Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Office of
Information Technology
Strategic Plan

Fiscal Year 2015-2020

Version 1.2
July 2015

Rockville, Maryland
Document Information

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Contact Information

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Concurrence and Approval

This Office of Information Technology Fiscal Year 2015-2020 Strategic Plan was endorsed and approved by the IHS Information Systems Advisory Committee through an electronic vote on June 4, 2015. I concur with this action.

/Mark Rives/

CDR Mark Rives, D.Sc.
Chief Information Officer and Director
Office of Information Technology, IHS

23 JUL 2015

Date
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A Welcome from OIT Leadership

Welcome to the Indian Health Service (IHS) Office of Information Technology (OIT) Fiscal Year 2015 – 2020 Strategic Plan. This Plan outlines our vision for the future and the innovative ways we can support the mission of the IHS to raise the health status of the American Indian and Alaska Native people to the highest possible level. Strategic Priorities of this plan include, but are not limited to:

- A strong organizational and leadership commitment to supporting increased patient engagement and empowering patients to access high quality affordable health care through the concept of the patient-centered medical home.

- A renewed commitment to becoming the investment of choice through sound business practices, quality, and innovation.

- A focus on supporting our workforce through improvements to make our work more accountable, transparent, fair and inclusive.

- A desire to be the partner of choice through providing an improved communication and customer service.

As the IHS strives to become a health system of choice for our customers, we have recognized the presence of many challenges as well as opportunities in the local, regional, and national health care settings. The increasing complexity and pervasiveness of information technology (IT) coupled with limitations in existing technical infrastructure and Federal funding make strategic planning and tactical implementation critical to the long-term success of IHS.

This plan has been developed from a collaborative process that included several workshops, meetings and data calls during the course of 2015. Stakeholders from the OIT Staff, Tribal Leaders, the Information Systems Coordinators Committee, the Information Systems Advisory Committee (ISAC), and Federal, Tribal, and Urban Health IT leadership all played an important role in understanding the future of IHS through technology. In addition, the Federal Health IT Strategic Plan 2015-2020, the Office of the National Coordinator on the Shared Nationwide Interoperability Roadmap Version 1.0 (released 2015), as well as previous strategic planning teams has been integrated into this plan.

The Executive Leadership Team is fully committed to this Strategic Plan and its success is contingent on combined efforts of all employees and partners.
1.0 Who We Are

The OIT, IHS, aims to provide secure and reliable IT in innovative ways to improve health care delivery and quality, enhance access to care, reduce medical errors, and modernize administrative functions. The IHS OIT provides critical support for the IHS, Tribal, and Urban (I/T/U) health care facilities that care for more than two million American Indian and Alaska Native (AI/AN) people across the Indian Health system. The IHS provides the technology infrastructure for a nationwide health care system, including a secure wide area network, email and unified communication services, two national data centers, and regional and national Help Desk support for approximately 20,000 users. The IHS OIT further supports the mission-critical health care operations of the I/T/U with a comprehensive health information solution that includes comprehensive Certified Electronic Health Record Technology (CEHRT), including new health data sharing and patient engagement capabilities.

The IHS OIT is dedicated to providing the most innovative, effective, and cost-efficient Health IT (HIT) system in the Federal government. The IHS OIT is comprised of three major IT strategic investments: 1) the Resource and Patient Management System (RPMS); 2) Infrastructure, Office Automation, and Telecommunications (IOAT); and 3) the National Patient Information Reporting System (NPIRS). These investments are fully integrated with the Agency’s programs and are critical to carrying out the IHS mission and priorities.

In addition, the IHS OIT includes mature programs for Information Security, Capital Planning and Investment Control (CPIC), and Enterprise Architecture (EA) that support the three major strategic IT investments. These programs serve to ensure IT spending aligns with agency priorities, promotes compliance with Federal laws and mandates, and improves the efficiency and security of the IHS HIT investments.

The ISAC was established to guide the development of a co-owned and co-managed Indian health information infrastructure and information systems. The ISAC assists in ensuring that information systems are available, accessible, useful, cost effective, user-friendly, and secure for local-level providers, and that these systems continue to create standardized aggregate data that supports advocacy for the Indian health programs at the national level. The goal of the ISAC is to ensure the creation of flexible and dynamic information systems that assist in the management and delivery of health care and contribute to the elevation of the health status of AI/AN people. The ISAC reports to the Director, IHS. Reflecting the collaborative nature of the relationship of the ISAC to the OIT, the ISAC is administratively supported by the IHS Chief Information Officer.

