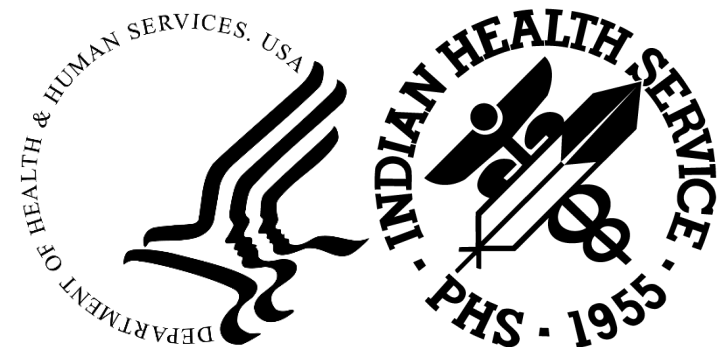


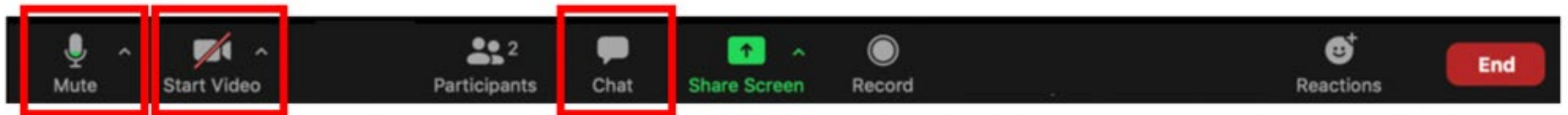
IHS Health Information Technology Modernization Program

TRIBAL CONSULTATION / URBAN CONFER
PREPARING FOR CHANGE
MARCH 8, 2023



Technical Notes and Support

- If you lose connectivity during the session, simply **re-click your access link** to re-join the meeting
- If you experience technical difficulties, **send a note using the chat box** on the bottom menu bar - we'll assist you from there



- Enjoy the session!

Rules of Engagement

- **Before commenting or asking a question**, please state your name and the Tribe or organization you are representing either verbally or in the chat box
- Active participation is welcome from Tribal leaders and Urban Indian Organization leaders (or designees) only
- Members of industry and other participants are invited to **listen only** unless directly addressed
 - Questions asked on behalf of vendors will not be answered





Opening in a
Good Way

Agenda

Welcome and Opening 5 min

Milestones and Accomplishments 10 min

Aspects of Change 5 min

Preparing for Change, Lessons Learned from
Guest Presenters 30 min

Open Dialogue, Consult/Confer Questions 35 min

Closing 5 min





IHS Health IT Modernization Program Summary

- In consultation with Tribes and conferring with Urban Indian Organizations the Indian Health Service (IHS) began a multi-year Health Information Technology (IT) Modernization Program
- At the center of the Program is the replacement of the Resource and Patient Management System (RPMS) with a commercial electronic health record (EHR) solution that meets or exceeds existing capabilities
- The enterprise approach to health information technology will offload the majority of health IT development, minimize technical support burden for facilities, permit focus on system optimization for end-users, and promote standardization and best practices

2022 Modernization Program Outcomes (1/2)

Evolving Program Governance



Stood up Executive Steering Committee



Established Division of Health IT Modernization and hired Director



Created 13 DHITMO staff position descriptions, released 3 announcements; 2 filled to date



Approved 3 Modernization focus groups; 29 volunteers to date

Buying EHR Solution



Released an RFP for EHR replacement and completed Phase 1 evaluations



Developed concept and plans for vendor product demonstrations to obtain user input



Released 2 RFPs for Program Management Office and Organizational Change Management support; set-aside for Indian Small Business Economic Enterprises

2022 Modernization Program Outcomes (2/2)

Increasing Partner Awareness



Consulted and conferred with Tribes and UIOs quarterly on Modernization progress and next steps



Published 4 DTLLs/DUIOLs to promote opportunities to engage in the Modernization



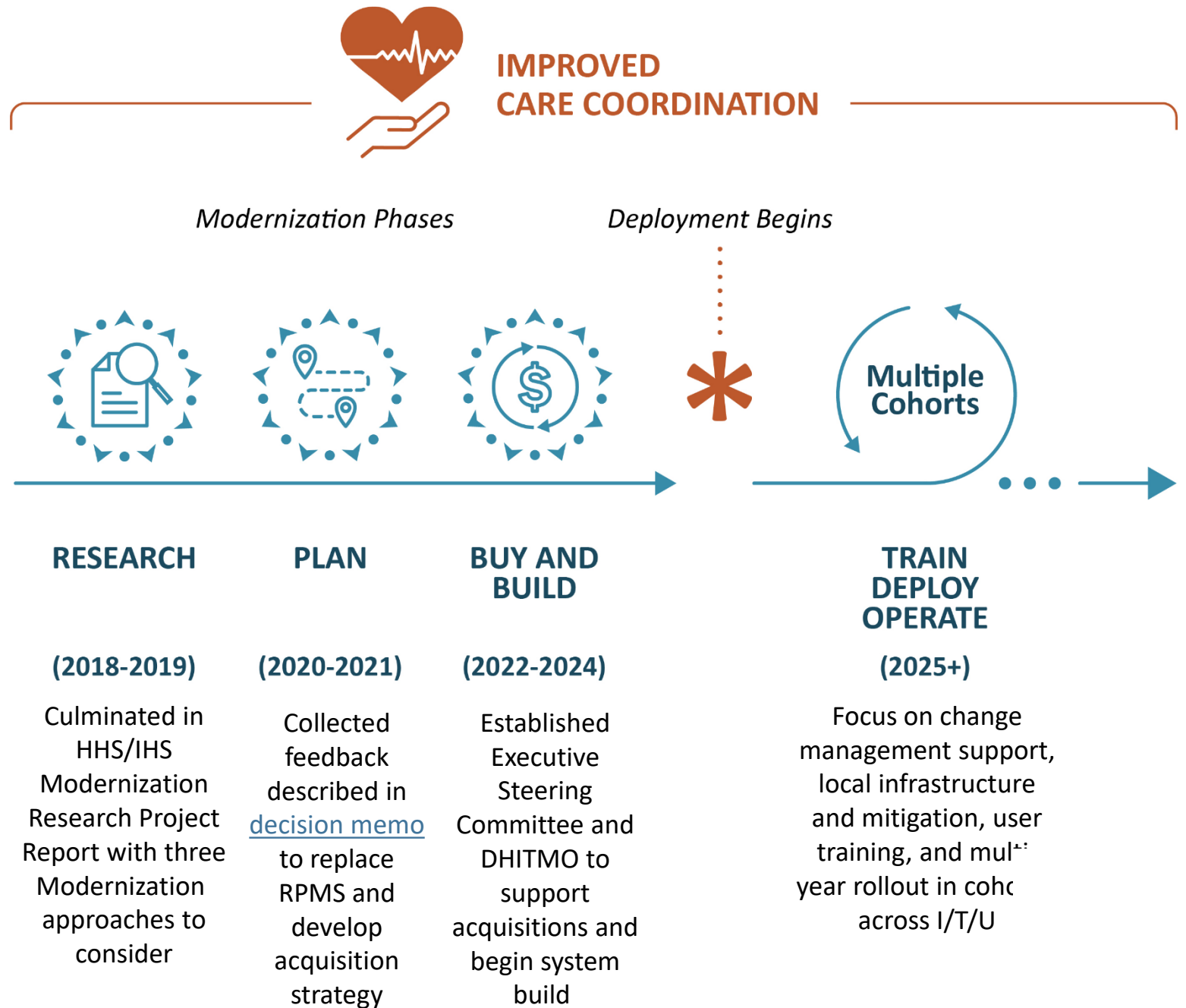
Engaged with 962 attendees across 4 TC/UCs



