

DRAFT

INFORMATION SYSTEMS ADVISORY COMMITTEE

Wyatt/Green Federal Building
Portland, Oregon
May 23 - 24, 2000
8 a.m. - 4:30 p.m.

Committee members participating:

Keith Longie, Co-Chair, IHS, Phoenix
Don Kashevaroff, Co-Chair, Seldovia Village Tribe
Richard Church, CIO, IHS Headquarters East
Mike Danielson, IHS, Billings
Floyd Dennis, IHS, Nashville Area
Robert Hall, National Council of Urban Indian Health
Susie John, IHS, Tuba City
Carolyn Johnson, IHS, Warm Springs
Molin Malicay, Sonoma County Indian Health
Dawn McCusker, Great Lakes Inter-Tribal Council
Diane Montella, Tribal, Clinician
Jim Roberts, National Indian Health Board
Jerry Shanks, IHS, Claremore
Ron Wood, Executive Officer, IHS, Navajo Area
Jaloo Zelonis, Nurse Consultant, IHS, National
Clinical Councils

Committee members absent:

E. Crispin Kinney, IHS Headquarters East

Additional participants:

Bob Beneke, Sup. Computer Spec., Aberdeen Area
Dan Cameron, Oklahoma Area
Keith Creiglow, Chief, Technical Ops, ANTHC
Russ Pittman, Dir. of ITSC, IHS Albuquerque Area

Tuesday, May 23, 2000

The meeting began at 8:30 a.m. with round table introductions and welcome by Fonda Jackson, Director, Division of Information Resource Management, Portland Area.

REVIEW OF MEETING OBJECTIVES

ISAC Co-Chairs

Co-Chair Keith Longie reviewed the agenda for both days of the meeting. Agenda additions included:

- New ISAC members—ISAC Charter amendment required
- RPMS reporting for urban/rural tribes
- Orientation for new ISAC members; current resources—website and meeting minutes. A one-day orientation will be scheduled at the Technology Conference in Albuquerque, New Mexico, in June.

DATA QUALITY FOLLOW-UP

Status of Recommendations

Dr. Richard Church

Dr. Church stated that the data quality and field data flow were reviewed at the last meeting. A recommendation from the meeting included implementing a liaison role to serve between constituents and ISAC. The position will start mid-June and will require a strong background in technology and data quality issues. Brief discussion of Dan Cameron's role in regard to the new position.

NPIRS Data Status

Russ Pittman

Russ Pittman distributed a NPIRS completed projects handout and reviewed NPIRS data status. Discussion items included the project completion listing, FY 1998 User Populations, billing, Navajo end-to-end testing, unduplication algorithm, updated/validated RPMS calculations (contractors completing work), and POC for Data Leadership.

Current data accuracy and data capture work includes:

- Combined data extract routines
- Extract for non-RPMS sites—six sites with formatting
- PCC Data Entry/PCC Data export—edits to module
- SSA/HCFA Medicare—ensure data is correct
- Custom PCC—informatics to ensure correct data entry
- Envoy Veriquest—quick retrieval of correct data entry information
- DB2 software—new software that will take through the end of the year to implement

Expected training:

- Registration—the how to's
- PCC form—two videos, introduction and advanced
- PCC data entry/IHS reports and export reports—outline process
- Data center reports—136 reports available at website; training available at the Technology Conference

Russ noted that new equipment is assisting in the data quality process and tribes now have access to view their NPIRS data; in addition, more than 250 licenses are now available. Future needs include: management support, data leadership, clearly defined responsibilities, training and improvement funding (will be funded, but needs to be identified), check-in and POC data entry (implementation of patient check-in procedures). Formal correspondence may be needed from ISAC to assist in changing business practices.

Noted that software recommendations should be proposed and then sent to the Executive Leadership Group (ELG) prior to being sent to Dr. Trujillo (reference to ISAC Charter).

Additional Actions Needed

Noted that an Unduplication Algorithm group has been formed to deal with issues.

