

Urban Indian Health Program (UIHP)

Information Technology Activities and Issues

May, 2004

Overview of UIHP

Title V, P.L. 94-437

\$32 million

- Set Asides: Diabetes, Alcohol/Substance Abuse

Contracts/Grants

- JOFOC
- 501(c)(3) non-profit, Buy-Indian organizations
- 34 health programs and 10 alcohol/substance abuse programs

2 Demonstration Projects

PARTNERS

Urban Indian Health Institute

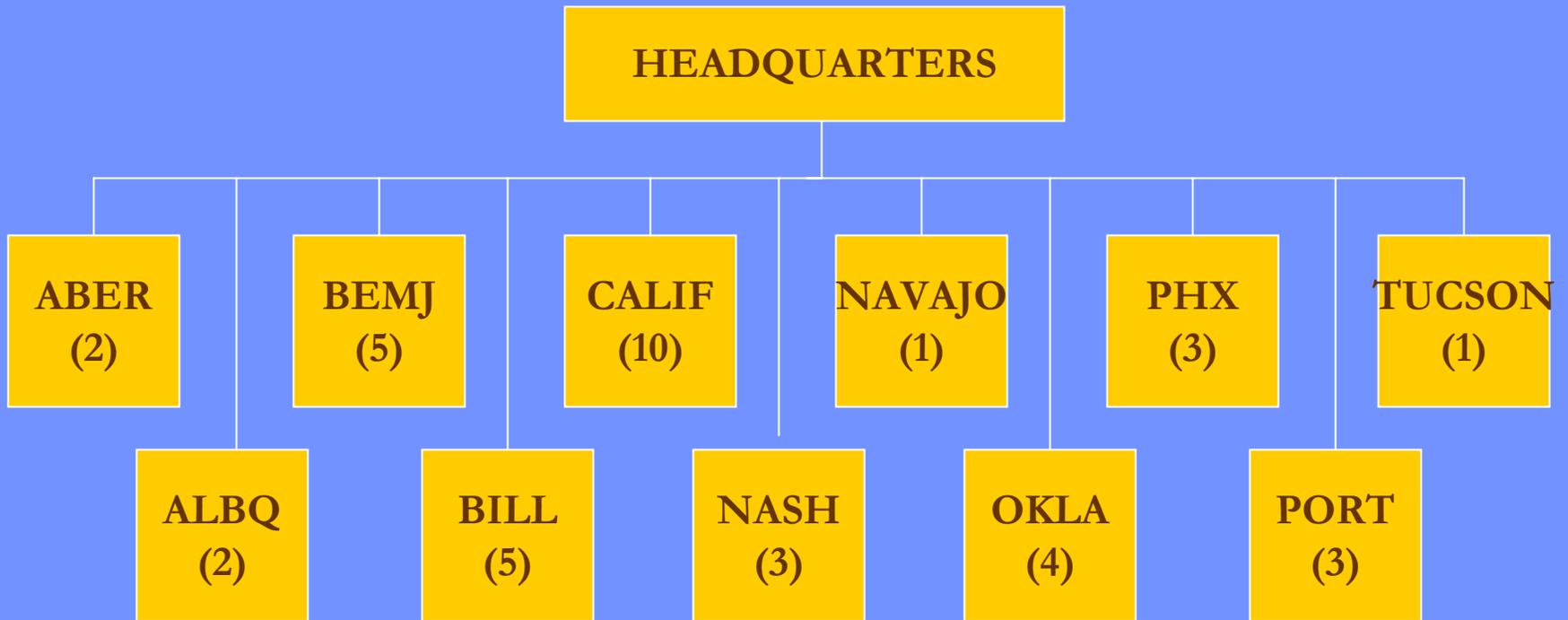
