

Tribal Consultation/Urban Confer Enterprise Collaboration Group

February 8, 2024

The Indian Health Service
Health Information Technology
Modernization Program



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!

Opening in a Good Way

Dave Panana

Zia Pueblo/Pueblo of Jemez



Rules of Engagement



- **Before commenting or asking a question**, please state your name and the Tribe or Urban Indian Organization you are representing either verbally or in the chat box
- Active participation is welcome from Tribal 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

Agenda



Health IT Modernization Overview & Updates	Jeanette Kompkoff <i>Director, Division of Health IT Modernization & Operations</i>	1:40 p.m. - 2:00 p.m. EST
Governance Focus: Enterprise Collaboration Group	Dr. Howard Hays <i>Chief Medical Information Officer</i>	2:00 p.m. - 2:20 p.m. EST
Open Dialogue	Andrea Scott <i>OIT Deputy Director, Deputy CIO</i>	2:20 p.m. - 2:50 p.m. EST
Upcoming Engagement Opportunities	Kimberly Shije <i>Senior Organizational Change Manager</i>	2:50 p.m. - 2:55 p.m. EST
Closing	Andrea Scott <i>OIT Deputy Director, Deputy CIO</i>	2:55 p.m. - 3:00 p.m. EST



Health IT Modernization Overview & Updates

Jeanette Kompkoff, Director, Division of Health IT
Modernization & Operations



Health IT Modernization Executive Summary

To fulfill its mission to deliver comprehensive health care across Indian Country, the IHS will provide an enterprise electronic health record solution to Tribes, Urban Indian Organizations, and IHS sites of care.

Sustainable Funding

from Congress to maintain and operate a modernized health IT infrastructure.

Stabilize

the support system through an enterprise approach that includes staff training, business processes, and technology maintenance.

Liberate data

to ensure it is accessible across the enterprise by clinicians, patients, and partners alike to improve safety, quality and patient outcomes.

Need for Health IT Modernization

After a system-wide analysis and Tribal Consultation/Urban Confer, the IHS determined the need to fully replace RPMS in order to fulfill its mission.

INTERNAL FINDINGS

Outdated System



The Resource and Patient Management System (RPMS) has served the I/T/U for **nearly 40 years**.

Creates Challenges



Technology advances, the regulatory environment, and the distributed deployment model created **significant challenges** for RPMS development and operations.

Significant Dependencies



The U.S. Department of Veterans Affairs' **VistA system is scheduled for replacement** – affecting the IHS dependencies.

EXTERNAL FINDINGS

Unsustainable



The HHS/IHS Health IT Modernization Research Project (2018-19) confirmed that **RPMS is unsustainable**.

Several independent audits **identified challenges in the current health IT systems** to inform future Modernization efforts.

Improve Care & Patient Coordination



Modernization Program Vision

An enterprise health IT system built together with Tribal and Urban partners that enables clinicians to consistently and easily provide high-quality care across Indian Country with integrated data on a modern platform.

Modernization Partner Priorities



Patients

- Better access to **personal health record** including test results, medications, and care plans
- Improved **communication** with care teams
- **Access** to records across all health care sites using enterprise EHR solution



Clinicians

- **Improved efficiency** and usability in workflows
- Interoperability across the I/T/U and with referral networks
- More **complete view** of patient history
- Improved **care coordination** both within and external to facility
- Support for team-based, patient-centered health care