Follow-up required: Co-Chair Keith Longie, Dan Cameron, Mike Danielson, Stan Griffith, and Pat Knox-Nicola will work on defining responsibilities for this group.

ANNUAL WORK PLAN UPDATE

Russ Pittman

Russ Pittman distributed the Annual Work Plan (on CD as well) and gave an update on the following:

- Recent PSG activity—Clinical met two weeks ago, the group represents clinical packages. Registration met and made 70+ changes. The Building group made 90+ changes and spoke at the NCO meeting in Florida. The Medical Records group met three weeks ago as well.
- Five RPMS Programmers have been hired to work on lab, pharmacy, immunization and data export, and business office. A web page developer will be added. Management staff will include a deputy director, project manager, security officer, and software architect (working within current architecture).
- Project additions—pharmacy, outpatient and interfaces. Laboratory, electronic signature and PSG changes. Security – RPMS, numerous changes expected by the end of the fiscal year. Executive Information System (EIS), to bring up RPMS data is user friendly, with a basic design; a prototype demonstration will be conducted at the Technology Conference, with a final version available in the fall. Noted that growth is expected in EIS as templates have grown to 20+ at facility level and may eventually tie into national level. Even though EIS not a priority list item, work will evolve as ISAC addresses this issue.
- Packages—videos available for registration and PCC form. For RCIS/CHS, information will be available on the web at end of the year.
- Web-based technical trainings—twenty-five classes are available, with ITs nationwide utilizing and a known need for advanced RPMS training. Train-the-trainer licenses may be in the works as well. It is up to each Area Office to purchase their own software and support their own needs. The different program versions used at each site has been a factor in moving forward with trainings.

Discussion of initiating office automation standards, with a buy-in approach. Benefits would include: assists with interfacing/ability to share information and email. Minimum use requirements would still be needed. Noted that ISAC will deal mainly with portability issues and will not develop standards. Various versions of Microsoft will be the standard vehicle recommended, with no training offered.

Russ reviewed the RPMS and Telecommunication budget. New money has been received, two million dollars with some from tribal shares. Of that amount, two hundred fifty thousand dollars has been spent on a firewall/VPN. A firewall training will be held at the end of May and will also be presented at the Technology Conference. To date, the following requests have been received: antivirus/firewall for servers, medical supply management, Universal Services Fund Coordinator to deal with connectivity issues, tele-radiology/PACs for archiving, caché conversion (pilot for new operating system), phone switches (one or two), area data warehouses (at data center and Area), connectivity (tribal/urban, not pay for recurring charges), and training.

Discussion of funding national versus local requests. Noted that the focus is RPMS enhancement and telecommunication, which sets how the funding will be spent. For FY 2000, Dr. Trujillo provided oversight in funding allocation. Question regarding Information Technology Investment Review Board's (ITIRB) focus on the budget; the list will be reviewed in relation to the overall plan with benefits considered. Russ stated that he would like a general category; i.e., an overall scope of the plan and go from there.

ISAC WORK PLAN

Keith Longie

Co-Chair Keith Longie distributed the Indian Health Leadership Council FY 2000 Annual Work Plan (AWP) and suggested that the ISAC develop a similar work plan and work on developing a strategic plan as well. ISAC needs to document the work that is being completed and develop a road map. Noted that ISAC works in coordination with the Executive Leadership Group and that their AWP has been refined over the years to note measurable items at the executive level. Moving forward, the ISAC will review the Indian Health Leadership Council plan on an annual basis and provide information to fill in the gaps.

Follow-up required: A planning workgroup will be formed, with a presentation made at the next meeting. Workgroup members will include Co-Chairs, Don Kashevaroff and Keith Longie, Molin Malicay, Ron Wood, and Jaloo Zelonis. The first meeting will be via teleconference the week following the Technology Conference.

PSG UPDATE

Russ Pittman

Russ reviewed current and proposed PSGs and stated that the PSGs should have a role other than IT. Noted that some PSGs could be combined if needed.

