



Indian Health Service Meaningful Use Program

# PMO Information System Coordinator Committee (ISCC) MU Meeting

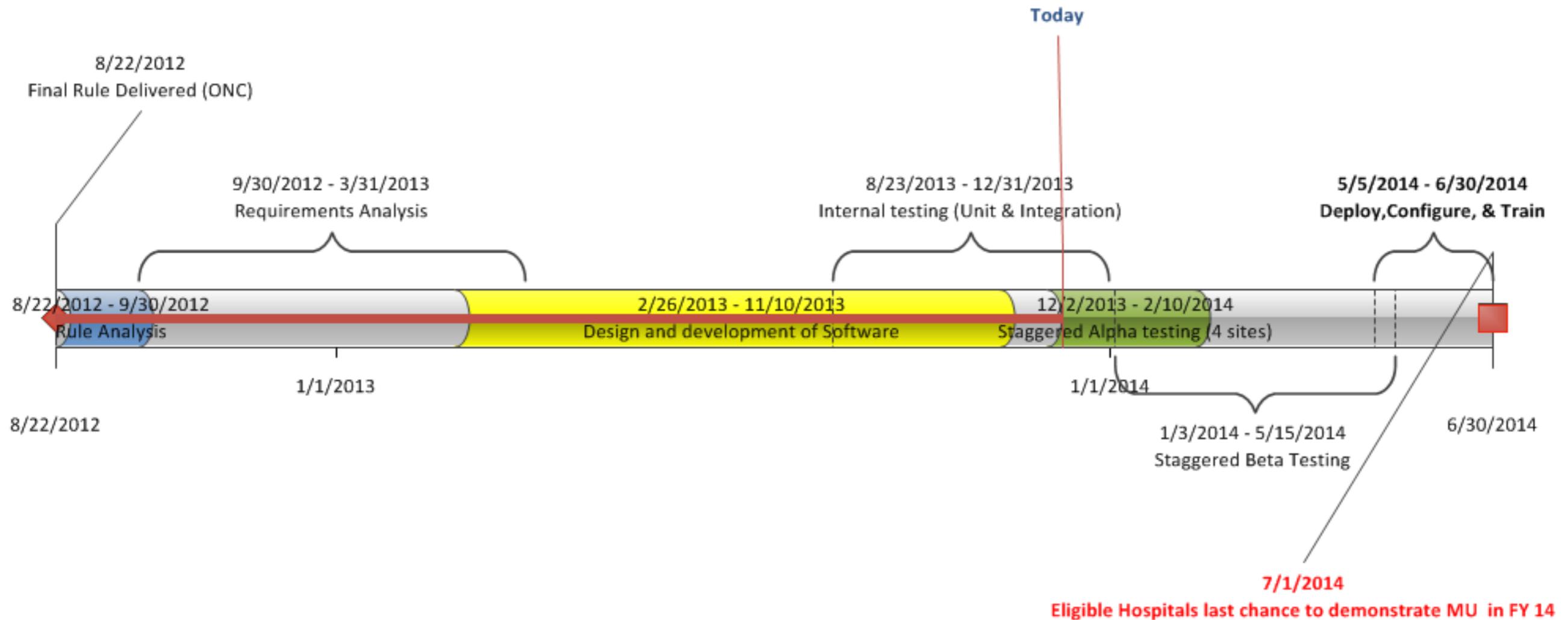
December 11, 2013



# Agenda

- 2014 Certification
- MU Timeline
- 2014 RPMS EHR
- PHR
- Secure Messaging/RPMS DIRECT
- HIE

# MU2 and 2014 Certification Roadmap





## Indian Health Service Meaningful Use Program

2014 Certification – Luther Alexander



# 2014 Certification and MU

- 2014 Certification
  - Infogard is our certification body.
  - Certification testing begins January 6 (will last approximately eight business days).
- ONC
  - 44 new certification standards for the 2014 edition.
- RPMS EHR
  - IHS/OIT development of approximately 38 new patches began January 2013.
  - <http://www.ihs.gov/meaningfuluse/certificationoverview/>



# Alpha and Beta Testing

- White River (Phoenix Area)
  - Alpha: December 2013
  - Beta: January - March 2014
- Chickasaw (Oklahoma Area), Cherokee (Nashville Area), and Sonoma (California Area)
  - Alpha: January 2014
  - Beta: February - April 2014



# Alpha and Beta Criteria

- Alpha testing is conducted in a laboratory environment against matching requirements and tests the software behavior to identify potential issues.
  - A development product generally has an 80 - 95 percent functional code base. Alpha testing identifies issues that need to be corrected to produce a stable code base and allow progression to beta.
  - Alpha testing results should demonstrate a level of technical functionality that matches certification requirements.
- Beta testing is testing under normal conditions by end-users to check product behavior. It is continued testing on the accepted design to ensure there are no faults or bugs in the functionality.



# Performance Testing

- Gathering of baseline performance data
  - CPU
  - Network
  - Disk writes
  - Data growth
- Alerting on system, network, security, and Ensemble/RPMS issues
- Reporting



# Performance Testing Approach

- CSMT will:
  - Install Nagios application.
  - Capture performance data.
  - Report on data captured.



## Indian Health Service Meaningful Use Program

2014 MU Timeline – JoAnne Hawkins



# Three-Month Reporting Period

- In 2014, all providers, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a three-month EHR reporting period.
  - For Medicare providers, this three-month reporting period is fixed to the quarter of either the fiscal year (for eligible hospitals and CAHs) or the calendar year (for EPs).
  - For Medicaid providers only eligible to receive Medicaid EHR incentives, the three-month reporting period is not fixed.
- CMS is permitting this one-time, three-month reporting period in 2014 so that all providers who must upgrade to 2014 Certified EHR Technology will have adequate time to implement their newly certified EHR systems.



# 2014 MU Timeline

- **Eligible Hospitals**
  - July 1, 2014, is the last day to start the three-month reporting period.
  - June 30, 2014, is the last day to install ALL of the 2014 RPMS EHR patches.
- **Eligible Professionals**
  - October 1, 2014, is the last day to start the three-month reporting period.
  - September 30, 2014, is the last day to install ALL of the 2014 RPMS EHR patches.