Collaboration with other Federal agencies is key to the success of the IHS OIT Program. The IHS works closely with the Office of the National Coordinator for HIT (ONC), Centers for Medicare and Medicaid Services, Agency for Healthcare Research and Quality, Department of Veterans Affairs (VA), and other Federal entities on IT initiatives to ensure that the direction of its HIT systems are consistent with other Federal agencies and to promote secure interoperability of protected health information (PHI). In addition, IHS has routinely shared HIT artifacts (e.g., design and requirement documents, clinical quality logic, curated source code, etc.) with both public and private organizations. The IHS recently signed a collaborative agreement with the Open Source Electronic Health Record Alliance (OSEHRA), a private entity designated by the VA as the custodial agent for the VA health information system, VistA. The IHS considers the RPMS suite to be a public utility and collaboration with OSEHRA and other
open source partners will facilitate making the innovations and advances that IHS has made in HIT available to the broader public.

1.1 Our Guiding Principles

We will be responsive to customer needs and be recognized for outstanding customer service.

We will develop and maintain efficient and effective technology assets to support the technology needs of clinical and administrative programs.

We will provide a secure, interoperable health information system resulting in controlled costs and reduction of dangerous medical errors.

We will provide leadership, governance, and strategic direction for the IHS IT enterprise.

We will provide innovative technical solutions for the reform of IHS business processes, delivering timely business solutions through technology.

We will provide innovation and reliable technology services and support that will allow the IHS to achieve its mission and strategic goals.

We will ensure the confidentiality, integrity and availability of our patient population’s data with the latest security technology and effective due diligence.

1.2 Our Core Competency

The IHS OIT provides the most innovative, user-friendly, effective, and cost-efficient HIT system specifically designed to serve American Indians and Alaska Natives.
2.0 Our 2020 Vision

This Strategic Plan revolves around our collective vision for excelling in the provision of state-of-the-art IT and services to support the IHS mission. The OIT Vision is:

*Empowering American Indians and Alaska Natives to engage with their health care team as partners in their wellness journey through innovative health information technology.*

Provided below are the aspects of this vision that will inspire and motivate us as we implement this Plan and its initiatives over the next five years.

By the end of 2020:

- We will have increased consumer empowerment and person-centered care.
  - Our consumers, who will be the focus point of our processes, will experience an integrated, culturally sensitive, seamless health care encounter with limited wait times, no paper forms, and no redundant data-entry.
  - Our consumers will have on-demand access to their health IT data within 24 hours of their encounter.

- We will have measurably improved the sharing and use of patient-generated health data.
  - Our customers will be able to easily share their health data, either manually entered or from consumer-owned sensors (including wearable devices), with any provider around the country from any device.

- We will have connected an expanded set of users and data sources through the use of tele-health, mobile-health, and wearables.
  - Our patients will be able to seamlessly and quickly access care providers from any device, using a combination of video, audio, text, and sensitive file transfer.

- We will have improved systems to support chronic disease management and self-management support.
  - Patients will have increased access to educational materials, support groups, and interactive applications to support them in achieving their health goals.
  - Health care providers will have access to current and evidence-based contextual clinical decision support.
  - Health care leadership teams will have near-real-time access to provider and team performance data to be able to support rapid cycles of improvement.
  - Population health specialists will be able to identify at-risk populations and provide early interventions and preventive medicine approaches.
  - Our health care teams will have on demand access to the information they need in an easy to consume and useful manner; technology and data will not be a barrier during the patient encounter.

- We will have improved capability to support population health management though the application of data analytics.
  - Population health providers will be able to identify at-risk populations and make appropriate referrals for early intervention.
• Policy decision-makers will be able to allocate resources to address population health needs.

• We will have achieved organizational maturity and strength in the strategic planning and implementation processes.
  o Policy decision-makers and health IT leaders at all levels will be engaged in a recurring planning process that incorporates timely stakeholder input and that is responsive to stakeholder needs.

