



RESOURCE AND PATIENT MANAGEMENT SYSTEM

EHR Pharmacy Informaticist Training

Announcement and Agenda

July 16-20, 2012

IHS Office of Information Technology (OIT)
Albuquerque, New Mexico and
IHS Clinical Support Center (Accredited Sponsor)

and

Alaska Area Office, Bemidji Area Office, Billings Area Office,
California Rural Indian Health Board, Gila River Healthcare,
Nashville Area Office, Northwest Portland Indian Health Board,
Oklahoma Area Office, Phoenix Area Office, Shiprock IHS Hospital

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1.0 General Information

1.1 Purpose

This is a five-day course for pharmacists and other pharmacy staff who are responsible for Pharmacy Informatics within a Health Care setting.

1.2 Target Audience

- Pharmacists who have received no formal Pharmacy Informatics training (learned by trial and error)
- Pharmacists planning to get more involved in managing the Pharmacy Information System
- Pharmacists interested in learning more about Pharmacy Informatics

1.3 Prerequisites

Indian Health Care System Pharmacists and Pharmacy Supervisors/Managers directly involved with the implementation, use, and maintenance of the pharmacy information system.

1.4 Accreditation



The Indian Health Service (IHS) Clinical Support Center (CSC) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This course has been given the APN 0600-000-12-401-L04-P and provides 17.5 hours of Continuing Professional Education (CPE) credit. Participants must attend all sessions to qualify to receive credit.

1.5 Guidelines for Receiving Continuing Education Credit

To receive a statement of credit of continuing education, you must attend the educational event in its entirety and successfully complete an on-line evaluation of the seminar. NAPB ID# and birthdate (MMDD) will be required of all requesting continuing pharmacy education credit.

The Survey Monkey link will be available at the conclusion of the training session. The survey must be completed to be eligible to receive CPE

CPE credit data will be submitted to the CPE Monitor that week and it is anticipated that credit and transcripts would be available from the CPE Monitor two weeks from that point.

Pharmacists and Pharmacy Technicians who would like to receive CPE credit will need to provide their NABP e-Profile ID (six-digit number) and date of birth (MMDD) when they submit a request for credit per the new CPE Monitor system. If you or a pharmacist or technician that you know have yet to get an ID, please visit <http://www.nabp.net> to start a profile. It takes about five minutes.

1.6 Background

On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHR) and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. The ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

1.6.1 Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare IT related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) \$2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

1.6.2 Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between \$2 million to \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

1.6.3 Meaningful Use

“Meaningful use” is a term used by the Center for Medicare and Medicaid Services (CMS) to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP’s specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE (Venous thromboembolism), among other measures. Reporting of clinical quality measures in 2011 will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

1.6.4 Meaningful Use Objectives

The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:

Table 1-1: Summary Overview of Meaningful Use Core Set Measures

Short Name	Objective:	Measure::
Demographics	Record demographics: preferred language, gender, race and ethnicity, date of birth, and date of death and preliminary cause of death in the event of mortality in the eligible hospital or critical access hospital (CAH).	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have demographics recorded as structured data. (EPs, EHs & CAHs)

Short Name	Objective:	Measure::
Vital signs	Record and chart changes in the following vital signs: Height, weight and blood pressure and calculate and display body mass index (BMI) for ages two and over, plot and display growth charts for children 2-20 years, including BMI.	For more than 50% of all unique patients age two and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23), height, weight, and blood pressure are recorded as structured data. (EPs, EHs & CAHs)
Problem List	Maintain up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. (EPs, EHs & CAHs)
Medication List	Maintain active medication list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. (EPs, EHs & CAHs)
Medication Allergy List	Maintain active medication allergy list.	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. (EPs, EHs & CAHs)
Smoking Status	Record smoking status for patients age 13 or older.	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have smoking status recorded as structured data. (EPs, EHs & CAHs)
Clinical Summaries	Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50% of all office visits within three business days. (EPs Only)

Short Name	Objective:	Measure::
Electronic Copy of Health Information	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.	More than 50% of all patients seen by the EP or of the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) who request an electronic copy of their health information are provided it within three business days. (EPs, EHs & CAHs)
ePrescribing	Generate and transmit permissible prescriptions electronically.	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. (EPs Only)
Computerized Physician Order Entry (CPOE) Medication	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE. NOTE: In Stage 2, the measure target increases to 60%. (EPs, EHs & CAHs)
Drug-Drug & Drug-Allergy Checks	Implement drug-drug and drug-allergy interaction checks.	Functionality is enabled for these checks for the entire reporting period. (EPs, EHs & CAHs)
Clinical Decision Support	For EPs, implement one clinical decision support rule relevant to specialty or high clinical priority. For eligible hospital or CAH implement one related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule. (EPs, EHs & CAHs)
Privacy/Security	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) of the certified EHR technology, and implement security updates and correct identified security deficiencies as part of its risk management process. (EPs, EHs & CAHs)
CQM	Report ambulatory and hospital clinical quality measures to CMS or, in the case of Medicaid, to the States.	Successfully report to CMS (or, in the case of Medicaid, to the States) ambulatory and hospital clinical quality measures selected by CMS in the manner specified by . (EPs, EHs & CAHs)

Short Name	Objective:	Measure::
Exchange of Key Clinical Information	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient's authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information. (EPs, EHs & CAHs)
Electronic Copy of Discharge Instructions	Provide patients with an electronic copy of their discharge instructions at the time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it. (Hospitals Only)

Table 1-2: Summary Overview of Menu Set Meaningful Use Measures

Short Name	Objective:	Measure:
Drug-Formulary Checks	Implement drug formulary checks.	The EP, eligible hospital/CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period. (EPs, EHs & CAHs)
Lab Results into EHR	Incorporate clinical laboratory test results in EHRs as structured data.	More than 40% of all clinical lab test results ordered by an EP or authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency departments (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. (EPs, EHs & CAHs)
Patient List	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition. (EPs, EHs & CAHs)
Patient-Specific Education	Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate.	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources. (EPs, EHs & CAHs)