# Timeline

## Eligible Providers

Last day to start three-month reporting period:

**Oct 1**



Last day to start three-month reporting period:

**July 1**

## Eligible Hospitals



## Indian Health Service Meaningful Use Program

2014 RPMS EHR –  
JoAnne Hawkins and Todd Romero



# 2014 RPMS EHR Applications

- RPMS EHR certification page on MU website (<http://www.ihs.gov/meaningfuluse/certificationoverview/>)
- [Draft - 2014 Certified RPMS EHR Applications](#) [PDF - 83 KB] - preliminary list of necessary patches
- [Draft - 2014 RPMS EHR Grid](#) [PDF - 68 KB] - list of applications and their dependencies
- [Draft - 2014 ONC RPMS EHR Grid](#) [PDF - 269 KB] - list of performance measures and related certification criteria



# Ensemble 2012 – Rollout MU and ICD 10 Pre-requisite

- Personnel
  - Todd Romero – Federal Lead
  - Leon Wozniak – Project Manager
- Requirements
  - Windows 2008 R2\*
  - AIX 6.1 or higher (AIX 5.3 is not supported by IBM)
  - AIX 5.3 requires an OS upgrade to 6.1 or 7.1 prior to installation
- Site Assistance
  - On-site personnel not required but recommended
  - ITAC request – initial assessment



# Ensemble 2012 – Rollout High-Level Overview

Note: Durations vary due to server resources, DB size and applications installed. Estimates below based on DB < 50 Gbytes.

Stage	Users Offline	Duration
Patch Installation (C32/MPI)	No	2-3 hours
Verify Backups	No	.5 hours
Permissions verification	No	.2 hours
Upgrade Ensemble to 2012	Yes	
Compile	Highly recommended	2-5 hours
Application Testing	No	.5 – 2 hours
Re-Compile (if needed)	No	.1 to 3 hours



# Ensemble Rollout

Area	Servers	Completed	% Complete
Aberdeen	26	1	4%
Alaska	Unknown	Unknown	Unknown
Albuquerque	25	25	100%
Bemidji	38	3	8%
Billings	9	4	44%
California	13	8	61%
Navajo	9	6	67%
Oklahoma	33	3	9%
Phoenix	26	5	19%
Portland	40	9	23%
Tucson	8	1	13%



## Indian Health Service Meaningful Use Program

Personal Health Record –  
Chris Lamer and Glenn Janzen



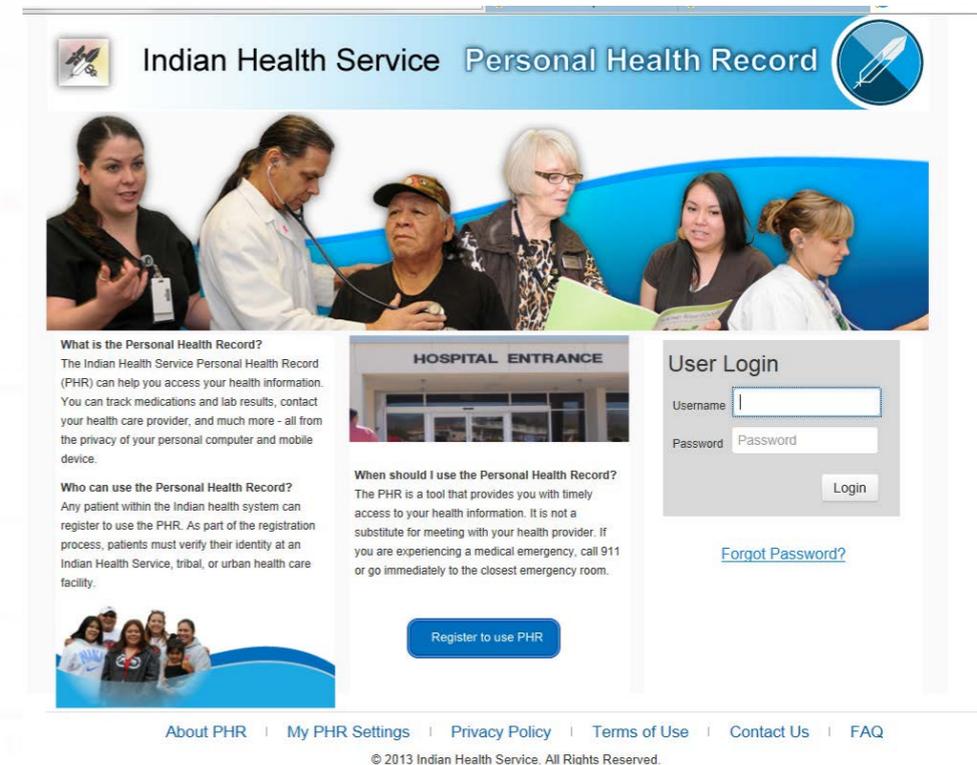
# Personal Health Record Terms

- PHR consists of three major components:
  - Patient portal to view health information in the CCDA.
  - Administrative application to connect patients' PHR accounts with their RPMS data.
  - Master Patient Index (MPI) as unique patient identifier.
- PHR administrator assigns privileges for someone to access the PHR administrative application.
- PHR registrar connects patients' PHR accounts to their medical records (can be connected locally as well as to other health care facilities using MPI).
  - PHR administrator may = PHR registrar.
- Message agent receives and manages secure messages (email) from a group of patients.

# PHR Process

To access the PHR, the patient must take these steps:

1. Go to the PHR website (<https://phr.ihs.gov>).
2. Create an account.
  - Create a unique username and password.
  - Enter demographic information.



3. Visit the health care facility in person to validate identity.



# PHR Process (cont.)

- The patient will meet with the PHR registrar who will validate his/her identity and help set up a PHR account.
- A PHR registrar will match the patient's PHR account with his/her RPMS account.
  - The PHR registrar will also identify any other RPMS sites where the patient may receive care by integration with the Master Patient Index (MPI). This means the patient can view health information from multiple RPMS facilities using one PHR account.
- The PHR registrar will assign the patient an RPMS DIRECT email address.



# PHR Process (cont.)

- The patient will log in to the PHR (<https://phr.ihs.gov>).
- If it is the first log-in, the patient will need to review and agree to the PHR terms and conditions.
- If patients receive care at more than one facility, they will choose the facility information they wish to observe.
- Once selected, the PHR gets the appropriate health information from the Health Information Exchange (HIE).

# View Health Information



**MARY GRANT**

[Home](#) | [Sign Out](#)

My health information from: Health Service BCCD - 2013 DEMO HOSPITAL  
(8991) Indian: : Last Updated: November 15, 2013, 23:42:38, MST

Hello MARY GRANT

## Appointments List

[My Info](#)

[Medications](#)

[Health Issues](#)

[Test Results](#)

[Immunizations](#)

[Vital Signs](#)

[My Messages](#)

[Procedures](#)

[Hospital Admissions](#)

[For More Information](#)

[Download My Data](#)

## Upcoming Appointments

Visit Date and Time	Clinic	Provider Name	Main Reason for Visit
4/13/2013 12:00PM	New Clinic	Dr. Wells	Headache, Fever related
4/13/2013 12:00PM	New Clinic	Dr. Wells	Headache, Fever related
4/13/2013 12:00PM	New Clinic	Dr. Wells	Headache, Fever related

[About PHR](#) | [My PHR Settings](#) | [Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [FAQ](#)

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# Access More Information (info button)



**MARY GRANT** [Home](#) | [Sign Out](#)

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Hello MARY GRANT

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- Download My Data

### Medications

The information below contains a list of the medications that you are currently taking. Click on the Medication History tab to view a historical record.

