

# IHS Health Information Technology Modernization Program

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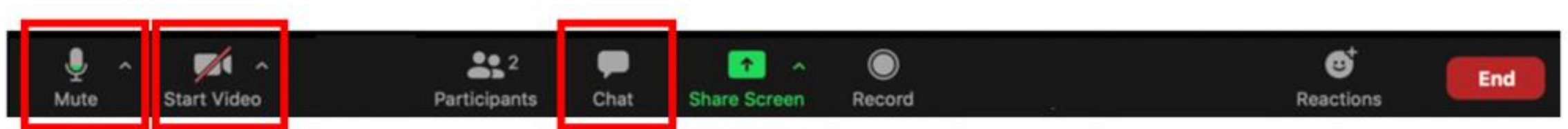
TRIBAL CONSULTATION / URBAN CONFER  
DATA MANAGEMENT  
AUGUST 2, 2022



# Technical Notes and Support

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- If you lose connectivity during the session, simply **re-click your access link** to re-join the meeting
- If you experience technical difficulties, **send a note using the chat box** on the bottom menu bar – we'll assist you from there



- Enjoy the session!

# Rules of Engagement

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- **Before commenting or asking a question**, please state your name and the tribe or organization you are representing either verbally or in the chat box
- Active participation is welcome from tribal leaders and urban Indian organization leaders (or designees) **only**
- Members of industry and other participants are invited to **listen only** unless directly addressed
  - Questions asked on behalf of vendors will not be answered





**Opening in a Good Way**

# Agenda

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- Introductions
- Health IT Modernization Summary
- Data Management Presentation & Discussion
- Open Dialogue
- Focus Groups



# Introduction – DHITMO Director

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- Ms. Jeanette Kompkoff – Director, Division of Health Information Technology Modernization and Operations (DHITMO)
- Enrolled member of Santa Clara Pueblo, located in northern New Mexico
- Started her career with the IHS in 1988 at the Portland Area Office and joined OIT in 2003
- Previous IHS roles included: Director of the Division of Information Technology, Acting RPMS Investment Manager, Supervisory Information Technology Specialist, and developer on the Purchased/Referred Care application
- Led large project teams for various health IT development initiatives; assisted the agency in accomplishing 2014 & 2015 Electronic Health Record certification, ICD-10 transition, and COVID-19 reporting; and managed multiple software engineering support contracts





# The IHS Health IT Modernization Program

- In consultation with tribes and urban Indian organizations, the Indian Health Service (IHS) began a multi-year Health Information Technology (IT) Modernization Program
- At the center of Modernization is the replacement of the Resource and Patient Management System (RPMS) with a commercial enterprise health IT suite that meets or exceeds existing capabilities
- The enterprise approach to health information technology will offload the majority of health IT development, minimize technical support burden for facilities, permit focus on system optimization for system users, and promote standardization and shared best practices

# Health IT Modernization Program Funding

IHS uses one-time and recurring funding to support Health IT Modernization

## Recurring Appropriations

- FY2020 appropriations included **\$8M** to initiate modernization and establish the Program Management Office
- FY2021 appropriations increased to **\$34.5M** for the Health IT Modernization Program
- The FY2022 Omnibus appropriation added \$110M for a total of **\$144.5M** in recurring funding for the Health IT Modernization Program
- The published Congressional Justification for FY2023 includes **\$284.5M** for IHS EHR modernization

