RESOURCE AND PATIENT MANAGEMENT SYSTEM

Prenatal Care Module

(BJPN)

Addendum to User Manual

Version 2.0 Patch 9
November 2017

Office of Information Technology
Division of Information Technology

Table of Contents

1.0 Introduction 1
1.1 Background 1
1.2 Prenatal Care Module (PCM) 1
2.0 System Navigation 3
2.1 Using Prenatal Care Module Features 3
2.1.1 Pregnancy Issues and Problems List 3
2.2 Using Prenatal TIU Objects 35
2.2.1 PIP Expanded-Current Pregnancy TIU Object 35
2.2.2 PIP Expanded-Current Encounter TIU Object 35
2.2.3 PIP Expanded-Most recent note TIU object 35
2.3 Using Prenatal Health Summary Objects 36
2.3.1 PIP Expanded-Pregnancy 36
2.3.2 PIP Expanded-Current Encounter 36
3.0 Package Management 37
3.1 Security Keys 37
3.2 Parameters 37
4.0 Package Operation 38
4.1 Installation 38
4.2 Giving Users Access to the PCM Components 38
4.3 Adding Prenatal Care Module Component to EHR 38
4.3.1 Accessing Design Mode 39
4.3.2 Layout Manager 40
Appendix A: Rules of Behavior 45
A.1 All RPMS Users 45
A.1.1 Access 45
A.1.2 Information Accessibility 46
A.1.3 Accountability 46
A.1.4 Confidentiality 47
A.1.5 Integrity 47
A.1.6 System Logon 47
A.1.7 Passwords 48
A.1.8 Backups 49
A.1.9 Reporting 49
A.1.10 Session Timeouts 49
A.1.11 Hardware 49
A.1.12 Awareness 50
A.1.13 Remote Access 50
A.2 RPMS Developers 50
A.3 Privileged Users 51

Glossary **54**
Acronym List **56**
Contact Information **58**

Preface

The purpose of this manual is to provide users with the information needed to use the Indian Health Service (IHS) Electronic Health Record (EHR) Prenatal Care Module (PCM) components which have been developed and released under the new BJPN namespace. The PCM is composed of two Windows (TM)-based Graphical User Interface (GUI) components within the EHR. The PCM allows users to manage prenatal problems and issues for a patient during pregnancy. The Pregnancy Issues and Problem List (PIP) component serves to maintain the list of issues and risks associated with both current and all pregnancies for providers to consider the prenatal issues associated with the pregnancy in the context of all similar problems.

1.0 Introduction

This manual contains reference information about the PCM views and step-by-step procedures to show users how to perform the activities supported by the component.

1.1 Background

The traditional EHR Problem List provides a concise inventory of a patient's medical conditions. The list keeps critical patient problem information "on the surface" where the problems can be reviewed quickly and easily. In addition, the list keeps diagnoses from getting lost in the record and makes it simple to evaluate a single diagnosis within the overall context of a patient's other active medical conditions. This problem list is the focal point of problem-oriented medical record keeping.

Past experience suggests that it is useful to maintain a pregnancy-specific problem list that provides a focused summary of problems associated with a patient's pregnancy. This new pregnancy-specific problem list is referred to as the PIP. With the release of Version 2, users will be able to copy a prenatal problem to the EHR Integrated Problem List (IPL) and problems from the IPL can be copied to the PIP.

Aside from limiting its context to a single pregnancy, the PIP differs from the traditional problem list in two important ways:

1. Equal emphasis is given to documenting medical conditions and risk factors.
2. PIP entries have "scope"; namely, each entry is limited to the current pregnancy or to all pregnancies.

1.2 Prenatal Care Module (PCM)

The PCM is intended to allow providers to see a pregnancy-specific problem list that provides a focused summary of problems associated with a single pregnancy.

The PCM can help IHS providers by:

- Providing a pregnancy-specific problem list to track problems and issues related to the current pregnancy or all pregnancies.
- Enabling the provider to clarify the issue by using provider text that is included with the Systematized Nomenclature of Medicine--Clinical Terms (SNOMED CT (TM)) term associated with the problem.
- Providing the ability to enter care plans, patient goals and visit instructions associated with the prenatal problem.
- Providing the ability to set the problem as today's Purpose of Visit (POV).
- Providing the ability to include the problem list and notes in progress notes using Text Integration Utility (TIU) objects.

- Providing the ability to include the problem list and notes in a Health Summary (HS) using HS objects.

2.0 System Navigation

2.1 Using Prenatal Care Module Features

This section provides an overall look at the design and functions of the main screen elements of the PCM.

The core concept of the Prenatal Care Module Version 2.0 is the PIP. The PIP is a list of issues and problems associated with a patient's pregnancy that the user has added. The user selects individual problems from the Pregnancy Problems Picklist (PPL) or utilizes the SNOMED CT lookup utility. The PPL will present the user with a default set of common pregnancy issues and problems. The list is integrated with the Integrated Problem List (IPL) Pick List functionality. Pick lists marked as being prenatal-related will be displayed in the PPL.

2.1.1 Pregnancy Issues and Problems List

The PIP component displays the list of issues and problems associated with a patient's pregnancy. This list is manageable by the user; allowing additions, edits and deletions, as necessary.

Users who hold any of the ORES/ORELSE/PROVIDER keys are viewed as clinical users and have full access privileges to all problem list options. Users with the BGOZ PROBLEM LIST EDIT key can add or edit the problem list. Users with the BGOZ VIEW ONLY key can view information, but cannot edit data in this component.

A parameter BJPN DISABLE PRENATAL EDITING was included with the release of the Prenatal Care Module Version 1.0. Users or users subscribed to a User Class entered into this parameter will have view only access to the PCM, regardless of the security keys they hold.

The PIP window (also known as the PIP component) has the following features:

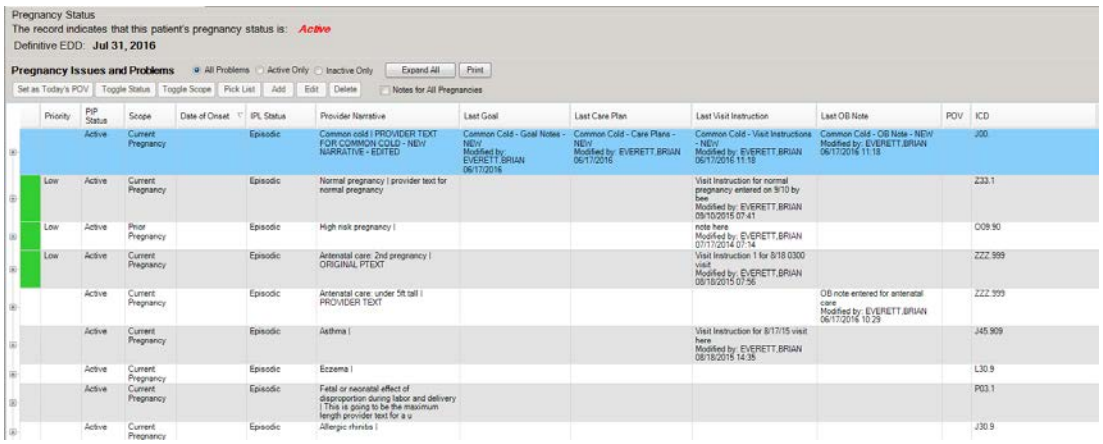
- Radio buttons by the PIP label determines what problem status will be displayed in the (lower) grid. The choices are: Active, Inactive, or All.
- *A visit or visit context **must** be selected in order to access the edit functionality of the PIP*. PIP edit functionality consists of using the Add, Edit, Delete, Set as Today's POV, Pick List and Toggle buttons.
- When in view only mode, *a visit or visit context is **not** required*; however only the Problem Status Radio buttons, the Expand/Collapse All, Print, as well as the "Notes for All Pregnancies" check box and View Detail option (available by right-clicking on a problem in the PIP) will be accessible. All PIP edit functionality will be disabled when in view only mode.

2.1.1.1 About the PIP

The PIP displays the selected patient's pregnancy status and Definitive Estimated Date of Delivery (DEDD) at the top of the component for context. The PIP entries are displayed in a grid format and include the following columns:

- Priority
- PIP Status
- Scope
- Date of Onset
- Modified (Optional)
- IPL Status
- Provider Narrative
- Last Goal
- Last Care Plan
- Last Visit Instruction
- POV
- ICD

Table 1 Sample PIP



To display a specific list of problems, click a **radio button** next to the **Pregnancy Issues and Problems List label** to select the **appropriate problems by status** to display in the PIP grid.

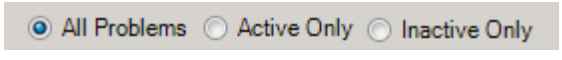


Figure 1 Status of Problem Lists

The **All Problems** option will display both active and inactive problems for the current patient.

Users can filter the list by selecting **Active Only** or **Inactive Only**; this means, for example, if **Active Only** is selected, only those problems with a status of Active will display in the PIP grid.

The Status field is editable when adding or editing a problem through the dialog or by clicking the **Toggle Status** button on the list for the selected problem(s.)

2.1.1.2 Expand/Collapse All

Click the **Expand (Collapse) All** button to expand or collapse the PIP entries in the grid to show or hide the associated notes for the problem. This button changes from **Expand All** to **Collapse All**. This same functionality is available on the context menu.

2.1.1.3 Print

Click the **Print** button to print all problems currently listed in the PIP grid.

> **Note:** Print only works with local printers. EHR remote printers cannot print the graphics associated with the grid itself, only text.

Follow these steps to print selected problems on the patient's PIP:

1. Click the **Print** button to display the Print Preview dialog. Figure 2 shows a sample of a **Print Preview** dialog.

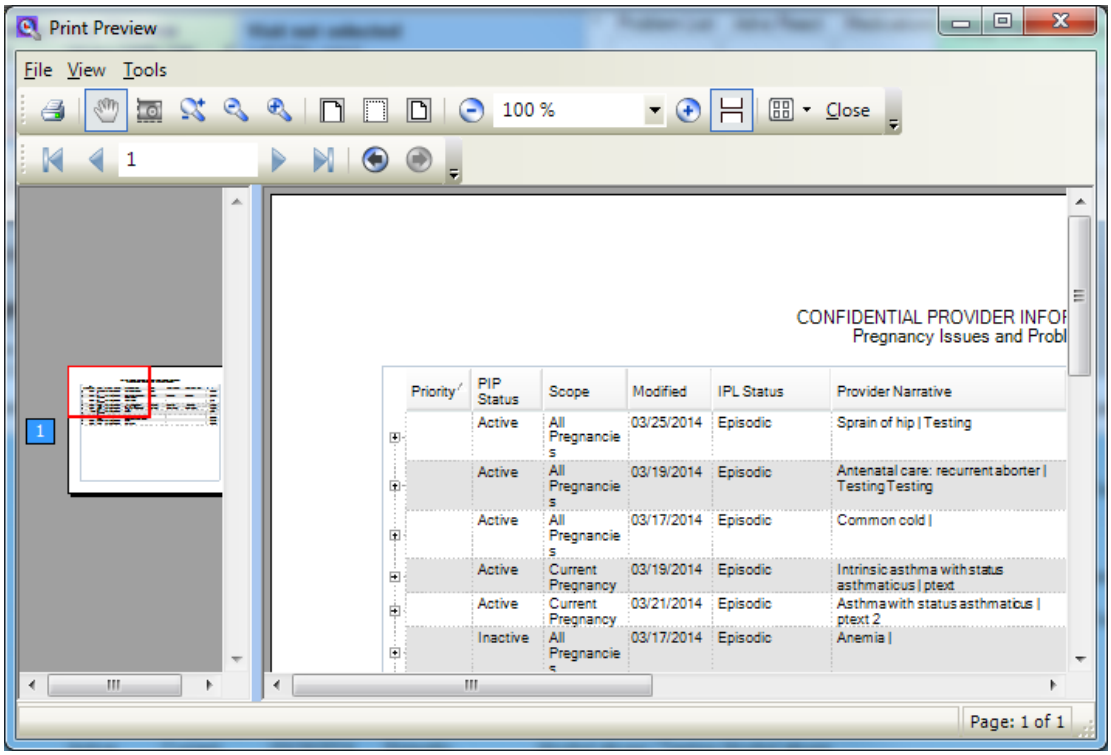


Figure 2 Print Preview dialog

2. Make any desired adjustments to the page layout and then print by selecting **File > Print** in the menu or the **Print** button with the printer icon.

2.1.1.4 Set as Today's POV

For Prenatal 2.0, **Set as Today's POV** button has been updated to use the same form launched by the EHR IPL **POV** button. All the same rules apply.

If the PIP is editable, users can select one or more problems in order to simultaneously update the problem's **Set as Today's POV** flag. This setting can also be updated via the **Edit Problem** dialog.

Use the **Set as Today's POV** button to associate active problems from the **PIP** component as the POV for the selected visits in the **EHR Visit Diagnosis** component. This same functionality is available on the **context** menu.

Follow these steps to set a problem as the POV for a visit:

1. To select all active problems, either click the **Set as Today's POV** button (or select the **Set as Today's POV** option on the **context** menu.) Alternatively, select **one problem** in the grid and click the **Edit** button (or select the **Edit Problem** option on the **context** menu) to display the **Set as Today's POV/Update problems** dialog for the selected active problems.

2. When done editing, click **Save**. Otherwise, click **Cancel** to cancel the update process.

   The Figure 3 shows a sample Set as Today's POV display:

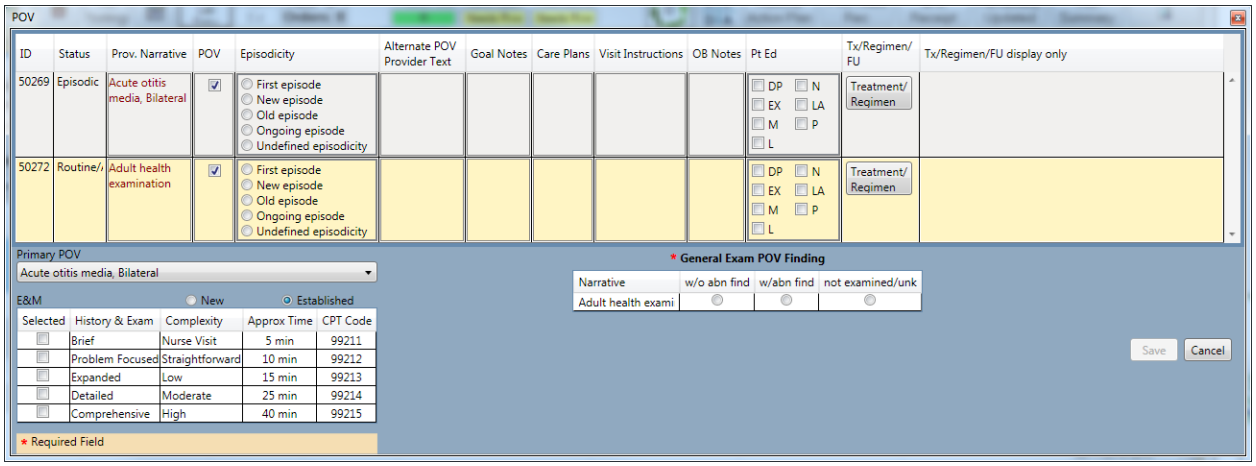


Figure 3 **Select POV's/Update problems** dialog

2.1.1.5 Toggle Status

Click the **Toggle Status** button to toggle the problem status on selected entries in the **PIP grid** from Active to Inactive or vice versa. The same functionality is available on the **context** menu.

2.1.1.6 Toggle Scope

Click the **Toggle Scope** button to toggle status on selected entries in the **Pregnancy Issues and Problems** grid from **Current Pregnancy** to **Prior Pregnancy** or vice versa. The same functionality is available on the **context** menu.

Attempting to switch from current to prior pregnancy may display a message indicating why it can't be changed. See Figure 4.

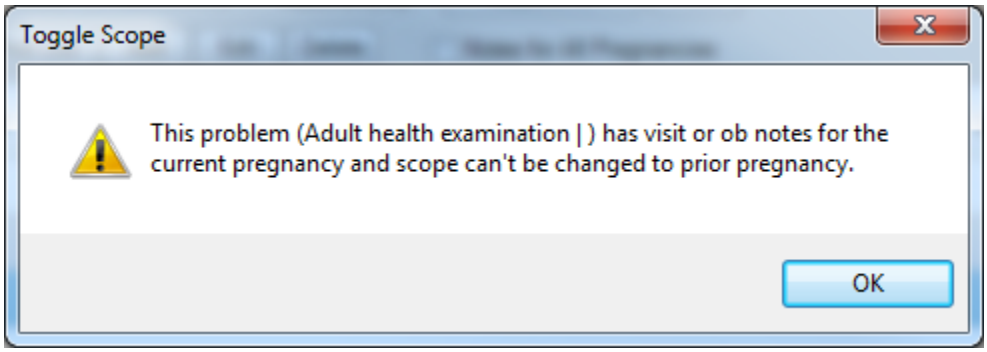


Figure 4 Toggle Scope screen

2.1.1.7 Add Problem

The **Add Problem Information** dialog displays when the user clicks the **Add** button on the PIP or when the **Add Problem** is selected from the **context** menu. The dialog allows users to set the attributes for the problem including IPL priority, Use as POV, primary, inpatient, PIP Priority, SNOMED CT term, IPL status, PIP status, scope, laterality*, provider text, qualifiers, asthma*, fracture healing*, Is Injury data, date of onset, goal notes, care plans, visit instructions, and care planning activities.

