

*Participate in*

## THE HEALTH IT MODERNIZATION PROGRAM AWARENESS SURVEY



WE WANT TO HEAR FROM OUR  
**TRIBAL & URBAN  
PARTNERS**

SCAN ME



# Tribal Consultation and Urban Confer

## Four Directions Warehouse

May 15, 2025

**Indian Health Service**  
Health Information Technology  
Modernization Program



# Zoom Technical Notes and Support



- If you lose connectivity during the session, simply **re-click your access link** to re-join the meeting
- If you experience technical difficulties, **send a note using the chat box** on the bottom menu bar – we will assist you from there



- Enjoy the session!





# Opening in a Good Way

John “Stickboy” Oxendine

*Lumbee Tribe*

# Rules of Engagement



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# Agenda

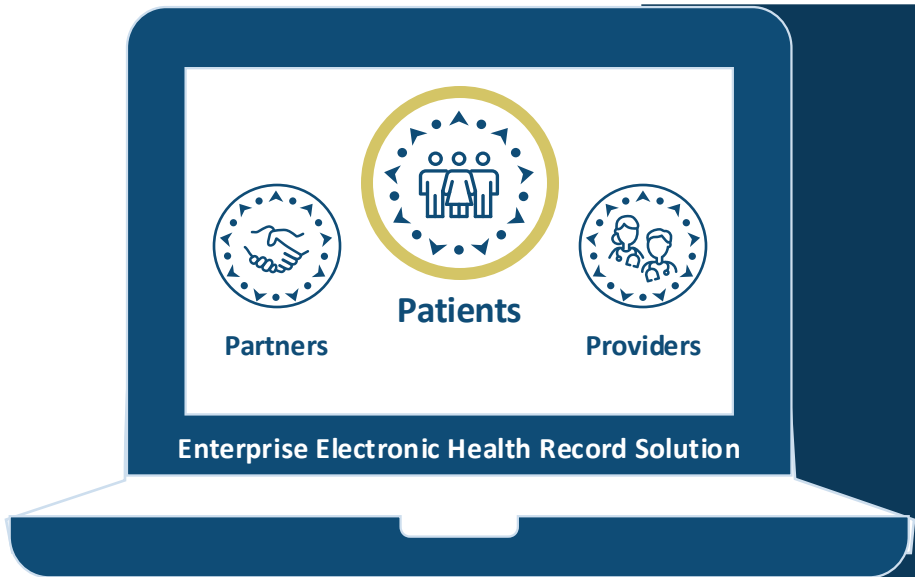
<b>Health Information Technology (IT) Modernization Overview &amp; Updates</b>	<b>Mitchell Thornbrugh</b> <i>Chief Information Officer</i>	<b>1:40 - 1:45 p.m. ET</b>
<b>Enterprise Collaboration Group (ECG) Update</b>	<b>Dr. Howard Hays</b> <i>Chief Medical Information Officer</i>	<b>1:45 - 1:50 p.m. ET</b>
<b>Modernization Focus: Four Directions Warehouse (4DW)</b>	<b>Charles Cross</b> , <i>Division of Health IT Modernization &amp; Operations (DHITMO) Engineering Branch Manager</i> <b>Merlin Lucero</b> , <i>DHITMO System Engineer</i>	<b>1:50 - 2:10 p.m. ET</b>
<b>Open Dialogue</b>	<b>Kimberly Shije</b> <i>DHITMO Organizational Change Manager</i>	<b>2:10 - 2:50 p.m. ET</b>
<b>Upcoming Engagement Opportunities</b>	<b>Kimberly Shije</b> <i>DHITMO Organizational Change Manager</i>	<b>2:50 - 2:55 p.m. ET</b>
<b>Closing</b>	<b>Mitchell Thornbrugh</b> <i>Chief Information Officer</i>	<b>2:55 - 3:00 p.m. ET</b>



# Health IT Modernization Overview & Updates

Mitchell Thornbrugh  
Chief Information Officer

# Modernization Program Vision



**Provide the best possible EHR, managed by its users, for its users, that will drive high-quality health care through sustainable, modern, and easy-to-use tools.**