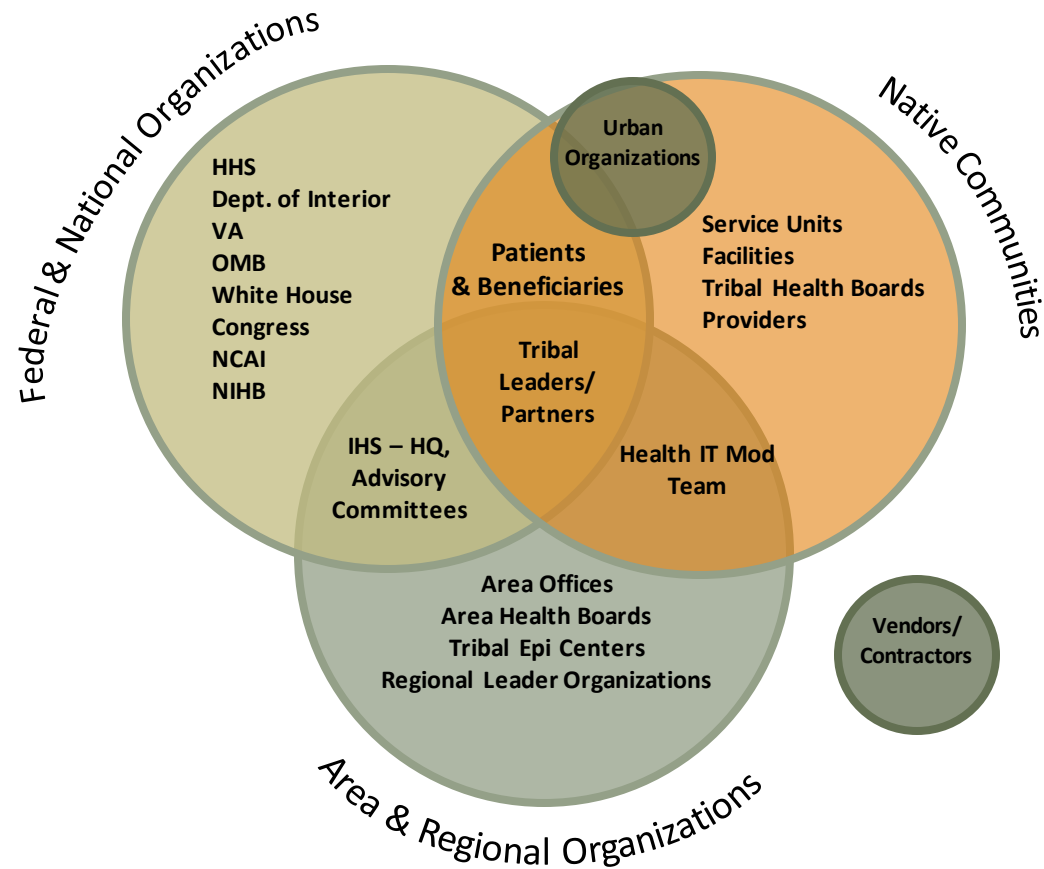
## One-Time Funding

- The CARES Act of 2020 provided **\$65M** in one-time funding to accelerate the Program
- The American Rescue Plan Act (ARPA) provided **\$70M** of one-time funding in FY2021 for the IHS Electronic Health Record
- **IHS also distributed \$141M from the CARES Act and ARPA to federal, tribal, and urban sites in FY2021 for telehealth and technology needs**





# Operating in a Complex Environment



# Modernization Program Major Milestones



## Research 2018-2019

- U.S. Government Accountability Office Report on Critical Legacy Systems
- HHS Office of the Inspector General health IT reports released
- HHS/IHS Modernization Research Project Report with four approaches



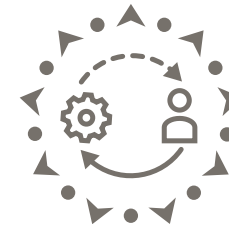
## Plan 2020-2021

- Program Management Office via FFRDC support
- Listening Sessions on modernization approaches
- Virtual Industry Day
- Requests for Information
- Decision memo to replace RPMS
- Acquisition Strategy



## Buy & Build 2022-2023

- Executive Steering Committee
- Congressional Data Call Inquiry
- DHITMO office established
- Select vendors for EHR solution, Program Management Office, and Org Change Management support
- System build



