

INFORMATION SYSTEMS ADVISORY COMMITTEE
MEETING

Phoenix, Arizona
March 19-20, 2003

Committee Members Participating:

Don Kashevaroff, Co-Chair, Tribal, Alaska Area
Keith Longie, Co-Chair, IHS, Phoenix Area
Ed Cayous, Alternate for Cris Kinney,
Environmental Health, IHS
Richard Church, CIO, IHS
Wesley Cox, Tribal, Oklahoma Area
Mike Danielson, IHS, Billings Area
Floyd Dennis, IHS, Nashville Area
Marilyn Grover, Alternate for Chuck Walt,
Tribal, Bemidji Area
Rich Hall, Tribal, Alaska Area
Carolyn Johnson, IHS, Portland Area
Clark Marquart, IHS, Portland Area
Ron Wood, IHS, Navajo Area
Jaloo Zelonis, IHS, Billings Area

Committee Members Absent:

Jay Grimm, NIHB
D.J. Lott, Urban, NCUI
Molin Malicay, Tribal, California Area
Reece Sherrill, Tribal, Oklahoma Area

Additional Participants:

Diane Leach, Statistician, Alaska Area
Russ Pittman, ITSC, IHS
Lee Stern, ISC, Phoenix Area
Christy Tayrien, CIO Office, IHS

Minutes/Agenda Items

The meeting began at 8:45a.m. A quorum was present. No previous meeting minutes were reviewed. Agenda items approved for action/discussion and presenters are listed below:

1. Welcome and Introductions, Don Kashevaroff and Keith Longie, ISAC Co-Chairs
2. Indian Health Service (IHS)/Office of Management Support (OMS)/Division of Information Resources (DIR)/Information Technology Support Center (ITSC) Progress Report, Richard Church and Russ Pittman, IHS
3. Information Technology (IT) Budget Update, Richard Church and Russ Pittman, IHS
4. IT Consolidation Initiatives in Support of the Department of Health and Human Services (HHS) and IHS Restructuring, Richard Church, IHS

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5. United Financial Management System (UFMS) Implementation, Richard Church and Russ Pittman, IHS
6. IT Investment Review Board (ITIRB) Project Approvals, Richard Church, IHS
7. ISAC Membership Renewal/Appointment Recommendations, Don Kashevaroff and Keith Longie, ISAC Co-Chairs
8. Professional Specialty Group (PSG) Policy Development, Don Kashevaroff and Keith Longie, ISAC Co-Chairs
9. HHS/IHS IT Priorities, Richard Church and Russ Pittman, IHS
10. Impact of Homeland Security on IT, Richard Church and Russ Pittman, IHS
11. Health Information Portability and Accountability Act (HIPAA) Implementation, Russ Pittman, IHS
12. Electronic Health Record (EHR) Planning, Richard Church and Russ Pittman, IHS

Welcome and Introductions

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

The meeting began with a welcome by Co-Chair Keith Longie and introductions of meeting attendees including ISAC members or their alternates, IHS staff, and guests. The Phoenix Area IHS IT staff provided members bringing personal computers with wireless network cards so they could access the IHS network while at the meeting. Keith then distributed the ISAC membership list containing member names, positions, addresses, phone numbers, and e-mails and asked for any corrections or updates. The list will be electronically redistributed to ISAC members after changes have been made.

Don Davis, Phoenix Area Director, stopped by the meeting to welcome the ISAC and briefly discussed the following activities occurring in the Phoenix Area and throughout IHS:

- Phoenix Area's wellness/prevention initiative, information technology efforts, (wireless, telemedicine, etc), and their telecommunications project.
- The IHS and the Department of Veterans Administration's (DVA) collaborative efforts in information technology through the Memorandum of Agreement recently approved by the Department of Health and Human Services (HHS).
- The "consortium" idea among the IHS and Tribes with a meeting scheduled in May.
- Limited funding and the dependence on billing revenues especially considering the Nation's war and anticipated rescission.

Mr. Davis stated that the ISAC is considered the information technology "think tank" and the IHS depends on decisions made by this advisory body. He asked the ISAC to make some recommendations to the IHS Executive Leadership Group (ELG), who could act on six or less. The ELG would then have an ISAC representative present their recommendations to them and the ELG would take action through a written document to the IHS Director.

