



**INFORMATION SYSTEMS ADVISORY  
COMMITTEE**

**November 14-15, 2007**

**BI-ANNUAL MEETING**

**Westward Look Resort  
Tucson, Arizona**

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## Participants

### **ISAC Members Attending**

Michael Belgarde, IHS, Navajo Area Office  
Darren Buchanan, IHS Office of Environmental Health and Engineering (OEHE) Representative  
Theresa Cullen, IHS Chief Information Officer (CIO), Office of Information Technology (OIT), IHS  
Richard Hall, Tribal, Alaska Native Tribal Health Consortium (ANTHC), Alaska  
Don Kashevaroff, Tribal Self Governance Advisory Committee (TSGAC)  
Representative, Alaska  
Bill Lance, Tribal, Chickasaw Nation Health System, Oklahoma  
Skip Leader, Choctaw Nation Health Services Authority, Oklahoma  
Kathryn Lewis, IHS, Albuquerque Indian Health Center  
Clark Marquart, IHS Chief Medical Officer Representative, Portland Area  
Lois R. Niska, Tribal, Medical Director, Ni Mii Puu Health, Lapwai, Idaho  
Jerry Tsosie, IHS, Information Systems Coordinator Committee (ISC) Representative  
Chuck Walt, Tribal, FonDuLac Reservation, Wisconsin, via conference call  
Geoffrey Roth, National Council of Urban Indian Health Board (NCUIH) Member

### **ISAC Members Absent**

JoLynn Davis, National Clinical Councils Member  
Madonna Long, IHS, Lower Brule Service Unit, Aberdeen Area  
Floyd Thompson, IHS, Gallup Indian Medical Center  
Vacant, IHS National Council of Executive Officers  
Vacant, IHS Member (Vice Pat Cox)

### **Other Attendees**

George Bearpaw, Area Director, Tucson Area IHS  
Mark Carroll, Director, IHS Telehealth Program  
Mike Danielson, Director, Division of Information Technology, OIT, IHS  
Dr. Thomas East, Alaska Area  
Ron Fondren (Bill Lance Alternate), Tribal, Chickasaw Nation Health System, Oklahoma  
James Garvie, Health Services Officer, OIT  
George Huggins, Director, Division of Information Resources Management, OIT, IHS  
Wendie Langton, TSGAC Alternate, Alaska  
Leslie Racine, Statistical Officer Representative  
Christy Tayrien, Business Systems Analyst, DNC Contractor

## Action Items Identified In Meeting

1. **Dr. Cullen will develop a process change defining the ISAC's role within the Enterprise Project Management Cycle.**
2. **Dr. Cullen will check with the Deputy Director for Management Operations on whether the ISAC comes under the Federal Advisory Committee Act.**
3. **ISAC Member Term Limit issue will be added to the next ISAC meeting agenda.**
4. **ISAC will distribute draft 2010-2011 Information Technology Priorities to their constituents for feedback prior to finalizing.**
5. **Mike Danielson will schedule Strategic Planning Workgroup meetings and will follow up with Darren Buchanan about using the Office of Environmental Health and Engineering facilitator.**

## **Day 1 – November 14, 2007**

### **Roll Call, Welcome and Introductions**

**Chuck Walt, Don Kashevaroff, and Clark Marquart, ISAC Co-Chairs**

Chuck Walt and Don Kashevaroff served as the acting Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) Tribal Co-Chairs with Dr. Clark Marquart acting as the IHS Co-Chair for this meeting. They welcomed the attendees to the meeting and conducted a roll call. Participants introduced themselves to the committee and identified their positions on the ISAC or at IHS. The meeting's discussion items are summarized below.

### **Tucson Area Director - Welcome**

**George Bearpaw, Tucson Area Director (Acting)**

Mr. Bearpaw welcomed the ISAC to the Tucson Area and provided a brief overview of the Tucson Area's information technology (IT) status.

- All Area Facilities are running the IHS Electronic Health Record (EHR) live as of July 2007; new Facility at San Simone will be when it opens in January
- Area has had Voice over Internet Protocol since August
- They have purchased the equipment and are consolidating the Area data systems this year
- Using tele-trauma at the Sells Hospital in coordination with the University of Arizona
- Tucson Area has a Chief Information Officer (CIO) vacancy.

