



**INDIAN HEALTH SERVICE**

**INFORMATION SYSTEMS ADVISORY COMMITTEE**

**BI-ANNUAL MEETING**

**April 2-3, 2008**

**Minneapolis Airport Marriott  
Bloomington, Minnesota**

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## Participants

### ***ISAC Representatives Attending***

Madonna Long, IHS Co-Chair	IHS Representative
Chuck Walt, Tribal Co-Chair	Tribal Representative
Scott Anderson	ISC Representative
David Battese	Chief Medical Officer Alternate
Michael Belgarde	IHS Representative
Kevin Atkins	National Council of Urban Indian Health Alternate
Theresa Cullen	Chief Information Officer
JoLynn Davis (remotely)	Clinical Councils Representative
Rich Hall	Tribal Representative
Bill Lance (remotely)	Tribal Representative
Don Kashevaroff	Tribal Representative
Skip Leader	Tribal Representative
Kathryn Lewis	IHS Representative
Lois Niska	Tribal Representative

### ***ISAC Representatives Absent:***

Darren Buchanan	OEHE Representative
Floyd Thompson	IHS Representative
Vacant	IHS National Council of Executive Officers
Vacant	IHS Member (Vice Pat Cox)

### ***Other Attendees:***

Jason Douglas	Statistical Officer Representative
Alan Fogarty	Bemidji Area IHS
Wendie Langton	TSGAC ISAC Alternate, Alaska
George Huggins	Division of Information Resources, OIT, IHS
Tammy Retzlaff	Forrest County Pottawatomie
Deborah Carter	California Rural Indian Health Board
Shakopee	Elsie Olander
Shakopee	Gay Wingaro
Leech Lake	Joel BeBeau
Christy Tayrien	IHS Contractor
Juan Torrez	IHS Contractor

## Roll Call, Welcome and Introductions

Chuck Walt and Madonna Long, ISAC Co-Chairs

Chuck Walt and Madonna Long, Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) Co-Chairs, welcomed the attendees to the meeting and conducted a roll call with a quorum in attendance. Participants introduced themselves to the Committee and identified their organizations represented. The meeting's discussion items are summarized below.

## Chief Information Officer (CIO) Update

Dr. Theresa Cullen, CIO, Office of Information Technology (OIT), IHS

See Presentation Slides located on the ISAC Website at: [CIO ISAC Update 04-02-2008](#)

### Discussion

#### National Health Information Network:

The Nationwide Health Information Network (NHIN) is the critical portion of the health IT agenda intended to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. The NHIN will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve health.

The Office of the National Coordinator is advancing the NHIN as a 'network of networks,' built out of state and regional health information exchanges (HIEs) and other networks so as to support the exchange of health information by connecting these networks and the systems they, in turn, connect.

- IHS is one of 4 agencies participating in NHIN
- NHIN awarded 7 grants to see how to do HIE
- IHS is considered a Federal partner but has to fund themselves; private partners get funding
- IHS is actively staffing NHIN sub-committees
- IHS Will not actually go on this network of networks in Fiscal Year 2008, but are still participating.

#### Veterans Administration (VA)/Veterans Health Administration (VHA)

The VA has chosen to use a Commercial-Off-The-Shelf (COTS) health information solution for Laboratory through Cerner Labs. The IHS would need 3 developers to do this and at least \$3 million. From the CIO's perspective, the IHS cannot afford to do anything other than stay on the path we are already on. IHS developers are able to just test what the IHS gets from the VA and repackage it for IHS.

### **ACTION ITEM:**

The OIT is currently faced with a 28% position vacancy rate. The ISAC recommended that the OIT/IHS be allowed to fill its vacant positions. If the IHS chooses not to fill vacant OIT positions or spend these funds, the ISAC recommends making the funds open to Tribal Shares.

## OIT Information Technology Service Packages

Dr. Theresa Cullen, CIO, OIT, IHS

See Presentation Slides located on the ISAC Website at:

[OIT Revised Packages Visuals 3TC \(CW\).pdf](#)

### Discussion

- Dr. Cullen: Clarified this proposal is for 2010, not 2009

- Chuck Walt: Will the Headquarters proposed changes be tied to Area Office shares?
- Dr. Cullen: This has not been defined yet.
  
- Alan Fogarty: Tribes will have to take their hits on new money if they don't submit data through the National Data Warehouse.
- Rich Hall: If tribes don't leave the money, they still get counted. The IHS still has to report on their data, money or not.
- Chuck Walt: Tribes that are not using RPMS and leave their share have an expectation that their data will in there.
- Dr. Cullen: Tribes' data must be HL7-compliant.
  
- Dr. Cullen: A new issue is tribes have been eligible for a set of things the IHS buys like software licenses, CPT codes, Cache licenses, etc. The IHS may have to have agreements with tribes for the software licenses.
- Alan Fogarty: Need a level playing field. Bemidji Area tribes leave shares but see inequities as tribes that take their shares still go back to IHS and get services.
- Don Kashevaroff: It goes both ways, tribes can say just the opposite.
  
- Rich Hall: Is George Huggins (OIT) going to track the nickels and dimes?
- Dr. Cullen: Yes, George will track full cost recovery options.
  