DIR/ITSC Progress Report

Richard Church, IHS

[ISAC Progress Report and IT Consolidation FY03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

Dr. Church began with an outline of the presentations to be given at the meeting and an overview of the ISAC's charge, role, and history to orient new members and alternates. He then discussed current "hot" IT initiatives and challenges the IHS is faced with, IHS IT accomplishments in Fiscal Year (FY) 2002, and the IHS IT staffing profile. The presentation slides can be found at the link listed above. Highlights of his presentation follow:

- The IHS IT architecture is structured to support the IHS mission.
- Legislative, congressional and HHS mandates include security, e-Government, performance, IT investments, accessibility, the President's Management Agenda, stakeholder involvement in setting IT priorities (ISAC), and HHS/IHS leadership changes.
- IHS IT accomplishments in FY 02 included compliance with legislative mandates, security improvement, policy development, user support, revenue enhancement, clinical and administrative support, and data quality improvements.
- The current IHS IT staffing profile currently consists of the following:
 - 180 FTEs nation-wide in IHS below the Headquarters (HQ) level
 - Approximately 120 staff in HQ locations (including Rockville, Albuquerque, and Tucson)
 - 50% are Federal employees
 - 50% are Contractors
 - Partnership agreements are in place with Areas for IT personnel assignments to the ITSC.
- The IHS HQ reorganization proposes for the IHS/OMS/DIR to be elevated to an Office level organization within the IHS -- the Office of Information Technology (OIT).
- The IHS manages internal activities through projects which are linked to the IHS strategic objectives, priorities established through the ISAC, the ELG, the National Council of Executive Officers (NCEO), and other user groups. Contracts are also used to support projects.
- In self-determination activities, there is no residual funding for HQ hardware, software, or the CIO functions. Approximately 50 percent of the total IHS/OMS/DIR budget is set aside for tribal shares. There are new laws and legislative mandates in place today that have requirements that could be considered residual; however, there is presently no method to have them designated as such. Contracting and compacting tribes continue to use IHS/OMS/DIR products.

ITSC Update

Russ Pittman, IHS

[ITSC Update 03/19/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

- Telecommunications Infrastructure Improvements:
 - There are now 440 sites connected to the IHS network.
 - The ITSC has the ability to monitor sites as they are in use.
 - The “virtual network” is being implemented and includes the following:
 - IHS Traffic and Internet connections
 - Business partner connections such as:
 - National Institutes of Health (NIH) CORE/Fiscal Intermediary [Contact Health Service (CHS)]
 - Blue Cross/Blue Shield
 - Centers for Medicare and Medicaid Services
 - Envoy/WebMD – Clearinghouse
 - Universities
 - Others
 - Video and telemedicine (not just e-mail)
 - Security of the network including:
 - Perimeter defense-PIX firewalls/access lists, Virtual Private Networks
 - Web filtering, anti-virus filtering on e-mail and web, data encryption
 - IDS/Vulnerability assessment is being conducted by HHS through a contractor (HHS security initiative)
 - The ITSC is monitoring the IHS Continuity of Operations Plan (COOP) initiative. Everyone in IHS facilities should be putting their COOPs together and monitoring their plans.
 - The ITSC has an FTS billing project in place and has been working on getting the phone bills throughout IHS in an accurate form (i.e., identifying numbers not being used, phone numbers that were not IHS’ that IHS was paying for, and getting a usable phone bill that identifies information the IHS can use to be more efficient. This is being done through the ITSC’s United States Department of Agriculture (USDA) agreement for the development and provision of FTS reports and the Parsons project which is an HHS agreement for FTS reconciliation. Bills finally match what we have now, if you have credits they should be reflected more accurately. Issues with the FTS billing project include:
 - The General Services Administration (GSA) bill did not match USDA data (unknown charges that were just prorated out to users by size of organization, not by use)
 - Hierarchy codes/unallocated costs
 - Credits