[Active Medications](#) | [Medication History](#)

Click once on a medication from the list below for instructions about how to use that medication (if available). Click again to make the drop box disappear, or click on the blue INFO button for more information, such as possible side effects.



Medication Name	Prescription Number	Dose	Refills	Status
Cephalexin 500 MG Oral Capsule		500 (mg)	1	completed
Fluoxetine 20 MG Oral Capsule		40 (mg)	1	completed
Levothyroxine Sodium 0.05 MG Oral Tablet		.05 (mg)	1	completed

[About PHR](#) | [My PHR Settings](#) | [Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [FAQ](#)

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# Download Health Information From the PHR



**MARY GRANT**

[Home](#) | [Sign Out](#)

**My health information from: Health Service BCCD - 2013 DEMO HOSPITAL (8991) Indian: : Last Updated: November 15, 2013, 23:42:38, MST**

Hello MARY GRANT

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[My Messages](#)

[Procedures](#)

[Hospital Admissions](#)

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[Download My Data](#)

## Download My Data

You can download your information in a file, which is easy to read and print. It will look like the information in the box below. You can view and print it before saving it to your computer. Click the download button to save a copy to your computer. Protect your health information. Download using a computer that you trust. Other people may be able to read your downloaded file. Save it in a safe place. If you are using a public or shared computer, you should delete the file when you are finished.

-Indian Health Service BCCD - 2013 DEMO

HOSPITAL (8991) Continuity of Care--

-----Document from 2013 DEMO HOSPITAL-----

\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*

A Blue Button Report (produced by Indian Health Service CCD Generator)

Friday, November 15, 2013 at 11:42:38 pm

This Blue Button(R) summary is a copy of information which is available in your Indian Health Service BCCD - 2013 DEMO HOSPITAL (8991) Indian Health Service CCD Generator Personal Health Record (PHR). Your summary contains information that you entered and may include copies of information from other sources, such as your doctor's or your hospital's electronic health





# PHR Roles and Responsibilities

- Area PHR administrator – the person who delegates access to local PHR administrators.
- PHR administrator – the person at the local facility who is responsible for assigning registration privileges to PHR registrars. Local PHR administrators are provided access by the area PHR administrator and are appointed by the local health information management (HIM) staff.



# More Roles and Responsibilities

- PHR registrar – the person who connects patients' PHR accounts with their medical records at the local facility (and additional facilities through integration with the MPI). The PHR registrar provides ongoing support such as resetting passwords for patients. A site may have one or more PHR registrar. The PHR administrator may also serve as a PHR registrar.
- Duties of the PHR registrar include:
  - Signing up patients for RPMS DIRECT.
  - Documenting that the patient has a PHR account in RPMS.
  - Documenting that the patient received information about accessing PHR (performance measure, target  $\geq 50\%$ ).



# Preparing for PHR

- Develop a PHR awareness campaign at the facility.
  - Identify tools and resources that can be used to make patients aware of the PHR.
  - As go-live approaches, begin to provide information about how patients can register for a PHR account.
  - Considerations that will assist in meeting the Stage 2 Meaningful Use performance measure include disseminating handouts:
    - Patient registration staff.
    - Clinical staff.
  - Document that education was provided (patient education code Administrative Functions - Personal Health Record).



## Indian Health Service Meaningful Use Program

Secure Messaging/RPMS DIRECT –  
Glenn Janzen



# Introducing RPMS DIRECT

- RPMS DIRECT is the name of the secure email system and:
  - Is separate from your IHS email account.
  - Can be accessed through the EHR.
  - Can be accessed by patients through the PHR.
  - Is used for health-related messages only.
  - Ensures that messages can be sent to trusted RPMS DIRECT addresses only.



# More about RPMS DIRECT

- RPMS DIRECT supports:
  - Internal-provider-to-external-provider exchange.
  - Internal-provider-to-internal-provider exchange.
  - Patient-to-internal-provider exchange.

# Integration with EHR

RPMS - EHR ROZSNYAI,DUANE \*\* PRECERT EHR v1.1p13 \*\*

User Patient Refresh Data Tools Help eSig Clear Clear and Lock Community Alerts Dosing Calculator Rx Print Settings GRU - Audit Log Universal Client

PRIVACY PATIENT CHART RESOURCES RCIS ED Dashboard DIRECT WebMail

Back Forward Stop Refresh Home Print

 INDIAN HEALTH SERVICE  
PHS - 1955

Please Login

Username :

Password :

Login

If you are using a Web browser with a pop-up blocker, you must allow pop-ups from [direct.ihs.gov](http://direct.ihs.gov).  
Read your browser's Help information for details. The system you are about to access contains sensitive patient health related information.  
This information is provided for health information exchange purposes only.  
Therefore, unauthorized or improper use of this information and system may result in HIPAA violation and may result in penalties and revocation of your Direct secure email account.

Direct address and it's domain name are dedicated solely to the purposes of health information exchange.

ROZSNYAI,DUANE 2013-DEMO.NA.IHS.GOV 2013 DEMO HOSPITAL 08-Nov-2013 10:02

# Integration with PHR

The screenshot displays a web browser window with the following elements:

- Browser Tab:** Patient Health Record
- Address Bar:** <https://phr1rpms:54463/phr/viewDoc#>
- Page Header:** SSVENDOR TESTJARVIS (with a blue circular icon containing a white pen nib), Home | Sign Out, and Hello Mary Grant.
- Left Navigation Menu:** A vertical list of links including Appointments List, My Info, Medications, Health Issues, Test Results, Immunizations, Vital Signs, My Messages (highlighted in blue), Procedures, Hospital Admissions, For More Information, and Download My Data.
- Main Content Area:**
  - Secure M:** A blue banner with a white envelope icon and the text "Secure M".
  - Mail Section:** A header with "Mail" and a sub-header "Inbox".
  - Folder List:** A sidebar on the left of the mail section listing folders: Inbox, Drafts, Sent, Deleted, and Junk.
  - Message List:** A table with columns: From, Subject, Date, and Size. The table is currently empty.
  - Actions:** A row of icons for Refresh, Delete, Compose, Reply, Reply All, Forward, and More Actions.
  - Footer:** "Folder Actions" and a pagination indicator "0 - 0 / 0".
- Page Footer:** A horizontal line of links: About PHR | My PHR Settings | Privacy Policy | Terms of Use | Contact Us | FAQ, followed by the copyright notice "© 2013 Indian Health Service. All Rights Reserved."



