



Information Technology NEWS

Office of Information Technology



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WELCOME TO THE IHS OIT NEWSLETTER

At long last, it's here. Spring has finally *sprung!* Though bears may have hibernated and seeds lay dormant, OIT was as busy as ever. So this edition of the IHS OIT News will include multiple updates about the many things going on within OIT, as well as other points of interest.

Teagan Geneviene, Editor



South Dakota

IHS HIT Annual Report Information Technology Strategic Plan & IHS Enterprise Architecture v6

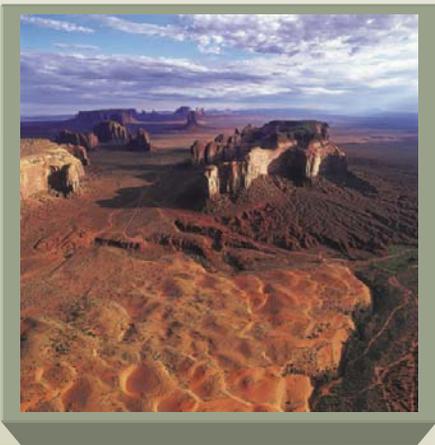
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Taskforce: Our Returning *Global War on Terror Heroes* IHS Participates in interagency initiative

See page 2

CPIC – New Web Site! Providing resource information and links to Project Managers and other interested staff

Details on page 3



Spearhead Mesa, AZ

Hot Topics

Taskforce:

Our Returning Global War on Terror Heroes

Indian Health Service plays a part in allowing military personnel returning from Iraq and Afghanistan to look forward to more timely receipt of benefits, better information, and more streamlined processes – because of new streamlined federal procedures.

Headed by VA Secretary Jim Nicholson, the panel included the secretaries of Health and Human Services, Housing and Urban Development, Defense, Labor, and Education, as well as the Office of Management and Budget, the Small Business Administration, and Office of Personnel Management. They named this group the *Task Force on Returning Global War on Terror Heroes*. IT-related suggestions from the panel included the following:

- Indian Health Service should expand coordination on IT interoperability with the goal of adopting standardized data sharing between the VA and IHS healthcare partners.
- The creation of a DOD/VA interface for health care providers to have access to data on combat theater injured service members.
- Enhancement of the military's Computerized Patient Record System (CPRS) to specifically track soldiers returning from the war front.
- The development of a Veterans Tracking Application, and identifiers to improve monitoring of returning soldiers.
- The creation of an Embedded Fragment surveillance center to monitor returning service members "who have possibly retained fragments of materials in order to provide early medical intervention."

Nicholson said the recommendations were made with an eye toward projects "that could be implemented within agency authority and existing resource levels."

IHS HIT Annual Report Health Information Technology

UFMS

Teams began working aggressively toward the Agency's transition to the Unified Financial Management System, scheduled to be implemented IHS-wide in Fiscal Year 2008. The IHS began identifying RPMS technical requirements and interfaces to meet the wide range of requirements with testing of the data transmissions scheduled in early 2007.

RPMS

The capabilities of the RPMS system have been recognized by entities outside of IHS. The National Aeronautical Space Administration (NASA) is adopting RPMS for its system of occupational health. The West Virginia Primary Care Network is using RPMS and RPMS-EHR in its Health Resources and Services Administration-funded facilities.

The IHS considerably improved its RPMS Exhibit 300 in 2006. The IHS Exhibit 300 process is a comprehensive plan that addresses cost and outcomes of information technology investments for the next four years. It is an HHS and OMB capital planning and investment control requirement. The HHS Information Technology Investment Review Board ranked IHS' RPMS investment in the top 3 department priorities (#3) out of 107 HHS investments. Rankings are based on business case quality.

CRS

The Clinical Reporting System (CRS) is the RPMS tool used to collect and report Government Performance and Results Act (GPRA) clinical performance results annually to the Department of Health and Human Services (HHS) and Congress. The IHS enhanced CRS significantly in 2006 by adding nine new performance measure topics, and new performance measurement assessment tools. These enhancements enable I/T/U health care providers and quality improvement staff to monitor and evaluate their clinical performance.

The panel specifically targeted health care, benefits, employment, education, housing, and outreach activities.

The recommendations focus on increasing awareness of available benefits among service members and their families, and improving the procedure for obtaining them.

Eighteen of their 25 recommendations will involve collaborative efforts among several Federal agencies to improve the timeliness, ease of application, and delivery of services and benefits.

