



Indian Health Service

# OIT Newsletter

Office of Information Technology



## MARCH 2010

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# 2010 Indian Health Information Management Conference

## Healthcare 2010 & Beyond: Opportunities, Choices, Changes, Challenges, & Solutions

May 10—14, 2010 🌐 The Scottsdale Plaza Resort, Scottsdale, Arizona

The IHIMC began as the IHS Technology Conference in the mid 1980s with the goal of demonstrating the value of Health Information Technology tools that support health care delivery in Indian Country. This year's conference theme is *"Healthcare 2010 & Beyond: Opportunities, Choices, Changes, Challenges, & Solutions."* This conference is designed to offer numerous learning and informational opportunities for virtually everyone in the Federal, Tribal, and Urban Indian health care sectors.

The 2010 Indian Health Information Management Conference will highlight the strategies and policies for fostering health information technology to support the Indian Health system. Agenda topics include the planning, launch, and support of meaningful use of health IT, as well as the best practices, security, clinical, and opportunities required to make lasting improvements in infrastructure as well as the electronic health system. Innovations that support the directors priorities will be highlighted:

- To renew and strengthen our partnership with Tribes
- In the context of national health insurance reform, to bring reform to IHS
- To improve the quality of and access to care
- To make all our work accountable, transparent, fair and inclusive

Join top leaders as they bring you the most relevant, up-to-date information you need!

### Conference Keynote Speakers



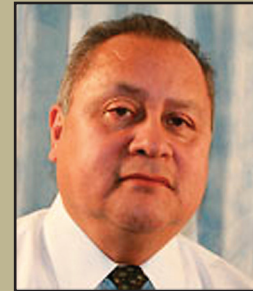
Yvette Roubideaux, MD, MPH  
Director, Indian Health Service  
"The Director's Update"



David Blumenthal, MD, MPP  
National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
"Focusing Standards on Meaningful Use"



Robert Wells  
Founder and President  
World Humor Organization  
"Mental Floss"



Al Foster  
Acting CIO, Indian Affairs  
"Indian Affairs and Information Technology"





# Information Technology Solutions

## HITECH Funding: What it means to Indian Country

**What:**

IHS Meaningful Use Track

**Where:**

National Combined  
Councils Meeting  
Hyatt Regency Phoenix Hotel  
& Conference Center  
122 North Second Street  
Phoenix, AZ 85004

Please make your hotel room reservations by March 1, 2010 by calling the Hyatt Regency at (800) 233-1234 or (602) 252-1234. Ask for the "Indian Health Service" group rate (\$140.00 per night plus tax (single) or \$160.00 (double)). Call to make your reservations now!

<http://www.ihcophx.hyatt.com>

**When:**

- March 25, 2010, Part I  
1:00 PM – 5:00 PM
- March 26, 2010, Part II  
8:00 AM – 12:00 PM

**Registration:**

- Register on-site at the conference by March 24, 2010 or online at <http://www.csc.ihs.gov> after January 15, 2010

The purpose of this meeting is to provide information to clinical directors, chief executive officers, chief medical officers, and oral health, pharmacy, and nurse consultants on the new standards, implementation specifications, and certification criteria for electronic health records (EHR) set forth by the Office of the National Coordinator for Health Information Technology (ONC) and the requirements to achieve meaningful use of certified EHR technology as set forth by the Centers for Medicare and Medicaid Services (CMS). Ambulatory care facilities and hospitals that both adopt certified EHR technology and achieve its meaningful use are eligible to receive incentive payments beginning in 2011 and ending in 2015, as provided in the American Recovery and Reinvestment Act of 2009 (ARRA).

The IHS Office of Information Technology is working collaboratively with the tribes, I/T/U facilities, ONC, and CMS to ensure the RPMS outpatient and inpatient EHRs obtain certification and achieve meaningful use. The second day of the conference will focus on the actions IHS is taking and the requirements the facilities and their respective Area Offices must meet in order to receive the maximum incentives.

