Welcome

Rear Adm. Chris Buchanan
Deputy Director
Indian Health Service
Personnel Updates

- Capt. Kelly Battese – Acting Director, Office of Direct Service and Contracting Tribes
- Bryce Redgrave – Director, IHS Billings Area
- Jillian Curtis – Director, Office of Finance and Accounting
IHS Director Position

• On October 22, President Trump announced his intent to nominate Rear Adm. Michael D. Weahkee to be the IHS Director - https://go.usa.gov/xpbDV

• While the nomination is under consideration, Rear Adm. Weahkee has stated that he will continue to serve in his current role at IHS and work diligently to provide quality health care services for American Indians and Alaska Natives
IHS Budget Update

• The current continuing resolution runs through November 21

• Congressional marks for IHS’s FY 2020 budget include:
  ◦ House = $6.3 billion ($537 million above the FY 2019 budget)
  ◦ Senate = $6.0 billion ($238 million above the FY 2019 budget)
Tribal Consultation and Urban Confer

- On October 2, IHS initiated tribal consultation and urban confer on the distribution of funding for the IHS Special Diabetes Program for Indians in FY 2021
  - When tribal consultation and urban confer is complete, the Tribal Leaders Diabetes Committee will convene to review the comments and provide recommendations for the IHS to consider prior to making a decision
  - Comment submission deadline: December 2
TEC Awards

- IHS awarded $2.4 million to nine Tribal Epidemiology Centers to support American Indian and Alaska Native communities in reducing new HIV infections and related co-morbidities, specifically hepatitis C and sexually transmitted infections.

- The centers will participate in regional and national-level coordination, provide technical assistance and disease surveillance support to communities, and support the development of community plans to end the HIV epidemic in Indian Country.

- [https://go.usa.gov/xpggG](https://go.usa.gov/xpggG)

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Goal 2: Quality, Obj. 2.2: Provide care to better meet the health care needs of American Indian and Alaska Native communities
Small Ambulatory Program Awards

- **IHS awarded $15 million** in funding to eight tribes and tribal organizations as part of the Small Ambulatory Program to fund construction, expansion, or modernization of small ambulatory health care facilities.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Location</th>
<th>Amount</th>
<th>Type of Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Valley Indian Health</td>
<td>Prather, CA</td>
<td>$2,000,000</td>
<td>New Clinic</td>
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<tr>
<td>Shoshone-Bannock Tribe</td>
<td>Fort Hall, ID</td>
<td>$2,000,000</td>
<td>New Clinic</td>
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<tr>
<td>Council of Athabascan Tribal Governments</td>
<td>Arctic Village, AK</td>
<td>$2,000,000</td>
<td>Replacement Clinic</td>
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<tr>
<td>Native Village of Kwinhagak (YKHC)</td>
<td>Quinhagak, AK</td>
<td>$2,000,000</td>
<td>Replacement Clinic</td>
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<td>Kickapoo Tribe</td>
<td>McLoud, OK</td>
<td>$2,000,000</td>
<td>Expansion</td>
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<tr>
<td>Muscogee (Creek) Nation</td>
<td>Okmulgee, OK</td>
<td>$2,000,000</td>
<td>Expansion</td>
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<tr>
<td>Sac and Fox Nation</td>
<td>Stroud, OK</td>
<td>$2,000,000</td>
<td>Expansion</td>
</tr>
<tr>
<td>Cowlitz Indian Tribe</td>
<td>Seattle, WA</td>
<td>$1,000,000</td>
<td>Expansion/Modernization</td>
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**Goal 1: Access to Care, Obj. 1.3: Increase access to quality health care services**
Recent Events

• October 17: Roundtable with the Department of Labor, Office of Minority Health, NIHB, and Administration for Native Americans at IHS headquarters
• October 21-22: President’s Advisory Council on HIV/AIDS meeting in Miami

Goal 1: Access to Care; Obj. 1.2: Build, strengthen, and sustain collaborative relationships
Recent Events

• October 26: National Prescription Drug Take Back Day

• October 30: House Committee on Veterans Affairs, Subcommittee on Health hearing: ‘Native Veterans’ Access to Healthcare’ – Ben Smith’s testimony: [https://go.usa.gov/xpYf5](https://go.usa.gov/xpYf5)

Goal 1: Access to Care; Obj. 1.2: Build, strengthen, and sustain collaborative relationships

*Drug Take Back Day collection site at Phoenix Indian Medical Center*

*Ben Smith testifying*
Recent Events

• Minnesota Congresswoman Betty McCollum site visits in the IHS Great Plains Area

Congresswoman McCollum visit to Rosebud
November Observances

• American Indian and Alaska Native Heritage Month
• American Diabetes Month
• November 11-15: Forensic Nurses Week
Upcoming Events

