

**EXPECTED ISAC GOALS:**

- formation of subgroups to prioritize
  - evaluate studies and recommendations
  - progress
  - achievable goals, prioritization, concreteness
  - group exist, see tab 7 which will need to be discussed for decision making to present recommendations to Dr. Trujillo.
- infrastructure, etc.
  - utilize Web Board for ITU communication

Present: Molin Malicay, Dr. Richard Church, Keith Longie, Mike Danielson, Jaloo Zelonis, Susan Dahl, Carol Johnson, Jerry Shanks, Roger Coney, Dawn McCusker, Seh Welch, Floyd Dennis, Luana Reyes, Ron Wood, Dr. Susie John

Guests: Mary Lou Stanton, Russ Pittman

Absent: Jim Roberts, Joe Moran, Chris Kinney

**MEETING MINUTES FOR REVIEW AND APPROVAL**

Recommendations for additions or deletions:

- A. March 1 meeting minutes: Dawn clarified she was not present at this meeting.
  - 1. Handouts provided at this meeting to be placed on the Web board. Ron to obtain copies of handouts for Cheryl to put onto the web board.Action: Jaloo motioned to approve the meeting minutes, Mike second. All in favor.
- B. April 6-7 meeting minutes for review and approval.
  - 1. April 6-7: Add members present. Name corrections, the last name of Randy is Richter and change Lyn to "Leonard" Thurman.Clarification of Jim Garvie budget section of page two meeting minutes: The IHS is contributing staff time support and administrative support (indirect).  
Action: Jaloo motioned to approve the meeting minutes, Sey second. All in favor.
- C. The membership of 2-3 yrs term as per Charter was not finalized in the first meeting which were not reflected in the first meeting minutes.  
Action: Let the minutes reflect that the moving of second party on the first meeting minutes has been rescinded and will revisit this afternoon as per Ron Wood. Jaloo and Mike proposed wording and bring forth to the group for reconsideration and add Jim Robert's budget portion.

**CHARTER**

Subgroup (Mike, Sey, Keith, Jaloo, Floyd, Dawn, Don) to review and discuss proposed changes to the Charter during a break.

Action: 1. Revisit the subgroup's recommendations of the charter at 1:15 pm this afternoon.

**AGENCY PERSPECTIVES, LUANA REYES**

- How the information technology systems relate among ITU.
- There are not enough people to get the job done efficiently, so we are utilizing contractors to do some of the work.
- Its important that information systems has finance group support (they are not here).
- To communicate IT information to ITUs.
- Need to focus on what the group needs to present to Dr. Trujillo may it be operational or policy.
- How to develop an integrated patient management and resource management system that will enable clinical staff to their patients' health care.

Suggestions:

1. Invite a policy expert (non-ITU) to discuss their health policy and the importance of their information systems.
2. Identify short and long-term issues (in terms of policy more than operations), then prioritize.
3. Make 12 Area Directors more knowledgeable what information technology policy ought to be in this agency (management issues as well as program issues).
4. Be an action-oriented group based on the expectations of this group given this morning.
5. Review your charter and make recommendations to the Director that will enable that charter to work for you and your evolving role.
6. Utilize the web board for ITU communication (Y2K activities).

7. Take time in your discussions on decision making.

#### DIRM UPDATE, DR. RICHARD CHURCH

Year 2000, dealing with 5 critical systems (four from National Information Systems and compliance, and the fifth is RPMS---is a combination of different modules).

Three key issues that impact on RPMS:

1. Distributed system (located 300+ locations, different than most of the DHHS systems)
2. Majority of the organization of Indian Health is spread over at least 35 different states, so it's dispersed across the country, compared with most of the other agencies where they have administrative systems in single location and computer.
3. Self determination is critical (individual organizations manage their own programs and choices).

Continuing Outreach Activities (each of the Areas have submitted reports on a periodic basis):

The DHHS and Federal government is very concerned that the public (ITU) as a whole is continuously made aware of the Y2k activities through resource kits.