- USAC
- GSA used to bill quarterly for FTS, now they do it monthly. Area Telecommunications Liaisons only have a few days to get their bills reconciled now where they used to have 3 months.
- USAC collections are not as high as originally anticipated, they were \$496,255.42 in 2001.
- Local telephone companies receive no benefit from assisting the government with their USAC, so the IHS is experiencing some resistance by them in completing forms and participating in USAC with the IHS.
- Tribes entering contracts/compacts can request to get their phone bills direct from GSA in their agreements with IHS, it is more advantageous for them to go this route than buying the service through the IHS. The ISAC members need to encourage the tribes to do this.
- Telecommunications Issues
 - The IHS has components accessing the Internet through servers other than the ones IHS has in place. This makes the IHS network vulnerable to outside threats that are not going through the IHS firewalls and security measures we have in place to protect the network.
 - The IHS is requesting that the HHS not fold the IHS IT program into their consolidation effort, and to allow the IHS to stand alone with our distributed network environment.
 - International partner access needs to be carefully reviewed prior to use. An example of this is some locations are buying billing services through international partners. There are very strict Federal contracting rules that must be complied with prior to entering an arrangement such as this. Tribal sites that use their own networks are not subject to Federal contracting rules unless they've agreed to follow them through their contract/compact, but if they are using the IHS network, they would need to work with their Area/HQ contracting and IT staff to resolve any contracting issues prior to allowing international partners access to the IHS network.
 - The ITSC will be working with tribes in their negotiations this year on security agreements that cover use of the IHS network and require compliance with Federal security policies if the tribe will be using the IHS network.
 - The IHS needs to distribute the cost of the agreement for the FTS bills to the Areas, possibly through a simple pro-rata share. Russ asked that the ISAC make a recommendation to the IHS Director to support this billing arrangement.
- Sharing IT Services with DVA
 - Russ discussed the new agreement with the DVA for sharing services at the agency level. The IHS/OMS/DIR and DVA have had an agreement in place in one form or another for over 20 years, this new one just furthers the effort.
 - The DVA would like to just install CPRS at IHS sites; however, this is not feasible as the DVA software is written for older patients and does not provide for children's data. We need a convergence path for our software with theirs to meet all of our user needs (VISTA convergence with RPMS).

- The IHS Electronic Health Record (EHR)
 - The EHR is a graphical user interface, is easier to use, and requires less training.
 - Will be alpha tested in July in Tuba City.
 - Will have a Clinical Resources Page. Has a note authoring capacity with a rich text knowledge base and also has coding encounter capacity.
 - Rapid roll out of the EHR is anticipated, problems are that it takes quite a bit of preparation, has several technical requirements, and specific software upgrades are required prior to use. The roll out will consist of 6 to 9 new or enhanced software applications coming out all at once. It will also require immediate technical and clinical support as clinicians will be using it in a live patient encounter mode.
 - Issues:
 - Technical Support for Clinicians
 - The ISAC could recommend that IHS provide on-site technical support at local sites for use of these new programs.
 - The EHR will require a whole new level of technical support, we cannot afford to have simple problems like server down time. Floyd Dennis gave an example of cleaning staff unplugging servers to vacuum as a problem experienced in his Area that could be avoided.
 - Personnel Support
 - Sample position descriptions for site support at the local level are needed.
 - Russ stated that he couldn't emphasize how urgent it is to get these persons on board, as clinicians will be using the EHR in live patient encounters.
 - These persons need to be sent to the HQ/Area/DVA sites to be trained on use of EHR.
 - The EHR and personnel training will require several beta test sites. Need volunteers and funding for the beta sites.
 - Lack of Funding
 - The ITSC only received \$500,000 at the beginning of the FY, this was used for a project manager and contract for software development.
 - No funds are left to provide for the EHR technical support required for the Help Desk, for night support, etc.
 - Need \$20 million recurring dollars to support the EHR IHS-wide.
 - Mike Danielson discussed the difficulty in quantifying the Return on Investment (ROI) that will occur as a result of the new EHR.
 - Don Kashevaroff pointed out the problem of selling the EHR when we can't identify the revenue to be generated, we can only tell them that it's a better product to use. Russ said that a selling point will be patient safety.
 - There will be an evaluation at the beta sites of the EHR as it's used at these sites. The IHS will attempt to better identify the ROI through this evaluation.