- Rich Hall: Tribes will have to have this cost structure for IT shares at least half a year in advance so they can plan and buy or buy back software licenses.
- Dr. Cullen: This proposal will go to the Self-Governance Conference in April and the week after that to the Area Lead Negotiators meeting. The OIT needs to staff negotiations with persons that understand the (Resource and Patient Management System).
  
- Bill Lance: Related to what tribes currently get on the menu, does Dr. Cullen see the menu being changed?
- Dr. Cullen: No, but there are items that are not on the menu right now that will be added.
- Bill Lance: Does not want to see the unfunded mandates passed down to tribes.
  
- Chuck Walt: As far as ISAC is concerned, is there something Dr. Cullen wants on tribal services?
- Dr. Cullen: Not right now. This is the first time ISAC has seen this proposal and it still needs Area Lead Negotiator concurrence. It will come back to ISAC later.

**ACTION ITEM: NONE**

## Office of Information Technology Budget Update

George Huggins, Director, Division of Information Resources Management, OIT, IHS

See Presentation Slides located on the ISAC Website at: [OIT FY08 Budget v24.pdf](#)

### **Discussion**

George Huggins made the distinction that he is presenting the OIT "spend plan," not "budget." This is not the enterprise (all IHS) information technology budget. Information Technology is funded out of "Hospitals and Clinics."

- Dr. Cullen: IHS has to have security items and certification and accreditations but cannot afford it. The only thing we have that we can live without is RPMS. The Centers for Medicare and Medicaid Services (CMS) has a proposal to give 1.5% to providers that use Electronic Health Records (EHRs).

- Alan Fogarty: The OIT should be looking at software development. The IHS Office of Resource Access and Partnerships should be out there selling it.
- Skip Leader: Is the ISAC's objective to support getting more money or deal with the deficit?

**ACTION ITEM: The ISAC recommends that the Director, IHS, fund the \$13.8 million dollar shortfall identified in the FY08 OIT spend plan.**

## National Patient Information Reporting System (NPIRS)

Dr. Stanley Griffith, NPIRS Project Manager

See Presentation Slides located on the ISAC Website at: [NDW Presentation for ISAC 4-2008 v2.pdf](#)

### Discussion

As of October 1, 2007, NPIRS is now in operations and maintenance mode. The OIT will be forwarding to the ISAC the National Data Warehouse letter (from IHS Program Statistics) with the schedule and adjustments. Ms. Edna Paisano, Director, IHS Division of Program Statistics, and the IHS Area Statistical Officers review monthly workload reports. Last year was the final year on grace periods without explicit justification for adjustments. Only catastrophic cases will be considered for adjustments. This is the year it will be enforced.

We are exporting data to NIPRS. Non-HL7 compliant information technology systems do not have value added services. ISAC members asked how many tribes are successfully exporting data that are not HL7 compliant. OIT did not know.

- Rich Hall: Is the format for data still published in the Federal Register?
- Dr. Griffith: Not sure, not his area of expertise.
- Chuck Walt: Rumor is that IHS forces tribes to stay with their system (RPMS) so your information is reported to Congress.

Dr. Griffith: Not true.

**ACTION ITEM: The OIT will provide the ISAC with a breakdown of the numbers of IHS user population at sites using RPMS, sites using non-RPMS systems, or a mix of the two. This is to include a link to the National Data Warehouse, HL& Guides, and Standard Tables. (Note: Link to HL7 Guides and Standard Tables follows: <http://www.ihs.gov/CIO/DataQuality/warehouse/how-do-we-export-our-data.asp> ) (Note: Link to HL7 Guides and Standard Tables follows: <http://www.ihs.gov/CIO/DataQuality/warehouse/how-do-we-export-our-data.asp> )**

## United Financial Management System

Elizabeth Fowler and Paul Weinberger, Office of Finance and Accounting, IHS

See Presentation Slides located on the ISAC Website at: [IHS UFMS Presentation 04012008.pdf](#)

### Discussion

- Madonna Long: Asked when carryover funds were going to be released.
- Liz Fowler: They were released in February and March and all funds should be available. Some Areas keep funds checking at the Area "bubble", i.e., funds checking is at Area level, not Service Unit. Some Service Units have not overspent but others have depleting them and this makes a situation where no funds are available for the rest of the Service Units. She asked Madonna to send her the specifics and she would look into it for her.