• We will have a relentless focus on customer service, based on our deep empathy for the customer perspective, our employee hiring and training practices, the influence of our leadership and management, and our continuous collection and response to customer feedback.
  o We will have seamlessly integrated customer service channels at all levels of the Federal IHS system (web, email, phone, chat, etc.).
  o We will incorporate stakeholder feedback seamlessly into the software development lifecycle and will ensure transparency and stakeholder engagement throughout the process.

• Our leadership and management will also play key roles in this process as positive change agents.
  o Our clinical and administrative leadership will be tech savvy, technophiles and conversant in technology innovation and innovation processes.
  o Our IT leadership will be business savvy, conversant in health informatics and government administrative processes.
3.0 The Strategic Context of IHS OIT

Strategic context are external trends that must be considered in the development of effective strategy. Trends that are particularly significant in the context of the OIT Program include the following:

American Indian and Alaska Native Health Trends

- The 10 leading causes of death for AI/ANs in 2007-2009, according to Trends in Indian Health, were:
  1. Heart Disease
  2. Cancer
  3. Unintentional Injuries
  4. Diabetes
  5. Chronic Liver Disease and Cirrhosis
  6. Chronic Lower Respiratory Diseases
  7. Cerebrovascular Diseases including Stroke
  8. Suicide
  9. Influenza and Pneumonia
  10. Nephritis, Nephrotic Syndrome, and Nephrosis

- AI/ANs have a unique relationship with the Federal government due to historic conflict and subsequent treaties. Tribes exist as sovereign entities, but federally recognized Tribes are entitled to health and educational services provided by the Federal government.

- Geographic isolation and economic factors are examples of upstream factors that contribute to poorer health outcomes for AI/ANs.

National Environment

- An aging U.S. population, which will only increase the demand on health care delivery
- Increased use of and dependence on technology within the health care industry
- The continued implementation of the Affordable Care Act
- A significant shortage of qualified IT health care professionals

Federal Environment

- Significant current and projected insufficient Federal funding
- Political inertia for major legislative efforts directly and indirectly affecting health care delivery
- Steadily increasing regulatory requirements governing IT resources designed to reduce cost, increase security, and streamline operations

In addition to these trends, other considerations of context include national health care strategies that are currently being implemented that will significantly influence the future of the OIT Program. The National Quality Strategy, established by the Affordable Care Act and implemented by the AHRQ, DHHS, is one such strategy. The National Quality Strategy serves
as a catalyst and compass for a nationwide focus on quality improvement efforts and approach to measuring quality\(^1\). The National Quality Strategy is guided by three aims to provide better, more affordable care for individuals and the community:

- **Better Care**: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People / Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.

To achieve these aims, the National Quality Strategy identifies the following six priorities that address the range of quality concerns that affect most Americans. These priorities are:

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote the wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Within the framework of the National Quality Strategy, one strategy that can be viewed as a strategic lever for the OIT program is the following: improve communication, transparency, and efficiency for better-coordinated health and health care.

A second national health care strategy is the continued design, implementation and adoption of the patient-centered medical home (PCMH). The primary strategies for PCMH are the following:

- Patient-centered access
- Team-based care
- Population health management
- Care management and support
- Care coordination and care transitions
- Performance measurement and quality improvement

The third and equally important national consideration is the recently published *Federal Health IT Strategic Plan 2015-2020*\(^2\). This Plan, drafted by the ONC in consultation with over thirty-five Federal agencies comprising the Federal Health IT Advisory Council, describes the government’s strategies to achieve the following five goals:

- Goal 1: Advance Person-Centered Health and Self-Management
- Goal 2: Transform Health Care Delivery and Community Health


\(^2\) The Office of the National Coordinator for Health Information Technology (ONC) Office of the Secretary, United States Department of Health and Human Services; [http://healthit.gov](http://healthit.gov)
• Goal 3: Foster Research, Scientific Knowledge, and Innovation
• Goal 4: Enhance Nation’s Health IT Infrastructure

Aspects of all of these national health care strategies have been considered and integrated into the OIT Program strategic plan.

3.1 Strategic Advantages and Challenges

As part of a context analysis, it is also important to consider the advantages the OIT Program enjoys as well as the challenges the organization is facing. Both these advantages and challenges have been addressed in the OIT strategic objectives of this plan.

