

VHA-IHS Collaboration and HealtheVet Migration: Overview and Implications for IHS

**IHS ISAC meeting
Santa Fe, NM
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VHA-IHS Interagency Liaison
VHA Office of Information**

Presentation topics

- **VHA-IHS background and challenges**
- **HealtheVet migration**
- **HealtheVet technical architecture**
- **Other forces shaping the future**
- **Opportunities and current VHA-IHS initiatives**

Speaker background ... IHS

- **BS EE, MD/FP, PhD in MIS**
- **22 years in the Commissioned Corps USPHS: EPA, NIH, IHS**
- **17 with IHS on the Tohono O'odham (Papago) reservation near Tucson**
- **One of the authors of the first IHS Strategic Information Systems Plan (SISP – 1983)**
- **10 years of interagency liaison with VA**
- **Major responsibility for bringing VHA IT to IHS in 1984**
- **Developed first versions of PCC components: ICD lookup, Health Summary, Clinical Reminders**
- **Installed first IHS unix system and internet gateway**

Speaker background ... VHA

- **Joined VA 8/94**
- **2 years as Chair of the VHA Clinical Application Requirements Group**
- **2 years as Chief Information Systems Architect for VHA**
- **6 years as Director, Clinical Informatics, for VA New England**
- **Now 40% VHA-IHS liaison (more like 90% in actuality), 40% “next generation” clinical systems**
- **Clinical practice in the Boston VA Women’s Health Center**

VHA and IHS

What relates VHA and IHS in clinical computing?

- VHA and IHS have a 20-year partnership in large-scale clinical computing
- VHA and IHS have large “health care chain” deployments of a comprehensive clinical information system
- VHA and IHS have accumulated LOTS of “school of hard knocks” experience
- VHA and IHS are both influenced by Federal initiatives including FHA and ONCHIT

We're in the same boat.

What has happened over time?

- RPMS began as an offshoot of DHCP in 1984
- IHS developed major enhancements in outpatient and longitudinal records, many of which have migrated to VHA
- VHA and IHS have both undergone major organizational change (VHA: integrated service delivery networks; IHS: tribal compacting and program expansion)
- VHA and IHS have slowly diverged due to different priorities and interests; that has impacted IHS ability to absorb new releases of VHA packages and leverage VHA investment

We are probably missing some opportunities to take advantage of each other's work.

Where are we now?

- IHS has identified migration to electronic records and closer approximation to core VistA packages as major initiatives
- IHS has migrated to a component-based GUI framework for electronic records (ViewCentric / EHR); VistA plans to be there as of Spring 2006 (HealtheVet Desktop / CPRS)
- VHA and IHS staff are working to get EHR pilot sites (and, eventually) all sites in synch with current releases of core VHA packages
- VHA is undertaking a major change in the technology base for VistA, and re-engineering major applications (HealtheVet VistA)

We are both at critical junctures in our evolution.

Challenges for VHA ...

- **Figure out how to work with IHS on “current VistA” / RPMS applications in the M environment**
- **Enable IHS use of packages that complement CPRS/EHR, such as VistA Imaging and Care Management**
- **Support / encourage IHS migration to VHA’s new platform and application architecture**

Challenges for IHS ...

- **Deploy current versions of “current VistA” applications in the M environment**
- **Break through barriers to moving to recent versions – e.g., code set versioning**
- **Develop architecture, implementation, and support models for packages that complement CPRS/EHR, such as VistA Imaging and iMED Consent**
- **Understand and evaluate the potential for IHS migration to VHA’s new platform and application architecture**

Things for IHS to consider...

- **Infrastructure**

- Master Patient Index
- Health Data Repository
- Interface Engines

- **Clinician applications**

- Imaging
- Remote data views
- Interfacility consults

- **Patient applications**

- My HealtheVet

Master Patient Index (MPI)

- National application (M-based) hosted at Austin datacenter
- Does not store clinical information
- Keeps track of where patients have electronic records
- Interfaced to by patient registration
- Used by CPRS Remote Data Views to know what sites to contact for clinical information

IHS will need to address how to link patients across sites using something other than SSN.

Health Data Repository (HDR)

- National database integrating clinical data from all VHA sites
- Data replicated from national to regional / local databases to keep patient data close to the point of care
- Will be used by CPRS as a source of most “display” data (CPRS will continue to interact with medical center systems or regional application servers for ordering, etc.)