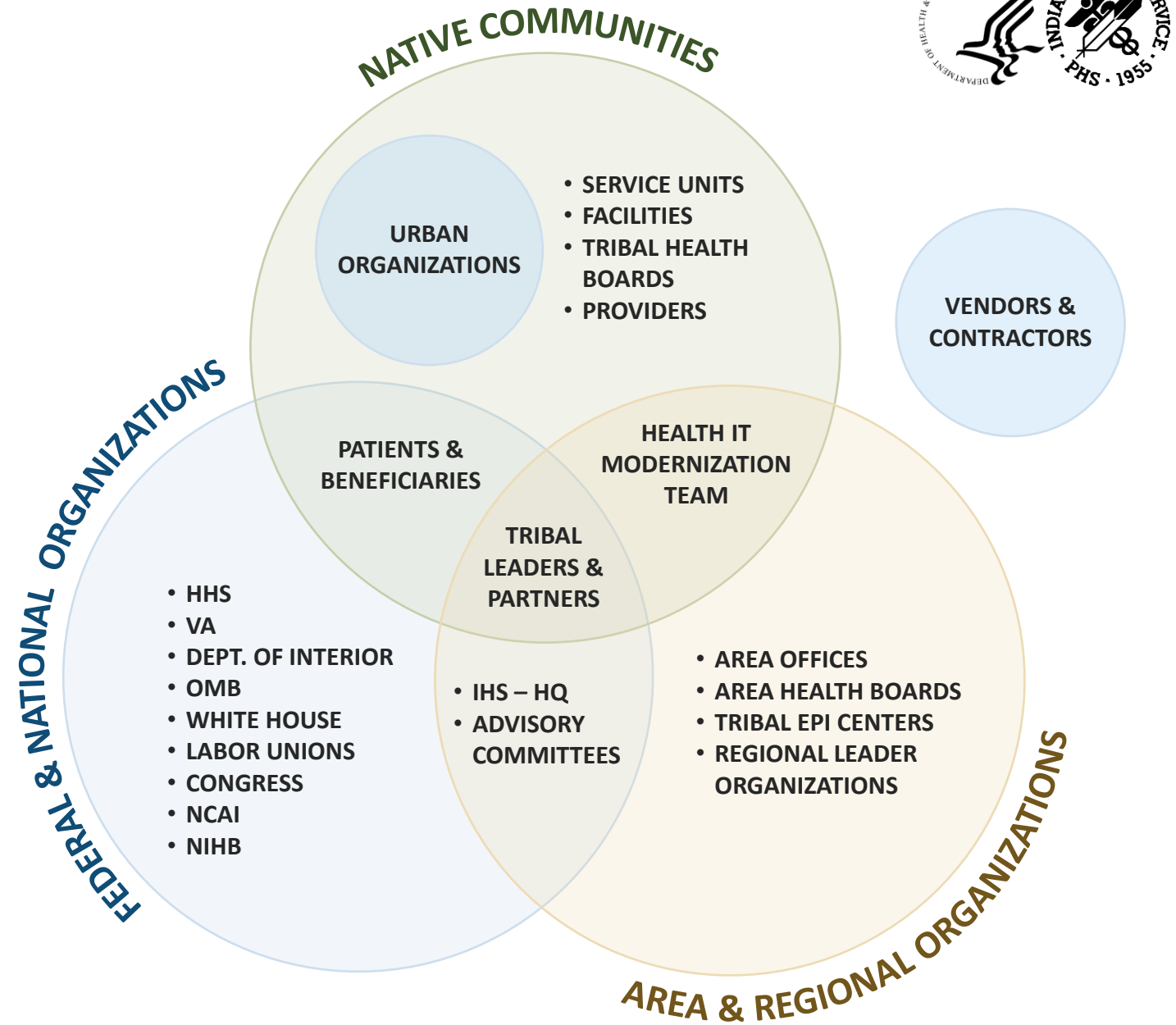
IHS, Tribes & Urban Indian Organizations

- Offload development to enterprise EHR solution vendor
- **Substantial reduction** of local IT support burden
- Stronger **data security** and patient privacy protections
- Better insights into **population health status**, locally and nationally

Operating in a Complex Environment











The IHS works with Tribal, Urban, and federal partners to help deliver high-quality care across Indian Country.