Interviewed 29 IHS, Tribal, and UIO participants to measure Program outreach and effectiveness

Enterprise Electronic Health Record Development

The Program will methodically create and deploy the new enterprise EHR system across Indian Country in coordination with our partners



Tribal Consultation and Urban Confer

2023 Topics	
Preparing for Change	March
Resources	May
Leaders Engaging in Governance	August
The Path Forward	November

2022 Topics	
EHR Implementation Deployment Plan	November
Data Management Strategy	August
Governance	May
Acquisition Status and Focus Groups	March

Presenter's Introductions

- Brandy Russell, Muscogee Creek Nation Department of Health
- Merin McCabe, Deonna Perez, Anton Almqvist, American Indian Health & Services Santa Barbara Urban Program
- Stewart Ferguson, Ph.D., Alaska Native Tribal Health Consortium

Consultation/Confer Questions

1. What factors do you recommend IHS prioritize in planning and implementing the new enterprise EHR? For instance, what should be considered for implementation planning, site selection, readiness, and timing?
2. What would make your organization more likely to participate in the new enterprise EHR?
3. What topics would you like to see discussed at future consultation/confer sessions in 2023?



Update - Product Demonstrations

In January and February, IHS engaged a wide range of health IT system users from IHS, Tribes, and Urban Indian Organization sites to provide input as advisors in vendor product demonstrations. Vendors recorded demonstrations of how their products supported five specific clinical scenarios:

- Scenario 1 – Complicated Outpatient
- Scenario 2 – Uncomplicated Admission
- Scenario 3 – Prenatal Care
- Scenario 4 – Well Child Care
- Scenario 5 – Population Health

The DTLL dated December 16, 2022, resulted in 679 total registered advisors from across the I/T/U



IHS Director's New Bi-Weekly Updates for Tribal and Urban Indian Leaders



- IHS released its first issue of the new “IHS Updates for Tribes and Tribal and Urban Indian Organizations” newsletter
- This newsletter features content from across the organization that IHS Director Tso thinks is important for Tribal and Urban Indian leaders to know and share with their community
- [Sign up](#) at the IHS website to receive the newsletter
- Past issues are in the IHS online [newsroom](#)

Outreach Data Is Informing Our Communication Strategy

- The Health IT Modernization Program Leadership engaged MITRE to conduct outreach sessions with volunteers from IHS, Tribes, and urban Indian organizations (I/T/U)
- The goal was to establish a baseline understanding of I/T/U knowledge of the IHS Health IT Modernization, validate best methods to communicate and engage I/T/U staff, and gather impressions, concerns, and lessons learned from I/T/U
- Over 100 I/T/U partners and stakeholders were invited to participate, with 29 people participating
- Twenty-one sessions were conducted from July 25 to September 16, 2022

Outreach: Themes and Findings

Theme: Communication/Engagement

- Reliance on email does not support dialogue and information exchange
- Awareness about the Health IT Modernization Program is generally low
- Headquarters is the primary source, few local or regional sources of information
- Increased tribal and urban Indian organization engagement is needed