**Strategic Advantages (SAs)**
1. Peer-reviewed, award-winning, certified Electronic Health Record (EHR) with a long track record of success
2. Only HIT organization that is completely focused on the mission of IHS
3. Strategy partnerships with our I/T/U organizations
4. Culture of dedication, competence, and motivation
5. Culture of accountability for customer satisfaction, safety, and security

**Strategic Challenges (SCs)**
1. Significant regulatory and legal barriers to interoperability to be able to serve customers and potential customers for over 600 Federal and non-Federal Tribal and Urban entities across 35 states with differing specifications and requirements.
2. We serve a predominantly rural population in areas without reliable high-bandwidth internet.
3. The difficulty of developing and maintaining affordable HIT solutions that meet ever-increasing customer and stakeholder expectations in an environment of increasing labor and technology costs.
4. Securing adequate financial resources in an environment of relatively flat recurring funding and reduced incentives for adoption and utilization of HIT.
4.0 Our Strategic Plan Framework

The framework for our strategic plan is built around strategic objectives, which are then translated to key short- and long-term goals. Each of these goals are supported by specific actions that, when initiated and completed, will lead to the achievement of these goals and objectives. In addition, we have developed key organizational performance measures that will be used to track the achievement of our strategic objectives.

We have also aligned these strategic objectives with the IHS Agency Priorities – these priorities were developed via input from staff and Tribes as a means of focusing agency activities on changing and improving the IHS. These priorities are as follows:

- Renew and strengthen our partnership with Tribes
- Reform the IHS
- Improve the quality of and access to care
- Make all of our work accountable, transparent, fair and inclusive
Strategic Objective #1: Provider of Choice

Support increased patient engagement and empower patients to access high quality affordable healthcare through the concept of the patient-centered medical home

Relevant Strategic Advantages/Challenges: SA-1, SA-2, SA-3, SC-1, SC-2, SC-3

<table>
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<tr>
<th>Strategic Objective</th>
<th>Key Short- and Long-term Goals</th>
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| Provider of Choice - Support increased patient engagement and empower patients to access high quality affordable healthcare through the concept of the patient-centered medical home | **Short-Term Goals**  
1. Complete ICD-10 and RPMS Network services deployment (Master Patient Index (MPI)/Health Information Exchange (HIE)/Personal Health Record (PHR)/Direct); simplified authentication solution  
2. Continue to address interoperability needs of all segments I/T/U to support care coordination through mutual interacting software applications beyond RPMS Network (exch. Consolidated Clinical Document Architecture; Summary of Care; Transfer of Care, etc.)  
3. Contract alignment to support current and future systems, ONC re-certification/ Meaningful Use Stage 3 (MU3) Development (support development of patient engagement and team-based care approaches to National Quality Strategy domains)  
**Medium-Term Goals**  
4. Develop implementation plan for e-Rx for controlled substances  
5. Develop implementation plan for Prescription Drug Monitoring Program integration project  
6. Clinical Decision Support enhancements, starting with Million Hearts Initiative  
7. iCare/Women’s Health enhancements  
**Long-Term Goals**  
8. MU3 deployment  
9. Develop telemedicine strategy  
10. Develop mobile health strategy  
11. Improved data analytics to support population health management |

Potential Performance Measures:
- Usability measures.
- Number of functional releases per year.
- Patient satisfaction scores (PHR- feedback system to be developed)
- Provider satisfaction scores (Operational Analysis- every 18 months, other systems of feedback more frequently)
- OIT- successful certifications; Area/local- successful attestations

Strategic Alignment:

**IHS Agency Priorities:** Improve the Quality of and Access to Care

**National Quality Strategy Priorities**

1. Patient and Family Engagement  
2. Patient Safety  
3. Care Coordination  
4. Population/Public Health  
5. Efficient Use of Healthcare Resources  
6. Clinical Process/Effectiveness

**Federal HIT Strategic Plan**

Goal 1: Advance Person-Centered Health and Self-Management  
Goal 2: Transform Health Care Delivery and Community Health
**Strategic Objective #2: Investment of Choice**

Strengthen OIT’s position as the investment of choice for health IT through sound business practices, quality, and innovation