- Epi-Center
- www.uihi.org

National Council of Urban Indian Health

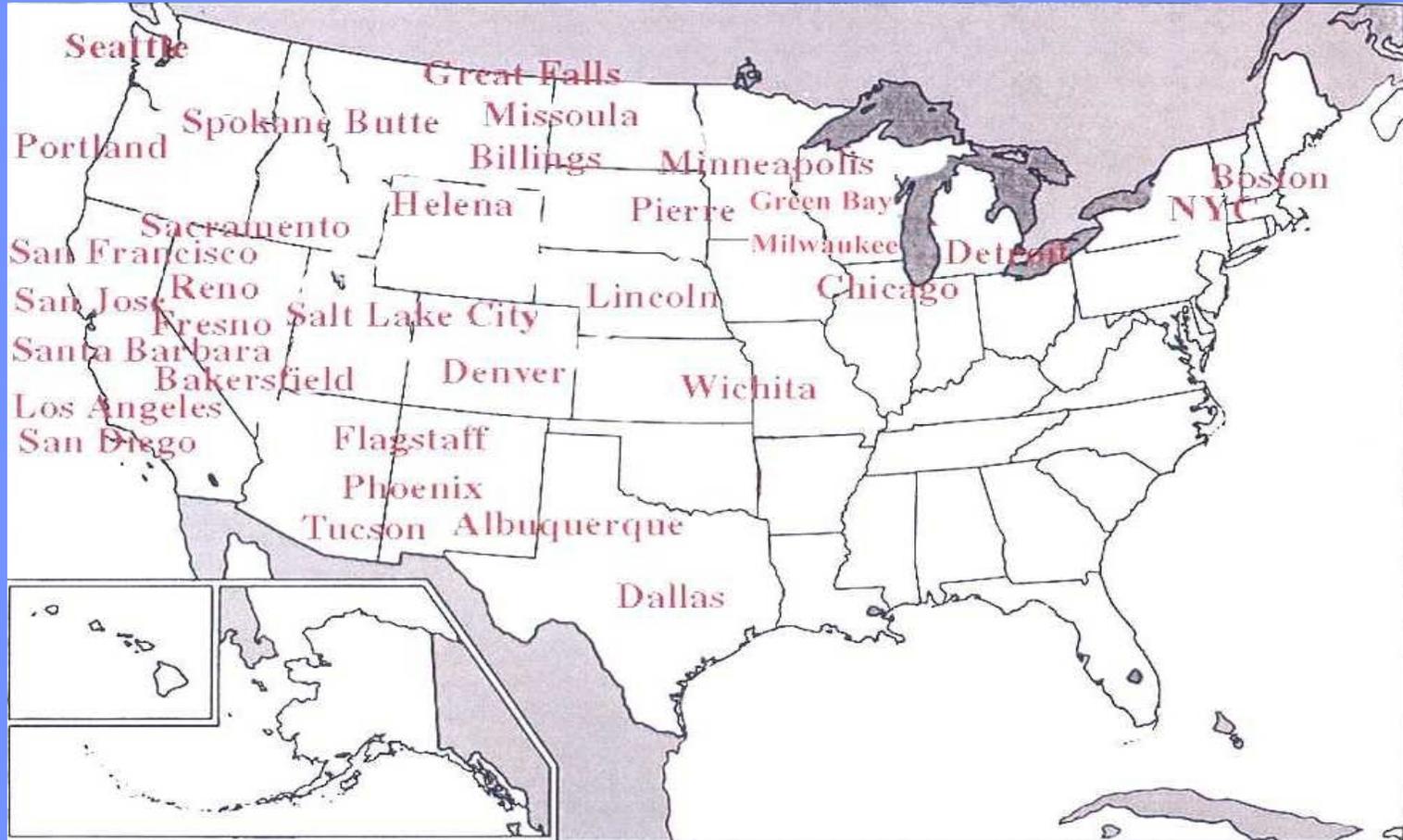
- Advocacy Organization
- www.ncuih.org

Indian Health Manual

Chapter 19



UIHP Locations



Services Provided

- Outreach and Referral
- Limited
- Comprehensive
 - ✓ Federally Qualified Health Centers
 - PPS Rate
 - ✓ Community Health Centers (330)
 - Uniform Data Set (UDS)
- Alcohol and Substance Abuse