- George Huggins: WebEx Discoverer sessions are very helpful. He suggested the OFA train on when and why you do a report, not just how.
- Liz Fowler: on PRISM processing, they are teaming up with Acquisitions to resolve issues.
- Madonna Long: Will UFMS allow you to carry over a deficit? Liz Fowler said there can only be a deficit in payroll. Otherwise, if something brings you into a deficit, you will not be able to do anything. Madonna's concern is if Service Unit "A" has spent everything and has a deficit, and if Service Unit "B" is in the black, will their surplus be rolled over for their to use or will it be spent on Service Unit "A"? Liz said this is happening now. Funds are apportioned and this is a management issue.
- Madonna Long: Do all these presentations have to be so diplomatic? Slides do not address issues at all. They aren't a true picture. Liz Fowler said the OFA has monthly calls with Areas and the Areas need to represent these issues on the calls.
- Liz Fowler: Would like to see funds checking at Service Unit level. Only one Area (Albuquerque) has asked for this. Paul Weinberger added IHS will conduct tests offline. We cannot start something like this mid-year. Liz said the request must come from the Area and all in the Area must be in agreement.
- Paul Weinberger: There is a limited benefit to starting something such as this mid-year. May still have problems with payroll. Need to understand the limitations.
- Madonna Long: Asked if there are minutes to the Area/UFMS conference calls available. Liz said they have agendas but people can always contact her or Paul Weinberger directly. Lately, their sense is that things are going well.
- David Battese: At year end, will UFMS be down for 18 days? Liz said it won't be for 18 days this time. Paul Weinberger said downtime will be more at year's start than end. Right now looking at being back up on the 10<sup>th</sup>. He can send out the schedule but it's only DRAFT right now.

**ACTION ITEM: NONE**

## **IHS Information Technology Investment Review Board Update**

**Madonna Long, ISAC Co-Chair**

See Presentation Slides located on the ISAC Website at: [ITIRB Minutes 2008\\_02\\_14REDACTED.pdf](#)

Madonna Long reported on the following information technology investments:

### ICD-10:

Informational presentation. No ITIRB action required. The cost for IHS to implement ICD-10 is \$12 million. Dr. Cullen said the CMS did not get funding to start this project in the 2009 budget so we don't know when we will have to convert to ICD-10 now. The schedule has been set back.

### Enterprise Master Person Index:

Informational presentation. No ITIRB action required.

### HelpDesk Software:

Informational presentation. No ITIRB action required.

Alan Fogarty: His concern was the IHS customers were not offered any consultation in selecting Heat as the HelpDesk software.

Scot Anderson: By selecting Heat for this investment, it is just doubling his workload. His Area (Aberdeen) runs a different product and they are in the middle of a 5-year contract.

Alan Fogarty: There are so many things Areas do not have a choice in This is one that they could have a say but weren't given the opportunity.

#### Practice Management Application:

Informational presentation. No ITIRB action required. The intent is to perform a gap analysis.

Consolidated Mail Outpatient Pharmacy (CMOP): Informational presentation. No ITIRB action required. During the ITIRB meeting, Dr. Richard Church, ITIRB member, emphasized this is not a light undertaking. ISAC members asked if Navajo and Aberdeen were consulted. Yes. Madonna Long said her Chief Pharmacist said he wasn't. Dr. Cullen said there was some dissension in Areas. Regional Supply Service Centers will be losing money if IHS chooses to go with CMOP.

#### **Discussion**

- Wendie Langton: Asked if Dr. Cullen has been able to get the information on the investments to ISAC in advance of ITIRB meetings. Dr. Cullen said no, not much done on this yet.
- Chuck Walt: One of the concerns is if it hasn't come to ISAC first, it would be hard to form an opinion. He gave CMOP as an example. They will be presenting to ISAC tomorrow, but it has already been to ITIRB. He will have a better understanding of this project when he gets the business case in the ITIRB at their next meeting after the ISAC's been briefed on it.
- Wendie Langton: The ISAC charter says the ISAC will "approve" investments.
- Chuck Walt: Does this require investments to come to the ISAC first, or will ISAC representation on the ITIRB suffice?
- Dr. Cullen: The role of the ITIRB is to make sure the investment meets goals and priorities.
- Madonna Long: The ISAC could meet in conjunction with the ITIRB.
- George Huggins: the IISAC is programmatically focused, where the ITIRB is money-focused.
- Don Kashevaroff: The ISAC is looking at overall picture and nothing should come to the ITIRB in a rush.
- Chuck Walt: The ISAC needs to designate a tribal representative to ITIRB. Chuck previously held this position until the ISAC elected him as Tribal Co-Chair, which is another ITIRB position.

#### **ACTION ITEMS:**

- **The ISAC designated Skip Leader as the ISAC Tribal Representative to the IHS Information Technology Investment Review Board.**
- **The ISAC Co-Chairs and Dr. Cullen will discuss the ISAC and ITIRB process and how to operationalize it outside the ISAC meeting.**

## **Patient Accounts Management System**

Tammy Retzlaff, Forest County Potawatomi Health and Wellness Center

See Presentation Slides located on the ISAC Website at: [ISAC\\_408\\_PAMS\\_Retzlaff.pdf](#)

