

The IHS Health Information Technology (IT) Modernization Program Update

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IHS Health IT Modernization Program Summary

- In consultation with Tribes, the Indian Health Service (IHS) has begun a multi-year Health Information Technology (IT) Modernization
- At the center of the Modernization is the replacement of the Resource and Patient Management System (RPMS) with a commercial electronic health record (EHR) enterprise solution that meets or exceeds existing capabilities
- The new system will support consistent patient management across Indian country through a user-centered governance model, infrastructure enhancements, and data integration
- This enterprise approach to health information technology can drive multi-generational improvements to the health and well-being of American Indian and Alaska Native (AI/AN) people

Basis for Health IT Modernization

- The Resource and Patient Management System (RPMS) has served IHS, tribal, and urban Indian (I/T/U) organizations for nearly 40 years
- Technology advances, the regulatory environment, and the distributed deployment model have created significant challenges for RPMS development and operations
- The RPMS has dependencies on the U.S. Department of Veterans Affairs (VA) VistA system which is scheduled for replacement with a commercial EHR product
- The HHS/IHS Health IT Modernization Research Project (2018-19) identified numerous risks with the current state and provided three alternative approaches for modernization
- Independent reviews also identified opportunities for improvement of IHS Health IT:
 - The U.S. Government Accountability Office (GAO) [Report 19-471](#) listed RPMS as a “critical federal legacy system in need of modernization”
 - Two U.S. Office of the Inspector General (OIG) reports cited recommendations to improve systems ([A-18-16-30540](#) and [A-18-17-11400](#))
- **After Tribal Consultation / Urban Confer, IHS determined that full replacement of RPMS represents the most appropriate, realistic, and sustainable option for IHS Health IT modernization**

Health IT Modernization Program Funding

IHS used both one-time and recurring funding to kick off the early stages of Health IT Modernization

Recurring Appropriations

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

One-Time Funding

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



Budget and Funding Considerations

- IHS does not have the authority or mechanisms to retroactively reimburse tribes for monies with which they elected to supplement shares received in prior years
- IHS plans to designate a substantial proportion of Congressionally allocated funding for shares in accordance with existing processes for Programs, Functions, Services, and Activities (PFSA) definition and shares distribution
- Formal cost analysis for IHS Health IT Modernization is underway and considers comparable efforts at VA, U.S. Department of Defense (DoD), and private sector experience



Recent Activities to Support Solution Development



Executive Steering Committee (ESC)

The acting IHS Director signed the Circular to establish the Health IT Modernization [Executive Steering Committee \(ESC\) Charter](#)



Data Call Results

IHS shared a [data call](#) with Tribal Health Programs (THPs) and Urban Indian Organizations (UIOs) to collect information on EHR costs and found annual costs range from \$2,000 to \$27,820,000 for individual THPs and UIOs

