

Information Systems Advisory Committee (ISAC)
Doubletree Southeast, 13696 E. Liff Place, Aurora, CO 80014

October 25-27, 1999

Present:

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The purpose of the following presentations are to assist the ISAC in learn new methods of health care technologies and delivery systems, by identifying common areas among several systems (DoD, VA, and Commercial).

10/25/99

1. Presentation from Lt. Col. MaryAnn Morreale, DOD, USAF MSC OHE

Lt. Col. Morreals spoke about the DOD Health Care Administration, Military Health Systems. The two main resources that they provide are to act as a Humanitarian and Disaster relief. They are currently operating with \$16 billion budget, with 8.2 million eligible beneficiaries, 102 hospitals, 489 clinics, 139,000 health care personnel and 12,000 health care providers. Their priority is Military Medical Readiness. They operate on a standard infrastructure, and are working on business processing re-engineering, AIS migration, Y2K compliance, data standard and quality, performance measurements, DOD wide integration, and information security.

Other topics covered:

Military Health systems primary business focus is at the clinical level. This includes support from the "Executive Information Division Support" system and "Corporate Executive Information System".

As part of the Military Health System Year 2000, they are working with Information Systems, Information Technology, Bio-medical equipment, Facilities, TRICARE Partners (<http://www.tricare.osd.mil>), Theater logistics, Defense Medical Logistics Standard Support, Resources – Health Standards, and the Health Information infrastructure.

2. Force Health Protection: The Health Care Administration is a Health Fit Force. Other focus is casualty prevention and casualty care and management, which consist of Re-deployment Operation, Accession Deployment/Retirement separation, Garrison/Health and wellness, Family support, and Training

Received ideas from this presentation on Force Health Protection/Computer Patient Record/Longitudinal CPR:

Information Technology Organization

- Eliminate unnecessary infrastructure
- Enhance responsiveness to customer
- Reduce overhead cost
- Enhance integration
- Ensure clear lines of authority and responsibility

Consider:

- How to keep staff healthy
- Look at resources in community and their availability
- Consider cost

- Are EMT available?
- Have Regional Contracts
- Reevaluate Networking
- Evaluate open architecture
- Need multiple ways of collecting data
- Contracts – to focus on delivery of care

Interagency Work – Standard Developments:

- 1) Architecture
- 2) Data
- 3) Security

Year 2000 Biomedical Equipment. Sharing of patient information:

- 1) Contracts for Security
- 2) Risk Assessment
- 3) Independent verification and assessment

Task: Dawn will see if Dorothy Hennerson can provide information on contracts.

3. GCPR Workspace

The ISAC discussed suggestions on standardization when considering sharing of resources. We must consider wise use of resources and sharing ideas/technology/etc. (possibly via Internet/Intranet). There is no need to transfer data and information to a single computer system in a health facility. There is a need to develop a universal key standardization that can be accessed and utilized on a need to know basis. IHS needs to look at external providers of common architectures. Each federal partner can develop an architecture to map from his or her own system. The purpose is to improve the quality of Health care by developing new requirements, and sharing via an interagency quality coordinating task force.

4. Presentation from Jesse Tonks, Manager, Government Affairs, Health Information Systems, 3M Health Care (801-265-4450/263-3553 fax)

Mr. Tonks spoke on the GCPR Project and supporting technologies available by year 2003. Topics included:

- Productivity
- Information access
- Collaboration
- Decision support

The return on technology investment will establish:

- Enterprise solutions
- Automation
- Leverage technology
- Establishment of core architecture

Requirements are:

- Standards
- Structure
- Process
- Rules

Solutions are:

- HL7/CCOW
- Common clinical observation work
- Utilization of Information Models
- Utilization of Terminology Models
 - Model process will consist of Information and Terminology
 - Model process benefits
 - Plug and play inter-operable
 - Generalized (software)
 - Defines Business Rules
 - Supports standards
 - Component base architecture
- Clinical Pathway
 - 3 Tier Architecture
 - Client – WAN – TCP/IP (EMPI/CDR technologies can integrate applications)
- Record Process
 - Will consist of location and type

Domains of Information involve:

- Insurance
- Financial
- Clinical

Care innovation Concept for CPR:

- Alert Management Systems
- Health data dictionary
- EMPI – clinical data repository
- QSL Reporting
- Web-enabled clinical workstation
- Document imaging/PACS/Other reference
- 1) Home and health and LTC
- 2) Clinics and physicians
- 3) HIS system
- 4) Ancillary system

Task: Seh requested dictionary for acronyms.

