Indian Health Service
HEALTH INFORMATION TECHNOLOGY
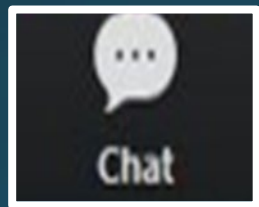## MODERNIZATION PROJECT

Listening Session 12/17/2020 & 1/14/2021
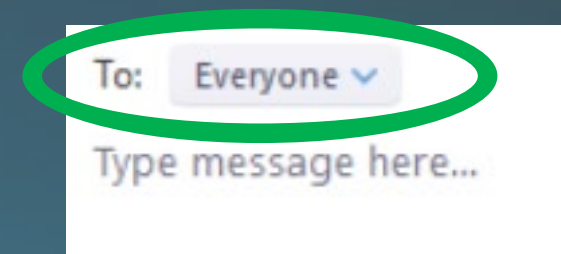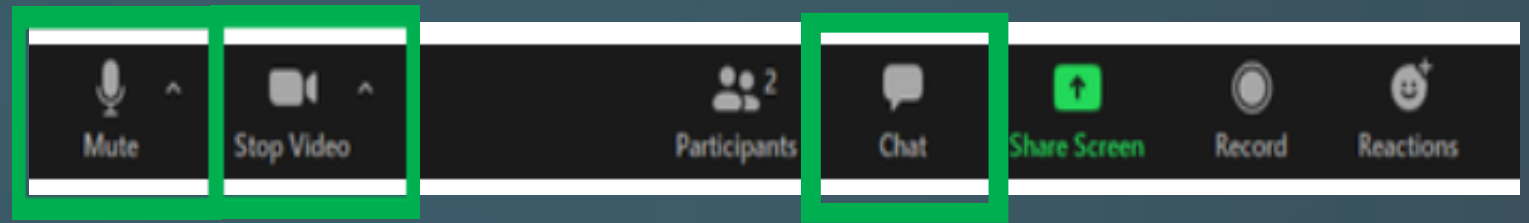
IHS Vision

Vision definition – where we see ourselves in the distant future (5-20 years).

The IHS vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.

IHS Strategic Goals and Objectives

Access

Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

Objectives:
1.1: Recruit, develop, and retain a dedicated, competent, and caring workforce.
1.2: Build, strengthen, and sustain collaborative relationships.
1.3: Increase access to quality health care services.

Quality

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objectives:
2.1: Create quality improvement capability at all levels of the organization.
2.2: Provide care to better meet the health care needs of American Indian and Alaska Native communities.

Management and Operations

Goal 3: To strengthen IHS program management and operations.

Objectives:
3.1: Improve communication within the organization with Tribes, Urban Indian Organizations, and other stakeholders, and with the general public.
3.2: Secure and effectively manage the assets and resources.
3.3: Modernize information technology and information systems to support data driven decisions.

Brief Updates

- **Program Management Office**: IHS has partnered with the MITRE FFRDC to support ongoing governance, tribal stakeholder engagement and acquisition planning

- **Interoperability Pilot:** Interoperability and legacy data will be hosted in the IHS Four Directions HUB currently being piloted for eHealth Exchange connectivity to the VA, DoD, and Office of the National Coordination for Health IT(ONC) certified commercial EHRs.

- **The FEHRM:** The IHS, DoD, and VA team has establish ongoing line of communication with VA and DoD for a shared line of sight into project status, lessons learned, coordination of efforts and leverage established methods

- **The Final Report and the Technology Roadmap were published on 11/2019:**

The Principal Deputy Director writes to Tribal Leaders and Urban Indian Organization Leaders to share updates on recent developments associated with modernizing Agency Health Information Technology. [PDF - 226 KB]