# RPMS DIRECT Domain

- Domain name is dedicated to the facility.
  - Domain name will be assigned an organizational-bound certificate.
  - Certificates are assigned to prove the identity of the organization and the individual user.
  - Certificates help make email messages secure.
  - Example: Facility1.DIRECT.ihs.net



# RPMS DIRECT Address

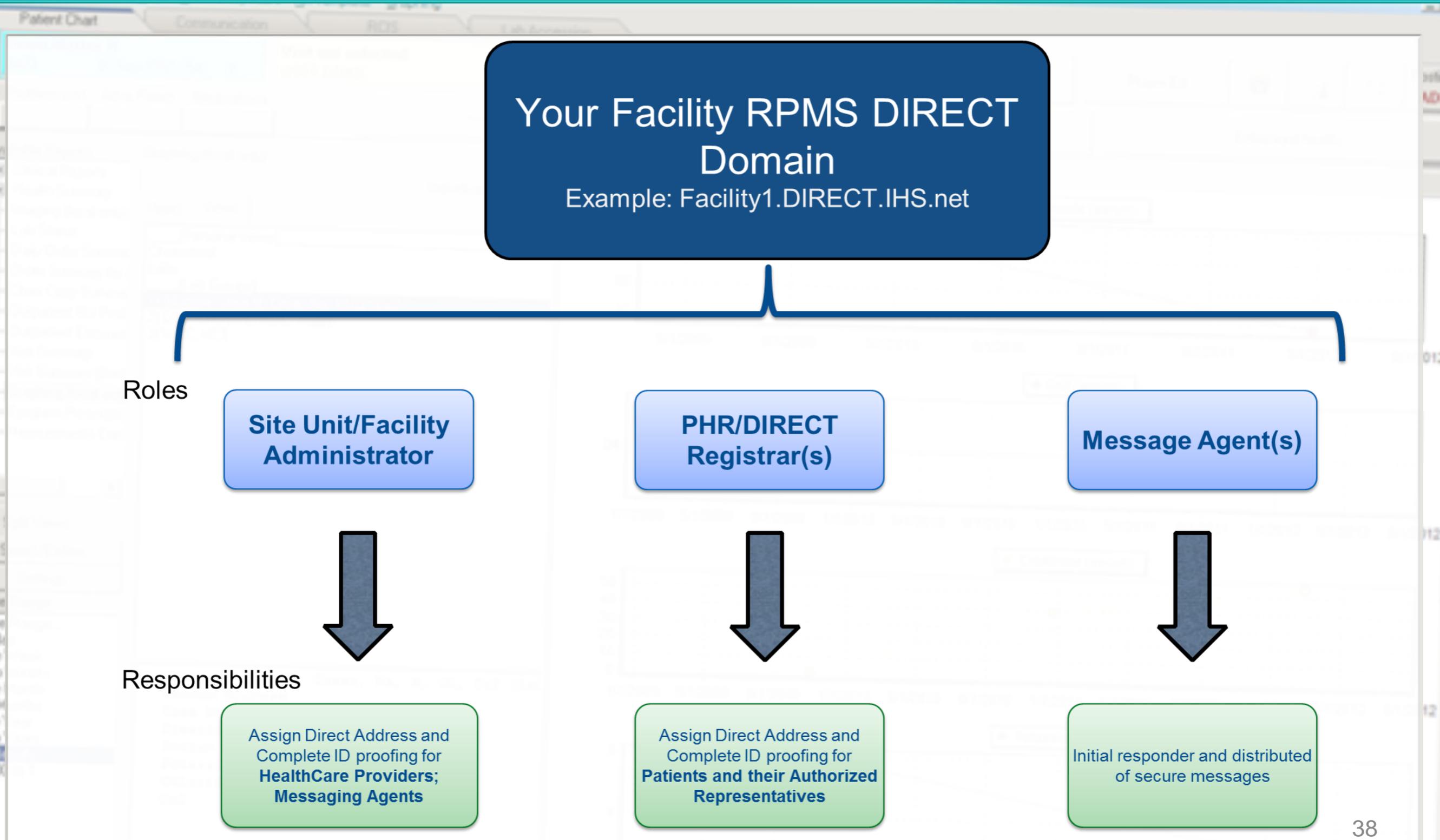
- RPMS DIRECT address or username will be assigned to individual providers, message agents, and/or other staff.
- RPMS DIRECT addresses under facility will be linked to the facility domain name and its certificate.
- Example: [John.doe@Cherokee.Direct.ihs.net](mailto:John.doe@Cherokee.Direct.ihs.net) or [jdoe\\_MA@Cherokee.Direct.ihs.net](mailto:jdoe_MA@Cherokee.Direct.ihs.net)



# Preparing for RPMS DIRECT

- Identify
  - Site unit/facility administrator(s)
  - RPMS DIRECT registrar(s)
  - Message agents
- Promote
  - Identify tools and resources that can be used to make the healthcare provider and patients aware of RPMS DIRECT and/or My Messages.
  - As go-live approaches, begin to provide information about how healthcare providers can register for an RPMS DIRECT account.

# RPMS DIRECT Roles and Responsibilities





# RPMS DIRECT Administrator Roles

- **National administrator (appointed by OIT CIO )**
  - Process facility onboarding and organization certificate request via certificate authority API; manage IHS HISP and public and private keys; complete DNS mapping for organizational-bound and address-bound certificates (when applicable); complete required identity vetting of RPMS DIRECT service unit/facility administrator and grant RPMS DIRECT admin and webmail access; provide appropriate training (e.g., account creation, password resets, etc.); conduct appropriate audits.
- **Service unit/facility administrator (i.e., facility manager)**
  - Will appoint and grant access to messaging agent(s) and PHR registrar(s); complete ITAC system (federal only); complete identity vetting of registering healthcare providers, staff, messaging agents, and PHR registrars for RPMS DIRECT address issuance; manage their access; and run routine, required audits.



# RPMS DIRECT Non-Administrator Roles

- PHR registrar (i.e., patient registrar or front desk)
  - Perform patients' PHR and RPMS DIRECT Messaging registration by following PHR registration process such as identity proofing, IHS-810 form.
- Messaging Agents (i.e., front desk or patient check-in)
  - Facilitate incoming secure messages for assigned patient or patient group, route messages appropriately, and possibly respond to messages.