SOURCES OF FUNDING



IHS

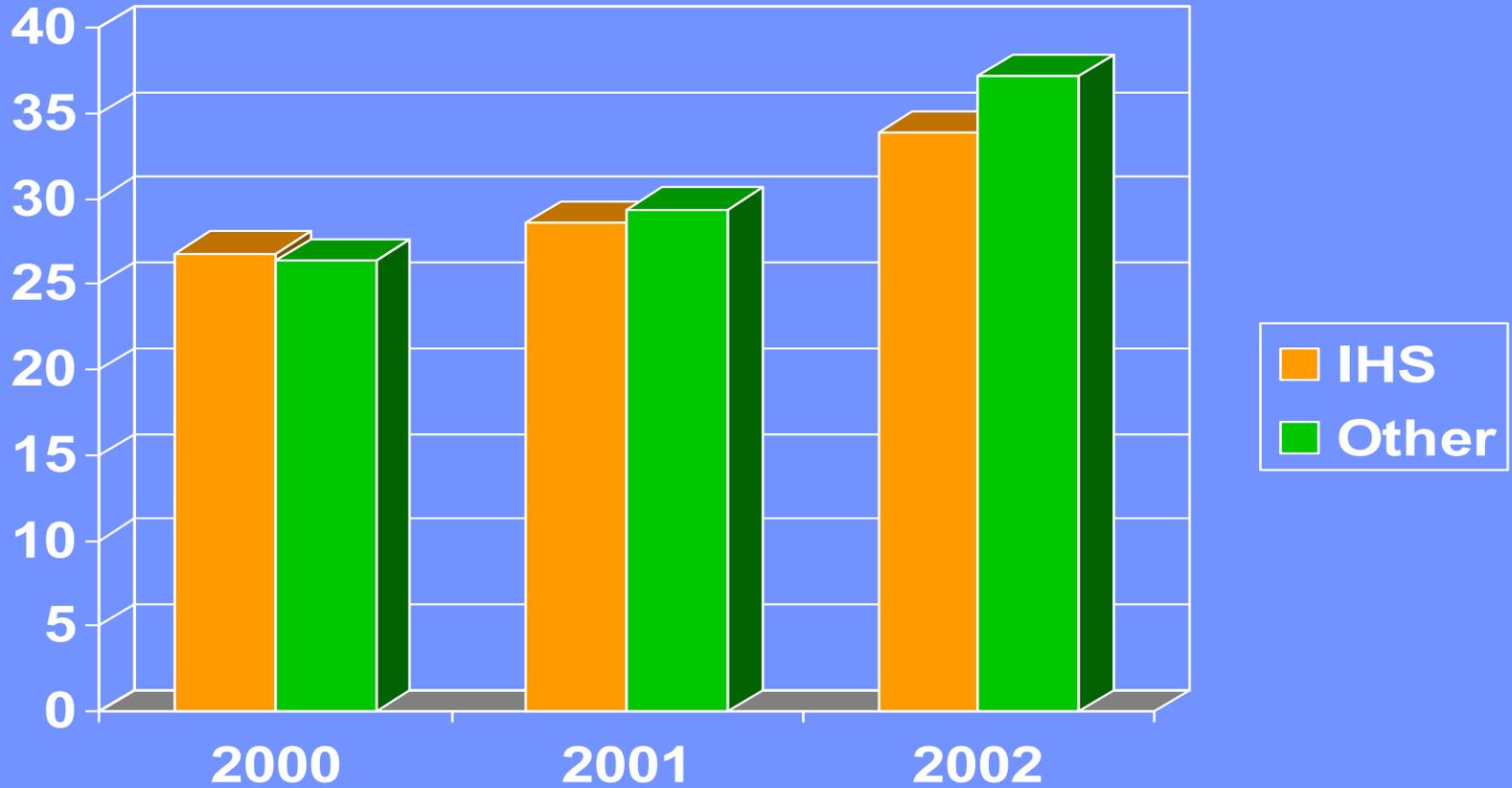
CITY, COUNTY, STATE

OTHER FEDERAL

PRIVATE

THIRD PARTY COLLECTIONS

UIHP Funding



SOFTWARE PACKAGES UTILIZED

WebMD

Centricity

HealthPro

MicroSoft

RPMS

Alta Point

Excel

APC

Accu-Care

MedServe

MediTracks

UIHP Common Reporting Requirements (UCRR) Reports

- ▶ **I & M Technology**
- ▶ **Data Collection and Data Processing facilitated by an electronic data worksheet**
- ▶ **Yearly requirement**
- ▶ **100% Reporting**

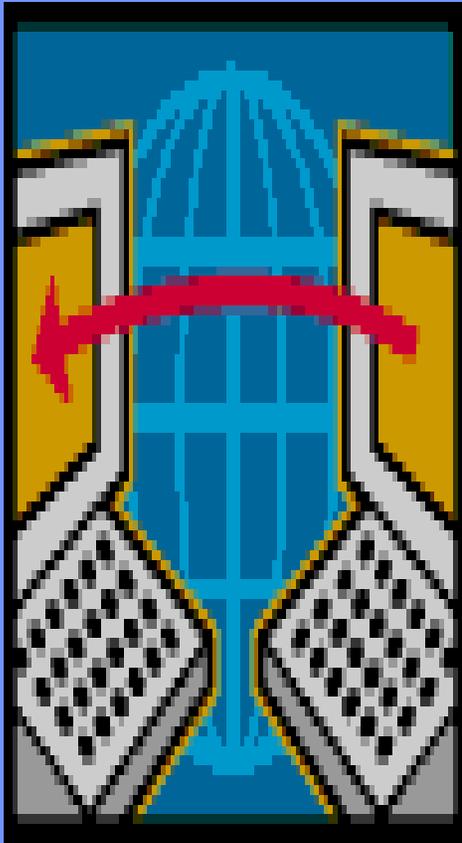
UCRR Statistical Tables

- Funding Tables
 - Urban Program Services By Year
- Reported Non-Title V Funding Sources
- Encounters by Service Type by Program
- Average IHS Cost Per Indian Encounter
 - Percent Administrative Cost
 - Indian Users to IHS Dollars
 - Staff Productivity Ratio

UCRR Statistical Tables-Continued

- Project Utilization
- Service Utilization
- Provider Staffing and Productivity Cost Efficiency and Analysis
 - Hospitalization
 - Clinical Services Indicators
 - Demographic Analysis
 - Community Penetration
 - Financial Management

In 1997, all interested stakeholders acknowledged that the UIHPs lacked the IT capacity to collect meaningful data in order to accurately portray the full extent of health concerns and disparities, and subsequently outcomes, of AI/ANs living in urban areas throughout the U.S.



- **Multiple funding sources = multiple reporting requirements**
- **Vast array of services**
- **Hardware/software capabilities**
- **Limited availability of funding**

Steps Taken To Collect Meaningful Data

- UIHP Data Workgroup Established
- LAN
- UCRR
- GPRA Indicator
- Established relationship with ITSC

UIHP Data Workgroup

- Established to address data issues
- Goals
 - ID Demo Sites
 - Review UCRR & UDS
 - Data Sets
- Outcomes
 - Advocacy
 - Program Management
 - Health Status Elevation

GPRA

- IHS FY 2002 Performance Plan and Performance Report to Congress
- To develop a mutually compatible automated system (2003)
 - IHS Trends & Regional Differences
- To develop specific minimum data set, appropriate language for C & G (2004)
- Contract and Grant Requirements to provide specified data set in standard format (2005)

ITSC/UIHP Data Mart Plan

- Phase I Data Mart
 - RPMS Information exported from field to ITSC
 - Four CA programs/Two Demonstration Projects
 - Established:
 - Web-based reporting system to monitor and track exports
 - Menu driven point and click series of reports-DM related

■ Data Mart Phase II

---will expand to include other programs using RPMS (17) and have the ability to export data to national programs