Current PSGs:

- Resource Management (ARMS, SAMS, NECPO)
- Referred Care Services (CHS, CHD, RCIS)
- Business office (ABM, A/R, Pat. Reg.)
- Clinical applications (dental, immun., lab, etc.)
- Quality Assurance and Improvement

Proposed PSGs:

- EIS
- NPIS (Statistical Officer/EPI)
- Security (ISSO/Qah)
- Growth Path/Infrastructure (integration)

Discussion of the need for additional PSGs—are we meeting the needs, any changes needed, what are the work products (deal with various issues, with subgroups formed as needed), and how do they relate to the organization. Suggestions regarding additional PSGs: GUI and Site Managers, and an umbrella PSG with one representative from each PSG to share specific activity from each. Discussion of PSG recommendations and implementation; ISAC will set priorities and coordinate with each PSG.

Role/charter for PSGs (no charters currently):

- | | |
|---|--|
| <ul style="list-style-type: none"> • Package requirements/changes—standard • Training • Process change/improvement | <ul style="list-style-type: none"> • Standardization • Cost/benefit analysis--ITIRB • External investment |
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Follow-up required: Co-Chair Keith Longie, Carolyn Johnson, Roland Tanner, and Jaloo Zelonis will work with Russ Pittman on defining PSG roles and functions.

ITIRB UPDATE

Dr. Richard Church

Dr. Church stated that the function of the ITIRB is to advise Dr. Trujillo on the direction, priorities, and resource allocation of information systems through the development, review, and approval of the IHS Information Resource Management (IRM) Strategic Plan and Annual Operation Plan. The ITIRB recently met on May 22, and at the meeting prior to this one, the group was chartered and membership determined. Membership includes permanent ISAC members, ISAC Co-Chairs, and IHS senior management. The ITIRB will meet two times annually in relation to the budget process.

ITIRB's vision is to make solid business decisions regarding IT investments based on:

- Mission and financial objectives—what will the return be, total cost of a project, etc.
- Architectural integration—support future growth—hardware, software, and telecommunications
- Minimized implementation risks—within timeframe and budget
- Supporting IHS/tribal/urban (I/T/U) operations (ongoing costs)

Discussion of the role and importance of ITIRB and difference between ISAC, which is policy, and ITRIB, which is decision making. Noted that ITIRB is the link to the budget process (congressional, OMB, DHHS, & IHS) and the group communicates/raises awareness with constituent groups regarding its importance.

Recent ITIRB activity included development of processes, briefing of internal stakeholders, and modification of the ISAC Charter. In addition, an internal ITIRB transition team was established to work on a revised management plan, draft performance measures, and selection of voting software—decision support software titled, “Expert Choice” was selected to assist with scoring and selecting.

Next steps of the ITIRB include:

- Communication planning session for presentation at the Technology Conference
- Regional training sessions
- Implementation of an IT project inventory—develop a process for project analysis in making solid business decisions
- Update membership to include an Area Director, with selection determined by the other Area Directors
- Development of a briefing which clearly describes the role of the ITIRB
- Preparation of an ITIRB report for inclusion in the IHS budget presentation to the DHHS Budget Review Board
- Utilization of the ITIRB process for IT investments for FY 2001

Discussion of ITIRB and its authority and concern with its role as a decision making body. Noted that ISAC's role is to make recommendations. Since ITIRB functions under directives from ISAC, there is no need for ITIRB to check with ISAC first. The check and balance is ISAC questioning ITIRB's decisions (reference to Charter) or overrule by Dr. Trujillo. Additional discussion of ISAC's charge and issues that have not been dealt with and ISAC being in its second year. Noted that the ITIRB was delegated work that ISAC didn't want to deal with—ITIRB alleviates ISAC from getting bogged down with decision making.