## Guiding Principles

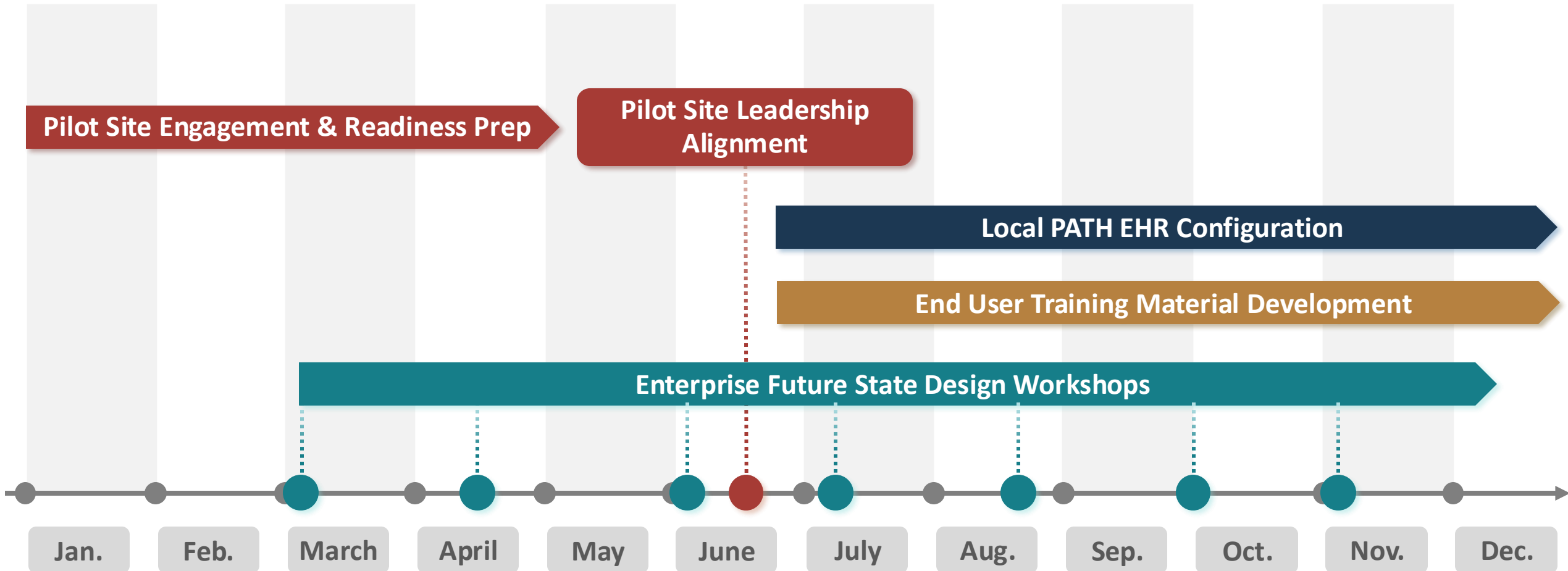
<b>DESIGN</b>	solutions that deliver culturally appropriate care, quality, safety, and improved patient outcomes	<b>PARTNER</b>	across I/T/U for collaborative decision-making that is fully informed by clinical and business users in the field
<b>EMPHASIZE</b>	usability and human-centered design	<b>CONFIGURE</b>	solutions to meet organizational requirements with minimal customization
<b>ENGAGE</b>	patients in their health journey through improved patient access	<b>UTILIZE</b>	recognized best practices across clinical and business processes
<b>ADOPT</b>	enterprise technology solutions that support continuity of care	<b>PROVIDE</b>	timely and complete communication, training, and tools to support a successful deployment



# 2025 Program Timeline



*During 2025, the Program focuses on Enterprise Design Workshops and prepares for pilot site implementation*



# FY2025 Program Funding Update

*Current state of Program funding for Fiscal Year (FY) 2025*



The Program has a Life-Cycle Cost Estimate ranging from \$4.5 to \$6.2 billion over 10 years for implementation, operation, and maintenance of PATH EHR



Per the Continuing Resolution, the FY2025 funding for PATH EHR implementation will remain at \$190.5 million



# Enterprise Collaboration Group (ECG) Update

Dr. Howard Hays

Chief Medical Information Officer

# ECG Overview



**The ECG is comprised of expert end-users of PATH EHR, drawn from the Indian Health Service (IHS) and participating tribal/urban Indian organizations, to:**

Ensure that inputs for PATH EHR configuration and change management are coming from actual users of the solution.

