Q & A from ISCC Meeting
December 11, 2013

Personal Health Record

Does the PHR log registrar and administrator activity?

Yes, the PHR logs all activity for each user.

Who will review these activity logs?

Although IHS policy will most likely determine who will review these activity logs, each administrator has the capability of running audit logs for patients and administrators.

Is OIT developing educational materials to assist sites with outreach?

Yes. To meet a couple of performance measures and security requirements, OIT is creating two handouts. The first one, for patients who want to register for the PHR, focuses on timely access. The second one addresses secure messaging. In addition, OIT plans to establish a patient section on the IHS website that will include a page for PHR.

Is the PHR available to tribal facilities?

The PHR will be available as part of the 2014 RPMS EHR.

Will "office hours" or webinars be available to educate users? If so, when will these start?

Some demos have already taken place during MU Office Hours as well as at other meetings. OIT anticipates additional outreach, but the actual schedule has not been established.

Who will provide technical support for patients on their PHR?

PHR registrars will receive guidance during training sessions to help them prepare for a variety of patient needs, the most common of which will be assistance with passwords. The PHR administrator will report larger concerns (such as the system not working) to the area administrator via a Help Desk request. Such support is similar to that provided by other on-line programs.

Who will sites designate as their PHR registrar?

IHS recommends that Health Information Management (HIM) staff will best fit this role, since HIM is the custodian of the patient’s health record and is responsible for release of information. Further, HIM staff is familiar with the patient consent process and related laws. Guidance will also recommend doing a hands-on demonstration of the PHR when signing up patients.

What is the role of message agent?

The message agent coordinates secure messages between patients and the health care team and is responsible for directing patient questions to the appropriate recipient. (Note that a standard response time will be determined locally rather than by IHS.) To use secure messaging, patients have to be able to access their PHR. Patients will be assigned a message agent for each health care facility they access. Message agents may also receive transition of care documents and other messages from external health care providers.

Will any central automated mechanism similar to ITAC be in place to document patient account requests/grants to the PHR system?

Patients will work with their PHR registrar to activate their account.

What will the process be for disabling PHR accounts at the user's request? Will that process be centrally recorded/processed?

Patients will be able to request the disabling of their accounts in two ways: (1) by making a "live" request in person and (2) by sending a request via their PHR email account. For IHS, in-person requests will follow the Policy and Procedure for use or disclosure of Health Information Pursuant to Authorization or Valid Written Request. Specifically the IHS-810 form, Authorization for Use or Disclosure of Protected Health Information, states that a patient may revoke authorizations at any time but must do so in writing.

Because facilities will receive the request to disable an account, the process will need to occur locally. However, training will emphasize that patients be notified when their accounts are deactivated. IHS will add a statement to this effect to the PHR policy.

Will there be any area/facility participation in the creation of PHR policies and procedures?

Area and facility HIM staff did an initial review, and area security will perform additional reviews. However, like other IHS created policies, procedures will be generic enough to allow for local flexibility. Local facilities will need to create their own procedures, using the IHS document as a guideline that is tailored for their own practices while still meeting federal guidelines for privacy and security.

Nationally developed agreements, such as a business associate agreement, will allow tribal and urban organizations to opt in to the IHS Health Information Exchange (HIE).

Can patients choose whether to opt in at the tribal level?

Patients do not have the choice whether to opt in to the IHS HIE at the tribal level. If a tribe opts in, all their patients are in. Patients will have the option to opt in or out of the eHealth Exchange.

How can we identify tools and resources to inform staff and patients about the PHR without more information about how the system works?

OIT will be making materials available as soon as possible in addition to scheduling a demo with the ISCC.

Can a test portal, demonstration video, handouts and/or other materials be developed to begin informing the sites?

OIT is not planning to develop a test portal at this time but anticipates that training materials will be available in the near future.

Direct/Secure Messaging/HIE/MPI

Does DIRECT require a separate login?

When patient access to the PHR is established, three accounts are created: 1) RPMS access 2) D1 access and 3) DIRECT. Patients will have one username and one password for accessing the PHR and DIRECT secure messaging.

Providers will need to log in to the DIRECT webmail page embedded in the EHR system. Neither RPMS nor domain accounts are linked at this time. Providers will have a separate login for DIRECT secure messaging, as no single sign-on exists at this point.

Who will manage the process of granting access to DIRECT?

Patients receive access when they sign up for the PHR, and the local facility administrator grants access for providers. Note that IHS is still finalizing some of the draft policies regarding DIRECT and HIE.

How, specifically, will OIT deploy DIRECT secure messaging? How will this work with user identity verification?