**Proposed Agenda**

March 25, 2010, Part I  
1:00 pm – 5:00 pm

- ONC Perspective (EHR certification criteria)
- CMS (Medicare and Medicaid) Perspective (achieving meaningful use, incentive payment calculations)
- ARRA Funding for Health Information Technology (IHS)
- Overview of Meaningful Use (IHS)
- Tribal Perspective
- Question and Answer Session

March 26, 2010, Part II  
8:00 am – 12:00 pm

- Interoperability Status
- EHR Certification Status
- Overview of Quality Measures for CMS Incentives
- Security and Privacy
- What You Need to do to Get Ready (panel discussion)
- Question and Answer Session



## Hot Topics

# Office of Information Technology-Sponsored Training and Upcoming Events

By: Kimberlee Crespin-Richards

Beginning in FY10, many Office of Information Technology - (OIT-) sponsored Resource and Patient Management System (RPMS) courses are going green and transitioning from paper training manuals to electronic training materials. Participants will receive all of the reference materials they have in past courses, but now will have the ability to easily reference and share materials with coworkers.



Seventeen white manuals as they have historically been issued compared to seventeen blue folders, including electronic materials to be used in FY10 RPMS courses.

The following table lists OIT-sponsored RPMS and Electronic Health Record (EHR) training completed from October through February 2010.

Area	Sessions
Aberdeen	6
Albuquerque	27
Anchorage	3
Bemidji	3
Billings	5
Nashville	3
Oklahoma City	23
Phoenix	3
Portland	2
Sacramento	4
Tucson	2
WebEx	37
Window Rock	2
<b>TOTAL</b>	<b>120</b>

**NEW->** To read summaries of all OIT-sponsored RPMS training sessions, see the new training pamphlet at: <http://www.ihs.gov/Cio/RPMS/Training/docs/TrifoldRPMSTrainingFINAL.pdf>

## Hot Topics

# Office of Information Technology-Sponsored Training and Upcoming Events (continued)

By: Kimberlee Crespin-Richards

**NEW->** To locate the Area Office training coordinator, please visit:

<http://www.ihs.gov/Cio/RPMS/Training/docs/AreaTrainingCoordinators.doc>

To view schedule and access course information, select the provider below:

<http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=OITTrainingLinks>

To register for OIT-sponsored RPMS and EHR training, visit the following link:

<http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1>

Scheduled training from January 2010 through March 2010:

Aberdeen	Phoenix (continued)
March 15-19 EHR for Inpatient Pharmacy Informaticist- Souix Falls	April 5-9 EHR Inpatient Onsite Review- Nursing, Pharm & Lab- San Carlos, AZ
April 6-7 POS Pharmacy Billing- Aberdeen	April 12-16 EHR Initial Site Assessment- Sells, AZ
April 13-14 Advanced 3rd Party Billing/AR- Aberdeen	April 13-15 QMAN/VGEN/Reporting- Phoenix
April 19-23 Public Health Nursing RPMS Informatics- SD- Sioux Falls, SD	April 19-23 Public Health Nursing RPMS Informatics- Phoenix- Phoenix
May 4-5 BH GUI Data Entry- Aberdeen	<b>Portland</b>
<b>Albuquerque</b>	March 16-18 Advanced Laboratory Package- Portland
March 9-11 Basic Site Manager- Albuquerque	April 6-8 Community Health Rep- Portland
March 15-19 EHR for Inpatient Pharmacy Informaticist- Albuquerque	May 24-26 PCC Data Entry I- Portland
April 1 OIT Orientation- Albuquerque	May 27-28 PCC Data Entry II- Portland
April 6-8 Basic Third Party Billing/AR- Albuquerque	<b>Sacramento</b>
April 13-16 EHR Initial Site Assessment- Crown Point, NM	March 9-11 QMAN/VGEN/Reporting- Sacramento
April 19-23 Public Health Nursing RPMS Informatics- OIT- Albuquerque	March 9-11 EHR On-Site Setup- K'ima:W, CA
April 27-29 Intro to Lab- Albuquerque	April 19-21 PCC Data Entry I- Sacramento
May 17-21 EHR for Inpatient- Albuquerque	April 22-23 PCC Data Entry II- Sacramento
<b>Anchorage</b>	April 27-28 Contract Health Management System- Sacramento
March 8-12 EHR INPT Review & Setup- Nursing, Pharm, & LAB- Barrow, AK	April 28-29 Referred Care Information System- Sacramento
March 15-19 EHR for Inpatient Pharmacy Informaticist- Anchorage	<b>Tucson</b>
March 29 - April 2 Onsite Assessment, Re-Design & Training - Nursing, LAB- Bristol Bay, AK	March 10-11 Dental Data System- Tucson
April 6-8 Diabetes Management System- Anchorage	April 29 Immunization- Tucson
April 19-23 Public Health Nursing RPMS Informatics- AK- Anchorage	May 11-13 Basic Site Manager- Tucson
May 18-20 Basic 3rd Party Billing/AR- Anchorage	May 18-20 Community Health Rep- Tucson
<b>Bemidji</b>	<b>WebEx</b>
March 15-19 EHR for Inpatient Pharmacy Informaticist- Bemidji	March 9 iCare: HIV Management System in iCare- WebEx
April 13-15 EHR On-Site Setup- Onamia, MN	March 10 Patient Registration- WebEx
May 4-5 iCare: A Population Management Tool- Bemidji	March 10 Community Health Rep Reports- WebEx
May 11-12 Patient Registration- Bemidji	March 11 QMAN/VGEN/Reports- WebEx
<b>Billings</b>	March 11 Community Health Rep Reports- WebEx
April 20-22 Community Health Rep- Billings	March 16 Clinical Scheduling for Windows- WebEx
May 5-7 Community Health Rep- Billings	March 17 CHMIS- Overview- WebEx
<b>Nashville</b>	March 23 Immunization- WebEx
March 17-18 iCare: A Population Management Tool- Nashville	March 25 iCare: What's New with iCare?- WebEx
March 22-25 EHR On-Site Setup- Huron Potawatomi, MI	April 1 OIT Orientation- WebEx
April 6-8 EHR- Onsite Setup- Perry, ME	April 6 RCIS-Overview - WebEx
April 27-28 Reference Laboratory Interface- Nashville	April 8 Introductory Site Manager-Overview- WebEx
<b>Oklahoma City</b>	April 13 PIMS Scheduling- WebEx
March 9-10 Patient Registration- Oklahoma City	April 27 PIMS Admit/Discharge/Transfer- WebEx
April 6-8 Introduction to Lab- Oklahoma City	May 18 Clinical Scheduling for Windows- WebEx
April 19-23 Public Health Nursing RPMS Informatics- Cherokee- Tahlequah, OK	May 25 Introductory Site Manager- WebEx
April 26-30 EHR for Inpatient Onsite Setup- Lawton, OK	May 26 iCare Nuts and Bolts I- WebEx
May 11-13 Reference Lab- Oklahoma City	May 27 iCare Nuts and Bolts II- WebEx
May 18-20 Diabetes Management- Oklahoma City	<b>Window Rock</b>
<b>Phoenix</b>	April 6-7 iCare: A Population Management Tool- Window Rock
March 22-24 PCC Data Entry I- Phoenix	April 19-23 Public Health Nursing RPMS Informatics- Navajo- Window Rock
March 25-26 PCC Data Entry II- Phoenix	April 27-29 Basic 3rd Party Billing/AR- Window Rock
March 29-April 2 EHR Inpatient Onsite Setup & Test- Parker, AZ	May 18-19 Advanced 3rd Party Billing/AR- Window Rock