Relevant Strategic Advantages/Challenges: SA-3, SA-4, SA-5, SC-1, SC-3, SC-4

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<th>Key Short- and Long-term Goals</th>
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<tr>
<td><strong>Short-Term Goals</strong></td>
<td>1. Develop OIT Dashboard</td>
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<td>2. Effective integration of CPIC into Agile, iterative development processes</td>
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<td>3. A common view of key, enterprise information to support integrated patient care, timely decision-making, data sharing, and a seamless patient experience</td>
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<td>4. Enhance business management applications and CMS-mandated quality reporting capabilities</td>
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<td>5. Leverage strategic advantages of existing population health management tools to advance PCMH</td>
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<td><strong>Long-Term Goals</strong></td>
<td>1. Develop framework for data governance, metadata management, and data quality management that results in better patient care, improved data sharing, and timely, effective decision-making</td>
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<td>2. Unleash RPMS functions and data (platform independence) via the Service-Oriented Architecture (SOA) project; consider open-source application programming interfaces (API) Fast Healthcare Interoperability Resources (FHIR)</td>
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<td>3. Evaluate cloud technologies and consider impact on further strategy development</td>
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<td>4. Identity access management strategy</td>
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<td>5. Align quality metrics with Quality Data Model</td>
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<td>6. Implement an agile, responsive on-demand quality reporting solution</td>
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<td>7. Provide support for the needs of IHS Institutional Review Board (IRB) in ensuring patient and subject protection and allow leadership to make informed decisions concerning safety and appropriateness of research</td>
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<td>8. Develop an IT operations standard for Tier 1, 2 and 3 to facilitate review and evaluation of IT programs at each level.</td>
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**Potential performance Measures:**
- Increased uptime of critical services
- Limit/eliminate audit findings
- Increased standards adoption
- Timely predictable release of product
- Development of enhanced business management applications and CMS quality reporting capabilities
- Financial health measures
- Maturity and integration of CPIC; EA; and Information Systems processes

**Strategic Alignment:**

**IHS Agency Priorities:** Reform the Indian Health Service

**Federal HIT Strategic Plan**

Goal 2: Transform Health Care Deliver and Community Health
Goal 3: Foster Research, Scientific Knowledge, and Innovation
Goal 4: Enhance Nation’s Health IT Infrastructure
**Strategic Objective #3: Employer of Choice**

Develop OIT’s position as a “Best Place to Work” through a focus on supporting our workforce and driving improvements to make our work more accountable, transparent, fair and inclusive

Relevant Strategic Advantages/Challenges: SA-2, SA-4, SA-5, SC-4

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<th>Key Short- and Long-term Goals</th>
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<td>Employer of Choice – Develop OIT’s position as a “Best Place to Work” through a focus on supporting our workforce and driving improvements to make our work more accountable, transparent, fair and inclusive</td>
<td><strong>Short-Term Goals</strong>&lt;br&gt;1. Improve workforce satisfaction&lt;br&gt;2. Improve orientation processes&lt;br&gt;3. Strengthen competency mapping and skillset evolution&lt;br&gt;4. Develop career paths and improve succession planning&lt;br&gt;<strong>Long-Term Goals</strong>&lt;br&gt;1. Adopt a user-centric agile development process&lt;br&gt;2. Develop a systematic process to assess human resource capabilities and capacity across defined workforce segments</td>
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**Potential Performance Measures:**
- OIT employee retention rate
- OIT vacancy rate
- OIT employee satisfaction scores
- Number of employees trained in agile and user-centered design development practices

**Strategic Alignment:**

**IHS Agency Priorities:** Make all of our work accountable, transparent, fair and inclusive.

**Federal HIT Strategic Plan**
Goal 3: Foster Research, Scientific Knowledge, and Innovation
Strategic Objective #4: Partner of Choice

Strengthen OIT’s Position as the partner of choice for health IT services through best-in-class customer service and customer/stakeholder engagement