#### **Discussion**

- Dr. Cullen: Asked Tammy Retzlaff for the Forrest County Potawatomi's practice management requirements document. Ms. Retzlaff will provide it to her.
- Chuck Walt: How does PAMS' functionality compare to Medical Manager?
- Ms. Retzlaff: Good. PAMS has reduced processes, and it's much easier to re-bill claims.
- Alan Fogarty: Recommended inviting Ms. Retzlaff to the next ISAC meeting to follow up on how this application is working for them since they just recently went live with it.
- Madonna Long: Asked about pricing when adding a new facility. No one knew for sure.
- Chuck Walt: As new versions of the IHS RPMS and EHR come out, is the ILC responsible for upgrading PAMS?
- Dr. Cullen: Yes, this is what the ILC has indicated.
- Bill Lance: The Chickasaw Nation of Oklahoma is 100% operational with PAMS in all Chickasaw outpatient clinics. PAMS is fully functional with their ambulatory surgery and in-patient billing.
- Madonna Long: Are there annual support costs?
- Bill Lance: Need to ask ILC directly.
- Skip Leader: PAMS is an alternative to get a product out to Tribes who need it and are interested.
- Alan Fogarty: This is why we are presenting PAMS today; talking about a Tribe that wants to come back to RPMS. This is a good thing.
- Dr. Cullen: It's important to know that the IHS RPMS, Third Party Billing, and Accounts Receivable applications are on the back end of PAMS. Since ILC has modified PAMS, that now means it is proprietary. The IHS has been looking at COTS products. \$72,000 is not a lot.
- Alan Fogarty: PAMS eliminates dual data entry, there are savings there.
- Skip Leader: Thinks annual maintenance will be scalable to the location. It won't be the same for everyone.
- Bill Lance: PAMS encourages people to come back to the RPMS.
- Alan Fogarty: The Forrest County Potawatomi Health and Wellness Center is considered an ILC beta site.
- Chuck Walt: Looking forward, the IHS is going through the whole alternatives analysis to see if they have any PAMS-like solutions.
- Dr. Cullen: The IHS is going to hire someone to conduct an alternatives analysis. Her guess is there will not be a "one fits all" solution.
- David Battese: Can you pick any clearinghouse when using PAMS?
- Tammy Retzlaff: Yes, when sending 837s and 835s. Not a picture image.

**ACTION ITEM: NONE**

## **Setting Final ISAC 2010-2011 Information Technology Priorities**

**Facilitated by ISAC Co-Chairs**

See Presentation Slides located on the ISAC Website at: [ISAC 2010-11 IT PRIORITIES FINAL.pdf](#)

**Discussion**

The ISAC received and reviewed the IHS National Council of Chief Medical Officers' comments on the DRAFT ISAC 2010-11 Information Technology Priorities.

**ACTION ITEMS:**

**ISAC added the following language to the DRAFT ISAC IT Priorities:**

- #1 BILLING (REVENUE GENERATION, COST AVOIDANCE).... with associated Office of Resource Access and Partnerships training....**
- #4 INFRASTRUCTURE/ARCHITECTURE/INTEROPERABILITY.... facilitate Health Information Exchange ....**

**FINAL ISAC 2010-2011 Information Technology Priorities:**

1. **BILLING (REVENUE GENERATION, COST AVOIDANCE)**  
Provide a quality billing/general ledger system and associated Office of Resource Access and Partnership training that is integrated into the Indian Health Service's (IHS) Health Information System.
2. **MASTER PERSON INDEX (MPI)**  
Implement an MPI solution for Indian health that enables the secure sharing of patient data between operationally and regionally diverse systems. The VHA MPI solution will be tested for possible use as this solution.
3. **EHR**  
Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited. This includes VistA Imaging.
4. **INFRASTRUCTURE/ARCHITECTURE/INTEROPERABILITY**  
Facilitate improvement, growth, and health information exchange of I/T/U information processing platforms and their interoperability using standardized data, systems, and processes.
5. **TRAINING (USER SUPPORT)**  
Provide effective information technology and data management training at all levels, including business process changes.
6. **DATA QUALITY/ACCURACY**  
Ensure quality public health and administrative data for all I/T/Us.
7. **DECISION SUPPORT SYSTEM**  
Provide universally accessible decision support information that positively impacts the local management and clinical delivery of health care.
8. **TELEMEDICINE COORDINATION**  
This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.
9. **COST ACCOUNTING**  
Provide a quality cost accounting system that is integrated into the IHS Health Information System.
10. **SECURITY AND REGULATORY COMPLIANCE**

Design and provide cost-effective methods and standards to meet all regulatory requirements and assure the privacy of all patient and business related data that will meet or exceed HIPAA and other governmental requirements.

## ISAC Membership Nomination Review and Term Limit Discussion

Facilitated by ISAC Co-Chairs

The ISAC solicited nominations from IHS Area Offices, Tribes, and Tribal Organizations for ISAC term-appointments ending January 2008. The following two (2) Tribal and 4 IHS representative positions were open:

Bill Lance, Tribal  
Lois Niska, Tribal  
Vacant – Vice Pat Cox, IHS  
Madonna Long, IHS  
Floyd Thompson, IHS  
Kathryn Lewis, IHS

**ACTION ITEM:** The ISAC reviewed nominations received and made the recommendation to forward the following individuals to the IHS Director for consideration in filling these positions:

Bill Lance, Tribal  
Lois Niska, Tribal  
David Battese, IHS  
Alan Fogarty, IHS  
Kathryn Lewis, IHS  
Madonna Long, IHS

*(Note: The IHS National Council of Executive Officers' Chair notified the IHS CIO in April that they have selected Mr. Floyd Thompson, Executive Officer, Navajo Area IHS, to serve as their organization's permanent representative on the ISAC.)*

*Day 2 – April 3, 2008*

### NextGen Presentation

- Tribal Health Organizations Implementing NextGen (THOIN);
- NextGen Role in Providing Electronic Health Records Software for Indian Health Clinics throughout the Nations; and
- Developing Collaboration with Indian Health Service and Reporting Requirements

Deborah G. Carter, R.N., Ed.D., Nurse Consultant, Health Systems Development, California Rural Indian Health Board (CRIHB), Inc.

