Indian Health Service

OIT Newsletter
Office of Information Technology

July 2008

Welcome to the IHS OIT Newsletter

The OIT Newsletter staff compliments each of you for your unlimited potential. This issue highlights only a few of the things you have accomplished in recent months.

"The number one benefit of information technology is that it empowers people to do what they want to do. It lets people be creative. It lets people be productive. It lets people learn things they didn't think they could learn before, and so in a sense it is all about potential."

Steve Ballmer

Inside This Issue

Stop! Look!

Indian Health Information Management Conference (IHIMC) 2008

December 15 – 19, 2008
Phoenix, Arizona

Details on page 2

Save the Dates!

Indian Health Information Management Conference: 2008

"Managing Health Information Technology to Improve Performance and Outcomes"

December 15—19, 2008
Phoenix, Arizona

Who Should Attend?
Anyone interested in the use of IT to improve the health status of American Indian/ Alaska Native people.

Hotel Information:
Hyatt Regency Phoenix
122 North 2nd Street
Phoenix, AZ 85004
(602) 252-1234
http://www.phoenix.hyatt.com/

A limited number of government rate rooms at $102 are available on a first-come basis until **November 21, 2008**. Ask for the *"IHIM Conference"*:

For additional information, please visit the conference website at
http://www.ihs.gov/CIO/IHIMC/

We are all inventors,
each sailing out on a
voyage of discovery,
guided each by a
private chart, of which
there is no duplicate.
The world is all gates,
all opportunities.

**Ralph Waldo
Emerson**

Welcome
Announcing…
Office of Information Technology Reorganization
By Theresa Cullen, MD, MS

I am pleased to announce the Office of Information Technology (OIT) reorganization proposal was approved by the Director, IHS and published in the Federal Register on July 17, 2008. The reorganization will be operationally effective with all OIT staff members transitioned to the new divisions beginning on July 27, 2008. The following is a listing of the approved OIT organizational structure and corresponding managers:

Office of Information Technology
Director and Chief Information Officer, Theresa Cullen

Division of Information Technology
Director, Mike Danielson

Division of Program Management and Budget
Director, George Huggins

Division of Information Technology Operations
Director (Acting), Charles Gepford

Division of Information Security
Director (Acting), Kathleen Federico

If you have any questions, please direct them to Mr. Charles Gepford, Deputy Chief Information Officer/Acting Director, Division of Information Technology Operations, OIT, at
charles.gepford@ihs.gov

Hot Topics

CIMTAC – Clinicians Information Management Technology Advisory Council

By: Kathy Ray

Since the previous report, I am pleased to announce that the CIMTAC Listserv has been revived. We hope to use this as a discussion board for RPMS clinical packages. If you would like to be a part of this listserv, please go to the List Server site, select the CIMTAC listserv, and click on subscribe. If you would like to send a message without subscribing, you may do that also.

When requesting input from the field, I was somewhat surprised at the number of requests for changes or improvements to the packages, when many of these changes and improvements already exist. It really brought home to me the need for basic RPMS training. In Albuquerque - July 7 through July 11 - the first ever RPMS Boot Camp for Urban Programs was held. Many of these sites have not previously used RPMS but due to a number of reasons, they have now chosen to implement it. This requires a massive training effort lead by David Taylor, along with Candice Shinaberry.

The RPMS Boot Camp has brought together a number of package experts to give these users a beginning basic overview of how to set up and begin to use RPMS at their sites.

These experts and topics covered include:

- Steve Bowman – Basic Site Manager
- Kim Crespin-Richards – Patient Registration
- Cindy Gebremariam – iCare
- Pat Gowan – PCC Data Entry
- Amy Groom and Scott Hamstra, MD – Immunization
- Joann Henry – PIMS Scheduling
- Stephanie Klepacki – CRS
- Gary Lawless – Diabetes Package
- Kathy Ray – Women's Health Package
- Lisa Dolan-Branton – Innovations in Chronic Care
- Verna Kuka – Computer Specialist/IT Support

The participants were able to logon to their home sites and accomplish some of the setup during class time. The week promises to be as tiring as EHR CAC and Implementation Team Training! I'm hopeful this training will lead to similar efforts for others.

OIT will start work on the Clinical Queue/ER Dashboard one day per week. This has existed in a limited form for a few sites, but was never implemented throughout IHS. The current goal is national deployment when completed. It will be in an expanded format to include a focus on the ER, with plans to eventually connect with the ERS Package. This is part of the goal of getting an electronic format for documentation in the ER.

Membership is growing! But we still have areas that do not have representation. If you are a clinician in an unrepresented area (see list below), have an interest in being a member of CIMTAC, and would have your facility/area support, please contact me about membership.

Feel free to contact me with questions or comments: kathy.ray@ihs.gov

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Making life better for the people we serve.