Chuck Walt asked what the ISAC could do for the Areas. Mr. Bearpaw said at a recent Area Director meeting Ms. Doni Wilder, Portland Area Director provided the Acting IHS Director with a letter discussing Area staffs' need for time to do their jobs. They are always focused on unfunded mandates and required trainings, affecting their ability to actually do their work. He would appreciate anything the ISAC could do to help Areas with this, but acknowledged ISAC may not be able to since these are HHS-driven.

In closing, Mr. Bearpaw said the Tucson Area had a vacancy for their Chief Information Officer and encouraged applicants for the position.

### **Resource and Patient Management System**

**Dr. Howard Hays, RPMS Program Manager**

#### **WebEx**

- Dr. Hays reported that the IHS awarded an enterprise contract for web based Internet services to WebEx. The contract has 4 features: Training Center, Survey Monkey, Support Center, and Event Center. The contract provides IHS with 200 accounts, and could go up to 300 if needed.
- Don Kashevaroff: What is the cost of the WebEx contract and how does this relate to ISAC priorities? Did IHS do a study of the savings from WebEx versus in-person meetings? Has IHS done a baseline and identified the savings?
- Dr. Hays: We were seeing locations buying WebEx individually or acquiring it through FTS Verizon. This was very costly. We now have an enterprise contract.
- Chuck Walt: Will this end up being an IT issue or a priority consideration?  
Dr. Hays: No, this is coming out of Dr. Olson's budget.

### **United Financial Management System**

- Don: Does the United Financial Management System provide information that hospitals can use, i.e., how many surgeries do you do and at what cost?
- Jim Garvie: No, it is only a financial system.
- Don: The Veterans Administration (VA) has one.
- Jim Garvie: They did but it failed. The VA invested multi-millions into it.

### **Certification Commission for Healthcare Information Technology (CCHIT)**

- Dr. Hays: The IHS must comply with the Office of Management and Budget requirement to obtain certification of its Electronic Health Record. The IHS is working toward obtaining CCHIT certification of the Ambulatory EHR in 2008. In our review, we are identifying where the RPMS is lacking and bringing these up to date. This is a fairly significant effort. Enhancements include the ability to incorporate outside medications and also the ability to order prescriptions from outside pharmacies. The CCHIT has vendors on board who are driving this body. The certification criteria have gotten tougher each year. The IHS is seeking certification under the 2007 criteria.
- Chuck Walt: What is the timeframe for completion, six months?
- Dr. Hays: Yes, roughly.
- 
- Chuck Walt: What are the costs for certification?
- Dr. Cullen: Approximately \$500,000, looking at FTE costs.
- Chuck Walt: What if IHS doesn't get certified?
- Dr. Hays: We can't get an 85%, we must get 100%.
- Bill Lance: Does IHS have a contract for this?
- Dr. Hays: Existing contractors are working their areas of responsibility for certification.
- Dr. Cullen: We can argue with CCHIT if we don't agree with their scores.
- Don Kashevaroff: Basically, this is a group of vendors putting a barrier to other vendors who have EHRs.
- Rich Hall: Getting CCHIT certification will be a very important thing to keep Tribal organizations on RPMS.

### **Practice Management**

- Dr. Hays: On Third Party Billing and Accounts Receivable, the IHS has identified requirements and will be conducting a gap analysis next to get an idea what the level of effort will be to bring the RPMS up to where we want it to be.
- Don Kashevaroff: Shocked that IHS may go out for a Commercial-Off-The-Shelf (COTS) package.
- Dr. Hays: IHS doesn't have many development resources. We need to focus our internal resources on what we can do well (clinical applications). Everybody in the private sector does third party billing. It is reasonable to look to see if the IHS can find a cost-effective solution that interfaces with RPMS. Dr. Hays is not advocating either way, but the IHS does need to look at alternatives.
- Don Kashevaroff: What about the Executive Information Support System (EISS)?
- Dr. Cullen: This application is minimally used. It is not on the EHR; rather it pulls data on top of it. With the advent of UFMS, data the IHS used EISS to look at will be able to be seen through UFMS. The ISAC discussed UFMS being a Federal solution, not available to Tribes.

**Action Item: None**

## Electronic Master Person Index

Howard Hays, RPMS Program Manager, IHS and Anna Poker, IHS Contractor

See Presentation Slides located at: [Master Person Index Presentation 11-14-07](#)

The Electronic Master Person Index (EMPI) is extremely important to IHS and the Office of Resource Access and Partnerships for cost recovery capability. Ms. Poker and Dr. Hays asked the ISAC to consider prioritizing the EHR with the EMPI. It is needed to merge data; otherwise the RPMS is a single stand-alone system.