Charles W. Jarvis, Assistant Vice-President Healthcare Industry Services and Government Relations, NextGen Healthcare Information Systems

See Presentation Slides located on the ISAC Website at: [THOIN ISAC Presentpdf.pdf](#)

#### Discussion

- Dr. Cullen: Clarified any IHS help offered to integrate NextGen is the same offered to any vendor.

- Alan Fogarty: Asked if Deborah Carter had a cost comparison on tribal shares for NextGen versus having their RPMS portion.
- Deborah Carter: Doesn't know the answer. California Tribes have been able to increase their revenue and capture unbilled services.
- Chuck Walt: The obvious answer is it is more expensive to run a non-RPMS EHR.
- Deborah Carter: The next Tribal Health Organizations Implementing NextGen (THOIN) user group meeting will be at the California Rural Indian Health Board on July 9-10, 2008.
- Chuck Walt: An issue with this type of licensing is his organization has part-time providers.
- Dr. Cullen: Who owns the data? The Site or NextGen?
- Mr. Jarvis: The site, not NextGen.
- Mr. Jarvis: NextGen has CCHIT 2206 and 2007 certifications.

**ACTION ITEM: NONE**

## Electronic Dental Record Update

**Dr. George Chiarchiaro, IHS EDR Project Manager**

See Presentation Slides located on the ISAC Website at: [EDR Briefing ISAC April 2008.pdf](#)

### **Discussion**

- Dr. Cullen: Wanted to publicly acknowledge Dr. Chiarchiaro's tenacity, commitment, and work done on the IHS Electronic Dental Record (EDR).
- Dr. Chiarchiaro: Has always been interested in what sister departments, the VA and Department of Defense are doing for their EDRs. The VA chose a system that IHS analyzed in their alternatives review process. The VA chose Discus which was recently purchased by Dentrix. Dentrix will only be supporting Dentrix in the future, not Discus.
- Chuck Walt: Asked what the typical cost for a dental clinic with 3 dentists would be to run Dentrix.
- Dr. Chiarchiaro: It's hard to nail down costs. Has 20 sites in the queue ready to go now who have completed the survey. They will have to wait until the third year of the contract for deployment. There is a contract option for any site to independently purchase the software.
- Chuck Walt: His Tribe has been running Dentrix for years. Young dentists expect a fully functioning automated dental system.
- Dr. Cullen: Her hope is that this will snowball and sites will realize it will benefit them. IHS sites currently have a 27% dentist vacancy rate.
- Chuck Walt: Wants to know if Tribes can buy Dentrix off the contract even if they don't run RPMS.
- Dr. Chiarchiaro: Dentrix offers very attractive pricing. Sites have the ability to tap into a vast amount of resources when they need to do so. He is looking at contractor being able to support additional installs. If sites are already using Dentrix, he needs to talk with his contractor to see if they will work with these sites to obtain the contract pricing. He is not sure what if anything they can do with the contract.

**ACTION ITEM: NONE**

## Reauthorization of the Indian Health Care Improvement Act and Effect on Information Technology Services

Mike Mahsetky, Division of Regulatory Affairs

### **Discussion**

There have been a number of recent amendments to the bill. These include removal of elevation of the IHS Director and that no abortion language to be added. There was threat of a veto if the legislation contained the Davis Bacon Bill. The Senate version removed the language. The IHS has hopes the bill will be brought up later this month, or possibly in May.

- Chuck Walt: If the bill is reauthorized, how will that impact information technology issues, and also wondering if there is any hope on the horizon for additional funding.
- Mike Mahsetky: There are 3 major provisions in S.1200 requiring technology to be used. The Presidential candidates are all looking to contain costs. On terms of money, the huge problem is there is not a whole lot of money out there due to the war. Democratic candidates have said they would fully fund health care costs.

**ACTION ITEM: NONE**

## Consolidated Mail Outpatient Pharmacy Presentation

Lisa Tonrey, Director of Professional Services, Sells Indian Hospital  
Bradley Bishop

See Presentation Slides located on the ISAC Website at: [ISAC Meeting CMOP 4-08.pdf](#)

### **Discussion**

Mail-out pharmacy capability is not currently allowed per IHS policy contained in the Indian Health Manual, Part 3, Chapter 9, "Pharmacy." The Consolidated Mail Outpatient Pharmacy (CMOP) project is looking at central fill functionality versus the mail out to patients. The IHS Standards of Care include a standard that IHS patients should be able to get refills like everybody else in America. Project Managers are asking for leadership sponsors.