Short Name	Objective:	Measure:
Medication Reconciliation	The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23). EPs, EHs & CAHs)
Summary of Care	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals. (EPs, EHs & CAHs)
Advance Directives	Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data. (Hospitals Only)
*Immunization Registries	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, EH or CAH submits such information have the capacity to receive the information electronically.) (EPs, EHs & CAHs)
Patient Reminders	Send reminders to patients per patient preference for preventive/follow-up care.	More than 20% of all unique patients 65 years old or older or five years old or younger were sent an appropriate reminder during the EHR reporting period. (EPs Only)
Timely Electronic Access to Health Information	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four (4) business days of the information being available to the EP.	At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four (4) business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information. (EPs Only)

Short Name	Objective:	Measure:
*Submit Lab Results to Public Health Agencies	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically.) (Hospitals Only)
*Syndromic Surveillance	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which EP, EH or CAH submits such information have the capacity to receive the information electronically.). (EPs, EHs & CAHs)
* All EPs, EHs and CAHs must choose at least one of these populations and public health measures to demonstrate as part of the menu sets.		

2.0 Learning Objectives

The course will cover topics important to pharmacy departments including electronic documentation of adverse drug reactions (ADR), and the interface with an EHR. Additional topics will include: processing prescriptions, paperless refills, hold and unhold, return to stock and reissue, copy, management reports, and some of the new development in the informatics field.

At the end of this intensive training, participants should be able to:

- Describe advantages to a health care organization associated with Information Technology (IT).
- Explain the importance of accurate IT setup and configuration and the need to respond quickly to errors.
- Describe how healthcare organizations can utilize safety strategies and reduce the risk of medication and other errors by implementing technology at different points along the medication use process.
- Examine the risk of medication and other errors and consequences in patient safety for improperly configured systems.
- Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role.
- Discuss need for a system to communicate errors and system messages to users.
- Discuss Meaningful Use requirements for Medication Reconciliation.
- Formulate best practices regarding processing simple and complex Inpatient medication orders to optimize accuracy in medication management and improve patient safety.
- Organize the process of ordering Outpatient/Discharge medications for patients being discharged and the ways that information technology simplifies the process.
- Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles.
- Explain the need to return unclaimed medications to stock in a timely manner.
- Describe strategies for preventing unclaimed medication from being filled.
- Describe the utility of computer programs to document patient education.
- State requirements by states and quality organizations regarding patient medication handouts and discuss how to use them.
- Discuss ISMP recommendations for Sound Alike/Look Alike medications.
- List abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP.

- Describe the consolidated mail order pharmacy (CMOP) process and explain how it can be a resource for IHS outpatient pharmacy.
- Identify potential errors caused by use of information technology in medication administration and develop strategies to avoid them.
- Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility.
- Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations.
- Formulate a strategy to leverage HIT, data management, and workflow to strive toward the patient-centered medical care model.
- Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders.
- Understand the importance of adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification.
- Develop bedside medication metrics to maximize patient safety benefits.
- Discuss and review Prescription Drug Monitoring Program – Controlled Prescription Export to states.
- Discuss need to have a properly configured Information Management system to assure medication accuracy, timely access to patient information and patient safety.
- Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function.
- Examine the need for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments.

3.0 Instructors and Facilitators

Disclosure Statement: Each of the faculty for this course has completed the disclosure process and has indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest. Additionally, each has agreed to use generic or multiple trade names when referring to medications and will identify any "off-label" or experimental uses of medication.

Facilitators marked with an asterisk (*) will primarily provide technical assistance

3.1 Albuquerque, NM Office of Information Technology (OIT)

- David R. Taylor, MHS, RPh, PA-C, RN, NCPS, IHS OIT ARRA EHR Training and Deployment Manager*
- Wil Darwin, Jr., PharmD, CDE, NCPS, Albuquerque Pharmacy Consultant

3.2 Gila River Healthcare

- Kristy Vigesaa, Pharm.D*
- Beverly Wilcox, R.Ph, Assistant Chief Pharmacist, San Carlos IHS Hospital*
- Brian Campbell, Pharm.D, Chief Pharmacist, White River Hospital

3.3 Northern Navajo Medical Center (Shiprock)

- Clint Krestel, PharmD, Navajo Area Pharmacy Consultant*
- Kendall Van Tyle, PharmD, BCPS, Pharmacy Informaticist, Northern Navajo Medical Center*

3.4 Oklahoma City Area and ARRA EHR Consultants

- Amy Rubin, PharmD, Oklahoma Area Clinical Applications Coordinator
- Tracie Patten, PharmD, Oklahoma Area Pharmacy & Laboratory Consultant*
- Jamie Tapp, PharmD, IT Analyst, Cherokee Nation WW Hastings Indian Medical Center
- Andrea Jackson, PharmD, Chief Pharmacist, El Reno Indian Health Center
- Matt Olson, PharmD, Pharmacy Informaticist, Choctaw Nation Health Center

3.5 Alaska Area

- Kimi Gosney, MS, CC(NRCC), Alaska Area Clinical Application Coordinator
- Carlene McIntyre, PharmD, MPH, Pharmacy Consultant

3.6 California Rural Indian Health Board and ARRA EHR Consultants

- Mike Allen, MIS, R.Ph, IHS OIT USET EHR Pharmacy Consultant
- Amerita Hamlet, RN, EHR Integrated Care Coordinator
- Amir Khoyi, PharmD, California Area Pharmacy Consultant

3.7 Bemidji Area

- Teresa Chasteen, RHIT, Bemidji Area Clinical Applications Coordinator
- Carla Stearle, PharmD, BCPS, IHS OIT USET EHR Pharmacy Consultant

3.8 Billings Area

- Erik Chosa, R.Ph, Billings Area Clinical Application Coordinator and Pharmacy Consultant

3.9 Nashville Area Office

- Robin A. Bartlett, PharmD, NCPS, Nashville Area Clinical Applications Coordinator / Pharmacy Consultant

3.10 Northwest Portland Indian Health Board

- Cornelius Dial, R.Ph, Portland Area Clinical Application Coordinator
- Katie Johnson, PharmD, EHR Integrated Care Coordinator