# RPMS DIRECT Message Agents

- RPMS DIRECT message agent – person assigned to receive secure messages and take appropriate action.
- Sample cases when a patient sends a secure message:
  - **Cancels appointment**  – Message agent alerts schedule clerk to make appropriate change.
  - **Requests medication renewal**  – Message agent alerts provider (sends notification in EHR, tells the provider, writes a note - whatever is done currently); message agent replies to patient.
  - **Shares health information**  (e.g., recent home blood sugar results, information from another provider, a possible adverse reaction to a new medication) – Message agent forwards to provider; message is stored through VistA Imaging into patient's medical record. Provider may respond through the message agent to the patient with further information or recommendations.



# Assigning Message Agents

- How to assign message agents
  - Small sites may only need one.
  - Larger sites may need more than one.
  - Always consider having at least one backup to cover leave, sick days, etc.
- Patients can be assigned to a message agent in the Designated Primary Provider Package.
  - Message agents are a new provider type.
  - May assign individual patients to a message agent.
  - May assign all of a provider's patients to a message agent.
  - *A provider may be a message agent, but we recommend using another team member when you are first starting.*



# RPMS DIRECT Certificates

- **Provider address-bound certificate**
  - Do not need an individual level address-bound certificate
  - Healthcare providers are covered entities of an organization based on HIPAA
  - Bound to an organizational-bound certificate
- **Patient address-bound certificate**
  - Do not need an individual level address-bound certificate
    - Secure exchange is internal only
    - Controlled via the pre-populated TO Header based on the selected CCDA



# Provider Identity Proofing

- Healthcare Provider Identity Proofing
  - Identity vetted at Level of Assurance 3
  - Federal
    - PIV card; OR
    - Two forms of ID: one federal government-issued picture ID and one REAL ID Act compliant picture ID (i.e., state driver's license or identification card)
  - Urban/Tribal
    - Two forms of ID: one federal government-issued picture ID (i.e., passport) and one REAL ID Act compliant picture ID (i.e., state driver's license or identification card)



# Patient Identity Proofing

- Patient Identity Proofing
  - Identity vetted at Level of Assurance 2 during PHR registration
    - One form of government-issued picture ID
    - Leverage PHR ID vetting (i.e., tribal ID card or registrar's knowledge)

# IHS Provider Registration Process

## Urban & Tribal Provider Registration

*Urban and Tribal facilities are to follow their own process. They will be responsible for maintaining and completing end to end documentation and identity vetting for providers at LoA3 as defined in the Direct policy and BAA.*



Healthcare Providers requests DIRECT Address from their Facility Admin



Facility Admin receives and approves request and completes in-person identity vetting



### Identity Proofing

In Accordance with the FBCA LoA 3.

Registration/ Declaration of ID Form

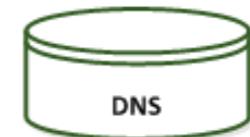
Two Gov't issued photo IDs



Issuance of DIRECT Address with facility Domain and default password



Facility Admin opens HD ticket for National Admin



National Admin coordinates adding DIRECT Address in the DNS and mapping to the organization-bound certificate



National Admin notifies Facility Admin of process completion



Login Credentials provided to Healthcare provider

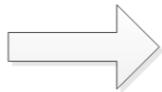
# Urban and Tribal Provider Registration Process

## Urban & Tribal Provider Registration

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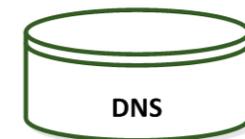
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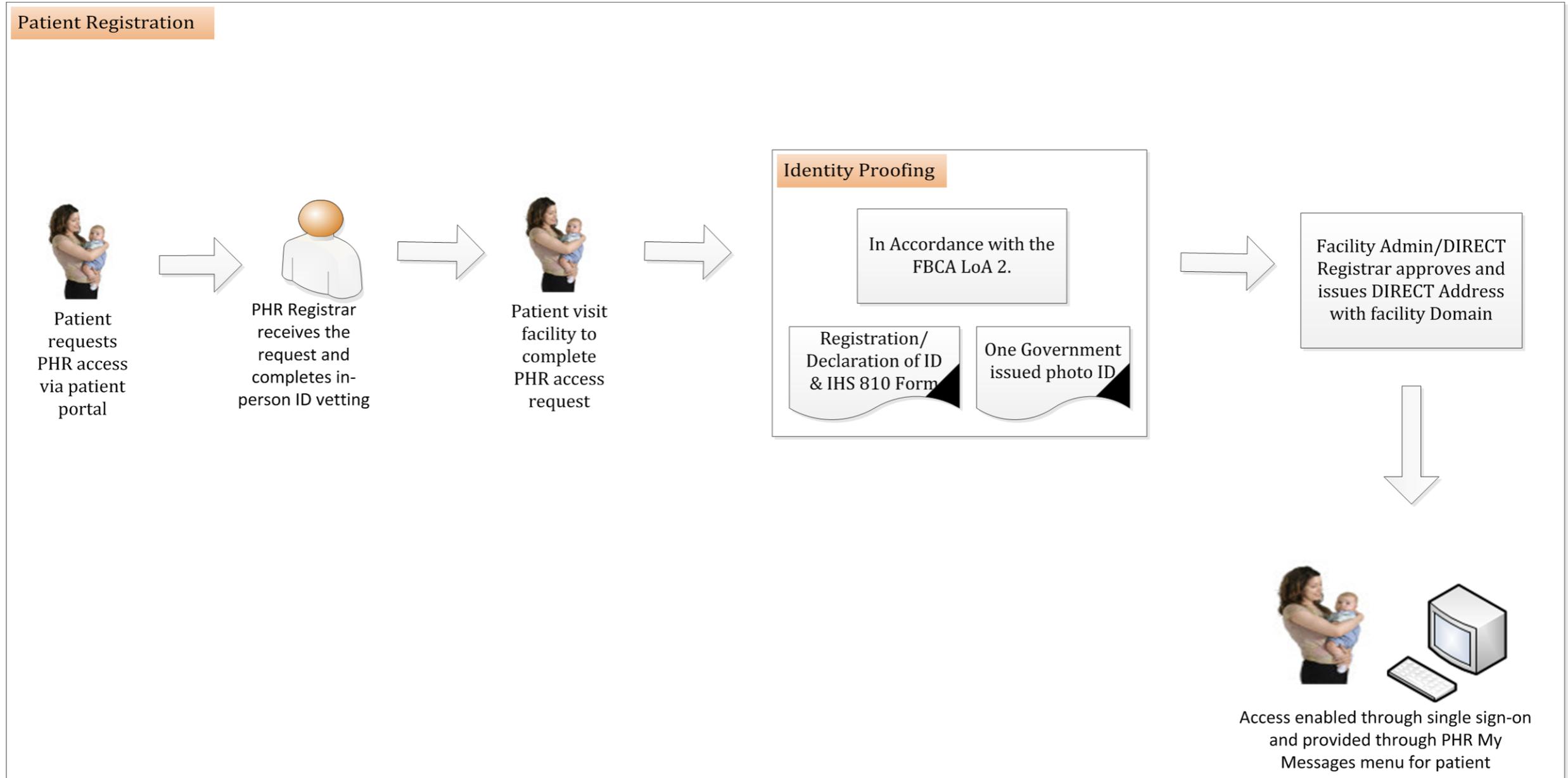