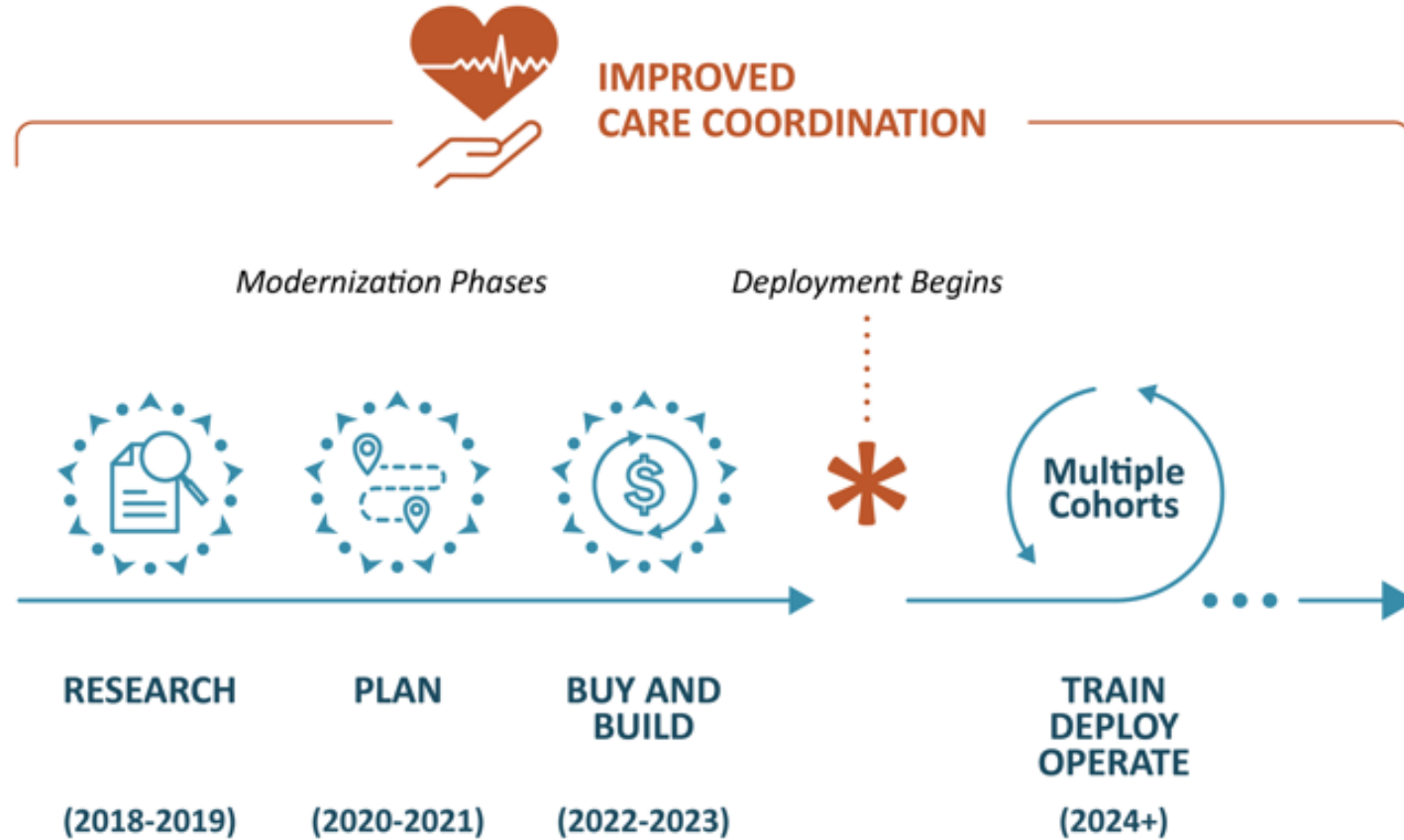
## Train, Deploy, & Operate 2024+

- Change management support
- Local infrastructure assessment & mitigation
- User training
- Multi-year rollout in cohorts, across I/T/U

*Schedule dependent on funding, participation, and lessons learned*



# Path Toward a New Enterprise EHR




# Recap – May Tribal Consultation/Urban Confer

Engaged tribal and urban Indian leaders to:

- Provide an overview of Health IT Modernization Program
- Discuss Program governance approach
- Facilitate conversation on effective IT governance
- Promote focus group participation for I/T/U clinical and technical SMEs

### Five Leadership Roles Critical to IT Governance

- 1. Representation** Representing all key partner organizations required to provide strategic input and identify key health care changes that guide what success looks like
- 2. Focus** Maintaining a relentless focus on the “core business” on healthcare delivery and care with absolute clarity on critical gaps, key outcomes, and vulnerable groups
- 3. Data** Using quality data and information, including local intelligence, to inform resource allocation and monitor and review progress
- 4. Partnership** Ensuring the partnership is working, with its frameworks, roles and responsibilities; focusing on challenges and support, rather than blame
- 5. Results** Creating accountability for key results



Last Updated: April 7, 2022

### Focus Group Priorities



**Interoperability Group**  
Responsible for reviewing and suggesting strategies, operational requirements, clinical practice standards, and performance measures that inform the interoperability solution design and project planning



