

DRAFT

INFORMATION SYSTEMS ADVISORY COMMITTEE

Meeting

Albuquerque, New Mexico

January 16-17, 2002

8:30a.m. – 4:30p.m.

Committee Members Participating:

Don Kashevaroff, Co-Chair, Tribal,
Alaska Area
Keith Longie, Co-Chair, IHS, Phoenix
Richard Church, IHS, CIO Office
Wesley Cox, Tribal, Oklahoma
Kay Culbertson, Urban, NCUI
Mike Danielson, IHS, Billings Area
Floyd Dennis, IHS, Nashville Area
Richard Hall, IHS, Alaska Area
Susie John, IHS, Navajo Area
Cris Kinney, Environmental Health, IHS
Clark Marquart (CMO Alternate), IHS
Jaloo Zelonis, Nurse Consultant, IHS,
Clinical Councils
Reece Sherrill, Tribal, Oklahoma
Chuck Walt, Tribal, Bemidji
John Wilson (Carolyn Johnson's
Alternate), IHS, Portland Area
Sandra Winfrey (Ron Wood's Alternates),
IHS, Navajo Area

Committee Members Absent:

Carolyn Johnson, IHS, Portland Area
Molin Malicay, Tribal, California
Jim Roberts, Tribal, NIHB
Craig Vanderwagon, IHS, Rockville
Ron Wood, IHS, Navajo Area

Additional Participants:

Mark Carroll, IHS, Navajo Area
Mike Everett, IHS, Navajo Area
Tom Fisher, ITSC, IHS
Jim Garvie, IHS, CIO Office
Richard Hall, Tribal, Alaska Area
Eric Jordan, Tribal, Portland Area
Dianne Leach, IHS, Statistical Officer Observer
Jenny Notah, IHS, Navajo Area
Wesley Old Coyote, IHS, Phoenix Area
Rich Perrault, IHS, ISC Observer
Russ Pittman, ITSC, IHS
Ken Russell, ITSC, IHS
Christy Tayrien, CIO Office, IHS (recorded minutes)

Minutes/Agenda Approval:

The meeting was called to order at approximately 8:30a.m. A quorum was present. No previous meeting minutes were reviewed. Agenda items approved for action/discussion are listed below:

Agenda Items:

1. Welcome and Introductions
Don Kashevaroff and Keith Longie, ISAC Co-Chairs
2. Division of Information Resources (DIR) and Information Technology Support Center (ITSC) Progress Report
Richard Church and Russ Pittman, IHS
3. IT Budget Update - IT Investment/Appropriation
Richard Church and Russ Pittman, IHS
4. ISAC Officer Elections
Don Kashevaroff and Keith Longie, ISAC Co-Chairs
5. Professional Specialty Group Roles and Relationships
Russ Pittman, IHS
6. Tele-med Archiving
Mark Carroll and Wes Old Coyote, IHS
7. Yearly ISAC Meeting Plan
Don Kashevaroff and Keith Longie, ISAC Co-Chairs
8. Government Information Security Reform Act and other Security Issues
Richard Church and Russ Pittman, IHS
9. Portland Area Issues
Don Kashevaroff and Keith Longie, ISAC Co-Chairs
10. HHS 5-Year Information Technology Plan
Richard Church and Russ Pittman, IHS
11. IHS Information Technology Architecture
Keith Longie, ISAC Co-Chair and Mike Danielson, IHS
12. User Population Status Report
Russ Pittman, IHS
13. Third Party Workgroup Status Report
Russ Pittman, IHS
14. Strategic Planning for Information Technology (POSTPONED UNTIL NEXT MEETING)
Don Kashevaroff and Keith Longie, ISAC Co-Chairs
15. ISAC Priorities/IT Budget Formulation Strategies
Don Kashevaroff and Keith Longie, ISAC Co-Chairs

Welcome and Introductions

Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The meeting began with a welcome by Co-Chair Don Kashevaroff and introductions of meeting attendees including new and existing committee members, IHS staff, and guests.