National Admin notifies Facility Admin of process completion



Login Credentials provided to Healthcare provider

# Patient Registration Process





# RPMS DIRECT Deployment

- Phase 1: Deploy internal exchange within the HISP
  - Use of SSL between clients (EHR/PHR) and the webmail supporting encrypted transmission, and hard drive encryption for message at rest
  - Survey: Prioritize facilities based on survey response and Meaningful Use implementation prioritization
  - Domain: Set up domain name and site unit/facility administrator(s) for each participating facility



# RPMS DIRECT Deployment (cont.)

- Phase 2: Establish interoperability for RPMS DIRECT with other HISPs
  - Procurement of X.509 certificates
    - Organizational-bound certificates
    - Address-bound certificates (for administrators - where applicable)
  - Agreement with major partners
    - Federal partners: DoD, VA, CMS
    - Non-federal partners
  - Trust Framework/Trust Community
    - Membership
    - Accreditation



# Acquisition Plan: Certificates

- Business Associates Agreement
- Survey the sites to obtain number of domains and domain-bound certificate number projection.
- Leverage existing resources for survey:
  - RPMS DIRECT training session
  - RPMS DIRECT flyers
  - Survey Monkey
  - Area information system coordinators (ISC)
  - MU coordinators
- Based on survey results, create domains for each of the facilities and purchase organizational-bound certificates.



# RPMS DIRECT Training

The following sessions and information will be provided to facilities:

- RPMS DIRECT training sessions.
- RPMS DIRECT flyers.
- RPMS DIRECT participation survey.

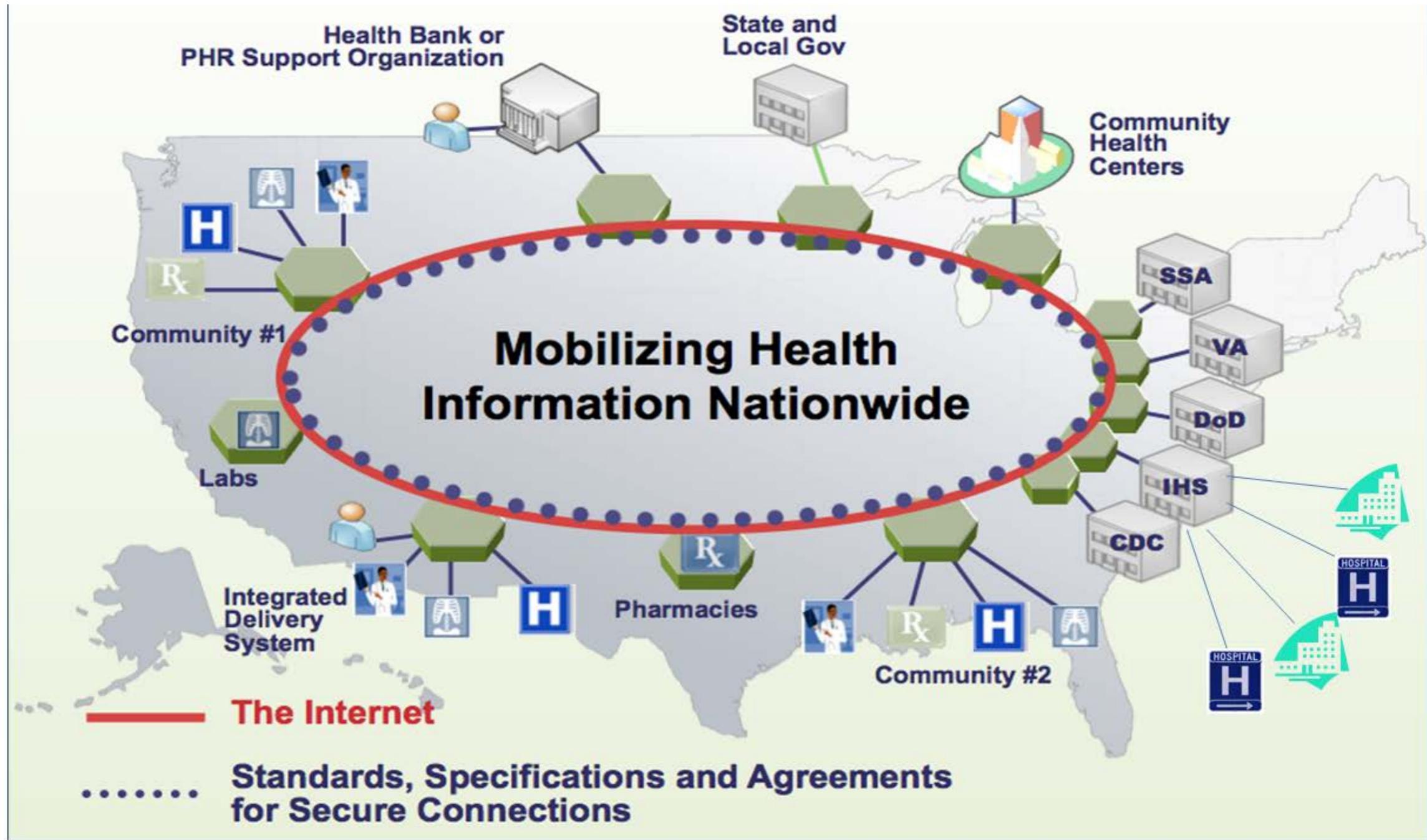
Secure messaging is a Meaningful Use requirement.