* Depending on which problem is selected.

If the PIP is editable, problems can be added to the list in a variety of ways. From the PIP, clicking the **Add** button or selecting **Add Problem** from the **context** menu will open the **Add Problem** dialog. Problems can also be added using the **Pick List** button. Once the entry is updated and saved, the problem will be added to the PIP and appear in the list.

Add a problem to the PIP if an issue is considered important enough and to document as an ongoing issue.

WARNING: Notes are saved when the user clicks on the **OK** button on the **CVG** form, *not* via the **Add Problem Save** button.

Figure 5 shows a sample **Add Problem Dialog** form:

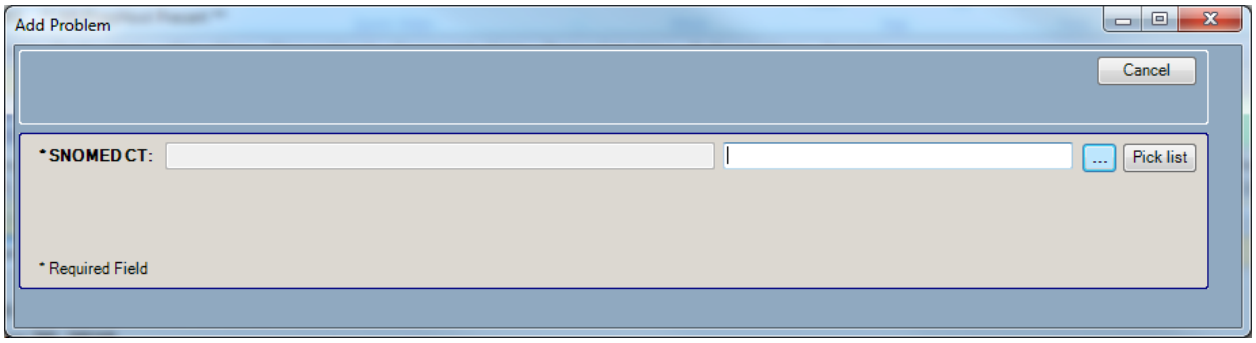


Figure 5 **Add Problem Information** dialog (before SNOMED CT is selected)

Follow these steps to add a new problem to a patient's PIP:

1. Click **Add** (or select the **Add Problem** option on the **context** menu) to display the **Add Problem Information** dialog.

2. For the required **SNOMED CT** field, either type in the **SNOMED CT value** for the problem (if known) or else click the **ellipsis** button to utilize the **SNOMED CT Lookup** dialog or the **Pick List** button to select the appropriate entry.

   Selecting a problem via SNOMED CT and the **Pick List** can cause one of the following special case message boxes to be displayed:

a. Figure 6: The problem selected already exists on the PIP and was loaded into an **edit screen**. This window only displays for 5 seconds before automatically closing.

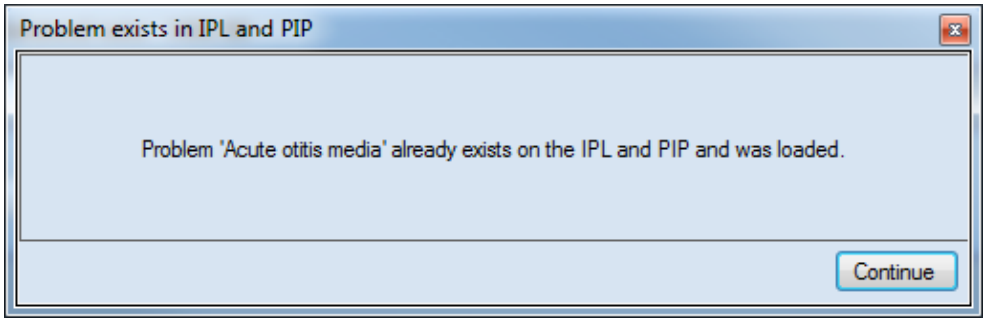


Figure 6 **Problem exists in IPL and PIP** screen

b. Figure 7: The problem selected already exists in the **IPL**. User needs to confirm if it is acceptable to add the problem to the PIP. Click **OK** to accept.

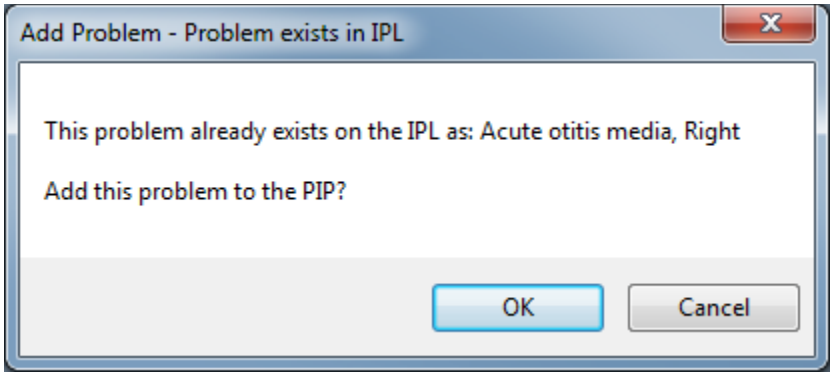


Figure 7 **Problem was found in the IPL**

c. Figure 8: The selected problem has found one or more possible matches to an existing PIP and/or IPL problem. The user will be presented with a **list of options**. They are:

- **Add the new problem to the PIP**
- **Edit existing IPL/PIP problem** '….' With up to 3 matching problems (laterality representing left, right and bilateral) may be displayed with the option to either edit the existing problem or add to PIP if found on the IPL.

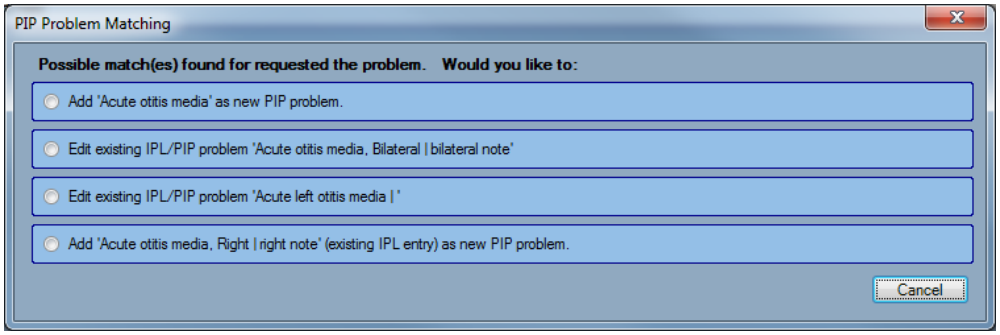


Figure 8 **Existing problems found, add or edit** screen

d. Figure 9: The selected problem has found an existing problem with the laterality unset (Unspecified.) The user will be presented with the option to either **add the problem as a new PIP** problem or **replace the existing problem** (with no laterality selected) and **edit**.

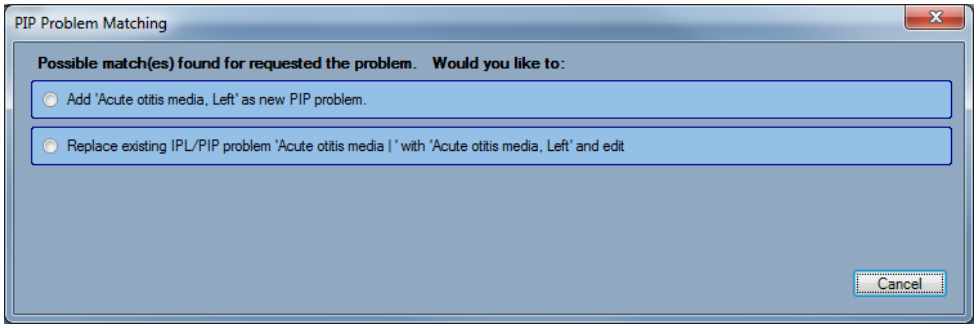


Figure 9 **Existing problem found, add or replace** screen

If desired, select **IPL Priority** for the problem.

3. Figure 10: If desired, check **Use as POV** to mark this as purpose of visit. Once **Use as POV** is checked, **Primary** checkbox becomes an option. **Select**, if desired.

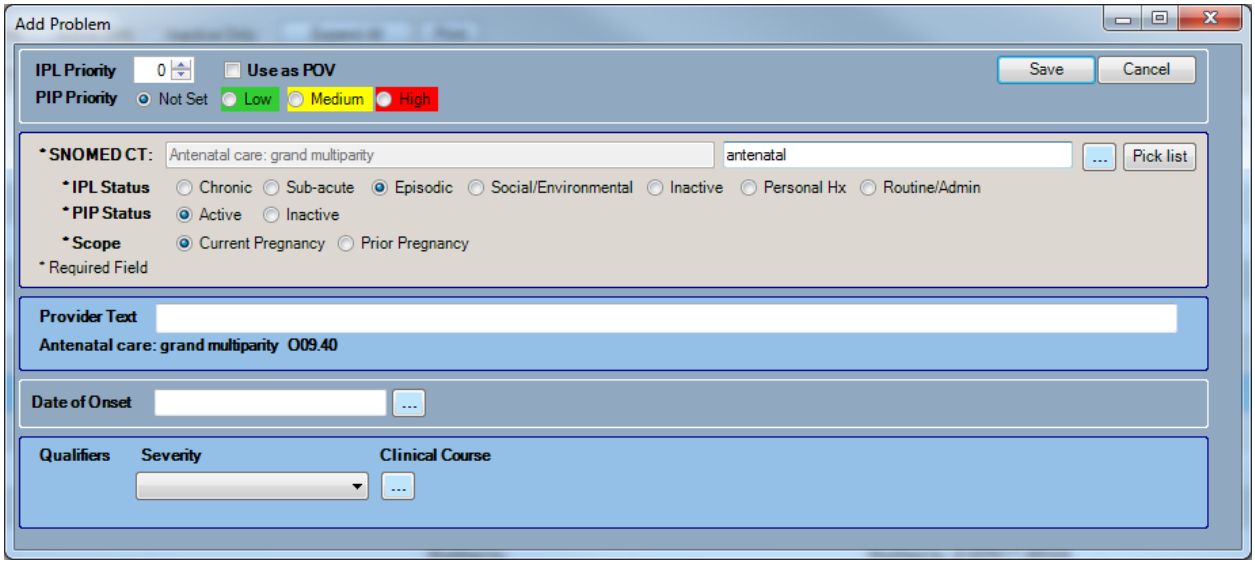


Figure 10 **Add Problem - POV**

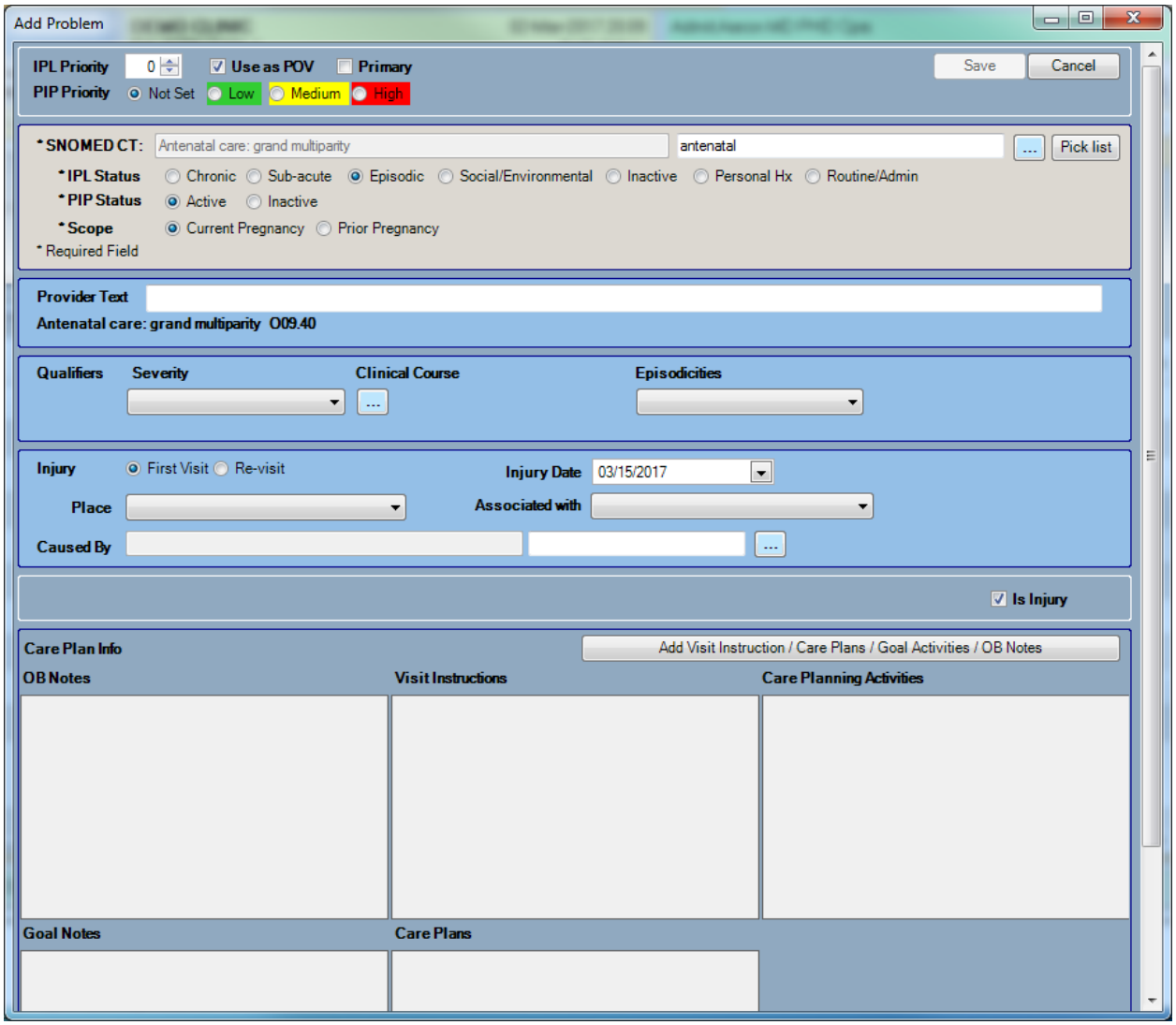


Figure 11 Add Problem – **Use as POV checked, Is Injury** checked

Note:	If an inpatient visit is selected, **Use as POV** and **Primary** are replaced with **Use for Inpatient** checkbox.