Patients can create a PHR account at any time, but these accounts cannot be linked to RPMS until the site is ready. The facility will be responsible for informing patients when the PHR is available. OIT is creating awareness handouts that the facility can customize.

OIT is working on an implementation plan for hospitals and providers.

How will OIT take the deployment of DIRECT secure messaging into consideration, given the short time frame?

OIT is working on a plan with certification to set up an infrastructure.

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Will OIT give hospital providers priority for deployment?

Hospitals that need to attest to Stage 2 in 2014 will receive priority. Everything has to be set up to put the PHR in the back end.

When will demonstration videos, handouts, or other materials be available for facilities and patients about the registration and use of DIRECT?

Although OIT is reviewing patient handouts at this time, training materials cannot be completed until a final product is available.

Will area and facility staff be able to provide input into policies and procedures guidance prior to release of the final document?

HIM consultants have reviewed the drafts (except for the DIRECT policies which are not complete), and they intend to review the documents again once the access process for tribal/urban facilities is confirmed and incorporated. HIM will work with Lisa Broome, security, for that discipline's review. The workgroup also has enlisted other area SMEs since the ISCC presentation took place.

When will applicable policy and procedure guidance be released?

A specific release date has not been determined at this time; OIT is still working on the access issues mentioned above and needs OGC to review the DIRECT draft policy and related documents. IHS anticipates that the release of the guidance will coincide with other messaging/training deployment.

Will a standard model exist for the duties and responsibilities of managing patient access requests and grants?

Recommendations by IHS on duties and responsibilities will be forthcoming.

Will standard naming conventions be in place for accounts?

IHS is considering a first name, last name architecture. Sub organizations will be mapped to a master domain. The user name will be the email address with a unique password.

What will the stale account policy be for Direct/PHR/MPI/HIE accounts for staff and patients - manual or automated review and removal?

Since an account will not be considered stale for at least one year, IHS's policy regarding this functionality is still being determined.

Who is reviewing the system security plan for this project?

IHS is working with the OIT/DIS security team.

Please expand on the tribal participation process. Will this be a collective agreement (tribal leadership) or an individual agreement (each patient)?

For MPI and HIE, the agreements are between IHS and tribal sites. IHS will require patient consent to opt in to the eHealth Exchange.

Aren't the agreements completed at the Tier 2 level?

They are drafted at the area level.

Is a Tier 2 signature acceptable to participate in HIE?

Yes, that is the plan.

Several tribal sites do not have BFMC and BJMD installed on their system. How do we proceed with getting CCDA implemented at these tribal sites?

They need to work with their area office for Tier 2 support for installation and on-boarding activities.

To whom and how do we communicate potential exchange partners for prioritization and vetting?

For HIE, contact James Garcia and Steven Thornton. For DIRECT, contact Glenn Janzen and Steven Thornton, at least for now. Process specifications for on-boarding trust partners are currently being added. For CCDA on-boarding, contact James Garcia.

Has OIT proposed a training schedule for MPI/HIE/PHR?

Although the primary focus is on certification, OIT is targeting early 2014 to begin training. It is very likely that OIT will be doing multiple trainings for selective audiences. The intent is to record these trainings and make them available for wider distribution. For patients, training will be provided by either handout or video, accessible through the IHS website.

Will OIT provide role-based training for MPI and HIE?

For MPI and HIE, OIT is working on a training plan that will include user, as well as technical training at various levels according to access roles. OIT is targeting early spring to have a training plan and materials ready.

When is the earliest training date?

The earliest date that MPI and HIE training could begin would be in February after the training plan and materials have been vetted and approved. There are risks to this schedule; however, February training is the target at this point.

Will educational materials be available for area trainers, facility staff, and patients?

MPI and HIE training materials will be provided in the form of slides. OIT has also developed an HIE/eExchange patient handout and will distribute it.

Will the ITAC system be used to request and document employee access to DIRECT? Will NetIQ be used to grant that access? Will the ITAC system be used to request employee access to MPI/HIE?

For MPI and HIE, the ITAC process in place for federal sites will continue to be used. Tribal entities will utilize the help desk to request access. The help desk ticketing process continues to be defined and the process will be made available in the near future.

VistA Imaging

Will we be able to use VistA Imaging to capture a patient photo and use it as one of the two required IDs for patients who want to register for the PHR?

That is not currently an option, but can be discussed; however, it is doubtful that a patient photo will suffice to meet FISMA requirements.

Can sites that use digital imaging systems other than VistA Imaging be certified?

IHS is not certifying our imaging system (PACS); we are certifying the RPMS EHR to meet specific certification criteria. These criteria require that our EHR have the ability to display images without logging into a different system, selecting the patient and selecting the images. Since VistA Imaging is part of RPMS and the images are already associated with the patients, our EHR will be able to display those images with the new imaging viewer. Sites using another system will not be able to be certified.