- Rich Hall: Will Patient Registration need modified? Yes, this will need to be examined.
- Don Kashevaroff: Will MPI allow all RPMS patient data to be viewed within the RPMS? Yes, between IHS, between IHS and tribes, and between external bodies.
- Don Kashevaroff: Are we ready to take our money and focus it all in an EMPI? Other priorities will not be able to be funded.
- Skip Leader: what will it affect if we don't have an EMPI? Dr. Cullen, Rich Hall, and Dr. Hays: It is not an option and we have to have it.
- Skip Leader: We don't have a standard to meet yet. Dr. Cullen said the Health Information Technology Standards Panel (HITSP) has 3 standards – lab, biosurveillance, and another that IHS has to comply with. She added if you have a tribal program that is in a standardized system, we can import and export. Skip Leader asked how this correlates with the VA and DoD work on interoperability they have been doing for the past 5-6 years. Dr. Cullen said they are doing a bidirectional health information exchange “data dump” right now. They are under the same HITSP standard IHS is under and their next major upgrade will require compliance.
- Chuck Walt: the EMPI came to the IHS Information Technology Investment Review Board (ITIRB) 3 weeks ago. It will be important for him in February at the next ITIRB meeting as to the direction the ISAC goes with this.
- Don Kashevaroff: the EMPI has been on the ISAC priorities for years. He used to support it when the cost was under a million, but now it is going to cost \$30 million for this initiative and he is skeptical as to how the cost rose so high. The IHS is losing an estimated \$.5 billion on collections and he sees the business side as the priority. If we had a good business side, we'd have the money to fund these types of things.
- Bill Lance: Exchanging information with external organizations like the state Medicaid systems would be invaluable. Jim Garvie: This is part of the Office of Resource Access and Partnerships input and their potential benefits from the investment.

Please direct any EMPI questions you may have to Anna Poker, IHS-DNC Project Manager, at (301) 443-6376, e-mail address: [anna.poker@ihs.gov](mailto:anna.poker@ihs.gov).

**Action Item: None**

## ISAC Charter Review

Facilitated by Don Kashevaroff, Clark Marquart, and Chuck Walt, Acting Co-Chairs

ISAC Charter can be found at:

[http://www.ihs.gov/PublicInfo/Publications/IHSManual/Part8/pt8\\_chpt2\\_revised/pageone.htm](http://www.ihs.gov/PublicInfo/Publications/IHSManual/Part8/pt8_chpt2_revised/pageone.htm)

The ISAC reviewed the charter sections and the following summarizes their discussion.

### Membership

- The Charter provides for 10 term appointment members.
- Leslie Racine asked that the national IHS Planning Officers be given a permanent position on the ISAC. Don Kashevaroff asked for a vote, there was no motion made for this.

### Purpose

no comment

### Goals

no comment

### Authority

no comment

### Responsibilities

#### Priorities

The ISAC made no changes to the section but agreed they needed to figure out the best way to set priorities and get constituency's feedback.

#### Strategic Plan

no comment

#### Enterprise Project Management Plan

- Dr. Cullen: this is in the Exhibit 300, doesn't know if she can share this information with the ISAC due to the budget being embargoed.
- Don Kashevaroff: Doesn't want any information out of the budget. He doesn't have to see the Exhibit 300, but the business case is something the ISAC needs to see. He would like to see the Enterprise Project Management Plan.
- Wendie Langton: Doesn't need to see the Exhibit 300, would like to see the Enterprise Project Management Plan.
- Don Kashevaroff: The ISAC should be seeing reports and costs prior to information being put into budgets and sent into the Office of Finance and Accounting and to the OMB.
- Wendie Langton: We need to get to a point where the ISAC is approving in advance, not just reacting.
- Don Kashevaroff: Need to see investments before they are at the ITIRB stage.
- Dr. Cullen: Process change needs to occur. She discussed possibly using the following:
  - 1 - ISAC endorses Priorities
  - 2 - OIT gets the numbers
  - 3 - OIT sends back to ISAC with costs and Return on Investment
  - 4 - ISAC makes a determination
  - 5 - Then sent to ITIRB

### *General Discussion:*

- Jim Garvie: Discussed the Federal Advisory Committee Act (FACA) and the possibility of ISAC coming under this law.
- Don Kashevaroff: The ISAC will continue to operate under the approved charter.

