



DATE: September 30, 2009

TO: Director, IHS
Co-Chairs, Information Systems Advisory Committee

FROM: Richard M. Church, Co-Chair, ITU IT Shares Workgroup
Chuck Walt, Co-Chair, ITU IT Shares Workgroup

SUBJECT: Recommendations from the ITU IT Shares Workgroup

Per the IHS Director's request included in the Dear Tribal Leader Letter dated March 19, 2009, we are submitting the Workgroup's Executive Summary and Recommendations on behalf of the I/T/U IT Shares Workgroup for your consideration and further action.

Please direct any questions or requests for additional information to the workgroup Co-Chairs at the following:

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Respectfully Submitted,

/Chuck Walt/ /Richard

Church/

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Indian Health Service/Tribal/Urban
Information Technology Tribal Shares Workgroup

Executive Summary and Recommendations

September 30, 2009

Introduction

The Establishment of the Workgroup

Through the issuance of the March 19, 2009, “Dear Tribal Leader Letter,” the Director, Indian Health Service, (IHS), established the IHS/Tribal/Urban (I/T/U) Information Technology (IT) Tribal Shares Workgroup based on the following:

- On October 23, 2008, the Office of Information Technology (OIT), IHS, issued a proposal for reshaping IT support packages and invited formal comment from Tribal leaders and representatives at a Tribal consultation session held December 17, 2008, in Arizona.
- In response to feedback received at the consultation session the current OIT proposal was withdrawn.
- The I/T/U Workgroup was formed to review all comments and provide recommendations to the IHS Director.
- The I/T/U Workgroup is to operate under the guidance of the IHS Information Systems Advisory Committee (ISAC).

Vision Statement of the Workgroup

In the spirit of Self-Determination, and to reaffirm Tribal right under the Indian Self-Determination and Education Assistance Act (ISDEAA) to contract or compact with the IHS for shares of all or portions of Programs, Services, Functions, and Activities (PSFAs), the I/T/U Workgroup will ensure information technology support packages are available to all American Indians/Alaska Native. (AI/AN) Tribal programs that choose to leave all or a portion of their shares with the IHS.

Objectives of the Workgroup

- To review current OIT Tribal Shares
- To review comments from the Tribal Consultation Report logs

- To provide advice and guidance to Regions/Areas as they conduct additional consultation sessions on the proposed restructuring of IHS OIT information technology support packages
- To develop information technology support packages that are consistent with the vision statement

Workgroup Meetings and Guiding Principles

The I/T/U IT Tribal Shares Workgroup met several times between May and September 2009 (two face to-face meetings and six teleconferences) to accomplish objectives. The Workgroup followed the IHS Director Priorities as guiding principles:

1. To renew and strengthen our partnership with Tribes
2. In the context of national health reform, to bring reform to IHS
3. To improve the quality and access to care for patients who are served by IHS; and
4. To have everything we do be as transparent, accountable, fair, and inclusive as possible.

Executive Summary

The following represents the summary of conclusions and recommendations resulting from the Work Group's efforts:

The IHS Director's "Dear Tribal Leader Letter" dated October 23, 2008 (http://www.ihs.gov/CIO/Self-Determin/docs/OIT_DTLL_23_OCT_2009.pdf), proposed to reshape the current IT support packages. In response, some Tribes indicated that they perceived the OIT proposal as an "all or nothing" approach which in their view was not consistent with the Tribal consultation policy and was therefore unacceptable. These Tribes expressed concern that instituting the proposed approach would set precedence for other IHS PSFAs.

The Tribes that responded indicated they would prefer to be able to make decisions based on a reasonable cost-benefit analysis, to build a comprehensive IT function which would meet most, if not all, of their needs. The Workgroup determined that this analysis could be accomplished if there was a clear packaging of services and pricing from OIT which also delineated which PSFAs were specifically assigned to the Tribal Shares. The Workgroup identified several issues and complications which present barriers to immediately developing this crosswalk between the current value of Shares and related on OIT PSFAs. These items are described below:

1. When OIT Tribal Shares were first negotiated in P. L. 93-638 Title V Compact Annual Funding Agreement (AFAs) or Title I contracts, documentation was not available stating what these shares represented, relative to what the Tribes should expect as PSFAs, nor what the agency should be obligated to provide. In addition, in many cases, it is not clearly

documented what level of PSFAs were left behind when a Tribe opted to take partial shares. In fact, many Tribes who have taken some or all of their shares have continued to receive services and functions, including upgrades that are not reflective of either the PSFA and/or the amount of shares remaining with the Agency.

