Reference Laboratory Calendar

Date	Location	Type
December 5-6, 2006	Bemidji Area Office	Bi-directional interface
January 17-18, 2007	OIT Training Room	Bi-directional interface
February 21-22, 2007	OIT Training Room	Uni-directional interface
March 6-7, 2007	OIT Training Room	Bi-directional interface
March 14-15, 2007	Portland Area (NWPAlHB)	Bi-directional interface
April 10-11, 2007	OIT Training Room	Bi-directional interface
April 24-25, 2007	Portland Area (NWPAlHB)	Bi-directional interface
May 8-9, 2007	OIT Training Room	Uni-directional interface
May 15-16, 2007	OIT Training Room	Bi-directional interface

FAQ

Reference Laboratory Interface

1. Does the Electronic Health Record work with the uni-directional interface?

No, the uni-directional interface is designed to bypass the RPMS Laboratory package and input laboratory results directly into the Patient Care Component (PCC) of the RPMS system. Laboratory data transmitted to PCC via the uni-directional interface is designed as a replacement for PCC Data Entry, and provides an abstracted view of lab results suitable for viewing via the RPMS Health Summary and database searches such as Q-Man. Since the uni-directional interface bypasses the RPMS Laboratory package, test results are not viewable using EHR.

2. Does the Electronic Health Record work with the bi-directional interface?

Yes. Facilities using the RPMS Laboratory system will be able to place laboratory orders using the EHR. Test orders are accessioned in the laboratory package and sent as an electronic file to the designated reference laboratory. Test results are then received, reviewed, and verified using the RPMS Laboratory package. Results are available in all normal laboratory report options and are viewable in the EHR.

3. Our site currently uses the uni-directional interface, can we upgrade to the bi-directional version?

Yes. A site can convert to the bi-directional interface; however there are some factors to consider. First your site will have to plan on utilizing the RPMS laboratory package. OIT highly recommends sending laboratory personnel to Basic Laboratory package training to familiarize them with the lab package. OIT also recommends that users attend Reference Laboratory Interface training to learn how to setup and maintain a bi-directional interface once activated.

4. How long does it take for a site to become interfaced?

Based on our experience with interfacing beta test sites, it will take an average of 6-10 weeks once a site contacts the reference laboratory to begin the process of implementing the reference laboratory interface. Reasons for this include staffing, communication with the reference laboratory, communication with networking personnel, staffing issues on the reference laboratory side, test creating and test mapping, etc.

5. Who should attend training?

Individuals who are responsible for the maintenance of the RPMS laboratory package training should attend. In addition, in their absence a person of similar capabilities should also attend and they will serve as backup to the primary lab package administrator. Site managers are encouraged to attend as they will gain an understanding of the activating the GIS processor.

6. When setting up tests in File 60, is it required that we have entries in Site/Specimen and Collection Sample fields for the bidirectional interface?

For tests that are type "Both" in file 60 the answer is yes. Tests that are defined as "Output" in file 60 need to have the site/specimen filled in (so that you can define units and LOINC codes) but do not need a collection sample. The collection sample will be chosen when the parent test is chosen.

7. For a site that may perform in-house testing as well as send out the same test(s) to a reference laboratory, should I have different entries in file 60 for the same tests? For example, Urine Dipsticks are often performed in-house; however there are occasions when this same test is sent out to a reference laboratory.

Yes. *However* the answer depends on the volume of testing. If you send out a large amount of tests that are also occasionally performed in-house you definitely want to create a separate entry in file 60 of the lab package. If however your site only infrequently sends out a test that is normally performed in-house and you are simply performing confirmatory testing, you could manually enter the confirmatory test results from the reference lab and insert a comment in the lab report that the testing is confirmatory and was performed at a reference laboratory. Keep in mind that the reference laboratory may employ different reporting types and may not be compatible with your site's reporting methods. Examples include in-house results of "Trace" whereas a reference laboratory may use "1+" for that same result. Units may also be different.

Reference Laboratory Interface FAQ

Continued

8. Is the Institution and Accession area entry needed for every test or just the Cosmic tests?

For bidirectional interfaces, the Institution and Accession area are required for type "Input" and type "Both," but are not required for type "Output" as the parent test that is ordered will define the Institution and Accession Area for all tests in that panel.

9. Do we have to create separate data names for each test we send to a reference laboratory?

Yes. If a reference lab defines a test with a separate result code, then we must create a separate test complete with its own data name in the Laboratory Test file. Each test with a result from the reference laboratory must have a data name built in the RPMS laboratory package. A "Glucose" test is not the same test as a "1 hour glucose tolerance" test.

10. How will providers view lab results in a bi-directional interface?

Providers will not notice a difference in laboratory data at facilities with a bi-directional interface.