Relevant Strategic Advantages / Challenges: SA-3, SA-4, SA-5, SC-1, SC-3, SC-4

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<td>Develop Office of Information Technology’s Position as the Partner of Choice</td>
<td><strong>Short-Term Goals</strong>&lt;br&gt;1. Develop and implement systematic communications plan in 2015&lt;br&gt;2. Strengthen and standardize security appropriate to the customer/stakeholder segment&lt;br&gt;<strong>Long-Term Goals</strong>&lt;br&gt;1. Strengthen voice of the customer input and develop a systematic process to implement active and passive listening methods&lt;br&gt;2. Incorporate timely, transparent stakeholder feedback into the development process (innovation tools).&lt;br&gt;3. Develop knowledge base to enhance customer-support&lt;br&gt;4. Implement a new Federal-wide customer relationship management (CRM) solution that integrates customer-preferred communications preferences and that supports transparency into service availability and issues.</td>
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**Potential Performance Measures:**
- Problem response time/resolution time
- Well informed, engaged customers
- Usability performance
- Customer satisfaction with service desk functions
- Percentage of tickets handled via the knowledgebase or online CRM channels
- Number of Federal sites on-boarded to the integrated, Federal CRM solution
- Number of Memoranda of Understanding (MOU)/Interconnection Security Agreements (ISA)

**Strategic Alignment:**

**IHS Agency Priorities:** Renew and strengthen our partnership with Tribes.

**Federal HIT Strategic Plan**
Goal 2: Transform Health Care Delivery and Community Health<br>Goal 4: Enhance Nation’s Health IT Infrastructure

Shared Nationwide Interoperability Roadmap 1.0
5.0 Implementing the Strategic Plan

This is our organization and everyone has a role in supporting and implementing the Strategic Plan. While much of our day-to-day efforts are spent providing the necessary support needed for such a large and complex health care IT system, the success and sustainability of the OIT program depends upon the strategic improvements and directions outlined in this plan. It is critical that OIT staff, particularly our leadership and management, fully engage with and support the implementation of this plan.

Successful strategy includes both saying “yes” to future possibilities and “no” to activities and directions that do not support those possibilities. As we begin to implement our Plan, it is important to recognize and accept that some of our current efforts and the “way we do things around here” may no longer serve us on our journey to health care IT excellence.

For our implementation efforts, an annual Work Plan will be developed. This Work Plan will contain a limited number of critical initiatives that support the success of each strategic priority. Performance measures will be established for each of these yearly initiatives that align with the overall strategic plan performance measures.

We will pay close attention to how we manage our strategy, from the individuals and teams that are selected to manage our yearly initiatives to the resources and support we provide these initiatives to the ways in which we communicate our successes to OIT staff and stakeholders. We recognize that strategic management is equally important to organizational improvement as strategic planning and are committed to becoming experts at both.

Performance management is the systematic process by which management involves its employees, as individuals and as team members, to improve organizational effectiveness in the accomplishment of the IHS mission and goals. As an overarching policy, the IHS Performance Management Appraisal Program (PMAP) is designed to facilitate the execution of basic management and supervisory responsibilities and to communicate or clarify organizational goals and objectives.
The OIT Annual Work Plan will be supported by integrated annual Departmental Work Plans, which will in turn be supported by actively managed annual employee Performance Plans.

5.1 Our Next Steps

We recognize that the essential ingredient for the success of this strategic plan is the engagement, ownership, and innovation of initiatives from this Plan by our workforce. We also recognize this engagement will require much up-front communication and robust conversations with multiple groups of staff as well as OIT stakeholders. Our staff, contractors, and other stakeholders must clearly see how succeeding in the initiatives from the plan will benefit the organization, our Tribal customers and themselves.

Accordingly, much of our short-term action around this plan will be the sharing and communication of this plan with staff and stakeholder groups. Through these conversations, the yearly initiatives that will bring this plan to life will emerge, along with the champions, teams, and processes that will be needed to operationalize these initiatives.

For 2015, we are proposing the following steps:

- Engagement of ISAC for continued discussion, and incorporation of input from these discussions into the plan.

- Providing a draft copy of this plan to OIT staff for input and incorporating this input into the final version of this plan.

- Developing the 2015/16 Work Plans that identifies the initiatives, their deliverables, and their positive results to lead to the success of each OIT strategic objective.

- Developing and implementing a 2015/16 communications strategy to keep our staff and stakeholders informed as to the progress and accomplishments of these yearly strategic initiatives and the plan objectives. Align the 2016 Work Plan, Departmental Plan, and PMAP process with the OIT strategic plan.

