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

8/22/2012
Final Rule Delivered (ONC)

8/22/2012 - 9/30/2012
Requirements Analysis

9/30/2012 - 3/31/2013

8/22/2012 - 9/30/2012
Rule Analysis

2/6/2013 - 11/10/2013
Design and development of Software

1/1/2013

8/23/2013 - 12/31/2013
Internal testing (Unit & Integration)

1/1/2014

8/5/2014 - 6/30/2014
Deploy, Configure, & Train

5/5/2014 - 6/30/2014
Staggered Alpha testing (4 sites)

Staggered Beta Testing

6/30/2014

7/1/2014
Eligible Hospitals last chance to demonstrate MU in FY 14
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**

- **RPMS EHR**
  - IHS/OIT development of approximately 38 new patches began January 2013.
  - [http://www.ihs.gov/meaningfuluse/certificationoverview/](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.
2014 MU Timeline – JoAnne Hawkins
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

June  | July  | August | September | October

Last day to start three-month reporting period:
July 1

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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Users Offline</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Patch Installation (C32/MPI)</td>
<td>No</td>
<td>2-3 hours</td>
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<tr>
<td>Verify Backups</td>
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<td>.5 hours</td>
</tr>
<tr>
<td>Permissions verification</td>
<td>No</td>
<td>.2 hours</td>
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<tr>
<td>Upgrade Ensemble to 2012</td>
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<td></td>
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<tr>
<td>Compile</td>
<td>Highly recommended</td>
<td>2-5 hours</td>
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<tr>
<td>Application Testing</td>
<td>No</td>
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<tr>
<td>Re-Compile (if needed)</td>
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<td>.1 to 3 hours</td>
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</table>
### Ensemble Rollout

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<tr>
<th>Area</th>
<th>Servers</th>
<th>Completed</th>
<th>% Complete</th>
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<td>Aberdeen</td>
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<td>Albuquerque</td>
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<td>25</td>
<td>100%</td>
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<tr>
<td>Bemidji</td>
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<td>3</td>
<td>8%</td>
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<td>Portland</td>
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<td>9</td>
<td>23%</td>
</tr>
<tr>
<td>Tucson</td>
<td>8</td>
<td>1</td>
<td>13%</td>
</tr>
</tbody>
</table>
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.
To access the PHR, the patient must take these steps:


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.
• 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**

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

Hello MARY GRANT

## Upcoming Appointments

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<thead>
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<th>Visit Date and Time</th>
<th>Clinic</th>
<th>Provider Name</th>
<th>Main Reason for Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/13/2013 12:00PM</td>
<td>New Clinic</td>
<td>Dr. Wells</td>
<td>Headache, Fever related</td>
</tr>
<tr>
<td>4/13/2013 12:00PM</td>
<td>New Clinic</td>
<td>Dr. Wells</td>
<td>Headache, Fever related</td>
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<td>4/13/2013 12:00PM</td>
<td>New Clinic</td>
<td>Dr. Wells</td>
<td>Headache, Fever related</td>
</tr>
</tbody>
</table>
Access More Information (info button)

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.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Prescription Number</th>
<th>Dose</th>
<th>Refills</th>
<th>Status</th>
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<tbody>
<tr>
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<td>completed</td>
</tr>
<tr>
<td>Fluoxetine 20 MG Oral Capsule</td>
<td></td>
<td>40 (mg)</td>
<td>1</td>
<td>completed</td>
</tr>
<tr>
<td>Levothyroxine Sodium 0.05 MG Oral Tablet</td>
<td></td>
<td>.05 (mg)</td>
<td>1</td>
<td>completed</td>
</tr>
</tbody>
</table>
Download Health Information From the PHR

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

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.

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.
• 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 ≥ 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).
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
Integration with PHR
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 or 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

Your Facility RPMS DIRECT Domain
Example: Facility1.DIRECT.IHS.net

Roles

- Site Unit/Facility Administrator
- PHR/DIRECT Registrar(s)
- Message Agent(s)

Responsibilities

- Assign Direct Address and Complete ID proofing for HealthCare Providers; Messaging Agents
- Assign Direct Address and Complete ID proofing for Patients and their Authorized Representatives
- Initial responder and distributed of secure messages
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 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 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.

1. Healthcare Providers requests DIRECT Address from their Facility Admin
2. Facility Admin receives and approves request and completes in-person identity vetting
3. Identity Proofing
   - In Accordance with the PBCA LoA 3.
   - Registration/Declaration of ID Form
   - Two Gov't issued photo IDs
4. Issuance of DIRECT Address with facility Domain and default password
5. Facility Admin opens HD ticket for National Admin
6. National Admin notifies Facility Admin of process completion
7. National Admin coordinates adding DIRECT Address in the DNS and mapping to the organization-bound certificate
8. Login Credentials provided to Healthcare provider
Urban and Tribal Provider Registration Process

Urban and Tribal facilities are to follow their own process; however, Tribes 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.

1. Healthcare Providers requests DIRECT Address from their Facility Admin
2. Facility Admin receives and approves request and completes in-person identity vetting
3. In accordance with the FBCA LoA 3.
   - Registration/Declaration of ID Form
   - Two Gov’t issued photo IDs
4. Issuance of DIRECT Address with facility Domain and default password
5. National Admin notifies Facility Admin of process completion
6. Facility Admin opens HD ticket for National Admin
7. National Admin coordinates adding DIRECT Address in the DNS and mapping to the organization-bound certificate
8. Login Credentials provided to Healthcare provider
Patient Registration Process

1. Patient requests PHR access via patient portal
2. PHR Registrar receives the request and completes in-person ID vetting
3. Patient visit facility to complete PHR access request

Identity Proofing

- In Accordance with the FBCA LoA 2.
- Registration/Declaration of ID & IHS 810 Form
- One Government issued photo ID

4. Facility Admin/DIRECT Registrar approves and issues DIRECT Address with facility Domain

5. Access enabled through single sign-on and provided through PHR My Messages menu for patient
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.
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.
Health Information Exchange and Overview – James Garcia
eHealth Exchange Overview Diagram
Process Flow: Cross IHS Facility and External Health Data Exchange

IHS

IHS CONNECT Gateway

MPI

Document Registry

XCA Gateway

Document Repository

RPMS

Provider

HIE Document Viewer

eHealth Exchange

eHealth Exchange External Entity

Record Locator

Register Document metadata

Patient Identity Feed
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.
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 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Area Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>Area Contact: Brad Flom</td>
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<td>Alaska</td>
<td>Area Contact: Sean Ayersman</td>
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<td>Area Contact: Joe Lucero</td>
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<td>California</td>
<td>Area Contact: Marilyn Freeman</td>
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<td>Nashville</td>
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<td>Portland</td>
<td>Area Contact: Corrine Standingbear</td>
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<tr>
<td>Tucson</td>
<td>Area Contact: Terrill Francis</td>
</tr>
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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
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
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 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

- 8/22/2012
  Final Rule Delivered (ONC)

- 8/22/2012
  Requirements Analysis

- 9/30/2012 - 3/31/2013
  Requirements Analysis

- 2/26/2013 - 11/10/2013
  Design and development of Software

- 8/23/2013 - 12/31/2013
  Internal testing (Unit & Integration)

- 12/2/2013 - 2/10/2014
  Staggered Alpha testing (4 sites)

- 1/1/2014
  Staggered Beta Testing

- 5/5/2014 - 6/30/2014
  Deploy, Configure, & Train

- 6/30/2014
  Eligible Hospitals last chance to demonstrate MU in FY 14

- 7/1/2014

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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