11. How will providers view lab results in a uni-directional interface?

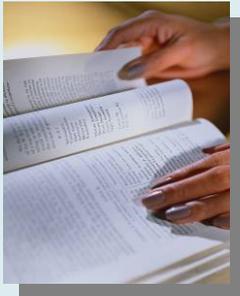
Reference laboratory results in a uni-directional interface do not populate the RPMS laboratory package, instead reference lab results "bypass" the lab package and are filed in PCC V-Lab files. Therefore, the RPMS lab package cannot be used to view reference lab results. Providers will be able to utilize the RPMS Health Summary to view reference lab results but not via the EHR.

Contact Information

For more information on the Reference Laboratory Interface please visit the IHS Laboratory website at <http://www.ihs.gov/Cio/Lab/index.asp>.

For specific implementation questions, you may contact Clarence Smiley at Clarence.smiley@ihs.gov

IHS Security Resources



IHS Security Handbooks

IHS has two security handbooks.

General User Security Handbook

(http://home.ihs.gov/ITSC-CIO/security/secpgm/SOP/SOP06-11a_User_Security_Handbook.pdf)

Technical and Managerial Security Handbook

(http://home.ihs.gov/ITSC-CIO/security/secpgm/SOP/SOP06-11b_Tech_Manager_SecHandbook_finl.pdf)

Both are available online to employees and contractors.

IT Security Awareness – Security Handbooks

By: Cathy Federico, CISSP

IHS has two security handbooks:

- **General User Security Handbook**
- **Technical and Managerial Security Handbook**

The General User Security Handbook applies to all users of any IHS resource. This handbook provides procedure and explanation of IHS policy and procedure as it relates to security. All users should read and become familiar with the contents of this handbook. It outlines the security processes and procedures required of all users. It will assure each user is doing their part to help protect IHS systems and the information housed on these systems. Please take time out of your busy day to read this important handbook.

(http://home.ihs.gov/ITSC-CIO/security/secpgm/SOP/SOP06-11a_User_Security_Handbook.pdf)

The Technical and Managerial Security Handbook supplements (addresses additional security requirements for technical, managerial/supervisors) the General User Handbook for anyone who is also a supervisor or manager of some sort OR is a technical person administering any of IHS IT resources (such as network administrators, system administrators, etc.). Anyone with these types of duties will be responsible for the applying the security processes addressed in both handbooks. There will be sections in this handbook that are only applicable to the technical person and those that are only applicable to the manager/supervisor.

Supervisors, managers, and technical personnel must use both handbooks to perform their security responsibilities.

(http://home.ihs.gov/ITSC-CIO/security/secpgm/SOP/SOP06-11b_Tech_Manager_SecHandbook_finl.pdf)

**If you have any questions,
please contact your local ISSO.**

OIT Training Schedule

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

November Class Listing	Location	Date
EHR On-Site Setup	Ft Duchesne, UT	November 6-9
New Omnicell/Pyxis Interface	WebEx: NM	November 14
EHR Super End User	Kayenta, AZ	November 13-16
EHR CAC & Implementation Team	Albuquerque, NM	November 13-17
Basic Site Manager	Sacramento, CA	November 14-16
EHR End User – HIM/BO	Kayenta, AZ	November 15-16
EHR: Overview, Implementation, & Lessons Learned	Cherokee, NC	November 15
EHR End User – Nurses	Kayenta, AZ	November 15
EHR WebEx – Generic Orders for Labs in EHR	Albuquerque, NM	November 16
EHR: Overview, Implementation, & Lessons Learned	Cherokee, NC	November 29
December Class Listing	Location	Date
EHR CAC & Implementation Team	Window Rock, AZ	December 4-8
Referred Care Information System v4.0	Albuquerque, NM	December 5-6
Contract Health Management System v3.1	Albuquerque, NM	December 6-7
Reference Lab Interface	Bemidji, MN	December 5-6
Behavioral Health Reports and Manager Utilities	Nashville, TN	December 5-6
EHR On-Site Setup	Reno Sparks, NV	December 11-14
Patient Registration v7.1	Window Rock, AZ	December 12-14
EHR for HIM and Business Office	Albuquerque, NM	December 12-14
Third Party Billing/Accounts Receivable	Bemidji, MN	December 19-21
January Class Listing	Location	Date
EHR CAC & Implementation Team	Albuquerque, NM	January 8-12
PCC Data Entry I and II	Bemidji, MN	January 8-12
Third Party Billing/ Accounts Receivable	Window Rock, AZ	January 16-19
EHR On-Site Setup	Sisseton, SD	January 16-19
Patient Registration v7.1	Billings, MT	January 17-19
Reference Laboratory Interface	Albuquerque, NM	January 17-18
EHR On-Site Setup	Haskell, OK	January 22-25
EHR On-Site Setup	Rapid City, SD	January 22-25
PCC Data Entry I and II	Window Rock, AZ	January 22-26
Basic Site Manager	Phoenix, AZ	January 23-25
EHR On-Site Setup	Nimkee, MI	Jan 29 – Feb 1

NOVEMBER 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>