2. During the initial negotiations establishing residuals during Tribal Self-Governance Compact negotiations, there was no residual inherent federal function identified for OIT within IHS. Many Tribes opted to leave their Tribal Shares to fund the centralized IHS IT function and support. Some Tribes who opted to assume shares proceeded to buy back IT PSFAs, but there has not been consistent or clear documentation in the Annual Funding Agreements (AFA) of what they were purchasing within the written PSFA.
3. Workgroup members expressed concern that the OIT funding has no line item for an IT budget; instead, the IT funding is assigned to multiple IHS budget categories under the “Hospitals and Clinics” and “Direct Ops” budget line items. The lack of adequate and consolidated IT budget line has created administrative challenges affecting the ability to plan and expend resources. The OIT is consistently faced with an annual multi-million dollar deficit; some of this deficit is met through Area assessments late in the fiscal year that are, to large extent, passed on to IHS-Direct facilities. There is no mechanism to accomplish this same assessment to Compact or Contract Tribes. We suggest that a more transparent OIT spend plan as well as budget be established for clearer accountability.
4. There is a much broader understanding today of OIT PSFAs than when Tribal shares were first identified for assumption by Tribes. They are dynamic in nature resulting from rapid advances in technology (i.e., advanced microprocessors, networked/Internet applications, telemedicine, security, telecommunications, Health IT, data management, etc.) and have evolved and proliferated into additional functionality and service availability. These changes and program expansion to meet the IT needs of the Indian Health system are unaccounted for in the current IHS PSFA Manual. Training and staffing needs have been redesigned and augmented to match current technology. Additionally, new legislative requirements resulting from the Clinger-Cohen Act (formerly the Information Technology Management Reform Act), Government Performance and Results Act, Health Information Portability and Accountability Act, Health Information Technology for Economic and Clinical Health Act, and others were enacted after the Tribal shares tables were defined. These changes, as well as those needed to ensure a robust Health IT system, have resulted in expanded IT activities that exceeded the written PSFAs. Examples of requirements that were not previously defined include mandatory enterprise systems, security, personal health information, etc. These types of advances made it difficult if, not impossible, for the Workgroup to go back to the original discussion of how IT Tribal shares were determined and equate those shares with today's PSFAs.
5. The Workgroup reviewed the current OIT Shares proposal and concur that IT investments (major functions) more accurately reflect the current functions of the OIT as categorized in the following service lines:

A. National Data Warehouse – National Database Service

- B. Resource and Patient Management System (RPMS) – Software Development/Maintenance Services, System, and Support/Training Services
 - C. Infrastructure/Office Automation/Telecommunications (IOAT) – Telecommunications Management Services
6. The Workgroup recognized that an additional service line for “Research and Development” needed to be clearly defined within future OIT Shares proposals.
 7. While the IHS has a defined IT Strategic Plan that is reviewed on a regular basis, the Workgroup noted that the plan does not incorporate an assessment of Tribal needs and plans, nor does it include a formal Research and Development component. The OIT has traditionally developed the strategic plan to meet internal Department requirements. Although the OIT strategic plan development process typically has minimal Tribal input, it is presented to the ISAC for final review and approval.
 8. The Agency also does not have a formal equipment list that incorporates Tribal and Agency future replacement/upgrade requirements. The OIT has never developed an IT list equivalent to the IHS Backlog of Essential Maintenance, Alterations, and Repair (BEMAR) in conjunction with facilities and Tribal partners.
 9. Tribes expressed strong concerns about the need to follow Tribal Consultation policies when addressing changes in the OIT, and prior to proposing changes to the shares structure. Components of meaningful consultation, as defined by Tribal leaders include: presence of the IHS Director during discussions with Tribal leaders, presence of key staff with authority to immediately respond to questions raised by Tribal members, and that consultation must begin with joint problem or need determination rather than with a proposed solution that Tribes are asked to respond to or “rubber stamp.”
 10. The Workgroup determined that each Area utilizes different methods and means to engage in Tribal consultation. There are varying degrees of perceived success depending on multiple factors. Each Workgroup member shared the methods used in their Areas as well as their assessment of preferred methods, and identified the need for Tribes to continue to address this in a future consultation forum with the IHS Director.
 11. The Workgroup acknowledged the fact that there is often a misperception about IT. The use of OIT resources are as viewed solely supporting IHS and not the Tribes, as evidenced in part by the Tribal comments regarding the use of the American Recovery and Reinvestment Act funding for RPMS. In fact, OIT supports I/T/U RPMS Sites. The Workgroup discussed the need for all OIT funding and policy decisions to be inclusive of Tribal systems, whether or not they use the IHS Health IT solution.

