

DRAFT

INFORMATION SYSTEMS ADVISORY COMMITTEE

Conference Call

June 12, 2002

11:45a.m. – 1:00p.m., CST

Committee Members Participating:

Don Kashevaroff, Co-Chair, Tribal,
Alaska Area
Keith Longie, Co-Chair, IHS, Phoenix
Jay Grimm (Roberts Alternate), Tribal, NIHB
Richard Church, IHS, CIO Office
Kay Culbertson, Urban, NCUI
Mike Danielson, IHS, Billings Area
Floyd Dennis, IHS, Nashville Area
Richard Hall, Tribal, Alaska Area
Carolyn Johnson, IHS, Portland Area
Cris Kinney, Environmental Health, IHS
Molin Malicay, Tribal, California
Chuck Walt, Tribal, Bemidji

Committee Members Absent:

Wesley Cox, Tribal, Oklahoma
Susie John, IHS, Navajo Area
Clark Marquart (CMO Alternate), IHS
Reece Sherrill, Tribal, Oklahoma
Ron Wood, IHS, Navajo Area
Jaloo Zelonis, Nurse Consultant, IHS,
Clinical Councils

Additional Participants:

Russ Pittman, ITSC, IHS
Christy Tayrien, CIO Office, IHS (recorded minutes)

Minutes/Agenda Approval:

The meeting was called to order at approximately 11:45a.m. A quorum was present. No previous meeting minutes were reviewed. Agenda items discussed are listed below:

Agenda Items:

1. Division of Information Resources (DIR) and Information Technology Support Center (ITSC) Progress Report
Russ Pittman, IHS
2. Restructuring Initiative Workgroup Status Report
Don Kashevaroff, ISAC Co-Chair
3. Business Plan Workgroup Status Report
Don Kashevaroff, ISAC Co-Chair
4. HHS Enterprise Information Technology Strategic Plan Update
Dr. Richard Church, IHS
5. Finalize ISAC Meeting Agenda for July 12, 2002
Don Kashevaroff and Keith Longie, ISAC Co-Chairs

DIR/ITSC Progress Report

Presenters: Russ Pittman, Director, ITSC, IHS and Mike Danielson, Billings Area Office, IHS

Mr. Russ Pittman, Director, ITSC/DIR/OMS/IHS, provided attendees with several progress reports on the following Resource and Patient Management System (RPMS) software applications and telecommunications infrastructure improvements:

- Point of Sale (POS) Pharmacy: This software checks insurance eligibility and bills in a matter of seconds. The IHS has a contract with Pulse Consulting who is working on the next version of POS Pharmacy, which will interact with the RPMS Accounts Receivable package. The IHS has passed Viking with 57 sites having POS Pharmacy installed now. The IHS estimates that collections will be approximately \$9 million for the first full year for the current group of Pharmacy POS users. The potential for significantly greater collections will rise as more sites come online.
- PCC+: Mr. Pittman described the PCC+ software application and stated that advantages to the upgrade include the health summary now contains a current list of drugs, allows the PCC to be more legible, and has reminders for the providers on the health status of the patient. The latest version, V1.2, was released June 12th. Eleven IHS sites have installed the software and 8-9 non-IHS sites are running PCC+. David Taylor, IHS, Nashville Area Office, Cherokee Service Unit, will be doing the installs for the ITSC.
- Patient Chart: This software has a visual basic front end. The second version was released four weeks ago. The next version will conform to the VueCentric framework.
- VueCentric: Mike Danielson, Billings Area Office, IHS, reported that the Alaska Native Medical Center is adding the Women's Health package to VueCentric. The VueCentric software has a minimal build that can run on the existing IHS architecture. The alpha test site at Crow Indian Hospital will implement VueCentric in the fourth week of June. The IHS has succeeded in getting VueCentric married to the RPMS billing software and other packages. It also has good note-taking capabilities, another advantage for providers. Mr. Danielson stated that more information on VueCentric is available on the Billings Area IHS home page through the VCPRS link.
- Government Performance and Results Act (GPRA)+: This is a software package that originated in the Aberdeen Area IHS. It has the capability to go into the RPMS software applications running at sites and analyze many indicators. It can print a report after analyses and send the report to the Area Office so staff can assess GPRA measures. The ITSC is working with Cimarron so the information can be sent in an SQL.
- Telecommunications Infrastructure Improvements: The IHS is moving to a virtual network and has converted the Billings and Phoenix Areas already. All connections should be installed by June 19-20, excluding the Alaska Area. Alaska does not have the same telecommunications backbone available in the lower states, and it will cost \$15,000 per month for their Area to have the virtual network. The IHS has developed an alternate way to provide a virtual network in Alaska through Situra boxes. These are being tested this week at the ITSC in Albuquerque. The box basically makes the lower grade lines function like a T1 line. Don Kashevaroff, ISAC member from Alaska, asked why they couldn't just use the existing T1 lines available in Alaska. Mr. Pittman responded that they couldn't guarantee the speed through an outside carrier. Delays may occur when different carriers are used. The point-to-point connection is guaranteed with the contract the ITSC has in place.
- Centers for Medicare and Medicaid Services (CMS) Satellite Dishes: The IHS is receiving 57 satellite dishes from CMS and they are all scheduled for installation this week. They will allow the IHS to use the satellites and the CMS network to view CMS (formerly HCFA) billing changes, for providers to access continuing medical education courses, and IHS will have the option of broadcasting on the network for a fee. Area Telecommunications Coordinators have the information as to where in the Area the satellites will be installed. The ITSC will also provide the list electronically to the ISAC members (Christy Tayrien, CIO Office, will e-mail the site list to the ISAC). The IHS is scheduled to have a total of 110 satellite dishes installed through CMS.
- Health Insurance Portability and Accountability Act (HIPAA): The deadline for HIPAA compliance is October 16, 2002. Transactions and code sets must be completed by the deadline. The IHS has completed eligibility prices and they are being tested. The IHS is working on remittance, advice, and standard ID codes. The ITSC anticipates meeting the deadline. Setting the business rules has proven to be a perplexing task. The ITSC is working with IHS Contract Health Service staff on this. The process for actually transmitting the data to private payers (example, Aetna) has yet to be determined.