- Dr. Cullen: Will check with the Deputy Director for Management Operations on the FACA issue.
- Chuck Walt: As the ISAC's ITIRB representative, does the ISAC need to vote prior to him taking a position on a case? Don Kashevaroff: No, take the knowledge gained from ISAC meetings and use it in making your decision. An ISAC vote is not needed.

**Action Items:**

**1 - Dr. Cullen will develop a process change defining the ISAC's role within the Enterprise Project Management Cycle.**

**2 - Dr. Cullen will check with the Deputy Director for Management Operations on whether the ISAC comes under FACA.**

## **IHS and University of Arizona Telemedicine Presentation**

Dr. Mark Carroll and Dr. Ron Weinstein, Director, Arizona Telemedicine Program

See Presentation Slides located at:  
[ISAC Telehealth Report 11-14-2007](#)

**Action Item: None**

## **Working Together on Data Exchange: a Guide to IHS & State Immunization Information System Interfaces**

Amy Groom, MPH, IHS Epidemiology Program

See Presentation Slides located at:  
[RPMS and State Immunization System Interfaces](#)  
[IHS Immunization Interfaces Guide](#)

*Discussion:*

- Chuck Walt: Do all states have EMPs? Christy Tayrien: From participating in RPMS conference calls with external partners, there are some states that do and others are working on getting them.
- Don Kashevaroff: Asked how the Immunization health information exchange got into the IHS spending plan without being a Priority.

**Action Item: None**

## **CIO Report & Follow-Up on ISAC Action Items**

Theresa Cullen, Chief Information Officer, IHS

See Presentation Slides located at: [CIO Report to ISAC 11-14-2007](#)

*Discussion:*

Billing

- Don Kashevaroff: What is the status of the Patient Accounts Management System (PAMS)?
- Dr. Cullen: It is in the IHS Division of Regulatory Affairs for legal review. They are looking at the legality of the licensing issue. Jim Garvie: IHS received a letter from Mickey Peercey passing the license to IHS.
- Bill Lance: the ILC wants to protect the source code. The IHS can modify it but not other vendors.

- Dr. Cullen: Cass Lake in Minnesota has successfully modified Third Party Billing and Accounts Receivable.

#### Training

- Dr. Cullen: Still struggling with the equity of training. Tribes that are taking their tribal shares still want training.

#### Telemedicine

- Chuck Walt: Does Telemedicine still need to be on the priorities list? Are they self-sustaining?
- Dr. Cullen: No. The Office of Information Technology only pays for Dr. Mark Carroll's salary.

#### EHR

- Bill Lance: the Chickasaw Nation is very successful with the out-patient EHR. Area there any discussions/strategies on moving forward on the in-patient EHR?
- Dr. Hays: This year's focus is on what kind of guidance and business process are we looking at for this. Fort Defiance Hospital is in the forefront for this. We are targeting 5 in-patient facilities in 2008.

#### Commercial-Off-The-Shelf (COTS) Packages

- Chuck Walt: The FonDuLac has a COTS integrated billing package that has paid for itself ten times over.

**Action Item: None**

## **Election of Tribal Co-Chair**

**Don Kashevaroff, Clark Marquart, and Chuck Walt, Acting Co-Chairs**

The Chairs asked for nominations. Dr. Marquart nominated Chuck Walt. There were no other nominations and the ISAC unanimously elected Chuck Walt as the Tribal Co-Chair.

**Action Item:**

**Chuck Walt asked that the Term Limit issue be added to the next ISAC meeting agenda.**

## **Day 2 – November 15, 2007**

Chuck Walt opened the meeting and the attendees introduced themselves.

## **Information Technology Investments Update**

**George Huggins, Director, Division of Information Resources Management, OIT**

See Presentation Slides located at:

[ISAC Capital Planning and Investment Control Update 11-15-2007](#)

- George Huggins: Rankings are tied to the budget. A low score is interpreted as a potential loss of dollars. There are accolades for high scores.
- Bill Lance: Has the HHS or IHS looked at the marketing of the IHS EHR? The private sector spends millions trying to develop electronic medical records.
- Dr. Cullen: Yes, but they only go so far. The HHS has told us we will get no more dollars for Cerner Labs if we opt to go with them as the VA has decided to do.