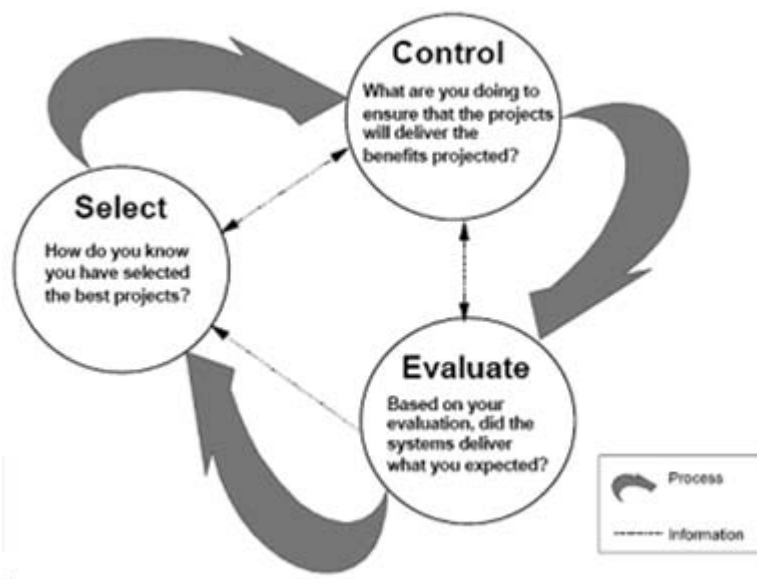
## Hot Topics

# Capital Planning and Investment Control Select Stage of the EPLC

By: Carl Gervais

### So, your Business Need Statement has been approved. What's next?

In previous newsletter articles we discussed the Select function of the CPIC process. The main outcome of the Select stage is the selection of proposed IT projects that meet the mission of IHS and help improve health care of the Native American population.



Once the Select Stage is complete, projects are grouped into an investment portfolio and enter into the Control Stage.

During the Control Stage, projects are managed to make sure that cost, schedule, and performance stay on target and that the project continues to meet the original requirements and desired outcomes.

A major outcome of the Control Stage is to ensure that the project actually delivers what is expected and meets the requirements outlined in the original proposal. These functions are legally required, as are all aspects of the Capital Planning and Investment Control (CPIC) process, but they also help to ensure that projects comply with IHS' mission and goals.

The Control stage is made up of the five Enterprise Performance Life Cycle (EPLC) Phases described below. Each phase has specific measures to help make sure the project proceeds successfully.

- 1. Requirements Analysis** – The detailed requirements for the Business Product are defined.
- 2. Design** – The Business Product is designed, and a detailed explanation of that design is completed.

## Capital Planning and Investment Control Select Stage of the EPLC (continued)

By: Carl Gervais

**3. Development** - The software code is developed along with whatever else is needed to build the Business Product, and an independent assessment is conducted of the ability for the business product to meet the specified requirements.

**4. Test** - Testing and auditing of the Business Product's design, coding, and documentation is conducted.

**5. Implementation** - End user training is conducted, readiness to implement is determined, and the Implementation Plan is put into action.

The outcomes and main deliverables of the EPLC phases make sure that we can achieve the proper control of projects and that the CPIC Control stage requirements are met. For OIT-sponsored projects, Project Managers within one of the three Major Investments: Resource Patient Management System (RPMS), Infrastructure, Office Automation, and Telecommunications (IOAT) and National Patient Information Reporting System (NPIRS) are assigned these tasks.

If you have any questions or would like more information on the EPLC Phases, please contact Carl Gervais CPIC Manager, for a copy of the Enterprise Performance Life Cycle Framework document at [Carl.Gervais@ihs.gov](mailto:Carl.Gervais@ihs.gov) or 505-248-4197 or visit the CPIC Website at <http://www.ihs.gov/CIO/cpic/>

## *Hot Topics*

### **What You Need to Know About Meaningful Use**

*By: Stephanie Klepacki, Chris Lamer, and Jim Sattler*

**NOTE:** The information shown below is subject to change, is provided for planning purposes only, and should not be considered as final.

