

IHS Congressional Tribal/UIO EHR Cost Data Call

Form Approved
OMB No. 0917-0042
Expires: 11/30/2021

Please complete a data collection form **FOR EACH** facility that uses an Electronic Health Record (EHR) system.

If the facility uses RPMS only for its EHR, please complete STEPS 1,2, and 5 (skip STEPS 3 & 4).

If the facility uses a Commercial Off-the-Shelf (COTS) EHR, please complete all STEPS (1-5).

Please include any additional information or clarifications in STEP 5.

STEP 1: Please enter Tribe/UIO Name, Facility, and Point of Contact.

Tribe/UIO (name)	
Facility (name)	
Point of Contact (name)	
Point of Contact (email)	

STEP 2: Please answer Questions A, B, and C.

General Questions		Answers
A	Does your facility utilize the RPMS EHR, a Commercial (COTS) EHR, or Both? <i>(Please respond with RPMS, COTS, or Both.)</i>	
	Comments/clarifications:	
B	Does your EHR connect to a Health Information Exchange (HIE)? <i>(Yes / No)</i>	
	Comments/clarifications:	

STEP 3: If you utilize a COTS EHR, please enter your estimated annual costs below in thousands (\$K).

Total COTS EHR Costs		FY11 (\$K)	FY12 (\$K)	FY13 (\$K)	FY14 (\$K)	FY15 (\$K)
Please enter annual costs ---->						
	FY16 (\$K)	FY17 (\$K)	FY18 (\$K)	FY19 (\$K)	FY20 (\$K)	FY21 (\$K)
If preferred, please enter total costs for your COTS EHR investment to date (in thousands of dollars):						

STEP 4: If your facility uses COTS systems, please list the separate modules you have acquired and the implementation year. COTS modules might include EHR, Pharmacy, Laboratory, Scheduling, Billing, etc.

	COTS EHR Module Name/Description	Implementation Year
A		
B		
C		
D		
E		

Step 5: (Optional) Additional information and clarifications.

Are there RPMS functions that you have not been able to replace with COTS (e.g. Purchased/Referred Care)?

Additional comments/clarifications:

Finally: Do you authorize IHS to share your identifiable responses with Congress?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0042. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, OMS/DRPC, 5600 Fishers Lane (stop 09E70), Rockville MD, 20857, Attention: Information Collection Clearance Officer.