- Dr. Church talked about getting budgetary support, at the IHS and HHS levels. It will take internal support of the product.
- National Patient Information Reporting System (NIPRS)
 - Russ stated that the National Data Warehouse is actually a “data mart.” You can gather the information you need such as statistics, clinical, and Area data. These are in three separate “data marts.”
 - Data Warehouse Projects-The Request for Proposals for the Master Person Index closed on March 18th. The ITSC should have a contract in place in the next 30 days to get this project going.
 - Executive Information Support System (EISS)
 - Has enhanced reporting tools
 - Travel component is very useful, an example of this is it was used at HQ this week to identify all Federal and invitational travelers over the next 2 weeks as a precautionary measure.
 - Service unit access has just recently been given.
 - NPIRS Issues:
 - Social Security Numbers -- No one is verifying the numbers being identified as wrong at the local levels. The ITSC has tapes coming back from the Social Security Administration showing the persons that have numbers that are not verified (names and numbers don't match, or the birthdates or gender don't match). Need a recommendation from the ISAC that IHS will work on these updates at the local levels.
 - Data movement-will be using HL7 instead of FTP.
 - HIPAA/Office of General Council (OGC) business associate agreements must be entered by tribes with the IHS for patient data. The OGC is investigating the requirements needed for IHS to be able to send tribal patient data outside (like to states or universities). Jocelyn Beer, Senior Attorney, is the OGC lead on this. A decision should be forthcoming by the first part of April on this issue.
 - Will now have more medical information available in the data warehouse.
- Web
 - Seventy percent of the IHS web pages are dynamic (their information changes, it is not static), and the ITSC has one FTE working on it all the time.
 - Price Waterhouse evaluated all Federal websites last year and the IHS website was rated in the top ten (#8).
 - Web Issues
 - Database ownership-who's responsible for keeping these up? Need for someone or individual groups to take ownership of their databases.
 - Search engine-looking at loading the FirstGov search engine for a smarter search engine than what the IHS now has in place.
 - Standards-need an ISAC recommendation for enforcing standards like Section 508.
- ITSC Staffing Vacancies
 - Information Systems Security Officer position cannot be filled now, it is held up in 35 positions that IHS cannot fill at this time

- Have three other supervisory positions that an ISAC recommendation to get filled would be appreciated. These are the Computer Systems Management Team Supervisor, the NPIRS Supervisor, and the Internet Information Services Supervisor.

Information Technology (IT) Budget Update

Richard Church and Russ Pittman, IHS

[ISAC- IT Budget Prospects for FY 2004-03/19/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

- The Omnibus Spending Bill was recently passed; however, no appropriations have been made at this time.
- The President's proposed FY 04 budget contains a \$9.282 million cut in IHS IT spending.
 - Forces shaping the budget:
 - Large focus on political/economical events.
 - The IHS falls into the HHS Discretionary Budget. Spending for discretionary programs is restrained.
 - The President's FY 04 Budget request will provide the IHS with a \$40 million increase overall.
- Office of Management and Budget (OMB) Program Assessment Rating Tool (PART).
 - Budget increases are tied to PART scores.
 - IHS fared pretty favorably, had the highest average PART score in HHS.
- Unbudgeted expenses will stress service delivery.
 - Medical inflation has accelerated in recent years after a period of modest growth in the 1990s.
 - Indian population (new patients) continues to grow at about 2.5 percent annually.
 - Increasing prevalence of chronic conditions push up costs.
 - There are development and deployment costs for mandated systems such as the Unified Financial Management System (UFMS).
- Inflation is eroding buying power as expenditures (medical inflation, CHS, drugs, etc.) are going up.
- Strategies to make budget reductions workable include:
 - Management actions to control costs and limit negative impacts including judicious hiring, travel restrictions, and negotiated payment rates that hold down costs
 - Management actions to augment collections to extent practical include:
 - Rate increase for Medicare and Medicaid
 - Exemption for new Centers for Medicare and Medicaid Services (CMS) payment methodology
 - More efficient billing
 - Inter-Agency Agreements that bring additional resources to the IHS

- Conclusions
 - Program growth through appropriations is very unlikely
 - Potential areas for growth:
 - Broadening the revenue base through collections and collaborations
 - Working a lot smarter (increased program efficiency)
 - Difficult to absorb reductions solely in administration

FY 2004 IHS IT Budget Cost Saving
Richard Church and Russ Pittman, IHS

[FY 2004 IT Budget Cost Savings 03/19/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

- The OMB directed the HHS to take their IT budget and consolidate it throughout the Department. HHS' major challenges are:
 - Managing a vast IT system more efficiently and effectively.
 - Creating One HHS from a wide variety of disparate organizational units.
- As a whole, HHS IT spending decreased by \$250 million. The IHS' decrease of \$9.3 million in FY 04 is 4 percent of the total HHS IT budget.
- 2004 IT Budget Impact
 - HHS Projects will be increased including:
 - UFMS
 - IT Infrastructure
 - Consolidation
 - OMB Directives (like e-Government)
- Individual OPDIV projects will be decreased.
- Don Kashevaroff stated that the ISAC should make a recommendation to Dr. Grim to talk about the need for additional IT funding, not a decrease.

IT Consolidation Initiatives in Support of the Department of Health and Human Services (HHS) and IHS Restructuring
Russ Pittman, IHS

[Enterprise Systems and IT Consolidation Efforts 03/19/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

- “One HHS” is a major initiative of Secretary Tommy Thompson, HHS, for the Department. Included in this is the consolidation of IT functions throughout the agencies within the HHS. The goal is to administer the HHS' information technologies on an “enterprise” basis. The HHS has a five-year Enterprise IT Plan for establishing an enterprise architecture.