- **Link to published artifacts from HHS/IHS HIT Modernization Research Project:**

https://www.hhs.gov/cto/initiatives/public-health-innovation/indian-health-service-health-it-modernization/index.html
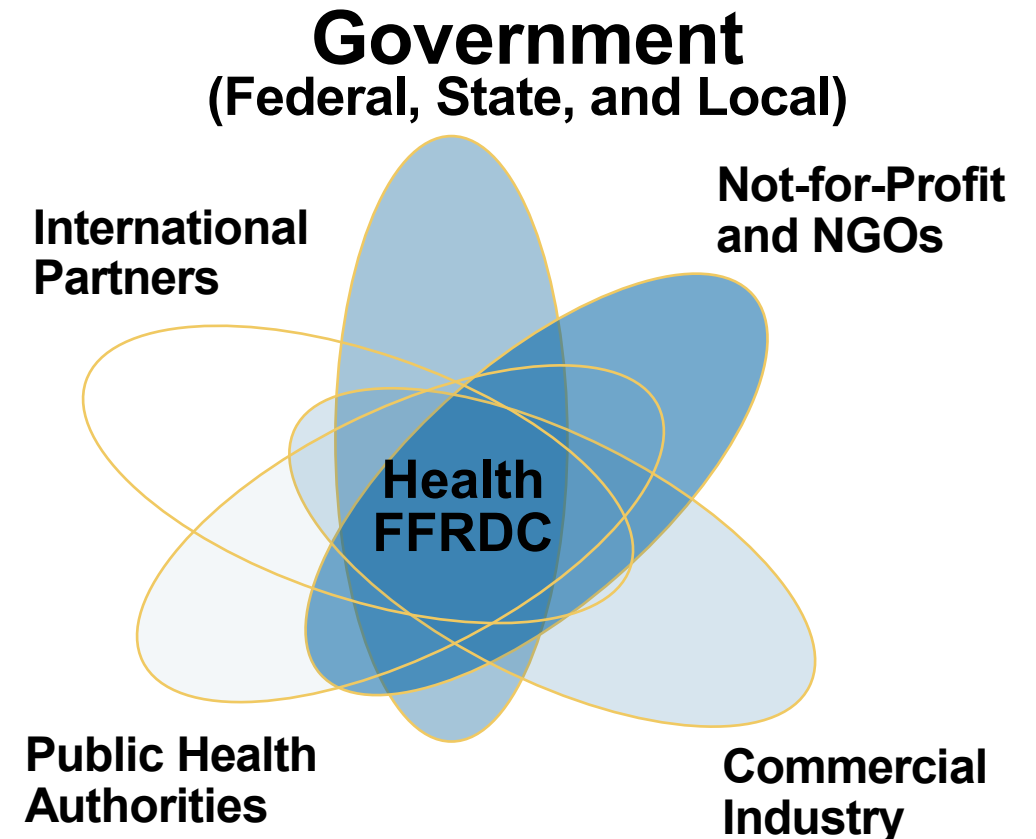
Current Funding

- FY2020 appropriations **provided $8M** to begin the project management office in FY2020.

- The CARES Act of 2020 **provided $65M** to accelerate the project based on the FY2021 request. This **excluded $60M** identified to complete an EHR procurement pending additional funding from Congress.

- FY2021 Funding levels are pending the approval of a full budget and not anticipated until after the current continuing resolution ends on **December 18th**.

The Health FFRDC—A Strategic Asset

Key Health FFRDC Attributes

- Created by government – a federal entity

- Addresses problems of considerable complexity; focuses on *key challenges*

- Analyzes technical questions with a high degree of *objectivity*

- Provides *innovative and cost-effective solutions* to government problems

- *Does not develop* commercial products or *compete* with industry

- Can perform functions that are "close to inherently governmental"

- Operated by independent, private, *not for profit* – allowing *broad stakeholder engagement*

Government
(Federal, State, and Local)

International Partners

Not-for-Profit and NGOs

Health FFRDC

Public Health Authorities

Commercial Industry

The Health FFRDC Team for HIT Modernization

MITRE

- Acquisition & Program Management

- Systems Engineering

- FFRDC Operator

Grant Thornton

- Operational and Organizational Transformation

- Healthcare

Kauffman and Associates, Inc

- Communications

- Organizational Transformation

- Indian Country Reach

SafetyNet Operational Solutions

- Health Data and Information Technology

- Community & Tribal Health

Relevant Experience

- I/T/U Experience: Physicians, Area Directors, Data Interoperability (Meaningful Use)