#### **Meaningful Use is a new health initiative**

Meaningful use is the name of a new initiative to improve the health of the nation. The meaningful use project was assigned to the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS) through the American Recovery and Reinvestment Act of 2009 (ARRA). The ONC is creating criteria for what an electronic health record (EHR) should be able to do. CMS is creating guidelines on how EHRs should be used by health care providers and hospitals to improve the quality, safety, and efficiency of the health care system. To achieve meaningful use, health care providers and hospitals must meet the criteria created by the ONC and CMS.

Shown below are the links to the ONC and CMS guidelines.

#### ONC EHR Guidelines

<http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf>

#### Proposed CMS Meaningful Use Guidelines

<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>

#### **The ONC requires EHRs to be certified**

EHRs must be able to provide a secure environment for sharing information with other health care providers. They must also be able to give patients access to their health information. To demonstrate this, electronic health records must be tested and certified. The IHS will apply for certification for the IHS Resource and Patient Management System (RPMS) EHR in the fall of 2010.

#### **CMS requires meaningful use of EHRs**

CMS must make sure that EHRs are being used to improve patient safety and the health care services. CMS will require reporting of two types of performance measures to show that providers and hospitals are making this happen: health information technology (IT) functionality measures and clinical quality measures.

#### **Meaningful use will provide benefits**

It is anticipated that the adoption of meaningful use will modernize and extend health information throughout Indian country and the United States. Adoption of meaningful use will also provide financial incentives from both Medicare and Medicaid starting in the year 2011. Incentives will be available to hospitals and providers who are eligible to receive the additional money. CMS expects everyone to achieve meaningful use by the year 2015. Hospitals and providers that do not achieve meaningful use by 2015 will receive penalties in their Medicare reimbursement starting that year.



## What You Need to Know About Meaningful Use (continued)

By: Stephanie Klepacki, Chris Lamer, and Jim Sattler

### Meaningful use will happen in three stages

Meaningful use will happen in three stages. This will help programs to get the necessary work done over time. Stage 1 will begin in 2011. In 2013, stage 2 will begin. Stage 2 will add more requirements and new reports. Stage 3 will begin in 2015 and is expected to add more requirements.

### Meaningful use Stage 1

The first steps in achieving meaningful use are to have a certified electronic health record (EHR) and to be able to demonstrate that it is being used to meet the requirements. The IHS expects the RPMS EHR will be certified in 2010. The RPMS EHR will include new reports to assist health care providers and hospitals monitor how well they are meeting the meaningful use requirements.

For Stage 1, providers and hospitals will need to report their performance on the two types of measures described below.

1. Health IT Functionality measures - These measures show how well a provider or hospital is using the EHR. For Stage 1 meaningful use there are 25 provider measures and 23 hospital measures. Most of the measures require the provider or hospital to meet a certain target. Two examples are shown below.

Stage 1 Measure for Eligible Providers	Stage 1 Measure for Hospitals
At least 80% of all orders must be entered directly into the EHR by the provider	At least 10% of all orders must be entered directly into the EHR by the provider

Some of the Health IT Functionality measures show how well the patient’s information can be shared with other health care systems. This is known as “interoperability.” Increased interoperability among EHRs where information is exchanged according to established national standards will ultimately allow health care providers to have access to a complete view of the patient’s medical history, rather than a snapshot of the care that has occurred only at the provider’s own health care facility.

2. Clinical Quality measures – These measures show how meaningful use and other initiatives have improved the care that patients receive. These measures will be reported for each provider and hospital. For Stage 1, Medicare requires providers to report on three core measures and three to five additional measures that vary depending on the provider’s specialty of care. Hospitals are required to report on a set of 35 Medicare inpatient measures and potentially eight Medicaid inpatient measures. For Stage 1 meaningful use, providers and hospitals are not required to meet any targets. Two examples are shown below.