CIMTAC Current Membership by Area

Aberdeen
Elaine Miller, MD – Aberdeen Area Office
Mike Forman, Pharmacist – Aberdeen Area Office

Alaska
Deb Doornbos, RN – Alaska Native Medical Center (ANMC)

Albuquerque
Donald Clark, MD – Albuquerque Indian Hospital

Bemidji
Billings
JoLynn Davis, RN – Wind River
Bill Calder, MD – Wind River

California
Don Carlos Steele, MD – Santa Rosa

Nashville
Navajo
John Parker, RN – Chinle
Bill Flood, MD – Inscription House
Peter Stuart, Psychiatrist – Chinle by Telemedicine

Oklahoma
Jonathan Merrell, RN – WW Hastings Hospital

Portland
Miles Rudd, MD – Warm Springs Service Unit
Rhonda Nelson, Podiatrist – Tulalip Tribes

Phoenix
Ty Reidhead, MD – White River
Kathy Ray, CNM – Parker/Colorado River Service Units
David Kvamme, Laboratory Technologist – White River
Tony Dunnigan, MD – PIMC

Tucson
Scott Hamstra, MD – Sells Hospital
Denise Grenier, Social Worker – ITSC Tucson

Hot Topics

Enterprise Performance Life Cycle

By: Carl Gervais

In these times of tightening funds and shrinking budgets, the principles of project management are being implemented from the highest level of government down to the smallest of Operating Divisions (OPDIVS). The Department of Health and Human Services (HHS) is mandating that all of their OPDIVS implement a project management life cycle, which will standardize project management throughout the agency. The Enterprise Performance Life Cycle (EPLC) is being implemented to strengthen IHS IT project management and to meet HHS' enterprise wide approach to project management, as well as to establish strong governance processes.

The overall concept of the EPLC Framework is to provide a standardized process in which a project is identified, developed, and implemented into the IHS Enterprise Architecture. The EPLC has ten phases that a project must move through and five mandatory (go/no-go decisions) stage gate reviews that must be performed.

The ten phases of the EPLC include:

- Initiation
- Concept
- Planning
- Requirements Analysis
- Design
- Development
- Test
- Implementation
- Operations and Maintain
- Disposition

Currently; HHS is leading an implementation project to ensure that each of the OPDIVS incorporates the EPLC Framework into their CPIC process. Each OPDIV will have a 6-month EPLC Implementation Plan in place by October 1, 2008. The implementation plans will focus on:

- IT Governance Processes
- Identifying and including Critical Partners into the process
- Establishing the Stage Gate Reviews
- Identifying new projects
- Communications, outreach, and training
- Identifying Management responsibility and oversight

The ability to convert ideas to things is the secret to outward success.

Henry Ward Beecher

Information Systems Advisory Committee (ISAC)

By: Christy Tayrien

The IHS Information Systems Advisory Committee (ISAC) is an advisory body that represents the IHS/Tribal/Urban (I/T/U) health care program customer base served by the IHS. The ISAC advises the Director, IHS, on direction, priorities, and resource allocation for information systems, and is responsible for annually prioritizing key initiatives in information systems to be addressed by the IHS. The ISAC IT priorities are in sync with the Agency's long-range IT investment planning and annual budget requests. In setting priorities, the ISAC solicits and considers input from I/T/U stakeholders throughout the country.

In April 2008, the ISAC approved the following IT priorities for Fiscal Years 2010-2011:

1. BILLING (REVENUE GENERATION, COST AVOIDANCE)

   Provide a quality billing/general ledger system with associated Office of Resource Access and Partnership training that is integrated into the Indian Health Service's (IHS) Health Information System.

2. MASTER PERSON INDEX (MPI)

   Implement an MPI solution for Indian health that enables the secure sharing of patient data between operationally and regionally diverse systems. The VHA MPI solution will be tested for possible use as this solution.

3. EHR

   Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited. This includes VistA Imaging.

4. INFRASTRUCTURE/ARCHITECTURE/INTEROPERABILITY

   Facilitate improvement, growth, and health information exchange of I/T/U information processing platforms and their interoperability using standardized data, systems, and processes.

5. TRAINING (USER SUPPORT)

   Provide effective information technology and data management training at all levels, including business process changes.

6. DATA QUALITY/ACCURACY

   Ensure quality public health and administrative data for all I/T/Us.

7. DECISION SUPPORT SYSTEM

   Provide universally accessible decision support information that positively impacts the local management and clinical delivery of health care.

8. TELEMEDICINE COORDINATION

   This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.

9. COST ACCOUNTING

   Provide a quality cost accounting system that is integrated into the IHS Health Information System.

10. SECURITY AND REGULATORY COMPLIANCE

    Design and provide cost-effective methods and standards to meet all regulatory requirements and assure the privacy of all patient and business related data that will meet or exceed HIPAA and other governmental requirements.

Additional information is available online at:

http://www.ihs.gov/Cio/ISAC/index.cfm

**Visit the IHS Security
Web Site at:
http://security.ihs.gov/**

Updates
Information Security Tips

By: LT Mark Rives, MSCIS, MBA

Shoulder Surfing: Don't let the thieves Hang 10.