IHS will need to address how to implement HDR in both direct and tribal settings.

Interface Engines (IE)

- Mechanism for routing data messages from one point to another
- Provides broadcast, subscription, data transformation capabilities
- A core feature of VHA's current architecture, and one whose importance will increase as VistA evolves from a single system to a "system of systems"

IHS already has single instance messaging solutions, and needs to consider how it will address broader and evolving messaging requirements.

VistA Imaging

- **Objective: Availability of radiology and non-radiology images to clinicians.**
- **Approach**
 - Capture of images via computed radiography (with or without a PACS) ***plus a variety of alternatives for non-radiology images*** (DICOM-capable devices, digital cameras, frame-grabbers, etc.) and scanned documents
 - Storage and distribution of images via VistA Imaging, linked to VistA/CPRS.
 - Non-proprietary digital diagnostic imaging (VistA RAD)

IHS will need to consider imaging needs and alternative implementation models.

Remote data views

- **Enables cross-site data sharing across the entire VHA**
- **Release in 2002 integrated functionality into CPRS**
- **Caveat: Depends on accuracy and timeliness of patient matching in the Master Patient Index**
- **Future: Will be replaced by HDR for intra-organizational data, and by external frameworks such as FHIE for inter-organizational data.**

A capability of major value to IHS, but dependent on MPI and/or HDR.

Interfacility consults

- **Enables consults transparently across sites within CPRS**
- **Uses same interface as routine consults**
- **Major facilitator for remote specialty care**
- **Caveat: Depends on accuracy and timeliness of patient matching in the Master Patient Index**

A capability of major value to IHS, but dependent on MPI to know that a patient context exists at the site receiving the consult.

Patient-facing applications: My Health_Vet

- **New, online Internet environment usable by patients, family, and clinicians**
- **Over time, will provide patients with:**
 - a single source of objective, clinically sound health education information
 - one-stop shopping for information on benefits, special programs, and health information and services.
 - access to their own data
 - useful applications, such as medication renewal
 - a tool for secure communication with their health care providers

A new area of functionality of potential interest to IHS, even if accessed outside of patient homes. May relate to Healthy People 2010 objectives.

Keep the goals in mind...

- **A single, integrated Health Information System used throughout the organization in all healthcare settings (Inpatient, Outpatient, Long-term care)**
- **An electronic “clinical practice environment” for clinicians and all members of the healthcare team**
- **An integrated record covering all aspects of patient care and treatment: electronic order entry and management, narrative notes entry, laboratory results display, consultation requests, alerts of abnormal results, and much more**
- **Ability for clinicians to see health data from any other facility where the patient has received care**

Chart Metaphor, Combining Text and Images

Vista

VISTA Imaging Display : MADTL,F F (Vista)

File Options View Reports Help System Manager

Patient: MADTL,F F 6 Images

dob: 1924 age: 75 ssn: 500-50-5000 sc: type: NON-VETERAN (OTHER)

Abstracts loaded.

Radiology Exam listing : MADTL,F F

Radiology Exams: MADTL,F F

#	Day-Case	Procedure	Exam Date
1	113098-35	CHEST SINGLE VIEW	1998 - 11/30
2	113098-34	ABDOMEN 1 VIEW	1998 - 11/30
3	072897-30	CHEST SINGLE VIEW	1997 - 07/28
4	072797-22	ANGIO VISCERAL SELECT CD	1997 - 07/27

Abstrac... [Icons]

MADTL,F F 5000,1924 (75) Visit Not Selected Provider: FLETCHER,ROSS

Primary Care Team Unassigned

CRN Data Postings A

Problems: Tuberculosis, Colonic, Hemorrhage of Gastrointestinal Tract

Allergies / Adverse Reaction: Penicillin

Postings: Allergies

1 COLON 7/28/97 COL 07/28/1997

2 X-RAY CHEST SINGLE GEN. MED. 07/28/1997

3 012197-22 ANGIO VISC XRAY 07/27/1997 - Gross

4 072197-21 GASTROINT XRAY 07/27/1997 - Gross

5 SIGMOID COLON DIVER COL 12/24/1992 - Gross

6 BLEEDING SCAN FOR P GEN. MED. 12/24/1992

Medications:

0.1mg Tabs	Pending
thasone 4mg S.T.	Pending
opa 500 Hctz 30mg Tab	Pending
0.2mg Tab	Pending

Lab Results: [Blank]

Vitals:

T	98 F
P	86
R	18
BP	120/75
HT	58 in
WT	140 lb

Sheet / Problems / Meds / Orders / Notes / Consults / D/C Sum

VISTA Imaging: MUSE EKG Display

MADTL,F F 500-50-5000 1: Resting - 8/13/1997 - 09:45:00

Zoom [Icons]

1: Resting - 8/13/1997 - 09:45:00

MADTL,F F ID: 60060600 12-AUG-1997 09:46:00

Rate	104	BPM	Sinus tachycardia
PR interval	130	ms	Wave abnormality, consider anterior ischemia
QRS duration	100	ms	Abnormal ECG
QT/QTc	383/324	ms	
P-R-T axes	30 12 33	deg	

Referred by: Confirmed by: JOHN DOE

150005000 0710010

© 1997 EDI, 0248 20-840-1 928 ORDER. 58K

- This is NOT about technology...

- It IS about results:
 - Improved Health Care Quality
 - Improved Health Outcomes
 - Improved lives for our patients

“Patients from the VHA received higher-quality care according to a broad measure. Differences were greatest in areas where the VHA has established performance measures and actively monitors performance.”

Annals of Internal Medicine, December 21, 2004

IMPROVING PATIENT CARE

Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample

Steven M. Asch, MD, MPH; Elizabeth A. McGlynn, PhD; Mary M. Hogan, PhD; Rodney A. Hayward, MD; Paul Shekelle, MD, MPH; Lisa Rubenstein, MD; Joan Keeseey, BA; John Adams, PhD; and Eve A. Kerr, MD, MPH

- **New Orleans VAMC submerged to the second floor (where the computer room was)**
- **New Orleans inpatients and outpatients distributed to other facilities; most inpatients to Houston**
- **“RecoverAll” emergency response**
 - HP team dispatched Thu 9/1
 - New Orleans system replicated in Houston Fri 9/2 and all records restored
- **Biloxi reconnected to national grid by satellite**
- **Estimate of 100 hours taken to restore EMR capability for all affected facilities**

The Future for VHA.....

Health_Vet

- **MODERNIZATION** effort that includes:
 - Systems Platform
 - Software Design
 - Development Methodology
 - Business Process
- **REPLACEMENT** of the existing VistA system by rehosting, enhancing, and/or reengineering current health information applications to operate on a new technology platform
- **MIGRATION** to a hardware and software environment more suitable for Continuity of Operations [“COOP”]

Building an airplane in flight!!!!

VistA to Health_Vet (& Health_Vet-VistA)

VistA Legacy (Maintenance/Enhancement until "Retirement") [Current – 2005]

.... 2000 2001 2002 2003 2004 2005 2006 ...

Enterprise Architecture
Strong Project Management

VistA Imaging

High Performance Network/Infrastructure

Secure systems/infrastructure

Billing

Health Data Repository

CPRS-R

Health_Vet-VistA
(Person/Data-Centric Next Generation VistA) (2005-)