**Data Management & Analytics Group**  
Responsible for reviewing and suggesting strategies that support effective data use, security and privacy controls, and standards




**Implementation Group**  
Responsible for helping the ESC understand the lessons learned, challenges, and strategies used by other federal agencies, tribes, and urban Indian organizations to modernize their Health IT capabilities



Last Updated: April 7, 2022

| Question   |
|--|
| What does Governance mean to you?  |
| How do T/U govern their current IT investments?                              |
| How can we contribute to effective IT Governance? Individually and together? |
| What tools will we be using to receive and share information?                |
| What do you see as effective IT governance?                                  |

Governance Questions for the Group



Last Updated: April 7, 2022





# Data Management

WHY IS EFFECTIVE DATA MANAGEMENT IMPORTANT FOR MODERNIZATION?

When you hear “data management”  
what comes to mind for you?

What are your data-related concerns  
about moving to an enterprise EHR  
solution?

Please share thoughts in the chat for now.  
Open dialogue will be held during the 2<sup>nd</sup> half of the meeting.

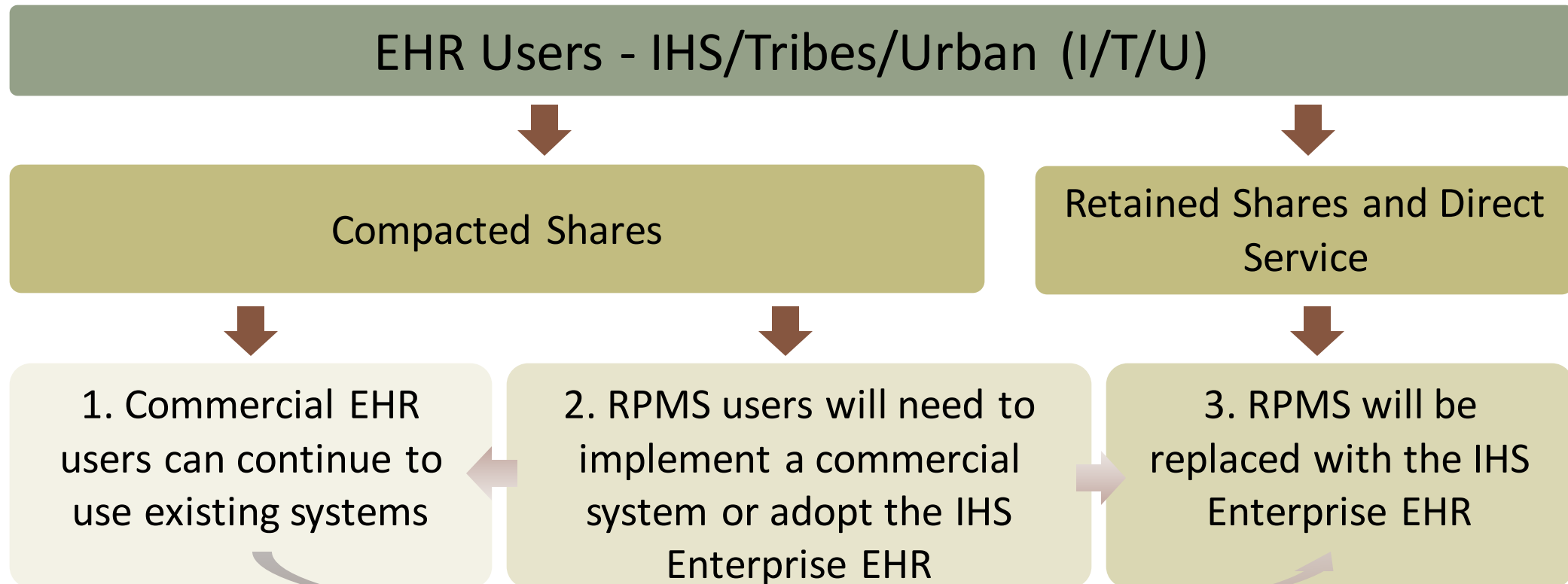
# Goals of Effective Health Data Management

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- Successful data migration from legacy systems destined for retirement
- Accuracy and availability of patient record data for care, care coordination, and revenue cycle management
- Interoperability – within and external to the broader organization
- Data privacy and security
- Availability of data for appropriately governed analytics – local, regional, national
- Preservation of health records – for the patient and the care organization
- Others?