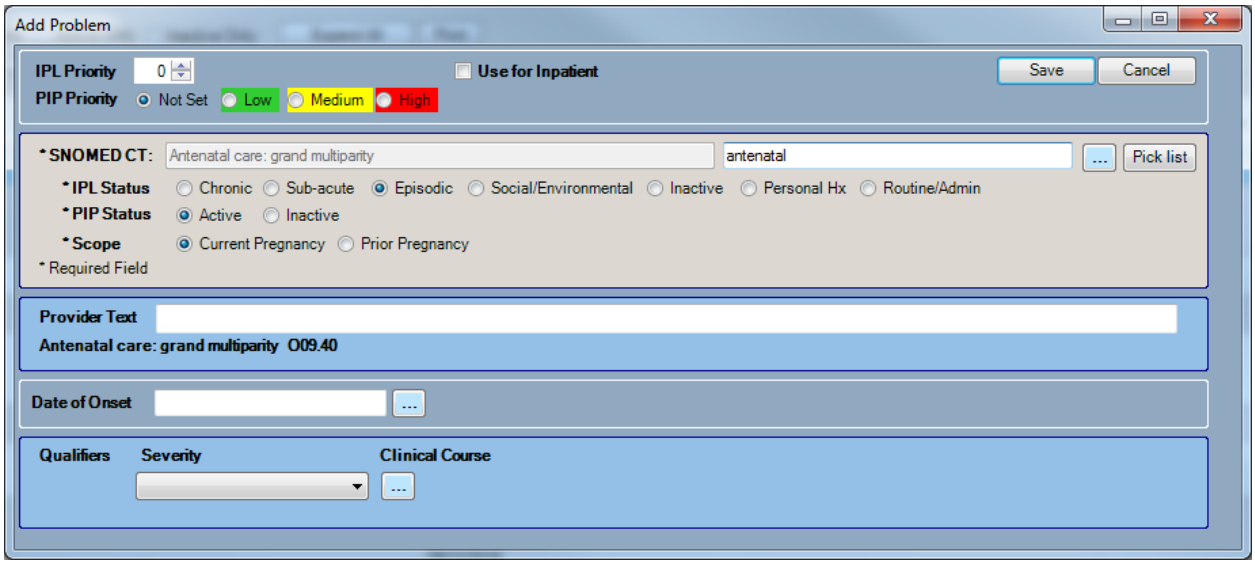


Figure 12 **Add Problem – Inpatient Visit**

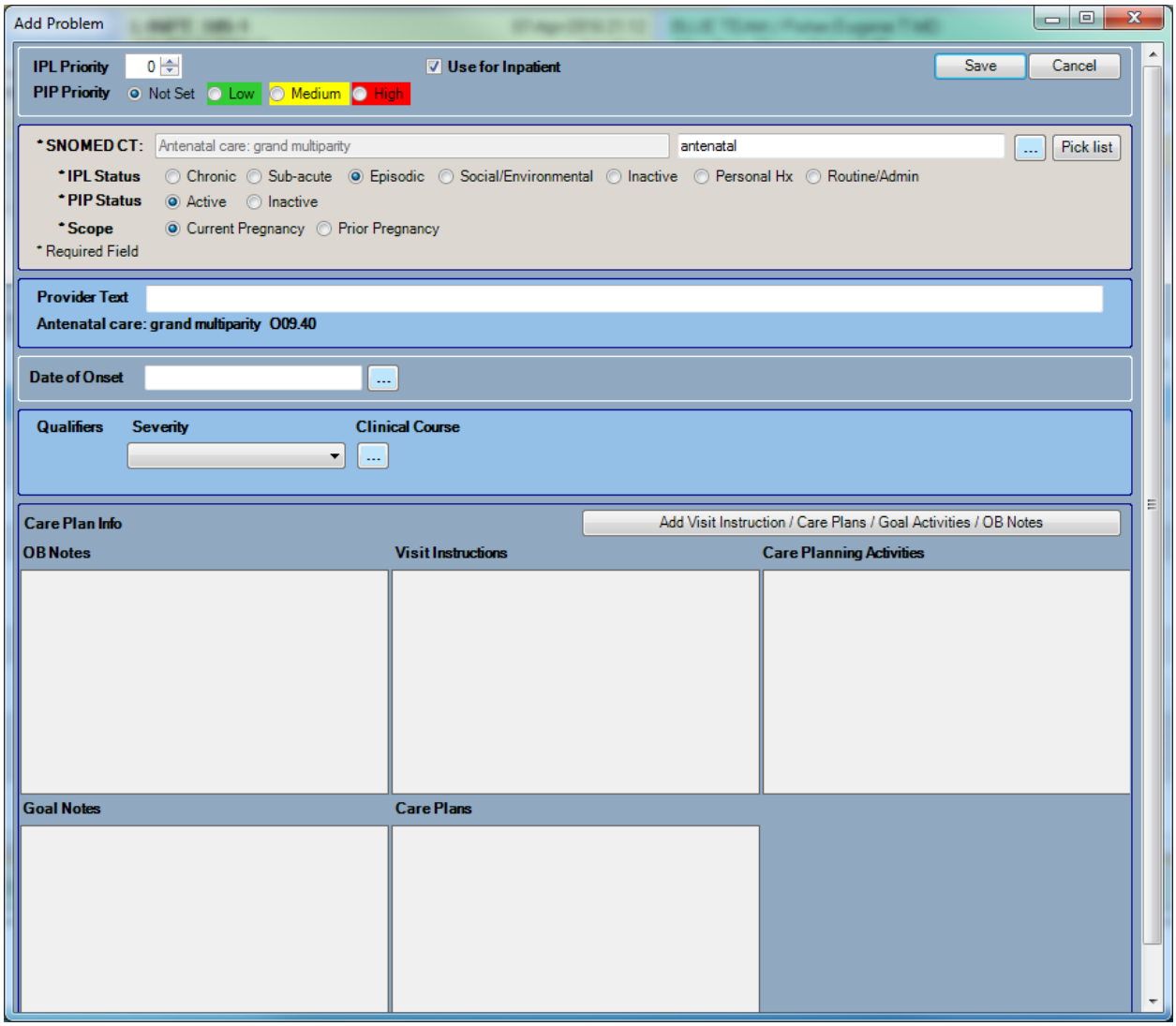


Figure 13 **Add Problem – Use for Inpatient** checked

4. Checking either **Use as POV** or **Use as Inpatient** will make the **Care Plan Info** section visible.

5. If desired, select **PIP Priority** for the problem.

6. Select the **appropriate radio button** in the **IPL Status** group box. **Episodic** is pre-selected as the default for a new problem.

7. Select the **appropriate radio button** in the **PIP Status** group box. **Active** is pre-selected as the default for a new problem.

8. Select the **appropriate radio button** in the **Scope** group box. **Current Pregnancy** is pre-selected as the default for a new problem.

9. Figure 14. **Problems** (with **Use as POV** checked) **with laterality information** will display a new section called **Laterality** listing values of **Left, Right, Bilateral** and **Unspecified**. The problem's **laterality** radio button will be selected. This is display ONLY. If the laterality needs to be changed, the problem will have to be selected from either the **SNOMED CT** search or the **Pick List** and replaced.

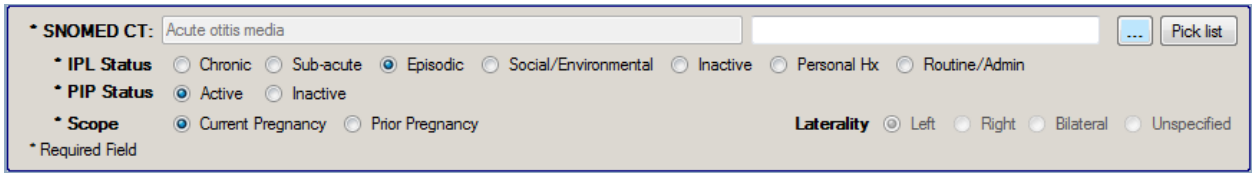


Figure 14 Laterality information displayed

A problem with a laterality value of **Unspecified** causes an additional check when the **Save** button is clicked. Setting the laterality value to **Left, Right or Bilateral** is desired. If laterality is left as Unspecified, any future editing of this problem will cause the same prompt to be displayed on save.

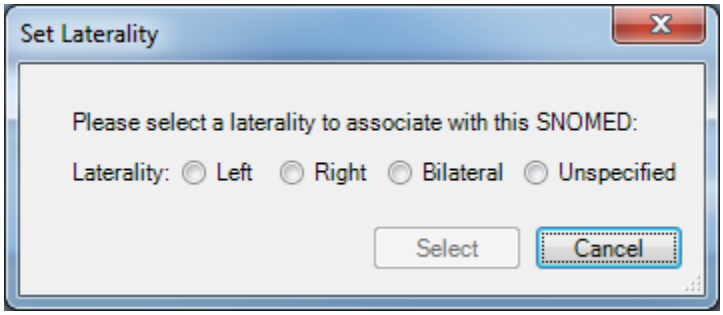


Figure 15 Set Laterality window

If desired, enter a 60 character maximum **Provider Text** field value.

10. If desired, the **Date of Onset** can be selected. (Figure 16)

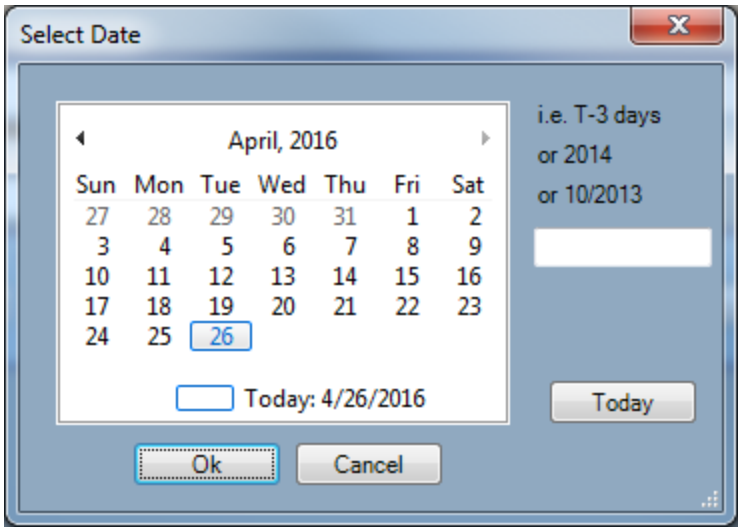


Figure 16 Imprecise Date Selection

If desired, the **Qualifiers** section can be updated.

a. Certain SNOMED CT terms, such as Adult health examination, require **General Exam POV finding** information to be collected. The **Save** button will be disabled until a **finding** is selected.

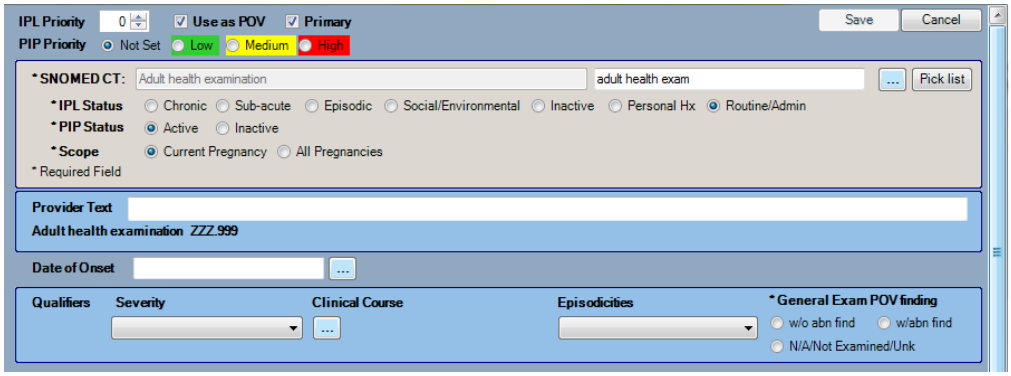


Figure 17 General Exam POV finding section

11. If selected problem is Asthma-related, the **Asthma** section will be visible and can be updated.

Figure 18 Asthma section

12. If desired, **Injury data** can be entered by checking the **Is Injury** checkbox. The Injury will be display and can be populated.

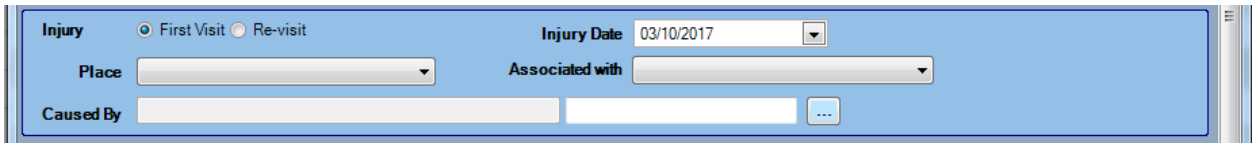


Figure 19 Injury section

13. Certain SNOMED CT terms, such as Stress fracture of left ulna, require **Fracture Healing** finding information to be collected. The **Save** button will be disabled until a value is selected.

Figure 20 Fracture Healing section

14. If desired, **Care Plan Information** can be updated via **Add Visit Instruction / Care Plans / Goal Activities / OB Notes** button or **context** menu options on **OB Notes, Goal Notes, Care Plans** and **Visit Instructions** grids. Using the **Care Plans/Visit Instruction/Goal Activities/OB Notes** form, will 1) save the currently selected problem on the Add Problem form and 2) save any data entered on the form.

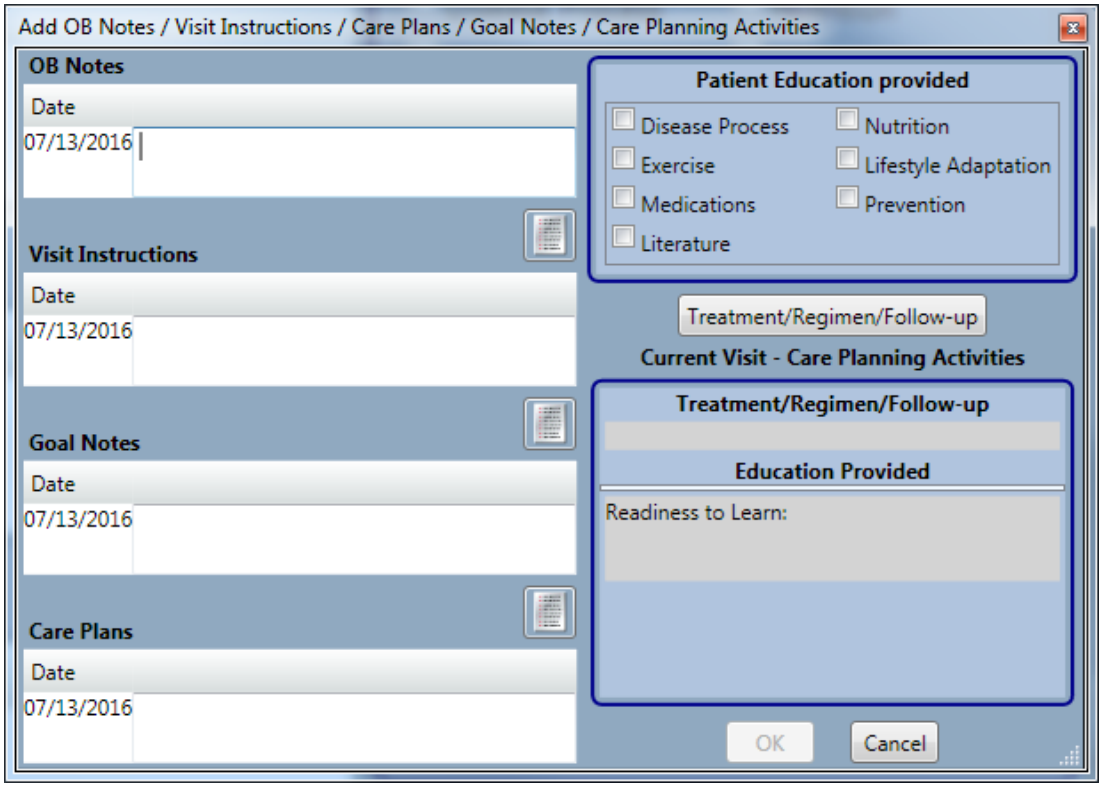


Figure 21 Add Visit Instruction / Care Plans / Goal Activities / OB Notes form

15. When the **Add Problem Information** dialog is complete, either click **Save** to file the problem information into RPMS or click **Cancel** to quit without saving.

2.1.1.8 Edit Problem

The **Edit Problem Information** dialog displays when the user clicks the **Edit** button on the PIP or when the **Edit Problem** is selected from the **context** menu. The dialog allows users to set the attributes for the problem including IPL priority, Use as POV, primary, inpatient, PIP Priority, SNOMED CT term, IPL status, PIP status, scope, laterality*, provider text, qualifiers, asthma*, fracture healing*, Is Injury data, date of onset, goal notes, care plans, visit instructions, care planning activities.

* - depends on problem selected.

The **Edit Problem** dialog allows current information for problems already located on the PIP to be updated.

> **WARNING**: Notes are saved when the user clicks on the **OK** button on the **CVG** form, *not* via the **Edit Problem Save** button.

Figure 22 shows a sample **Edit Problem Information** dialog form:

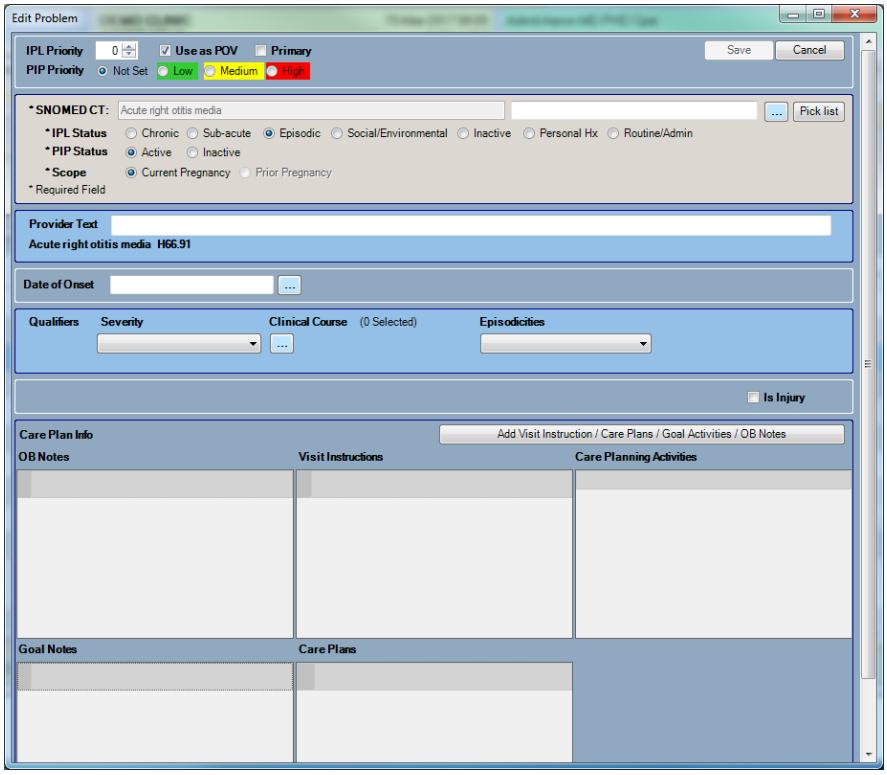


Figure 22 **Edit Problem** dialog

Follow these steps to modify current information on the PIP:

1. Highlight a **problem** in the **PIP** grid.

2. Click **Edit** (or select the **Edit Problem** option on the **context** menu) to display the **Edit Problem** dialog for the selected problem.