- Key HHS initiatives in progress include:
 - HHS Network Modernization Plan. This was rejected by the HHS Chief Information Officer Council three to four times. The HHS Network Modernization Team is still trying to develop with a plan. It presently focuses on the Washington, D.C. area and number of Internet servers. The IHS does not think its facilities will be affected by this.
 - Protect the HHS IT environment from electronic threats (security).
 - Expand the ability to conduct business and serve customers electronically (e-Government).
 - Establish an HHS Enterprise Directory for HHS Headquarters.
 - Ensure that IT systems are accessible to persons with disabilities (Section 508).
 - Establish the HHS Enterprise Asset Inventory.
 - Identify and implement IT server and service consolidation.
- Cross Functional Systems. Within the UFMS, the IHS accounts for a quarter of the CORE transactions due to the complicated accounting structure required to support the many levels of our organization.
- e-Government:
 - Travel Management. The IHS Administrative Resource and Management System (ARMS) is going away with the implementation of UFMS; the e-Government travel management system will be going into effect before UFMS is fully implemented.
 - Procurement
 - Logistics. This includes property and supply, the IHS Supply Administrative Management System (SAMS) has been down for years and we need something to perform this function. This new system will be beneficial to the IHS.
 - Grants
- Enterprise Infrastructure
 - IHS' contribution to the HHS enterprise infrastructure is \$1.7 million this year.
 - Large Operating Division (OPDIV) consolidation consists of internal consolidation specific to each OPDIV rather than inter-agency consolidation under HHS.
 - The HHS is developing a unified e-mail system.
 - Common procurement vehicles are being established and implemented.
- IT Consolidation efforts in the IHS include:
 - Security Services
 - The IHS is implementing HHS enterprise security standards, practices, and contracts.
 - Certification and accreditation of major systems is currently underway.
 - Attempting to hire the ISSO.
 - Updating security policies and procedures and security training plans.
 - Help Desk
 - Updated Help Desk procedures
 - Assess staffing requirements
 - Peregrine Service Center
 - Get-Answers

- IT Architecture
 - Servers are being consolidated in IHS by 20 percent. These are the ARMS, E-mail, and Web servers.
- Enterprise Architecture
 - Update for CHI initiative.
 - Use HIPAA standards.
 - Integrate CHI for interfaces.
- Impacts of Consolidation
 - Lost our flexibility with these new mandates/standards
 - Have access to improved technology
 - Improved interoperability
 - Improved security
 - Increased cost
- Issues for ISAC
 - Security cascade to Areas/Service Units. Will have to perform audits at the facility level to ensure that policies are being enforced at the local levels.
 - Infrastructure

Information Technology Investment Review Board (ITIRB) Overview and Approvals

Richard Church, IHS

[ITIRB Overview and Approvals 03/19/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

- Dr. Church reviewed the history of why the IHS has an ITIRB process and the functions of the Board. An ITIRB is required to comply with the Clinger Cohen Act (CCA) and is required as a capital planning and investment control process for assessing and selecting investments. All government agencies must comply with the CCA to receive funding. The continuing resolutions this FY required anything over \$500,000 to go to the HHS ITIRB. They actually want to see anything, regardless of dollar amounts, that the IHS ITIRB is reviewing.
- The IHS IT projects that have to go through the ITIRB process include IHS enterprise-wide systems, any IT project that will be used by more than one IHS office or division, and IT projects that require alterations to the existing IHS IT architecture. The IHS needs to establish a threshold for IT projects/procurements.
- Dr. Church reviewed Raines Rules, commonly known throughout the Federal government as the “Three Pesky Questions,” that are used in addition to the determining factors above as to whether these projects require an ITIRB review. They are:
 - Does the project support a mission that must be performed by the Federal government?

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- Are there cost effective alternatives in the private sector or other government sectors?
- Has the current work process been simplified or re-engineered to make maximum use of Commercial-Off-The-Shelf (COTS) technology?
- Dr. Church provided the group with a list of projects the IHS ITIRB has reviewed to date and provided a summary of each. (See presentation slides).

Meeting Adjourns for the Day with Work Assignments Made

At 4:00 p.m., Keith Longie proposed that the meeting adjourn to allow individual ISAC members time to discuss and prepare recommendations for the ISAC to present to the IHS Director. He asked the individuals/groups to prepare statements to be presented to the entire ISAC the following day. The ISAC will then consider each recommendation for inclusion in the Committee's recommendation letter to Dr. Grim.