# Where Do You Fit in this Chart?



**Note:** The options and flexibilities through Public Law 93-638 remain available





# Does Your Organization . . .

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1. Presently use RPMS and is considering moving to the shared enterprise EHR solution?
2. Presently use RPMS but is considering moving to a separate commercial solution rather than the enterprise EHR?
3. Presently use a commercial EHR but is open to moving to the shared enterprise EHR if the conditions are right?
4. Presently use a commercial EHR and expect to stay on it?
5. Have a commercial EHR but still use parts of RPMS (e.g., PRC)?
6. Have data in an old RPMS database that you want to preserve and retain?

-- How can data management best support all of these scenarios? --



# The Issue

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- There are hundreds of RPMS instances in the I/T/U field
- Many have been in production for >30 years
  - Oldest database in continuous production is at the Nashville Area Office (1985)
- Others are semi-retired – not used in production but still referenced
- Still others have been turned off but contain lots of patient health record data
- We also have numerous image and document repositories
  - Digital radiographs (DICOM), documents (PDF), others (e.g., JPEG photos)
  - Many of these are in VistA Imaging, which will also be retired



# Modernization Data Management Needs

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- **Continuity of care**

- Only a small subset of data will be moved to the enterprise EHR – basic demographics and recent core clinical data – Problems, Allergies, Medications, Procedures, Immunizations, and some clinical notes
- Providers will need to reference older records on occasion, and they should not have to access old RPMS boxes to do that – need to centralize older data

- **Interoperability** – accessing data on shared patients, both within the I/T/U and with private/public sector

- **Medical record retention**

- IHS medical records currently must be retained for 75 years after last encounter
- This may change, but it is unrealistic for RPMS or any EHR
- Need a vendor-agnostic solution for long-term record retention
- Tribal/urban organizations seek to retain data from outdated/retired RPMS databases



# Proposed Architecture for Data Management

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- Establish a new database – “Four Directions Warehouse (4DW)” – in a Federal Cloud environment
  - 4DW will be the repository for \*all\* patient record data contributed by participating organizations – historic and future
  - 4DW will be vendor-agnostic and designed to current data standards
- 4DW will be the source of data for Health Information Exchange (HIE) through a re-designed Four Directions Hub (4DH)
- 4DW will also be an important source of data for National Data Warehouse and analytics
- Offer an archiving option so that tribes will not lose data currently in RPMS, making it accessible long-term