3. For the required **SNOMED** field, either type in the **SNOMED CT value** for the problem (if known) or else click the **ellipsis** [...] button to utilize the **SNOMED CT Lookup** dialog or the **Pick List** button to select the appropriate entry.

   Selecting a problem via **SNOMED CT and the Pick List** can cause one of the following special case message boxes to be displayed:

   a. Figure 23: The problem selected already exists on the PIP and was loaded into an edit screen. This window only displays for 5 seconds before automatically closing.

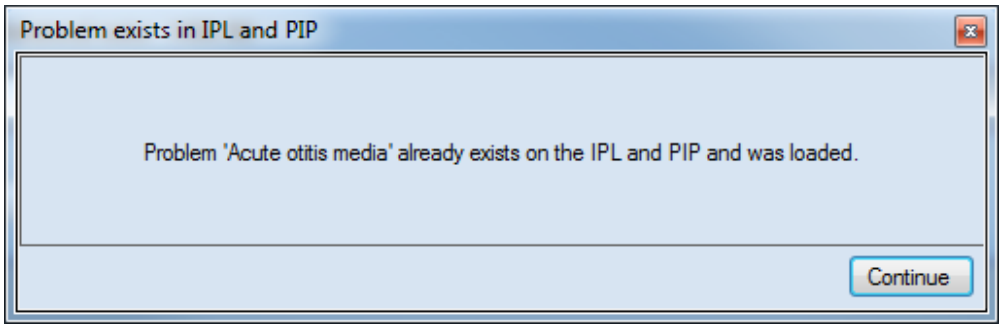


Figure 23 Problem was found on the PIP and was loaded into the edit screen

   b. Figure 24: The problem selected already exists in the IPL. User needs to confirm if it is acceptable to add the problem to the PIP. Click **OK** to accept.

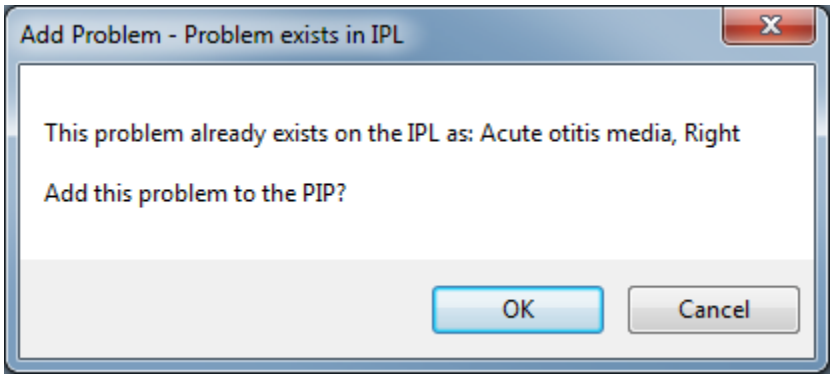


Figure 24 Problem was found in the IPL; confirm if acceptable to add to the PIP

   c. Figure 25: The selected problem has found possible matches to one or more existing PIP and/or IPL problem. The user will be presented with a **list of options**. Add the new problem to the PIP will always be the first option. Up to three matching problems (laterality representing left, right and bilateral) may be displayed with the option to either edit the existing problem or add to PIP if found on the IPL.

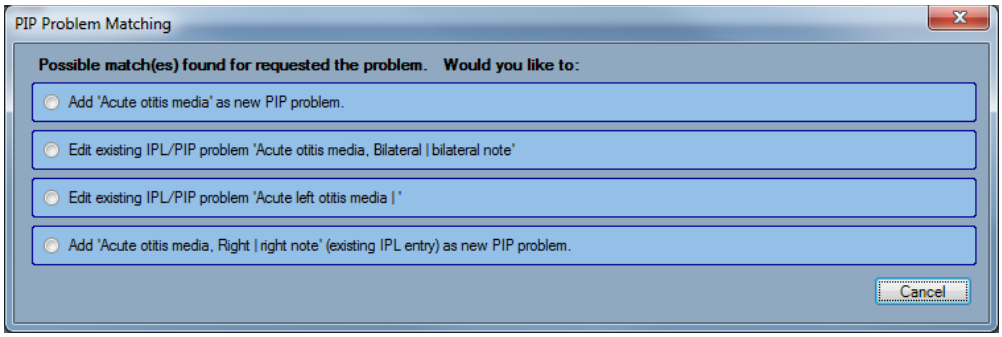


Figure 25 Existing problems found, add or edit screen

d. Figure 26: The selected problem has found an existing problem with the laterality unset (Unspecified.) The user will be presented with the option to **either add the problem as a new PIP problem** or **replace the existing problem (with no laterality selected) and edit**.

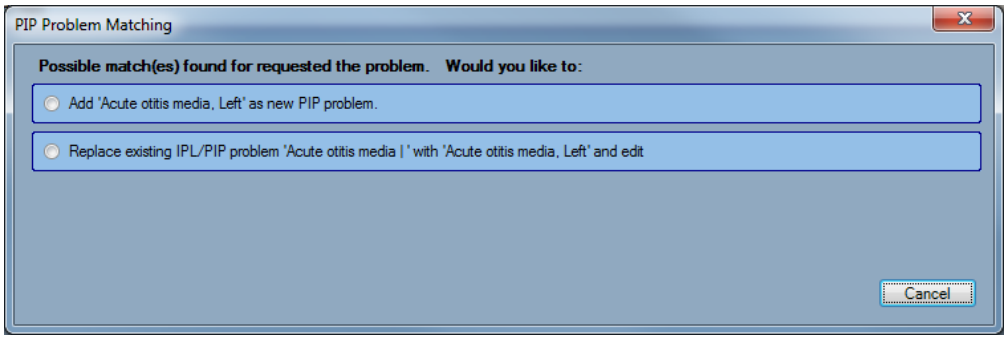


Figure 26 Existing problem found, add or replace screen

e. Figure 27A matching problem with equivalent laterality was found on the PIP. This problem already exists on the IPL and PIP and can't be changed.

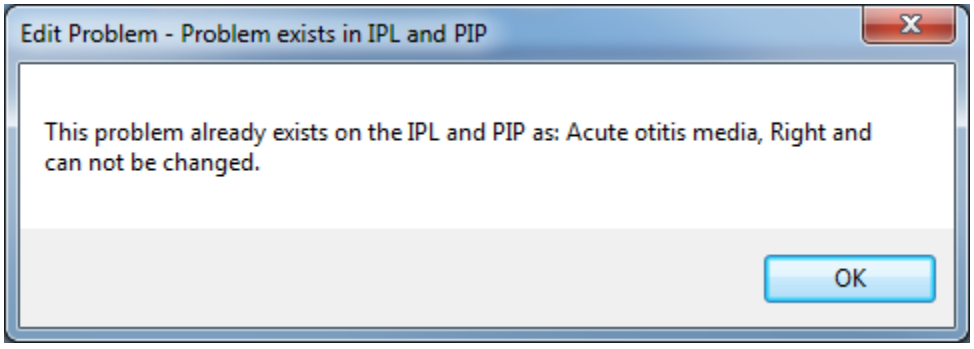


Figure 27 Existing problem found, can't change screen

4. If desired, select **IPL Priority** for a problem.

5. If desired, check **Use as POV** to mark this as purpose of visit.

Once **Use as POV** is checked, **Primary** checkbox becomes an option. Select, if desired.

If an inpatient visit is selected, **Use as POV** and **Primary** are replaced with **Use for Inpatient** checkbox.

Selecting either **Use as POV** or **Use as Inpatient** will make **Care Plan Info section** visible.

6. If desired, select **PIP Priority** for a problem.
7. Click the **appropriate radio button** in the **IPL Status** group box. **Episodic** is pre-selected as the default for a new problem.
8. Click the **appropriate radio button** in the **PIP Status** group box. **Active** is pre-selected as the default for a new problem.
9. Click the **appropriate radio button** in the **Scope** group box. **Current Pregnancy** is pre-selected as the default for a new problem.
10. If desired, enter a 60 character maximum **Provider Text** field value.
11. If desired, the **Date of Onset** can be selected.

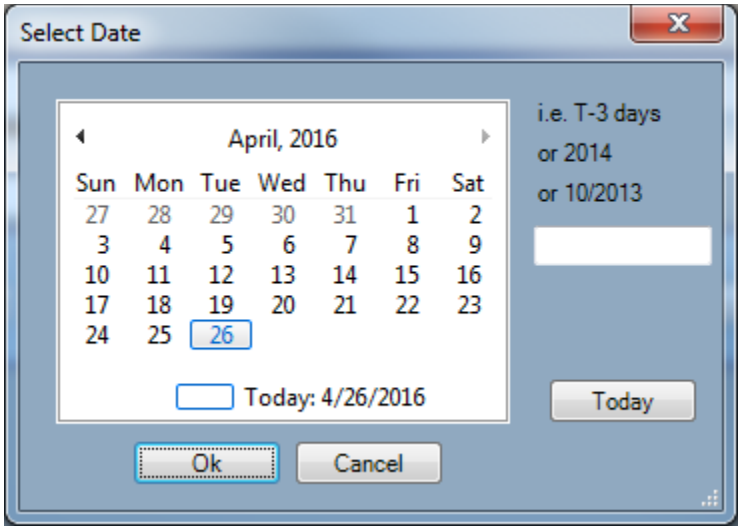


Figure 28 **Imprecise date** selection

12. If desired, the **Qualifiers** section can be updated.
    a. Certain SNOMED CT terms, such as Adult health examination, require **General Exam POV finding** information to be collected. The **Save** button will be disabled until a finding is selected.

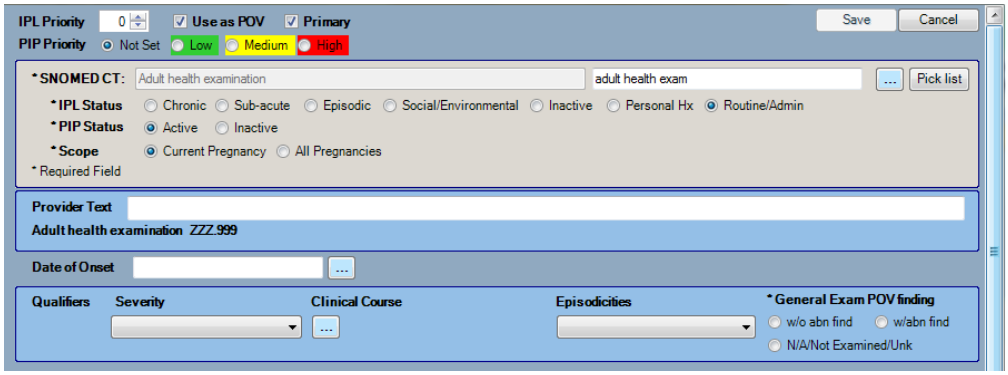


Figure 2-29: **Abnormal Findings**

13. If selected problem is Asthma related, the **Asthma** section will be visible and can be updated.

Figure 30 **Asthma**

14. If desired, Injury data can be entered by checking the **Is Injury** checkbox. The Injury will be display and can be populated.

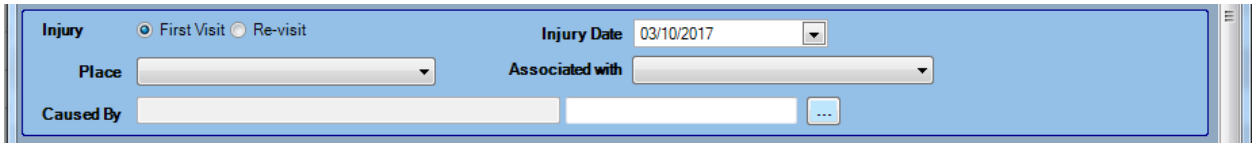


Figure 31 **Injury**

15. Certain SNOMED CT terms, such as Stress fracture of left ulna, require **Fracture Healing** finding information to be collected. The **Save** button will be disabled until a value is selected.

Figure 32 **Fracture Healing**

16. If desired, Care Plan Information can be updated via **Add Visit Instruction / Care Plans / Goal Activities / OB Notes** button or **context** menu options on **OB Notes, Goal Notes, Care Plans** and **Visit Instructions** grids. Using the **Care Plans/Visit Instruction/Goal Activities/OB Notes** form will save any data entered when the **OK** button is clicked.

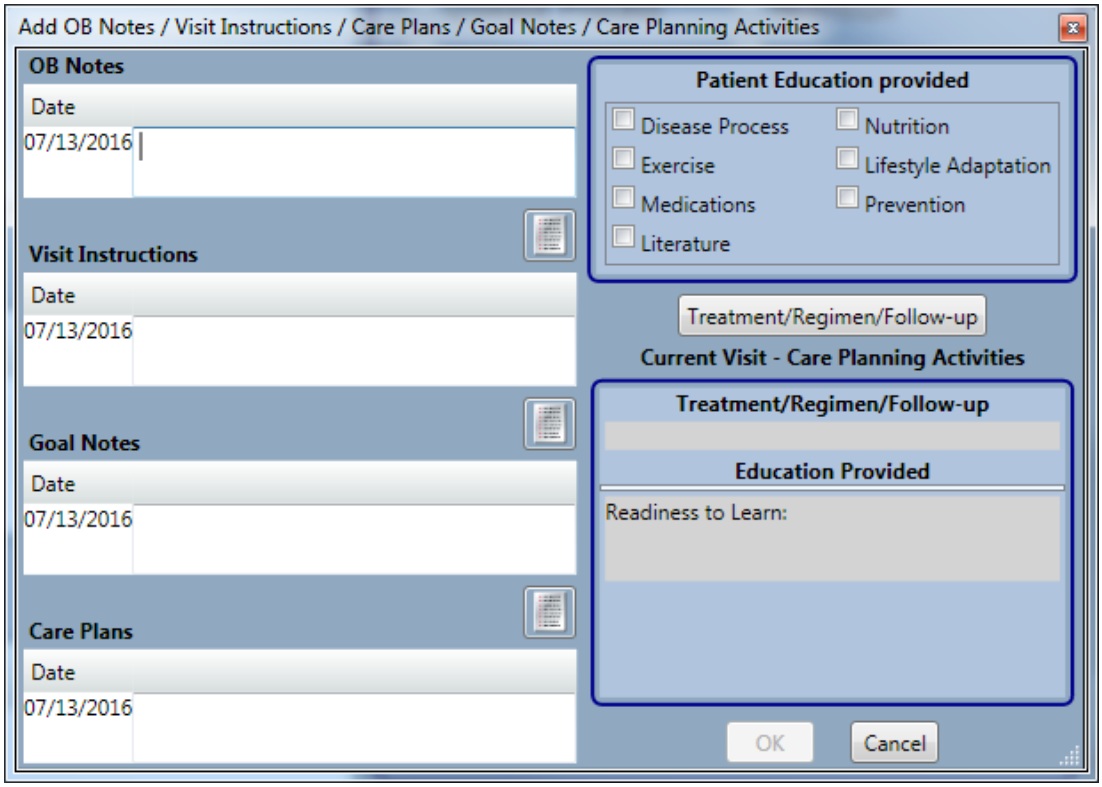


Figure 33 **Add Visit Instruction / Care Plans / Goal Activities / OB Notes** form

17. After correcting any information about the problem (including adding or deleting a note), click **Save** (on the **Edit Problem Information** dialog) to have the corrected information display in the **PIP** grid or click **Cancel** to quit without saving.

2.1.1.9 Delete Problem

If the PIP is editable, problems can be deleted from the list in a variety of ways. Clearing an entry in the PPL will delete the item from the PIP list. Alternatively, from the PIP, clicking the **Delete** button or selecting **Delete Problem** from the **context** menu will delete the problem from the PIP. Once the entry is deleted, the problem will be removed from the PIP and will no longer appear in the list.

Follow these steps to remove a problem on the patient's PIP:

1. Highlight the **problem** in the **Pregnancy Issues and Problems** List.
2. Click the **Delete** button (or select the **Delete Problem** option on the **context** menu).

a. If the selected problem has any care plan or visit data or marked as POV and status is NOT inactive, the message in Figure 34 will be displayed.