The meeting adjourned for the day at approximately 4 p.m.

March 20, 2003

The meeting began at 8:40 a.m.

National Clinical Council Member Title

The first issue of the day was a recommendation by Jaloo Zelonis, who proposed one significant change to the ISAC membership that subsequently affects the ISAC Charter. She made a recommendation to change the title of the position she currently holds to reflect what the ISAC had originally approved, which is a member from the “National Clinical Councils,” not the “National Council of Clinical Directors.” The ISAC approved the recommendation. Christy Tayrien, CIO Office, will transmit the request to the IHS/OMS/Management Policy Support Staff who will revise the ISAC Charter.

Membership Renewals

The ISAC had four (4) IHS positions and two (2) Tribal positions to be filled. The Co-Chairs had previously solicited nominations from Area Offices, Indian health boards, and Tribal organizations. The ISAC reviewed recommendations received to fill the vacancies and voted to recommend to the IHS Director that Keith Longie, Phoenix Area IHS, Floyd Dennis, Nashville Area IHS, and Mike Danielson, Billings Area IHS, be reappointed as the IHS representatives. These individuals’ terms were expiring and the ISAC members felt that their reappointments would provide knowledge, stability, and continuity to the Committee with ongoing projects that they have overseen in their previous terms. They also voted to make the recommendation for Bernard Long, Lower Brule IHS Service Unit, for the fourth IHS appointment. The ISAC made a recommendation that in the event that Mr. Long is not able to serve a term, Wes Old Coyote, of the Navajo Area IHS, be recommended for appointment, and in the event that those two were not available, then Pat Cox from the Oklahoma Area IHS be recommended.

For the two (2) Tribal representative positions, the ISAC voted to make the recommendation to the IHS Director to reappoint Wesley Cox, Kickapoo Health Center, McCloud, Oklahoma, and to appoint Dr. Mark Carroll, Tuba City Regional Health Corporation, of the Navajo Nation. If Dr. Carroll is unavailable, the ISAC made the recommendation that Maria Hunzeker, Feather River Tribal Health, Inc. in California be recommended for appointment.

Selection of 2003 Co-Chairs

In accordance with the ISAC Charter, the Committee sought nominations for the two Co-Chairs, one representing the IHS constituency and one representing Tribes. Both Don Kashevaroff and Keith Longie, outgoing Co-Chairs, declined nominations for re-election due to their workloads. After discussion and nominations, the ISAC voted to have Mike Danielson, Billings Area IHS, serve as the IHS Co-Chair and for Richard Hall, Alaska Native Tribal Health Consortium, as the Tribal Co-Chair.

Professional Specialty Group Policy Development

The ISAC had established an ad hoc group to develop a draft policy issuance on Professional Specialty Groups (PSGs) at their meeting in January 2002; however, the group never had an opportunity to meet to develop the policy issuance. Due to requests from the IHS community for the issuance, the CIO assigned Christy Tayrien, Management Analyst, of the CIO office the task of developing the draft. The Management Policy Support Staff (MPSS), OMS, IHS, directed Ms. Tayrien to develop the directive as a chapter of the newly established Indian Health Manual, Part 8, “Information Resources Management” (Part 8, Chapter 15, “Professional Specialty Groups.”) Ms. Tayrien presented the draft to the ISAC and they collectively reviewed each section of the chapter and made several revisions. The draft issuance will be submitted to the MPSS for subsequent IHS-wide review and ultimately approval by the IHS Director.

The revised document containing the revisions made by the ISAC during at this meeting can be found at:

[PSG Policy Recommendations](#)

ISAC Appreciation Letters and Certificates

Don Kashevaroff and Keith Longie, Co-Chairs

Don presented appreciation letters and certificates to members who have terms expiring. Members who have terms expiring or who have resigned include Molin Malicay, Tribal, California, and Wesley Cox, Tribal, Oklahoma (terms expired). The IHS members with terms expiring were Keith Longie, Mike Danielson, Floyd Dennis, and Susie John. The Council of Urban Indian Health Programs representative, Kay Culbertson, Denver Indian Health, resigned her ISAC position due to workload at the clinic. She is being replaced by D.J. Lott, Great Falls, Montana’s Urban Indian Family Health Clinic. Jim Roberts, National Indian Health Board (NIHB) recently resigned from the NIHB to take a position with the Northwest Area Indian Health Board. Jay Grimm will be serving as the alternate NIHB member on the ISAC until further notice from the NIHB.