**November 11:** Veteran’s Day

**November 12:** NIHB Board Meeting

**November 14:** American Indian and Alaska Native Heritage Month Event at HHS Headquarters – Washington, D.C.

**November 20:** Webinar – Health IT Modernization Project

**November 21:** National Rural Health Day Event – IHS Headquarters – Rockville, MD

**November 21:** Current continuing resolution expires

**December 1:** World AIDS Day
Upcoming Area Budget Consultations

**November 6-8:** Navajo Area Budget Consultation – Flagstaff, AZ

**November 12-13:** Oklahoma City Area Budget Consultation – Oklahoma City, OK

**November 13-14:** Billings Area Budget Consultation – Billings, MT

**November 14:** Portland Area Budget Consultation – Portland, OR

**December 3:** Nashville Area Budget Consultation (2nd meeting) – Virtual

**December 4:** Phoenix Area Budget Consultation – Location TBD

**December 4-5:** Bemidji Area Budget Consultation – Green Bay, WI
Project Purpose and Objectives

“IHS must create and execute a strategy to modernize its EHR system and the IT systems necessary to support it”*

<table>
<thead>
<tr>
<th>Context</th>
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<tr>
<td>• IHS serves 2.6 million American Indian and Alaska Native people</td>
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<td>• Underfunding of HIT within IHS has hindered the organization's ability to keep pace with user requirements and market solutions</td>
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<td>• The VA's decision to migrate away from VistA is a catalyst for IHS to investigate EHR alternatives</td>
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<td>• IHS must act swiftly to modernize its aging HIT system</td>
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<thead>
<tr>
<th>Project Objectives</th>
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<td>Leverage internal and external expertise to:</td>
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<tr>
<td>• Evaluate the current state of HIT across the I/T/U</td>
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<td>• Identify and evaluate alternative EHR solutions for HIT modernization</td>
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<td>• Produce recommendations regarding people, process and technology</td>
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<td>• Define a roadmap to implement these recommendations</td>
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*As stated in the Background Statement of the IHS HIT Modernization Research Project RFQ from August 2018
Project Approach

Using a Human Centered Design methodology, the project team developed and implemented the following three-pronged approach to better understand the current state of the IHS HIT systems and the unique needs of the users that it serves.
Breadth of Data Collected

- **25** Site visits to I/T/U facilities to engage with 450 site personnel
- **13** Virtual focus sessions with members of national workgroups
- **5** Conferences, national and Tribal
- **1,877** Responses from 240 I/T/U facilities through a Data Call and emails from site personnel
Current State – User Perspective

Five high-level themes evolved from the insights collected from users at site visits, collected via listening sessions and interviews.

“[RPMS] has a high learning curve and takes several years to get to the point of identifying all that it can and cannot do. The written resources are not comprehensive and requires reaching out to other CACs or consultants.”

“‘In this modern world there is absolutely no reason why an out of area tribal person can’t receive care from our facility. The record needs to revolve around the patient.’”

“‘The system is so slow, or providers/nurses get ’kicked’ out of the system in the middle of a note.’”

“Inadequate Technology & Connectivity

Incomplete System Design & Disjointed User Experience

Minimal Interoperability

Limited Workforce

Inconsistent Training & Support

Note: the diagram is scaled to reflect volume of comments for each theme

“Our Clinical Application Coordinator (CAC) is great, but she’s just one person. We need at least three of her!”

“Our health system currently includes Medical, Pediatrics, Visiting Nurses, Hep C Treatment team, Mental Health, Chemical Dependency, Suboxone treatment, and Dental. RPMS cannot meet the demands of all of these separate services.”
Current State – User Perspective

A Data Call was conducted and received responses from 1,381* HIT end users. Results showed that:

- 42% of users are either somewhat or very dissatisfied with how well RPMS helps them do their jobs.
- 60% of users think RPMS needs significant improvements.
- 60% of RPMS sites feel they are far from having the necessary hardware to complete their work.
- 93% of all users agree that now is the time for IHS to deploy a new HIT system.

Data Call Takeaways:

- Capitalize on the desire for change and readiness of end users.
- Address technological infrastructure concerns as part of the modernization effort.
- Focus modernization on improving end user experience in 3 areas:
  1. Interoperability
  2. Reporting
  3. Usability and data entry

*Of 1,381 responses, 1,037 respondents answered all questions within the Data Call.
IHS HIT Modernization Options

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.**

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

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
Immediate Next Steps

Immediate next steps are presented in the context of the Roadmap domains.

Modernization Planning and Execution
- Restructure **HIT governance** processes within the agency
- Reorganize IHS’s Office of Information Technology (OIT) and fill critical vacancies
- Establish and charter the **HIT Modernization Advisory Committee (HITMAC)**
- Execute an acquisition for expert **Program Management Office support**

RPMS Stabilization and Early Wins
- Take steps to **standardize and normalize RPMS databases** across the country
- Complete 2015 Edition certification, resolving usability issues of affected RPMS components to the extent possible

Data Exchange
- Improve **Internal and External Interoperability**, including connections to Health Information Exchanges serving appropriate states and federal agencies

Infrastructure
- Address identified critical **infrastructure gaps**, engaging Federal and industry partners
Mitchell Thornbrugh, MBA
Chief Information Officer | Office of Information Technology
Indian Health Service
e: Mitch.Thornbrugh@ihs.gov | w: 301.443.2019 | m: 240.620.3117
December All Tribal and Urban Indian Organization Leaders Call

Thursday, December 5, 2019
3:30 pm Eastern Time

Conference Call #: 800-857-5577
Participant Passcode: 6703929
Webinar Adobe Connect: https://ihs.cosocloud.com/r4k6jib09mj
Participant Password: ihs123

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