Mr. Kashevaroff instructed new appointees/re-appointees to consider their terms as beginning on the day of the meeting, January 16, 2002.

DIR/ITSC Progress Report

Presenters: Richard Church and Russ Pittman, IHS

Dr. Richard Church, Chief Information Officer (CIO), DIR/Office of Management Support/IHS, and Mr. Russ Pittman, Director, ITSC/DIR/OMS/IHS, provided attendees with several progress report documents including the following which summarize this presentation and are available on the ISAC website:

DIR/ITSC Status, ISAC, January 16, 2002

DIR Performance Highlights for FY 2001

ITSC FY 02 Priority Projects: Status Report as of Thursday, January 10, 2002

DIR Proposed Projects

The presentations included the role of the ISAC, what's "hot" in information technology, legislative, congressional, and Department mandates, and DIR/ITSC accomplishments for the past year. These included enhanced clinical and administrative support, compliance with legislative mandates, security improvements, policy development, user support, revenue enhancement, clinical and administrative support, and data quality.

Discussion:

- The ITSC finished the FTS conversion to MCI at the national level. The MCI long distance rate is one cent per minute. Tribes can access this rate through MCI by entering into a contract directly with GSA or by leaving their tribal share for this service with IHS. When the share is left with IHS, the tribe's respective Area or Service Unit will provide the MCI long distance service.
- The ITSC is putting agreements in place for FTS reports and FTS reconciliation. When sites receive their bills they will need to review them for errors.
- The agreement with HHS for Peregrine services provides for several commercial software application classes each month. The IHS can send two persons per class a month.
- The IHS has entered a contract with Quest for Virtual Private Networks (VPNs). The VPNs will remove single points of failure on the wide area network; give each Area a direct Internet connection; cost less; and management tools and functionality stay the same, nothing is lost.
- The GPRA Plus software rewrite does not change the data gathered, only the interpretation of the data gathered. The Director, IHS, has 50 GPRA objectives with the Department of Health and Human Services (HHS). The GPRA 2000 has features to examine objectives and use data to look at communities as well as do case management.
- Medmarks Error Reporting System is an independent package that identifies wrong prescriptions and wrong dosages. The IHS is purchasing this software.
- Micromedex is a web-based application to identify provider drug-based errors. About 60 percent of the IHS sites buy this independently and buy variations of the package. The IHS is purchasing this software and will standardize Micromedex products available to all.
- Patient Chart Software cannot order drugs, input immunizations or record education. It is good for viewing health summaries and looking at immunizations patients already have.
- There have been significant problems installing PCC Plus. The ITSC is waiting for a final product from a new contractor who is identifying the bugs on installation and will provide the ITSC with a final product.
- Pyxis software will interface pharmacy data with the patient file and do a "vending machine" type function for dispensing drugs.

- RPMS privacy upgrades are a part of the Health Insurance Portability and Accountability Act requirements.

Recommendations:

Mr. Pittman asked the ISAC to assist the ITSC with a strategic direction for web development. He recommended an executive information system, Disaster Recovery/BCCP, standardized software databases, and flash training/streaming video.

ISAC Actions:

None.

IT Budget Update - IT Investment/Appropriation
Presenters: Richard Church and Russ Pittman, IHS

The presentation included an overview of the budget process, budget formulation, where the IHS is in the budget process, how information technology is budgeted, how the information technology budget level is established, the IHS information technology budget for FY 01, 02, and 03, and comparisons with other agencies' information technology budgets.

Discussion:

Members of ISAC were interested in the HHS and IHS strategic objectives.

Recommendations:

The ISAC asked that the IHS make the strategic objectives available to its members. These are located on the IHS budget website at:

http://www.ihs.gov/PublicInfo/PublicAffairs/PressReleases/Press_Release_2002/Release_4_IHS_2003_GPRA_Budget_Docs.asp

ISAC Actions:

None.

