

INFORMATION SYSTEMS ADVISORY COMMITTEE
Recommendations to the Director, IHS
May 19, 2004

The Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) met in Phoenix, Arizona May 18-19 and made several recommendations in support of new and ongoing information technology (IT) initiatives. In keeping with our charge of advising the Director, IHS, on national IT issues, we have listed the following recommendations for your consideration.

Commander T. Mike Danielson
ISAC Co-Chair
Associate Director
Office of Information Management
Billings Area IHS

Reece Sherrill, CHE, MBA, BSN, RN
ISAC Co-Chair
Administrator
Choctaw Nation Health Services Authority

1. Issue: IHS-Electronic Health Record

Background: The IHS is aggressively alpha- and beta- testing its EHR and when testing is complete, a rapid roll out of the EHR is anticipated. Significant site support will be required to implement the EHR due to several technical requirements, and specific software upgrades required prior to use. The roll out will consist of 6 to 9 new or enhanced software applications being released concurrently. It will also require immediate technical and clinical support as clinicians will be using it in a live patient encounter mode.

Recommendations:

- a. The ISAC recommends the IHS-EHR Program establish deadlines on release dates of required software applications and publish these dates and status on the IHS EHR website no later than June 30, 2004.
- b. The ISAC recommends the EHR Program publish a checklist of requirements that must be met prior to EHR implementation on its website. The checklist should include the Clinical Application Coordinator (CAC) and IT Super-User positions; Resource and Patient Management System (RPMS) software applications and corresponding versions to support EHR installation including the Patient Information Management System and the Pharmacy application; minimum training requirements; etc. The ISAC also recommends that the EHR program publish and regularly update the status of current site implementation on its website.
- c. The ISAC supports the development of CAC positions at the Area and larger Service Unit levels.

- d. The ISAC recommends the IHS establish an EHR Training Program for clinical providers, CACs, site managers, etc.
- e. The ISAC recommends the IHS identify alternatives to IHS resources for EHR deployment.
- f. The ISAC further recommends a plan to provide help desk support on a 24 hour, 6 day per week basis.

2. **Issue: National IT Center of Excellence**

Background: The Phoenix Indian Medical Center (PIMC) came forward with a proposal for a national informatics laboratory to the ISAC. The Phoenix Area would like to move forward with this concept.

Recommendation: The ISAC strongly supports the establishment of an information technology Center of Excellence for training and advanced projects including, but not limited to, telehealth, EHR, medical informatics, clinical quality, and multi-facility integration.

3. **Issue: Information Security 5-Year Strategic Plan**

Background: The IHS Senior Information Systems Security Officer (ISSO) presented the ISAC with a proposed Information Security 5-Year Strategic Plan. Highlights of the plan included a requirement to conduct an initial Risk Assessment and subsequent Certification and Assessment (C&A) of the General Support System at each IHS facility. The Risk Assessments are the initial steps of complying with HIPAA security. They have to be completed by the IHS in 2005, with subsequent reassessments every 3 years. The IHS Senior ISSO is proposing to enter a contract with the General Services Administration (GSA) to complete the initial risk assessments. This would allow the IHS to have access to multiple GSA vendors; it is not feasible to just use one vendor given the time frame we have to work with and the hundreds of sites that require completion of individual risk assessments in 2005. Total cost of the proposed GSA contract to do the risk assessments is \$15,000,000.

Recommendation: While the ISAC supports the IHS security initiative as presented by the IHS ISSO, the ISAC recommends the IHS further research alternative models to meet security requirements, emphasizing cost restraints and utilizing training of existing staff to accomplish the assessments.

4.

Issue: Health Insurance Portability and Accountability Act (HIPAA) Claims Processing Clearinghouse

Background: The DIR has been working on putting contract vehicles in place for claims processing. The Clearinghouse would consist of making these contracts/vendors available to IHS and Tribes to purchase claims processing services from. Areas and Tribes would be able to select a vendor that best meets their needs locally.

Recommendation: The ISAC supports the concept of an IHS HIPAA Claims Processing Clearinghouse that identifies multiple vendors for the IHS and Tribes to purchase claims processing services from.

5. Issue: Multi-Facility Integration (MFI)

Background: The Navajo and Alaska Areas have developed applications capable of sharing inter-facility health summaries. These applications do automatic updates of each facility's information daily.

Recommendation: The ISAC recommends that the IHS evaluate the MFI applications developed by the Alaska and Navajo Areas for integration of health summary applications at multiple facilities for possible deployment throughout the IHS.

6. Issue: Information Systems Coordinator (ISC) Charter

Background: The IHS ISCs are requesting that the IHS approve the formation of the ISC Committee and charter. This will provide them with an official forum to work together to guide the development of a co-owned and co-managed Indian health information infrastructure that meets the requirements of each respective Area and addresses the uniqueness particular to each. The ISC Committee as proposed would report to the IHS Chief Information Officer (CIO), and is in accordance with the Department of Health and Human Services IT consolidation metrics memorandum dated June 3, 2003 which states in part the following, "All IT infrastructure organizations and staff within each large OPDIV must report to the OPDIV CIO."

Recommendation: The ISAC supports and approves the establishment of the Information Systems Coordinator (ISC) Committee and its Charter.

7.

Issue: Indian Health Service IT Conference

Background: It is important to recognize that the national IHS IT conference held annually has historically been, and continues to be, viewed as the most efficient and effective means for IHS and Tribal health facility staff to obtain necessary clinical informatics training/information to perform their duties. The value of the training and information that is made available at the conference make it the preferred conference for Tribal and IHS direct care staff, and is frequently the only training they are allowed to attend each year due to the low cost of attending (travel cost only, training is free).

Recommendation: The ISAC supports the national IHS IT Conference to be held in August 2004 as proposed by the IHS Division of Information Resources and the Clinical Support Center.

8. Issue: Urban Information Technology Integration

Background: The IHS Urban Indian Health Program has a uniform data set requirement established legislatively. There is a need to examine common utilities for these uniform data set requirement reports between the IHS and Urban programs.

Recommendation: The ISAC recognizes the need for quality Urban Indian program data to ensure continuity of care and therefore recommends that IHS integrate Urban information technology into the IHS IT infrastructure.