4.0 Detailed Agenda

**All times are Mountain Time!
Monday**

Start	Topic
8:30	Introductions
9:00 Tab 2 0.25 Hrs	<p>Informatics Orientation and Resource and Patient Management System (RPMS) Basics: Michael Allen</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Describe advantages to a health care organization associated with Information Technology. • Explain the importance of accurate IT setup and configuration and the need to respond quickly to errors. • Demonstrate ability to navigate basic RPMS menus and conventions and explain basic keyboard shortcuts and recognize the list manager view and use it efficiently. • Discuss Pharmacy List-serv and process for obtaining technical assistance. • Identify procedure to get help and submit enhancement requests.
9:15	Break
10:00 Tab 3 1.5 Hrs	<p>Overview and Demonstration of RPMS EHR: Mary Ann Niesen and Carla Stearle</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Compare and contrast how healthcare organizations can utilize safety strategies and reduce the risk of medication and other errors by implementing technology at different points along the medication use process. • Analyze medication and other patient-related information captured in patient care information systems. • Examine the risk of medication and other errors and consequences in patient safety for improperly configured systems. • Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role. • Appraise the need for standardization throughout the clinical information technology system, including use of a standardized menu structure. • Integrate the potential impact of the Institute of Medicine (IOM) recommendations, available medication management technologies and patient safety into the practice of pharmacy Informatics.
11:30	Lunch
1:00 Tab 4 1.0 Hr	<p>Pharmacist Role in the CMS e-Prescribing Program & Meaningful Use e-Prescribing Measure Lori Moore</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Compare and Contrast the CMS e-Prescribing Program & Meaningful Use e-Prescribing Measure. • Examine the importance of the On-Demand Drug interaction checker in EHR. • Delineate necessary steps to optimize and maintain Pharmacy Data Management, Allergies, Quick Orders and Medication Order menus in order to successfully implement e-Prescribing.

Start	Topic
2:00 Tab 5	<p>System Messages</p> <p>Mary Ann Niesen</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Discuss need for a system to communicate errors and system messages to users. • Identify specific messages that apply to pharmacy maintenance and assist in patient safety practices. • Take appropriate action based on the various system messages. • Explain reasoning behind and procedures to set up user parameters for MailMan. • Navigate within MailMan. • Recommend MailMan groups to set up with site manager.
3:30	Break
3:45 Tab 6 1.25 Hrs	<p>Medication Reconciliation (Patient Wellness Handouts, Outside Medications and Patient Education)</p> <p>Wil Darwin & Kendall Van Tyle</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Examine the Meaningful Use requirements for meeting the Medication Reconciliation Performance Measure. • Design the necessary components and required documentation for meeting the Medication Reconciliation Performance Measure. • Integrate the use of the Patient Wellness Handout in the Medication Reconciliation process. • Compare and contrast the Outside Medications functionality with Outpatient and Inpatient medications functionality. • and explain why Outside Medications are important in maintaining a complete medication profile. • Utilize the principles, practices, and techniques for documenting patient reported medications including outside prescription medications, herbals and Over-the-counter (OTC) Medications to support Outside Medication functionality.
5:00	End of day

Tuesday

Start	Topic
8:30	Review of Previous Days Training: All
09:00 Tab 7 1.75 Hrs	Medication Order processing Andrea Jackson & Jamie Tapp Content covered in this session: <ul style="list-style-type: none"> • Explain the need for pharmacists to use and update patient information screen. • Analyze pharmacist order entry functionalities including: entering a new prescription, processing a refill prescription, utilizing the renew function, and discontinuing an order. • Explain the impact of the Clinical Indication field on medication ordering and prescription processing. • Differentiate when to edit and when to discontinue/re-enter. • Analyze how the “Nature of Order” field impacts the facility and CPOE. • Examine the limitations associated with the utilization of the “Partial” function. • Formulate best practices for processing medication orders to optimize accuracy in medication management and improve patient safety. • Explain the importance of processing all pending orders completely and accurately including the impact it has on multiple disciplines in both the inpatient and outpatient settings. • Summarize the process of ordering discharge medications for patients in which providers utilize information technology to facilitate the process.
10:45	Break
11:00 Tab 7	Prescription processing in Pharmacy 7: Return to stock, reissue, hold, and suspense Todd Warren, Matt Olson & Neill Dial Content covered in this session: <ul style="list-style-type: none"> • Explain the need to return unclaimed medications to stock in a timely manner. • Describe strategies for preventing unclaimed medication from being filled. • Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles. • Re-issue a medication that has been returned (first fill vs. refill). • Compare “Hold” and “Suspense” and explain the implications on billing, EHR medication management, and other pharmacy processes. • Explain the difference between RX placed on “hold” by pharmacy versus Order placed on hold by provider. • Issue medications that had been placed on “Hold” or “Suspense”, including pulling early from suspense. • Return function in inpatient (waste, hold for reuse, etc.)
11:30	Lunch
1:00	Continue Tab 7

Start	Topic
1:45 Tab 7 2.0 Hrs	<p>EHR; Provider ordered medications, Pharmacy notes, EHR notifications</p> <p>Amy Rubin & Andrea Jackson</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Compare and contrast CPOE versus pharmacist order entry, including: a new prescription, a refill prescription, the function to copy a new order, a renewal, and a discontinuation. • Outline the legal requirements for the electronic prescribing of controlled substances (EPCS). • Devise the documentation process when composing a pharmacy note in EHR. • Utilize EHR notifications effectively to assure complete documentation, quality care, and patient safety. • Manage your Queue (inpatient and outpatient) *paperless or printed orders. • IVs & UD Meds in Inpatient Order Entry. • Discuss best practices. • Assess the degree to which RPMS meets industry standards in pharmacy informatics.
3:45	Break
4:00 Tab 7 1.0 Hrs	<p>Counseling and patient education</p> <p>Andrea Jackson & Amy Rubin</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Define a pharmacy counseling visit and identify when one is required. • Describe the utility of computer programs to document patient education and utilize the Patient Education module provided by EHR including education pick lists to document patient education. • Facilitate documentation of the pharmacy education. • State requirements by states and quality organizations regarding patient medication handouts. Discuss how to use them. • Explain proper use and patient benefit from the On-Demand Drug Checker in EHR. • Application Based.
5:00	End of day