Theme: Look of a Successful Modernization

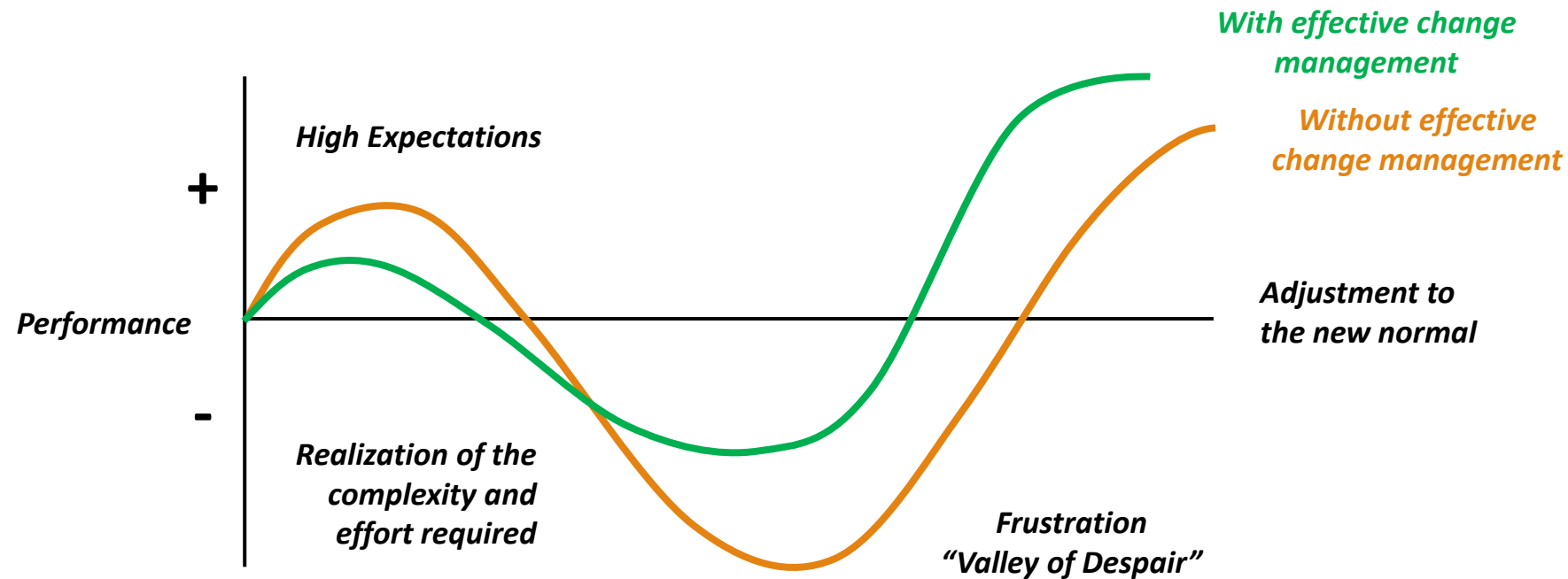
- Patient care will not be adversely impacted during rollout
- New EHR will be user friendly and enable improved quality of care

Theme: Potential Opportunities/Challenges

- Current staff levels will make involvement in Modernization activities difficult
- Users need access to on-demand training
- Need an IT Service Desk that can support timely issue resolution
- Current IT infrastructure poses a challenge for a modernized solution

The Change Curve

Change is an emotional journey. An effective change strategy can help set realistic expectations, mitigate dips in productivity, and achieve results faster.



People Support That Which They Help Create

Engaging partners and stakeholders:

- Draws their attention to the change and piques their interest
- Helps them understand the change—especially the business rationale and execution challenges
- Builds support for the initiative

Partners and stakeholders who participate in a change:

- Feel able to *make better decisions* (based on fact rather than rumor)
- Feel a *sense of ownership* of the change—which can mitigate project success risk
- Can *influence and be influenced* by the project



Presenters

Brent Simcosky

Jamestown Health, Jamestown S'Klallam

Director of Health Services

Col. (Dr.) Thomas Cantilina

Chief Health Informatics Officer, Defense Health Agency



D. Brent Simcosky

Director of Health Services Jamestown S’Klallam
Tribe

Board Member:

American Indian Health Commission
Northwest Portland Area Indian Health Board
Olympic Community of Health
Governor’s Indian Health Advisory Council
Various IHS Committees

Author:

Proud Nations – Celebrating Tribal Self-Governance

30 Years’ Experience in Tribal Health Programs



THE STRONG PEOPLE

JAMESTOWN

S'Klallam Tribe

"Recipe for Success"

**Jamestown
Family Health
Clinic**



**Jamestown
Family Dental
Clinic**



**Jamestown
Family Healing
Clinic**



**Jamestown
Tribal Wellness**



Jamestown S'Klallam Health Operations

Jamestown Family Health Clinic

- 18,000+ Patients
- 55,000 Annual Patient Visits

Jamestown Family Dental Clinic

- 6,000+ Patients
- 10,000 Annual Patient Visits
- Pediatric Dental Services

Jamestown Healing Clinic

- MAT Opioid Treatment Clinic
- Up to 300 Daily Patients

Jamestown Tribal Wellness

- Tribal Citizen Insurance Program
- Tribal Wellness Programs

EPIC Implementation 8 Years Ago



EHR Transition Success

- Do NOT Think This Will Be Easy or Cheap
- Create Implementation Teams
- Spend Enormous Amount of Time in Upfront Planning
- Get Providers Involved and Onboard Early
- Make It Fun and Exciting





Things to Consider

1. Loss of Productivity
2. Staff Role Changes
3. Identify Certified Trainers and Super Users
4. Anticipate Revenue Decline
5. Anticipate Unique Billing Needs and Workflows
6. Communicate With Your Patients
7. Develop Data Migration Strategy



Recipe for EPIC Success

- Management Support
- Dedicated IT Staff
- Health Partners
- Budget for Training Workshops
- Soft Go-Live
- **Keep It Positive and Fun**

EPIC-curious, *The Chefs*

- **Certified Trainers:**
 - Ambulatory – Holly Joyce & Dana Ward
 - Scheduling & Registration – Zac Cramer
 - Billing & Revenue Cycle – Trina Gallacci & Jeff Hall
- **IT Department:**
 - Adam Barrell, Brad Chitwood, Ginnie Kitzmiller, Neal Butterfield & Sam Barrell
- **Training:**
 - Danielle Lawson (HealthStream Administrator)
- **Engagement:**
 - Medical Directors – Paul Cunningham & Larri Ann Mishko
 - Administrative Assistant – Shelly Tweter



Implementation Swim Lanes

1. Patient
2. Communications
3. Technology
4. EPIC Workflows
5. Billing and Revenue Cycle
6. Training
7. Reporting and Clinic Informatics

