



INDIAN HEALTH SERVICE
INFORMATION TECHNOLOGY
INVESTMENT REVIEW BOARD

QUARTERLY CONFERENCE CALL

MEETING MINUTES
(REDACTED)

February 14, 2008

TABLE OF CONTENTS

Meeting Participants	3
Welcome and Roll Call.....	3
ICD-10 Informational Presentation	3
Enterprise Master Person Index Informational Presentation.....	5
Help Desk Software - Business Case Request.....	6
Help Desk Software – Business Case Vote	7
Practice Management Application - Informational Presentation	7
Consolidated Mail Outpatient Pharmacy (CMOP) – Informational Presentation	9
General.....	10
Next Meeting.....	10
Meeting Adjournment	10

Meeting Participants

Board Members

IHS Deputy Director of Management Operations
IHS Chief Information Officer

IHS Chief Financial Officer
IHS Chief Medical Officer
ISAC Federal Co-chair
ISAC Tribal Co-chair
Tribal Self-Governance Advisory Committee
ISAC Tribal Representative
ISAC National Council of Urban Indian Health

HQ Office Director
IHS Area Representative
Director, Division of Acquisitions Policy

Randy Grinnell, Not Present
Theresa Cullen, Not Present
George Huggins, for Cullen
Elizabeth Fowler, Not Present
Charles North, Not Present
Madonna Long, Present
Chuck Walt, Present
Don Kashevaroff, Not Present
VACANT(vice Walt), Not Present
Geoffrey Roth, Not Present
Alexander Bermuda, for Roth
Richard Church, Present
Floyd Thompson, Present
Kathy Block, Not Present

Other Participants

Mike Danielson, Director, Division of Information Technology, OIT, IHS
Chuck Gepford, Deputy Chief Information Officer, OIT, IHS
Carl Gervais, Capital Planning and Investment Control Manager, OIT, IHS
Howard Hays, Medical Informaticist, OIT, IHS
George Huggins, Director, Division of Information Resources Management, OIT, IHS
David Parker, Management Analyst, OIT, IHS

Welcome and Roll Call

The meeting began at 2:00 PM Eastern Time. George Huggins welcomed the Information Technology Investment Review Board (ITIRB) members and other participants to the conference call meeting and conducted roll with a quorum of six voting members present. He explained the absence of Dr. Cullen and announced David Parker would provide support to ITIRB. Information regarding joining via Webex was provided. There were no corrections to the minutes of the previous meeting. The one correction to the agenda was that the Practice Management Application presentation would not be a Business Request but an Informational Presentation.

ICD-10 Informational Presentation

David Parker, Management Analyst, OIT, IHS

This was an informational presentation to the ITIRB, requiring no action.

ICD 10 Implementation

ITIRB Meeting
February 14, 2008
David Parker, RN, MHS

● **Presentation Outline**

- Background
- Mission Support
- Benefits
- Assumptions
- IHS Total Collections
- Implementation Calendar

- Alternatives
- Next Steps
- ITIRB Action – Informational Presentation

- **Background**

- Most diagnosis coding is currently performed using the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*.
- It is also used for procedure coding in inpatient hospital settings. ICD-9 has been revised periodically to incorporate changes in the medical field.

- **Background cont.**

- ICD-9 is obsolete and is unable to meet current healthcare data needs or support the transition to an interoperable health data exchange in the US. Developed 30 years ago, it cannot accurately describe the diagnoses and inpatient procedures of care delivered in the 21st century.
- The United States is one of the few countries in the world that has not switched over to using ICD-10.
- It is expected that CMS will require organizations participating in Medicare and Medicaid to use ICD-10 starting in 2010.
- ICD-10 is intended to be more accurate and flexible than the coding systems it will replace, and better document patient health and treatment.

- **Mission Support**

- ICD 10 supports the HHS Strategic Objective of “improving health care, quality, safety, cost and value”.
- ICD-10 implementation supports the Federal Transition Framework’s (FTF) cross cutting agency initiative of a Federal Health Architecture. ICD-9 is obsolete and is unable to meet current healthcare data needs or support the transition to an interoperable health data exchange in the US. As might be expected, the structure of the ICD-10 is significantly different from that of the ICD-9 and will allow the healthcare system a smooth transition to a modern classification system.

- **Benefits**

- Fewer rejected claims;
- Fewer improper claims;
- More detailed descriptions for new procedures;
- Improved disease management;
- Better understanding of health conditions and health care outcomes; and
- Harmonization of disease monitoring and reporting world-wide.

- **Assumptions**

- Once CMS mandates ICD 10, IHS will have to implement it,
- Systems Conversion for ICD 10 will be the same regardless of training approach,
- Training is the variable cost which will be analyzed,
- Ongoing training costs will be the same for all training methods after year 2 due to standardized approach for updating staff on ICD 10 updates.