Radiology

Will technical support be available to implement CPOE tracking for radiology at sites that do not have radiology services on-site?

Yes, but resources are very limited. OIT is currently working on a plan to best use these resources and expects to make specific information available early in spring 2014.

The key is that the EHR needs to be able to track radiology orders even if radiology services are not being provided. The radiology package needs to be set up and providers need to be able to order radiological exams through this package in order to count for the CPOE performance measure. The performance measure is not concerned with where the service takes place or whether there is a result; it needs to count orders.

Will technical support continue to be available once site implementation has occurred?

Yes.

Will training be available for the radiology package?

Yes. It will be remote (Adobe Connect) training. Currently, OIT is discussing a combination of both live and recorded sessions, using a train-the-trainer approach where possible. Expect more information to be available in early spring 2014.

Do plans exist to provide lab and radiology consultants from the national level?

No, OIT has no plans at this time to provide national consultants other than the existing leads, who will have limited time.

Practice Management Application Suite (BMW)

Please address the implementation and utilization of BMW for the 2014 CEHRT.

The Final Rule and testing certification criteria require additional demographic fields. BMW is the framework OIT is trying to move to for RPMS.

Auditing features are built into the GUI and an audit trail would not be available if the RPMS Roll and Scroll were used. Please expand on this.

Auditing features have been built into Application Programmer Interfaces (APIs) and Remote Procedure Calls (RPC) to write to a file/database in the BUSA namespace. The MU requirement is to turn on auditing features upon installing the EHR, not multiple IHS applications. As IHS modernizes the 70+ RPMS applications, auditing will evolve in both interfaces. Many applications roll and scroll menus need to transition with project teams assessing them going forward in the development process. The audit feature as built was designed to assist EHR users with a log of activity for the functions they perform within the EHR.

Does a requirement or recommendation exist to use Cache security elements?

For this capability, OIT software development does not intend to get rid of %=all because % all serves another purpose.

Please provide more information about the auditing requirements.

Right now, two major requirements exist at the system level:

1. OIT needs to have enough storage in the system for audit logs.
2. The audit is required to capture all activity relating to patient data (i.e., querying, adding, editing, copying, deleting and printing must be logged).

It was difficult to come up with the general framework, considering disc/hard drive capabilities and archiving features for all pieces of the roll and scroll. OIT will be using cache server pages to display the audit log.

Who will have access to the audit log processing tools?

Access will be limited according to policy established by the information security officer or team.

What will the certificate chain be for BMW?

Roles are specific and very secure with limited access. Logs will not be editable in any way. In general, one person with a backup will be able to access. OIT will be conducting a demo of audit features once certification is completed.

CEHRT Roll Out

What is the contingency plan in the event that the 2014 CEHRT is not released per schedule?

OIT realizes that the timeline is very short and plans to deploy the 2014 CEHRT as soon as possible; however, limited time exists between the release of the 2014 CEHRT and the release of ICD-10. Since MU is incentive funds and ICD-10 is operational budget, priority will go towards ICD-10 and OIT will continue to work on EHR certification afterwards.

What are the consequences if hospitals and/or outpatient facilities are unable to meet MU for FY 2014?

If OIT does not meet certification by the end of the FY, EHs will not be able to attest for FY 2014. Therefore, EHs may be subject to Medicare payment adjustments to Part B claims beginning January 1, 2015.

What is the proposed schedule to train area and facility staff prior to releasing the required patches?

OIT has limited resources to conduct service unit level training, so any such training will be done at the national level and/or using a train-the-trainer approach. Implementation plans are still being developed at this time, though OIT anticipates that most training will occur in mid-March. Some packages or applications may begin training earlier in the year.

General Questions

Where do we find the technical expertise we need to help the field with the various installations? We are having difficulty at the facility or Tier 1 level with the installations. Tier 2 has a limited staff and budget and does not have the resources to absorb the additional workload.

OIT has been focused on the IT side right now. ISAC had discussed creating a taskforce or workgroup at their last meeting. In the meantime, areas should work with their respective tribes, in particular those that provide their own Tier 2 support, to ensure they begin preparing for MU2 implementation and support activities.

What is the infrastructure and staffing level expectation at Tier 2? At some point, we need to make a call as to the shift between Tiers 1 and 2. Some areas are now shifting Tier 2 work to Tier 3. We need a policy statement or a directive regarding what has to be done at each level. It is tied to tribal shares and the tribe's decisions whether to leave their resources or take them.

OIT has initiated a service catalog project, one outcome of which will be a clearer delineation between Tier 1, 2, and 3 support services.