It was clarified that ITIRB membership is the ISAC permanent members, the ISAC co-chairs, and the senior management officials. Specifically:

- IHS Chief Information Officer (CIO)
- Information Systems Advisory Committee, Tribal Co-chair
- Information Systems Advisory Committee, IHS Co-chair
- National Indian Health Board, Member
- Tribal Self-Governance Advisory Committee, Member
- National Council of Urban Indian Health, Board Member

- National Council of Executive Officers, Member
- National Clinical Councils, Member
- Office of Environmental Health, Representative
- CIO (Outside Agency OPDIV)
- IHS Chief Medical Officer
- IHS Chief Financial Officer
- IHS Office of Public Health Director
- IHS Office of Management Support Director

2001 AND 2002 IT BUDGET STATUS

Dr. Richard Church

Background information was shared regarding the Area budget (OMB guidance and subset rules). Dr. Church stated that the FY 2001 budget process is now complete. Discussion of the FY 2002 Area budget formulation process which includes both a Needs and Rules-Based budget (35% and 45%). Twelve meetings were held with one at the national level to arrive at the FY 2002 budget—ITS budget: \$187 million, \$10.6 million and \$17 million respectively. IT was recognized this year as a support structure for programs; the budget however was decreased. It was noted that ISAC's involvement in the budget process is critical at the grass roots level in determining funding received. A comment was made regarding the budget process and giving Congress dollar amounts for funding that are not in-line with realistic funding needed. The plan for next year is to have priorities, long-term objectives in achieving goals, to assist in determining funding requested.

IRM RESIDUAL

Keith Longie / Dr. Richard Church

Co-Chair Keith Longie reviewed the report to the Internal Assessments Workgroup, Residual Analysis—Division of Information Resources, dated January 14, 1999, and provided background information regarding Self-Governance and Self-Determination. Keith stated that the Information Resource Management (IRM) budget is legislative based and 100% residual; i.e., resources and/or functions which remain after all the programs have been contracted and can only be conducted by federal employees (calculated by resources). Keith stated that it was proposed that IRM residual would be 28 FTEs; however currently there is no residual for this. Dr. Church noted that ISAC does not need to arrive at a decision regarding the IRM residual, rather research and be prepared for what is needed for these functions—identify residual with a final work product which can be shared with the appropriate decision making body.

Discussion of the following:

- Need to define IT, no wording currently
- Individual Areas determining their Area's residual. Noted that tribes taking their shares impacts the Director's ability to provide these functions, which then goes back to the tribes if they want these services.
- Tribes will not allow negotiations to take away their share—solution is redefining how the federal responsibility can be addressed.
- ISAC recommendation regarding the IRM residual and any weight it would carry—beyond ISAC's scope of work.

Discussion of proposed resolutions: 1) establish a workgroup to clearly define federal responsibilities and at the same time include objections in any report that goes forward, and 2) ISAC recommendation that Dr. Trujillo review the IT residual. Concern noted that the tribes need to be aware of these issues and the role of ISAC and IHS in the decision making process.

After much discussion, ISAC members could not achieve consensus. The issue was tabled until Wednesday, May 24, 2000. The meeting adjourned for the day at approximately 4:30 p.m.

Wednesday, May 24, 2000

Co-Chair Keith Longie reviewed the agenda for the day. Discussion items included:

- Next ISAC meeting, Anchorage, Alaska, August 22-23, for lodging call Hampton Inn, (907) 550-7000
- IRM Residual— This was tabled so that a more complete presentation could take place at a later time.
- Review of the February 22, 2000, meeting minutes. Meeting minutes to stand with noted corrections: page one, ISC/ISAC membership, under proposal—elect co-chairs, include members of management; page two, ISAC, correct reference to ISAC as a policy group. Grammatical correction under ISAC Charter review, send to sent. Comment to note that ISCs are non-voting in the meeting minutes. Requested that meeting participants, as well as absent members, be listed in the meeting minutes.

SOFTWARE LICENSING**Carolyn Johnson**

The issues:

- Several RPMS packages have integrated licensed commercial software as part of the package. These include AWP, CPT, Immunization, etc.
- Some sites/tribes takes all their RPMS maintenance/support funds but still use RPMS. DIR does not purchase licenses for those organizations.
- Some of these COTS organizations do not currently have a mechanism to purchase licenses separately.

