

Draft 0.3  
Indian Health  
Information Systems Advisory Committee  
FY2004 Work Plan

*The ISAC was charged by the Director of IHS with specific. It is incumbent upon the ISAC to fulfill those duties in a timely manner. The following plan outlines the tasks from the macro level. Specific plans will need to be created for each major task. Timelines will also need to be created, one that shows the work annually, and one that shows the tasks to completion. Furthermore, these tasks are not independent of each other, but all rely on the ISAC creating a mechanism for all the I/T/U to provide input. Our mission besides advising the Director and IRM, is to create a network of I/T/U, state and federal agencies that will work together for a common goal, our people.*

The ISAC is charged to:

- A. Advise the IHS Director on direction, priorities and resource allocation for information systems through development, review and approval of the IHS Information Resources Management (IRM) Strategic Plan, IRM Annual Operations Plan, and Information Technology (IT) investment reviews.
  - 1.0 Disseminate Strategic Plan to I/T/U for comment
  - 2.0 Review and approve IRM Strategic Plan  
Timeline- Spring
  - 3.0 Review and approve IRM Annual Operations Plan  
Timeline - Summer
  - 4.0 Review IT investments  
Timeline – ongoing
- B. Annually prioritize key issues in information systems to be addressed by the IHS.
  - 1.0 Develop list of issues by consulting with I/T/U  
Timeline - Winter
  - 2.0 Poll I/T/U to identify order  
Timeline – Spring
  - 3.0 Recommend issues to Director  
Timeline – Spring, before IRM budget finalized

- C. Develop an open process, relationship, and environment which support collaboration between tribal and urban programs and the IHS in information system development.
  - 1.0 Develop Public Collaboration and Consultation Plan
    - 1.1 Encourage and facilitate development of “Information Management” Committees at all service points in the I/T/U.
      - a) This supports JCAHO concept of operations, for both information technology and records management
      - b) This provides “focal point” for IT discussion within the service facility or Area Office.
    - 1.2 Encourage and facilitate communications with ISAC members and constituent representation groups.
      - a) Several national committees exist that provide broad representation, such as the National Indian Health Board, Tribal Self Governance Advisory Committee, National Service Unit Directors and others.
      - b) Encourage the use of the respective ISAC member by these groups as the information conduit both to and from the ISAC.
    - 1.3 Support the development and maintenance of the Professional specialty groups as a means to obtain cross-cutting discipline specific feed back.
  - 2.0 Develop collaboration Ideas
    - 2.1 Promote the summer I/T/U Technical Conference as a way to canvass and survey the I/T/U customers for collaboration and consultation on IT issues.
  - 3.0 Survey I/T/U for collaboration issues
  - 4.0 Implement  
Timeline – Spring
- D. Develop a process for working cooperatively with states and other federal agencies to share activities and costs to meet the information systems needs of Indian communities.
  - 1.0 Work out plan (possible adhoc group of constituencies, round table forums) (see HCFA meetings)

- 1.1 Interact with the HFCA Data Workgroup- first meeting on August 8-9, 2001 to access data in data bases in HHS, HCFA and the states for Medicaid and Medicare.
  - 1.2 Identify additional federal agencies that deal with I/T/U information systems
  - 1.3 Identify IT issues that need attention among other federal and state agencies.
  - 1.4 Identify additional state related issues that could be dealt with on a national basis
- E. Provide advocacy and support for IHS, tribal and urban information resource management partnerships.
- 1.0 Survey I/T/U to determine partnerships/potential partnerships
    - 1.1 Identify the important constituency groups. Some partnerships can be identified by polling members of the ISAC. The PSGs are readily recognizable. Other standing groups - Tribal health boards, Area CASUDs, Area AOs, Area CMOs. The ISCs may be able to help.
  - 2.0 Promote partnerships *[we need to be the group that hears about ideas, and helps push them through the appropriate channels]*
    - 2.1 Once identified, reach out to them. Direct mailings, ISAC newsletter, Web site, media kits, designate a corps of ISAC speakers to attend partnership meetings. Better yet, invite partnership group(s) to send speaker(s) to quarterly ISAC meetings to present their case, as the BO people did in Sacramento.
- F. Coordinate the development of standard data sets, disseminate information regarding the status of existing data sets, and market the need for maintaining standardized aggregate data.
- 1.0 Promote standard data sets
    - 1.1 Presentation at ISAC meeting regarding data sets (what they are, why they are important, etc.)
    - 1.2 Identify pros and cons for standard data sets
    - 1.3 Identify stakeholders
  - 2.0 Coordinate the development

- 2.1 Identify data set types currently in use
- 2.2 Distribute current data set types to stakeholders and solicit comments/recommendations
- 2.3 Make recommendations regarding data sets
- 3.0 Disseminate information
  - 3.1 Distribute recommendations to stakeholders for feedback
  - 3.2 Amend recommendations, as needed
  - 3.3 Implement standard data sets
- 4.0 Market standard data sets
  - 4.1 Distribute to stakeholders
  - 4.2 Publish on Web Site
  - 4.3 Develop brochure, video or PowerPoint presentation
  - 4.4 Make presentation to stakeholder meetings/conferences
- G. Establish and appoint ad-hoc technical workgroups composed of industry experts, and representatives of Indian health programs to advise on and perform activities dealing with current information technology issues, such as the year 2000 remediation (Y2K).
  - 1.0 Develop list of current issues facing IRM for I/T/Us
  - 2.0 Create specialized task/work groups where needed
    - 2.1 Develop criteria for identifying need for workgroup
    - 2.2 Develop list of current issues facing IRM
    - 2.3 Create Master list to assure all ISAC members participate equally
    - 2.4 Establish objective outcomes when a group is established
    - 2.5 Establish deadlines
    - 2.6 Identify work methodology other than face to face meetings
  - 3.0 Track progress
    - 3.1 Consider use of Project Planning Software to track work
    - 3.2 Add workgroup reports as permanent agenda item

- H. Communicate and report to all I/T/U constituents.
  - 1.0 Communicate and utilize Collaboration and Consultation contact points (identified in Item C)
    - 1.1 Continue use of ISAC Website and e-mail list
      - a) Assure that site is kept current.
    - 1.2 From web site information, develop layman's version in newsletter format for quarterly direct mail and/or e-mail distribution.
      - a) Identify contact points for questions or feed back
  - 2.0 Represent ISAC by participating in constituent meetings.
    - 2.1 *Such meetings would include the NSUDs, TSGAC, NIHB etc.*
  - 3.0 Gather input from all Stakeholders
    - 3.1 Create plan to receive PSG input
    - 3.2 Create plan to receive IHS input
    - 3.3 Create plan to receive Tribal input
    - 3.4 Create plan to receive Urban input
- I. Advocate for resources for needed information systems.
  - 1.0 Create Plan
- J. Improve ISAC Performance
  - 1.0 Establish of measures to evaluate performance
  - 2.0 Evaluate performance under FY01 AWP
  - 3.0 Implement recommendations improvement

*Note: All actions under the goal should have a beginning and end date. The more detail the better (the more sub-actions the better).*