Health IT Modernization Guiding Principles



- | | | | |
|--|---|---|---|
|  | DESIGN
solutions that deliver culturally appropriate care, quality, safety, and improved patient outcomes |  | PARTNER
across I/T/U for collaborative decision-making that is fully informed by clinical and business users in the field |
|  | EMPHASIZE
usability and human-centered design |  | CONFIGURE
solutions to meet organizational requirements with minimal customization |
|  | ENGAGE
patients in their health journey through improved patient access |  | UTILIZE
recognized best practices across clinical and business processes |
|  | ADOPT
enterprise technology solutions that support continuity of care |  | PROVIDE
timely and complete communication, training, and tools to support a successful deployment |

Timeline





Governance

The IHS desires a partnership in the journey to build the new enterprise EHR solution using governance frameworks that promote collaboration.



Mature Governance

Chartered & implemented an Executive Steering Committee

- Manages the inherently federal functions

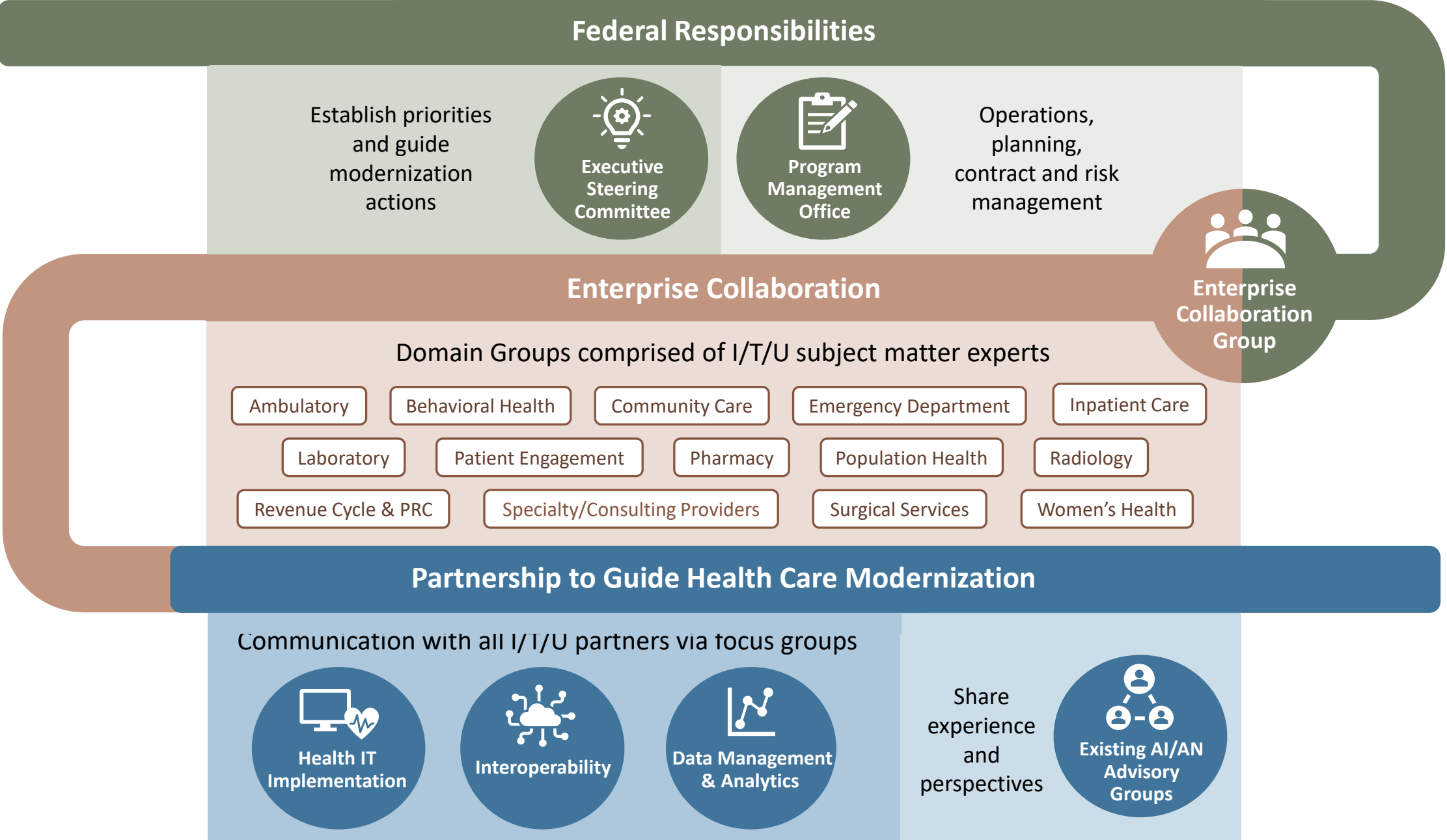
Established the Division of Health Information Technology Modernization & Operations (DHITMO) Program Office