Discussion:

- *How will the immunization/CPT annual license be sold to tribes? No cost?* The goal is that if you want to use RPMS, IHS expectation is that tribes will leave their maintenance and support—part of the negotiation process, but not included in the detail.
- *Product site listing available?* There is no definite list with versions out there and several companies have requested this information.
- *Negotiations guide available?* There are 16 different categories that are broken out. Noted that 17% of the tribal shares 34% is tribal maintenance with licensing a part of this. Dr. Church stated that a tribal workgroup developed general materials to include in the negotiations process. The negotiations guide needs to be revised based on experience to assist tribes in making informed decisions.

Follow-up required:

1. Dr. Church will consult with the General Counsel for a legal opinion regarding software licensing, specifically COTS. No further action is required by the ISAC.
2. Russ Pittman stated that part of the problem is that many Areas are pressured to provide services with the shares remaining and support from the Area level needs to be clarified. The AFAs signed by the tribes are basically general in nature. An addendum is needed on the technical side which outlines specific maintenance and support functions. Brief discussion of software purchasing options, including release of COTS/RPMS in public domains, removing commercial off-the-shelf software, and publishing a price list so that each tribe can purchase the pieces needed (alleviates IHS of legal ramifications).

IMPLEMENTATION OF CACHE**Russ Pittman**

Russ Pittman shared information regarding the caché system. MSM is the operating system, basic foundation for RPMS (Intersystems product), and there are 270 hardware machines utilizing the program. In addition, approximately 70 machines are operating on Windows NT, with some running on UNIX/SCO. Noted that in the long-term there is no choice for converting to a caché system; the incentive is the discount being offered to convert now. Noted benefits include:

- Cheaper to convert to MSM on NT. However MSM will not run on Windows 2000 as there are communication problems with DDP and LAT. The caché system has successful use with Microsoft Suite, but will not run on Windows 2000.

- Alignment with VA standardized development; they have been using the caché system for years (different operating system, VMS).
- Open, not closed usage
- MUMPS programmers are not needed to resolve problems

Russ noted that there is a significant discount to convert now and get rid of MSM—mainly current costs for 270 MSM licenses and systems, with approximately 15,420 users. The MSM licenses are paid on LSC, with maintenance costs at \$300,000/year. With the caché system the fee schedule for maintenance is changed significantly—web access will be a feature and costs will be per use. Free upgrades will be offered with annual maintenance costs running between 30% more if not double if no discount is offered. Conversion costs and annual licenses are still being negotiated, with a need to get realistic numbers to reach reasonable pricing. It is hoped that maintenance costs will be close to the current \$300,000 figure. Intersystems will still get maintenance fees for licenses.

Russ stated that a RPMS issue is that codes will not run on the caché system or are not available (syntax and errors). The problem can be fixed; the barrier however is porting systems to the caché system, which will need to be completed manually. Installation of the caché system will take a 10 person team to complete. Other installation issues include training for system management differences in the caché system and training developers in regard to installation; a manual will be available which will outline steps, with teams for installers. The smaller sites will be completed first. It is unknown how long the larger sites will take to install. Another issue is down time for the sites.

Questions: Does the implementation of the caché need to go before the ITIRB to evaluate? Noted that the ITIRB is not ready to tackle the issue—need to make a business case first. Is cost a factor in relation to hardware per site? Clarified that the caché will use current equipment. Noted that MSM is a great product and it is in everyone's best interest to convert.

GOVERNMENT SECURITY INITIATIVES

Dr. Richard Church / Russ Pittman

Dr. Church shared information regarding the Critical Infrastructure Protection (CIP), Presidential Decision Directive 63 issued by President Clinton in 1998 which requires “national efforts to assure the security of the increasingly vulnerable and interconnected infrastructure ... especially the cyber-based infrastructure.” The main objective of the CIP is to protect assets, including steps to strengthen security in regard to networks and support structures for health care.