### Infrastructure/Office Automation/Telecommunications Investment

#### *Identity Management*

- Don Kashevaroff: This is costing \$5.9 million. How is IHS paying for it, through a reallocation of existing budgets? Yes. Some are fixed cost.
- Dr. Cullen: These are not all Office of Information Technology costs. They are agency-wide. Other IHS organizations will be paying their share. This includes computer upgrades, readers, etc.
- Darren Buchanan: Do we know what the cost is?
- Dr. Cullen: We only have an estimate, not the actual cost yet. We are hoping HHS will be able to pay some of this. The real cost is from facilities who will have to pay out of their Hospital and Clinics money.

#### *Information Technology Infrastructure Optimization*

- Dr. Cullen: This item is an OMB Line of Business mandate. It is supposed to reduce computer costs. The IHS will have a hard time meeting this as we use our computers for health care.

### Resource and Patient Management System Investment

- Chuck Walt: Are the RPMS projects prioritized or are they all being done at the same rate?
- George Huggins: Where we list these projects in the Exhibit 300, we emphasize the high level/high visibility items such as the EHR.
- Jim Garvie: Some are schedule-driven.
- Dr. Cullen: Some come with their own enhancements. Their disciplines pay for them.
- Chuck Walt: Pharmacy is what he is looking at.
- Dr. Cullen: It's tied to Point of Sale.

### National Patient Information Reporting System Investment

George Huggins: Costs are field costs. In these types of activities, the numbers do not have a scientific base.

### Enterprise Master Person Index

George Huggins: This is conditionally approved, dependent on the long business case coming back to the ITIRB for their approval.

#### *General Discussion:*

- Rich Hall: Asked about RPMS costs.
- Dr. Cullen: Over 25 years, it's \$700 million. We have \$75-80 million in the FY 08 budget. Costs for EHR roll out are included.
- George Huggins: The spending plan in his presentation is for the Office of Information Technology budget. The Exhibit 300 reflects the costs for the entire Agency. These are NOT the same.
- Don Kashevaroff: Is information technology anywhere in the IHS budget?
- Dr. Cullen: Historically the IHS budget had a write-up in the budget on Information Technology" within "Hospitals and Clinics."
- Don Kashevaroff: How do we identify Area information technology budget or spending?
- Dr. Cullen: The Office of Information Technology has been conducting a field data call to gather this information.
- Dr. Cullen: The health inflationary number is 4.8%.
- Don Kashevaroff: Of the hopeful \$15 million increase, how much does the Office of Information Technology get and what will it be spent on?
- Dr. Cullen: It will be on the items in George's budget.
- George Huggins: The budget authority the OMB gives us allows us to take our dollars to fund their mandates, but we get no additional funding for them.

**Action Item: None**

## IHS Information Technology FY08 & FY09 Budget Updates

George Huggins, Director, Division of Information Resources Management, OIT, IHS

See Presentation Slides located at: [ISAC IT Budget Discussion 11-15-2007](#)

### *Discussion:*

- Dr. Cullen: The presentation is not really a budget, it is the Office of Information Technology spend plan.
- Dr. Marquart: Asked about the Office of Information Technology 2007 deficit.
- Dr. Cullen: We started out in October 2006 knowing we would have a deficit. Our contracting methods changed when we started having the General Services Administration administer our contracts. They allow us to incrementally fund our contracts for 3 months ahead instead of the whole year. Result was the deficit.
- George Huggins: Discussed end of year sweep. IHS Headquarters historically depends on this to fund contracts. The Office of Information Technology was told we wouldn't have this in 2007 but we ended up actually getting it. We have \$6 million in end of year X funds (X funds carry over from previous fiscal years). Firm fixed price contracts require 100% of the money. The revenue figure in the presentation slides contains the \$6 million carryover.
- Dr. Cullen: The spend plan is \$39 million in contracts. This includes the Network Operations Security Center, information technology services contracts, etc.
- Dr. Cullen: The Office of Information Technology is the only Headquarters Office with a spend plan developed right now.
- Jim Garvie: Last year was a peculiar year. No Headquarters Office got a budget to work from.
- Don Kashevaroff: Contract costs are more than our entire spend plan.
- Dr. Cullen: Yes and the Office of Information Technology identified the deficit in October 2006, a year in advance.
- Jim Garvie: Headquarters has been unable to meet our needs and they cannot do it this year. Area costs will not be able to be paid by Headquarters as in the past. This is why the Assessments Workgroup was established.
- Don Kashevaroff: Assessments will not happen if we get the end of year sweep.
- Dr. Cullen: This is not determined by the Office of Information Technology, it is the Headquarters budget and spending.