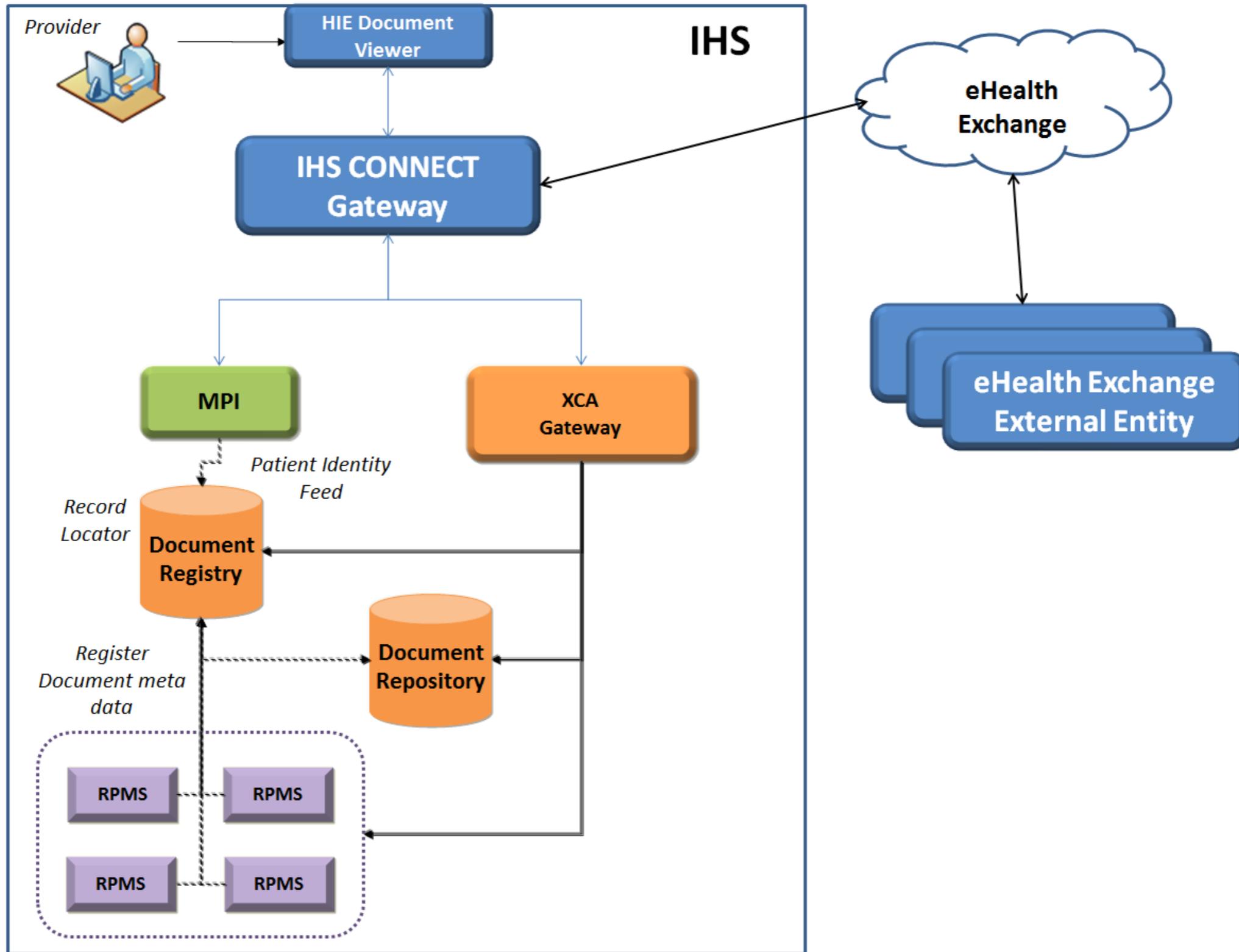
## Indian Health Service Meaningful Use Program

# Health Information Exchange and Overview – James Garcia

# eHealth Exchange Overview Diagram



# Process Flow: Cross IHS Facility and External Health Data Exchange





# HIE

- Dependencies for Onboarding
  - Master Patient Index (MPI) – patient registration demographics to be onboarded into the central MPI repository
  - CCDA – documents onboarding into the central HIE repository
- Processes
  - Processes around HIE, MPI, and eHealth Exchange access and use are being finalized for I/T/U facilities.
  - Business processes: administrative, onboarding, auditing, access control, and data exchange partnership



# HIE and MPI Roles and Responsibilities

- HIE and MPI
  - System administrator: Manage HIE and MPI facility administrator's access (i.e., account creation and password reset) and provide appropriate training.
  - Site managers: Manage HIE and MPI access for facility users (HIM and medical record staff).
  - MPI users: Use MPI tool to resolve patient's duplicate records across the enterprise to reduce patient duplicates within the HIE.



# Roles and Responsibilities (cont.)

- HIE audit administrator: three-tier administrators
  - National system administrator: Can grant access to area system administrator and will have access to audits across all facilities participating in the HIE. Will be responsible to monitor audit activity of other system administrators as well.
  - Area system administrator: Can assign and grant access to facility system administrators and access audits for HIE participating facilities that fall under their area.
  - Facility system administrator: Will have access to audits for assigned facility.



## Indian Health Service Meaningful Use Program

VistA Imaging – Catherine Moore



# VistA Imaging Requirements

- VistA Imaging (VI) is part of the 2014 Certified EHR and must be installed at every site.
- VI will be used to store CCD (clinical summaries) - every site must store these XML files in VI. The Clinical Capture client will be used to import the files.
- It will also be used to store radiology images for the MU Stage 2 menu set objective.



# Vista Imaging Preparation

- Vista Imaging is comprised for the software (RPMS Patches) and HP servers.
- Each site must install all of the patches through MAG 140 which was released in Nov 2013.
- Each site that is not currently using VI should work with their VI area coordinator to start the implementation process. This usually takes three to four months to complete.
- Each area houses the HP servers that can store the images. Individual sites can also purchase the HP servers if they prefer to store their images on site.



# VistA Imaging Current Status

Federal Hospitals: 29

Tribal Hospitals: 10

Urban Health Clinics: 2

Federal Health Centers/Stations: 70

Tribal Health Centers/Stations: 55

## VistA Imaging Live Sites: (166) Active Site Listings

<b>Aberdeen</b>	Area Contact: Brad Flom
<b>Alaska</b>	Area Contact: Sean Ayersman
<b>Albuquerque</b>	Area Contact: Joe Lucero
<b>Bemidji</b>	Area Contact: Ryan Lewis
<b>Billings</b>	Area Contact: Erik Chosa
<b>California</b>	Area Contact: Marilyn Freeman
<b>Nashville</b>	Area Contact: Scott McCoy
<b>Navajo</b>	Area Contact: Keri Cody
<b>Oklahoma</b>	Area Contact: Charles Cross
<b>Phoenix</b>	Area Contact: Michael Fairbanks
<b>Portland</b>	Area Contact: Corrine Standingbear
<b>Tucson</b>	Area Contact: Terrill Francis



## Indian Health Service Meaningful Use Program

MU Policies and Procedures –  
Janice Chase



# Policies and Procedures for MU

- IHS HIPAA-related policies are at the HQ level for final review:
  - Notice of Privacy Practices (PHR, HIE, RPMS DIRECT).
  - Unemancipated minors policy.
  - Other HI-Tech Omnibus provision.