Scheduling

High Performance Workforce

Pharmacy

Laboratory

VA-wide
OneVA activities

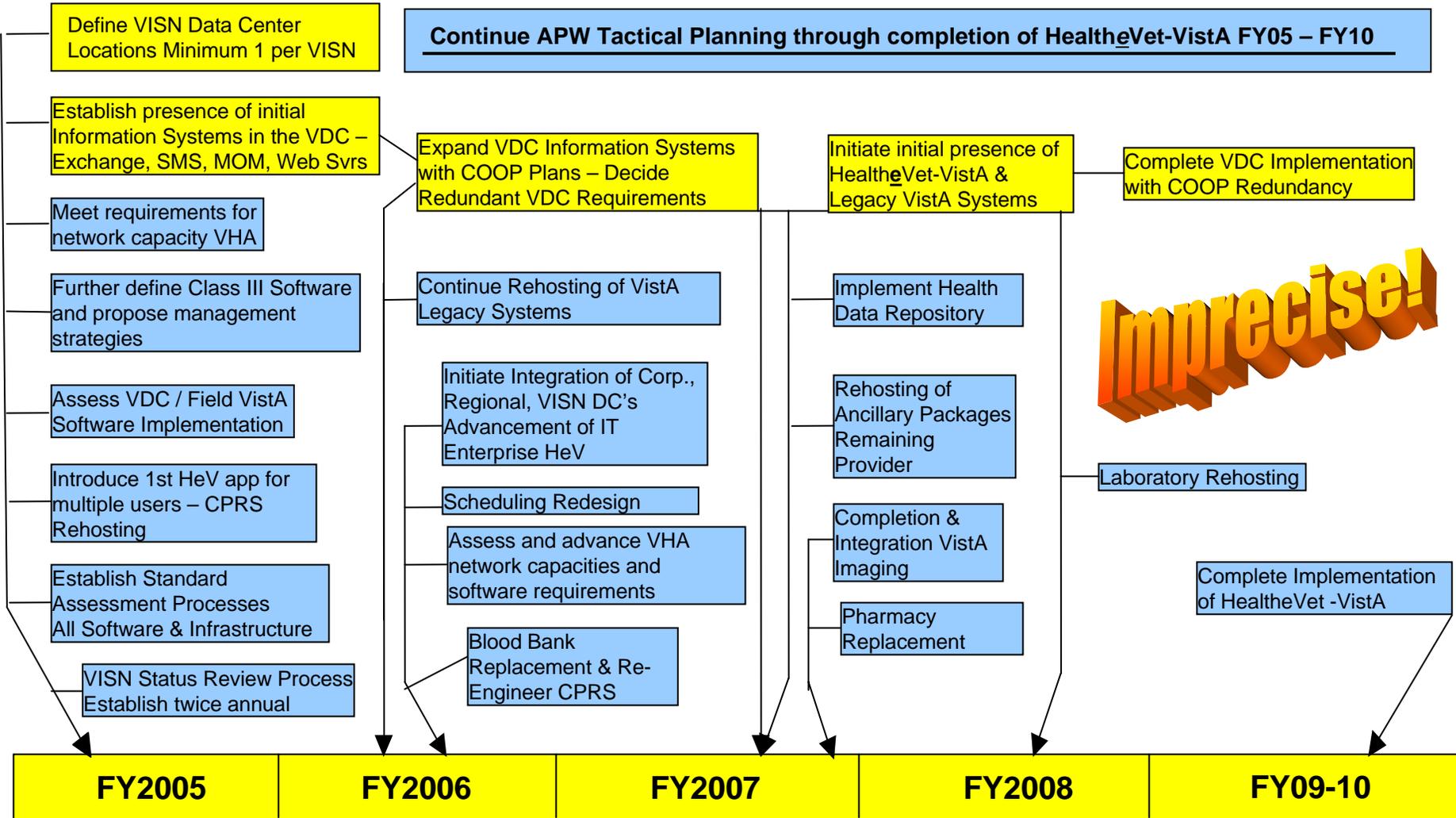
VHA Health_Vet
Activities

Imprecise!

Health_Vet-VistA Deployment Architecture is evolving

Health_Vet

DATA CENTER PROGRESSION



- **VistA is to Health_Vet as VA health care *in 1994* is to VA health care *today***
- **The Health_Vet migration parallels the changes in VA's healthcare delivery organization and processes that started in 1995**
 - The underlying architecture of VistA is a facility-centric Decentralized Hospital Computer System
 - It no longer describes VHA or the care model we use, which has moved to become patient-centric
 - It's time for VA's health IT system to undergo a similar transformation

- **Build on VistA /CPRS foundation**
 - Minimizes change for the health care providers
- **Deploy Health_eVet VistA in stages, retiring existing components of the current VistA system incrementally**
 - Eventually replace all VistA software
 - Employ a migratory/evolutionary process as risk mitigation
 - “Morph” from VistA to Health_eVet-VistA
- **Maintain publicly owned (“public domain”) freely-distributable status**

VHA continues to regard IHS as a strategic partner.

HealtheVet Business Drivers

- **Shift from institution to patient-centric information**
- **Establish an authoritative electronic health record**
- **Provide for health record interoperability and accessibility**
- **Collect high-quality computable data from diverse sources**
- **Maintain privacy & security of health information**

System Design Goals

- **Provide for local software extensibility while maintaining a stable core**
- **Avoid vendor and technology dependence**
- **Provide for strong 'business intelligence' capabilities (data warehousing)**
- **Build security into software prospectively, not retrospectively.**

Technology Selection

- **National Databases: Oracle 10g**
- **Local Databases: Caché 5.1**
- **Preferred Operating System: Linux**
- **Development environment: J2EE 1.3**
- **Message format: HL7 2.4/XML**
- **Message transport: Vitria BusinessWare 4.2**