Stage 1 Measure for Eligible Providers	Stage 1 Measure for Hospitals
Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

## *Hot Topics*

# What You Need to Know About Meaningful Use (continued)

*By: Stephanie Klepacki, Chris Lamer, and Jim Sattler*

### **OIT's responsibilities to achieve meaningful use**

The IHS Office of Information Technology (OIT) is working to ensure the RPMS EHR is certified in 2011, is capable of achieving meaningful use, and is deployed by January 1, 2011. OIT is responsible for communicating the ONC and CMS requirements to the tribes to ensure the tribes have a clear understanding of the responsibilities of IHS, the Area Offices, and the providers and hospitals in order to achieve meaningful use.

### **IHS OIT meaningful use web site**

To keep you informed, we have created a Meaningful Use web site, which includes a calendar of events related to meaningful use. Visit this site for the latest information:

[http://www.ihs.gov/recovery/index.cfm?module=dsp\\_arra\\_meaningful\\_use](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use)

**Meaningful Use List Serv:** You'll find a link to a new Meaningful Use list serv on this web site. We encourage you to sign up to receive updates and to ask questions. Instructions for signing up for the list serv are available at: <http://www.ihs.gov/recovery/documents/listservsubscribe.pdf>.

**Subscribe to RSS:** The Meaningful Use web site also now has an RSS feed that you can subscribe to so you can stay informed as the site is updated. Subscribing is easy:

1. Click the "Subscribe" link at the top of the web page.
2. When the subscribe page opens, click the "Subscribe to this feed" link.
3. In the dialog box that appears, click the "Subscribe" button.

### **Area and provider/hospital responsibilities to achieve meaningful use**

Achievement of meaningful use will not be accomplished only through the steps taken by the IHS OIT. Rather, actions must also be taken by the Area Offices, providers, and hospitals to achieve meaningful use, as described below.

- Review all IHS meaningful use presentations.
- Visit the IHS meaningful use website at:  
[http://www.ihs.gov/recovery/index.cfm?module=dsp\\_arra\\_meaningful\\_use](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use)
- Review the ONC and CMS guidelines to understand the details of the requirements.
- Ensure each EHR site has a clinical applications coordinator (CAC).
- Ensure all relevant staff has received training on the appropriate methods for using and documenting in the EHR.
- Change business processes as needed to achieve meaningful use. For example, ensure that providers enter at least 80% of all orders with computerized provider order entry (CPOE).
- Meet the interoperability requirements.
- Determine incentives eligibility and apply for the incentives.

## What You Need to Know About Meaningful Use (continued)

*By: Stephanie Klepacki, Chris Lamer, and Jim Sattler*

- Talk to your state health information organization to determine requirements for exchanging information (e.g., immunization, patient summary record). Notify the IHS OIT of the state's requirements.
- Talk to your state Medicaid program to determine if quality measures other than the Medicare measures will be required for reporting in 2012. Notify the IHS OIT of the state's requirements.
- Use the tools that will be added to RPMS for reporting of health IT functionality and clinical quality measures and know how the information needs to be reported to CMS and/or the state Medicaid programs.

### Summary

Achieving meaningful use does not simply mean installing a certified EHR. Rather, it is just the beginning. Meaningful use will only be achieved by the collaborative work between the IHS OIT, the Area Offices, and providers and hospitals that will apply for the incentives. The requirements for achieving meaningful use are not final yet and are subject to change. However, we cannot wait until they are finalized to begin work – we must start NOW!

## *Hot Topics*

# Recognizing and Avoiding Spyware

*By: Cathy Federico, CISSP IHS ISSO*

Because of its popularity, the internet has become an ideal target for advertising. As a result, spyware, or adware, has become increasingly prevalent. You may discover that the source of the problem is spyware software that has been installed on your machine without your knowledge.