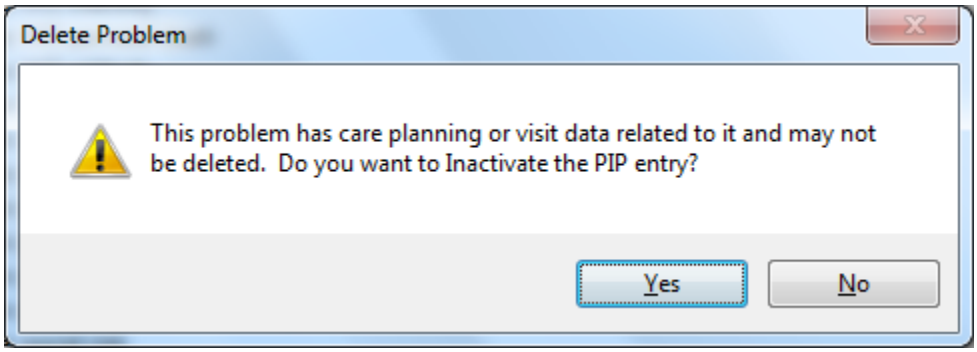


Figure 34 Delete Problem, Inactivate PIP entry Information Message

Click **Yes** to inactivate the problem on the **Pregnancy Issues and Problems** List. (Otherwise, click **No**.)

b. If the selected problem has any care plan or visit data or marked as POV and status is inactive, the message in Figure 34 will be displayed. Click **OK** to close.

c. If the selected problem has no care plan or visit data, the message in Figure 35 will be displayed.

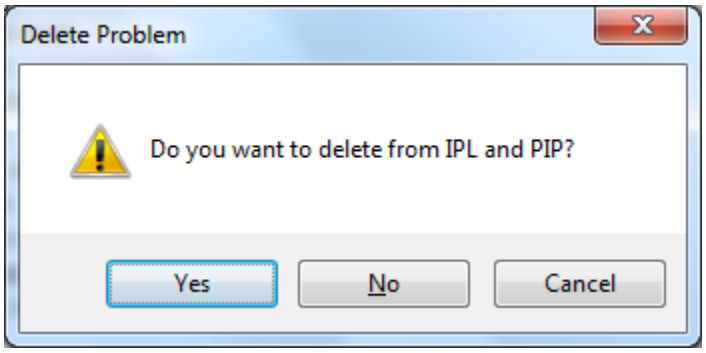


Figure 35 Delete Problem, IPL and PIP Information Message

- Click **Cancel** to prevent deleting on either the **Pregnancy Issues and Problems List** or on the **IPL**.
- Click **No** to delete the problem on the **Pregnancy Issues and Problems List** and ***NOT*** on the **IPL**.
- Click **Yes** to delete the problem on the **Pregnancy Issues and Problems Lis**t and on the **IPL.** This will display the **Delete Reason** information message. (Figure 36)

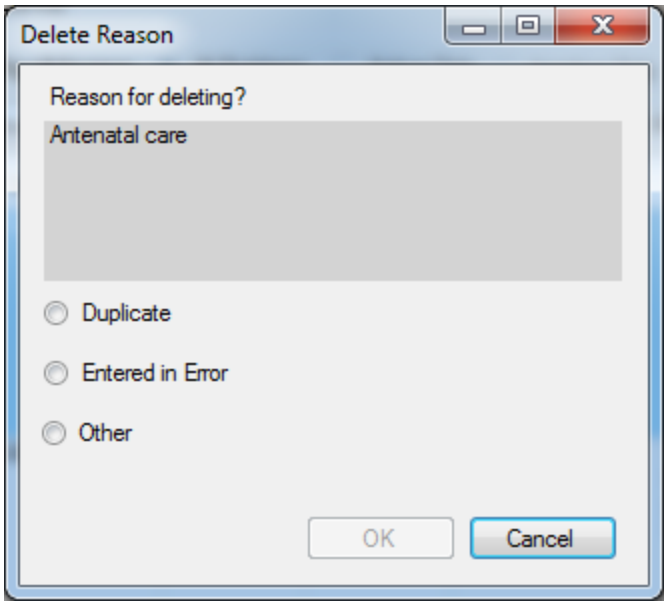


Figure 36 **Delete Problem** Information Message

– Type a **reason for deleting**. Click **OK** to delete the problem from the **Pregnancy Issues and Problems List**. (Otherwise, click **Cancel**.)

3. If the problem selected has notes, the **Delete** button will be disabled.

4. If this is the correct problem, type a **reason for deleting**. Click **OK** to delete the problem from the PIP. Otherwise, click **Cancel** to cancel the delete action.

2.1.1.10 Notes for All Pregnancies

By default, only the notes for the current pregnancy are displayed on the PIP. To display all notes for all pregnancies, check the **Notes for All Pregnancies** option. Notes are defined as being from the current pregnancy if their date of entry falls between the Definitive EDD minus 280 days and Definitive EDD plus the number of days specified in the BJPN POST DEDD DAYS parameter.

Figure 37 Sample Pregnancy Issues and Problems List – Current pregnancy notes

Figure 38 Sample **Pregnancy Issues and Problems List** – All pregnancies notes

2.1.1.11 Context Menu

The **Context** menu displays when the user clicks the right mouse button on the PIP. This menu allows users to access PIP functionality that is also available from the buttons on the component itself.

Figure 39 shows the contents of the **Context** menu:

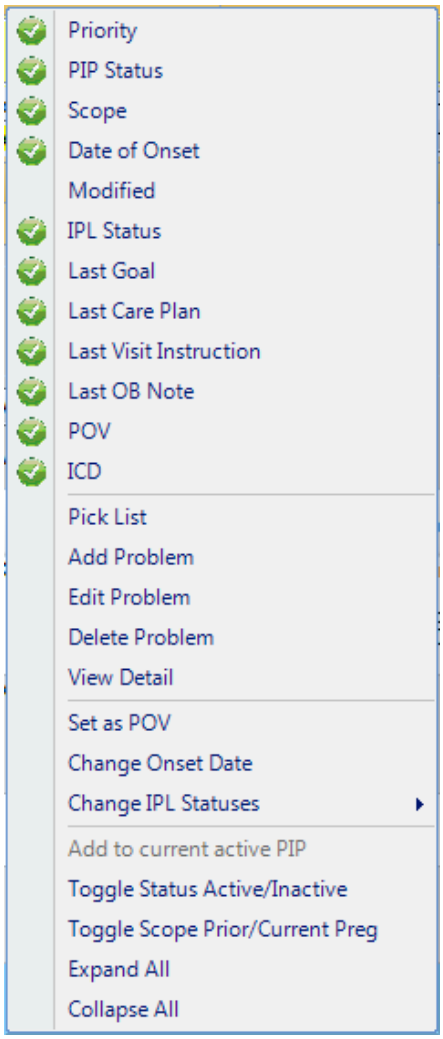


Figure 39 Context Menu

2.1.1.12 Pick List

Click the **Pick List** button to open the **Prenatal Pick List** form, shown in Figure 40. The same functionality is available on the **context** menu. The Pick List is displayed in a checked list format and displays the SNOMED CT terms available to add as entries in the PIP. The box on the left displays the available pick lists to choose from while the box on the right displays the SNOMED CT terms available for each pick list.

Users can display each category as needed and sort by frequency. Additionally, the scroll bars can be used to move up or down in order to view the various items in the category or check **Show All** to disable the pick list selection and display all SNOMED CT terms for selection and inclusion in the PIP. The SNOMED CT terms displayed using this method comprises the comprehensive list of terms available to prenatal as provided by Subject Matter Experts.

Check **problems** to add to the PIP. Some problems require a laterality value to be selected (using the drop down list to the left of the checkbox) before the save buttons (**Save as Problem** and **Save as Problem** and **POV**) will be enabled.

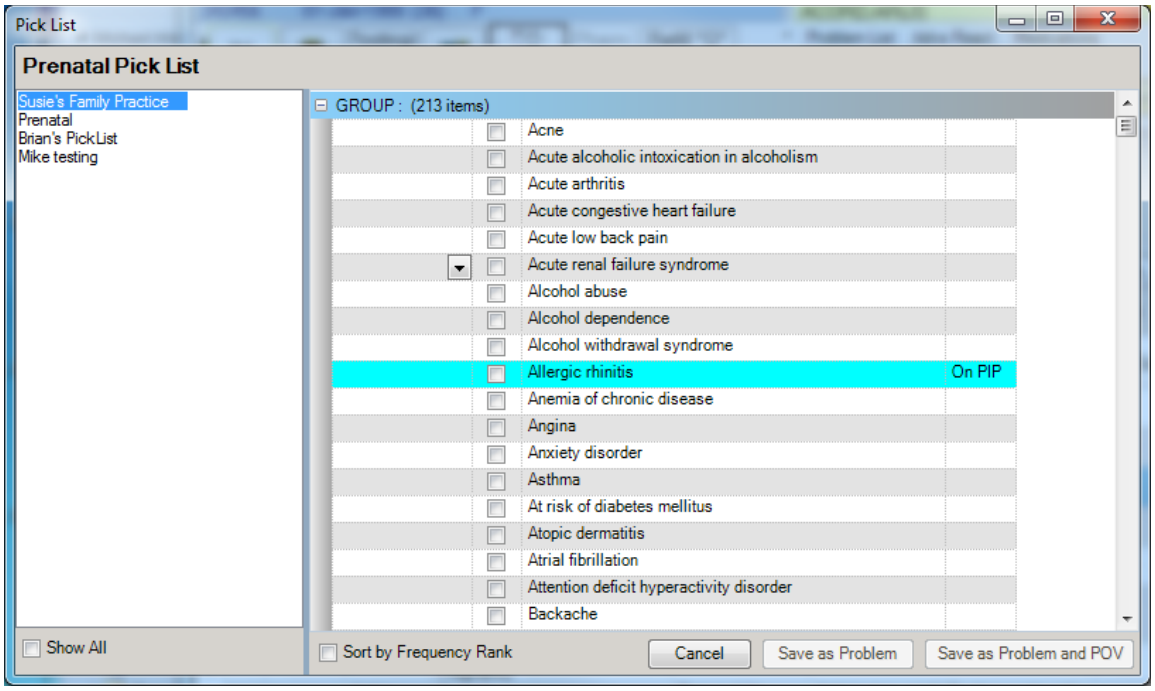


Figure 40 Pick List dialog

a. Rows highlighted in blue already have problems on the PIP. Also indicated by "On PIP" in last column.

b. Additional details are provided by hovering the cursor over the problem. Using an example of "(48) H66.90 Acute otitis media Admin," each component is explained in the following list.

   – (48) – number of times this problem has been selected from pick list. Used by "Sort by Frequency Rank"

- H66.90 – ICD value
- Acute otitis media – problem name
- Admin – Default Status as defined by Pick List

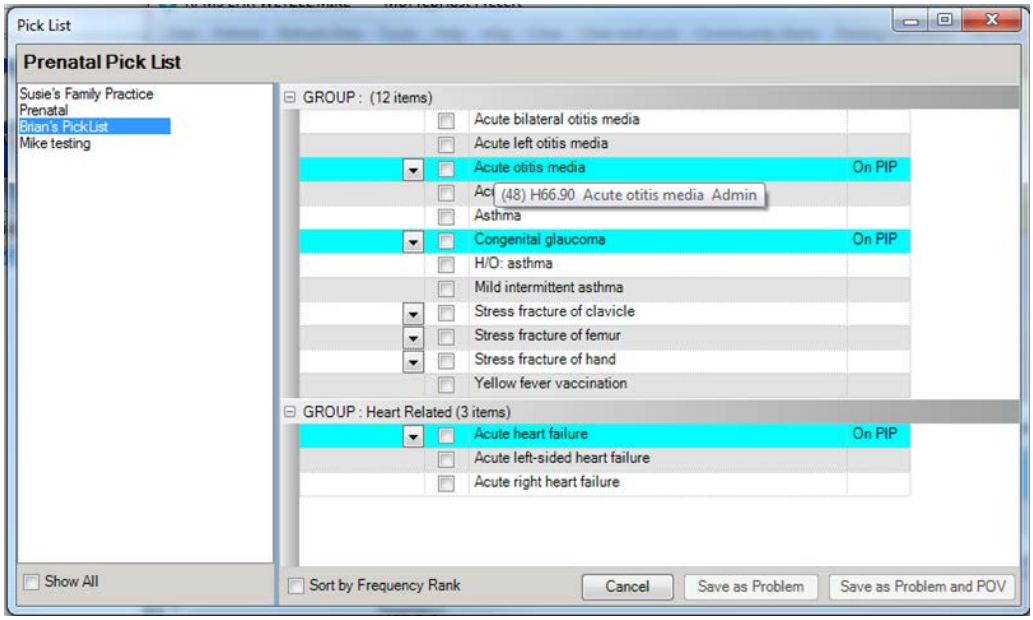


Figure 41 Additional details provided by hovering cursor over problem

Save as Problem button will launch a **PIP Add/Edit** form for each checked problem. See **Add Problem** and **Edit Problem** sections for details.

If a similar problem is already found in the IPL or PIP, the user will be prompted to clarify if the new problem should be added or if an existing problem can be used. A similar prompt is used in the IPL.

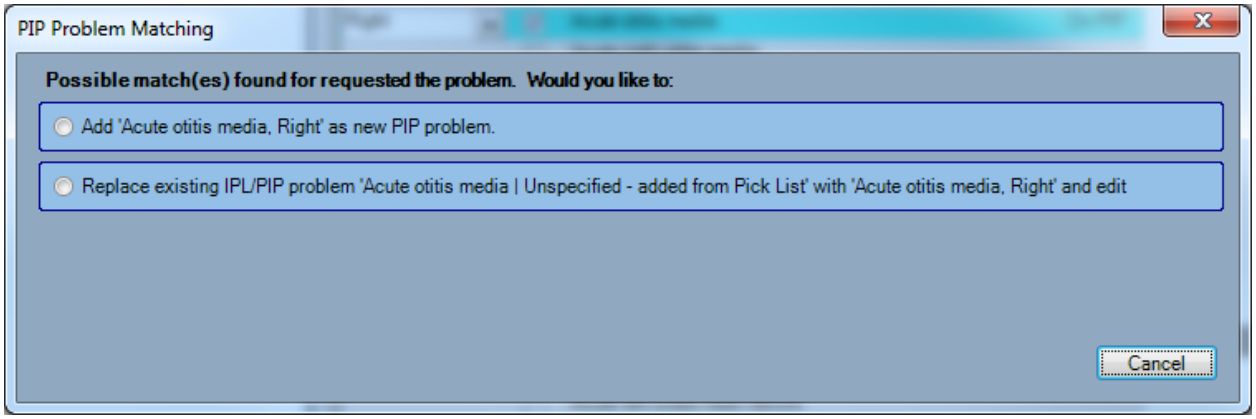


Figure 42 PIP Problem Matching dialog

Default status: Some problems will prompt for a clarification on which status to use. A similar prompt is used in the IPL.

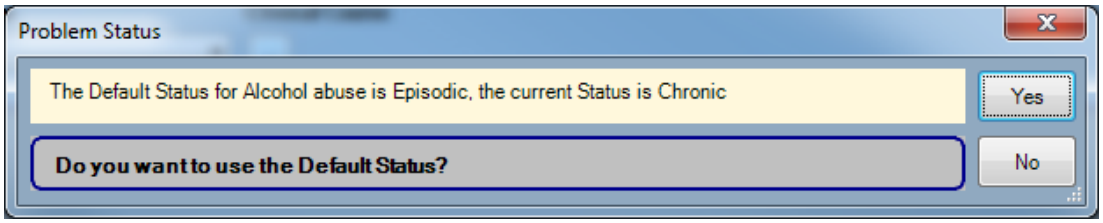


Figure 43 Default status confirmation prompt

Save as Problem and **POV** button: will attempt to add the checked problems to the PIP and then launch the POV form. See **Set as Today's POV s**ection for additional information.