Other factors shaping the future

VistA  Health_eVet-VistA  Health_ePeople

- VistA Office EHR
 - A partnership with CMS
 - A version of VistA configured
 - to be affordable and
 - to meet the needs for use in community health clinics and office based practices in rural and underserved areas
- My Health_eVet and Home Telehealth
 - First patient-focused applications in VHA's Health IT portfolio
 - Actively involve patients in their health care in a non-institutional setting

VistA Office EHR

VistA Office EHR and CMS

“Through the VistA-Office Electronic Health Record (EHR) project, CMS is working with the Veterans Health Affairs (VHA) to transfer health information technology to the private sector. CMS is funding and collaborating with VHA and other key federal agencies on the development of a VistA-Office EHR version of the VHA's hospital VistA system for use in clinics and physician offices. An overriding goal of VistA-Office EHR is to stimulate the broader adoption and effective use of EHRs by making a robust, flexible EHR product available in the public domain.”

From the CMS project website: www.cms.hhs.gov/quality/pfqj.asp

Federal Partners

- **The Centers for Medicare and Medicaid Services (CMS) in the Department of Health and Human Services (DHHS)**
 - Iowa Foundation for Medical Care (IFMC)
 - Daou Systems, Inc.
- **The Veterans Health Administration (VHA)**
- **The Indian Health Service (DHHS/IHS)**
- **The Health Resources and Services Administration (DHHS/HRSA)**

Vista-Office EHR objectives...

- **Promote health information technology adoption in the ambulatory care setting by providing government developed software that is publicly available at low cost**
- **Support quality of health care services by enabling the exchange of clinical quality data**
- **Build upon, and stay in alignment with, the current Veteran's Health Administration VistA system**

Why IHS might be interested ...

- ***Serves as a way to get IHS needs, expressed in generalizable form, into core VistA***
 - Early: Use of HRN instead of SSN
 - Later on: Pediatric dosing
- ***Encourages VHA to work out ways to increase external collaboration on VistA***
- **Might represent a model for very small sites**
 - Designed for 1-8 practitioners in a community setting
- **Builds upon, and stay in alignment with, the current Veteran's Health Administration VistA system**

My HealtheVet

My Health_eVet – A New Paradigm

- **New, online Internet environment usable by patients, family, and clinicians to optimize health care.**
- **Over time, will provide patients with:**
 - a single source of objective, clinically sound health education information
 - one-stop shopping to find out what VA offers in benefits, special programs, and health information and services.
 - access to their own data
 - useful applications, such as medication renewal
 - a tool for secure communication with their health care providers

MHV Priorities

- **2004 - Initially Provide:**
 - Commercial health education library
 - Tools (Self Assessments, anatomy checker, prescription checker)
 - VA health education library
 - Access to information on VA benefits, special programs, health information and services
- **2005 - Provide online capability to:**
 - Refill prescriptions, view appointments, and view co-payments
 - Enter personal health data and
 - Record and chart self-entered metrics
- **2006 - Provide online capability to:**
 - Receive a copy of their VA health record electronically
- **Parallel track**
 - Clinician / patient messaging



MY HEALTHeVET

Veterans' Health Education Library

Search | Home

Be Well

- Conditions & Concerns
- Medications
- Women's Health
- Men's Health
- Kids' & Teens' Health
- Food & Nutrition
- Sports & Fitness
- Sexuality & Health
- Aging & Health
- Travel & Health
- Mental Health
- Daily Health News from Reuters
- Journal Notes
- Conditions InDepth

Take Control

- RXChecker
- Self-Assessment Tools
- Anatomy Explorer
- Condition Explorer

Be Well



With a comprehensive collection of features, factoids, and news, all you need to know to keep you and your family healthy can be found right here.

Take Control



You don't have to go to medical school to learn which muscle you pulled playing tennis or to determine you're an apple or a pear, just try these interactive tools.

Get Answers



An educated health care consumer is the best kind. Start here to learn about symptoms, medications, treatment options, and more.

Professional Education



For the busy professional, these online educational services will prove invaluable.

My Coversheet Summary (personal health journal of C P KLAALUI)

Visit the [VA Update Request](#) page to update your eVAult with the most recent data.