**IHS Total Collections
(in millions- \$), 2005-2007**

Year 1

- **Training**

- Identify personnel to be trained
- Identify vendor to provide training
- Develop a plan to train personnel
- Begin training

- **Conversion Costs**

- Form Workgroup to Crosswalk between ICD-9 and ICD-10
- Build software to install ICD-10 and implement the crosswalk
- Testing & Verification Effort

- **Software Installation**

Year 2

- **Training**

- Identify training needs for new employees
- Develop refresher training
- Complete staff training

- **Conversion Costs**

- Ensure ICD-10 updates are functioning appropriately

Possible Alternatives

- Hybrid Training (*probable*)
- Online Training Course
- Offsite Training Course

Eliminated Alternatives

- Status Quo
- International Offsite Training
- Video Tape Training
- Text Book Course

• **Next Steps**

- Monitor DHHS/CMS for ICD 10 Updates
- Begin Alternatives Analysis and Long Business Case
- Log Potential Business Process Issues

• **Questions?**

DISCUSSION

Floyd Thompson inquired about the cost per site, and if it would be born by the service unit, national funding, or other sources. Mike Danielson explained the possibility of funding from HHS. Dave Parker said that HHS is asking the OPDIVs for their estimates on migrating from ICD-9 to ICD-10. Richard Church explained the pressure to move to itemization that ICD-10 would provide.

Enterprise Master Person Index Informational Presentation

Mike Danielson, CTO and Director, Division of Information Technology, OIT, IHS

Master Patient Index Update

IHS Office of Information Technology
ITIRB Meeting
14 February, 2008

IHS MPI Activity

- EHR and Vista Imaging need MPI for Remote Data View capabilities
- Patient Merge Beta Testing
- Requirements document solidified
- Alternatives assessment ongoing
- VA/Intersystems MPI Bench test
- Interface development
- Initial NIPRS Load

MPI Project Timelines

- Patient Merge Software Ready for Implementation...April 2008 (earliest)
- Benchtest of VA MPI...3 months concurrent with patient merge development
- First pilot of EMPI...June 2008 (based on patient merge date)
- Beta Testing...October 2008
- Implementation of MPI...January 2009

DISCUSSION

Mike Danielson explained there are two phases to the MPI, including hardware and a management analyst. The second phase would be for two years of O&M support. Richard Church asked about the probability matching, and how the deterministic matching would compare with the matching used in NPIRS. Floyd Thompson asked if the Patient Merge application would require more memory for a facility's RPMS system. Mike Danielson replied that it would probably not require more memory. Floyd Thompson indicated Navajo would upgrade servers because of the mobility of their patients. Howard Hays explained that the Patient Merge is on a single database, not across facilities.

Help Desk Software - Business Case Request

Software Application – National Help Desk Business Case

Dyron C. Thompson
IHS ITIRB Meeting
February 14, 2008

Software Application – National Help Desk

Business Need:

Provide enterprise-wide software package to replace existing outdated 'stand-alone', Peregrine Service Center software

IHS Strategic Goals

Build Healthy Communities

- Effectively assist and alert problems across IHS to reduce threats of time lost, knowledge base initiatives, and performance indicators.

Achieve Parity in Access by 2010

- provide unified system to Areas, Service Units following the Tier 1, Tier 2, Tier 3 enabling accurate tracking utilization, facility problem history, track work orders, documentation, and key performance indicators

Achieve Compassionate, Quality Health Care

- implement a system to fulfill IHS strategic Help Desk goals to:
 - Manage and monitor response times
 - Track known problems within the realm of healthcare facilities
 - Effectively track knowledge base initiatives with regard to infrastructure needs.
 - Provide IHS customer reliable information based on information submitted

Analysis of Alternatives

- Alternative 1: Status Quo-
 - Maintaining current multiple software packages among facilities
- Alternative 2: Purchase and installation of PKG 1.
- Alternative 3: Purchase and installation of PKG 2.

Risks

Risks of not purchasing new software

- Loss of data
- Loss of productivity

- No accountability
- Negative impact on healthcare delivery
- Continued lack of knowledge base

Performance Measures

2008

- 100% of Helpdesk staff trained by May 2008
- 99% of data migrated by August 2008

2009

- Standardized software across areas - 90% of Areas compliant
- System is trouble free, accessible and operational at all levels of the organization-80% of time

Performance Measures, cont.

2010

- Standardized software across areas - 95% of Areas compliant
- System is trouble free, accessible and operational at all levels of the organization-90% of time

➤ 2011

- Standardized software across areas - 99% of Areas compliant
- System is trouble free, accessible and operational at all levels of the organization-95% of time

2012

- Standardized software across areas - 100% of Areas compliant
- System is trouble free, accessible and operational at all levels of the organization-99% of time

Security and Privacy

- Security has been integrated into the cost of the product.
- The C&A will be completed before the installation of the software.