ISAC Officer Elections
Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The Co-Chairs asked for nominations for the calendar year 2002 ISAC chairs. Clark Marquart nominated Keith Longie and Don Kashevaroff as the IHS and tribal chairs, respectively. Susie John seconded the nominations. The Co-Chairs asked for other nominations and received none.

ISAC Action:

The ISAC re-elected Keith Longie, as the IHS Co-Chair and Don Kashevaroff as the Tribal Co-Chair for Calendar Year 2002.

Professional Specialty Group Roles and Relationships
Presenter: Russ Pittman, IHS

Mr. Pittman provided the ISAC with information on existing Professional Specialty Groups (PSGs) including the following: active/inactive status; chair; co-chair; membership; PSG and software interaction; and whether the PSG has a charter/bylaws. The PSGs have been a part of the IHS information technology infrastructure for several years and the IHS previously had a policy that defined their purpose, formation, and functions. However, the policy issuance was a Data Systems Policy and Management Memorandum and the IHS abolished this type of directive in 1996.

The ISAC also reviewed the request from the Clinicians Information Management and Technology Advisory Council (CIMTAC) dated January 14, 2002, requesting ISAC support for their group. The CIMTAC drafted a charter and presented their request for endorsement to the IHS Executive Leadership Group (ELG) on January 10, 2002. The ELG declined to endorse the charter for the group and asked them to seek comments from the ISAC on the need for having groups such as the CIMTAC and other PSGs with respect to supporting the activities of the ISAC and DIR.

Discussion:

There was a lengthy discussion on what the ISAC role and relationship is with PSGs and what the purpose of PSGs should be. The ISAC agreed that PSGs are advisory groups rather than groups that provide direction.

Recommendation:

The ISAC recommended that a PSG policy issuance be developed and that the ISAC establish an ad hoc committee to accomplish this.

ISAC Action:

The ISAC appointed an ad-hoc committee to develop an IHS PSG policy. Members on the committee are Jaloo Zalonis, Floyd Dennis, Clark Marquart, and Cris Kinney. Keith Longie will chair the group. Christy Tayrien of the CIO office will coordinate the ad hoc committee's activities.

Tele-med Archiving

Presenters: Mark Carroll and Wes Old Coyote, IHS

Mr. Wes Old Coyote, Phoenix Area IHS, and Dr. Mark Carroll, Tuba City Indian Medical Center, IHS, presented a proposal for an IHS "Regional" Radiology Archive for the Navajo, Phoenix, and Tucson Areas. The presenters discussed the need for the project from a clinical and information technology perspective, identified hardware and software requirements, and stated that the approximate cost of this project would be \$600,000.

Discussion:

Russ Pittman, Director, ITSC, stated that he had made a similar proposal last year to Mark Thomas, IHS Clinical Engineer. Dr. Church stated that if the presenters could tie this proposal into third party revenue generation it would expedite the issue.

Recommendation:

The ISAC recommended that the presenters, in coordination with Russ Pittman who has already done some preliminary work in this area, prepare a business case and submit it to the IHS Information Technology Investment Review Board for their review and approval/disapproval.

The ISAC also asked that all ITIRB cases be shared with the ISAC.

ISAC Action:

None.

Government Information Security Reform Act and other Security Issues

Presenters: Richard Church and Russ Pittman, IHS

Dr. Church and Russ Pittman gave a presentation on the status of IHS activities to address the agency's Government Information Security Reform Act (GISRA) requirements and other security issues the agency is faced with.

ISAC Action:

None.

Portland Area Issues

Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

Mr. John Wilson, Portland Area (Carolyn Johnson's Alternate), presented 3 issues on behalf of the Portland sites. Details of these issues, recommendations and ISAC discussions are attached.