Discussion of telecommunication growth since 1873—the quick growth of the Internet, domains, and networks and the outside factors that can affect systems, viruses. The latest virus, Melissa, showed the following vulnerabilities:

- Virus software is outdated at many locations
- Security staff numbers are low
- There is a need for security training and an emergency response plan
- National e-mail flow needs to be reviewed, with central network monitoring required
- User awareness is needed at all levels

Dr. Church noted the importance of the cyber-based infrastructure which is critical for I/T/Us in supporting the health care mission and financial systems—non-availability of systems compromises essential mission objectives. The OMB has stated that funding will be available for agency systems that meet security criteria—no money will be received if they do not (reference statement dated February 28, 2000). Additional security requirements are noted in the HHS priority, OMB Circulars A-130 and A-123/127, HIPAA, and JCAHO. General security strategies noted include: flexibility, utilize tools that were used to address Y2K, formalize and strengthen security aspects, and ensure direct linkage of security/IT capital planning to the budget process. Some next steps to be undertaken include a vulnerability assessment, security awareness/assessment/training, network security and surveillance, and a national project plan for critical infrastructure protection.

Russ Pittman provided an informational presentation regarding **AISSP (Russ please spell out)** requirements and the single point failures on the telecommunication side. Russ stated that some sites currently have their own Internet access with ATM clouds, which eliminates failures and can dial back modems at the Area office. Monitoring systems are in place at 447 sites, with periodic polling to show all the sites individual sites. The following tools are being utilized to monitor bandwidth (traffic routing): firewalls (layered defense strategy) and VPNs (facility connection to ITSC, adding VPN access through Internet with a box to lower costs with encrypted data meeting HCFA, also limits business partner access). Russ noted that VPNs need to allow only one point of entry for ITSC—move business partners off IHSnet, move laptops off RAS (go with ISP for access, still meets HCFA), and decrease current tunnels. VPN training will be offered in Albuquerque on May 31, 2000, with installation conducted after the Technology Conference.

Discussion of firewalls and who needs them. Noted that Areas control what is monitored; i.e., each Area can print reports, block content, etc. Update of firewalls would be handled routinely, with network applications available from Alcutel. Packages available for tribes not already connected and for business partners. Noted that the firewall protects each individual Area from going into other Areas. Additional firewalls in place at ITSC and Headquarters. Russ noted that for e-mail checking a gateway server is needed (Norton Enterprise), with a direct connection available to vendors. E-mails are held for inspection and cleaning (private e-mails create a problem however); if questionable items cannot be cleaned, then the source/recipient is e-mailed. Another option is e-mail filtering with the ESI command, a layer of defense to read e-mails (automation), e-mail is held for inspection (by either automation or human—the sender would be notified that the e-mail is being held). E-mail checks could be for profanity, sexual harassment, and hate language.

The following national issues were shared by Russ:

- Inventory TS census (nat'l audit needed)
- Audits (for awareness of security)
- Network monitoring (SHADOW, monitor attacks)
- Vulnerability assessment (hacking to check ports)
- Password checking (NT Checker)
- Digital certificates/RAS (authentication before access)
- Patches/upgrades
- Employees/VIP (allow email)
- Login failures
- Abnormal use times
- Clerk's menus (limit access)
- CHS/temps (see specifics in database)
- Keystroke monitoring (takes up a lot of disk space)
- Data repository
- Reporting mechanism for virus attacks (to share information with OMB in regard to budgeting needs)
- Training for ISOs (hiring ISSO at national programs to lead program expansions)
- National program documentation.

Brief discussion of points of failure for Area in regard to the Internet, which hasn't been addressed yet. Problem encountered is that another port would need to be paid for to expect failures. Full access is not possible, only sub-access. Russ noted that the goal is to eliminate the Area office serving as the server.

HIPAA/HCFA & THE IMPLICATIONS FOR THIRD-PARTY BILLING FOR THE I/T/U

Russ Pittman

Russ Pittman provided background information regarding the Health Insurance Portability and Accountability Act (HIPAA) which was enacted in 1996. The main provisions of the act include: patient privacy and confidentiality, security, Electronic Data Interchange (EDI) standards for administrative and financial transactions between organizations and payors, and codes sets.