Wednesday

Start	Topic
8:30	Review Previous Days Training All
9:00 Tab 8	Completing Pharmacy Patches/Background Jobs/Menus and Keys and IHS specific options Mike Allen Content covered in this session: <ul style="list-style-type: none"> • Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function. • Discuss a process of applying updates and how to identify patches that affect Pharmacy. • Understand computer operating system task processes and explain how to schedule background jobs for pharmacy programs. • Describe need for system security and how use of menus assures data safety and integrity. • List menu options and keys needed by various staff. • Recommend a local menu structure to assist in pharmacy efficiency. • Describe a mechanism to identify current patch levels. • Identify pharmacy functions most used by staff pharmacists.
9:45	Break
10:00 Tab 9 1.5 Hrs	Adverse Reaction Tracking Package Mary Ann Niesen Content covered in this session: <ul style="list-style-type: none"> • Explain the need to create an integrated strategic plan when implementing technology in different parts of the adverse reaction tracking process. • Examine potential sources of potential error in the adverse reaction tracking process and with the use of current technology. • Evaluate the approach to training, implementation, and maintenance of the adverse reaction tracking process to ensure patient medication safety. • Design a method of adverse reaction tracking clean up. • Justify the argument for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments. • Support at least two examples of improvements to patient care and medication safety resulting from the cleanup of adverse reaction data.
11:30	Lunch
1:00 Tab 10 2.0 Hrs	Site Parameters/EHR parameters: Amy Rubin, Jamie Tapp & Mike Allen Content covered in this session: <ul style="list-style-type: none"> • Assess need to have a properly configured Information Management system and use of uniform data to assure medication accuracy, timely access to patient information and patient safety. • Explain the necessity to configure Information Management system in medication management to correlate to physical processes to assure that the system supports but does not supplant the process. • Evaluate package parameters relating to medications and medication use in both outpatient and inpatient settings to function for usability and workflow including IHS specific options, a uniform print format for EHR, controlled substance orders, the PharmEd Button, inpatient user parameters, inpatient ward setup, Ward Groups, Unit Dose Parameters and MAR/MAR Labels. Determine best practices.

Start	Topic
3:00	Break
3:15 Tab 11 1.25 Hrs	Management Reports Mary Ann Niesen Content covered in this session: <ul style="list-style-type: none"> Justify the need for management reports and prove their utility in maintaining and improving quality in the operation. Prioritize reports required by various quality and regulatory bodies for outpatient and inpatient pharmacies. Explain usage and maintenance requirements.
5:00	End of day

Thursday

Start	Topic
8:30	Review of Previous Days Training: All
9:00 Tab 12 3.25 Hrs	Drug File Preparation and Maintenance (PDM): Carla Stearle and Kendall Van Tyle Content covered in this session: <ul style="list-style-type: none"> Examine the need for complete and accurate support files in an information system. Determine the benefits from efficient functioning and the risks associated with errors. Defend the notion that time spent configuring the drug file properly will save time and effort in other uses of the medical information system. Explain national standards as they relate to medications and drug files: consider ISMP recommendations for Sound Alike/Look Alike medications and abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP and recommend an implementation plan. Recognize how an order is constructed in the system (schedule, dosage form, etc.) and the interrelationship between supporting files. Defend the reasons for the way inpatient and outpatient pharmacy quick orders are built and used.
10:00	Break
10:15	PDM: continued
11:30	Lunch
1:00	PDM: continued
2:30 Tab 13 0.0 Hrs	CMOP: Pam Schweitzer and Todd Warren Content covered in this session: <ul style="list-style-type: none"> Describe the consolidated mail order pharmacy (CMOP) process and explain how it can be a resource for IHS outpatient pharmacy. Explain the CMOP process used by VA and its application to IHS. Propose changes to current policies and procedures to accommodate CMOP in local pharmacy practice. Discuss the process of becoming CMOP ready, including drug file preparation. Formulate recommendations for facility leadership to justify a move towards CMOP.
3:30	Break

Start	Topic
3:45 Tab 14 0.75 Hrs	<p>Use of Computer Generated Medication Administration Record (cgMAR): Carla Stearle & Thomas Raisor</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> Define the term, 'Computer Generated Medication Administration Record' and explain how it is used in a facility. Evaluate known workflow workarounds that can impede the effective use of cgMARs and propose strategies to avoid common pitfalls including colleague hand-holding. Determine the process of generating cgMARs in inpatient facilities and create strategies to keep them current including use of cgMAR labels. Determine potential errors caused by use of information technology in medication administration and develop strategies to avoid them including proper manipulation of medication orders to fit in the boxes. Formulate and defend a strategy to implement cgMAR in facilities which have yet to implement.
4:20 Tab 15	<p>IT and Inpatient Medication Ward Stock Management: Mike Allen</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility. Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations. Identify the results of marking drugs as ward stock in pharmacy work reports.
4:30 Tab 16	<p>Inpatient Pharmacy Workflow Processes & Daily Routine: Mike Allen & Thomas Raisor</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders. Discuss the use of information system outputs in daily pharmacy work. Formulate a strategy to leverage Health Information Technology, data management, and workflow to strive toward the patient-centered medical care model.
5:00	End of day

Friday

Start	Topic
8:30	Review of Previous Days Training: All
9:00	Think Tank [®] activity: for best practices – group project
10:00	Break
10:15 Tab 16 0.5 Hrs	<p>Multi-Division Drug File (MDF) Latona Austin</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> Explain the function of the MDF. Determine potential problems due to incorrect setup. Describe proper setup and use of MDF to optimize patient safety.
11:30	Lunch