ISAC Action:

None

Yearly ISAC Meeting Plan

Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The ISAC determined a need to have four meetings during calendar year 2002 to accomplish their mission. The dates and locations the committee agreed to follow:

- April 18-19 in Las Vegas, Nevada. Purpose of the meeting is for Information Technology strategic planning.

Agenda Items:

- PSG policy development
 - Develop Potential Information Technology GPRA Indicators
 - Information Technology Budget for Fiscal Years 2003 and 2004
 - Review Feedback from Constituents and Finalize ISAC Information Technology Priorities
 - Review and Modify ISAC Workplan
 - Revenue Enhancement Strategies
 - Indian Health Design Team II Information Technology Priorities
 - Security Issues and the IHS/HHS 5-Year Strategic Plan
 - HIPAA Progress
 - VueCentric Alpha Site Follow-Up
 - Data Quality-User Pop Follow-Up
 - Information Technology Investment Review Board Update
 - Financing New Software Applications
 - Do Opportunities exist for Consolidation
 - Coordinating Opportunities with the VA
 - EISS Implementation Strategies
 - Urban Program Presentation
- July 12 in Albuquerque after the Annual IHS Information Technology Conference. Agenda items will be determined at a later date.
 - August 28-29 in Anchorage, Alaska. Agenda items will be determined at a later date.
 - November 14-15 for 1.5 days by televideo conferencing. Agenda items will be determined at a later date.

IHS Information Technology Architecture **Keith Longie, ISAC Co-Chair and Mike Danielson, IHS**

Mike Danielson, Billings Area IHS, gave an overview of the IHS Information Technology Architecture (ITA) and provided legislative/regulatory requirements for the ITA and strategic objectives. He discussed the ISAC priorities contained in the IHS ITA Plan and the resulting technical group's priorities.

Mr. Danielson gave a demonstration on VueCentric, a computer-based patient record that the IHS is presently alpha testing. He tied the development of VueCentric within the RPMS to the RPMS Growth Path and the priorities ISAC has set including a graphical user interface, a computer-based patient record, and others.

Discussion:

The ISAC asked that Mr. Danielson install a demonstration of VueCentric on the IHS website so the ISAC can have access to it for presentations.

Dr. Church ended the presentation by stressing the importance of I/T/Us looking at the ITA before they invest in outside products and make sure products purchased fit with the architecture.

ISAC Action:

None

HHS 5-Year Information Technology Plan **Presenters: Richard Church and Russ Pittman, IHS**

Dr. Church gave a presentation on the HHS Information Technology Strategic Five Year Plan. Secretary Thompson approved the HHS IT strategic 5-year plan on October 9, 2001. Dr. Church discussed the Secretary's "One Department" philosophy to govern management decisions and pointed out that information technology is the key to providing better government services at reduced costs and that it is the foundation for efforts to re-engineer HHS. An important aspect of Secretary Thompson's plan is to administer HHS information technology as a single corporate enterprise. Components of the enterprise infrastructure include:

- Cross-Functional Systems
 - Unified Financial Management System
 - Enterprise Human Resources and Personnel System including Payroll and Time & Attendance
- Enterprise Infrastructure Management
- Network Modernization
- Security
- PKI
- Enterprise Directory
- Accessibility for Disabled (Section 508)
- HHS Web Portal

Discussion:

Dr. Church discussed key results to be achieved according to the plan in FY 02, governance structure for and funding of the plan. The IHS is mandated to fund the plan at \$1.904 million in FY 02 and \$3.007 million in FY 03. The HHS requires that any additional information technology funding agencies receive first go toward funding their enterprise efforts.

ISAC Action:

None.