Prioritize patient safety and quality health care by building best practices into PATH EHR workflows, decision support, etc.

Address accreditation requirements to minimize risk of adverse findings.

Members of 15 ECG Domain Groups participate regularly in Future State Design Workshops to provide recommendations for PATH EHR configuration, based on their expertise.

# ECG Priorities



## Enterprise Future State Design Workshops

Program leaders, tribal/urban subject matter experts, and contractors will participate in eight workshops throughout 2025 to build the PATH EHR enterprise design



## PATH EHR Maintenance

After workshops conclude, Domain Groups will continue making recommendations for iterative system updates to maintain functionality of PATH EHR



## I/T/U Collaboration

PATH EHR will be configured collaboratively by expert users from participating IHS, tribal, and urban Indian organization (I/T/U) facilities



# ECG Domain Groups and Chairs



## Ambulatory

Hannah Britt, APRN, FNP-C  
Haskell Service Unit, OKC Area IHS



## Laboratory

Karla Mankoff, MLS (AMT)CCP  
IHS Portland Area Office



## Purchased/Referred Care

Ed Chasing Hawk  
ORAP DCC, IHS Headquarters



## Behavioral Health

CDR Scott Peake, APRN, PMHNP-BC  
IHS Phoenix Area Office



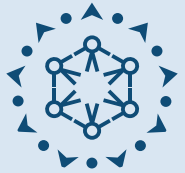
## Patient Engagement

Karla Svingen, CPHIMS  
IHS Bemidji Area Office



## Revenue Cycle and Coding

Fawnia Franklin  
Tohatchi Health Center, Navajo Area IHS



## Community Care

Valonia Hardy, RN, BSN  
GIMC, Navajo Area IHS



## Pharmacy

CDR Kyle Sheffer, PharmD, BCACP  
Lawton Service Unit, OKC Area IHS



## Radiology

Kyle Sykora, R.T.(R)(ARRT)  
Pine Ridge SU, Great Plains Area IHS



## Emergency Department

Bryan Jarrett, MD, FAWM  
GIMC, Navajo Area IHS



## Population Health

CDR Nick Laughton, PharmD, MPH  
IHS Oklahoma City Area Office



## Surgical Services

CAPT David Good, CRNA  
GIMC, Navajo Area IHS



## Inpatient Care

Myrl (Nick) Bird, BSN, RN, CPHIMS  
Chinle Service Unit, Navajo Area IHS



## Public Health

LCDR Shawnelle Damon, MS, MPH  
IHS Headquarters



## Women's Health

Megan N. Henrie, MD, FACOG  
Shiprock Service Unit, Navajo Area IHS

# Domain Group Roles and Responsibilities

## Pre-Enterprise Design

- **Key Design Decisions:** Regular meetings to discuss design considerations
- **Domain Preparation:** Sessions to understand processes and procedures

## Enterprise Design

- **Design Workshops:** Finalize software packages and functional domains
- **Core Team Integration:** Virtual/in-person sessions with the Program team

## Post-Enterprise Design

- **Ongoing Reviews:** Continue advising on change requests and system upgrades
- **Executive Oversight:** Review of design changes by the ECG Executive Committee



**20% of current ECG  
members are from  
tribal/urban  
program sites**



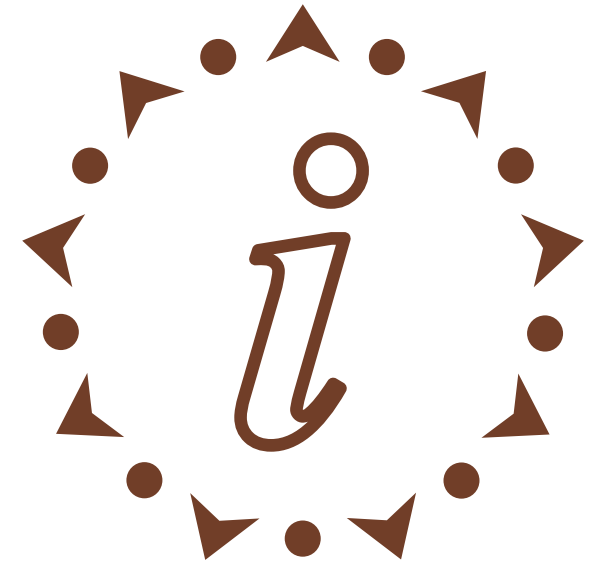
# Modernization Focus: Four Directions Warehouse (4DW)