Established three initial Modernization focus groups:

- Health IT Implementation
- Interoperability
- Data Management & Analytics

Created the framework for the Enterprise Collaboration Group (ECG)

Governance Model for the IHS Health IT Modernization





Focus Groups

The purpose of the focus groups is to share information and expertise concerning issues of interest to all I/T/U organizations regardless of their selected EHR solution

Initial focus groups are planned around these three topics:



Health IT Implementation

Help the ESC understand the lessons learned, challenges, and strategies used by other federal agencies, Tribes, and Urban Indian Organizations to modernize their health IT capabilities



Interoperability

Review and suggest strategies, operational requirements, clinical practice standards, and performance measures that inform the interoperability solution design, and project planning



Data Management & Analytics

Review and suggest strategies that support effective data use, security and privacy controls, and standards

Invitation to Participate in Focus Groups

*Tribes and UIOs are encouraged to engage in modernization strategy via focus groups
Kick off expected between February 26, 2024 and March 15, 2024*

Participation will be open to all I/T/U organizations

Eligible individuals include:

- Volunteers in health IT implementation, interoperability, and data management and analytics
- Participants with Health IT experience, RPMS, and various EHRs, business and clinical workflows, interoperability, informatics, organizational change, facility management, privacy, and other relevant domains

**Note: Participation is not limited to one focus group*

Email Modernization@ihs.gov to volunteer for focus group participation.



**At this time, vendors cannot participate*



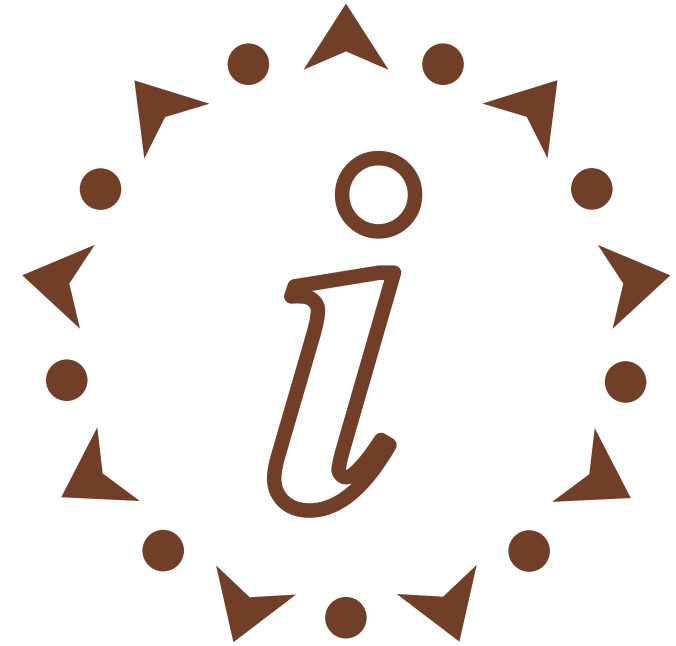
Governance Focus: Enterprise Collaboration Group

Dr. Howard Hays, Chief Medical Information Officer

Consultation and Confer Questions



1. If you have implemented an EHR at your organization, how did you or your vendor engage your end users in setting up that system?
2. What lessons did you learn from that process that we should be thinking about?
3. As you look at the Domain Groups for which we will be seeking participation, do you think there are any important groups that we are missing?