Strategic Plan & Enterprise Architecture

The IHS developed and implemented its 2207-2012 Information Technology Strategic Plan and the IHS Enterprise Architecture v6. The strategic plan describes the Agency's strategic goals for information technology, key long-term initiatives and the annual performance goals that measure our progress.

The IHS Enterprise Architecture is a companion document to the strategic plan and aligns the IHS with the Federal Enterprise Architecture, Federal Health Architecture, and HHS enterprise architectures and is comparable to activities of other HHS OPDIVs.

Hot Topics

CPIC: New Web Page!

Capital Planning and Investment Control

CPIC is a structured approach to managing IT investments. CPIC ensures that IT investments align with the IHS mission, strategic goals, and objectives, and support business needs, while minimizing risks and maximizing returns throughout the investment's life cycle. CPIC relies on systematic selection, control, and continual evaluation processes to ensure that the investment's objectives are met effectively.

Investments in IT can significantly enhance organizational performance. When carefully managed, IT becomes a critical enabler to improve business processes, makes information widely available, and reduces the cost of providing essential Government services. As IT rapidly evolves, the challenge of realizing its potential benefits also becomes much greater.

Congress and OMB have clearly stated that each executive agency must actively manage its IT program to provide assurances that technology expenditures are necessary and shall result in demonstrated improvements in mission effectiveness and customer service. The Clinger-Cohen Act (CCA) of 1996, Public Law 104 – 106, legislatively mandates that IT investments be prudently managed.

One key CCA goal is for divisions to develop policies and processes that implement systems at acceptable costs, within reasonable and expected time frames, and that contribute to tangible, observable improvements in mission performance. So, CPIC processes shall be institutionalized throughout IHS, shall ensure compliance with the IHS Enterprise Architecture, and shall be used for all IT-related decisions.

**Resource information
for Project Managers
and other interested staff!**

<http://www.ihs.gov/cio/cpic/>

Note Regarding Web-links in this Edition of the IHS OIT Newsletter

Due to "Trust Manager Preferences" you may not be able to connect to all of the Web-links in this newsletter. If you encounter problems, please type the Web address into your browser.

IHS CIO Wins "Federal 100" IT Award

The Federal 100 awards are presented each year by *Federal Computer Week Magazine*. The awards are given to 100 IT professionals in both the public and private sector. The recipients, despite facing a variety of challenges, have chosen to make a difference in the way agencies and companies develop, acquire, manage, and use information technology.

One of our own was among the Federal 100. Congratulations to Dr. Theresa Cullen who was honored for her key role in the implementation of the Resource and Patient Management System (RPMS).



Hot Topics

IHS Dedicates New Regional Health Center in Red Mesa, AZ

Indian Health Service marked a great achievement on April 4, 2007, holding a formal dedication of the new Four Corners Regional Health Center in Red Mesa, Arizona.

The new regional health center covers 118,005 square feet. It will support a comprehensive outpatient health care program with a full range of ambulatory care, community health, mental health, dental, associated support services, and Navajo tribal health programs. The new facility is more than double the size of the IHS health station in Teec Nos Pos, Arizona which it will replace.

The new regional health center has a 24-hour emergency room and a six-bed short stay nursing unit. This facility was built to house a total staff of 249 full-time employees, which includes 37 tribally funded positions. Along with this new facility, 93 new staff housing units have been built.

The design of the center's interior reflects Navajo culture, with the lobby's eight-sided cedar dome representing a traditional *hogan*. Also, the main lobby's floor design incorporates the Navajo's four sacred colors of white, blue, yellow, and black, and represents the four sacred mountains. The building's entrance canopy supports are faced in sandstone to symbolize the Red Mesa.

Indian Health Service Dedicates New Health Care Center in Sisseton, SD

The Indian Health Service (IHS), an agency of the Department of Health and Human Services (HHS), held a formal dedication of the new Sisseton-Wahpeton Oyate Health Care Center located east of Sisseton, South Dakota, on May 10, 2007.

"The impressive accomplishment stands as an example of what can be achieved through the determination and leadership of the tribes, HHS, and the IHS. It is a real pleasure to see the completion of this new facility and staff quarters," stated Dr. Charles Grim, IHS Director. "This new facility will provide long-needed health care services and will make a real difference in improving the health and well being of those living in this area of South Dakota."

The new 85,574-square-foot facility and the accompanying 62 new staff quarters are designed to improve the health status of residents of the service area. This new facility will serve a user population of 6,600.