Charles Cross, DHITMO Engineering Branch Manager  
Merlin Lucero, DHITMO System Engineer

# Consultation and Confer Questions



1. What clarifications do you need about 4DW?
2. What are potential challenges that your organizations may have in utilizing 4DW for data extraction and storage?
3. What organizational support would be valuable to you for data migration and transition to PATH EHR?



# Four Directions Warehouse Project Vision



*Enhancing Data Management and Accessibility*



## **Standardize Data Repository**

Vendor neutral and available via standard data access methods



## **Data Migration Pipeline**

Facilitates migration of Resource and Patient Management System (RPMS) and non-RPMS data



## **Archive for Legacy Data**

Allows continued access/viewing after RPMS servers are decommissioned



## **Readiness for Future Use Case**

Supports advanced data aggregation



## **Robust Access Controls**

Provides secure access with full auditing



# The Four Directions Warehouse Concept

## Central Repository for Clinical Data

### CORE BENEFITS



- Use legacy RPMS and non-RPMS data
- No maintenance of RPMS required
- 'Seeding' PATH EHR with subset of data
- Robust security controls



- Satisfy record retention requirements
- Lookback to historic data for PATH EHR users
- Comprehensive enterprise data aggregation



### Continuous Data Submission to Repository

# Legacy Data Migration & Storage Options

*Tribes and urban Indian organizations have multiple options available when considering extraction of legacy data*

## Extract and Acquire Data Files

Use 4DW to extract legacy data from RPMS and receive files in an accessible format from the IHS



## Store in IHS Data Archive

Use 4DW to move legacy data out of RPMS and store copies of files in the secure IHS data archive



# 4DW DATA MANAGEMENT APPROACH



Patient health records are currently stored in the Resource and Patient Management System (RPMS) and/or other commercial systems



Four Directions Warehouse (4DW) will migrate and store legacy patient data in a secure cloud-based environment