Enterprise Collaboration Group



Purpose

A user-focused body that informs system configuration in clinical and administrative areas



Scope

Review preferred, evidence-based practices and recommendations for operational aspects of EHR implementation and deployment

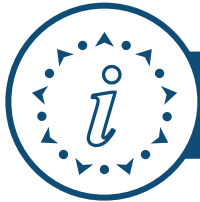


Outcomes

The enterprise EHR solution is configured collaboratively by expert users from participating IHS federal facilities, Tribes, and Urban Indian Organizations*

*The non-binding Statement of Interest will help the IHS understand which sites may be interested in partnering in the IHS enterprise EHR solution.

Enterprise Collaboration Group



Why ECG?

- Ensure users of the enterprise EHR drive the configuration of the system that they will use for patient care
- Prioritize patient safety and quality health care by building best practices and IHS initiatives such as EHR workflows and decision support
- Address accreditation requirements to ensure continued compliance
- Offload configuration from local EHR committee
- Promote enterprise standardization and shared best practices
- Engage Tribal/Urban Indian Organizations and their users in enterprise EHR management

Enterprise Collaboration Group

Structure and Composition

Domain Group Members (I/T/U, 2-year terms)



Domain-appropriate SMEs
drawn from I/T/U tenants on
the enterprise EHR solution

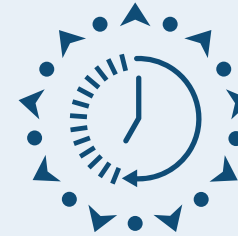
ECG Executive Committee

Standing Members



Clinical and
administrative leaders at
IHS headquarters

Rotating Members



Chairs of Domain Groups,
2-year terms

ECG Domain Groups



What are Domain Groups?

- Multi-disciplinary bodies comprised of EHR users from the I/T/U field
- Forums for clinical and business subject matter experts to make EHR design and configuration recommendations on behalf of the end users they represent
- Domains and scope are based on EHR design groups typically seen in commercial EHR implementations
- Domain Groups align to one or more application modules provided by the vendor



What do Domain Groups do?

- Review vendor content related to scope of Domain Group
- Provide input based on knowledge of I/T/U practices, policies, and standards of care
- Represent the broader end user community
- Observe the modernization guiding principles in making recommendations