None of us like that creepy feeling that someone is looking over our shoulder, while typing or writing information we don't want to share. In the age where stolen personal or protected information can mean disastrous consequences, we have even more incentive to keep prying eyes from making note of information we'd rather not share.

In the computer world, we have a term for looking over the shoulder of someone to see the information they are putting down. We call it "shoulder surfing." And, whether it happens at an ATM where the person behind you tries to see your PIN, happens at the DMV while you write out your information on a form, or happens at work where someone sees the information you are typing on your keyboard (such as your password or access code), the need to be ever vigilant of wandering eyes has never been greater. After all, Shoulder Surfing is considered one of the easiest forms of low tech information theft. You don't need to know a lot about computers; you just need to watch someone type, write or see their screen.

Luckily, with computers, ways to protect what peering eyes see on your screen has never been easier and accidental disclosures can be easily adverted by learning a couple keystrokes.

One simple tactic is the way you can quickly minimize all the windows on your screen. By holding down the Windows button (it looks like a flag on the bottom row of your keyboard and it's between the Fn key and the Alt key) and pressing the D key, you can minimize what you're working on faster than you can say "Protected Health Information."

Another way to keep people from seeing what's on your computer is to quickly lock it. You can do that by pressing the Windows button and then pressing the L key. Using this trick means your computer locks quicker than you can say "Personally Identifiable Information."

Using the latter (Windows + L) means that you'll have to retype your password when you want to resume working and seeing the screen but it's an excellent habit to get into when you are leaving your immediate workstation. Even if you think you'll be gone for just a minute, locking your workstation means that you'll never come back to find that someone has been on your computer who shouldn't be.

These two commands again are: Windows + D to minimize and Windows + L to lock. Using these keystrokes is another way we can protect our patients' data and let them know we care about them.

For more information about how to safeguard information, ask your local IT department. Additional information including tips can be found at the link below.
http://money.howstuffworks.com/identity-theft.htm/printable

Hot Topics

New sites since our last post to the OIT newsletter (last November)

New Web Applications:

By: Michael McSherry

OPUS – (Occupant Protection Use System)

This project resulted in the development of an electronic seat belt use data warehouse entitled "Occupant Protection Use System" (OPUS) that includes standardization of data collection and entry, and real time reporting and use rate information. The OPUS incorporates the use of a standardized seat belt observation survey protocol published by the IHS. The OPUS web site was developed so that data can be entered through basic internet access. The reporting system includes mapping of observation sites through the use of global positioning system (GPS) coordinates.
http://www.ihs.gov/MedicalPrograms/injuryprevention/opus/

Blue Pages –
The IHS blue pages web application http://www.ihs.gov/PublicAffairs/BluePages/index.cfm allows users to locate important contact information for areas and divisions of IHS. It has a simple administrative interface, allowing the admin to update the information quickly.

IHS Resource Scheduling Center Floor Plan Addition -
The resource scheduling center for the IHS building at 5300 Homestead in Albuquerque now has the floor plans for the available rooms so that people who are not familiar with them can easily find out where they have to go before they get to the building.
http://home.ihs.gov/Admin/ResourceScheduling/index.cfm?module=rsc&option=floorplans

New Web Sites:
INTERNET:
Physical Rehabilitation Services [REDESIGN]
http://www.ihs.gov/MedicalPrograms/PhysicalRehab/

Equal Employment Opportunity [REDESIGN]
http://www.ihs.gov/AdminMngrResources/eeo/

Contract Health Services [NEW]
http://www.ihs.gov/NonMedicalPrograms/chs/

Clinical Support Center [REDESIGN]
http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/

Medicare Like Rate and Information [NEW]
http://www.ihs.gov/NonMedicalPrograms/mlri/

IHS Commissioned Corps – U.S. Public Health Service (PHS) [NEW]
http://www.ihs.gov/NonMedicalPrograms/COLiaisonStaff/

Freedom of Information Act [REDESIGN]
http://www.ihs.gov/AdminMngrResources/FOIA/index.cfm

INTRANET:
OIT Templates, Forms and SOP's [NEW]
http://home.ihs.gov/ITSC-CIO/oit_tfs/

Red Lake Service Unit [NEW]
http://home.ihs.gov/Facilities/areas/bemidji/redlake/

Contributors

Lynette Waters: Managing Editor

Theresa Cullen, MD, MS	Rockville, MD
Kathy Ray, CNM	Phoenix, AZ
Carl Gervais	Albuquerque, NM
April Tinhorn, MS	Phoenix, AZ
Michael McSherry, (LTJG USPHS)	Albuquerque, NM
Christy Tayrien	Rockville, MD
LT Mark Rives, MSCIS, MBA	Rockville, MD

About the IT Newsletter

The IT Newsletter is published several times throughout the year by the IHS Office of Information Technology. All articles and article suggestions are welcomed for consideration.

If you would like to submit an article for approval, or have any questions regarding this publication, please contact Lynette Waters at: lynette.waters@ihs.gov

All articles should be no longer than 1200 words in length and should be in an electronic format (preferably MS Word). All articles are subject to change without notice.

Thank You