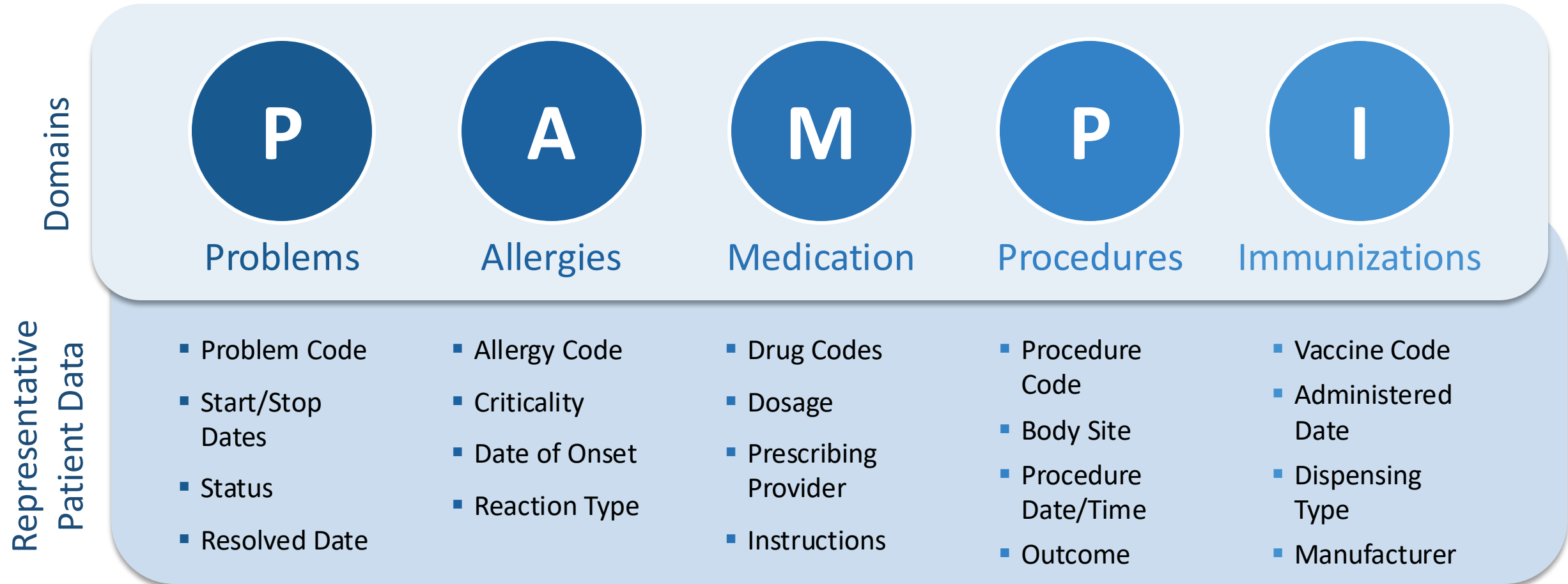


The new IHS enterprise electronic health record (EHR) solution, **PATH EHR**, will receive and send patient data to and from 4DW

# Seeding PATH EHR



*Patient demographics and "PAMPI" data will provide initial seeding for PATH EHR*



# 4DW Security and Infrastructure

*Safeguarding patient data and ensuring resiliency of legacy data files*



## Security Requirements

- Access to data is limited to specific methods using role-based authorization processes
- User interaction occurs via viewer application or PATH EHR
- Applicable record retention and data usage requirements are maintained



## Use of Cloud Technology

- Data maintained securely in a cloud-hosted archive
- Utilizes FedRAMP High certified service
- Includes backup and restore capabilities for data files



# Benefits and Next Steps



## 4DW Benefits

**Ability to extract patient data from RPMS into an accessible, usable format**

**Opportunity to sunset RPMS servers while maintaining data**

**Availability of secure data archives to house large legacy datasets**



## Site Preparations for 4DW

**Continue maintaining RPMS and data elements**

**Ensure existing data is properly cleansed and coded**



# Open Dialogue

Kimberly Shije

DHITMO Organizational Change Manager

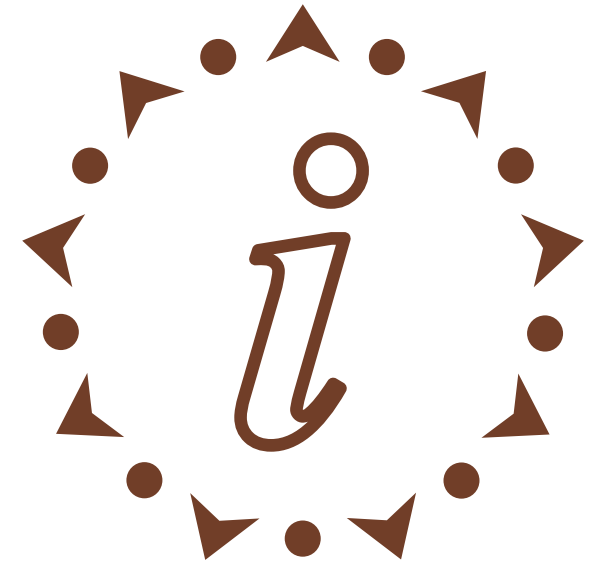
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# Upcoming Engagement Opportunities

Kimberly Shije

DHITMO Organizational Change Manager



# 2025 TRIBAL CONSULTATION *and* URBAN CONFER

with the Health IT Modernization Program



**PATH EHR SCOPE  
AND CAPABILITIES**  
**AUGUST 7**



**PILOT SITE IMPLEMENTATION  
PATHWAY**  
**NOVEMBER 6**



Tribal Consultation and Urban Confer (TC/UC) sessions provide an opportunity for our tribal and urban Indian organization partners to hear about Program updates from IHS leadership and provide input about modernization-focused topics for continued improvement of patient outcomes across Indian Country.



# TCMC Satisfaction Survey



Your input will allow  
the IHS to improve  
future events,  
communications, and  
programming.



# Closing

Mitchell Thornbrugh  
Chief Information Officer



# Stay Connected with the IHS

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