**Incorporated into the Indian Health Manual**



# IHS Guidelines and Policies

- Personal Health Record (PHR)
  - PHR Terms and Conditions (in the PHR application)
  - Access to PHR Policy
- Master Patient Index (MPI) and Health Information Exchange (HIE) Guidelines
  - MPI: Policy for Data Access and Sharing
  - HIE: Policy for Access to the HIE
  - HIE: System Security Audit Policy
- Policy for Access to the eHealth Exchange Connect Gateway

# IHS Guidelines and Policies (cont.)

- **RPMS DIRECT**
  - End-user access policy
  - Administrator access policy
  - Terms and conditions



## Indian Health Service Meaningful Use Program

Tiered Support – Steve Thornton



# Tier 1 Customer Support Structure

- Tier 1 – Site Level
  - Installation
  - Audit log maintenance and management
  - Security
  - PHR registration and customer support for patient access
  - RPMS DIRECT registration and customer support for healthcare provider access
  - Secure message agent process



# Tier 2 Customer Support Structure

- Tier 2 – Area
  - Area level expertise in radiology, lab, VistA Imaging, pharmacy, EHR, immunization, RCIS, OS support, ER, HIM
  - Installation support
  - Site level training
  - Coordination with local/state/regional/national, public and private data exchanges partners
  - PHR administrator



# Tier 3 Customer Support Structure

- Tier 3 – National Help Desk/OIT
  - Central Services onboarding, AIX Firmware support
  - Train the Trainer
  - Application updates
  - Certificate management



## Indian Health Service Meaningful Use Program

Next Steps – Jeanette Kompkoff



# Deployment

- Deployment priorities (April 2014):
  - Hospitals (FY participation)
    - Stage 2 needing BCMA
    - Stage 2
    - Stage 1
  - Ambulatory facilities (CY participation)



# Training

- Training (March 2014)
  - OIT/HQ developing virtual train-the-trainer sessions for area level support
    - Area MU coordinators, CACs, IT, HIM, etc.
  - Area level support to train area facilities
- OIT training support
  - Office Hours
  - User manuals
  - ListServ
  - Website



# Communication

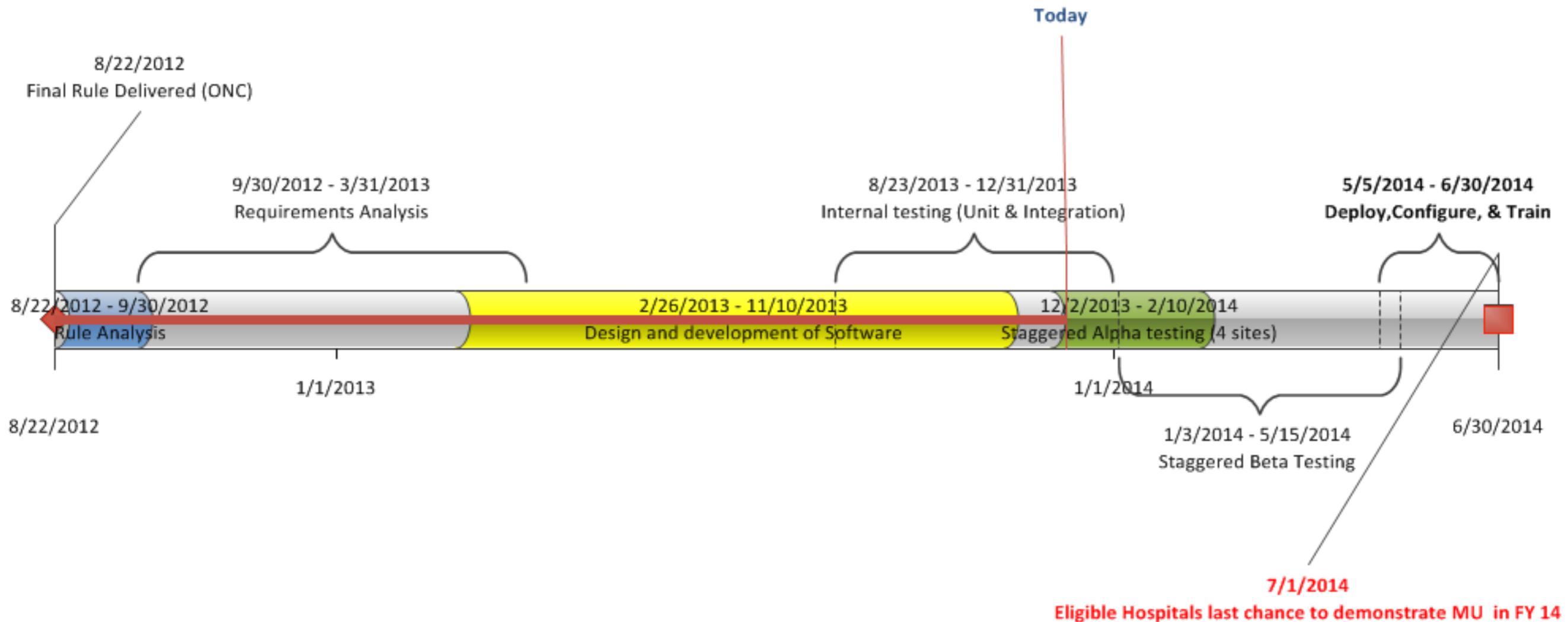
- OIT MU National Team will continue to communicate and support areas and sites.
- MU National Consultant support to conduct MU readiness assessments, presentations, provider inventory, and incentive tracking.
- Communication vehicles include:
  - IHS MU website - <http://www.ihs.gov/meaningfuluse/>.
  - IHS MU listserv.
  - IHS EHR listserv.
  - IHS MU office hours posted on MU website.
  - IHS MU newsletter.



# Risks

- Deployment and implementation of the 2014 RPMS EHR to the field will hinge upon the successful mitigation of these risks:
  - Delay in certification.
  - Extended beta testing duration.
  - ICD-10 functionality potentially impacting 2014 Certification.
  - Insufficient area support staff for implementation.
  - Lack of end-user acceptance and adoption.
  - Sequestration/CR.

# MU2 and 2014 Certification Roadmap





# Next Steps

- Ensemble upgrade completed
- Preliminary installation and configuration of previously released applications (radiology, VI, MPI, etc.)
- Resources for implementation, operation, and maintenance (system administration and customer support)
- Area schedule for installation and deployment
- Engage with area HIM, area MU coordinators, and CACs
- Stay connected through communication vehicles



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