My Health eVet Home
- My Coversheet

VA Admin Data

- Demographics
- Appointments
- Wellness Reminders
- Copay

VA Patient Record

- Admissions
- Allergies
- Prescriptions
- Problem List
- Progress Notes
- Discharge Summaries
- Vitals
- Lab Chemistry
- Lab Pathology
- Lab Cytology
- Lab Microbiology
- Lab Microscopy
- Radiology
- ECG Reports

Self-Entered Information

- Personal Info
- Medical Events
- Medications
- Allergies
- Test Results
- Locations of Treatment
- My Health eLog

System Options

- VA Update Request
- VA Update History
- Account Access
- Account Activity
- Delete all VA originated data

User System Options

- Delete My Health eVet account
- Preferences
- Log Off
- Tell Us What You Think

[VA Home Page](#)



Recent [Appointments](#)

Date	Clinic
06/11/2002 at 08:00:00	OPTOMETRY - GRUBBS
06/10/2002 at 08:00:00	OPHTHALMOLOGY DIJKSTAL
09/11/2001 at 08:30:00	NUTRITION
09/10/2001 at 11:40:00	EVANS PC
09/10/2001 at 10:30:00	MHC JOHNSON

[More...](#)

Wellness Reminders

Due Date	Subject
05/05/2007	Tetanus Diphtheria (TD-Adult)
05/05/2007	Tetanus Diphtheria (TD-Adult)
01/03/2006	Cholesterol Screen (Male)
01/03/2006	Cholesterol Screen (Male)
06/11/2004	Unvested Patient (test #2)

[More...](#)

Active [Prescriptions](#)

No Active Prescriptions entries found.

Recent [Admissions](#)

Date	Ward	Hospital
06/29/2000 at 13:36:41	5B	BAY PINES VAMC
05/18/2000 at 12:02:10	5B	BAY PINES VAMC
04/20/2000 at 12:23:41	SICU	BAY PINES VAMC
11/05/1999 at 18:37:02	ICU-M	CHY4D
10/29/1999 at 11:19:22	ICU-M	CHY4D

[More...](#)

Active [Problems](#)

Problem Description	Status
Congestive Heart Failure (AO/IR/EC)	Active
Chronic Headache	Active
Hyperlipidemia	Active
Home Oxygen Program	Active
HX-NERV SYS/SENS ORG DIS	Active

[More...](#)

Verified [Allergies](#)

Reactant
R-AKA
IONIC CONTRAST MEDIA
ASPIRIN
ANCEF
MOTRIN

[More...](#)

Recent [Out-Patient Vitals](#)

Date Taken	Vital Type	Measurement
12/05/2001 at 11:06:00	WEIGHT	180
12/05/2001 at 11:06:00	TEMPERATURE	96.8
12/05/2001 at 11:06:00	RESPIRATION	20
12/05/2001 at 11:06:00	PAIN	4
12/05/2001 at 11:06:00	PULSE	76

[More...](#)

Why IHS might be interested ...

- *Offers an example of a “patient-facing” application that extends the healthcare model*
- *Sets a direction for VistA in terms of patient-supplied data and integration with the electronic record*
- **Might provide IHS with a way to augment traditional encounter-based healthcare, even if using alternatives to personal internet access (e.g., public internet access points, access points in IHS facilities)**
- **May fit in with DHHS and IHS objectives for Healthy People 2010**
 - Increasing health literacy
 - Increasing access to health-related internet resources
- **Might offer an opportunity for re-use of VHA software**



**Care Coordination / Home
Telehealth**

Why CC/HT?