Start	Topic
1:00 Tab 17	<p>Bar Code Medication Administration (BCMA): Phil Taylor, Carla Stearle, and Mike Allen</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Evaluate the current barcode symbology used in health care for positive patient and medication identification in a healthcare environment. • Develop bedside medication metrics to maximize patient safety benefits • Recommend a strategy to prepare your caregivers for known workflow workarounds that impede the effective use of bedside medication scanning systems. Develop strategies to avoid common pitfalls • Compare and contrast how different mobile technology platforms will impact nursing workflows with the implementation of bedside medication scanning • Propose strategies for IT and nursing to work effectively to assist both nurses and care teams to cross the clinical communication chasm. • Justify adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification. Evaluate the effects on patient safety. • Propose a strategy to prepare ambulatory setting for BCMA implementation
2:00 Tab 18	<p>Pharmacy Updates/Changes: Lori Moore, Mary Ann Niesen, Todd Warren & Bradley Bishop</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Propose a plan to keep the pharmacy community abreast of upcoming changes in pharmacy informatics. • Appraise the importance of reviewing information system documentation as new features are released. • Propose an electronic drug inventory management system and how it can be utilized within a pharmacy. • Compare state prescription drug monitoring programs and controlled RX export to states. Determine a process for compliance.
2:30	<p>Wrap-up and Evaluation of Training: All</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Identify both strengths and opportunities for improvement of the Outpatient Pharmacy training. • Complete the Survey Monkey(R) evaluation. • Discuss “where do we go from here.”
3:00	End of Session

5.0 Biographical Sketches

The Indian Health Service (IHS) Office of Information Technology (OIT) / United South and Eastern Tribes (USET) National Electronic Health Record (EHR) Training and Deployment Program and the IHS Pharmacy Professional Specialty Group (PSG) worked diligently to prepare the necessary deployment and training documents to facilitate this training. We hope that you find both the training and training documents informative and educational.

The sponsoring organizations convey their sincere thanks to all the participants and students of this training. For the many long hours were spent preparing and updating these documents these folks deserve our appreciation. Without the efforts of these dedicated professionals this EHR Pharmacy Informaticist Training course would not be possible.

Disclosure Statement: As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. The course directors/coordinators, planning committee members, and faculty for this activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

CAPT Michael Allen, MIS, RPh **IHS OIT/USET EHR Pharmacy Consultant**

CAPT Allen is a commissioned Officer in the USPHS. He came from a family of pharmacists and holds a BS degree from Idaho State University. He has a Master of Information Systems degree from University of Phoenix. He started with USPHS after working in retail pharmacy for a few years. During his years in IHS he has served in Portland Area, Phoenix Area, and currently is in Tucson Area. His duties have included, besides being a pharmacist: Site Manager, Assistant Site Manager, CAC, Pharmacy Package Administrator, and POS specialist. He served on the Pharmacy PSG for eight years, and served briefly on the POS Technical Advisory Group. He lives in Tucson with his wife, son, and cat.

LCDR Latona M. Austin, PharmD, BCPS **Clinical Pharmacy Coordinator Pine Ridge Hospital**

LCDR Austin graduated from University of Wyoming in 2003, and received BCPS in 2009. Experience: Inpatient Pharmacy; Informaticist: Pine Ridge IHS Hospital; Co-Manager: RPMS computer system Pharmacy Data; Package: Pine Ridge IHS Hospital; Training: EHR for Inpatient Pharmacy Informaticist 2010, RPMS Outpatient 7.0 & EHR Pharmacy Preparation 2005, and EHR for Pharmacy 2005.

Robin Bartlett, PharmD, MSP**Nashville Area Clinical Applications Coordinator and Pharmacy Consultant**

CDR Robin Bartlett is currently serving as Nashville Area Clinical Applications Coordinator, Chief Area Pharmacy Consultant, Meaningful Use Coordinator, Training Coordinator, and Improvement Support Team member since April 2010. CDR Bartlett is a Commissioned Officer in the USPHS and has been in the Indian Health Service since 2001. After graduating with a Doctor of Pharmacy degree from University of Florida, CDR Bartlett completed a one-year Indian Health Service Pharmacy Practice Residency Program at Cherokee Indian Hospital. CDR Bartlett transferred to Whiteriver Indian Hospital in 2002 and served the role of a Clinical Staff Pharmacist. CDR Bartlett transferred back to Cherokee Indian Hospital in 2004 and served as a Clinical Staff Pharmacist, Pharmacy Intern Experiential Program Director, Inpatient Pharmacy Services Coordinator, Joint Commission Medication Management Workgroup Team Leader, and electronic MAR Implementation Project Manager. CDR Bartlett is certified as a National Clinical Pharmacy Specialist (NCPS) in Anticoagulation through the IHS Clinical Support Center and an adult pharmacy-based immunization provider. CDR Robin Bartlett graduated with a Master of Science in Pharmacy degree program with special emphasis in Patient Safety and Risk Management from the University of Florida in 2012.

Bradley Bishop, PharmD, MHS**Pharmacy Consultant, Office of Information Technology, IHS**

CDR Bradley Bishop is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2001. CDR Bishop received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy and Master of Public Health from the University of Massachusetts-Amherst. He has been assigned to Sells, AZ, Tahlequah, OK, and Tucson Area Office as a pharmacist, chief pharmacist, clinical applications coordinator, and pharmacy consultant. CDR Bishop currently serves as the National Pharmacy Consultant for IHS Office of Information Technology.

Teresa Chasteen, RHIT**Bemidji Area Clinical Applications Coordinator**

Teresa is the Bemidji Area Clinical Applications Coordinator. Her previous position at the Cass Lake Indian Health Service was the Director of Health Information, where she was the Project Lead for EHR Implementation. She served as one of the Bemidji Area Health Information Management Consultants. She started her Health Information Management career in 1984 and has been in the health care field since 1980. Teresa has worked in Indian Health Service since 1996. She obtained the Registered Health Information Technician (RHIT) in 1992 from the College of Saint Catherine Saint Mary's campus.

Erik Chosa, RPh**Billings Area Clinical Applications Coordinator / Pharmacy Consultant**

He has been a pharmacy preceptor for the University of Michigan and the University of Montana for many years. In June 2004, Erik took over the acting Deputy Chief position. He then accepted the permanent Deputy Chief position in April of 2006. He has been working with the Electronic Health Record since 1998 when the Hospital became the first site in all of IHS to test the system. He has completed the “RPMS EHR for Inpatient” program taught at the Albuquerque Area Office and the “Anatomy and Physiology of Clinical Reminders” course. Erik has also assisted in the implementation of the EHR at the Crow/Northern Cheyenne Hospital. He is currently the Area Pharmacy Consultant/Area Clinical Applications Coordinator for the Billings Area Office.