The Workgroup concluded that the I/T/Us will more likely value OIT is an integral part of the IHS System, and support a reasonable annual budget, inclusive of Tribal Shares, if the PSFAs are more transparent, if the cost burden is distributed fairly, and if the packages are flexible in

meeting current and future I/T/U needs. The Workgroup also concluded that IHS and Tribal IT partners must engage in more purposeful and closer collaboration if we are to successfully meet the challenges and opportunities for a sustainable Tribal health care delivery system in the era of Healthcare Reform.

Workgroup Recommendations

To improve the quality and access to care for patients who are served by IHS, Tribes, and Urban Healthcare programs and to have everything we do be as transparent, accountable, fair, and inclusive as possible, the IT Shares Workgroup offers the following recommendations to the ISAC and ultimately to the Director, IHS for consideration and action:

1. The Workgroup supports the IHS removal of the proposal to restructure OIT IT Support Packages from the table as stated in the IHS Director's DTLL dated March 19, 2009. This reaffirms our commitment to self-determination and the ISDEAA, which authorizes the transfer of services, programs, functions, and activities, "or portions thereof."
2. Recommend that any proposed changes to OIT Tribal share options or PSFAs go out to Tribes for formal consultation prior to the start of the negotiations cycle for which these changes will apply, recognizing the need for buy-in and partnership at the local level.
3. Recommend that the OIT, working in collaboration with the ISAC, immediately begin the process of refining the OIT service lines and packages, including pricing and assignment of Tribal Share options and realignment of the structure of the IHS OIT, as necessary, as outlined below:
 - A. Reassess the culture and function of OIT within a proven industry business model, including realigning Headquarters, Area Offices and sites, defining centers of excellence, developing a marketing strategy including rebranding the IHS health information system.
 - B. Fund and stabilize core services and develop optional service line packages which include "right size" services and products, pricing, identification of core services and their costs, and a time and materials option.
 - C. Expand the current IHS PSFA Manual and/or add a separate IT PSFA Manual to include:
 - Addition of "value added" service
 - Adequate information in the PSFA manual, such as accurate and up-to-date descriptions of PSFAs, so it can be used as a tool for Tribes to use in the transfer of PSFAs.
 - The identification of interdependent PSFAs in order to justify their indivisibility.

- The determination of an update cycle for the IT section of the IHS PSFA manual (annual, etc.)

4. Other Recommendations for OIT:

A. Recommend that is options are developed, Tribal IT needs are considered, including:

- Support of linkages and interfaces for RPMS and non-IHS Sites
- Support Tribal leverage of resources and cost containment
- Consider needs of all patients served by the I/T/Us

B. Expand the IHS IT Strategic Plan to include an active role for Tribal partners in the development of the strategic plan and as well as an assessment of Tribal needs and strategies.

C. Develop a Equipment Needs Replacement List which incorporates all of the I/T/U service sites.

D. Develop a Workforce Development Plan to address future I/T/U IT staffing needs.

E. Develop a fair and transparent IHS IT budget which accurately projects total annual expenditures and unmet need as compared to health IT industry standards.

F. Establish a consolidated IT budget line.

G. Develop a methodology to identify IHS IT Research and Development costs.

On behalf of the IHS I/T/U information Technology Workgroup, this Executive Summary and Recommendations are respectfully submitted by:

 /Chuck Walt/
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Tribal Co-Chair

 /Richard M. Church/
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IHS Co-Chair

 9-30-09
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