Other topics mentioned:

- Third Party Billing/Buying (Critical for IHS)
- Flat rate billing with HCFA
- Patient care focus

- How do we keep administration? How to incorporate?
- Master Patient Index resources
- Health accounting system – CORE
- Looking at other costs to deliver system
- Business Office coordinators need to meet (Contact: Cynthia Larsen).

October 26, 1999

1. Meeting convened at 8:38 a.m.
2. Molin Malicay presented opening remarks and presented the agenda. No changes.
3. Jim Roberts, NIHB, presented a Denver update and distributed an issue of Health Reporter.
4. ISAC July 19, 1999 Meeting Minutes (Review/Revision/Adoption):
It was the consensus of the committee members to approve the minutes; and none opposed.
5. DIRM Budget Presentation/Clinger-Cohen Requirements and ISAC role – Dr. Richard Church
Update on the Clinger-Cohen investment process and projects. Suggestion was made to develop a work plan. ISAC will look closely at RPMS and how it can be enhanced through other modules.
6. Presentation by Howard Smith and Kymm McCabe – The Clinger-Cohen Act:
Review background of the Act (handout provided). The presentation included background to the Act, requirements of the Act, and the relevance to the ISAC.

Key Legislation: Included focusing on results, improvement of management practices, accounting for agency assets improvement of acquisition effectiveness and improvement of IT management. Agencies must meet requirements through the budgetary system.

Clinger-Cohen (CC) Requirements: Agencies must designate a CIO to oversee management and IT investments, and manage acquisition processes on COTS products. Tanner- Each agency must select requirements. Too often, agencies begin to look at money issues rather than program issues.

New IT Equipment: There will be a Government-wide IT system in place. Church talked about risk-formulation of the national budget and the need for ISAC input. He discussed the relationship between the budget formulation and the need for a process to development IT priorities. Clinger-Cohen will use a capital planning and investment control process for selecting investments. It will establish measures for IT investments in formulating and measuring agency goals. It will require that we identify cost, benefits, and provide progress reporting. The CIO

will be the liaison for agency management, and will oversee technology architecture, performance and operation of the Capital Planning and Performance Management.

ISAC Goals/Role – Discussion included:

How Federal agencies are building their framework on Risk and Returns. Issues to be considered are: Control, Selection, and Evaluation. Federal agencies need to put together the performance measurements for business environment and business needs. The ISAC will look at the IHS IT priorities and structural process and decide which items to support. The process will be reviewed on regular basis.

Other issues:

-Control:

- Project initiation
- Look at specific measurement process.
- Project Management
- Deployment system
- Measurement system

-Goals and Process:

- After determining priorities
- Advocate issues
- How to coordinate communications

-Information Technology – Business performance?

- IT based on performance
- Measurements
- Evaluate entire enterprise

Things outside of GCPR that need to be done:

- Needs another level of evaluation
- Develop priorities needed to support GCPR
- Project will be run for one year
- Set common denominators and establish basic overview.

7. Presentation by Russell Pittman – ITSC Update:

-RPMS budget formulation: Discussed the FY2001 budget

-Training for customers: Web-based, Intranet training will soon be available. This includes networking, telecommunications, AIX, etc. Working with the Southwestern Indian Polytechnical Institute to provide certificate or degree programs through on-line distance education.

-Customer Service: The ITSC has gone to a 24hour/7 days a week model for support. Establish policies, procedures, and work plans so that staff and

customers will have common expectations. Automated systems have been developed to notify staff of hardware/telecommunications failures. Customer service and security are top priorities.

-Tracking systems/notification: Installation of package releases needs to be automatically tracked. This is critical to providing support for sites. A three tiered approach to new package distribution: Executive Officer/CIO, Standard IT, and Program Office.

-Customer Retention: Several methods are being used to encourage customers to stay with IHS. This includes: quarterly reports, training, work plans, improved help desk, performance and outcome management, and the use of customer surveys.

- Telecommunications Projects: Install ATM to Areas to allow transmission of data/voice/video over IP. Install auto-dialing backup routers on network to remove single points of failure. Provide real-time monitoring of bandwidth and status of circuits. Install voice-bridge to allow conference calls to be made on voice over data. Install Cache server to improve Internet response and reserve bandwidth.

-Hardware O/S support: With NCEO, decide which technologies to support and which to retire. Provide “consumer reports” information about technology.

-Data Center: Web-based reporting system is functional and new reports are being added daily. Billing is now routinely done on or about the middle of the month. Billing is a value-added service for the Data Center. They will be looking at billing secondary payors for the 20% deductible. In order to increase accuracy of data, old versions of the export software should not be supported. Palm pilot applications for inventory purposes will be developed this year.