Recommendation:

1. Resource kits (videos/CDs, etc.) available upon request (mailed to tribal leaders and ITUs).
2. There are non-IHS organizations across the country doing community activities. The President's Y2K consultant has been emphasizing this same activity, i.e., "series of community conversations" (the BIA was asked to take the lead for Indian health programs in community conversations in Portland).
3. Critical infrastructure (Y2K as a whole is lot more than just software and computers). Key elements of health care programs are biomed devices, health facility support systems, telephone/telecommunication systems, and PCs. Inventories have been difficult to develop.
4. Y2K dollars, get out and spend.
5. There is progress in biomed devices as Areas are spending and installing. The Deputy Secretary receives these reports. ITU has about 85% of the DHHS biomedical devices.
6. Old health facilities is good, in terms of Y2K compliance because do not have many embedded systems in them. The brand new facilities will need to get in compliant.
7. Tracking and identifying telephone systems for installation. No funding for PCs, but if there is additional funding of \$8M we are requesting programming authority from OMB.

The Overall Readiness of Y2K compliant:

1. Closure of the Contingency Plan document, and to remediate all our medical devices and health facilities telecommunications.
2. The process and impact on the systems (most direct programs is planning along the lines of the Accreditation process).
3. Day 1 planning is the resource and support teams will need to be available when clocks roll over.

Action: Sey is requesting a copy of the breakdown of the percentage of the Y2K funds distribution of the ITU.

Y2K Impact:

1. Security systems (policy implications)
2. Web sites (i.e., CDC picks up 35 viruses per day)
3. Clinger Cohen Information Technology management is the key area (group's responsibility to define or establish or suggest recommendations of prioritizing how we as a total entity invest in information technology resources).
4. The important key is the budget process. When the budget review board met, we received the request to do some refinement to expand our budget on the Information Technology and Epi Centers infrastructure (attachment Tab 8 and handout provided at this meeting).

#### COMMENTS FROM MARY LOU STANTON, ACTING DIRECTOR OF HQW:

ISAC is extremely critical to the agency and Headquarters West has a large data center.

Problems and concerns on timeliness, update billing information (Areas rely on collections), and user pop information.

#### NIPRS STATUS, RUSS PITTMAN

NIPRS data center.

1. Require consistent, timely data (i.e., billing, statistical information/reports, etc) so we can correct some problems with our system.
2. Accuracy utilizing the linear, indent (???) , and a hard coded piece of transfer routine testings.
3. Customer service/customer desire piece (prioritize our needs).

Concern that we have not received data information at the urban/tribal sites, which are given to the Area Offices or Urban Coordinators, how will they verify?

Action: Russ is requesting the contact person in getting the information. Susan to provide the listing for her area.

Keith Longie commented:

1. Welcomed Russ Pittman
2. Developments of self service stations on queries
3. Data quality project (GPRA) as well as DM quality issues
4. RPMS to get statistical data information to appropriate places.

#### IRM ISSUES FACING AGENCY/ITU, RON WOOD:

Core Issues:

1. CORE being implemented at NAIHS currently old HAS was not Y2K compliant.
2. Three types of problems: conversion problems, human error, and internal system errors. There were 3100 (1100 are CHS types) errors for Navajo in the CORE system (CHS entries are 80% of 2700 CORE errors at one of the Areas). We received a rate increase also retro increase for '98. Conversion problems are decreasing steadily.

HQ rely on Area financial staff for feedback on the quality and accuracy of the finance report (billing systems and accounts receivable/collections). HQ issues an allowance based on cash received. The issue (more region than national) is billing for timeliness and completeness and setting up accounts receivable which this group needs to discuss further among your Area finance staff.

Data Quality Issues:

The data is lousy, not user friendly, and need funds to retain staff.

Numerous studies happening now and most are completed, group to review the data quality of these studies.

Recommended: subgroup to review this issue (short/long-term issue).

RPMS versus COTS System:

- RPMS developed MUMPS.
- IHS IRM clinicians/staff who developed programs (clinical) and received funding from Congress, and the clinical is good but underutilized, financial and administrative side having a lot of problems; third party collections is ranging between 30-50 percent. As per private sectors, strong financial side, clinical not strong.
- In deciding between RPMS system or COTS package use the chart on the five major options: Decision to do nothing; Make minimal changes to RPMS; Major changes to RPMS; GOTS (VA--mumps based also, start billing M/M soon); or COTS package. Site visits were conducted to review private sector's software packages and results will be presented at the CEO meeting. The outcome of this meeting will be shared with this group.
- I/T/U organization wide information needs (integrated applications/programs, RPMS, funding)

Points to keep in mind:

- Infrastructure investments (not just software, more process and evaluation): people, equipment, and telecommunications.
- It's difficult to process and make assessments.
- Staffing, equipment, and funding problems.
- Tribal representative feedback on their priority issue(s) and the expected outcome on data quality (EPI center).
- Flexible system to meet our needs, i.e., telemedicine.
- Cultural changes (the transition process that will give us an ultimate design).
- Competitive processes (define and evaluate). Integrating our data on information systems.
- Component is the product we are selling to I/T/U's. Add training as support for output; flexibility for software.