CDR Wil Darwin, Jr., PharmD, CDE, NCPS**Area Pharmacy Consultant, Albuquerque Area IHS**

Commander Wil Darwin is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 1997. Commander Darwin completed his Doctor of Pharmacy at the University of New Mexico Health Science Center, School of Pharmacy. He is now stationed at the Acoma-Canoncito-Laguna Service Unit, Indian Health Service in Acoma, New Mexico. His current duties include Directorship of the Patient Support Care Services, Chief of Pharmacy Operations and also the lead Clinical Application Coordinator (CAC) for RPMS-EHR. His pharmacy clinical responsibilities are various clinical outcomes-based programs such as Anticoagulation Clinic, Immunization Pharmacy Driven Clinic, Diabetes Type 2, Hyperlipidemia, Asthma, and Hypertension disease state management services. Commander Darwin is also assigned to the Albuquerque Area Office as the acting Area Pharmacy Consultant and the Inpatient EHR CAC.

CDR Cornelius (“Neil”) Dial, RPh**Portland Area Clinical Applications Coordinator**

In his 16 years working for the Indian Health Service, CDR Dial has served at the Clinic, Service Unit, and Area level. He started his IHS career as a COSTEP at the Ft. Thompson Health Center on the Crow Creek reservation in the Aberdeen Area, served in the Albuquerque Area and later at the Navajo Area’s Gallup Indian Medical Center as the Pharmacy Clinical Applications Coordinator / Pharmacy Package Administrator. He is the Vice Chair of the Pharmacy Specialty Group Committee, serves on the IHS National P&T Committee and the National Pharmacy Council. CDR Dial hails from North Carolina and is a graduate of the University of North Carolina – Chapel Hill.

Kimiko Gosney, MS, CC (NRCC)
ANTHC Clinical Applications Coordinator (Alaska Area)

Kimiko Gosney is the Clinical Applications Coordinator for the Alaska Native Tribal Health Consortium. She is a registered Clinical Chemist and holds a master's degree in Computer Science. She has over 25 years' experience with managing and supporting healthcare information systems, including clinical laboratory, anatomic pathology, hospital billing, a statewide immunization repository, and RPMS.

LT Andrea Jackson, Pharm.D.
IHS El Reno Indian Health Center Chief of Pharmacy

LT Jackson is a commissioned Officer in the USPHS. After receiving a Doctor of Pharmacy degree from the University of Oklahoma in 2008, she began her career as a staff pharmacist at the El Reno Indian Health Center in Oklahoma. In 2009, she assumed the role as Chief of Pharmacy at the same facility. In addition to Chief Pharmacist duties, she also serves as an assistant CAC, CMOP coordinator, anticoagulation clinic manager, and acting Facility Unit Director (FUD) during the absence of the FUD. She lives in Mustang, OK with her husband, daughter, dog, cat, and mini donkeys.

Katie Johnson, Pharm D, BCPS
Northwest Portland Area Indian Health Board

Katie Johnson graduated pharmacy school in 2004 from the University of Kansas. She began working for Indian Health Service upon graduation and completed a pharmacy practice residency at Warm Springs Health and Wellness Center before moving to Whiteriver Indian Hospital in 2005. In Whiteriver she has held different positions, from a clinical pharmacist to Clinical Applications Coordinator as EHR has been implemented throughout the service unit in the outpatient, inpatient, and emergency room/urgent care settings.

LCDR Clint Krestel, PharmD
Navajo Area Pharmacy Consultant

LCDR Clint Krestel is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2003. He received his Doctor of Pharmacy degree from Midwestern University – Chicago College of Pharmacy in 2000. From 2000 – 2003 Clint was a staff pharmacist at a San Juan Regional Medical Center in Farmington, New Mexico. In 2003 Clint started working at Northern Navajo Medical Center as a contract pharmacist. In 2005 he was assigned Acting Inpatient Pharmacy Supervisor duties, and was approved as the Inpatient Pharmacy Supervisor in 2006. Clint is originally from the Chicago Suburbs but now resides in Farmington, NM with his wife and young daughter. He enjoys the outdoor opportunities the area provides, but also loves to travel with his family.

CAPT (ret) Carlene McIntyre, PharmD, MPH
IHS OIT EHR Pharmacy Consultant

Carlene is a Commissioned Officer in the US Public Health Service. Upon nearing the twentieth Carlene has over 31 years of experience as a pharmacist, including 21 years with the Indian Health Service. She has worked as a clinical pharmacist, pharmacy manager, and pharmacy consultant to the IHS Office of Information Technology, where she served as federal lead for all RPMS pharmacy development projects and provided national user support for all RPMS pharmacy-related software packages. Carlene is currently providing contract pharmacy consulting services to the Alaska Native Tribal Health Consortium (ANTHC) to support their state-wide implementation of EHR and assistance to sites in meeting Meaningful Use criteria.

CDR Lori Moore, BS, PharmD

CDR Moore is currently assigned to the OIT where she serves as a National Pharmacy Consultant and Federal Lead for the e-Prescribing Program. She began her career with IHS in 2003 where she completed an Ambulatory Care Pharmacy Practice Residency at the Santa Fe Indian Hospital. Since 2004, CDR Moore has achieved her expertise by working in multiple roles throughout the Albuquerque Area including Clinical Pharmacist, Staff Pharmacist, Site CAC, and as the acting Albuquerque Area CAC. In 2009, she accepted an ARRA Inpatient EHR Pharmacy Consultant position with OIT where she focused her attention on improving patient care and safety by advancing inpatient pharmacy utilization of the Electronic Health Record. In addition to her current duties, CDR Moore also serves as a member of the Pharmacy Professional Specialty Group (PSG) and serves as a National Pharmacy Informaticist Consultant for the IHS Residency Program where she mentors new pharmacy residents throughout their first year with IHS.