- Health Policy & Information Technology (IT)
    - National Health Roadmap
    - COVID Coalition

- Electronic Health Record (EHR) Planning, Acquisition, Integration, and Implementation
    - Department of Defense (DoD), Department of Veteran Affairs (VA), US Coast Guard (USCG)
    - Kaiser Permanente, Alaska Native Tribes
    - Centricity, Cerner, NextGen

- Large, Complex IT Modernization & Acquisition Innovation
    - Navy 55-to-1 Transformation
    - Air Force Kessel Run
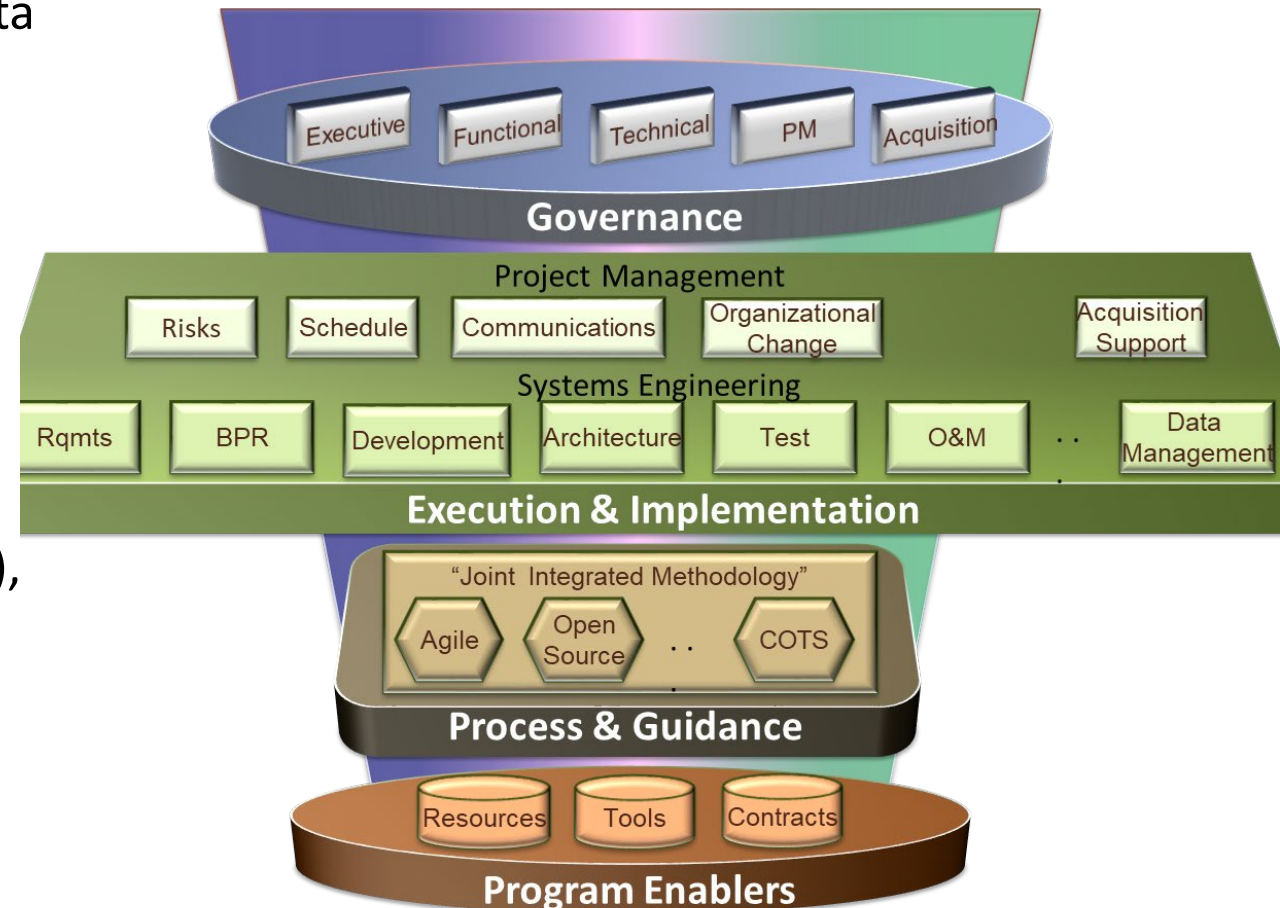
The Work of the Program Management Office (PMO)