ISAC Priorities/IT Budget Formulation Strategies

Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The ISAC proposed the following as the Fiscal Year 2002 ISAC priorities:

1. **GUI/CPR**
Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited.
2. **BILLING (REVENUE GENERATION, COST AVOIDANCE)**
Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.
3. **DATA QUALITY/ACCURACY**
Ensure quality public health and administrative data for all I/T/Us.
4. **CACHE CONVERSION**
Support the conversion from the current operating environment to Cache, a widely used database for health care, from Intersystems Corporation. This would enable continued support and development, and a clear growth path for GUI based applications.
5. **DECISION SUPPORT SYSTEM**
Provide universally accessible decision support information that positively impacts the management and delivery of health care. This includes the Executive Information System Support (EISS) software application.
6. **INFRASTRUCTURE/ARCHITECTURE**
Facilitate the improvement and growth of I/T/U information processing platforms and their interconnectivity, using standardized systems and processes.
7. **SECURITY**
Design and provide methods and standards to assure the privacy of all patient related data that will meet or exceed HIPAA and other government security requirements.
8. **INTEROPERABILITY**
Facilitate the interoperability with commercial systems, institute an open standards based information system for the I/T/Us.
9. **COST ACCOUNTING**
Provide a quality cost accounting system that is integrated into the IHS Health Information System.
10. **TRAINING (USER AND TECH)**
Provide effective information technology and data management training at all levels.
11. **IT RESEARCH AND DEVELOPMENT**
Facilitate activities to look beyond current IT infrastructure, and explore new methods of connecting providers and managers with needed information. One example would include wireless tablets and Palm devices, which could be used by providers for order entry.
12. **TELEMEDICINE COORDINATION**
This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.
13. **STAFFING (AT ALL LEVELS)**
Promote adequate staffing at all levels to support the information technology functions.

14. **TECH SUPPORT (HELP DESK)**
Provide effective technical support for the current Health Information System.

ISAC Action:

The ISAC members were instructed to share the proposed priorities with their constituents and get their feedback. The Committee will finalize the priorities at their next meeting planned in April.

User Population Status Report

Presenter: Russ Pittman, IHS

Russ Pittman, ITSC Director, gave a status report on user population activities within the IHS. See the "ISAC Briefing on Status of FY 2001 User Pop Reports", dated January 10, 2002, for a summary of the presentation. One key point made was that the reporting period is now from March to March. This allows for an uninterrupted user population reporting and evaluation cycle.

Recommendations:

1. Move from a Data Quality Action Team to a Data Warehouse Implementation Team.
2. Hire/appoint a data quality leader.
3. Transition data quality activities to Areas and Service Units.

ISAC Action:

The ISAC supported the recommendations listed above and will be preparing and submitting a follow-up letter to the Director, IHS to that effect.

Third Party Workgroup Status Report

Presenter: Russ Pittman, IHS

Russ Pittman, ITSC Director, gave a status report on the Third Party Workgroup activities.

ISAC Action:

None

Other Issues/Recommendations/Action Items

Reyes Tribute

Presenter: Susie John, IHS

The ISAC members wanted the meeting minutes to reflect a special tribute to Ms. Luana Reyes, former Director of Headquarters Operations, IHS, who passed away in November. Ms. Reyes was very supportive in the establishment of the ISAC, served as a senior advisor to the Committee and was an active ISAC member. She was instrumental in many of the accomplishments the group has made.

Indian Health Service Design Team 2

Recommendation:

The ISAC recommended that the ISAC and/or the DIR participate with the Indian Health Design Team 2 (IHDT2) to ensure that I/T/U information technology needs are addressed.

ISAC Action:

The ISAC will write a letter to the Director, IHS making this recommendation.

Business Plan Workgroup

Recommendation:

The IHS Business Plan workgroup will be meeting after the next IHDT2 meeting and the ISAC recommended that the ISAC also be represented on this group to ensure that I/T/U information technology needs are addressed.

ISAC Action:

The ISAC will write a letter to the Director, IHS making this recommendation.

GPRA Performance Indicators

Recommendation:

The ISAC recommended that they examine the GPRA Performance Indicators and propose revisions as far as information technology is concerned.

ISAC Action:

The ISAC put this on the agenda for their next meeting.