ISAC Recommendations

Dr. Richard Church and Russ Pittman, IHS

At the end of the ISAC meeting on March 19th, Dr. Church and Russ were given the assignment of taking IT projects/initiatives requiring ISAC support/recommendation/decision and compiling them into one document for the ISAC to review and take action on. The ISAC reviewed the issues and approved all of them (see detailed listing of issues below). Some of the items will require further action by the IHS Director and/or the IHS Executive Leadership Group. These items will be placed in a formal document from the ISAC, to be signed by the Co-Chairs, and forwarded to the IHS Director for further action.

Issues discussed and approved by the ISAC follow:

1. Issue: Recommend that the IHS security policy be amended to include:

- Any additional Internet connections or business partner access be protected at the same level at existing Internet access points (e.g., firewalls, access lists, SMTP routing, etc.)
- Area/Service Unit sites be notified that contracts with international business partners be reviewed by contracting (for security clearance) before access is granted to the IHSNet.

Decision: Approved

2. Issue: Recommend that the DIR correct the web-based FTS billing spreadsheets for FY2002, so that the figures can be used – as needed – for tribal negotiations. Disseminate information to the Tribes and Areas so they are aware of and can take corrective actions – such as reviewing circuits listed, etc. The recommendation is for the ISAC to refer this issue to the ELG to determine if FY2002 FTS billing by finance should be re-evaluated and funds shifted, and that the ISAC also recommend continued funding of the USDA contract to produce accurate telecommunications costs.

Decision: Approved

3. Issue: Recommend to I/T/U sites that they immediately begin to install patches/upgrades (e.g., File 200, Cache, etc.) to RPMS systems in preparation for the roll-out of new RPMS package versions this year. These enhancements will increase functionality and will be required to get on the priority installation listing for IHS-EHR.

Decision: Approved

4. Issue: Recommend that DIR provide sample position descriptions and staffing models for technical and clinical support specialists to Areas and Service Units. The field sites are encouraged to immediately evaluate their existing capacity and hire new staff as needed. The DIR will work with facilities and planning staff to integrate into RRM and HSP.

Decision: Approved

5. Issue: Recommend that the ISAC make the EHR their top priority. The EHR is the graphical user interface for RPMS. Recommend that HQ immediately support funding for the IHS-EHR development, roll-out and support. This funding will be required to ensure a rapid deployment, long-term successful support, and sustained clinician satisfaction with this process change. The DIR will develop and disseminate the package to service units, especially those interested in beta testing EHR software, which clearly delineates needs and expectations, including hardware, software updates and patches and personnel. The EHR should include access to decision-making software. Establish well defined support, training and implementation program.

Decision: Approved

6. Issue: Recommend that I/T/U sites urgently resolve the unverified Social Security Numbers in their registration database. Increasing the verified SSNs to 95% is critical to the implementation of the Master Person Index and increasing eligibility information.

Decision: Approved.

7. Issue: Recommend the implementation of measurable national multidisciplinary benchmarks related to business process improvement. Periodic reports will be posted to EISS.

Decision: Approved.

8. Issue: Recommend that the OGC immediately provide an opinion regarding the HIPAA issue of exchanging tribal patient data with other IHS business partners (e.g., CMS, CDC, States, etc.).

Decision: Approved

9. Issue: Recommend the enforcement of the web development standards to comply with Section 508 disability statute design requirements. This will prevent legal issues and significant costs associated with the rework of web sites.

Decision: Approved.

10. Issue: Recommend the ITIRB set thresholds of \$300,000 (one-time) or \$500,000 (over five year life-cycle) to be used by all IHS sites rather than the ITIRB qualitative indicators. This threshold will assist in streamlining the process.

Decision: Approved.

11. Issue: Recommend that the DIR update the projected 5-year Information Technology costs to bring the current infrastructure up to current industry standards.

Decision: Approved

12. Issue: Recommend that with the current budget issues, DIR develop a plan for streamlining infrastructure. This should include consolidation of servers, improved business and procurement practices, capital planning and new technologies.

Decision: Approved

13. Issue: Recommend that IT programs design, develop, document, and report the effectiveness of information technology services to meet accountability requirements.

Decision: Approved

14. Issue: Recommend that the decision support software packages (e.g., Cochrane, UpToDate, Micromedex, MedMarx, etc.) should be supported via national contracts and centrally funded.