### **What is spyware?**

Despite its name, the term "spyware" doesn't refer to something used by secret agents, but rather by the advertisers. In fact, spyware is also known as "adware." It refers to a kind of software that, when installed on your computer, may send you pop-up ads, redirect your browser to certain web sites, or monitor the web sites that you visit. Some extreme, invasive versions of spyware may track exactly what keys you type. Attackers may also use spyware for malicious purposes.

Because of the extra processing it causes, spyware may cause your computer to become slow or sluggish. There are also privacy implications:

- What information is being gathered?
- Who is receiving it?
- How is it being used?

### **How do you know if there is spyware on your computer?**

The following symptoms may indicate that spyware is installed on your computer:

- Endless pop-up windows appear
- You are redirected to web sites other than the one you typed into your browser
- New, unexpected toolbars appear in your web browser
- New, unexpected icons appear in the task tray at the bottom of your screen
- Your browser's home page suddenly changed
- The search engine your browser opens when you click "search" has been changed
- Certain keys fail to work in your browser (e.g., the tab key doesn't work when you are moving to the next field within a form)
- Random Windows error messages begin to appear
- Your computer suddenly seems very slow when opening programs or processing tasks (saving files, etc.)

### **How can you prevent spyware from installing on your computer?**

To avoid unintentionally installing it yourself, follow these good security practices:

- **Don't click on links within pop-up windows** - Because pop-up windows are often a product of spyware, clicking on the window may install spyware software on your computer. To close the pop-up window, click on the "X" icon in the title bar instead of a "close" link within the window.

## Hot Topics

### Recognizing and Avoiding Spyware (continued)

By: Cathy Federico, CISSP IHS ISSO

- **Choose "no" when asked unexpected questions** - Be wary of unexpected dialog boxes asking whether you want to run a particular program or perform another type of task. Always select "no" or "cancel," or close the dialog box by clicking the "X" icon in the titlebar.
- **Be wary of free downloadable software** - There are many sites that offer customized toolbars or other features that appeal to users. Don't download programs from sites you don't trust. Keep in mind that you may be exposing your computer to spyware by downloading some of these programs.
- **Don't follow email links claiming to offer anti-spyware software** - Like email viruses, the links may serve the opposite purpose and actually install the spyware it claims to be eliminating.

As an additional good security practice, especially if you are concerned that you might have spyware on your machine and want to minimize the impact, consider taking the following action:

- **Adjust your browser preferences to limit pop-up windows and cookies** - Pop-up windows are often generated by some kind of scripting or active content. Adjusting the settings within your browser to reduce or prevent scripting or active content may reduce the number of pop-up windows that appear. Some browsers offer a specific option to block or limit pop-up windows. Certain types of cookies (information files that your web browser may download) are sometimes considered spyware because they reveal what web pages you have visited. You can adjust your privacy settings to only allow cookies for the web site you are visiting (see [Browsing Safely: Understanding Active Content and Cookies](#) and [Evaluating Your Web Browser's Security Settings](#) for more information).

If you suspect that spyware is on your computer, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)



## In the Works

### EDR Update

By: Scott Trapp

The implementation of the IHS Electronic Dental Record (EDR) is moving into the second option year of the project. A number of IHS dental clinics are experiencing the benefits of the EDR. These benefits are being seen in all areas of the dental clinic. In the front office reception area, the change to using the Appointment Book is helping to maximize the dentist daily chair time. The Perfect Day Scheduling features allow visual goal-oriented scheduling with the flexibility to make one-time changes.