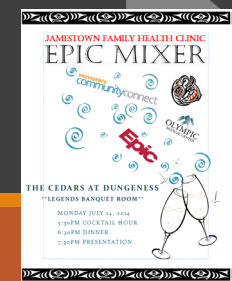


Due Dates	4/18/2014	5/8/2014	5/18/2014	6/17/2014	7/2/2014	7/17/2014	7/26/2014	8/2/2014	8/9/2014	8/16/2014	8/23/2014	8/30/2014	9/6/2014	9/15/2014	10/15/2014	11/14/2014
	Pre Contract Signing	Contract Signed														
Time line	-120	-100	-90	-60	-45	-30	-21	-14	-7	0	7	14	21	30	60	90

6. Epic BI & -Revenue Cycle		▲ Internal Revenue Cycle kickoff	RC/BI define future state	Complete build of payor contracts		▲ Charge Trigger Testing Complete					RC management At elbow support >GL=+14	Rev Management Workshops	Claims Review	Claims Review	Claims Review		
		Conduct Facility Structure design meeting	Build payor contracts	Schedule Workflow assessments	Conduct Workflow assessments	Conduct Workflow assessments					Rev engagement Center GL=+14	Finance Dash/ Report Training		Revenue Cycle Lunch & Learns	Revenue Cycle Lunch & Learns		
		Review SSI/Claims Enrollment Process & Plan Milestone		▲ Analyst applies CDM Build-- Complete	▲ Finalize Facility Structure <date>						Daily Rev. Tracker (ongoing) Call	Rev tracker (Prov Support)	Rev tracker (Prov Support)	Rev tracker (Prov Support)	Dashboard review (Prov Support)	Dashboard review (Prov Support)	Dashboard review (Prov Support)
		Charging - 180 days Charge master collection. Legacy Charge Master clean-up and collection.	▲ Baseline Revenue Cycle KPI's	▲ CDM Mapping complete							Revenue Engagement Center	Revenue Engagement Center	Revenue Engagement Center				
		RC/BI • Current State Process Mapping • Current Future gap analysis	Charge Master Collection	Document Charge Master													
		Work with CFO and determine the following: • RI lead profile • Metrics	Revenue Cycle • Introduction to CC site • Conduct Current State Revenue Cycle Assessment	▲ Deliver CDM to Application Analysts (-110 days)													

LEGEND	NOT STARTED	IN PROGRESS	PAST DUE DATE	COMPLETE	▲ MILESTONE	TODAY	NEW ADDED TASKS
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EPIC-curious Events



Are You Epic-curious?

About our new Electronic Health Record (EHR)

When we go live with the Epic EHR on August 16th, it will be a big change for our team here at the Jamestown Family Health Clinic. It will also be a big change for our patients. Here is some basic information.

- We are working to connect care teams and patients through a powerful electronic health record called Epic. This is an exciting time for us, but it also means we might have a few delays as we get used to using the new system.
- Our new computer system is about improving the patient care experience. Our computers are simply the tools we use to keep the focus where it belongs – on the patient.
- Each of our patients will have an electronic health system that will be accessible to providers here, at Olympic Medical Center, Jefferson General, and all facilities affiliated with Swedish and Providence throughout the Pacific Northwest.
- With the new EHR, a patient's providers have access to the same information. This means they can better communicate about the patient's care. Having all services in one place also means no duplicate or unnecessary tests.
- Having one patient record across the health system makes it easier for us to provide an excellent, consistent level of care and measure how well we're doing. There is also less chance for error.
- The patient's privacy is very important to us. Only authorized caregivers have access to a patient's information, and our systems are very secure. We follow all federal regulations concerning privacy of the medical record.
- You will also have access to MyChart, the computer portal that allows patients access to their medical records, test results, prescription refill requests, billing, appointment scheduling and more! You will be able to register for MyChart at your clinic appointment, or online from home.

Was It Worth It?

1. 1 Patient – 1 Chart
2. Medications
3. Transition of Care
4. Referrals
5. Population Health Management

BIOGRAPHY



Col. Thomas J. Cantilina Chief Health Informatics Officer (CHIO) & Deputy MHS EHR Functional Champion, Defense Health Agency

EDUCATION:

- 1997 Doctor of Medicine, Uniformed Services University of the Health Sciences
- 2000 Family Medicine Residency completed with Board Certification
- 2000 Squadron Officer School by correspondence
- 2005 Air Command and Staff College by correspondence
- 2010 Air War College by correspondence
- 2015 Aerospace Medicine Primary Course

PAST ASSIGNMENTS:

- May 2009 – July 2011: Commander Medical Operations Squadron, 96th MDG, Eglin AFB, FL
- August 2011 – June 2013: Air Force Medical Support Agency, Deputy Chief Medical Information Officer, Defense Health Headquarters, Falls Church, VA
- June 2013 – June 2016: Commander 779th MDG, Joint Base Andrews, MD
- June 2016 – December 2017: Special Assistant to the AF/SG for DHMS
- January 2018 – present: MHS CHIO, Defense Health Headquarters, Falls Church, VA

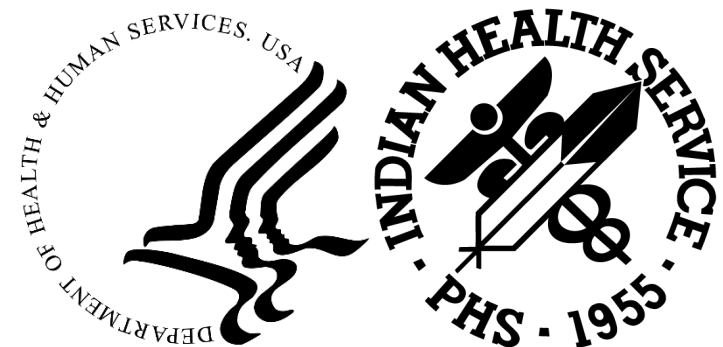


MHS GENESIS

The Military's Transition to the New EHR

Col. Thomas J. Cantilina

CHIEF, HEALTH INFORMATICS
DEPUTY, MHS EHR FUNCTIONAL CHAMPION



Objectives

1. Describe how the Military Health System's (MHS) new electronic health record, MHS GENESIS, standardizes clinical and business processes across the services and the MHS enterprise
2. Explain the positive impact of MHS GENESIS on the MHS



