DEC 10 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide an update and invite your input on next steps for health information technology (IT) modernization at the Indian Health Service (IHS). We will host two listening sessions to share information on December 17, 2020, and January 14, 2021.

By letter dated October 29, 2018, I advised you about the IHS Health IT Modernization Research Project (Project). On November 15, 2019, I wrote to update you on the release of the Project's Final Report. Since that time, the Office of the Chief Technology Officer (OCTO) at the Department of Health and Human Services (HHS) has released a comprehensive set of Project deliverables. These documents are posted online at https://www.hhs.gov/cto/initiatives/public-health-innovation/indian-health-service-health-it-modernization/index.html.

The options outlined in the Analysis of Alternatives (AoA) document posted at the above link evaluated in detail four broad options for modernization of IHS health IT:

- Option 1 – Stabilize the Resource and Patient Management System (RPMS);
- Option 2 – Renew RPMS;
- Option 3 – Selective Replacement; and
- Option 4 – Full Replacement.

Options 2 through 4 ranked similarly in this analysis, indicating no clear recommendation for an approach by the Project team. This gives the IHS and our stakeholders the opportunity to look at these options in the context of current and expected future realities impacting health IT both in the Federal Government and nationwide.

We believe Option 2 would leave the IHS with the ongoing burden of developing and supporting a fully modernized health IT suite of applications, along with the expectation of keeping the system up to date in an ever-changing technology and regulatory environment. Option 3 would require the IHS to execute numerous contracts for multiple applications and manage the complex integration of these disparate systems to ensure they reliably support the needs of our facilities and users.

Options 1 through 3 are not realistic for an Agency like the IHS. Fortunately, there are a variety of mature, forward-looking IT solutions with vendors that offer reliable integration of business line functions, regulatory compliance, and technical support. This is the advantage offered to the IHS in Option 4, Full Replacement of RPMS.

Based on these considerations, we believe that Option 4, Full Replacement of RPMS, represents the most appropriate, realistic, and sustainable solution for IHS health IT. With this letter, I am inviting your comments and questions on this recommendation.

Tribal programs may submit written comments or questions by e-mail at consultation@ihs.gov. Urban Indian Organizations may submit written comments or questions by e-mail at urbanconfer@ihs.gov. Please use the SUBJECT LINE: Health IT Modernization.
The comment deadline is January 24, 2021.

I am also pleased to announce that the IHS has awarded a Task Order to the Centers for Medicare & Medicaid Services (CMS) Alliance to Modernize Healthcare Federally Funded Research and Development Center (Health FFRDC) to formally launch the IHS health IT modernization initiative. The Health FFRDC, managed by the MITRE Corporation, will be responsible for standing up the Health IT Modernization Program Management Office, supporting the governance structure for the initiative, assisting with acquisition planning, market research, stakeholder engagement, communication, and numerous other aspects of the initiative.

Finally, I want to assure Tribal and Urban Indian organizations using RPMS that the IHS is committed to maintaining and enhancing the system as needed to ensure regulatory compliance, patient safety, and user satisfaction. While Option 1, Stabilize RPMS, was ruled out as a modernization approach, optimal use of RPMS will continue to be essential for both patient care and revenue cycle management for years to come. RPMS users can be confident that these applications will meet their needs until such time as their organizations transition to a future solution.

I am extremely pleased and excited to be able to announce these steps and look forward to working with all of you as partners and stakeholders as we begin this transition. To continue engaging Tribes and Urban Indian Organizations on this topic, the IHS will be hosting two listening sessions on the IHS Health IT Modernization Approach.

Please Make Plans to Attend Our Virtual Listening Sessions

Attendees must register for the listening sessions in advance through the links below, using the Zoom web conferencing platform. After registering, attendees will receive an e-mail with a link to the listening session and audio call-in numbers. Please widely publicize the information that follows:

Health IT Modernization Approach Listening Sessions

December 17, 2020, 2:00-3:30 p.m., Eastern Time
https://kauffmaninc.zoom.us/j/99639526346?pwd=cEF4Q3lrY3dlaVNpZjZCQVgxM3FRZz09
Meeting ID: 996 3952 6346　　　　　Passcode: 461608

January 14, 2021, 2:00-3:30 p.m., Eastern Time
https://kauffmaninc.zoom.us/j/93981311999?pwd=VTNOUmVEcnY5REJIZ2tYS24rT2NUQT09
Meeting ID: 939 8131 1999　　　　　Passcode: 026367

Please dial-in to the location nearest you:

(312) 626-6799 U.S. (Chicago)
(646) 876-9923 U.S. (New York)
(346) 248-7799 U.S. (Houston)
(408) 638-0968 U.S. (San Jose)
(253) 215-8782 U.S. (Tacoma)

If you have questions, please contact Mr. Randall Hughes, Tribal Liaison, Office of Information Technology, IHS, by telephone at (301) 348-3402, or by e-mail at randall.hughes@ihs.gov.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Director