- Madonna Long: How will Service Units receive orders?
- Lisa Tonrey: By courier such as UPS to remote locations.
- Madonna Long: Mail-out would really help in remote areas and costs could certainly be recouped through billing.
- Chuck Walt: Was this project presented to the IHS Information Technology Investment Review Board? Lisa Tonrey: Yes.
- Chuck Walt: Will it go back to the ITIRB with cost figures?
- Lisa Tonrey: Dr. Cullen will be getting a consultant to put the dollar figures together.
- Chuck Walt: The ISAC has had discussion on the ISAC and ITIRB flow. Are you asking for ISAC endorsement?
- Lisa Tonrey: Yes. Area Directors are very interested in this project.
- Chuck Walt: This is the first time the CMOP has come before the ISAC.
- Dr. Cullen: In light of ISAC discussion yesterday, she in fact thinks the next logical step would be an ISAC endorsement of the concept. The cost of this project to the OIT is approximately \$5,000.
- Lisa Tonrey: Not all costs will be on the IHS side. The CA CMOP Director is in Tucson and is willing to work with us on software development.

- Dr. Cullen: This is a strategic investment. We cannot change IHS policy, rather we would be expanding services.
- Lisa Tonrey: It is not just changing how we provide services,; it will change the delivery of care.
- Chuck Walt: ISAC priority number one is revenue generation. How can they make the case for CMOP in revenue generation?
- Lisa Tonrey: The project allows for more efficiency and less errors. The IHS can buy drugs at the same price the VA pays, it costs about \$1.45 to fill a prescription. We will be able to make money off of the all-inclusive rate. A lot of IHS is short on pharmacy staff. This will alleviate the workload.
- Dr. Cullen: Is there any way we (IHS) will be harmed?
- Lisa Tonrey: We can order prescriptions for 30, 60, or 90-days. In terms of utilizing CMOP, it is better off meeting a 30-day refill.
- Bradley Bishop: The 30-day refills increase pharmacy workload by 30-50 percent. They paralyze workload without adequate staff. The sheer volume of going to a 30-day medical supply kills your limited staff.
- Chuck Walt: Sometimes efficiency in the systems doesn't always equate to revenue.
- Kathy Ray: The CIMTAC made the decision at their recent meeting to support CMOP.
- Lisa Tonrey: They are looking for ISAC support.
- Dr. Cullen: Asked about the Indian Health Manual restrictions.
- Lisa Tonrey: The National Pharmacy Council is working on this. Looking at probably a year from now for the updates.
- Alan Fogarty: More specifics would have been nice. The Bemidji pharmacists support it.
- Rich Hall: How much of the CMOP is considered an IT issue?
- Dr. Cullen: Pharmacy 7 is in the EHR. IT will cost approximately \$100,000 to add the CMOP. It is appropriate for the ISAC to discuss as it's a directional change.
- Alan Fogarty: Would like to go talk to his Service Units and Tribes for input, but needs more information.
- Skip Leader: His Tribe has had success with their mail order pharmacy.
- Don Kashevaroff: Would support the project but is concerned with the cost to OIT. If it was funded outside of OIT could support it.

**ACTION ITEM: The ISAC approved a motion to proceed with the CMOP project based on funds being made available outside of the OIT and that the business case will come back to the ISAC before funds are expended.**

## Third Party Billing Update - New Requirements

Jeanette Kompkoff, Division of Enterprise Project Management, OIT  
Elmer Brewster, Office of Resource Access and Partnerships, IHS  
Kris Kirk, Office of Resource Access and Partnerships, IHS

See Presentation Slides located on the ISAC Website at:  
[New Software Requirements Initiative for Third Party Billingkk.pdf](#)

### **Discussion**

- Chuck Walt: From an Office of Resource Access and Partnerships perspective, how big a role do they have, particularly in resource allocation? And he is curious about biggest challenges. Are we on time?

- Jeanette Kompkoff: Believes we are on time. It should be about a six month project. We are looking at user needs and costs.
- Dr. Cullen: Sent this out to many. Requirements were changed based on feedback. We added Health Information Technology requirements, including standard terminology. She believes 6 months is reasonable for GSA to get this done.
- Chuck Walt: Are funds available?
- Dr. Cullen: They are included in the OIT spend plan. IHS recognizes it is critical. Internal work has been Federal and Tribal.
- Chuck Walt: Is there anything else the ISAC can do to further this along?
- Dr. Cullen: Collaboration is needed between the Office of Resource Access and Partnerships and the OIT.
- Alan Fogarty: Will the Office of Resource Access and Partnerships be responsible for training?
- Kris Kirk: The Office of Resource Access and Partnerships is responsible for coordinating and assisting with training. We have contracted trainers who are jointly paid by the Office of Resource Access and Partnerships and the OIT.
- Elmer Brewster: There is no doubt we have a resource deficiency. We don't have the resources for full-time trainers. We have issues in the field that need addressed immediately. There are updates required prior to the General Accounting Office audit.
- Dr. Cullen: From the ISAC discussion yesterday, everyone is aware of the OIT budget shortfall. We are looking to find other resources.

**ACTION ITEM: NONE**

## **Clinical Information Management and Technical Advisory Council Update**

Kathy Ray, CIMTAC Chair

*See Presentation Slides located on the ISAC Website at:*

[CIMTAC Presentation for ISAC April 2008.pdf](#)

The Clinical Information Management and Technical Advisory Council (CIMTAC) met in March and Kathy Ray, CIMTAC Chair provided a summary of their actions that resulted from that meeting. This included identification of both clinical and non-critical CIMTAC priorities (see attachment).