Overview

Background

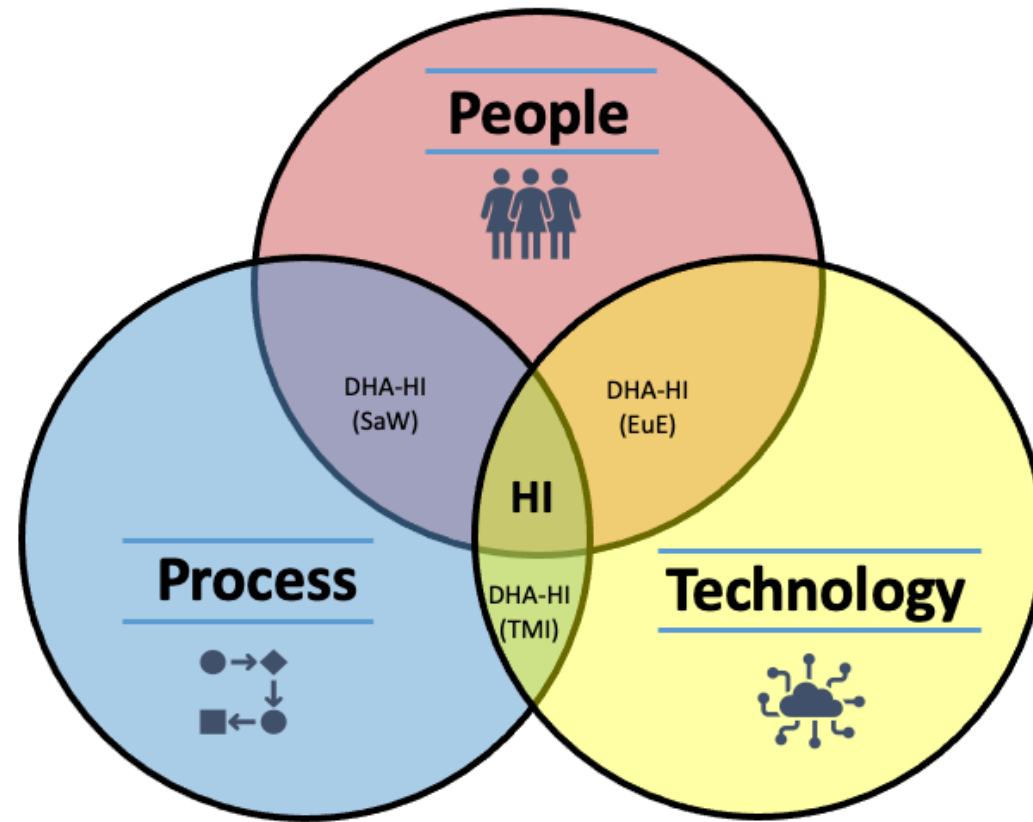
MHS GENESIS will help the MHS enhance health, increase readiness, and improve safety.

Purpose

This brief will share lessons learned about MHS GENESIS implementation and sustainment activities.



Purpose



MHS GENESIS Current Operations

DoD Deployment
75% Complete...

Total Locations Preparing
999

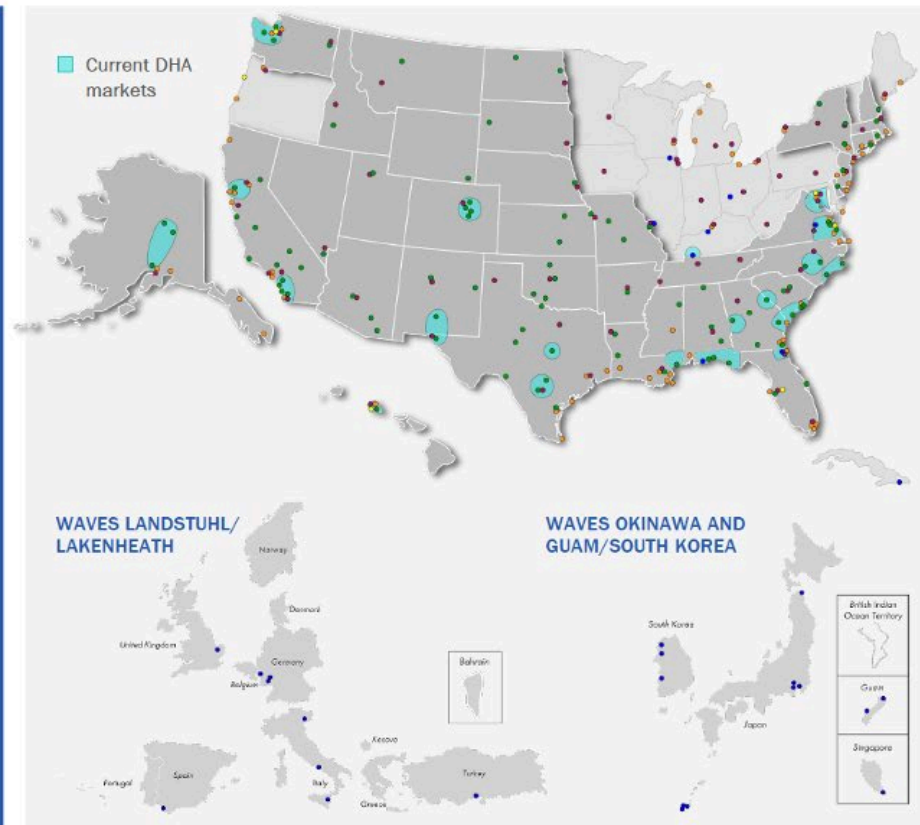
Total Users Preparing
37,696 as of JAN 11, 2022

Current Operations
by the Numbers...