**Appointment Book**  
 Monday - April 28, 1997

Time	OP-1	OP-2	OP-3
8:00am	Crowns	Exams	Hygiene
8:10			
8:20			
8:30	Mr. Gleason, Gary N CrmPrFHnM#3 H:(801)377-8539	Little, Brian PeriodicX, ProphylAd H:(801)375-6241 HYG1 073	Edwards, Anna 2BwX, ProphylCh H:375-7101 HYG1 055
8:40			
8:50	DDS1 0613 Crowns		Ms. Brown, Mary PeriodicX, ProphylAd H:377-4509 HYG1 073
9:00am			
9:10			
9:20			
9:30			
9:40	Mr. Nelson, Chris Resin3#14 H:224-5824	Mr. Perkins, Allen Bridge Prep H:226-5462 DDS2 035	Hygiene
9:50			
10:00am			
10:10			
10:20			
10:30			
10:40	Mr. Edwards, John Amalg3Per#30, Amalg3Per#31 H:375-7101	Exams	Ms. Davis, Karen PeriodicX, 4BwX, ProphylAd H:377-1530 HYG1 0105
10:50			
11:00am			
11:10			
11:20			
11:30			
11:40		Emergency	Hygiene
		Mr. Myers, Henry EmergEx H:375-9066 DDS2	Little, Brian PeriodicX, 2BwX, ProphylCh H:(801)375-6241 HYG1

## EDR Update (continued)

By: Scott Trapp

In the dental clinic, the benefits can be seen in more efficient electronic dental charting. Beyond improving the charting process for the dental clinic, this has also enhanced the care delivered to the dental patient through a more interactive charting process that the patient can see and take part in. This improves patient awareness and education about their oral health. The dentists are also able to spend less time documenting their visits.

Date	Tooth	Surf	Proc	Prov	Description	Stat	Amount
12/11/96				DDS1	Perio Exam		
04/16/97	LL		04341	DDS1	Perio scale&root planing- /quad Gingicaine topical gel, 1 carpule of isocaine plain-without epinephrine. 25% N20 with 10 minute O2 flush. Instructions given. Patient rinsed with peridex. Rx-Peridex rinse b.i.d., Lorcet Plus disp. 12 pm pain. Next appt. recommendation- 2 weeks. PST	C	131.00
04/16/97			00210	DDS1	Intraoral-complete series (bw) Complete Series BWX. 7 BWX taken- 4 horizontal in posterior and 3 vertical in anterior. Lead apron with thyroid shield used. Patient has strong gag reflex. PST	C	67.00
04/16/97			00150	DDS1	Comprehensive oral evaluation Comprehensive Oral Evaluation. External soft tissue WNL, internal soft tissue-leukoplakia on oral mucosa LL. PST	C	36.00
04/16/97			06020	DDS1	Abut place/subst.endost implant	TP	1250.00
04/16/97	15		03330	DDS1	Root canal therapy - molar	TP	500.00
04/16/97	15		02750	DDS1	Crown-porc fuse high noble mtl	TP	613.00

The IHS EDR can generate reports that show the patients that have unscheduled or uncompleted treatment plans. This feature alone has allowed the dental clinics to reach out to those patients that require follow-up and has led to improved oral health outcomes through reduced decay rates.

During the past year, the Health Level Seven (HL7) standard interfaces between the IHS EDR and RPMS were completed and are close to being certified. These interfaces include patient registration, dental visit creation, and the passing of dental service procedures to PCC and Third Party Billing. Work is underway leading to clinical note, patient merge, scheduling, and pharmacy interfaces. The IHS EDR program has now been implemented in eight of the Indian Health Service Areas and is serving over 70,000 patients. To date, over 35 facilities have decided to take advantage of using ARRA funds to help pay for EDR hardware costs. These facilities will be seeing the benefits of the EDR within the next six months and expand the benefits of the IHS EDR to over 500,000 patients.



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## About the IHS OIT Newsletter

The IHS OIT Newsletter is published several times throughout the year by the IHS OIT. 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](mailto: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). If you have images that you would like added, please send them with the article. All articles are subject to change without notice.