If a similar problem is already found in the IPL or PIP, the user will be prompted to clarify if the new problem should be added if an existing problem should be used. A similar prompt is used in the IPL. (Figure 43)

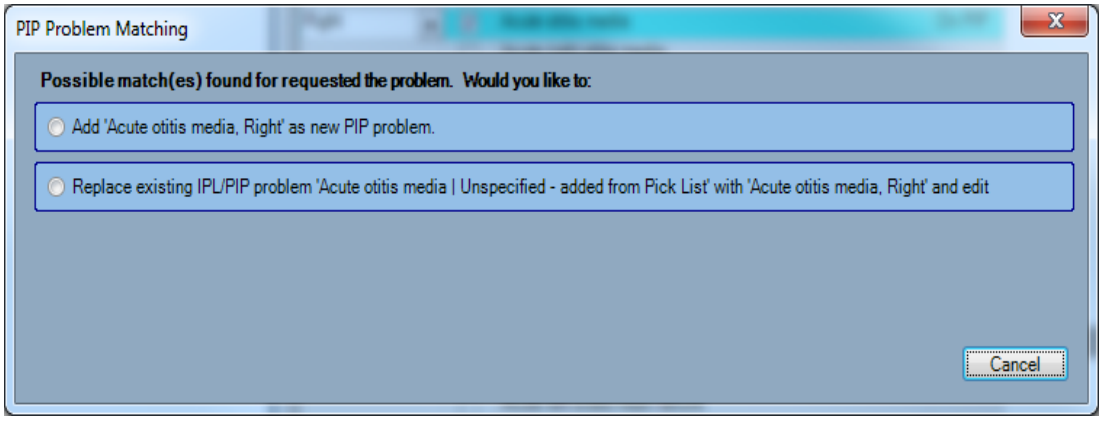


Figure 44 PIP Problem Matching

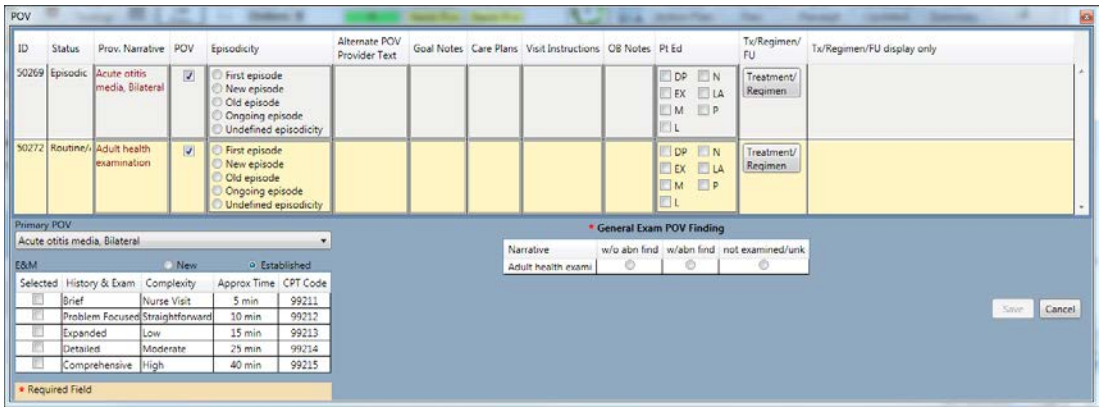


Figure 45 Sample POV form

2.1.1.13 View Detail

This option displays full details for the selected problem and includes a history of all changes.

Follow these steps to View Detail for a problem on the PIP:

1. On the **Context** Menu, click **View Detail** to display the Problem Detail dialog (adjusting the font size as desired.)

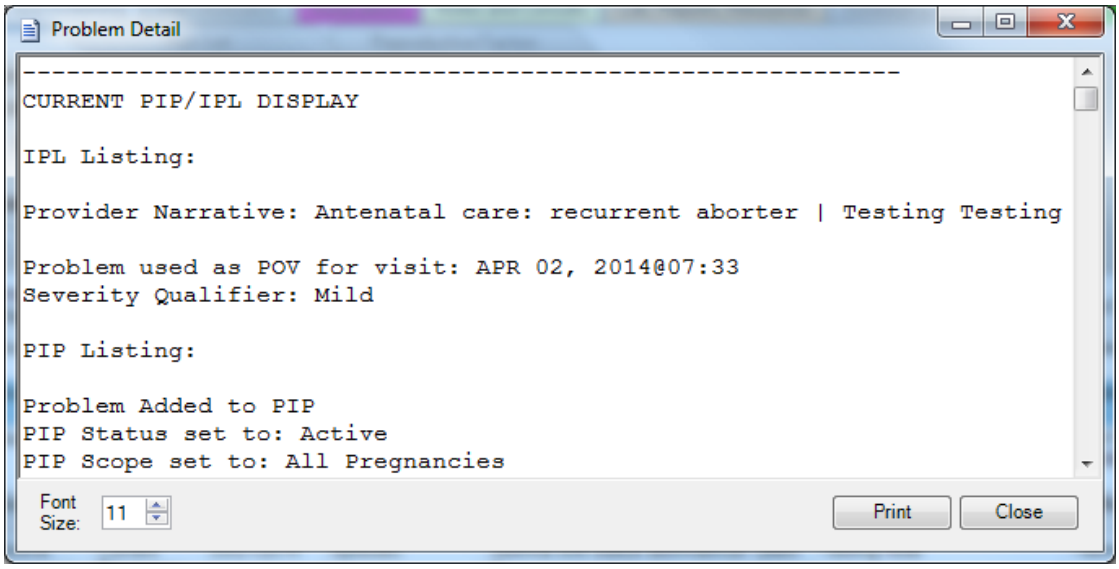


Figure 46 **Problem Detail** dialog

2. To print, click **Print** or click **Close** to exit.
3. Set the desired number of Copies to print by selecting the **appropriate value** in the **Copies** field.
4. Select the **Save as your default printer** box to set the selected printer as the default printer.
5. Print the detail by either selecting a **local printer** by clicking once on **a printer name** to select it and then click **OK.** Or print by double-clicking on a **printer name**.

   Figure 47 shows the **printer selection** dialog box:

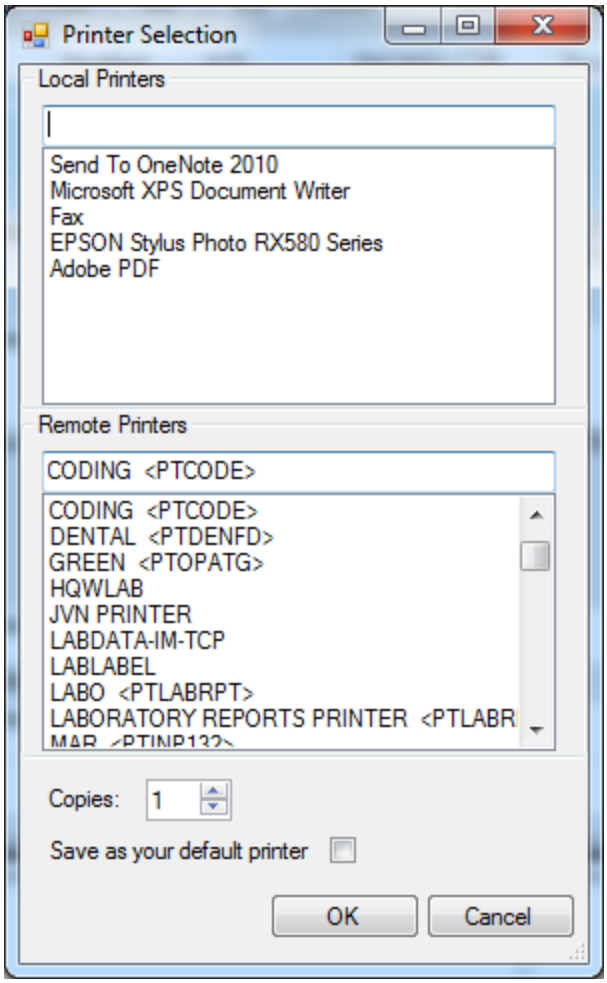


Figure 47 Printer Selection dialog

6. Make any desired adjustments to the page layout and then print utilizing the **File** and **Print** menu option or the **print** icon.

   Figure 48 shows the print preview dialog box:

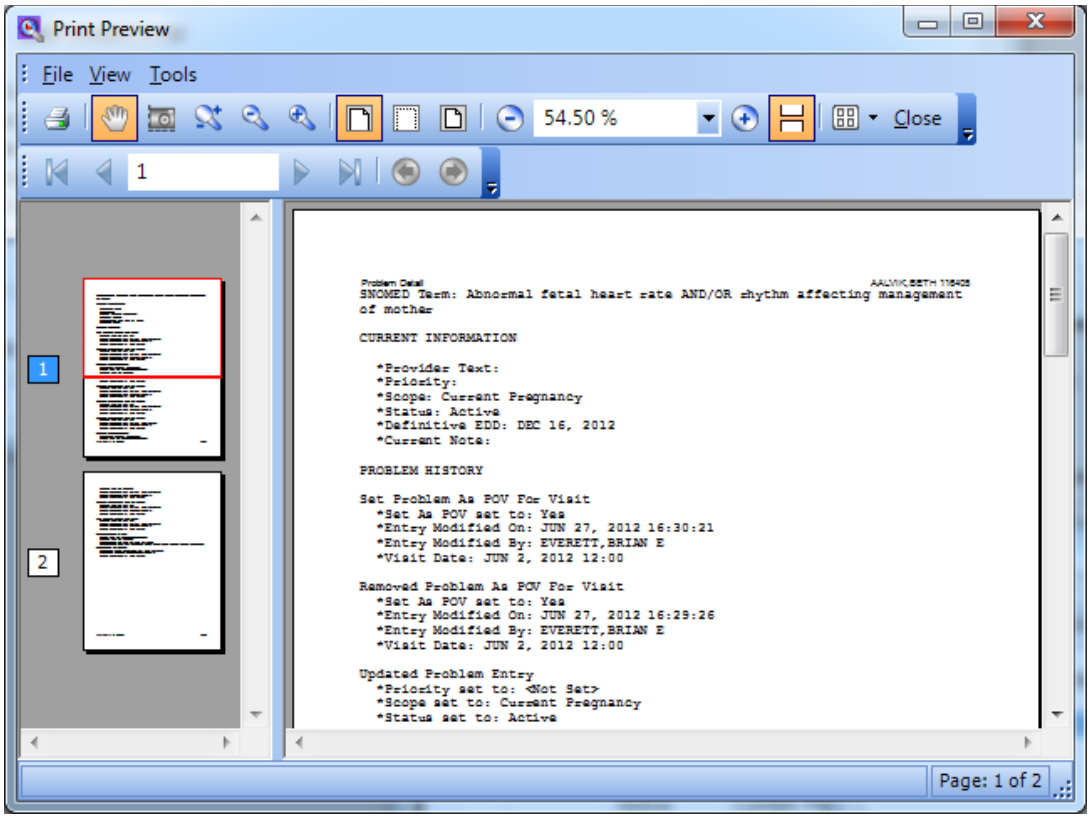


Figure 48 Print Preview dialog

7. Print the detail by either **selecting a remote printer** by clicking once on a **printer name** to select it and then click **OK.** Or, print by double-clicking on a **printer name**.

8. Click **Close** on the **Print Preview** dialog to finish.

2.1.1.14 Change Onset Date

Change Onset Date is available on the context menu only. It updates a single problem with a new **Date of Onset** using imprecise date selection as described in **Edit Problem**.

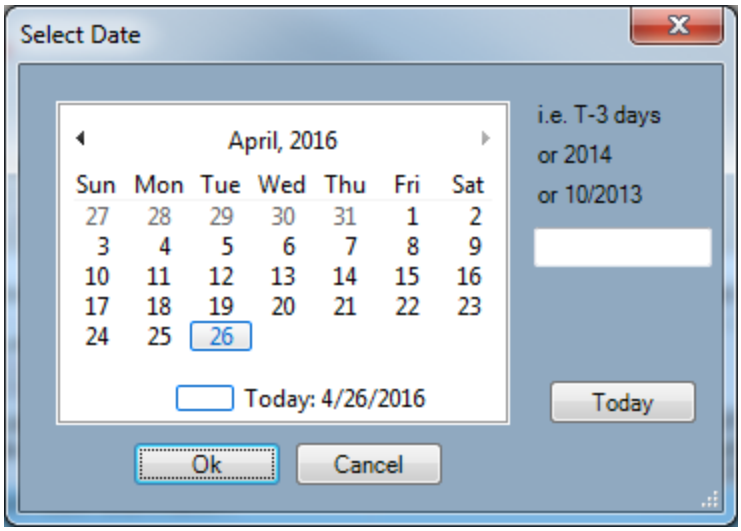


Figure 49 Imprecise date selection

2.1.1.15 Change IPL Statuses

Change IPL Statuses is available on the **context** menu only. It has the same behavior as the **IPL Change Statuses context** menu option. Multiple problems will be updated to the selected IPL status. (See Figure 50)

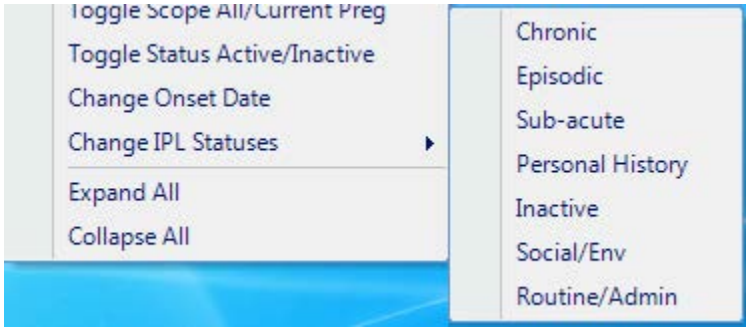


Figure 50 Change IPL Statuses

Closing the PIP (Close PIP button**):**

Close PIP, as seen in Figure 51, is available after a current pregnancy has been changed to **NO** in **Reproductive Factors**. Clicking **Close PIP** changes all problems to PIP Status of Inactive and Scope to Prior Pregnancy and closes the PIP.

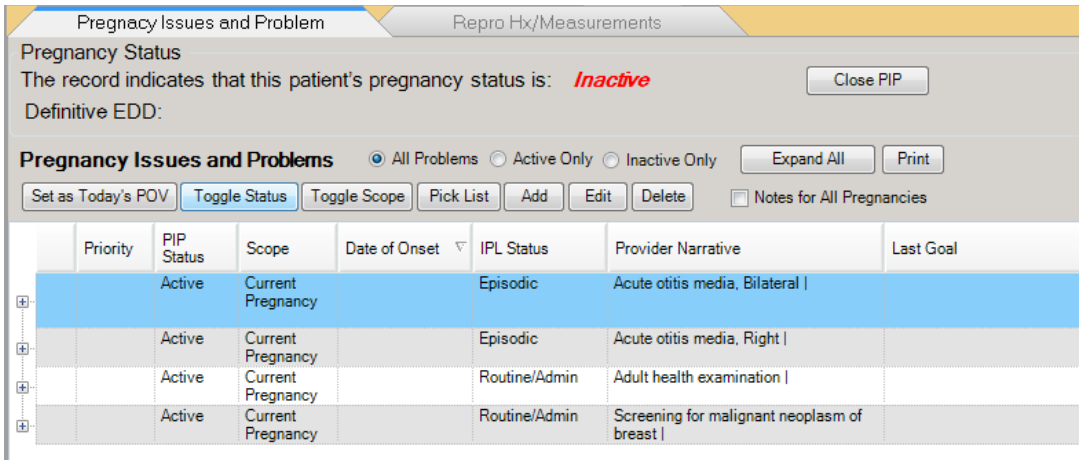


Figure 51 **Close PIP** button available

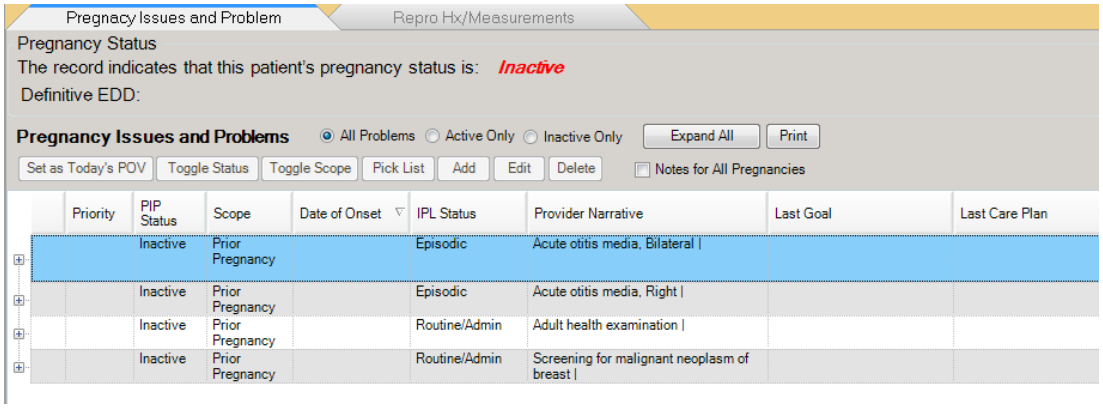


Figure 52 After clicking **Close PIP** button

2.1.1.16 Create New PIP

Create New PIP (Figure 53**)** is available after the patient's DEDD (Definitive Estimated Due Date) is changed in **Reproductive Factors**. Use if this ***IS*** a new pregnancy. All problems will be changed to PIP Status of Inactive and Scope to Prior Pregnancy.