CDR Mary Ann Niesen, PharmD
IHS OIT EHR Pharmacy Consultant

CDR Mary Ann Niesen is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service full time since 1993. CDR Niesen received her Doctor of Pharmacy from Purdue University in Indiana. As an ARRA-funded Pharmacy Consultant (now USET), she is assigned to Service Units in the Bemidji, Navajo, Billings, and Aberdeen Areas. CDR Niesen currently serves as one of the ARRA-funded Pharmacy Consultants. She also serves as the federal lead for the GPRA package and GRU for OIT.

LCDR Matthew D. Olson, PharmD, NCPS
Choctaw Nation Health Services Authority

LCDR Olson completed his pre-pharmacy coursework at Purdue University and earned his PharmD degree from Creighton University in Omaha, Nebraska. He began his pharmacy career by completing a pharmacy practice residency at the Choctaw Nation hospital in Talihina, Oklahoma. Post-residency, he has served as a staff pharmacist and inpatient pharmacy manager. Currently, in addition to his pharmacy staffing responsibilities, he serves as the Choctaw Nation health system's pharmacy informaticist and residency program director. He lives in Bixby, Oklahoma with his wife, daughter, two sons, three dogs, and one cat.

LCDR Tracie Patten, PharmD
Oklahoma Area Pharmacy

LCDR Tracie Patten, PharmD graduated from the University of Oklahoma in Oklahoma City, OK in 2000. She has been with Indian Health Service since 2000. Her assignments have included seven years at Lawton Indian Hospital located in Lawton, OK and two years at El Reno Indian Health Center located in El Reno, OK. Lcdr Patten served as a Co-Clinical Applications Coordinator and was the pharmacy lead for converting to EHR at El Reno. Her current assignment is with the Oklahoma City Area Office as the Area Pharmacy Consultant.

LT Scott Raisor, PharmD
Pharmacist, Parker Indian Health Center

LT Raisor graduated with his doctor of pharmacy in 2009 from Mercer University in Atlanta, Georgia. He worked in San Carlos with the Apache peoples for two years and is now working with the Colorado River Indian Tribes. Scott Raisor has presented numerous times with the Inter Tribal Council of Arizona on medication self-management.

Leslye L. Rauth, CDE, RD, LMNT, MPH
Aberdeen Area Clinical Applications Coordinator

CDR Rauth has been working with the Indian Health Services for over eighteen years. CDR Rauth has worked in the Aberdeen Area as a contractor, civil services employee and Commission Corp Personnel. During this time, she has served as the Diabetic Coordinator and Chief Dietitian providing clinical support and administrative leadership. CDR Rauth was detailed as Lead Clinical Applications Coordinator and Electronic Health Records Coordinator. In 2009 became the ARRA CAC for the Aberdeen Area. She received her Bachelor's in Dietetics from Indiana University of Pennsylvania. She completed her Dietetic Internship with the University Of South Dakota. Leslye completed her Master's in Public Health (MPH) spring of 2008.

CDR Amy Rubin, PharmD
Oklahoma City Area Office Clinical Applications Coordinator

CDR Amy Rubin began her career with the Commissioned Corps and the Indian Health Service in 1999 as an Assistant Chief Pharmacist in a small clinic. In 2002, she transferred to a hospital as a clinical pharmacist and soon moved into the Assistant Chief Pharmacist position. During this tenure, CDR Rubin was actively involved in many aspects of the operations of the hospital and was actively involved in many committees. She took on the task of preparing and coordinating the pharmacy for the conversion to Pharmacy 5/7 software. She also assisted in the design and set-up of the new ambulatory care clinic including working with architectures and Information Technology staff to develop a facility with the ability to support successful implementation of the RPMS EHR. Both of these activities led to the assignment as Acting CAC in November 2007 to lead the process of implementing RPMS EHR throughout the service unit (three facilities). She remained the Assistant Chief Pharmacist during this initial phases of implementation and performed in both capacities. In May 2008, she was selected as the full-time Service Unit CAC. The Service Unit under her leadership was successful in implementing RPMS/EHR at three facilities. In April 2009, CDR Rubin made the transition to the Oklahoma City Area CAC. In this capacity, she provides EHR support to all sites using EHR in the Oklahoma City Area. She is actively involved in the implementation of new sites. Additional duties include serving as the Meaningful Use Coordinator for the Area and supporting the Area Improving Patient Care Initiative.

CDR Jon Schuchardt, RPh
Aberdeen Area Pharmacy Consultant

Jon is the Aberdeen Area Pharmacy Consultant and has been actively promoting and implementing EHR use, previously for the Pine Ridge and Rosebud service units and presently throughout the Aberdeen Area.

CAPT Pam Schweitzer, PharmD, BCACP
IHS-VA National CMOP Coordinator

CAPT Pamela Schweitzer graduated from pharmacy school (University of California San Francisco) completed an Ambulatory Care/Administrative Residency (University of California Irvine) and is a Board Certified Ambulatory Care Pharmacist (BCACP). CAPT Schweitzer was commissioned in 1989, and worked at Pine Ridge (Aberdeen Area), the Veterans Administration (VA) Hot Springs Medical Center in South Dakota, Tuba City (Navajo Area), and Sacaton (Phoenix Area) before coming to the Phoenix Area Office as a Regional Clinical Pharmacy Consultant. CAPT Schweitzer then had a four year assignment with the IHS Office of Information Technology to work with facilities to implement pharmacy billing nationwide and was the Transformation Lead to implement IHS-Electronic Health Record throughout IHS. While working for the Phoenix Area Office, she worked on several IT related projects including expanding pharmacy billing, Medicare Part D, e-prescribing and the Veterans Administration CMOP project.

Currently, she is on a detail as the IHS-VA National CMOP Coordinator, a project to work on improve patient's access to care by implementing a mail-out program using the VA's CMOP program. CAPT Schweitzer is married and she and her husband live outside of Phoenix, AZ. They have two children in college and enjoy traveling and outdoor adventures.