- Develop performance metrics to ensure Strategic Objectives and the 2020 Vision are met. Report metrics on a monthly, quarterly, or annual basis as appropriate to the objective.

Beyond 2015, the Strategic Plan will be a “living document” which will continue to seek broad stakeholder input, and will be reviewed, updated, and approved at least annually by ISAC.
## 5.2 OIT Strategic Plan Roadmap 2015-2020

### OIT Strategic Plan Roadmap 2015 - 2020

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<td>Support increased patient engagement and empower patients to access high quality affordable healthcare through the concept of the patient centered medical home</td>
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<td>1. Complete ICD-10</td>
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<td>1b. Complete RPMS Network services deployment (MPI/HIE/PHR/Direct)</td>
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<td>2. Simplified F2F Authentication Solution</td>
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<td>2. Continue to address interoperability needs of all segments (TTA) to support care coordination through mutual interacting software applications beyond RPMS Network (exch. CDA, TOC, SOC, etc.)</td>
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<td>3. Contract alignment to support current and future systems, ONC re-certification/ MU3 Development (support development of patient engagement and team-based care approaches to NQS domains)</td>
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<td>4. Develop implementation plan for e-Rx for controlled substances</td>
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<td>5. Develop implementation plan for Prescription Drug Monitoring Program (PDMP) integration project</td>
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<td>6. Clinical Decision Support (CDS) enhancements, starting with Million Hearts Initiative</td>
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<td>7. Care/We enhancements</td>
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<td>8a. MU3 development</td>
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<td>8b. MU3 deployment</td>
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<td>9a. Develop telemedicine strategy</td>
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<td>9b. Policy/Use Case Development</td>
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<td>9c. Infrastructure</td>
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<td>10a. Develop mobile health strategy</td>
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<td>10b. Policy/Use Case Development</td>
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<td>11. Unleash RPMS functions and data (platform independence) via the SOA architecture project; consider open-source APIs (FHIR)</td>
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<td><strong>2. Investment of Choice</strong></td>
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<td>Strengthen OIT’s position as the investment of choice for health IT through sound business practices, quality, and innovation</td>
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<td>1. Develop OIT Dashboard</td>
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<td>2. Effective integration of Capital Planning and Investment Control (CPIC) into Agile, iterative development processes</td>
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<td>3. A common view of key, enterprise information to support integrated patient care, timely decision-making, data sharing and a seamless experience</td>
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<td>4. Enhance business management applications and CMS-mandated quality reporting capabilities</td>
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<td>5. Leverage strategic advantages of existing population health management tools to advance PCMH</td>
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<td>6. Develop framework for data governance, metadata management, and data quality management that results in better patient care, improved data sharing, and timely, effective decision-making</td>
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<td>7. Unleash RPMS functions and data (platform independence) via the SOA architecture project; consider open-source APIs (FHIR)</td>
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<td>8. Evaluate cloud technologies and consider impact on further strategy development</td>
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<td>9a. Identity access management strategy</td>
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<td>9b. IAM Service Design / Architecture</td>
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<td>9c. IAM Policy Development</td>
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<td>9d. IAM Service Implementation</td>
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<td>10. Align quality metrics with Quality Data Model</td>
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<td>11. Implement an agile, responsive on-demand quality reporting solution</td>
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<td>12. Provide Support for the need for IHS M&amp;O in ensuring patient and subject protection and allow leadership to make informed decisions concerning safety and appropriate use of research.</td>
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<td>13. Develop an IT operations standard for Tier 1, 2 and 3 to facilitate review and evaluation of IT programs at each level.</td>
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<td><strong>3. Employer of Choice</strong></td>
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<td>Develop OIT’s position as a Best Place to Work through a focus on supporting our workforce and driving improvements to make our work more accountable, transparent, fair and inclusive</td>
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<td>1. Improve workforce satisfaction</td>
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<td>2. Improve orientation processes</td>
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<td>3. Strengthen competency mapping and skillset evolution</td>
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<td>4. Ensure workforce is supported in maintenance of skills and competencies</td>
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<td>5. Develop a systematic process to assess human resource capabilities and capacity across defined workforce segments</td>
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<td><strong>Develop OIT’s Position as the Partner of Choice</strong></td>
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