ECG Domain Groups



Ambulatory



Laboratory



**Revenue Cycle and
Purchased/Referred Care**



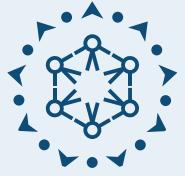
Behavioral Health



Patient Engagement



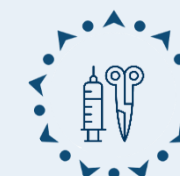
Specialty/Consulting Providers



Community Care



Pharmacy



Surgical Services



Emergency Department



Population Health



Women's Health



Inpatient Care



Radiology

Enterprise Collaboration Group

Initial Proposed Domain Groups & Scope



Ambulatory		Inpatient Care	Population Health	Laboratory	Women's Health/Obstetrics
<ul style="list-style-type: none"> • Primary Care • Specialty Clinic Care • Pediatrics • Telehealth 	<ul style="list-style-type: none"> • Home Care • Palliative Care/ Hospice Care • Rehab (PT/OT/Speech) 	<ul style="list-style-type: none"> • Inpatient Nursing • Inpatient Nutrition • Case Management/Social Work • Long Term Care – Skilled Nursing / Swing Beds • Inpatient palliative care and hospice 	<ul style="list-style-type: none"> • Analytics • Registries 	<ul style="list-style-type: none"> • Inpatient lab • Outpatient Lab • Blood Bank 	<ul style="list-style-type: none"> • Outpatient OB/GYN care • Hospital-based care (Triage, Admit, Labor & Delivery, post-partum) • Emergency Department OB Triage
Behavioral Health		Specialty Provider	Revenue Cycle	Pharmacy	Emergency Department
<ul style="list-style-type: none"> • Acute inpatient psychiatry • Behavioral Health care in the ED • Outpatient Behavioral Health and substance use disorder (SUD) care • Behavioral Health / SUD Residential Treatment Centers - Youth and Adult 		<ul style="list-style-type: none"> • Any consulting provider not aligned to a Service Line • Includes Palliative care and Hospice • Hospitalist/Intensivist 	<ul style="list-style-type: none"> • Scheduling/Registration • Health Information Management and Coding • Billing / Accounts Receivable • Purchased & Referred Care • Bed Management 	<ul style="list-style-type: none"> • Inpatient Pharmacy • Outpatient Pharmacy • Advanced Practice Pharmacy 	<ul style="list-style-type: none"> • Emergency Department • Urgent Care
Community Health		Surgical Services		Patient Engagement	Radiology/Imaging
<ul style="list-style-type: none"> • Community Health Representatives • Tribal Healers • Community Health Aide Program • School-based clinics 		<ul style="list-style-type: none"> • Outpatient Surgery • Hospital Based Surgery • Anesthesia 		<ul style="list-style-type: none"> • Patient portal 	<ul style="list-style-type: none"> • General radiology • Ultrasound • Mammography • CT • MRI

Statement of Interest



The IHS desires to learn which Tribal and Urban health care entities have an interest in becoming a tenant on the shared system

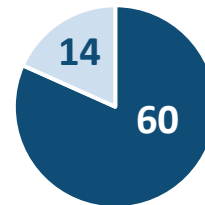
Opportunity for Tribes and Urban Indian Organizations to formally express interest in participating in the IHS enterprise EHR solution



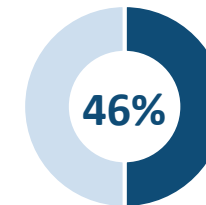
The IHS shared a Statement of Interest form where Tribal and Urban health care entities can indicate their interest in partnering with the IHS on the shared enterprise solution. The Statement of Interest is **NON-BINDING**, and will connect partners to support system configuration, organizational assessment and implementation planning

The Statement of Interest was attached to a Dear Tribal Leader and Urban Indian Organization Leader letter published on June 29, 2023

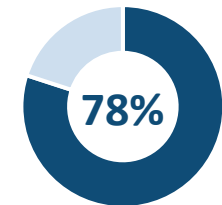
The IHS has received **74** Statement of Interest documents to date



60 Tribal partners and 14 Urban Indian Organizations have submitted a Statement of Interest to date



46% already use commercial health IT solutions other than or alongside RPMS



78% of respondents desire to implement **"early"** in the Modernization program

As of February 8, 2024

Next Steps for ECG



Outreach

In the next few weeks, points of contact from facilities that have provided a Statement of Interest will receive an ECG domain SME recruitment message

This message will include information designed to help organizations identify ideal candidates to participate on the ECG



Nomination

Facilities should develop a process to identify end users who have expertise, availability and desire to participate in one of the ECG Domain Groups

Facilities will then provide information about these candidates to the modernization program and Chief Medical Information Officer



Engagement

Candidate information will be reviewed and matched to Domain Groups to ensure groups have appropriate expertise, representation, and size