---one non-RPMS program, with export ability to national programs

---reporting software recorded by site

- Data Mart Phase III
 - Link all sites to data mart
 - Web based UCRR
 - Web based assessment

Urban Indian Health Data

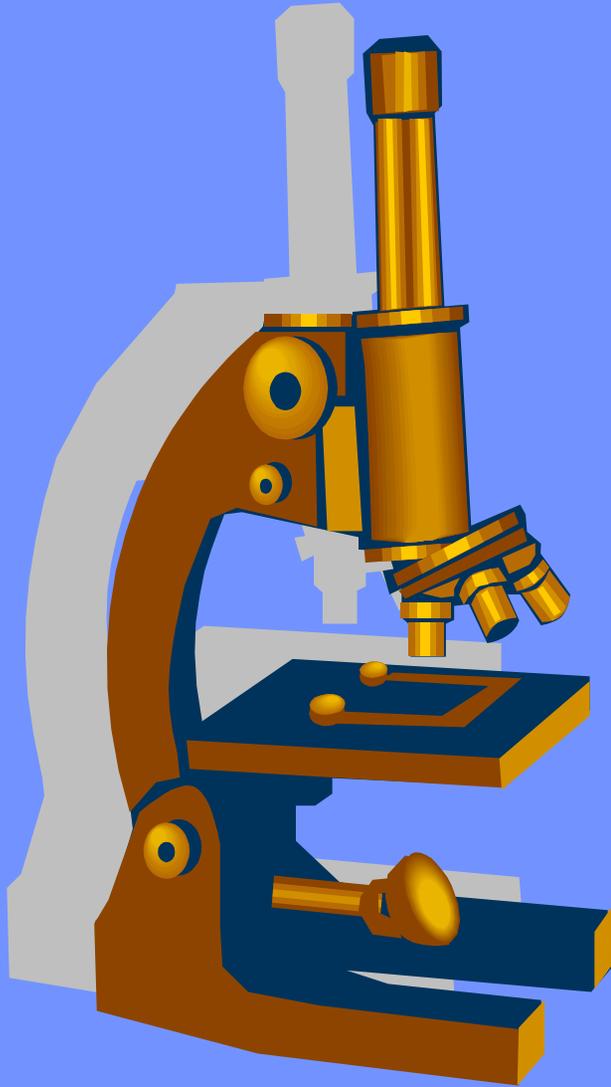
Since 1998

Present

| | | |
|------------------------------------|---|--------------------------------------|
| Data Workgroup established | → | Defined Data Set |
| LAN | → | T1 Lines |
| 100% Reporting | → | Improved Data Collection |
| GPRA Indicator(s) Developed | → | GPRA Indicator Met/New |
| Established relationship with ITSC | → | ITSC/UIHP Pilot Project (Phase I) |

REALITIES

- Changes in UIHP Leadership
- Funding
- IHS (ITSC, HQE, AO) Support



OMB PART

OIG

SURVEY RESULTS

- Willingness to use
 - Lack of knowledge on current RPMS capabilities
- Lack of capability to capture financial data
- IT Support

UIHP RPMS Test Sites

- **PCC+**

American Indian Health & Services Corp.

Santa Barbara, CA

- **Behavioral Health MIS**

Friendship House Association of American Indians, Inc.