### **Discussion**

- Chuck Walt: Is the CIMTAC a chartered council?
- Kathy Ray: No, they are in the process of revising their draft charter and resubmitting for approval.
- Dr. Cullen: CIMTAC functions as an overarching clinical Professional Specialty Group.
- Dr. Cullen: Had a process question. As CIO, she gets various groups' priorities. The real issue is in terms of guidance from CIMTAC for the CIO, should these come to the ISAC?
- Chuck Walt: These groups are advisory to the CIO, and he doesn't think in terms from his perspective that they require ISAC endorsement or approval. It is informational for ISAC.
- Madonna Long: It would need to come to ISAC when it starts using resources.
- Alan Fogarty: Wouldn't want every one of these items to have to come through ISAC. The CIO is making these enhancements already in the EHR revisions.
- Skip Leader: The ISAC doesn't need input, but needs to hear this report.

- Christy Tayrien: Does ISAC want a CIMTAC report at their meetings?
- Chuck Walt: This is not necessary.
- Rich Hall: It's good to have their priorities when setting the ISAC priorities.
- Chuck Walt: They are not a chartered council.

**ACTION ITEM: NONE**

## IHS Pharmacy Package Update

**Mike Forman, Pharmacy Professional Specialty Group Chair**  
**Carlene McIntyre, Office of Information Technology, IHS**

The Pharmacy Professional Specialty Group is a subcommittee of the IHS National Pharmacy Council and they just met in March. Changes to the RPMS Pharmacy package go through the Pharmacy Council, the CIMTAC, and then to RPMS Change Management Board. Dr. Howard Hays, IHS RPMS Program Manager, is looking to end support for Pharmacy 5.7 and would like to get everyone up on that version.

The Point of Sale (POS) package is lead from the Office of Resource Access and Partnerships. Kris Kirk from that Office participates with the Pharmacy Professional Specialty Group. There are POS patches coming out soon including user friendly reports. There is a joint technical advisory group from the Office of Resource Access and Partnerships Business Office to see what the POS priorities are.

Pharmacy resource overview and utilization data was something the Pharmacy PSG revitalized at their recent meeting.

Patch 10.06 to the Pharmacy package includes controlled drug reports, electronic pharmacy enhancement, e-prescribing, and a return-to-stock report.

Patch 10.07 has controlled substance management report, SCMR serves as a performance improvement plan.

Other enhancements the Pharmacy PSG would like include:

- Black box technology, setting HL7 interfaces with outside parties
- Webcident
- Patient Wellness Handout
- New JCAHO safety goals
- Perpetual inventory system to help automate ordering capabilities
- CMOP; Lisa Tonrey discussed this with ISAC but it needs a feasibility study

Carlene McIntyre is available for technical questions ([carlene.mcintyre@ihs.gov](mailto:carlene.mcintyre@ihs.gov))

### **Discussion**

- Alan Fogarty: Is there a published list of panels being released in the patches? He would like to see it. Carlene McIntyre will send to Christy Tayrien to distribute to ISAC.
- Chuck Gepford: What's the satisfaction level of IHS pharmacists?
- Mike Forman: Mixed reviews. They have their pros and cons. We have pharmacists coming in from outside, there are revenue generation issues, etc.
- Carlene McIntyre: Training for the Pharmacy package is needed. People don't know how to use the package to get the most out of it.
- Alan Fogarty: It needs more than just training, it needs multiple drug files.
- Carlene McIntyre: What is the requirement for multiple drug files?
- Alan Fogarty: We have tribal sites that offer different drugs (not on IHS formulary). They have no capability within our current Pharmacy package to keep track of 2 separate stocks.

- Mike Fogarty: This is a high Priority. The Pharmacy PSG priorities will be forwarded to the OIT with other items from their March meeting when completed writing them.
- Dr. Cullen: The OIT has 1 developer who cannot possibly do all the enhancements alone. This is a resource issue.
- Alan Fogarty: People are finding workarounds.
- Dr. Cullen: It can be done, but we haven't done a lot of changes to the software we get from the VA.
- Alan Fogarty: This goes back to the ISAC's number one priority being revenue generation. Recruitment issues are also important.
- Madonna Long: The IHS-direct facilities do not have an overly negative problem with the Pharmacy package.
- Alan Fogarty: Would like for everyone to be honest.
- Dr. Cullen: She is honest. The reality is we don't have the resources to do everything.
- Alan Fogarty: Would say it better as needing to be forthright. We need to say whether we can do it or will never be able to do it.
- Chuck Walt: Need to be realistic. He discussed his need for an EHR; was told to wait; it didn't come out as soon as expected so he had to go out and buy NextGen.
- Dr. Cullen: The OIT has historically overextended promised products that were not delivered when we said. She is careful not to promise something we cannot deliver. The \$40-50 million dollar figure was not something she pulled out of the air, it is documented and justified.
- Chuck Walt: The IHS needs to invest in information technology.
- Dr. Cullen: The IHS is putting in approximately 1-3 percent on information technology. Dr. Cullen advised Alan Fogarty to work with his Pharmacy PSG representative from Bemidji.
- Alan Fogarty: If we make it known that this is our expectation, people may tend to stay on the IHS POS longer.