"The services this new facility will provide to over 11,000 Navajos and other beneficiaries residing in the Four Corners Region will help address some of the enormous unmet health needs in Indian Country. The Indian Health Service is proud of this new facility, which serves beneficiaries in the states of Arizona, New Mexico, Utah, and Colorado."

Dr. Charles W. Grim, IHS Director.



This new facility replaces a 26,200-square-foot IHS facility in Agency Village, South Dakota. All existing outpatient services will be maintained, and optometry and physical therapy services will be added. In addition, space will be provided for health programs operated by the Sisseton-Wahpeton Sioux Tribe, including community health, maternal and child health, child protection, tribal health administration, and ambulance service. The facility is built to house a total staff of 170 full-time employees, which includes 28 tribally funded positions.

The IHS is the primary source of health care services to American Indians and Alaska Natives. The IHS provides a comprehensive health service delivery system for approximately 1.9 million of the nation's estimated 3.3 million American Indians and Alaska Natives.





Coming Soon!

More recorded WebExes are coming soon, including Diabetes Flow Sheets, Pharmacy Data Management, Lab and Radiology Visits in EHR, and Optimizing Your RPMS Packages. You can access these WebExes here: <https://ihs-training.webex.com/>.

Further instructions on viewing recordings can be found on the EHR FTP site:

<ftp://ftp.ihs.gov/pubs/EHR/WebEx%20course%20materials/How%20to%20Access%20WebEx%20Recorded%20Trainings.doc>.

Update: EHR Electronic Health Record

Training Options

Don't Underestimate the Power of Training!

Implementation of the RPMS-EHR software is a complex process. One of the key ingredients to a successful implementation is proper training for those that will be setting up the system and for those that will be using the system. For the past two and a half years, OIT has been working hard to provide sufficient and accessible EHR training for facilities.

EHR trainings currently offered by OIT include:

- Live interactive, hands-on training, such as EHR CAC and Implementation Team Training, EHR for HIM/BO, EHR Reminders, and EHR for Techies. These trainings generally require that you travel to a training facility and are typically three to five days in length. You can request registration for these courses on the OIT Training website (you may have to copy the links into your browser):
<http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index>
- Live internet-based (WebEx) training. These trainings focus on one topic at a time, and generally range between one to two hours in length. You can see the trainings that are currently offered and request registration on the OIT Training website:
<http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index>
- Recorded internet-based (WebEx) training. There are recorded versions of many EHR and Pharmacy 5/7 WebExes available for you to view on your own time. At this time, we have the following available:
 - Coding Queue
 - Consults: Developing and Completing in EHR
 - Drug File Management for Multidivisional Sites using EHR
 - EHR Demonstration for New Users
 - EHR for Providers
 - Health Summary Components
 - Health Summary Flowsheets
 - Interdisciplinary Notes in EHR
 - Pap Smear Generic Orders
 - Paperless Refill
 - Patient Wellness Handout
 - Print Formats in EHR
 - TIU Templates
 - VistA Imaging
 - Voice Recognition Dictation in EHR
 - Omicell/Pyxis (BOP) Interface Update (Pharmacy)



Information Security Tip

Passwords

From: Cathy Federico, CISSP and our Security Team

One of Secure One HHS' goals is to promote Department-wide information security awareness. One of our ongoing efforts to reach this goal is publication of a Security Awareness Tip of the Month in each newsletter. In light of recent news regarding security breaches, we encourage you to increase overall IT security awareness within your OPDIV by sharing these tips with your employees.

The Value of Using Passwords

Sound information technology (IT) security practices require the use of strong passwords to protect our systems and the information they store, process, and transmit. However, many of us find it challenging to create adequate passwords, which are easy to remember without writing them down. RSA Security, a security software and services organization, estimates that users employ between six and twelve different passwords at work, which are required to be changed regularly to avoid compromise. As technology continues to advance, and agencies, companies, and individuals become increasingly interconnected with one another, the use and complexity of passwords are only likely to expand.

Passwords are the first line of defense in protecting information, and serve as an essential security function. The following list consists of simple rules designed to make the creation, use and protection of passwords both easy and secure.

Rule #1 *Never* write down your password!

Rule #2 Do not store user ID or password information online; this information can potentially be accessed and compromised.

Rule #3 Avoid using personal information that can be easily guessed or identified (e.g., middle name, last name, pet name, home address, etc.) as passwords.