-Web Team: Developing the tools needed to improve day-to-day work. Work group tool (Synergy) is available. A work order system is under development. Future projects include Graphical Information Systems, Portals, and a demonstration Kiosk project.

- Growth Path for RPMS: Discussed the five-year Growth path for RPMS. Current year to include enhancement to third party billing (Envoy – BOC initiated). Connectivity to COTS packages (HL7) will be ready this year in April. Future enhancements include incorporating VistA GUI and Imaging into RPMS. How do we supplement a limited budget?

Seh – Suggests that (1) billing is first priority, and (2) needed is an acronym booklet.

Roland - requested a copy of FTE’s and their roles.

Seh: Made motion to propose that (1) billing is a priority and (2) Standardization for COTS accounting. No action taken on this motion.

8. How does the ISAC receive and acknowledge issues that need to get done.

Review Charge in Charter:

- ISAC can charge the technical group.
- Establish a workgroup or Create a workgroup
- Establish who has an interest
- Receive, referred, follow-up, ensure key elements are addressed
- Look at data (It as noted that it was inappropriate to review data set, particularly for 3rd party, ITU partnership).

Motion made that there is a need for an approved draft. All were in favor to table it. None opposed.

9. Strategic Plan:

Vision: The IHS IRM vision is to enhance the delivery of health care to customers by providing the premier health information technology environment in the world. We are looking at accumulative responses.

Suggestion was to have telephone interview (survey) that can be done by someone non-DIR. Need a consensus. Deadline before Thanksgiving - send Keith a summary.

10. Committee report: Strategic Plan for Information Resource Management, Information Systems Advisory Committee, October 4, 1999 (Hand-out):

Discussion of Goals:

- Goal 3 – No comment
- Goal 4 – No comment
- Goal 5 – Okay
- Goal 6 – Okay
- Goal 7 – Okay
- Goal 8 – Okay
- Goal 9 – Okay with difficulty
- Goal 10 – Okay
- Goal 11 – Okay
- Goal 12 – Okay
- Goal 13 – Main objective – customers input
- Goal 14 – Identification to develop strategy
- Goal 15 – No comment
- Goal 16 – No comment

Each member is to identify constituents
Need back to the group by December 3, 1999

Goals of Strategic Plan:

1. Prioritize and list the top 5 goals as presented in the strategic plan (include any modification, in the goal word changes in the list).
2. Identifying and prioritize any new goals that should be incorporated in the strategic plan.
3. For your top 5 goals – identify a realistic time that the completed product is needed is 1 year, 2 year, and 3 years.
4. Any other feedback that group would like to submit.

(Look at goals. Capital planning include DIR HQW levels.)

11. CORE Program, COTS or RPMS?

- Look at cost accounting.
- ISAC has responsibility to access this issue.
- Requires a rational process
- Need to make the decision to support RPMS, then work with other interfaces.

Suggestion for the committee to:

- Create a Statement to continue work with RPMS.
- Define what we want in the end and decide RPMS or COTS.
- Need to conduct evaluation thoroughly.
- Plan out conversion.
- Treat as Business project instead of emotional (\$500 million project)
- Suggest to policy issues

Creiglow – Motion made due to the budget and historical information with 2000 and 2001, we will go with RPMS and will task PSG to do analysis on COTS. No other action taken.

Question arose on if are we testing with 3M?

Church-There are tests already going on, but not a plan to purchase.

Motion to work an additional hour to work on workgroups. No other action taken.

Other discussions:

- 1) Suggestion to use Newsletter information on ISAC and/or send out email address for questions from ISAC.
- 2) PPP Tactical plan should be consistent with EDS beyond strategic plan (1 year long work plan).
- 3) Work groups will discuss COTS vs RPMS this evening. Group will come up with five priorities and discuss tomorrow.

12. Meeting adjourned at 5:35 p.m.

October 27, 1999

1. Meeting convened at 8:00am.

2. ISAC Workgroup Reports with Recommendations to entire ISAC: Follow-up on the ISAC letter to Dr. Trujillo. **Molin – Made motion that a letter be sent to Dr. Trujillo to replace the \$5 million removed in IT funding. All ISAC committee members were in favor. None opposed. Molin will write the letter.**

3. ISAC Roles and structure: Suggestion was made that the ISAC either be detail oriented or policy oriented. Policy – will look at sub-committees and topics. Members are feeling overwhelmed by too many issues and topics. We must work on policy first. Then run off on detail, but not put detail first.

To many sub-committees: Sub-committees are usually being covered by the other committees. There is not enough communication between committees, on who is working on what projects. This results in duplication.