**Action Item: None**

## Review of FY 2008-09 ISAC Information Technology Priorities and Development of FY 2010-11 IT Priorities

Facilitated by Co-Chairs

Draft FY 2008-09 ISAC Priorities located at: [ISAC PRIORITIES 2008-09 FINAL](#)

Draft FY 2010-11 ISAC Priorities located at: [ISAC PRIORITIES 2010-2011 DRAFT 11-15-2007](#)

### *Discussion:*

- Chuck Walt: Need to re-examine the list and line up of priorities.
- Don Kashevaroff: Recommended sending the proposed 10 priorities out to ISAC constituents.

### EHR

- Clark Marquart: EHR started out as a graphical user interface. It turned into an EHR and has since added VistA Imaging.
- Rich Hall: Need to look at interfaces for Health Information Exchange. RPMS needs the capability to exchange information. The architecture needs to address this.

### Architecture

Rich Hall: Recommended adding interfaces to this in title and text.

### Cost Accounting

- Clark Marquart: Is it true the United Financial Management System will not provide this capability?  
Dr. Cullen: Yes.
- Chuck Walt: Is cost accounting relevant?
- Jim Garvie: The United Financial Management System includes a project module that could be used for this. The Office of Environmental Health and Engineering will be using this. But to treat health care delivery, using their project is a little off. Don Kashevaroff: It needs to be its own project.
- Don Kashevaroff: Cost Accounting is still relevant and a high priority.
- Chuck Walt and Don Kashevaroff: recommend moving Billing up on the priority list and EHR down.
- Clark Marquart: Recommended rewording Cost Accounting to say "develop tools over time to provide cost accounting ..."
- Dr. Cullen: It is critical to have cost accounting.
- Don Kashevaroff: Recommended moving Billing up to #1 on the priority list.

### Data Quality

- Dr. Cullen: There is a Presidential Executive Order on price and quality.
- ISAC recommended keeping this item but moving down on the list.

### Training

ISAC recommended keeping this item but moving down on the list and adding support.

Dr. Thomas East: It goes beyond business process re-engineering.

## **2010-2011 Priorities Set by ISAC**

The ISAC voted on the following priorities in this order as their 2010-2011 Information Technology priorities, to be sent to their constituency for feedback prior to finalizing:

1. BILLING (REVENUE GENERATION, COST AVOIDANCE)  
Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.
2. MASTER PERSON INDEX (MPI)  
Implement an MPI solution for Indian health that enables the secure sharing of patient data between operationally and regionally diverse systems. The VHA MPI solution will be tested for possible use as this solution.
3. EHR  
Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited. This includes VistA Imaging.
4. INFRASTRUCTURE/ARCHITECTURE/INTEROPERABILITY  
Facilitate the improvement and growth of I/T/U information processing platforms and their interoperability using standardized data, systems, and processes.
5. TRAINING (USER SUPPORT)

- Provide effective information technology and data management training at all levels, including business process changes.
6. DATA QUALITY/ACCURACY  
Ensure quality public health and administrative data for all I/T/Us.
  7. DECISION SUPPORT SYSTEM  
Provide universally accessible decision support information that positively impacts the local management and clinical delivery of health care.
  8. TELEMEDICINE COORDINATION  
This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.
  9. COST ACCOUNTING  
Provide a quality cost accounting system that is integrated into the IHS Health Information System.
  10. SECURITY AND REGULATORY COMPLIANCE  
Design and provide cost-effective methods and standards to meet all regulatory requirements and assure the privacy of all patient and business related data that will meet or exceed HIPAA and other governmental requirements.