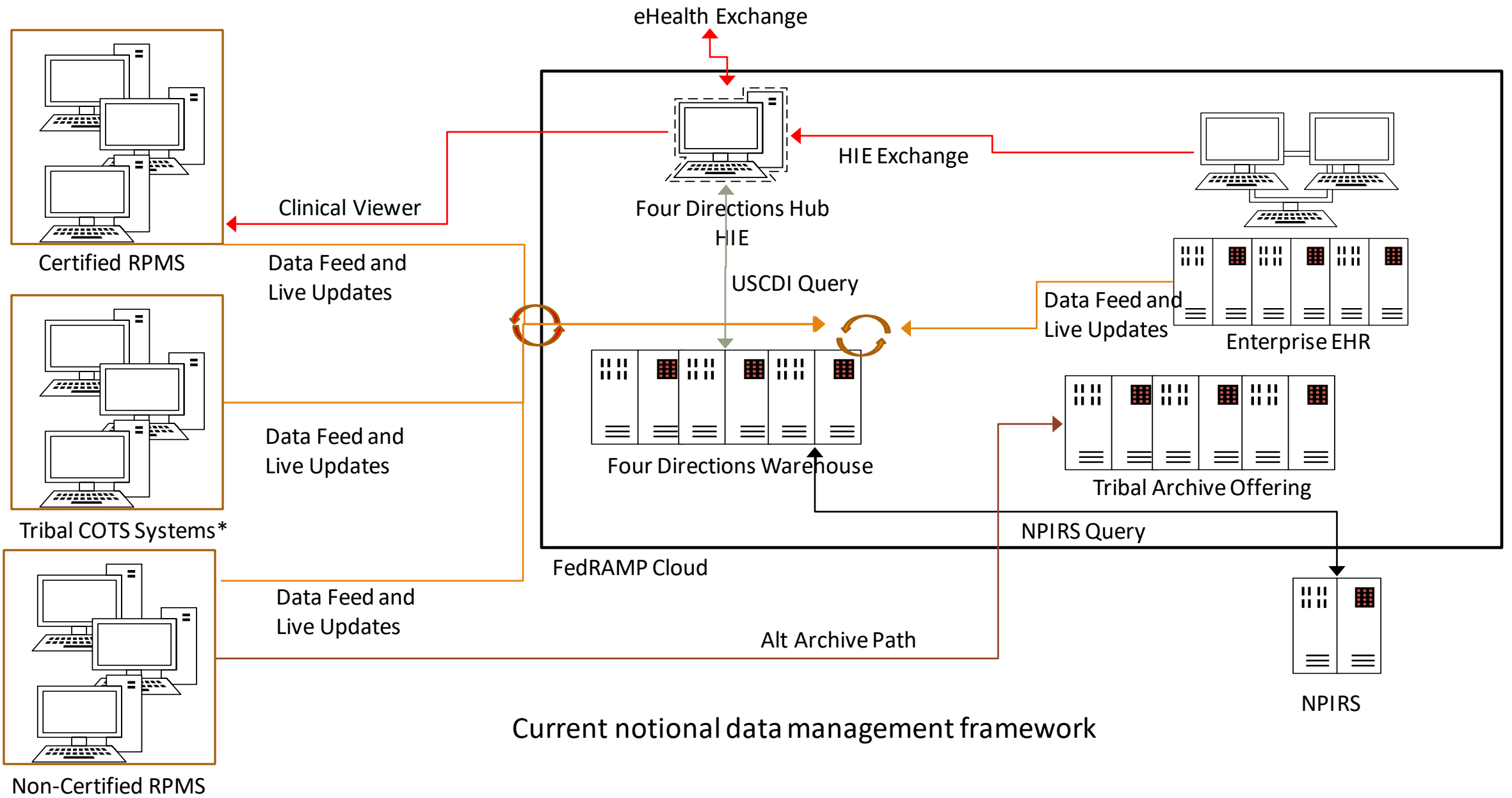


# A Proposed Approach

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- Move legacy data from RPMS to 4DW using a standardized data feed
  - This can be done well in advance of modernization
- Use data from 4DW to “preload” the enterprise EHR (demographics, core clinical data) prior to onboarding of sites
- Continuous (daily) feeds from live RPMS instances to update 4DW
- Continuous (daily) feeds from the enterprise EHR to update 4DW
  - This means that if/when the enterprise solution changes we won’t have to do this again
- Publish an approach that tribes and UIOs can use to recover/transfer legacy data from RPMS
  - IHS can host the archive within the government cloud environment, and/or publish an archiving guide for tribes to manage their archives





Current notional data management framework

- What considerations have been left out of this approach?
- Does the approach described seem like it would support tribes and urban Indian organizations that have an interest in the enterprise EHR?
- Is there anything about the approach that you think would discourage tribes and urban Indian organizations from participating in the enterprise EHR?
- What can we do differently to mitigate this?

## Open Dialogue

“Indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data. It derives from tribes' inherent right to govern their peoples, lands, and resources.”

From University of Arizona, Native Nations Institute: “[Indigenous Data Sovereignty and Governance](#)”

Does this description resonate with you? Are there better ones?

How should data sovereignty inform the work of focus groups, going forward?

# Data Sovereignty



# More to Come on Data Management

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- Data Management & Analytics Focus Group will convene beginning after contract award (CY2023)
- Tribes, urban Indian organizations, and IHS will contribute individuals with expertise in these areas to provide individual input and inform governance decisions
- This is a critical area for all I/T/U, not just those on the enterprise EHR, and we value consultation, feedback, recommendations





# Focus Groups

DRIVING MODERNIZATION THROUGH I/T/U SUBJECT MATTER EXPERTS

# Call to Action: Identify Subject Matter Experts

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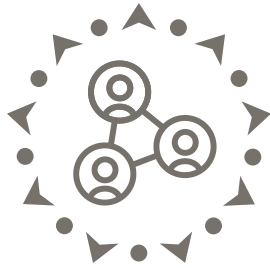


- If you would like to identify someone from your organization for the Focus Groups, please contribute your selections via [modernization@ihs.gov](mailto:modernization@ihs.gov). Include the following information in the email:
  - Name
  - Title
  - Credentials
  - Organization
  - Email address
  - Focus Group(s) participation



