Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to inform you of the next steps in the Indian Health Service (IHS) Health Information Technology (HIT) Modernization initiative. After significant Tribal Consultation and Urban Confer, the IHS has made the decision to move forward with Full Replacement of the Resource and Patient Management System (RPMS).

By letter dated December 10, 2020, we provided an update to advise you of the Agency’s findings of the IHS HIT Modernization Research Project (Project) conducted in 2018-2019 under the sponsorship of the Health and Human Services (HHS) Office of the Chief Technology Officer (OCTO). Modernization options evaluated in the Project included the following:

- Option 1: Stabilize the RPMS;
- Option 2: Renew RPMS;
- Option 3: Selective Replacement; or
- Option 4: Full Replacement.

In the December 10, 2020, letter, the IHS recommended that Option 4, Full Replacement of RPMS, represented the most appropriate, realistic, and sustainable option for IHS HIT modernization. The IHS held two Listening Sessions on December 17, 2020, and January 14, 2021, and invited written comments through January 24, 2021. The following information summarizes the outcome of those Listening Sessions and comments.

The IHS received no objections to the IHS’s recommendation to pursue Option 4, Full Replacement of RPMS. Many respondents explicitly supported this approach on the calls and in writing. Many other thoughtful comments and questions were received, reaffirming support for the overall modernization initiative and the importance of maintaining and supporting RPMS throughout the process.

The two Listening Sessions were well attended by representatives from Tribal and Urban Indian health programs and IHS staff. Overall, the individuals and entities participating in these sessions represented more than 300 of the 574 federally recognized Tribes and more than 25 percent of Urban Indian Organizations. The recordings of the Listening Sessions can be reviewed online at https://www.ihs.gov/hit/project-updates/. The IHS also received some comments in writing.
Assisted by our engagement with the MITRE Health Federally Funded Research and Development Center (FFRDC), the IHS has several modernization project activities currently ongoing, including, but not limited to:

- Regular conversations with officials from the Department of Defense and the Department of Veterans Affairs Federal Electronic Health Record Modernization Program Office, gathering valuable lessons learned from the experience in those Departments.
- Establishment of an overall governance structure for the HIT modernization initiative, including appropriate representation of and participation by partners across the IHS, Tribal, and Urban landscape.
- Hiring and onboarding of Federal and FFRDC staff to support the Project Management Office and related bodies.
- Distribution of a Request for Information (RFI) to give vendors insight into the upcoming solicitation(s) and to further inform our requirements. The RFI was published on March 17. Companies will have until April 19 to respond with their thoughts and recommendations, which will help the IHS prepare the acquisition plan. ([https://beta.sam.gov/opp/f6ba899fe98b482b8d9348357f0953a4/view?keywords=%22indian%20health%20service%22&sort=-modifiedDate&index=&is_active=true&page=1](https://beta.sam.gov/opp/f6ba899fe98b482b8d9348357f0953a4/view?keywords=%22indian%20health%20service%22&sort=-modifiedDate&index=&is_active=true&page=1))
- Initiation of the broader acquisition process, including identifying an appropriate acquisition vehicle, developing acquisition artifacts, including cost estimates, and observing congressionally mandated reporting requirements before issuing a solicitation.

I thank all of our partners for your engagement and support for this critical and complex initiative, and I commit to continued communication, Tribal Consultation, and Urban Confer.

If you have questions or concerns about this process, please contact Mr. Mitchell Thornbrugh, Chief Information Officer, IHS, by telephone at (240) 620-3117, or by e-mail at mitchell.thornbrugh@ihs.gov.

Sincerely,

/Elizabeth A. Fowler/
Acting Director