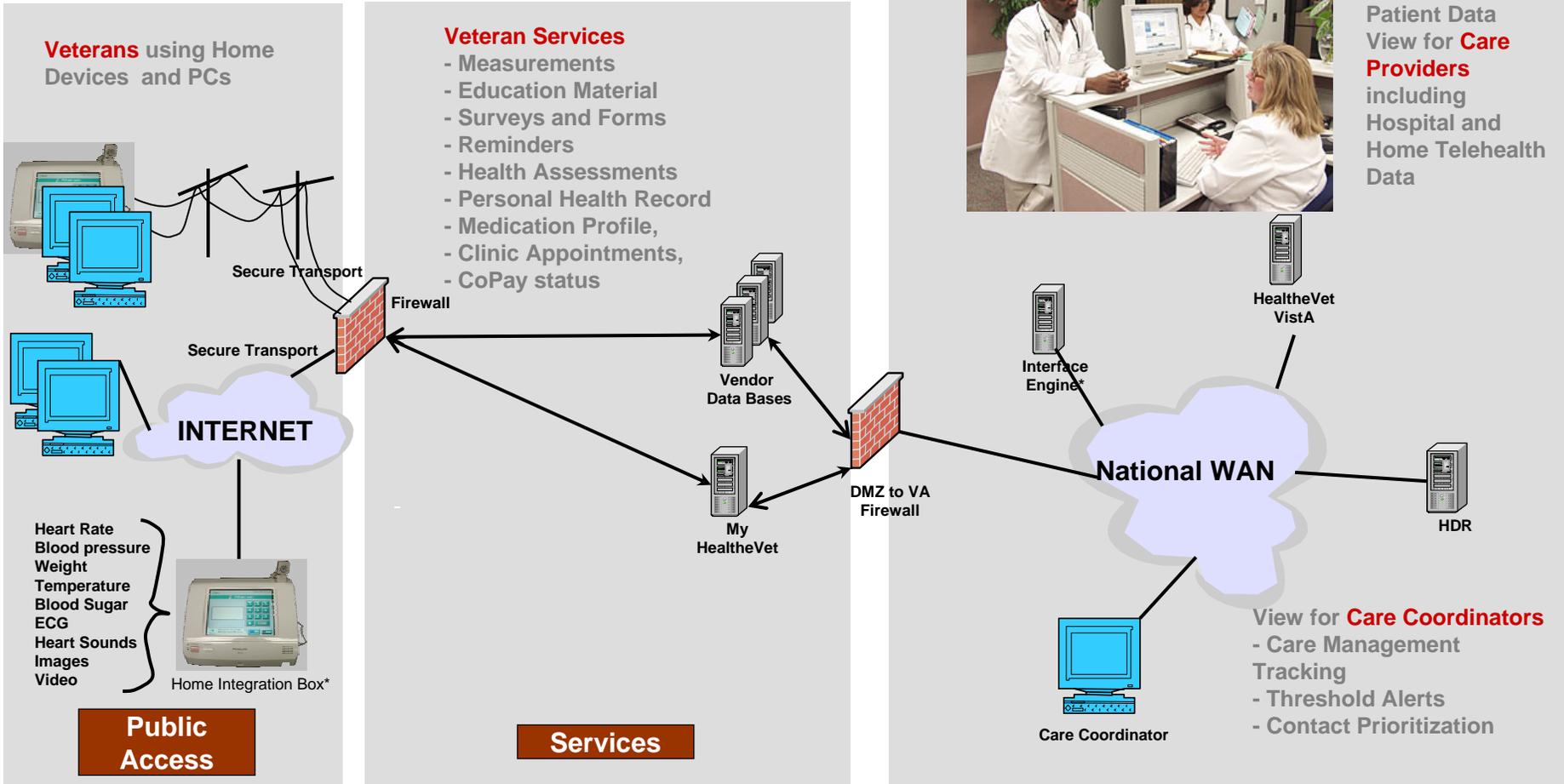
- **Objectives:**

- Use disease management technologies and telehealth technologies to support patient care centered in the home environment
- Pilot programs: 40 per cent reduction in emergency room visits, 63 per cent reduction in hospital admissions, 60 per cent reduction in bed days of care

- **National VA Goal:**

- “For existing VISN CCHT programs that have received funding and have equipment contracts in place; within 12 months the program will have a minimum of 1,000 patients receiving CCHT”
- “By EOY 2004, VHA will enroll 7,000 patients in CCHT; by EOY 2005, 15,000; and by EOY 2006, 25,000”

“To Be” Services for Care Coordination / Home Telehealth



Integrated Patient Data View for **Care Providers** including Hospital and Home Telehealth Data

*Home Integration Box connects using Phone or Internet

**Future Secure Messaging and Chat Servers

Firewall functions include server blocking, protocol blocking, intelligent intrusion detection, transaction volume screening, virus scanning, TeleWall includes HIB ID screening, phone number screening.

VA Facility

***Interface Engine Functions**

- Data Format Manipulation
- Message Formatting
- Data Summary
- Transaction Validation
- Business Rules
- Work Flow
- Message Routing

CC/HT Technology

- **Video-Homecare Systems**

- Video over POTS
 - Patient unit
 - Case manager base station
- Some systems have peripherals
 - Blood pressure
 - Stethoscope
- Synchronize case manager and patient availability

- **Other technology:**

- Videophones
- Still cameras
 - Polaroid cameras → mail in pictures
 - Digital cameras → clinic downloads
- Chat groups



Why IHS might be interested ...