# Focus Group Topics

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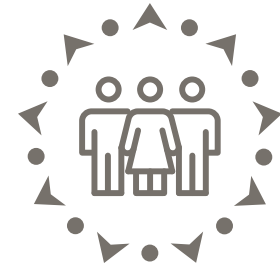
## **Interoperability Group**

Reviewing and suggesting strategies, operational requirements, clinical practice standards, and performance measures that inform the interoperability solution design and project planning



## **Data Management & Analytics Group**

Reviewing and suggesting strategies that support effective data use, security and privacy controls, and standards



## **Implementation Group**

Helping the ESC understand the lessons learned, challenges, and strategies used by other federal agencies, tribes, and urban Indian organizations to modernize their Health IT capabilities



## After the session

Please submit additional comments on Health IT Modernization following the session before September 2, 2022. We want to be in dialogue.

**E-mail or copy**

[consultation@ihs.gov](mailto:consultation@ihs.gov) or [urbanconfer@ihs.gov](mailto:urbanconfer@ihs.gov)

**SUBJECT LINE: Health IT Modernization**



# In Closing

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Today's slides will be posted at <https://www.ihs.gov/newsroom/triballeaderletters/>

Next Tribal Consult/Urban Confer:

**DATE: Tuesday, November 1, 2022**

**TOPIC: Health IT Modernization Implementation Deployment Plan**

**TIME: 2:00 p.m. – 3:30 p.m. (Eastern Time)**

**REGISTER AT: <https://www.zoomgov.com/meeting/register/vJltdeuurTorGAg68vaAV990btGwcPoo-Mg>**





To learn more about the IHS Health Information Technology Modernization Program

visit the Health IT Modernization Program website: <https://www.ihs.gov/hit/>

Or contact:

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Jeanette Kompkoff – [jeanette.kompkoff@ihs.gov](mailto:jeanette.kompkoff@ihs.gov)

To sign up for Program updates, visit the IHS website sign-up page:

[https://www.ihs.gov/listserv/topics/signup/?list\\_id=611](https://www.ihs.gov/listserv/topics/signup/?list_id=611)

# Health IT Modernization Tribal/Urban Engagement

- **July 2022** – Dear Tribal/Urban Leader Letter (DTLL) inviting [participation in conversations around current levels of engagement in the Health IT Modernization Program](#) and provide insight into effectiveness of current efforts and how best to support continued engagement with partners
- **May 2022** – [Tribal Consultation and Urban Confer session](#) around the Modernization Program’s governance approach, effective IT governance, and promotion of focus groups for I/T/U clinical and technical SMEs
- **March 2022** - [Tribal Consultation and Urban Confer session](#) around the benefits of the EHR Modernization Program, Program trajectory, and acquisition strategy
- **February 2022** – DTLL [announcing a series of upcoming Tribal Consultation/Urban Confer sessions](#) around the Health IT Modernization, in particular Program updates, opportunities for participation, and next steps
- **August 2021** – DTLL [announcing Program updates](#) and asking for written feedback to the RFI containing the Statement of Objectives
- **May 2021** – DTLL [announcing Listening Sessions on the draft Statement of Objectives for the Modernization](#)
- **May 2021** – Hosted a virtual [Industry Day](#) event on May 21, 2021
- **May 2021** – DTLL [announcing a data call](#) to inform Tribal Health Programs and Urban Indian Organizations’ experiences with electronic health record acquisitions and costs
- **April 2021** – DTLL [announcing IHS decision for full replacement](#) of the Resource and Patient Management System after significant Tribal and Urban engagement and input
- **December 2020** – DTLL [announcing Listening Sessions for input on next steps](#) in the Health IT Modernization
- **November 2019** – DTLL announcing the [Strategic Options for the Modernization of the Indian Health Service Health Information Technology Roadmap Executive Summary and Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report](#)
- **October 2018** – DTLL [announcing the IHS Health IT Research Project](#) and first steps in evaluation options in modernizing Health IT
- **July 2017** – DTLL [announcing two additional listening sessions for further input and recommendations](#) around how to best modernize the RPMS EH
- **June 2017** – DTLL [announcing two listening sessions for input and recommendations](#) around approaches to modernize the RPMS EHR