DoD MTF Commands
103

Provisioned MHS GENESIS Users
140K

Beneficiaries Served
6.1M of 9.6M



Deployment Waves Completed

- IOC SITES (2017)
- WAVE TRAVIS SITES (2019)
- WAVE NELLIS SITES (2020)
- WAVE PENDLETON SITES (2020)
- WAVE SAN DIEGO SITES (2021)
- WAVE CARSON+ SITES (2021)
- WAVE TRIPLER SITES (2021)
- WAVE BAMC SITES (2022)
- WAVE LACKLAND SITES (2022)
- WAVE BRAGG SITES (2022)
- WAVE HOOD SITES (2022)
- WAVE BEAUMONT SITES (2022)
- WAVE GORDON SITES (2022)
- WAVE EGLIN SITES (2022)
- WAVE JACKSONVILLE SITES (2022)
- WAVE DRUM (2023)
- WAVE PORTSMOUTH (2023)
- USCG PILOT SITES (2020)
- USCG PACIFIC SITES (2021)
- USCG ATLANTIC SITES (2021)
- USMEPCOM SITES (2022)

Map legend/
colors

● DoD sites
deployed
(completed)

● USCG sites
(completed)

● US MEPCOM
sites (completed)

Future Deployment Sites

- WAVE WALTER REED (2023)
- WAVE BELVOIR (2023)
- WAVE WRIGHT-PATTERSON (2023)
- WAVE LANDSTUHL (2023)
- WAVE LAKENHEATH (2023)
- WAVE GUAM/SOUTH KOREA (2023)
- WAVE OKINAWA (2023)
- WAVE NOAA (2023)

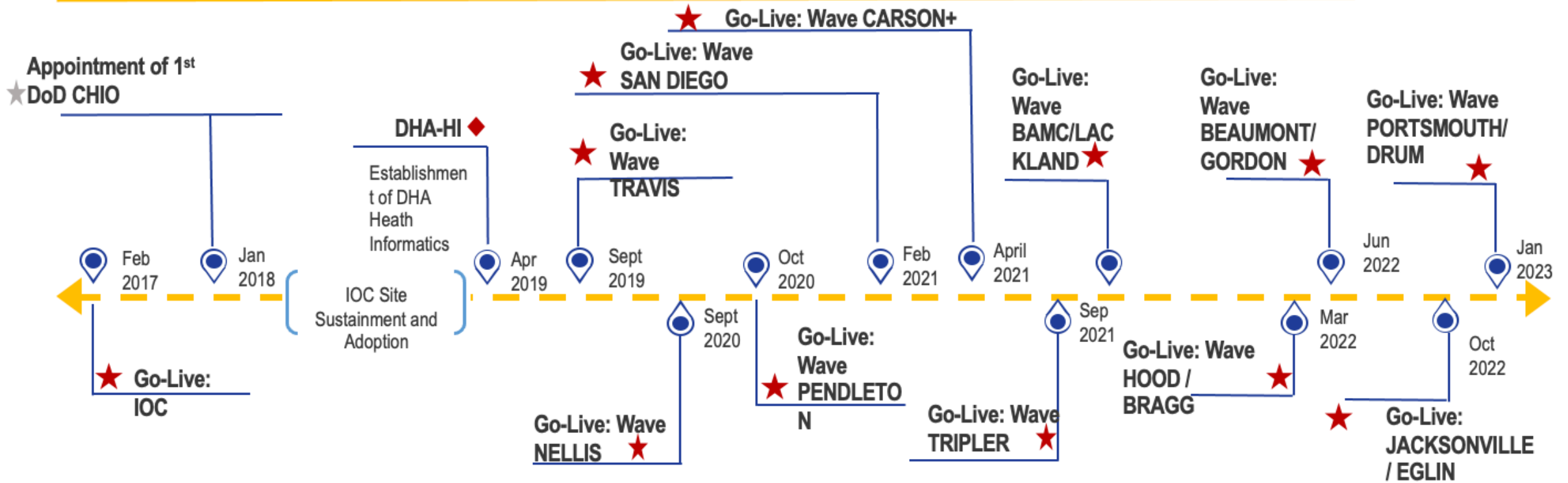
● DoD sites
"in flight"

● NOAA sites
"in flight"

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Current Status of Change



MHS GENESIS Key Lessons Learned

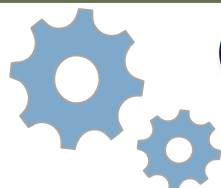
The four key areas below are the backbone to a successful implementation and adoption at the MTF

- 1 ENTERPRISE INFRASTRUCTURE**
- A robust back-end infrastructure enables the system to function smoothly, minimizing disruptions in the end users' workflows and providing seamless patient care.