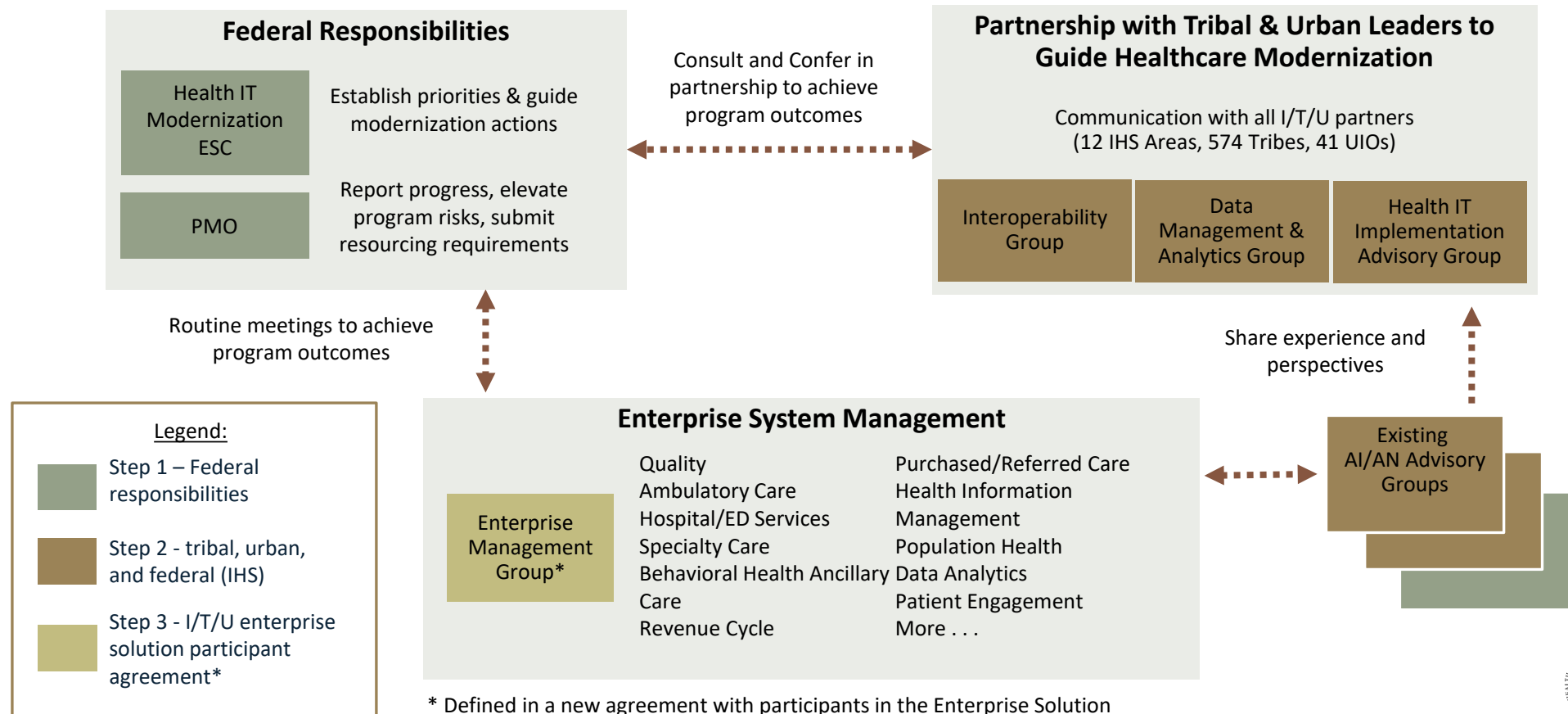


Tribal Consult/Urban Confer Session

Conducted Tribal Consult/Urban Confer session on March 10, 2022; additional Tribal Consultation/Urban Confer sessions are planned for May 3, August 2, and November 1, 2022



Governance Increases Collaboration & User Input



Invitation to Participate in Focus Groups



Interoperability Group

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



Data Management & Analytics Group

Responsible for reviewing and suggesting strategies that support effective data use, security and privacy controls, and standards



Implementation Group

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

We have identified three focus groups and additional focus groups may be formed as needed.

- Did we miss any critical area or need?
- What high priority topics should be addressed within each focus group?
- What should IHS do to include the appropriate voices and encourage broad participation in the focus groups?



Call to Action: Identify Subject Matter Experts



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





Questions & Answers

CONTEXT ON IHS HEALTH IT MODERNIZATION PROGRAM

Program Questions and Answers (1/3)

Question	Answer
Will tribes be reimbursed for their previous investments in new electronic health record systems?	IHS does not have the authority or mechanisms to retroactively reimburse tribes for monies with which they elected to supplement shares received in prior years. IHS plans to designate a substantial proportion of Congressionally allocated funding for shares in accordance with existing processes for Programs, Functions, Services, and Activities definition and shares distribution.
How will federal, tribal, and urban partners inform Health IT Modernization?	The Program will address tribal and urban leaders through Tribal Consultation and Urban Confer to engage leaders and solicit guidance as needed. IHS will ask tribal and urban leaders to identify technical subject matter experts to participate in focus groups to collaborate and provide input regarding the Program. The Program has identified three initial groups for interoperability, implementation, and data management & analytics. Additionally, IHS will form an enterprise governance body to ensure the new system is managed and maintained by the I/T/U users participating through a robust governance structure.

Program Questions and Answers (2/3)

Question	Answer
Why can't IHS join the VA and DoD effort to save money and time?	IHS is collaborating with the VA/DoD effort to implement lessons learned and best practices. The VA/DoD project consolidates all their existing systems into one instance of an EHR that encompasses every site and patient. Joining the VA/DoD shared environment is not feasible. IHS will need to mature its EHR governance model to accommodate the consolidation of the Health IT infrastructure. The IHS program must address its unique and complex partnerships with Tribes and Urban Indian Organizations to effectively manage and operate an enterprise solution.
My tribe is planning to move off of RPMS soon. Can you tell me what you are selecting so we know what to do?	IHS has not decided on an EHR vendor for an Enterprise EHR. The IHS EHR will be a unique instance of a commercial system. IHS is building the infrastructure to address I/T/U Health IT needs through the Modernization Program. Selecting the same vendor will not put you on this unique and dedicated infrastructure. IHS is committed to building a solution on industry standards to be interoperable with any certified system on the market.

Program Questions and Answers (3/3)

Question	Answer
What new or enhanced capabilities is the modernized Health Information Technology solution expected to have?	<p>The modernized health information technology system is expected to meet or exceed the current capabilities of the current Resource and Patient Management System electronic health record. Expected functionality includes:</p> <ul style="list-style-type: none">— Improved provider access to patient health records and data across IHS, tribal, and urban health care facilities— Interoperability with private sector and federal health partners and compatibility with state and federal public health reporting systems— Ability to measure, assess, and visualize population health status, including clinical quality measures— Enhanced access to services for American Indian and Alaska Native (AI/AN) people seeking care from IHS, tribal, and urban programs through telehealth— Complete Revenue Cycle Management capabilities for billing and collection for health care services provided to AI/AN people



To learn more about the IHS Health Information Modernization Program visit the [IHS website](#)

To sign up for Program updates visit the [Sign Up page](#) on the IHS website