LCDR Carla Stearle, PharmD, BCPS

LCDR Carla Stearle serves as a Commissioned Officer in the United States Public Health Service and has been with the IHS since 2004. She received her Bachelor of Science Degree in Biology from Penn State University in 2000 and her Doctor of Pharmacy degree from the University Of Maryland College Of Pharmacy in 2004. Carla completed a pharmacy practice residency at W.W. Hastings Cherokee Nation Indian Hospital in 2004 and remained at Hastings as a staff pharmacist until 2009. In 2009 she transferred to the Office of Information Technology as an Inpatient Pharmacy Consultant where she assisted in the deployment of the EHR in the inpatient setting of numerous IHS hospitals. She is currently working as both of member of the USET/EHR Deployment Team and as part of the IHS e-Prescribing program. She also serves as the lead for the Informatics Residency rotation for the IHS pharmacy residents.

LCDR Jamie Tapp, PharmD, BCPS

Cherokee Nation Health System Pharmacy IT Analyst

LCDR Tapp is a Commissioned Officer in the USPHS. He received his pharmacy degree from Southwestern Oklahoma State University and obtained BCPS certification in 2011. He began his IHS career at W.W. Hastings Hospital in Tahlequah, OK in 2007 as a clinical staff pharmacist, during which time he gained experience in both the inpatient and outpatient pharmacy settings. In 2009, LCDR Tapp began assisting the hospital's pharmacy clinical applications coordinator. He then accepted his current position of pharmacy IT analyst for the Cherokee Nation Health System in 2011. He maintains the EHR/RPMS pharmacy package for the hospital and eight outpatient clinics. LCDR Tapp is currently serving on the IHS PSG committee.

CAPT (ret) David R. Taylor, MHS, RPh, PA-C, RN, NCPS
EHR Training and Deployment Manager
IHS Office of Information Technology

CAPT (ret) David Taylor is a retired Commissioned Officer in the United States Public Health Service and is a certified physician assistant, registered pharmacist, and registered nurse. Captain (ret) Taylor holds more than 33 years of public health, clinical, and clinic-administrative experience in the IHS. During his commission, he has served as a pharmacist, physician assistant, quality manager, risk manager, and compliance officer for the Pine Ridge, South Dakota and Cherokee, North Carolina Indian Hospitals. He has also served as an HIV/AIDS/STD consultant, performance improvement consultant, pharmacy consultant, and diabetes clinical consultant for the Nashville Area Indian Health Service. At this time, he is the EHR Deployment Manager for the IHS Office of Information Technology and has been charged with both training and deployment of the Electronic Health Record throughout the entire Indian Health Care system. David Taylor was awarded the PHS Meritorious Service Medal (MSM) in recognition for his accomplishments in the EHR arena.

Phil Taylor, BA, RN
Clinical Application Specialist, Medsphere Corporation

Phil is a Clinical Consultant for Medsphere Systems Corporation. Phil has been a Registered Nurse for 34 years. He holds a degree in Nursing from Vincennes University and a B.A. in Classical Studies from Indiana University. Phil practiced as a staff nurse or nurse manager in Psychiatry for over 15 years. Phil provided clinical application support to VA Medical center staff in Indianapolis using the Vista electronic medical record system for over 12 years prior to joining Medsphere. Since joining Medsphere, Phil has worked with the national IHS deployment team for the past five years providing training support (such as Basic CAC School and EHR for Inpatient) and configuration/setup support to RPMS-EHR installations.

LCDR Kendall Van Tyle, PharmD, BCPS
Pharmacy Informaticist, Northern Navajo Medical Center

LCDR Van Tyle is Commissioned Officer in the United States Public Health Service. He holds a BS in Microbiology and worked as a clinical microbiologist for 10 years before graduating with a Doctor of Pharmacy degree from the University of Arizona in 2006. Lcdr Van Tyle completed a PGY1 Pharmacy Residency with the Indian Health Service in 2007 at Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico. He is currently the lead pharmacy informaticist, the director of the PGY1 pharmacy residency program, and a board-certified clinical pharmacist at NNMC. He also serves as one of the Navajo Area pharmacy technical consultants and is a member of the Navajo Area BCMA implementation team. He lives in Cortez, Colorado with his wife & four children.

**Kristy Vigesaa, Pharm.D.
Clinical Pharmacist, Gila River Healthcare**

Kristy Vigesaa, Pharm.D. has been a Clinical Pharmacist at Gila River Healthcare since 2004. She received her Doctor of Pharmacy degree from Midwestern University in Glendale, AZ and a Bachelor's degree in Human Nutrition from Arizona State University. In addition to her duties in the outpatient/inpatient pharmacy, Epogen clinic, and Anticoagulation clinic, she also works as the Pharmacy CAC, Anticoagulation Clinic Co-Coordinator, Script Pro Administrator, and Omnicell Administrator. She has worked on the EHR implementation teams for outpatient, ED, and inpatient clinics. She enjoys spending time with her two kids and husband and currently lives in Chandler, AZ.

**CAPT Todd A Warren, PharmD, BCPS
Director, Department of Pharmacy, Rapid City PHS Indian Hospital**

Todd Warren, PharmD, BCPS has been the Pharmacy Director at Rapid City PHS Indian Hospital, in Rapid City SD, since May 2006. He served as the Chief Pharmacist (2003-2006) and a staff pharmacist (1997-2003) at the Wind River Service Unit in Wyoming. Todd also served as an Air Force pharmacist from 1991-1997. While in the Air Force, he completed a Pharmacy Practice Residency, served as a staff pharmacist and later Chief, Pharmacy Services at F.E. Warren AFB, Cheyenne, WY and then as a clinical pharmacist and later Chief, Clinical Pharmacy Services at Wilford Hall USAF Medical Center, Lackland AFB, in San Antonio, TX. He graduated from the University of the Nebraska Medical Center, College of Pharmacy.

**CDR Beverly Wilcox, PharmD, MLS
Assistant Chief Pharmacist/Pharmacy CAC, San Carlos Indian Hospital**

Beverly Wilcox holds a BA degree from San Diego State University; a Master of Library Science from McGill University; and a BS (Pharmacy) from University of Montana. She started with USPHS right after Pharmacy school. During her years in IHS she served at Ft Peck & Ft Belknap in the Billings Area, Tuba City Regional Hospital in the Navajo Area, and currently is at San Carlos, Phoenix Area, where she is the Assistant Chief Pharmacist and the Pharmacy CAC. She has served on the Pharmacy PSG for four years. She lives in Globe, AZ, and enjoys gardening and bicycling.