ECG Domain Group meetings are planned to begin in April 2024



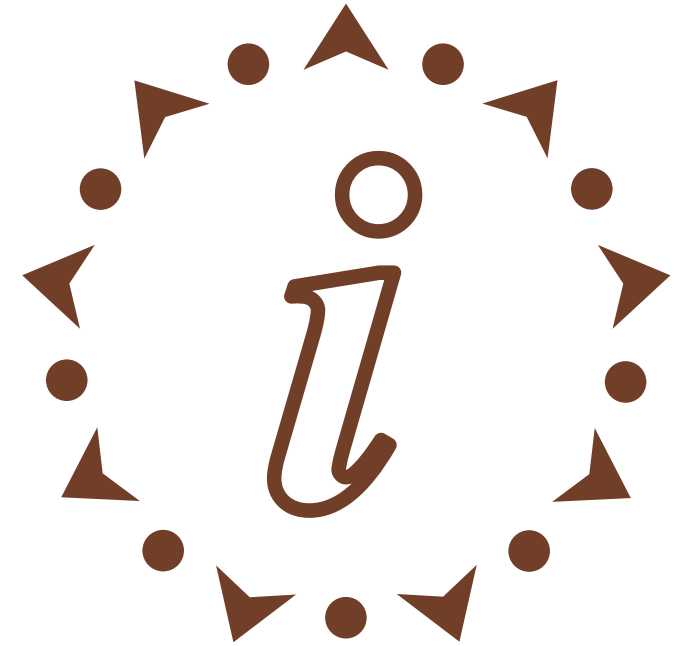
Open Dialogue

Andrea Scott, OIT Deputy Director, Deputy CIO

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Upcoming Engagement Opportunities

Kimberly Shije, Senior Organizational Change Manager

Branding Campaign

We are looking forward to launching the partner engagement strategy portion of the Health IT Modernization Program Branding Campaign, which will be an **engaging and inclusive process**.



BRANDING PRIORITIES

The new enterprise electronic health record (EHR) solution will need to be branded and named *with* our partners. The brand will house a clear vision statement and appealing visual style (e.g., logos, colors, focus words, slogan) which will become the foundation of the brand.

Collaboration with our partners will remain a crucial component of the branding process.



PARTNER ENGAGEMENT THROUGHOUT THE PROCESS

★ Phase 1

October 2023 – February 2024

Research & Strategic Planning

Develop a clear understanding of audience needs to convey the desired message around the Program and the new enterprise EHR solution by engaging I/T/U partners.

Phase 2

February 2024 – April 2024

Partner Brand Survey

Disseminate the Partner Brand Survey through social media, events, and listservs to engage with partners throughout Indian Country for input and ideas surrounding brand components.

Phase 3

April 2024 - Ongoing

Assess & Implement

Evaluate partner submissions and develop brand components to best portray the new enterprise EHR solution.

2024 TRIBAL CONSULTATION AND URBAN CONFER

with the Health IT Modernization Program

Tribal Consultation and Urban Confers (TC/UC) provide an opportunity to work with our partners to provide and connect technology, business systems, and data to help providers and patients make informed decisions to improve care and health outcomes across Indian Country.

 <p>MAY 09 *VIRTUAL</p>	DEPLOYMENT AND COHORT PLANNING	<p>Scan or click the QR codes to register</p> 
 <p>AUG 08 *VIRTUAL</p>	MULTI-TENANT DOMAIN CONSIDERATIONS	
 <p>NOV 07</p>	SITE READINESS AND TRAINING	



Closing

Andrea Scott, OIT Deputy Director, Deputy CIO



The IHS Mission

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level



The IHS Vision

Build healthy communities and quality health care systems through strong partnerships and culturally responsive practices

Questions?



Mitchell Thornbrugh

Office of Information Technology (OIT) Chief Information Officer (CIO)

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Andrea Scott

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Dr. Howard Hays

Chief Medical information Officer

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Jeanette Kompkoff

Director, Division of Health IT Modernization & Operations (DHITMO)

Jeanette.Kompkoff@ihs.gov



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Questions?

Please email the Modernization Program at Modernization@ihs.gov

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