-Need to work on plans first.

-Need to regroup on the plans we had in the beginning.

-Need to prioritize all of the tasks of the ISAC.

-Need to look at common denominators.

-Need to determine if we are a functional work group or board of directors?

-Need to take the charter into account and set up committees to do tasks.

Look at Policy Level first. The People:

1) Want to be heard

2) Want to be on a priority list

3) Want input on the formulation of committee

4) Feel there a lack of oversight

5) Lack of money

6) Feels sites are not being served

It was suggested that the ISAC work to:

1) Identify long-term direction to continue and provide (funneling priorities).

2) Be a resource.

3) Long term work will develop into a strategic plan. This will include: how to invest, how to be consistent, and the need to have a budget. Committee must be a part of budget to be an advocate.

4) Advocate on the issues that are really needed.

5) Continue to have the monthly conference calls and form/utilize technical teams.

It was the consensus of the committee members to establish monthly conference calls every 4th Wednesday of every month at 1:00 p.m. (MST), the first one beginning November 24, 1999.

- Have an agenda and send input to Molin.
- Dawn will be looking at a good facilitator to run the meetings.
- DIR will initiate the conference call.

5. Review of Committee Reports: RPMS support subcommittee (Annually Charge).

<u>Item</u>	<u>Responsible</u>
1.	Pittman/Dr. Church
2.	Pittman/Dr. Church
3.	ISAC
4.	ISSC
5.	ISAC
6.	No Comment
7.	No Comment
8.	No Comment
9.	No Comment

Review and edit of DRAFT statement.

Background was deleted.

Consensus is to approve draft. Send letter from Co-chairs to Dr. Trujillo that this is the statement, and will be sent to Area Directors and I/T/U's. It was the consensus of the Board to send this out.

The committee members turned in their recommended priorities to Keith Longie and the results were as follows:

6. Strategic Priorities – ISAC Ranking/Constituent Group/Blended

1. Billing
2. Interoperability
3. Annual Plan
4. Staffing
5. GUI
6. Training
7. High Speed Connectivity
8. MIS
9. Standard Data Set
10. Data Quality
11. Computer Patient Record
12. Administrative
13. Adequate Computers
14. Partnership

Keith will report how many people responded on the next conference call. It was suggested that a statistician look at this rating and ranking.

7. Consensus of the Committee members for Group dynamic training – 2 hours. None opposed. Table until next meeting - Nominee for tribal position – Sacaton. Selection of 2 co-chairs will be done in February.

8. Keith Longie and Molin Malicay will attend NIHB. Jim Roberts will send information to them.

9. ISAC Communication issues:

Discussions included ways to send out information and communication effectively to the I/T/U's. Suggestions were: Groups – Identify who is on group; Identify internal group (CMO, PSG, etc.), *Email, Fax, *Web Site, Phone number, *Send out hard copy, send out distribution to the list indicated on charter (*most effective).

Chairs will send out first mailing, and ISAC members will distribute to constituents. ISAC information posted to Intranet with some form of response or feedback. DIR will develop mail groups.

10. Review of ISAC RPMS Support Sub-Workgroup (Hand-out):

#1 Technical Support (Maintenance and Upgrading)

Bullet Recommendation

- 1) Ok
- 2) Ok
- 3) Delete
- 4) Change to read “It is recommended that ISAC facilitate the formulation of users consortiums (PSG's) that collaborate in their efforts to address their specific requirements and priorities...”
- 5) Ok
- 6) Ok
- 7) Add “OTP” before OTSG
- 8) Ok

(Supplements under strategic plan goal)

#4 Organizational and Structure Improvement:

- 1) Ok (part of statement)
- 2) Hold
- 3) Hold
- 4) Hold
- 5) Hold
- 6) Ok
- 7) Change to read “The Agency must get tribal support for the resources necessary to continue to develop and maintain the RPMS system.”
- 8) Hold

9) Omit the following: “(Reference: Partnership Paper: Establishing an I/T/U Information Systems Project Management Plan).”

11. ISAC DRAFT Position Statement changes by the committee:

The ISAC currently recognizes and supports RPMS as the standard and supported health information system for the I/T/U.

Further ISAC recommends:

1. The IHS continues the support, maintenance and enhancement of current and future supported RPMS applications with a focus on billing and financial issues,
2. A comprehensive study be completed regarding the benefits of Commercial Off The Shelf (COTS) software within the I/T/U, and
3. The IHS commits to development of software to allow COTS applications to communicate with RPMS.

Keith – Strategic Plan – suggested we board results by December 3.

12. Meeting adjourned at 3:05 p.m.