Enterprise Architecture

- System interfaces with HHS Email
- Proposed acquisition adheres to IHS' Enterprise Architecture.

DISCUSSION

Richard Church asked why the presentation was given to the ITIRB. George Huggins answered that the presentation was given at the request of the CIO. Howard Hays asked if the cost would be born by the Areas for their licenses. Dyron Thompson answered that OIT plans to buy two licenses per Area, and subsequent licenses would be the responsibility of the Area.

Help Desk Software – Business Case Vote

All six voting board members that were present voted Yes. The business case for Help Desk Software is approved.

Practice Management Application - Informational Presentation

Practice Management Applications

ITIRB Meeting

February 14, 2008

David Parker, RN, MHS

Practice Management Applications

- **Presentation Outline**

- Background
- Benefits to IHS Customers
- Potential Alternatives
- Next Steps
- ITIRB Action – Information Presentation

Practice Management Applications

- **Background**

- Existing RPMS billing applications serve an important need in creating revenue to support operations at I/T/U facilities.
- However, numerous deficiencies in the RPMS applications have been identified by IHS customers, especially at tribal sites with different business needs than Federal facilities.
- A broadly based customer workgroup was formed to identify and document requirements for a modernized Third Party/Accounts Receivable system.
- Current need is to conduct market research to identify alternative solutions, including COTS/GOTS/RPMS options.

Practice Management Applications

- **Benefits to IHS Customers**

- Providing an easy to use software solution
- Maximize revenue generation by:
 - Using state of the art HIPAA compliant features -
 - electronic claims and claim scrubbing functionality
 - auto appeal engine for handling rejections
 - automated remittance posting
 - support multiple code categories (I.e. evaluation and management, medical, surgery, radiology, etc.)
- Avoid loss of revenue by:
 - Control of cash flow, receivables and perform practice analysis -
 - provide flexibility and efficiency in maintaining fee schedules
 - provide reports that meet managing the bottom line and evaluate financial health

Practice Management Applications

- **Potential Alternatives**

- Replace RPMS with fully integrated COTS software that includes electronic medical records as well as practice management capabilities,
- Replace only the Third Party Billing and AR applications with COTS software, interfacing with RPMS to extract the data required to generate claims, track accounts receivable, and manage the collections.
- Upgrade RPMS applications to meet the needs of both Federal and Tribal customers.
- Make no changes to RPMS practice management software.

Practice Management Applications

- **Next Steps**

- Complete Statement of Work and procure funding to:
 - Perform Gap Analysis between existing RPMS applications and the workgroup defined requirements.
 - Survey various COTs options through market research.

Practice Management Applications

- **Questions**

DISCUSSION

Madonna Long presented the concern that in the practice management applications, attention and care must be given to the interaction of ICD-10 and Third Party Billing, as they greatly affect each other. Howard Hays answered that the development program has consulted with several interested entities, and have included the functionality of interoperability in the requirements. He continued to say that there must be a response when IHS loses the ability to bill at the all-inclusive rate, and that gap analyses and alternative estimates are intended to determine the most economical approach.

Consolidated Mail Outpatient Pharmacy (CMOP) – Informational Presentation

Consolidated Mail Outpatient Pharmacy (CMOP)

ITIRB Meeting

February 14, 2008

David Parker, RN, MHS

- Need/Solution
- IHS Benefits
- Next Steps
 - ITIRB Action Sought – Informational Purposes Only

- **The Need**
 - Vacant IHS Pharmacist's positions (11% vacancy rate)
 - Increase medication dispensing capacity
 - Lack of time for Pharmacists to provide education
- **The Solution**
 - Outsource medication dispensing function
 - Create additional time for Pharmacists to serve in consultative roles
 - Improved customer service for IHS stakeholders
 - Accurate & reliable filling of prescriptions (Six Sigma accuracy)

- **IHS Benefits**
 - Patient Satisfaction
 - Pharmacists Recruitment and Retention
 - Cost avoidance
 - Systems Redesign

- **Next Steps**
 - Complete MOU with VA
 - Develop business processes for interface
 - Complete systems modifications
 - Test to ensure system compatibility
 - Operationalize System

- Questions?

DISCUSSION

Richard Church expressed the concern about the geographic challenge of Indian Country to implement CMOP, and that the most challenged Areas would probably be Bemidji and Navajo. Howard Hays said the approach will be to begin with central filling of prescriptions, then move to mail-out, and that other IHS Areas have been included in the discussion of the plans for CMOP.

General

There were no further questions or comments from the Board members.

Next Meeting

May 8, 2008.

Meeting Adjournment

The meeting adjourned at 3:48 PM Eastern Time.