

CHAPTER 15  
PROFESSIONAL SPECIALTY GROUPS

8-15.1 PROFESSIONAL SPECIALTY GROUPS

A.           PURPOSE. The purpose of this chapter is to establish the Indian Health Service (IHS) policies and procedures for Professional Specialty Groups (PSGs). The IHS PSGs are charged with providing recommendations and assistance in all aspects of clinical and administrative software application life cycles from initial planning and development through implementation, operation, and maintenance. They are composed of IHS Headquarters, Area, Service Unit, Tribal, and Urban Indian health program discipline/function-specific experts who share a common interest and expertise in health care delivery or administrative support for health care delivery. The PSGs represent their discipline/function by ensuring that the IHS, Tribal, and Urban (I/T/U) facilities are provided with effective computer-assisted information systems based on input from the appropriate discipline/functional areas.

B.           BACKGROUND.

Public Law 94-437, the Indian Health Care Improvement Act, as amended, mandates the IHS to establish an automated management information system. In addition, the law requires the IHS to provide these automated management

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information systems to each Indian tribe and tribal organization providing health services through Indian Self-Determination Act contracts with the IHS. The systems must meet the management information needs of these Indian tribes or tribal organizations with respect to the treatment of IHS patients as well as meet the information needs of the IHS.

To meet the mandates above, the IHS developed the Resource and Patient Management System (RPMS) in the 1980s. Today the RPMS is an integrated solution for the management of clinical and administrative information in healthcare facilities of various sizes and orientations. Flexible hardware configurations, over 35 major software applications, and network communication components combine to provide an extremely useful clinical, financial, and administrative automated information management system that is tailored to meet I/T/U mission requirements. Additionally, the IHS has established procedures for acquiring Commercial-Off-The-Shelf (COTS) and Government-Off-The-Shelf (GOTS) software.

As the IHS continues to improve existing health information systems through development, maintenance, and acquisition, the I/T/U health program staff at all organizational levels have become progressively more involved in the

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development of software applications to meet the end-users' needs. In 1985, the Director, IHS, authorized the establishment of PSGs through the IHS Data Systems Policy and Management Memorandum Number 85-1. Although the IHS Data Systems Policy and Management Memoranda have since been abolished, several PSGs are still in existence and are very active today. New PSGs are being proposed by specific health disciplines/functional areas to meet their changing requirements. There is a need to reestablish IHS policies and procedures governing the formation and activities of PSGs, to ensure that the needs of I/T/Us are addressed, and that the mission of the IHS is met.

- C. SCOPE. This chapter applies to all IHS organizational components including, but not limited to, Headquarters, Area Offices, and Service Units conducting business for the IHS when using IHS information technology (IT) resources. This includes individuals conducting business on behalf of the IHS through contractual relationships, unless they are specifically excluded under the terms of their contract. The policies contained in this chapter apply to all IHS IT activities including the equipment, procedures, and technologies that are employed in managing these activities. The policy includes teleworking, travel, other off-site locations, and all IHS office locations. Agency officials shall apply this chapter to contractor personnel, interns, externs, and other non-government employees by

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incorporating such reference in contracts or memorandums of agreement as conditions for using government provided IT resources.

D. AUTHORITY.

- (1) Public Law 94-437, the Indian Health Care Improvement Act, Title VI, Section 602, “Automated Management Information System,” as amended.

E. DEFINITIONS.

- (1) Conventions. Programming guidelines that are designed to promote consistency and safety across RPMS applications. Exemptions from conventions are not required, but developers are strongly encouraged to follow them
- (2) Discipline/Function. The organizational component(s) within IHS that oversee and support a specific clinical or programmatic area. These can be health, administrative, or management areas, and can be interdisciplinary (more than one organizational component may be

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responsible for overseeing and supporting a specific functional or programmatic area.) Examples are Third Party Billing, Contract Health Services, Pharmacy, Laboratory, etc.

(3) Standard. A rule that all RPMS software must follow.

(4) User. A person interacting with computer applications.

F. POLICY. The IHS Chief Information Officer (CIO) is authorized to approve the formation of PSGs in support of decentralized development of the RPMS. The PSGs shall:

(1) Identify the information system needs of their respective disciplines/functions within the IHS;

(2) Ensure that field/end user requirements are the PSG's top priority and addressed in information system development plans; and

(3) Assure that functional requirements are being met in systems proposed for distribution IHS-wide.

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- (1) PSG Formation. Each IHS discipline/function requesting the formation of a PSG shall submit its justification and request in an Action memorandum, through their respective chain of command, as appropriate, to the IHS CIO who will approve/disapprove the request.
  