Decision: Approved.

15. Issue: Recommend that additional efforts are made concerning the implementation of video conferencing solutions to ensure that IHS sites can reliably utilize this technology and maximize its benefits.

Decision: Approved.

HHS/IHS IT Priorities

Dr. Richard Church, IHS

[HHS and IHS IT Priorities 03/20/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

Dr. Church stated that the set of ISAC recommendations made earlier today (see presentation above) will become an IT work plan of sorts. He recommended the following key themes for IHS IT priorities:

- Enterprise approach
- Customer- and Stakeholder-Centric
- Program and Cost Effectiveness

Dr. Church presented the following as IT priorities of both the IHS and the Department:

- IT consolidation and streamlining
- Capital planning and IT investments
- Enhancing security and continuity of operations
- Supporting clinical systems and patient safety
- Promoting data quality
- Supporting IHS organizational change
- Compliance with legislative mandates
- Documenting effectiveness of IT systems in IHS
- Modernizing business systems
- Enhancing revenue generation

Jaloo Zelonis stated that while the recommendations made earlier are not the official ISAC priorities, they fit well with them.

Health Information Portability and Accountability Act (HIPAA) Implementation

Dr. Richard Church, IHS

[HIPAA Implementation 03/20/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

Dr. Church began the presentation by pointing out the purpose of the HIPAA provisions is to improve efficiency and effectiveness of health care systems by standardizing the electronic exchange of administrative and financial data. A significant element of HIPAA, particularly for the IHS, is that it requires health systems to protect the security and privacy of transmitted information.

Coverage

An issue for health systems nation-wide is who is covered by HIPAA. Covered entities include the following:

- All health plans (IHS)
- All health care clearinghouses
- Health care providers who transmit health information electronically in connection with standard transactions.

Rich Hall questioned whether tribal sites are considered as “health plans” under HIPAA. Dr. Church maintained that they were. Rich stated they (tribal sites) had not been told they were and did not think they were according to Alaska’ legal advisors. Dr. Church again maintained that they were considered as “health plans” under HIPAA.

Business Associates

Dr. Church then discussed “business associates” and identified contractors and other non-workforce members hired to do work of or for any covered entity that requires PHI as business associates. HIPAA has special provisions to assure business associates safeguard the information. He told the ISAC that the IHS is currently developing a standard Business Associates Agreement.

Compliance

He then reviewed the HIPAA Final Rules published in the Federal Register and provided the group with the HIPAA deadlines for compliance as follows:

- Transactions - Compliance required by 10/16/03. The IHS one-year extension as allowed by the rule will expire on this date.
- Privacy – Compliance required by 04/14/03.
- Security – Compliance required by 04/21/05.

More detailed information on transactions, privacy and security requirements can be found in the presentation (link to presentation is listed above).

Impact of Homeland Security on IT

Russ Pittman, IHS

[Impact of Homeland Security on IT 03/20/03.ppt](#)

The presentation slides can be found at the link listed above. Highlights of this presentation follow:

Russ stated that the OMB Homeland Security requirements are being addressed at both the Department and IHS levels. The HHS has developed a Department-wide response through the following initiatives:

- iAlerts
- Office of Personnel Management/Fed CIRC Notifications – 4 hour response required
- Network
- Security Audit
 - IDS/Vulnerability Assessment
 - Penetration Testing
 - WebSense

The IHS has implemented common tools for network security including:

- Policy Server. Russ said to think of it as the brain, all servers are alike, find problems on one and fix them all. The ITSC wants to encourage everyone to keep their servers configured the same and with the same security software installed.
- Continuity of Operations Plan (COOP). The IHS is testing the IT COOP next week.
- GISRA/FISMA
 - Need to have Security Business Associate Agreements in place with outsiders.
 - Areas and service units will begin to be audited.
- ISAC Issues
 - Recommend that the IHS take an aggressive approach to implementing the security requirements, policies, and practices.
 - Audits will roll out to the service units and facilities this year.
 - All of the tools need to be made available to Tribal and Urban sites to assist in their compliance.

Rich Hall asked that all security messages be sent to sites, not just to Information Systems Coordinators. Russ said that this was going to be done in the future. Dr. Church added that people need to follow up with second calls, try to contact the alternate, etc.

Other Items for Consideration

The ISAC agreed to have the next ISAC Meeting on August 12-13 in Portland, Oregon at the Portland Area IHS offices. Clark Marquart will make arrangements for a conference room with the Area.

The meeting adjourned at approximately 3:30 p.m.