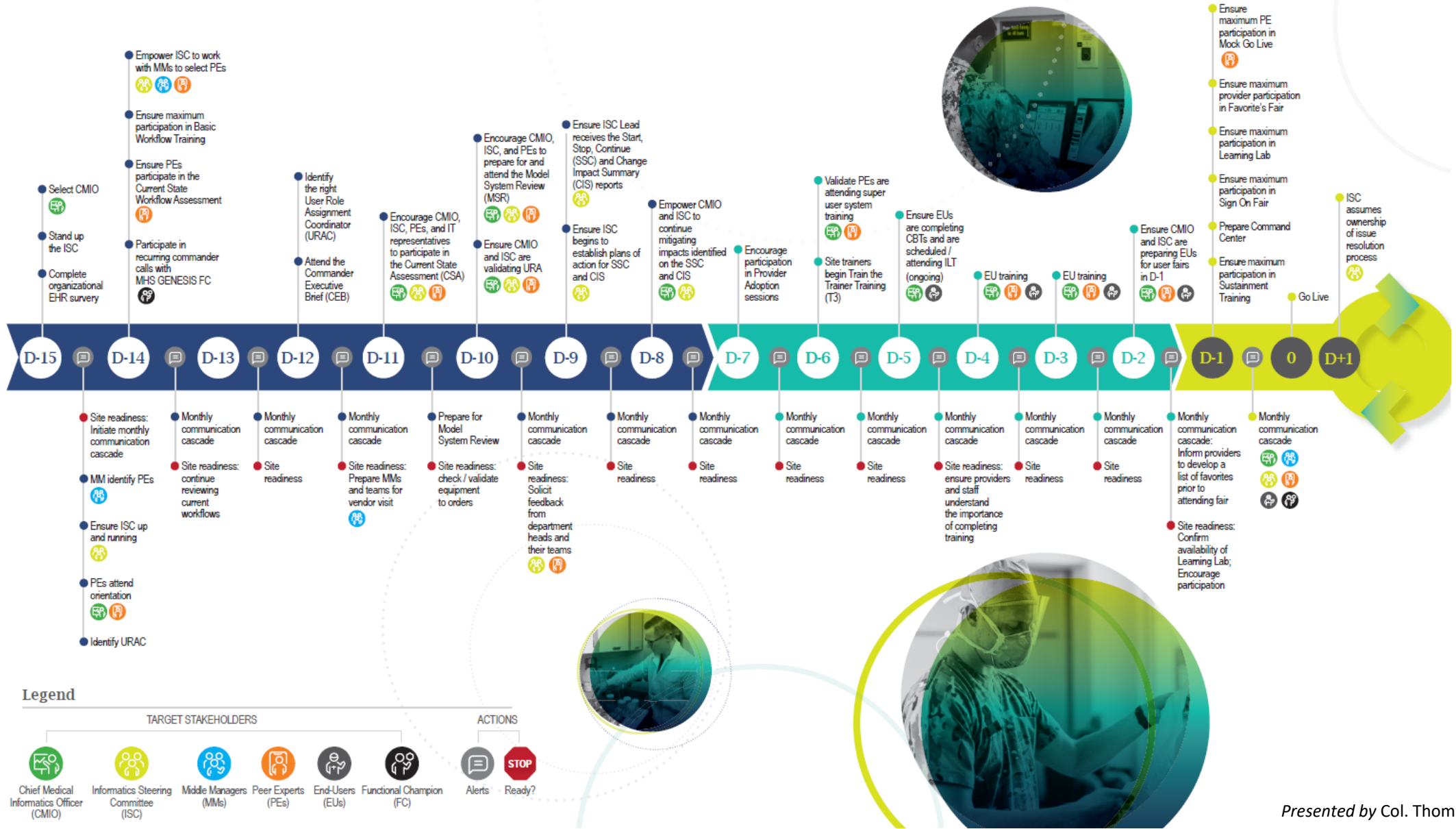
- 2 MANAGEMENT STRUCTURE**
- Building a strong management structure provides leadership, mentorship, and advocacy for the end users. The management structure at your MTF includes:
- **Informatics Steering Committee:** Governing body
 - **Site Integrators:** Manage functional activities at the MTF from deployment through sustainment
 - **Peer Experts:** End users with additional training and expertise to guide and coach their peers

- 3 USER READINESS**
- Equipping the end user base with the knowledge, skills, and abilities to succeed is crucial to MHS GENESIS go-live. User readiness will be ensured through training, workflow analysis, and early access to the Peer Expert team and supporting tools to answer and address questions.

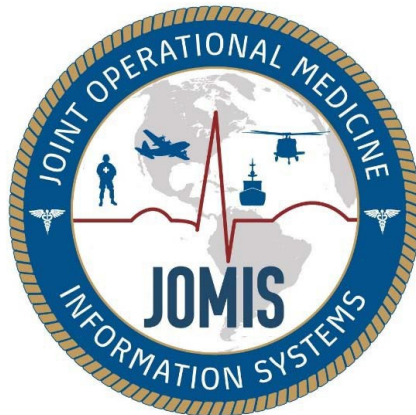
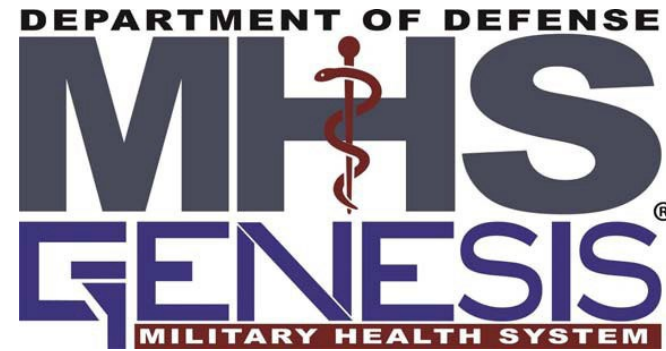


- 4 SYSTEM USABILITY**
- System usability will touch every end user once the system goes live. Ensuring the proper configuration and proper training for all MTF staff and end users will be a key to the success of the MHS GENESIS.





Vision for the Future





Open Dialogue



Anyone have other points to share?



Questions for presenters?



What could IHS be doing to support organizations and individuals in the transition?



What should facilities be doing to get prepared?

Consultation/Confer Questions

Are these valid recommendations to help sites prepare for modernization?