- **Chargemaster:** This provides costs for items such as supplies, durable medical equipment, etc. The IHS will have to start doing itemized billing in compliance with Medicare standards beginning January 1, 2004. The IHS has to develop the capability to enter all visits, not just those who have third party insurance.
- **Third Party Rewrite:** There are policy issues related to HIPAA and APC that need to be resolved before the Accounts Receivable package rewrite can proceed. This will involve IHS management and CMS so that we will know how to proceed with the programming. The IHS may want to consider a regionalized or centralized billing group versus every site doing their own billing. The IHS may also want to look at a commercial billing package. Mr. Duane Jeanotte, Acting Director of Headquarters Operations, is leading an IHS workgroup that will be looking into these issues in more detail. This information will also go to the Business Plan Workgroup.
- **Technical Conference:** Dates are set for July 8-12th at the Marriott Hotel in Albuquerque. There are 65 sessions planned. Fifteen percent of the classes are vacant and the ITSC is recruiting speakers. The HHS has not yet approved the conference proposal as of this date and this has resulted in some speakers not being able to confirm their attendance.
- **EISS:** Have been gathering data using software called Corta. The ARMS, CORE, and Purchasing data have been loaded and the GPRA+ is being loaded. This software application is for Service Unit Directors, managers, and others to use in report preparation. It consolidates data sets. The application does not match across Areas/programs and this creates problems in linking data to EISS. Mr. Pittman stated that the ITSC would like to do this project with tribes. The training for this application is running on the IHS' public website. The travel and training for it is on the developer website. It will probably be September before the GPRA+ is on the public website and the IHS is looking at December for other parts of the EISS to be available there. This is due to ensuring privacy of information and access issues.

Restructuring Initiative Workgroup (RIW)

Presenters: Dr. Richard Church, CIO, IHS, and Don Kashevaroff, ISAC Co-Chair

Don Kashevaroff, Co-Chair, summarized the RIW activities to date for the ISAC as follows: The RIW is charged with restructuring the IHS in keeping with Secretary Thompson's "One Department" initiative and consolidating functions as necessary. The HHS has already begun consolidation efforts with a request to move Mike Mahsetkey's function (legislation and regulations) to the Department, as well as \$4 million. The RIW has sent a recommendation to the HHS to not downsize the IHS any more than it has already, the IHS has been cut enough over the last few years.

Dr. Church provided the following additional information: Russ Pittman and his presentation to the RIW summarized the ISAC goals and priorities. They provided general reports on the IHS activities in telecommunications infrastructure improvement, business, security, technical support, patient care, patient safety, and consolidation efforts already underway including the Unified Financial Management System, CORE, and Human Resources software.

The RIW has not publicized their final plan from the meetings to date, but will be later. The RIW will not meet again until sometime this fall.

Business Plan Workgroup (BPW)

Don Kashevaroff, ISAC Co-Chair

Dr. Trujillo created three workgroups, the strategic workgroup, RIW, and BPW. The strategic workgroup is completed, but the RIW and BPW are still in progress. The BPW met twice and will be meeting again in July. The group is moving fast. They are tasked with developing a business plan and will take further action on items handed off to them from the RIW. The group is following a "Centers of Excellence" concept to consolidate functions/categories. The BPW is functioning as a board or council that reviews functional areas such as information technology.

HHS Enterprise Information Technology Strategic Plan Update
Presenter: Richard Church, CIO, IHS

The HHS information technology consolidation is underway. The IHS is considered one of the larger Operating Divisions and the uniqueness of the IHS and its relationship with tribes does not lend itself well to consolidation on many information technology infrastructure functions. The IHS needs to look at alternative ways to do business other than the HHS consolidation. The IHS is participating in the electronic government component with the HHS.

Finalize ISAC Meeting Agenda for July 12, 2002
Presenters: Don Kashevaroff and Keith Longie, ISAC Co-Chairs

The ISAC group recommended that the next meeting address at least the Professional Specialty Group Policy Development, BPW, and ISAC Priorities at their next meeting. The Co-Chairs asked Christy Tayrien, CIO Office, to send out the agenda items the group had voted on at their January 2002 meeting, make sure the three items listed above were included, distribute to ISAC members to rank the order of importance for the agenda, and report the rankings back with them so they can set the agenda for the one-day meeting in Albuquerque.

Meeting adjourned at approximately 1:00P.M.