Navajo Area is looking at a COTS replacement with the assistance from Mitretek (technical services) on BOSOP, finance package and RPMS. The Area Directors are looking at this group to come up with recommendations to Dr. Trujillo.

### INFORMATION TECHNOLOGY AND EPIDEMIOLOGY CENTER, DR. RICHARD CHURCH:

Draft proposal of \$51.8M (see handout).

The department says that the budget request of \$10M is not adequate, so we revised to add more dollars (\$51.8M) to support the four existing epi center plus establishing an Epi Center and resubmitted.

Everyone wants the data to do all the measurements but no one wants to invest on the infrastructure (5% IT development).

Recommendation:

- Let us discuss and review this document for any additional development to be presented to the IHS budget formulation team as they need soon.

Action: To write a support letter to Dr. Trujillo in reference to the Proposed Budget Justification in the amount of \$51.8M as a minimum (priorities being staffing and training) has been reviewed for IT infrastructure and top amount \$240M over five years. Co-Chairs to write the letter and get out tomorrow, Sey Welch second, it's a consensus.

### ISAC BUDGET, RON WOOD FOR JIM ROBERTS

From the last meeting, Jim Roberts requested from the group your travel budget so he can present a projected budget for future ISAC meetings to determine how frequent should our meetings be for FY 2000. After discussion, came to 3 options: monthly, quarterly, every other month keeping in mind that the subgroup will have their meetings also. Hold until the subgroups are established.

Action: Ron Wood to update Jim Roberts.

### ISAC CHARTER:

A subgroup reviewed and made minor changes to the ISAC Charter:

Most of the sections were okay as written but these are the recommended changes or decisions:

1. Under the Charge section, as the 1<sup>st</sup> charge add, "*Development*", because there is two development (review and approval). Also add, not only the Information Systems Plan but add an "*IRM Annual Operations Plan*".

2. Under the Activities section: clarification that meetings do not need be in person that we can use telephone or videoconference (if available).

3. Under Changes in Membership section, under Staff Support: Emphasize ... "*will be provided*" rather than will be coordinated.."

4. Under Charter Review, add: to be... "*revised bi-annually and as needed basis...*"

NOTE: Voting process, needs 2/3 for decision making.

ACTION:

1. Don moved to adopt the recommended changes on this charter and Keith Longie second the motion; All in favor, unanimously. A copy with changes to be sent out with today's date. Don to get document emailed or on web board

2. Effective in March, 2000 to select new members for the next term (Sey to bring her hat).

The group voted as a consensus so will be picking alternating groups for the next meeting.

3. All documents presented at meetings will be emailed or web board.

### STRATEGIC PLANNING PRESENTED BY KEITH LONGIE:

1. ITU input of strategic plan (policy and budget requirement/distribution/support as the first level of priorities).

2. First part is goals/objectives, and the second part is operational (resources, timelines and dollars).

3. Need to communicate where we are heading such as formalizing a policy.

ACTION: Diskette to be given by Keith to Ron to be put on the web board.

Partnership Paper on establishing an I/T/U Information System Project Management Plan to ensure the continued development, acquisition and maintenance of the information systems to meet the rapidly changing needs of ITU programs for effective management and provision of health care.

A request to Dr. Trujillo to replace a charter member, Nancy Williams, for a tribal clinician.

ACTION: Ron Wood and Molin Malicay to write a support letter requesting the replacement of Nancy Williams for a tribal clinician and get out tomorrow.

### BRAINSTORMING SESSION TO SELECT WORKGROUPS TO WORK ON THE ISSUES:

There were 47 ideas that were listed during the brainstorming session and during break a small group sorted these 47 ideas into four major groups which will be worked on in workgroups to be formed later this afternoon.



Subgroups will meet via conference calls or face to face:

1. Identify work product.
2. Identify with technical support staff.
3. Identify CoChair for each group and a staff person to put stuff on the web board.
4. Identify budget.
5. Identify work product and prioritize topics for each group via conference call and post on web board to the group.

ACTION: Present to the ISAC group back in October.

Adjourned at 5:15 p.m.