Rule #4 Use a theme, or a favorite line from a song or poem, to create a password you can remember.

Rule #5 A strong password is at least eight characters long, includes both upper and lower case letters, at least one number, and a special character.

Treat your password
like your
toothbrush – Don't let
anybody else use it,
and get a new one
every six months.
..Clifford Stoll



*Additional information is
available online at:*

[http://home.ihs.gov/ITSC-
CIO/security/secpgm/Comp
Notes.cfm](http://home.ihs.gov/ITSC-CIO/security/secpgm/CompNotes.cfm)



*Less than 200 days to
UFMS implementation!*



*Approximately 1,700
IHS employees
identified by the
Area Offices as
"critical" end users
will be trained prior
to deployment.*

*See the following page
for more training
information.*

UFMS Fact Sheet

Unified Financial Management System

What is UFMS?

UFMS (Unified Financial Management System) is a business management instrument that provides pertinent, consistent, and up-to-date information that will improve the efficiency of financial and operational functions. It is a response from HHS to the President's Management Agenda, in which the President calls for more efficient, effective and responsive government.

Why UFMS?

All Department of Health and Human Services (DHHS) Operating Divisions are migrating to the Unified Financial Management System (UFMS), which will ultimately replace the outdated accounting systems now in use at IHS.

How will it work?

UFMS will consist of two major components: the CMS Healthcare Integrated General Ledger Accounting System (HIGLAS) and another system for the rest of the department. The system is being designed utilizing commercial off-the-shelf (COTS) software that has been certified for Federal agencies by the Joint Financial Management Improvement Program (JFMIP). The Oracle 11i Federal Financials software package will be the foundation.

Could you explain Vendor Cleanup?

One of the primary goals for Indian Health Service (IHS) regarding the transition from the existing CORE accounting system to UFMS is to ***ensure that every open document in CORE has a vendor attached, with all the required elements for UFMS.*** With that goal achieved, when the Go-Live date arrives everything will be in place.

Cleanup of documents will be performed from **two** directions:

- Any document generated in ARMS should be cancelled in ARMS. The cancellation will generate a Document History Record (DHR) that will be sent to CORE to prompt cancellation of the document in CORE.
- Cancellation will be performed directly in CORE for documents not found in ARMS.

What tasks are included in the Cleanup?

- Review all open documents and de-obligate older items where possible
- ARMS vendors should be validated for accuracy
- Convert documents with approved content to UFMS
- Meet Vendor Cleanup Requirements:
 - ***DUNs Number***
 - ***Valid Registration in CCR***
 - ***Bank Information (such as routing numbers)***

Transition *only* the open documents that are valid and supportable to the CORE accounting system to UFMS.

UFMS: *Continued*

Note:

The following types of documents will *not* have to undergo Vendor Cleanup:

- CHS documents
- “/ Year” CHS documents identified with the vendor shown as *FI*
- GovTrip documents
- Payroll

What steps are involved in the Vendor Cleanup?

- 1 Generate reports used to identify vendors that need to be revised or removed.
- 2 Verify ARMS vendors for accuracy.
- 3 Convert approved documents to UFMS.

What results can we expect from going to UFMS?

The consolidated financial management operations will result in a shared service environment. UFMS will provide a solid financial systems infrastructure on which a shared services operation can deliver its common business functions.

Additional Information

Several FAQs are available online at:
<http://intranet.hhs.gov/ufms/ihs/faq.html>

UFMS: *Preparing IHS End Users for Use of the New Unified Financial Management System*

By: Valerie Ostach-Fagan and Chitra Subramanian

The Unified Financial Management System (UFMS) is scheduled to be deployed at the Indian Health Service (IHS) in October 2007. After more than a year of preparation during which the project team developed the financial and procurement solution, and conducted mock data conversions, testing and training have begun.

Training

The training strategy for UFMS includes both **Online** and **Instructor-Led Training (ILT)** for identified critical users. The training team will provide users with instructions on Accounts Payables (AP), Accounts Receivables (AR), Budget Execution (BE), General Ledger (GL), Purchasing (PO), Project Accounting (PA), and iProcurement (IP). In addition, a separate training strategy is being developed for PRISM, which offers enhanced functionality to support contracting staff with their daily operations. This training will be supported by the PRISM vendor CompuSearch.