People

- **Prioritize your people**
- **Begin talking about the changes that are coming and identify opportunities for engagement**
- **Assess staffing**
Identify critical vacancies, especially leadership and across disciplines, and prioritize filling them
- **Begin to identify “change champions”**
People in any role across your organization who are early adopters and natural leaders, and can provide the enthusiasm and positive energy to help your site – and possibly others – to be successful with Modernization

Process

- **Catch up on any coding, billing, and accounts receivable backlogs, and keep them caught up moving forward**
- **Engage with the Workflow Research and Alignment Plan (WRAP) initiative**
Designed to discuss processes that are high risk, high frequency, and/or substantially variable and arrive at consensus on best practices and begin to align and standardize

Technology

- **Keep RPMS up to date with patches**
Keeping the certified RPMS up to date will minimize risk of errors and data corruption as we get ready to export RPMS data to the planned Four Directions Warehouse (4DW)
- **Be certain your technical teams are following life cycle management best practices for all technologies – computers, servers, biomedical equipment, etc.**
It will be important not to have a lot of equipment approaching end of life when trying to upgrade our health IT solutions
- **Routinely monitor RPMS and other error traps and follow up with IT support to resolve outstanding issues**
Having all our systems working as cleanly as possible will facilitate transition with fewer errors
- **Ensure that system administration processes and backups are regularly performed**
Don't wait until the last minute to back up RPMS and other systems; that is an invitation for disaster

We Want to
Hear from You

Please submit comments on Health IT
Modernization following the session and
before **April 8, 2023**

Email or copy:

consultation@ihs.gov urbanconfer@ihs.gov

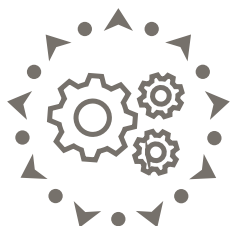
SUBJECT LINE: **Health IT Modernization TC/UC**

Invitation to Participate in Focus Groups



Interoperability Group

Responsible for reviewing and suggesting strategies, operational requirements, clinical practice standards, and performance measures that inform the interoperability solution design and project planning



Data Management & Analytics Group

Responsible for reviewing and suggesting strategies that support effective data use, security and privacy controls, and standards



Implementation Group

Responsible for helping the IHS understand the lessons learned, challenges, and strategies used by other federal agencies, Tribes, and urban Indian organizations to modernize their health IT capabilities

Subject matter experts from I/T/U organizations can email

Modernization@ihs.gov to volunteer for a focus group of interest

Submit name, title, credentials, organization represented, email address, and focus group(s) they would like to support

Focus groups will be activated after the RFP award announcement

Vendors cannot participate



In Closing

Today's slides will be posted at

<https://www.ihs.gov/newsroom/tribalreaderletters/>

<https://www.ihs.gov/newsroom/urbanreaderletters/>

Sign up for Modernization@ihs.org
to receive future announcements and
invitations





To learn more about the IHS Health Information Technology Modernization Program

visit the Health IT Modernization Program website:

<https://www.ihs.gov/hit/>

Or contact:

Mitchell Thornbrugh – mitchell.thornbrugh@ihs.gov

Jeanette Kompkoff – jeanette.kompkoff@ihs.gov

Dr. Howard Hays – howard.hays@ihs.gov

Andrea Scott – andrea.scott@ihs.gov

To sign up for Program updates, visit the IHS website sign-up page:

https://www.ihs.gov/listserv/topics/signup/?list_id=611

Health IT Modernization Tribal/Urban Engagement

Several independent reviews identified opportunities for Health IT to improve AI/AN patient care

- The U.S. Government Accountability Office [Report 19-471](#) listed RPMS as a “critical federal legacy system in need of modernization”
- Two U.S. Department of Health and Human Services Office of Inspector General reports cited deficiencies ([A-18-16-30540](#) and [A-18-17-11400](#))

- **February 2023** – DTLL/DUIOLL [announcing registration for four Tribal Consultations and Urban Confers](#) in 2023
- **December 2022** – DTLL/DUIOLL published announcing Modernization Product Demonstration Sessions that will begin in late January. Interested IHS/Tribal/Urban individuals can [register](#)
- **November 2022** – [Tribal Consultation and Urban Confer session](#) on lessons learned from the commercial EHR implementations at the Muscogee Creek Nation Department of Health, American Indian Health & Services Santa Barbara Urban Program, and Alaska Native Tribal Health Consortium
- **August 2022** – DTLL/DUIOLL published announcing the release of a [Request for Proposals](#) seeking commercial products to replace the Resource and Patient Management System (RPMS)
- **August 2022** – [Tribal Consultation and Urban Confer session](#) about the Program’s data management strategy and focus group participation
- **July 2022** – DTLL/DUIOLL invitation to [participate in conversations around the effectiveness of current engagement efforts in the Health IT Modernization Program](#) and provide insight to support continued engagement with partners
- **May 2022** – [Tribal Consultation and Urban Confer session](#) around the Modernization Program’s governance approach, effective IT governance, and promotion of focus groups for I/T/U clinical and technical SMEs
- **March 2022** – [Tribal Consultation and Urban Confer session](#) around the benefits of the EHR Modernization Program, Program trajectory, and acquisition strategy
- **February 2022** – DTLL/DUIOLL [announcing a series of upcoming Tribal Consultation/Urban Confer sessions](#) around the Health IT Modernization, in particular Program updates, opportunities for participation, and next steps
- **August 2021** – DTLL/DUIOLL [announcing Program updates](#) and asking for written feedback to the RFI containing the Statement of Objectives
- **May 2021** – DTLL/DUIOLL [announcing a data call](#) to inform Tribal Health Programs and Urban Indian Organizations’ experiences with electronic health record acquisitions and costs
- **April 2021** – DTLL/DUIOLL [announcing IHS decision for full replacement](#) of the Resource and Patient Management System after significant tribal and urban engagement and input
- **December 2020** – DTLL/DUIOLL [announcing Listening Sessions for input on next steps](#) in the Health IT Modernization
- **November 2019** – DTLL/DUIOLL announcing the [Strategic Options for the Modernization of the Indian Health Service Health Information Technology Roadmap Executive Summary and Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report](#)
- **October 2018** – DTLL/DUIOLL [announcing the IHS Health IT Research Project](#) and first steps in evaluation options in modernizing Health IT
- **July 2017** – DTLL/DUIOLL [announcing two additional listening sessions for further input and recommendations](#) around how to best modernize the RPMS EHR
- **June 2017** – DTLL/DUIOLL [announcing two listening sessions for input and recommendations](#) around approaches to modernize the RPMS EHR