**Action Item:**

**ISAC will distribute draft 2010-2011 Information Technology Priorities to their constituents for feedback prior to finalizing.**

## **OIT Service Package/Tribal Shares**

**Dr. Theresa Cullen, CIO, OIT, IHS**

*Discussion:*

- Bill Lance: What is in the menu of benefits for the National Data Warehouse? You have to leave your shares to be an Alpha test site. He considers this a bad position to take. Tribes have a lot to offer even though they may have taken their shares. Does this come under the context of tribal consultation nationally? It's changing resources. This is more than just a tribe by tribe issue.
- Don Kashevaroff: It comes under negotiation. He will bring it up at the Tribal Self-Governance Advisory Committee meeting. This was talked about at the last Self-Governance meeting.
- Dr. Cullen: When tribes take everything, if there is something they need the Office of Information Technology implements full cost recovery. Tribes won't be cut off.
- Don Kashevaroff: Fine.
- Chuck Walt: Fine, that's similar to what they do in the private sector.
- Don Kashevaroff: The new formula has RPMS at 72 percent of the information technology shares. Tribes won't leave it. Their information technology staff will want to leave it but tribal management will take it.
- Rich Hall: He knows 3 tribes in Alaska that will leave it.
- Skip Leader: On USAC, the Area IHS gets the tribes' dollars. If this all or nothing, tribes will take it.
- Bill Lance: Is it true on alpha test sites? From a tribal perspective, if tribes have met the standards, they should be able to be one. They need flexibility.
- Rich Hall: Need a mechanism for agreement to allow this.

- Dr. Cullen: As a FYI only, the issue on Tribal Consultation has been asked to the Office of General Counsel.
- Wendie Langton: Will a Dear Tribal Leader Letter go out? Dr. Cullen: After OGC reviews.

**Action Item: None**

## **Interconnection Security Agreement Requirements**

**Charles Gepford, Deputy CIO, IHS**

See Presentation Slides located at: [Interconnection Security Agreements-ISAC 11-15-2007](#)

The Office of Information Technology developed a draft policy on Interconnection Security Agreements. It is going through the channels at IHS right now for approval. The Federal Information Security Management Act (FISMA) interpretation is that Certification and Accreditation do not apply to tribes.

### *Discussion:*

- Dr. Cullen: She has been struggling with the Interconnection Security Agreement issue since she became the CIO. This will have minimal effect or impact on tribes. Tribes will have to go out and do the Memorandum of Understanding and the Interconnection Security Agreement, but this is minimal.
- Clark Marquart: He looked through the policy drafts and said Chuck Gepford did a good job. He discussed whether requirements will be placed on tribes such as background checks and information technology security training. Dr. Cullen: the HSPD-12 is a separate issue.
- Dr. Cullen: On grantees, their data is considered the IHS' per guidance received from the HHS Chief Information Security Officer. The IHS has a stewardship role.
- Skip Leader: His tribe has a parallel security awareness training. There is no requirement for tribes to complete IHS security awareness training.

**Action Item: None**

## **Alaska Area IT Program: RPMS, Non-RPMS, Health Information Exchange, Infrastructure, Tribal, State, Federal, and Other Partnerships**

**Dr. Tom East, Alaska Area Chief Information Officer**

See Presentation Slides located at: [Alaska Area IT Program-ISAC 11-15-2007](#)

**Action Item: None**

## **Review of IHS Information Technology Strategic Plan & Actions for ISAC Strategic Planning Workgroup**

**Mike Danielson, Director, Division of Information Technology, OIT, IHS**

See Presentation Slides located at: [IT Strategic Plan Discussion-ISAC 11-15-2007](#)

### *Discussion:*

- Mike Danielson: The IHS Information Technology Strategic Plan was produced prior to the IHS updating the overall strategic plan. As a result, the IHS Information Technology Strategic Plan does not coincide with it. He is asking for ISAC volunteers to staff a workgroup to revise the Information Technology Strategic Plan.
- Chuck Walt: Will volunteer. Time is a big issue.
- Darren Buchanan: Will volunteer, but has to clear it with his supervisor first. He recommends using a facilitator the Office of Environmental Health and Engineering has used and will share this information with the workgroup.
- Clark Marquart: Volunteers with the caveat that he gives others an opportunity before himself.

### **Action Item:**

**Mike Danielson will schedule Strategic Planning Workgroup meetings and will follow up with Darren Buchanan about using the Office of Environmental Health and Engineering facilitator.**

## **Next ISAC Meeting**

The ISAC agreed to have their next meeting on April 2-3 in Minneapolis, Minnesota.

## **Open Discussion**

Clark Marquart: Discussed the number of mandatory trainings getting unmanageable and hard to comply with, as well as the limited value of most of the trainings. He shared an annual training memo issued by his Area Director with a long list of trainings all employees had to complete.

Clark Marquart: Thanked Chuck Walt for taking on the role of ISAC Tribal Co-Chair.

## **Action Items**

***Meeting Adjourned.***