Current HIPAA security standard issues (Y2K all over again):

- EDI—want less paper and more electronic transmissions
- Authorizations—pre-authorizations, payment, and operations
- Minimal necessary use data—only required data billing information

- Business partner requirements—contractually responsible for data transmitted, enter third-party contract as well, burden of proof is that you should have known with the need to verify HCFA compliance
- Notification—patient review of their records, you must tell if you have done something inappropriate
- Review process and restricted access to records
- Amendments and correction process
- Procedures and documentation

Russ noted that minimum requirements include a security program which may eventually tie into the certification process, security plans, application security, personnel security for sensitive positions, installation security, security awareness and training, and reporting through the chain.

Comment shared that HCFA does not cover paper records; however printed material is covered if it is added to the patient's record (IT and non-IT issues in regard to HCFA now). Other HCFA regulations noted included additional billings, with duplicate claims having penalties and fines; use of new coding required, different from before; itemized claims for Medicare patients, generic code for Medicare patients for most sites; and monthly billing for repeat visits, follow-ups would only be billed once a month. Organizations currently have two years to become HCFA compliant. Within that timeframe is another two year timeline for system modifications, coding formats, infrastructure improvements, and software changes. Noted reasons for becoming HCFA compliant include it is required by law/regulations, many currently operating on temporary extensions, losing revenue, subject to tort claims, and public relations/JCAHO. Russ requested that ISAC work to educate constituents for a coordinated effort so that the process is completed correctly.

Follow-up required: ISAC Co-Chairs, Don Kashevaroff and Keith Longie, will draft a letter of advisement to Dr. Trujillo which identifies HIPAA/HCFA concerns and requests a plan to address the concerns. The letter will be shared at the next ISAC teleconference.

INFORMATION SYSTEMS COORDINATORS CHARTER PRESENTATION Roland Tanner

Roland Tanner distributed the Information Systems Coordinators (ISC) Charter prior to this meeting and noted that the authority section has since been revised. Roland provided background information regarding the ISCs which is currently an unofficial group that was formed in 1984 to serve as the default group that worked with the Office of the Director to implement RPMS. ISC representation includes technical folks with many of the ISCs conducting CIO duties. Roland stated that his main purpose today is to bring the ISC Charter to ISAC members for their review and approval so that the ISCs can 1) become an officially recognized group, and 2) establish a formal relationship between the ISCs, ISAC, and the Office of the Director.

Discussion of the need to charter the ISCs. Noted that if one PSG is chartered then the rest will have to be chartered as well. Members reviewed the ISAC Charter and noted that within the Charter there is reference to forming groups, but no authority to appoint standing committee. Reasons to charter the ISCs include improving communications, implementation, and leadership. Noted that ISAC's role is to give guidance to Area leaders regarding ISC functions and that there is also a need for what to do in the interim since there are no CIOs.

Discussion of ISC Charter proposals:

- MOU—an agreement that stipulates how information will be shared, both up and down. No noted objections.
- ISC Chair to formally sit on ISAC. Noted objections.
- CIO charter with ISC Chair reporting to the CIO. Noted objections.
- ISAC non-voting participant. Noted objection.

Follow-up required: Prior to the next ISAC teleconference, Co-Chairs Don Kashevaroff and Keith Longie, to work with the ISC group regarding an MOU.

DEVELOPMENT OF ISAC RECOMMENDATIONS

ISAC Membership

Discussion of a Chief Medical Officer (CMO) request for a seat on the ISAC. Noted that any new addition would require a Charter amendment and that the Charter is specific on its membership—appropriate representation that is balanced between the I/T/Us. Comment that the ISAC is already a large group and that CMOs are a part of the Clinical Council, which was provided the opportunity to join and referred for a nurse to join (Jaloo Zelonis). In adding a CMO, another clinical representative would be added. ISAC needs to question if a particular group is already well represented on the committee. Noted that the ISAC meetings are open with any interested party able to attend and that new ISAC members will be seated soon, creating an opportunity to add a group like the CMOs.