- *Offers an example of a practical approach to telemedicine and home telehealth*
- *Sets a direction for VistA in terms of patient-supplied data and integration with the electronic record*
- **Might provide IHS with a way to augment traditional encounter-based healthcare in selected instances**
- **Might offer an opportunity for re-use of VHA software**

**Opportunities for IHS and
VHA to work together on
clinical information
systems**

- **Evolution of package functionality**
 - CPRS
 - VistA Imaging
 - BCMA
 - iMED consent
- **Migration to new technology foundations**
 - Java and relational database
 - Component framework for Graphical User Interface
- **Introduction of major architecture elements**
 - Health Data Repository (HDR)
 - Master Patient Index (MPI)

- **CPRS-R release scheduled for Spring 2006**
- **Sets the stage for modular enhancements & computable data from the HDR**
 - Drug-Drug / Allergy order checks on remote data
 - Viewing of remote images attached to remote notes
- **Initially, rehosting into new technology, with 4 subsequent re-engineering phases (actually being done in parallel)**
 - Clinical Documents
 - Orders Management
 - Clinical Decision Support
 - Integration with the local and national HDR

- **Convergence on core packages (e.g., Pharmacy, Lab, Radiology)**
- **Participation in requirements definition**
- **Incorporation of IHS functional requirements into core VistA and VistA Office EHR**
- **Migration to VHA component-based GUI framework when available**
- **Continued development of IHS-specific applications in new technical framework**

- **FY04: Development and piloting of EHR in ViewCentric framework with IHS components and selected VHA components**
- **FY05: Aggressive convergence on VistA/RPMS packages; EHR brought up to current CPRS**
- **FY06: Migration of EHR to VHA component framework.**
- **FY07: Migration of PCC to HDR**
- **FY08: Migration of RPMS to VHA re-engineered environment**

- VHA technical (Vitalia Devlin, Cameron Schlehuber) and strategic (Clayton Curtis) liaison
- IHS technical (George Huggins) and strategic (Howard Hays, Terry Cullen, Mark Carroll) liaison
- VHA-IHS Sharing Committee
 - > IT Sharing Workgroup
 - > CIO workgroup

Current initiatives

- Package coordination and “discovery”
- MPI exploration and bench test
- VistA Imaging planning and implementation at selected EHR pilot sites
- Renewal of VHA-IHS MOA on Health IT Sharing [DONE]
- Implementation of VHA-IHS network interconnection [BEING COMPLETED]
- Portal site supporting collaboration activities:
<http://vhacollaboration.ihs.gov>
(Site administrator: Dennis Smith)



VA-IHS Collaboration Team Web Site Home

Logout

Modify Shared Page

- Documents**
- Shared Documents
- VHA/IHS IT Sharing MOAs
- Gap Analysis
- Telehealth Care
- Overviews of VHA and IHS
- Pictures**
- Lists**
- Contacts
- Tasks
- VA-IHS Collaboration Event Calendar
- Sharing activities / discussions
- IHS participants in VHA workgroups / requirements definition groups
- Discussions**
- General Discussion
- Surveys**

VHA-IHS Clinical IT Project Collaboration

Announcements

Self-Service Site Creation 3/25/2005 11:01 AM
 by Server Administrator
 Self-Service Site Creation has been enabled for this virtual server. Go to http://vhacollaboration.ihs.gov/_layouts/1033/scsignup.aspx to create a new root Web site.

▣ Add new announcement

Events

Begin	Title	Description	
4/20/2005 1:00 PM	VHA/IHS IT Sharing Monthly Conference Call	Call for staff included in technical coordination activities. Chaired by Vitalia Devlin (VHA) and George Huggins (IHS)	🔄
3/4/2005 10:00 AM	VHA/IHS monthly CIO call	Time shown is Eastern time. This call is frequently rescheduled due to conflicts that arise unexpectedly with the schedules of the CIOs.	🔄

▣ Add new event

Sub sites

Sub Web

- Architecture
- CIO workgroup
- May 2005 IHS RPMS Developer's Conference
- VHA/IHS IT Sharing Monthly Conference Call
- VHA/IHS monthly CIO call
- Vista Imaging implementation
- Vista Package Coordination

Links

Edit	URL	Notes
There are no items to show in this view of the "Links" list. To create a new item, click "New item" above.		

▣ Add new link

Questions?