**ACTION ITEM: NONE**

## HHS and IHS Security Program Initiatives

Juan Torrez, IHS Contractor

See Presentation Slides located on the ISAC Website at: [ISAC\\_Security\\_4-3-2008.pdf](#)

### **Discussion**

- Chuck Walt: Asked what the percentage of the overall IHS budget should be directed to Security. There are expensive items such as the IHS Network Operations and Security Center.
- Alan Fogarty: The NOSC saved Bemidji Area at least \$200,000 to \$300,000 during the past year.

**ACTION ITEM: NONE**

## Point of Sale Discussion

Shelly Foster, Bemidji Area Contractor

See Presentation Slides located on the ISAC Website at:  
[Pharmacy Revenue Generation Point of Sale Discussion.pdf](#)

### **Discussion**

- Shelly Foster: The IHS POS is a dinosaur. Her analogy is the IHS POS equates to dial-up speed, the Commercial-Off-The-Shelf packages out there equate to DSL speed.

- Alan Fogarty: His hope as far as revenue generation is for Pharmacy revenue to equal 60 - 70 percent of revenue generated at his sites. We need to look at POS, not just Accounts Receivable. The Pharmacy package is just a part of it.

**ACTION ITEM: NONE**

## Effectiveness of HHS and Government-wide Mandates in IHS Discussion

Facilitated by ISAC Co-Chairs

- Madonna Long: Discussed the OIT shortfall and end-of-year sweeps. She does not see the reality in meetings and discussions when ISAC only gets to see the polite side, not the real side of the issues.
- Chuck Walt: Emphasized how you decide what to do with less is one of Dr. Cullen's major challenges. Tribes have the leeway of using third party revenue to meet their shortfalls.
- Dr. Cullen: Another agency within HHS has gotten a \$35 million increase for security.
- Chuck Walt: A good place to bring this up is at the upcoming Tribal Self-Governance Meeting.

## Finalize Action Items

Facilitated by Co-Chairs

ISAC approved the following action items generated during this meeting:

1. The OIT is currently faced with a 28% position vacancy rate. The ISAC recommended that the OIT/IHS be allowed to fill its vacant positions. If the IHS chooses not to fill vacant OIT positions or spend these funds, the ISAC recommends making the funds open to Tribal Shares.
2. The ISAC recommends that the Director, IHS, fund the \$13.8 million dollar shortfall identified in the FY08 OIT spend plan.
3. The OIT will provide the ISAC with a breakdown of the numbers of IHS user population at sites using RPMS, sites using non-RPMS systems, or a mix of the two. This is to include a link to the National Data Warehouse, HL& Guides, and Standard Tables. (Note: Link to HL7 Guides and Standard Tables follows: <http://www.ihs.gov/CIO/DataQuality/warehouse/how-do-we-export-our-data.asp> )
4. The ISAC designated Skip Leader as the ISAC Tribal Representative to the IHS Information Technology Investment Review Board.
5. The ISAC Co-Chairs and Dr. Cullen will discuss the ISAC and ITIRB process and how to operationalize it outside the ISAC meeting.
6. ISAC approved and finalized their 2010-2011 ISAC Information Technology Priorities which can be found at: [ISAC 2010-11 IT PRIORITIES FINAL.pdf](#)
7. The ISAC reviewed nominations received and made the recommendation to forward the following individuals to the IHS Director for consideration in filling these positions:

Bill Lance, Tribal  
Lois Niska, Tribal  
David Battese, IHS  
Alan Fogarty, IHS

Kathryn Lewis, IHS  
Madonna Long, IHS

*(Note: The IHS National Council of Executive Officers' Chair notified the IHS CIO in April that they have selected Mr. Floyd Thompson, Executive Officer, Navajo Area IHS, to serve as their organization's permanent representative on the ISAC.)*

8. The ISAC approved proceeding with the CMOP project based on funds being made available outside of the OIT and that the business case will come back to the ISAC before funds are expended.

## General Discussion

Kevin Atkins, National Council of Urban Indian Health, thanked the ISAC for having them on the Committee and said a lot of the issues being discussed at the ISAC meetings affect Urban programs and thought it was appropriate to have Urban representation at the meetings.

## ISAC Website

Chuck Walt asked that the ISAC website be kept updated.

## Next ISAC Meeting

The ISAC set the date and location for their next meeting:

Date: September 24-25, 2008

Location: Rockville, Maryland at IHS Headquarters.

Chuck Walt asked for agenda items to be submitted early so the presenters and discussions can be determined well in advance. Christy Tayrien will locate meeting space and invite the Director and Deputy Director for Management Operations to the next meeting.

## ISAC Meeting Evaluation

Chuck Walt asked ISAC members to submit an evaluation of this meeting to Christy Tayrien at [Christy.tayrien@ihs.gov](mailto:Christy.tayrien@ihs.gov).

***Meeting adjourned at 3:55PM.***