Brief discussion of PSG reporting and to whom—each PSG reports to a specific program body that provides direction to Dr. Trujillo. Dr. Trujillo then communicates the information to the ISAC. Noted that the Clinical PSG is not an effective mechanism to share clinical issues.

Follow-up required: None. New ISAC members will be appointed by Dr. Trujillo at the beginning of 2001.

Urban Reporting

Bob Hall

Bob Hall stated that urban programs are similar to others and the same reporting is needed, especially under third-party billing. Noted that RPMS does not assist with the reporting process and reporting data elements for urban programs needs to be set as a priority. Bob shared that urban programs are thinking of a single package, with the use of some off-the-shelf programs. National Council of Urban Indians (NCUI) met in Las Vegas at the beginning of May. Another meeting will be held in Albuquerque with Headquarters representatives in attendance; Bob will present an update at the ISAC meeting in Anchorage, Alaska, in August.

Budget Coordination

ISAC Committee Members

Discussion of ISAC coordinating a better method to achieving a realistic IT budget. ISAC needs to be more involved at the Area formulation level (national advocator). Noted that Dr. Trujillo wants to see tribes advocating for dollars. Question regarding the IT increase and whether it was across the board or for a program support role. Luanne Reyes stated that in regard to the budget process, the increase was needs based and not just added to the budget; i.e., the budget number reflects to the directors what the Indian people determine are their needs with the total then appropriated. Noted that the Rules-Based budget is 35% more than the President's budget, with the number calculated from that figure then spread among all the programs. This doesn't mean however that each program will automatically get an increase; a narrative must be written to justify an increase. Noted that the House Subcommittee also has a hand in the budget process. Again stressed that ISAC's role is to advocate, with the ISAC work plan identifying priorities to assist in determining budget needs. The IHS budget will be discussed on July 14, with a budget review board meeting in August.

Follow-up required: Each ISAC member to share the IT budget narrative with their constituents regarding items to stress, with communication shared with the appropriate group. Noted that IT needs to be separated from Epidemiology.

Rollover

Co-Chairs

The rollover of ISAC members was discussed at the February 22, 2000 meeting. The next rollover will occur in February 2001—two tribal and three IHS seats will be available. Advertisement of the available seats will be conducted in August, with chair elections held at the first meeting of the year. Noted that Dr. Trujillo will be notified regarding the upcoming vacancies and he will hopefully appoint the new members before the first of the year. A request was made to add start and rollover dates to the ISAC membership listing.

AGENDA ITEMS—NEXT MEETING

The next face-to-face ISAC meeting will be in Anchorage, Alaska, August 22-23, 2000, followed by San Francisco, California, November 8-9, 2000. The February 2001 meeting location will be either Seattle, Washington, or Albuquerque, New Mexico.

Agenda items for the August meeting include:

- ITIRB issue
- Data Warehouse
- Security—Dr. Church to work with Program Directors to get a program focus
- Data Quality
- Update Priorities
- Legislative Update—federal laws that have an impact on IT
- Telemedicine—Mark Thomas
- Clinical PSG

Request made by Carolyn Johnson to e-mail presentations and handouts from the May meeting to her as soon as possible.

Positives:

- Good location, facility, meeting room
- Understand Residual better
- Lots of good information and discussions, with broad perspective
- Good facilitators
- Punctuality
- Things got done, task oriented, and organized
- Match faces to names
- Visitors participated
- “For information only”
- Whole board in attendance

Deltas:

- Watch agenda for land mines, information vs. product
- Other speakers show-up
- Time to work in small groups—working time
- More participation by visitors
- Name tags
- Water in room
- Evaluate ISAC progress
- More read aheads
- More action oriented
- Presentations shortened—proposals included
- Telephones that vibrate
- Only 15 minutes for information items
- Handouts for everyone

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