Task 2: Governance

Task 3: Acquisition

Task 1: PMO Stand-up

Task 4: Engineering & Architecture

Task 5: Organizational Change

High-level Timeline

Modernization Planning Phase One 2020

Modernization Planning Phase Two 2021

Modernization Implementation 2022+

FY 2020 | FY 2021 | FY 2022+

RPMS Stabilization & Early Wins 2020-2022
Address immediate patient and user needs and standardize databases

Address Data Governance & Interoperability 2020-2022
Establish data sovereignty and improve interoperability

Infrastructure Assessment & Build-out 2020-2022+
Assess current state and address gaps by engaging federal and industry partners

IHS HIT Modernization Project

How should IHS approach Health IT Modernization?

The Analysis of Alternatives (AoA) identified and assessed four high-level options for IHS HIT modernization. *Stabilizing RPMS (Option 1) is a foundational requirement but falls short of a modernized HIT solution. However, all these options, including Stabilization, require additional funding.*

1 Stabilize RPMS	2 Renew RPMS	3 Selective Replacement	4 Full Replacement
• Maintain current technical architecture and deployment approach • Enhance applications as needed and as resources allow, including new graphical user interfaces • Improve training and support resources to optimize utilization	• Apply state-of-the-art methods to "wrap & renew" legacy apps with APIs/service tier • Allow creation of new functions and user interfaces using "modern" technologies and languages • Migrate to consolidated databases and cloud hosting	• Identify preferred "best of breed" COTS solutions for specific domains (e.g. Lab, Billing, etc.) • Selectively integrate these using standards-based service tier technologies • Retain and enhance preferred RPMS apps/functions using "wrap and renew" approach	• Identify and implement preferred pre-integrated "best of suite" offerings • Determine approach to retention/transfer of legacy data to new system • Some features of RPMS unique to IHS may need to be retained or redeveloped

Appendix - COVID-19 Response

- The Indian Health Service continues to work closely with our tribal partners and state and local public health officials to coordinate a comprehensive public health response to the ongoing COVID-19 pandemic. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.

- The IHS formed a Critical Care Response Team [PDF] of expert physicians, registered nurses, and other healthcare professionals provide urgent lifesaving medical care on an as needed basis to COVID-19 patients admitted to IHS or tribal hospitals. The IHS has also rapidly deployed telehealth services both to maintain routine patient care and to allow critical care consultation for COVID-19 patients.

- The IHS received over $2.4 billion in new funding to provide resources for IHS, tribal, and urban Indian health programs to prepare for and respond to the coronavirus pandemic. We have worked closely with tribes and urban Indian organizations throughout this pandemic to get resources out to facilities as quickly as possible. Additionally, the IHS has distributed rapid point-of-care testing systems and supplies and remdesivir [PDF], an investigational antiviral medicine to treat certain people in the hospital with COVID-19, at no cost to tribal and IHS facilities.

- More information on the IHS response can be found in the IHS Covid-19 Response 100 Day Review [PDF – 411 KB] and Executive Summary [PDF – 207 KB]. This report covers actions taken by the IHS to support federal, tribal, and Urban Indian Organizations between March 6, 2020 through June 14, 2020.

- For the latest general information about COVID-19, we encourage everyone to periodically review CDC's COVID-19 webpage .