Area Office leadership has identified Training and Support Specialists (TASS) to assist UFMS end users during ILT and post Go-Live. All TASS members are in the midst of completing their Online Pre-requisite courses, and will be introduced to the Online Module-Based Training two weeks prior to the rest of the end user community. Each area also has an Area Training Coordinator (ATC), who will handle training logistics and registration of critical end users for ILT, scheduled to begin July 23 through September 14, for their respective area.



Training Schedule Overview

The detailed training schedule will be available by the end of May, after final validation of critical end users.

Training Schedule Overview	
Event	Date
Online - TASS	
Pre-requisites (Introductory & Navigation)	Released week of April 16, 2007
Module-Based (AP, AR, BE, GL, IP, PO, PA)	Released week of May 7, 2007
Online - Non-TASS Critical Users	
Pre-requisites (Introductory & Navigation)	Released week of April 30, 2007
Module-Based (AP, AR, BE, GL, IP, PO, PA)	Released week of May 21, 2007
Online - Non-TASS Critical Users	
All critical users (TASS and non-TASS)	July 23 - Sept 14, 2007
Module-Based (AP, AR, BE, GL, IP, PO, PA)	July 23 - Sept 14, 2007

To learn more about the IHS UFMS Implementation, please visit <http://intranet.hhs.gov/ufms/ihs.html> or e-mail the IHS UFMS Project Team at IHS.UFMS@hhs.gov.

OIT Training Schedule

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

MAY 2007

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		

JUNE 2007

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

JULY 2007

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				

May Class Listing	Location	Date
EHR End User – HIM/BO	White Earth, MN	May 1
Radiology v5.0	Albuquerque Area	May 1-3
EHR for HIM and Business Office	Phoenix Area	May 1-3
EHR End User – HIM/BO	Poarch Creek, AL	May 1
EHR End User – Nurses	Mount Pleasant, MI	May 7
EHR Super End User	Mount Pleasant, MI	May 7-9
EHR End User – HIM/BO	Mount Pleasant, MI	May 8
Patient Registration v7.1	Oklahoma City Area	May 8-10
Pharmacy Outpatient 7.0/Inpatient 5.0	Alaska Area	May 8-10
Reference Lab Interface (Uni-directional Only)	Albuquerque Area	May 8-9
Reference Lab Interface	Albuquerque Area	May 15-16
Third Party Billing/Accounts Receivable	Aberdeen Area	May 15-17
PIMS: Scheduling	Oklahoma City Area	May 16
PIMS: ADT	Oklahoma City Area	May 17
EHR CAC & Implementation Team	Albuquerque Area	May 21-25
EHR Super End User	ACL, NM	May 21-23
EHR End User – Nurses	ACL, NM	May 21
EHR End User – HIM/BO	ACL, NM	May 22
June Class Listing	Location	Date
Introduction to the Laboratory Package	Albuquerque, NM	June 5-7
EHR: Overview, Implementation and Lessons Learned	Lame Deer, MT	June 6
Patient Registration v7.1	Aberdeen Area	June 12-14
PIMS: Scheduling	Portland Area	June 12
PIMS: Scheduling	Portland Area	June 13
EHR CAC & Implementation Team	Albuquerque Area	June 25-29
July Class Listing	Location	Date
Advanced Third Party Billing/Accounts Receivable	Navajo Area	July 10-12
Pharmacy Outpatient 7.0/Inpatient 5.0	Albuquerque Area	July 10-12
Introduction to the Laboratory Package	Portland Area	July 10-12
EHR CAC & Implementation Team	Mount Pleasant, MI	July 16-20
EHR CAC & Implementation Team	Phoenix Area	July 16-19
Patient Registration v7.1	California Area	June 17-19
Referred Care Information System	Alaska Area	July 17-18
Contract Health Management System v3.1	Alaska Area	July 18-19
EHR: Overview, Implementation and Lessons Learned	Lame Deer, MT	July 25

Notes from the Editor

Special Mention

Thanks from the editor to Christy Tayrien for assistance in gathering information and to Shannon Mike for editorial efforts. Their help with the publication of this issue was invaluable.

Teagan Geneviene, Editor IHS OIT Newsletter

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About the IT News

The IT News is published several times throughout the year by the IHS Office of Information Technology. All articles and article suggestions are welcomed for consideration.

If you would like to submit an article for approval, or have any questions regarding this publication, please contact Teagan Geneviene at:

teagan.geneviene@ihs.gov .

All articles should be no longer than 1200 words in length and be in an electronic format (preferably MS Word). All articles are subject to change without notice.