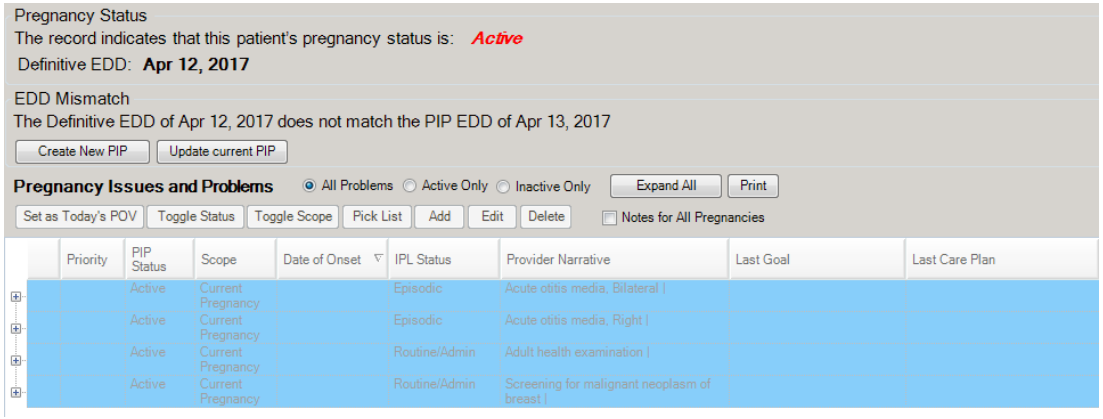


Figure 53 **Create New PIP** button available

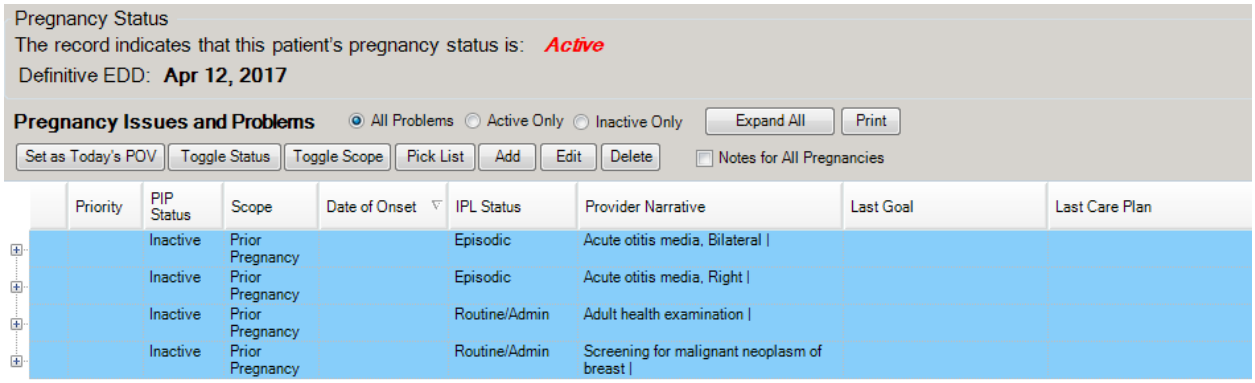


Figure 54 After clicking **Create New PIP** button

2.1.1.17 Update current PIP

Update current PIP (Figure 55**)** is available after the patient's DEDD (Definitive Estimated Due Date) is changed in **Reproductive Factors**. Use if this ***IS NOT*** a new pregnancy and DEDD had to be adjusted.

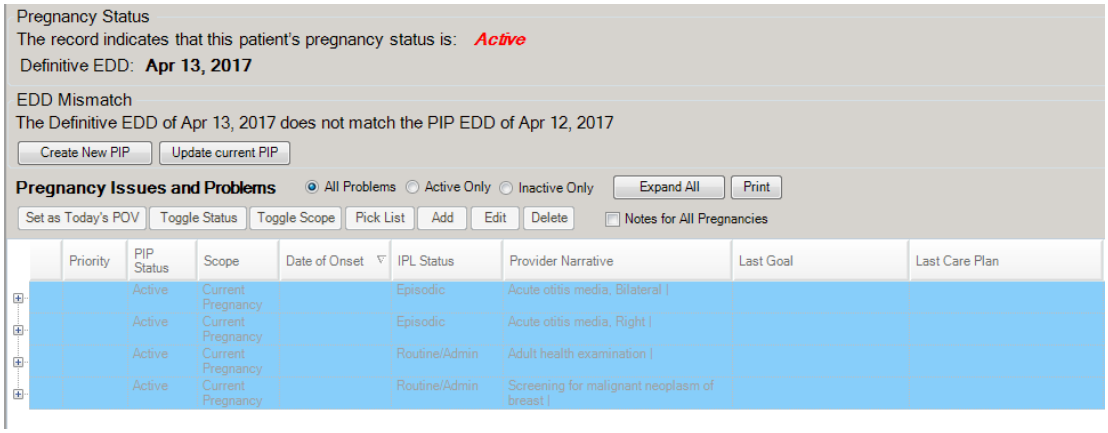


Figure 55 **Update current PIP** button available

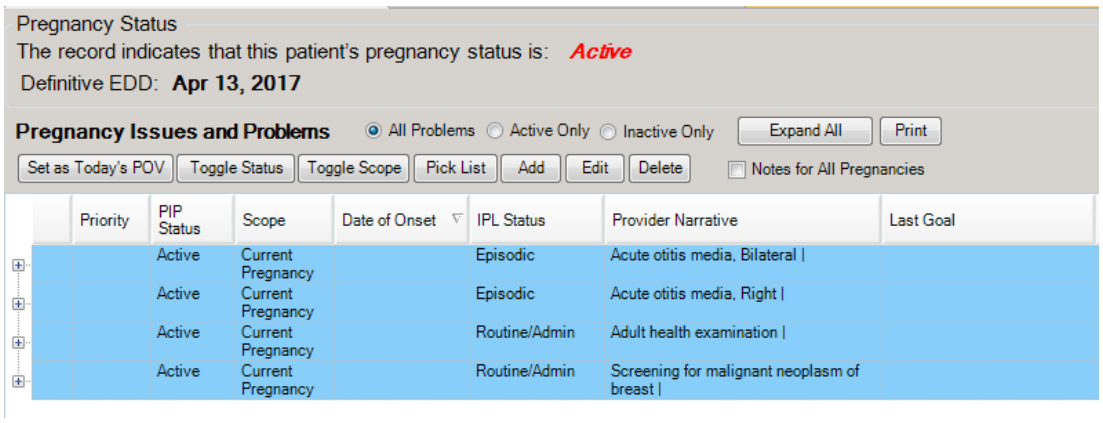


Figure 56 After clicking **Update current PIP** button

2.2 Using Prenatal TIU Objects

The following TIU objects have been created and are available to include in progress notes to document prenatal patient issues.

2.2.1 PIP Expanded-Current Pregnancy TIU Object

The first TIU object displays all problems contained on the *current display* of the PIP and the associated Provider Narrative (date added,) and Notes in reverse chronological order for each item in list with date of entry.

Format:

1. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.2.2 PIP Expanded-Current Encounter TIU Object

The second TIU object displays all problems contained on the *current display* of the PIP ("All Pregnancies" and "Current Pregnancy" problems) with the associated Provider Narrative (date added,) and Notes entered this visit.

Format:

1. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.2.3 PIP Expanded-Most recent note TIU object

The third TIU object displays all problems contained on the *current display* of the PIP with the associated Provider Narrative (date added,) and most recent Note for each problem for current pregnancy ("All Pregnancies" and "Current Pregnancy" problems.)

Format:

1. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.3 Using Prenatal Health Summary Objects

The following Health Summary objects have been created and are available to include in Health Summaries to document prenatal patient issues.

2.3.1 PIP Expanded-Pregnancy

The first Health Summary object displays all problems contained on the *current display* of the **Pregnancy Issues and Problem List** with the associated Provider Narrative (date added,) and Notes in reverse chronological order for each item in list with date of entry.

Format:

1. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2.3.2 PIP Expanded-Current Encounter

The second Health Summary object displays all problems contained on the *current display* of the PIP with associated Provider Narrative (date added,) and Notes entered today's encounter

Format:

1. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

2. Provider Narrative (date added,) Author of note, Date of note: Note content
   Author of note, Date of note: Note content

3.0 Package Management

The Prenatal Version 2.0 package requires minimal package management, primarily related to access and package parameters.

3.1 Security Keys

The following security keys have been implemented with Prenatal Version 2.0 package, which can be managed from the standard RPMS menu options.

Key Name	Description
ORES, ORELSE, BGOZ PROBLEM LIST EDIT, PROVIDER	Users holding one or more of these keys will be granted full edit privileges to the PCM.
BGOZ VIEW ONLY	This key should be assigned to the person who has VIEW ONLY permission to the PCM. This overrules any other edit security key.

3.2 Parameters

There are two XPAR parameters delivered with the Prenatal Version 2.0 package which can be managed from the standard RPMS menu options.

Parameter	Value Type	Precedence	Description
BJPN DISABLE PRENATAL EDITING	Boolean	User, Class	Users or users assigned to User Classes entered in this parameter will be excluded from using the PCM, regardless of their assigned security keys.
BJPN POST DEDD DAYS	Numeric	System	The number of days after a patient's definitive estimated date of delivery in which they can still make changes to their prenatal problem list.

4.0 Package Operation

4.1 Installation

Please refer to the Installation Manual for installation of the package. This is Prenatal Care Module Version 2.0 (BJPN.) The software is intended to bring the features of the Prenatal Care Module to the EHR.

4.2 Giving Users Access to the PCM Components

In order for a user to be able to access the PCM components, their user definition must be modified. Any user desiring access to the PCM components must be assigned both the "BMXRPC" and "BJPNRPC" options as secondary menu options in their RPMS user profile. Failure to do so will result in a screen similar to the following figure when attempting to access the prenatal components. (Figure 57)

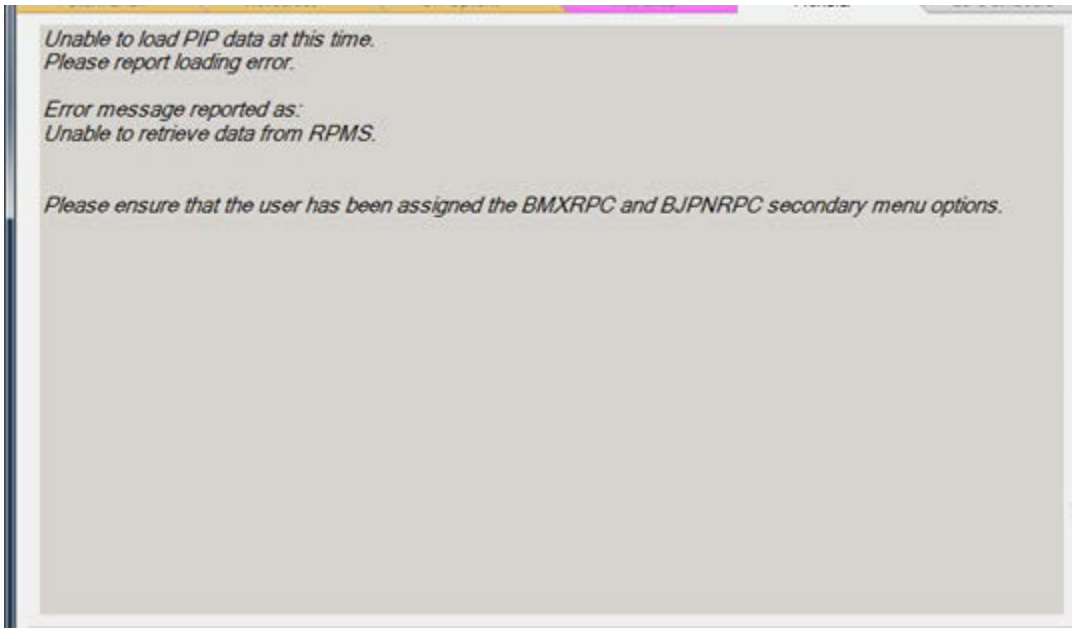


Figure 57 Screen which appears if the user is not set up properly to access the PCM

4.3 Adding Prenatal Care Module Component to EHR

After installing the Prenatal Module Version 2.0 build there will be two objects available in the EHR object repository. These components are added to the EHR framework like any other object.

The two new prenatal objects are:

- Pregnancy Issues and Problems List
- Prenatal Pick List

It is recommended, but not required, that a new tab be added to EHR which contains both of the new prenatal components. While not required, it might also be convenient to add the **Reproductive Factors** component to the new tab as well. Since the Reproductive Factors information is so closely tied to the Prenatal information, it might be helpful to have quick access across each of the components.

Figure 58 shows a new tab configured to display the **Prenatal** components, as well as the existing **Reproductive Factors** component:

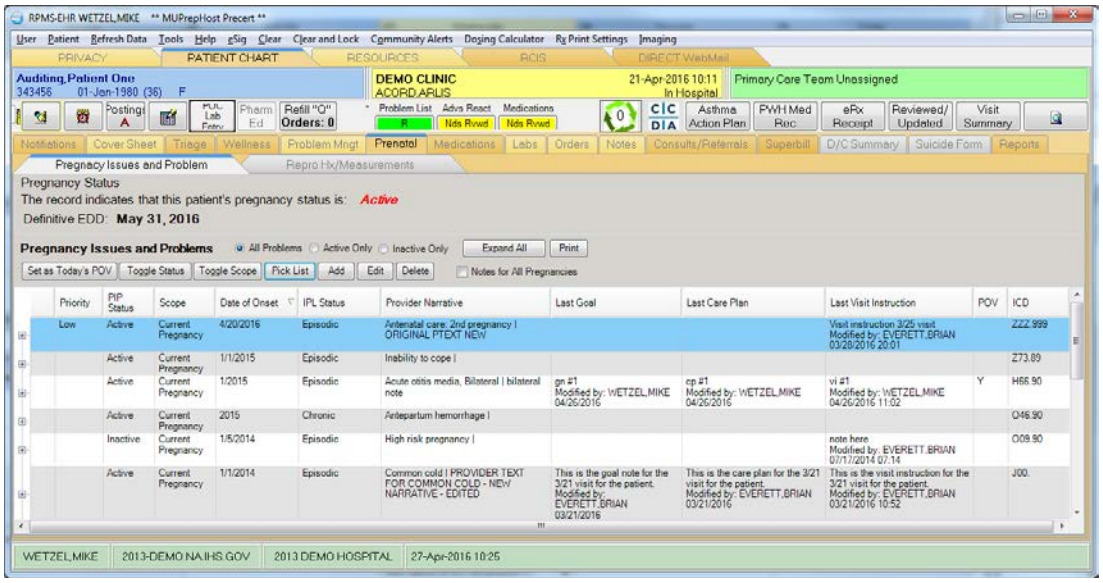


Figure 58 Sample **Prenatal** Tab Layout

4.3.1 Accessing Design Mode

The following steps describe how to add the **prenatal** components to EHR:

1. Start the **EHR** application.
2. Click **Context** on the top window bar to display a **context** menu, and select **Design Mode**.

   Figure 59 shows the contents of the **Context** menu.

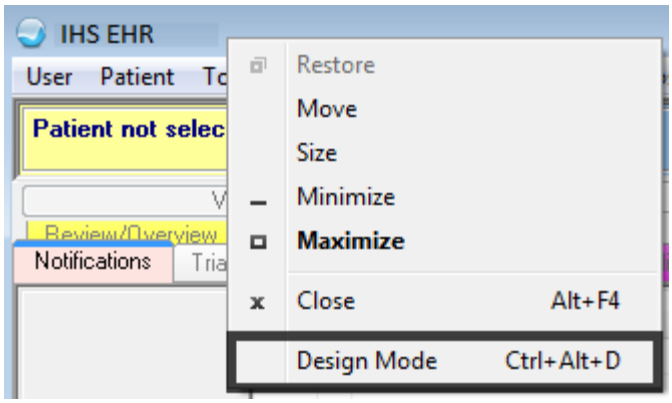


Figure 59 Location of **Design Mode** in EHR

3. After selecting **Design Mode**, the **Design** menu becomes available.

   Figure 60 shows the available menu options.

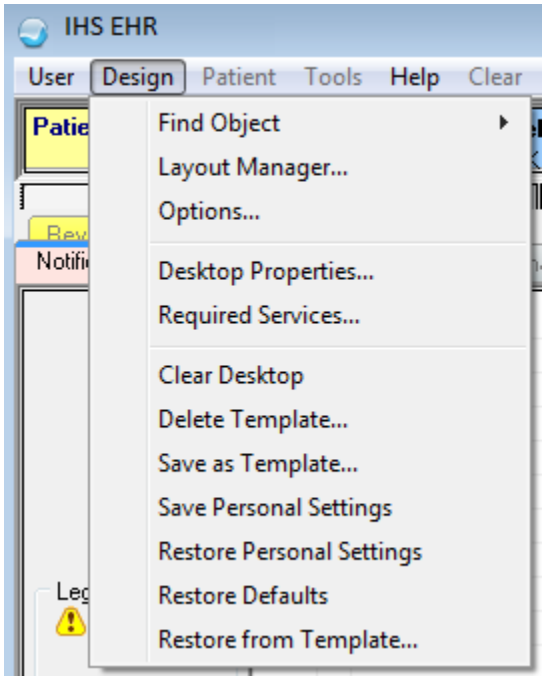


Figure 60 Design menu options

4.3.2 Layout Manager

Select the **Layout Manager** option in the **Design** menu to edit from one location. Determine where to put the **Prenatal** Components.