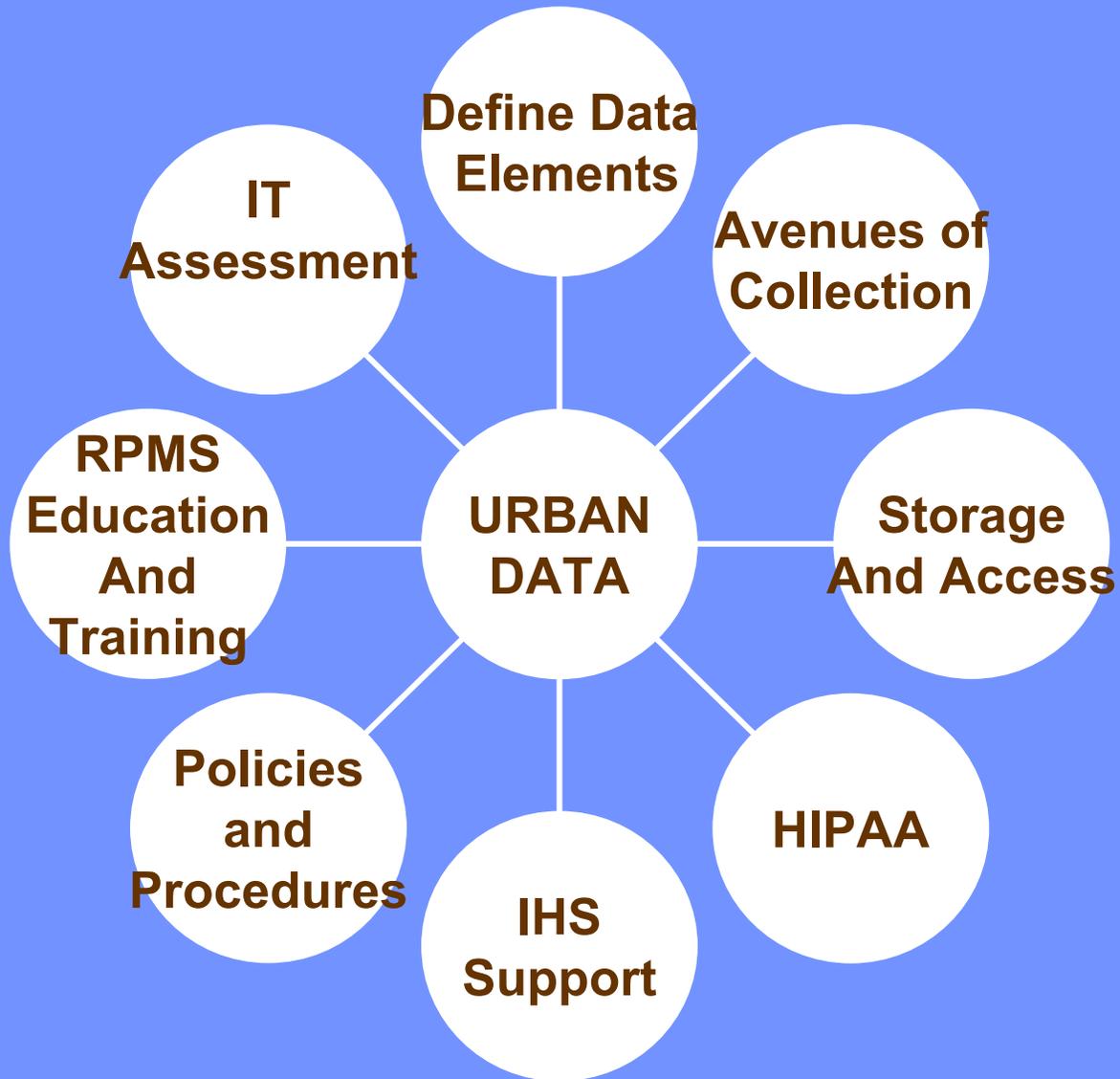
San Francisco, CA

Requests to Perform as Test Sites

- **Electronic Health Record**

*Nebraska Urban Indian Health Coalition (non-RPMS) –
Omaha, NE*

*Indian Health Care Resource Center - Demonstration
(RPMS) - Tulsa, OK*



TO DO LIST

- Re-establish the Data Workgroup
 - Data Set
 - C & G Language
 - Avenues of Reporting
- Continue discussions
 - ITSC
 - IHS Wide Area Network
 - RPMS Server-ALBQ
 - IT Assessments
 - Dr. Cullen
 - GPRA
 - IHS Senior Management

"Health information technology promises huge benefits, and we need to move quickly across many fronts to capture these benefits... The benefits are enormous, but the task is also enormously complex."

HHS Secretary Tommy G. Thompson