- (2) Existing PSGs. Functioning PSGs in existence prior to the issuance of the Indian Health Manual, Part 8, Chapter 15, “Professional Specialty Groups,” will be required to abide by policies and procedures contained in this Chapter. As new members are added or deleted, existing PSGs will make every effort to conform to the membership requirements listed below.
  
- (3) PSG Membership.
  - a. The discipline/functional area will determine member qualifications based upon internally developed criteria.

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- b. The discipline/functional area will be responsible for notifying the Areas of the existence of the PSG and request nominations for membership.
  
- c. Professional Specialty Group membership will be limited to a maximum of 14 persons. Members may be IHS/Tribal/Urban (I/T/U) program representatives.
  
- d. At a minimum, fifty percent of the PSG membership will be end-user representatives.
  
- e. The ratio of I/T/U representation will approximate the current ratio of IHS direct service delivery programs to Urban and Tribally operated programs as appropriate to the function of the PSG.
  
- f. The CIO will assign a liaison from the CIO systems development staff to each PSG to provide technical advice and assistance.

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- (4) PSG Functions. Each IHS health/administrative discipline/function (i.e. dental, nursing, pharmacy, property, etc.) with an approved PSG will assume responsibility for their PSG and have wide latitude in PSG organization and operation. It is the PSG's responsibility to define and determine the system requirements for the discipline/function and perform other functions as listed below:
- a. Recommend actions to make their information system as functionally complete as possible within the limitations of the Division of Information Resources' (DIR) resource availability.
  - b. Develop long-term system goals and objectives for the discipline/function in coordination with the IT effort.
  - c. Review current IHS discipline/function-specific information systems to determine the adequacy and appropriateness of the functional requirements and specifications. Assist in the preparation of revised documentation, as appropriate.

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- d. Review current IHS discipline/function-specific information system users guides to determine the adequacy and appropriateness of the material. Develop revised user guides in support of discipline/function-specific applications as appropriate.
- e. Identify functional requirements and associated functional specifications for modifications to or the development of discipline/function-specific information systems.
- f. Provide discipline/function-specific information needed so that the DIR can develop functional requirements documentation reflecting application specification in sufficient detail to guide programmers during the development phase.
- g. Identify and define data elements contained within discipline/function-specific applications. The DIR will coordinate data elements which are common within and between multiple discipline/function applications.

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- h. Assist the DIR, as appropriate, in the validation and certification of any modified or newly developed software. Validation will consist of two separate and distinct phases:
  - (i) Alpha test: initial validation at the development site to ensure that the functional specifications were met;
  - (ii) Beta test: implementation of the system in a fully operational mode at I/T/U location(s). This includes concurrent formal evaluation to ensure error free operation and acceptability by the end-user(s).
- i. Provide for communication with the DIR and other members of the discipline/function, especially with counterparts within the Area Offices to keep them aware and involved.
- j. Serve as an advocate for the discipline/function's interests in the competition for scarce IT resources and identifying funding alternatives and options. The PSG shall take the lead for developing required IHS IT Investment Review Board (ITIRB)

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business case(s) in accordance with the IHS ITIRB requirements contained in the Indian Health Manual, Part 8, Chapter 4, “Capital Planning and Investment Control.” The DIR shall provide the PSG with technical assistance in meeting IHS ITIRB requirements .

- k. Establish subgroups to carry out special functions.

H. ROLES AND RESPONSIBILITIES.

- (1) Chief Information Officer. The IHS CIO or his/her designee, is responsible for the following:

- a. Disseminating this chapter to all I/T/U stakeholders.
- b. Providing advice and assistance to IHS organizational components regarding PSGs.
- c. Approving the establishment of new PSGs.

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- d. Assigning a DIR systems development staff member to serve as a liaison to new PSGs. This liaison will participate in PSG activities, and assist the PSG in identifying and addressing all existing and planned software development.
  - e. Resolving issues of systems development priority which arise as various PSGs compete for scarce information system development resources.
  - f. Abolishing PSGs that are no longer required by the IHS.
  - g. Resolving conflicts in PSG membership and responsibilities.
- (2) Discipline/Functional Areas. Disciplines/functional areas with PSGs shall:
- a. Provide for all organizational and administrative elements involved in their respective PSG activities. This includes:

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- (i) providing all necessary support,
  - (ii) planning and travel arrangements for conferences and meetings,
  - (iii) preparing and distributing meeting minutes and other correspondence,
  - (iv) maintaining documentation, and
  - (v) monitoring PSG activities.
- (3) I/T/U Organizational Units.. It is the responsibility of each I/T/U organizational unit to provide all funding support for their respective PSG member's participation.