Figure 61 shows the EHR layout manager.

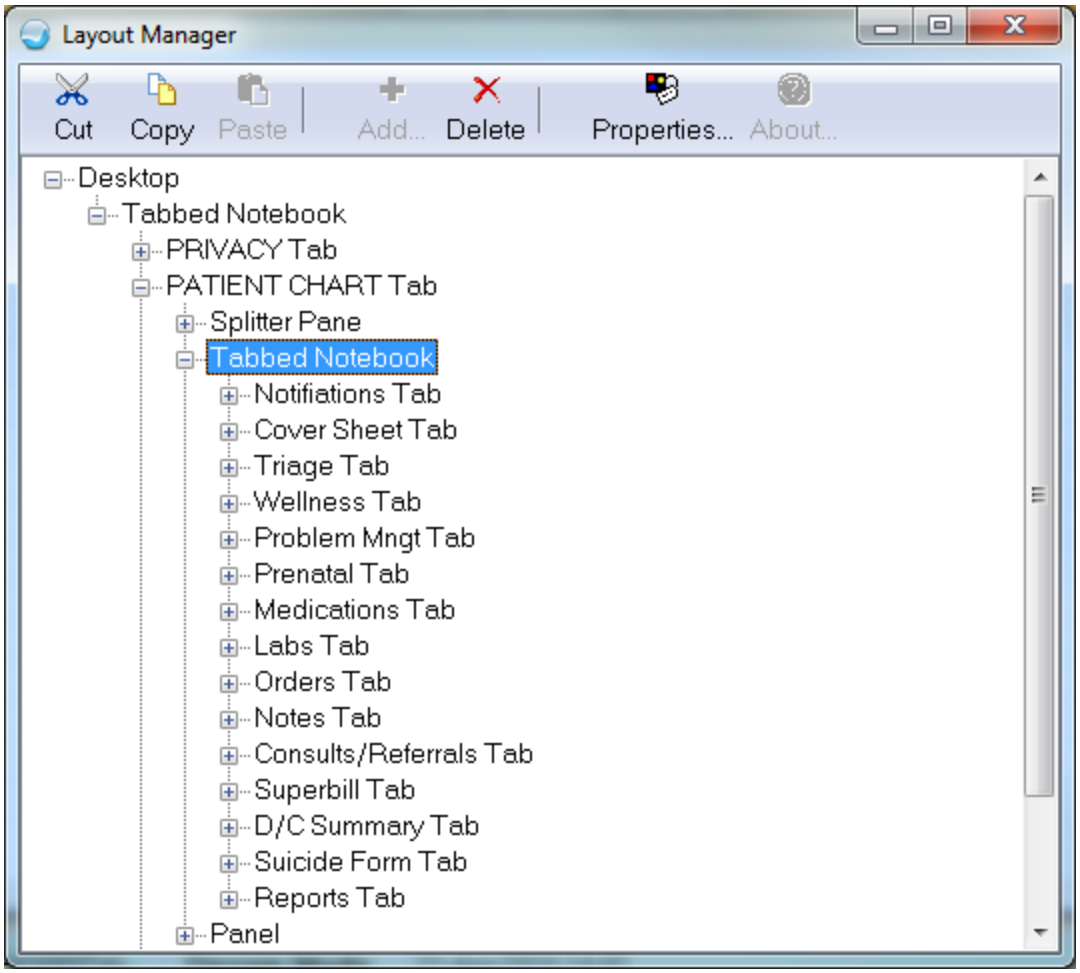


Figure 61 **EHR Layout Manager** Window

1. Click on the **Properties** option to access the properties for the **Tabbed Notebook**.

   Figure 62 displays the properties for the **Tabbed Notebook** entry.

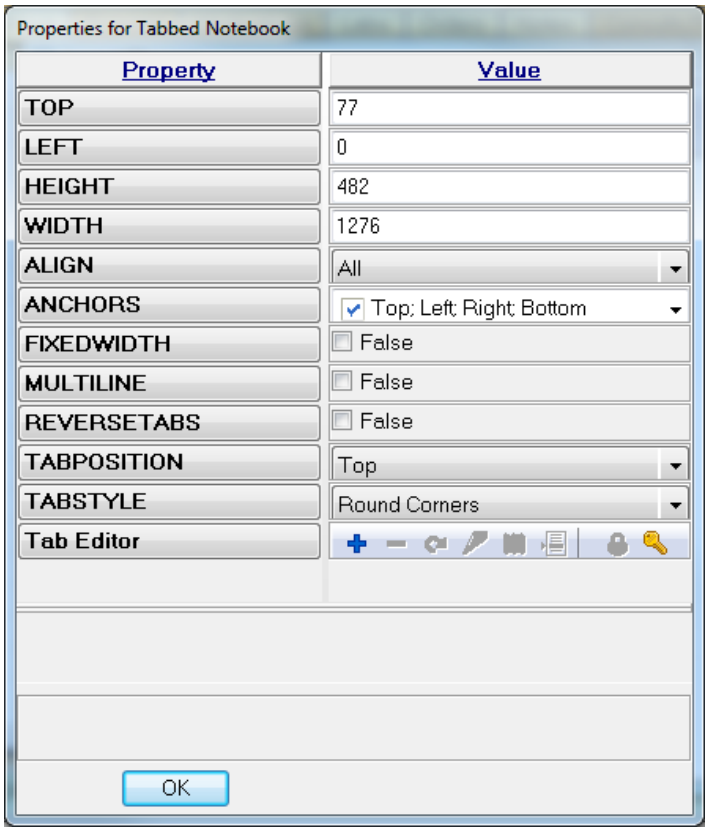


Figure 62 Sample **Properties** of **Tabbed Notebook** Display

2. Click the **plus** (+) icon on the **Properties of Tabbed Notebook** dialog to access the **Add an Object** dialog.

   Figure 63 displays the **Add and Object** dialog.

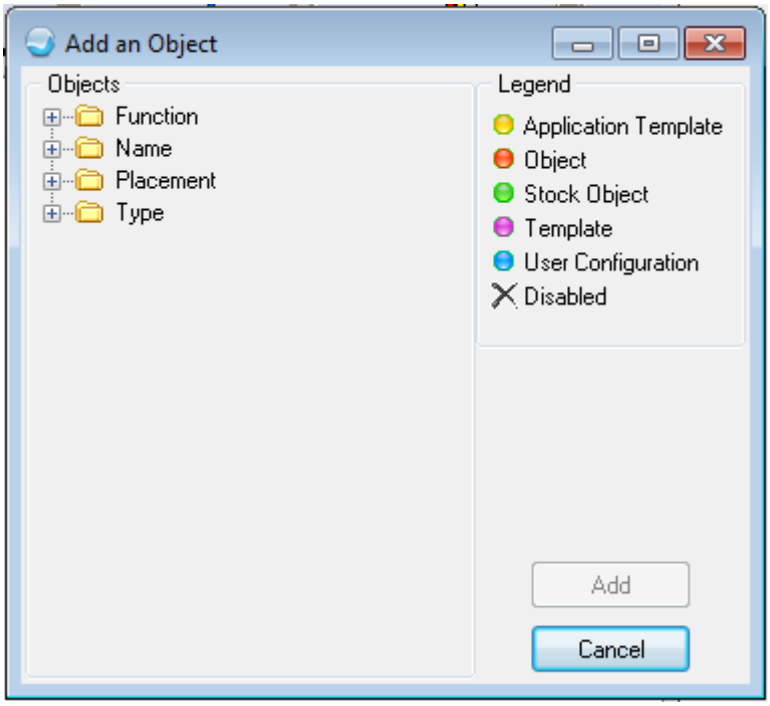


Figure 63 **Add an Object** dialog

3. Click on the **Name Folder** to expand it and display a listing of the objects.

displays the expanded list of objects.

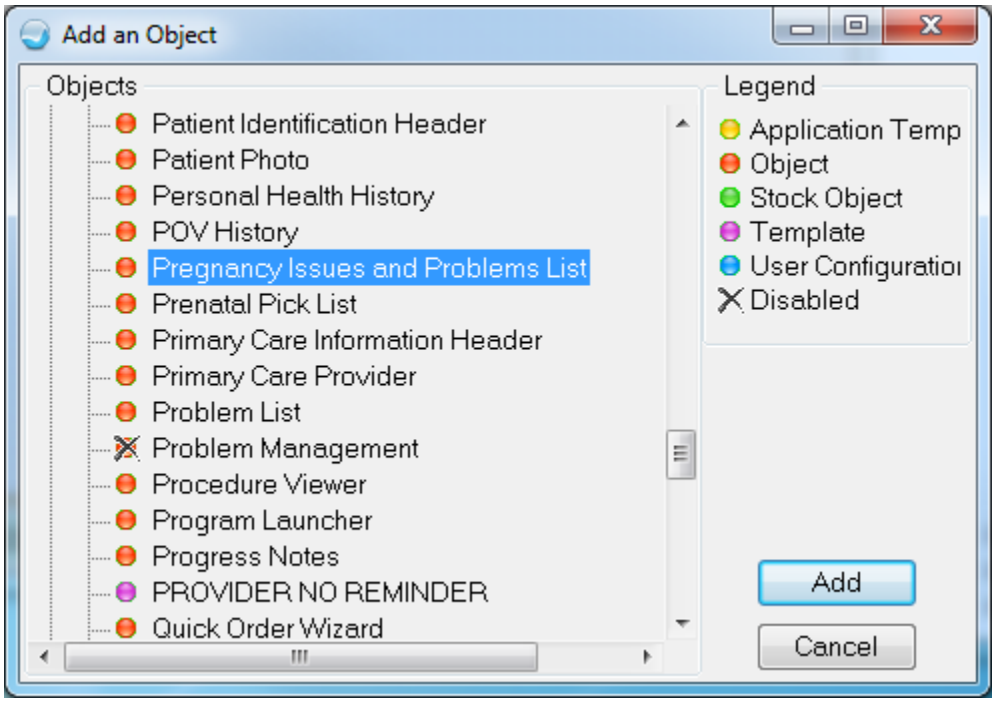


Figure 64 **Expanded list of Objects**

4. From the list, select the **Pregnancy Issues and Problems List** object and click **Add**.

5. When complete, save the **template** and log out of the **EHR** and then log back into **EHR**.

   Figure 65 shows a sample **PCM** layout:

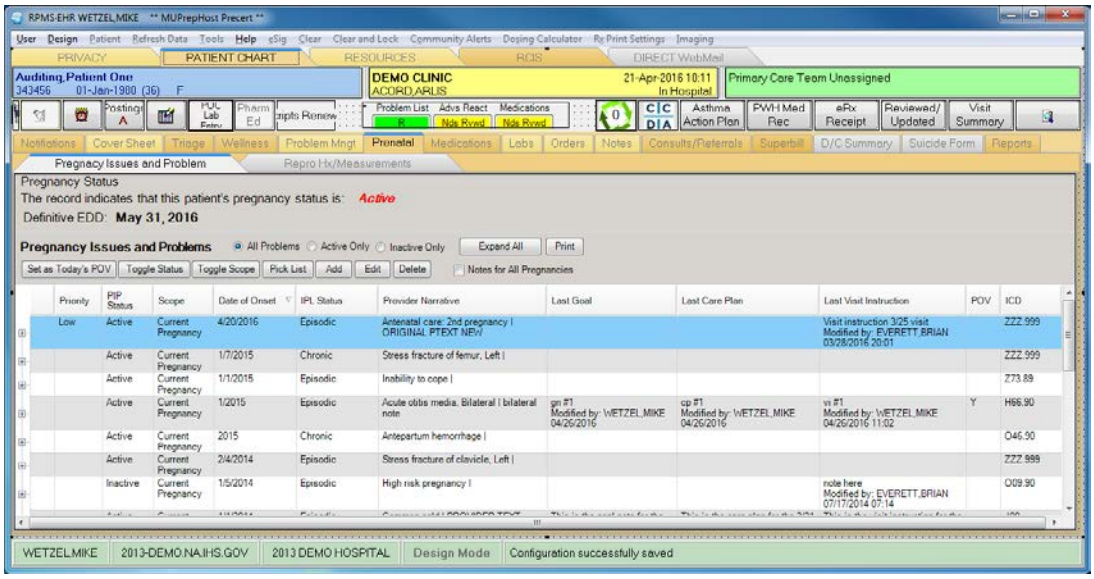


Figure 65 Sample Layout for Prenatal Tab

Appendix A: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action, including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance with IHS policy.

- For a listing of general RoB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a.)
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b.)

Both documents are available at this IHS Web site: http://security.ihs.gov/

The RoB listed in the following sections are specific to RPMS.

A.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy.)

A.1.1 Access

RPMS users shall:

- Only use data for which they have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with their supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not:

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

A.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall:

- Access only those documents they created and those other documents to which they have a valid need-to-know, and to which they have specifically granted access through an RPMS application based on their menus (job roles,) keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

A.1.3 Accountability

RPMS users shall:

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs.)
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO.)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

A.1.4 Confidentiality

RPMS users shall:

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not:

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

A.1.5 Integrity

RPMS users shall:

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

A.1.6 System Logon

RPMS users shall:

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.

- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour.)

A.1.7 Passwords

RPMS users shall:

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files.)
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not:

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes.)
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

A.1.8 Backups

RPMS users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

A.1.9 Reporting

RPMS users shall:

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03.)

RPMS users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

A.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

A.1.11 Hardware

RPMS users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes.)
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not:

- Eat or drink near system equipment.

A.1.12 Awareness

RPMS users shall:

- Participate in organization-wide security training, as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

A.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall:

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not:

- Disable any encryption established for network, internet, and Web browser communications.

A.2 RPMS Developers

RPMS developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as a part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

A.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall:

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.

- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO,) and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval.)
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.
- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.
- Shall follow industry best standards for systems to which they are assigned, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

Pregnancy Issues and Problems List (PIP)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms.

Pregnancy Issues and Problems Pick List (PIPPL)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms. This module enables user selection of SNOMED CT terms to add to the PIP module.

Pregnancy Problems Pick List (PPL)

New functionality created in the BJPN namespace to implement pregnancy problem tracking for SNOMED CT terms. This module enables user selection of SNOMED CT terms to add to the PIP module.

Electronic Health Record (EHR)

An application used by medical organizations to track patient medical records and care.

ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) codes are an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedures, and reasons for contact with Health Care Providers (HCPs.) IHS currently uses ICD-9 for coding.

Microsoft (TM) (MS)

Software company that develops and distributes the Visual Studio (TM) (VS) tool used to develop the Prenatal application.

Office of Information Technology (OIT)

The organization within IHS that is responsible for developing and maintaining RPMS and related IT functions.

Purpose of Visit (POV)

In RPMS, ICD codes and narrative describing the patient's purpose of visit (POV) are documented in Patient Care Component (PCC) V POV.

Resource and Patient Management System (RPMS)

A series of integrated software components that includes clinical, administrative, and financial functions.

RPMS Patient Care Component (PCC)

Refers to functions within RPMS as a clinical data repository, storing visit-related data about a patient.

Software Quality Assurance (SQA)

The office within OIT responsible for ensuring that the system conforms to RPMS Programming Standards and Conventions (SAC.)

Text Integration Utility (TIU)

Refers to functions within RPMS used to store long blocks of text in the medical record.

Visual Studio (VS)

Microsoft software development tool and Integrated Development Environment (IDE) used to develop the Prenatal application.

Acronym List

Acronym	Definition
BJPC	IHS PCC Suite
CISO	Chief Information Security Officer
DEDD	Definitive Estimated Date of Delivery
EDD	Estimated Date of Delivery
EHR	Electronic Health Record
GUI	Graphical User Interface
HCP	Health Care Personnel
HIPAA	Health Insurance Portability and Accountability Act
HS	Health Summary
ICD	International Classification of Diseases
ID	Identification
IDE	Integrated Development Environment
IHS	Indian Health Service
IPL	Integrated Problem List
ISSO	Information System Security Officer
IT	Information Technology
MS	Microsoft (TM)
OB	Obstetrics/Obstetrician
OIT	Office of the Information and Technology
PC	Personal Computer
PCC	Patient Care Component
PCM	Prenatal Care Module
PIP	Pregnancy Issues and Problems
PIPPL	Pregnancy Issues and Problems Pick List
POV	Purpose of Visit
PPC	Patient Care Component
PPL	Pregnancy Problems Pick-list
RoB	Rules of Behavior
RPC	Remote Procedure Call
RPMS	Resource and Patient Management System
SAC	Standards and Conventions
SNOMED CT (TM)	Systematized Nomenclature of Medicine—Clinical Terms

Acronym	Definition
SOP	Standard Operating Procedures
SQA	Software Quality Assurance
TIU	Text Integration Utility
VA	Veteran's Administration
VPN	Virtual Private Network
VS	Visual Studio (TM)

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: https://www.ihs.gov/helpdesk/

Email: support@ihs.gov