



Indian Health Service

# OIT Newsletter

Office of Information Technology



## DECEMBER 2009

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## 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 July through September 2009.

Area	Sessions
Aberdeen	6
Albuquerque	3
Anchorage	5
Bemidji	3
Billings	1
Nashville	4
Oklahoma City	10
Phoenix	3
Portland	4
Sacramento	2
Tucson	3
Net Based Training	34
Window Rock	5
<b>TOTAL</b>	<b>83</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	Oklahoma City (continued)
March 3-4 iCare: A Population Management Tool	Feb 3 Immunization
Alaska	Feb 17-18 iCare: A Population Management Tool
Jan 25-29 EHR & Implementation Team Setup- Anchorage	Phoenix
Albuquerque	Feb 9-11 Basic 3rd Party Billing/AR
Jan 20 Orientation	March 2-3 Advanced 3rd Party Billing/AR
Jan 25-29 EHR & Implementation Team Setup	March 22-24 PCC Data Entry I
Feb 9-10 BH GUI Data Entry	Portland
Feb 17 Immunization	Jan 12-14 QMAN/VGEN/Reporting
Feb 23-24 Patient Registration	Jan 26-27 Radiology
March 9-11 Basic Site Manager	March 16-18 Advanced Laboratory Package
March 23-25 Basic 3rd Party Billing/AR	Tucson
Bemidji	Feb 23-25 QMAN/VGEN/reporting
Jan 19-21 EHR On-Site Setup- St. Croix, WI	March 10-11 Dental Data System
Feb 17-19 QMAN/VGEN/Reporting	WebEx
March 2-4 Community Health Rep	Jan 12 Introductory Site Manager- Overview
March 22-25 EHR On-Site Setup- Huron Potawatomi, MI	Jan 13 Basic Third Party Billing
Billings	Jan 14 Basic Accounts Receivable
Jan 26-27 POS Pharmacy Billing	Jan 19 Clinical Scheduling for Windows
California	Jan 20 Orientation
Feb 2-4 EHR On-Site Setup- Tuolumne Me-Wuk, Ca	Jan 21 iCare: What's New with iCare v2.0
Feb 9-11 Diabetes Management System- Sacramento	Jan 21 Dental Data Entry
Feb 16-18 EHR On-Site Setup- Round Valley, CA	Jan 26 PCC Data Entry II Coding System Module
March 9-11 QMAN/VGEN/Reporting- Sacramento	Feb 4 DMS: Laboratory Test Taxonomy Setup
March 9-11 EHR On-Site Setup- K'ima:W, CA	Feb 9 PIMS Scheduling
Nashville	Feb 10 Intro to Lab- Overview
Jan 25-29 EHR & Implementation Team Setup	Feb 22 iCare: Nuts and Bolts I
March 1-3 PCC Data Entry I	Feb 23 iCare: Nuts and Bolts II
March 4-5 PCC Data Entry II	March 9 iCare: HIV Management System in iCare
March 17-18 iCare: A Population Management Tool	March 10 Patient Registration
Navajo	March 10 Community Health Rep Reports
Feb 2-4 Community Health Rep- Window Rock	March 11 QMAN/VGEN/Reports
Feb 22-24 EHR On-Site Setup- Black Hawk, OK	March 11 Community Health Rep Reports
March 2-4 Diabetes Management- Window Rock	March 16 Clinical Scheduling for Windows
March 9-10 Patient Registration	March 17 CHMIS- Overview
Oklahoma City	March 23 Immunization
Jan 18-22 EHR for Inpatient Go Live- Claremore, OK	March 25 iCare: What's New with iCare?
Jan 25-29 EHR & Implementation Team Setup- Tahlequah, OK	March 25 iCare: What's New with iCare?
Jan 25-29 EHR & Implementation Team Setup	

## Hot Topics

# Expanding VistA Imaging

By: Catherine Moore

### A Picture's Worth a Thousand Words

In 2006, the Indian Health Service (IHS) adopted the Veterans Health Administration (VHA) program, VistA Imaging (VI), as its multimedia component for the RPMS EHR. VI lets EHR users view scanned documents and clinical images, such as photos and radiographs, which are linked to a patient's electronic record. It also has Picture Archiving and Communication System (PACS) capabilities for the long-term storage of images.

The Portland Area Office was the first IHS Area Office to implement VI. It was followed by the Nashville Area Office, Navajo Area Office, Billings Area Office, Phoenix Area, and several tribal facilities in Oklahoma and Alaska. Currently, there are approximately 45 Indian Health Service, Tribal, and Urban Tribal (I/T/U) facilities using the VI program.

The VI is an important tool that contributes to improved electronic access and exchange of health information. Previously the costs for VI hardware have been borne by Area Offices or facilities; however, the Recovery Act has provided an opportunity to accelerate the deployment of VI across the Indian health system through the centralized acquisition of hardware. The OIT is currently purchasing equipment based on need for Area Offices not using VI, as well as additional equipment for existing VI systems.

### How VistA Imaging Works

VI can be used via the EHR to capture paper documents, import digital images, and display those images (Figure 1).



Figure 1: Access VistA Imaging in EHR.

Scanned documents are attached to an EHR note title. The blue icon to the left of the note title indicates a scanned document (Figure 2).

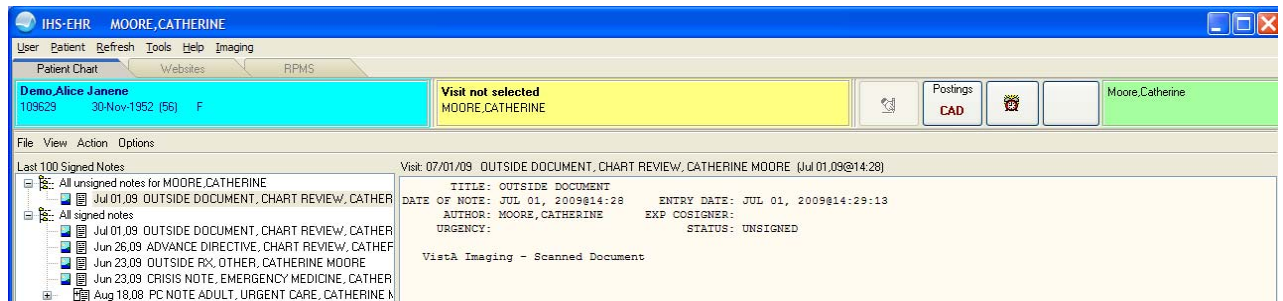


Figure 2: Blue icons indicate a scanned document is attached.

## Hot Topics

### Expanding VistA Imaging (continued)

By: Catherine Moore

#### A Picture's Worth a Thousand Words

When the provider clicks the blue icon, the system displays the list of imported images using the VI Display Client. Double-clicking an image from the list expands it to full view (Figure 3).

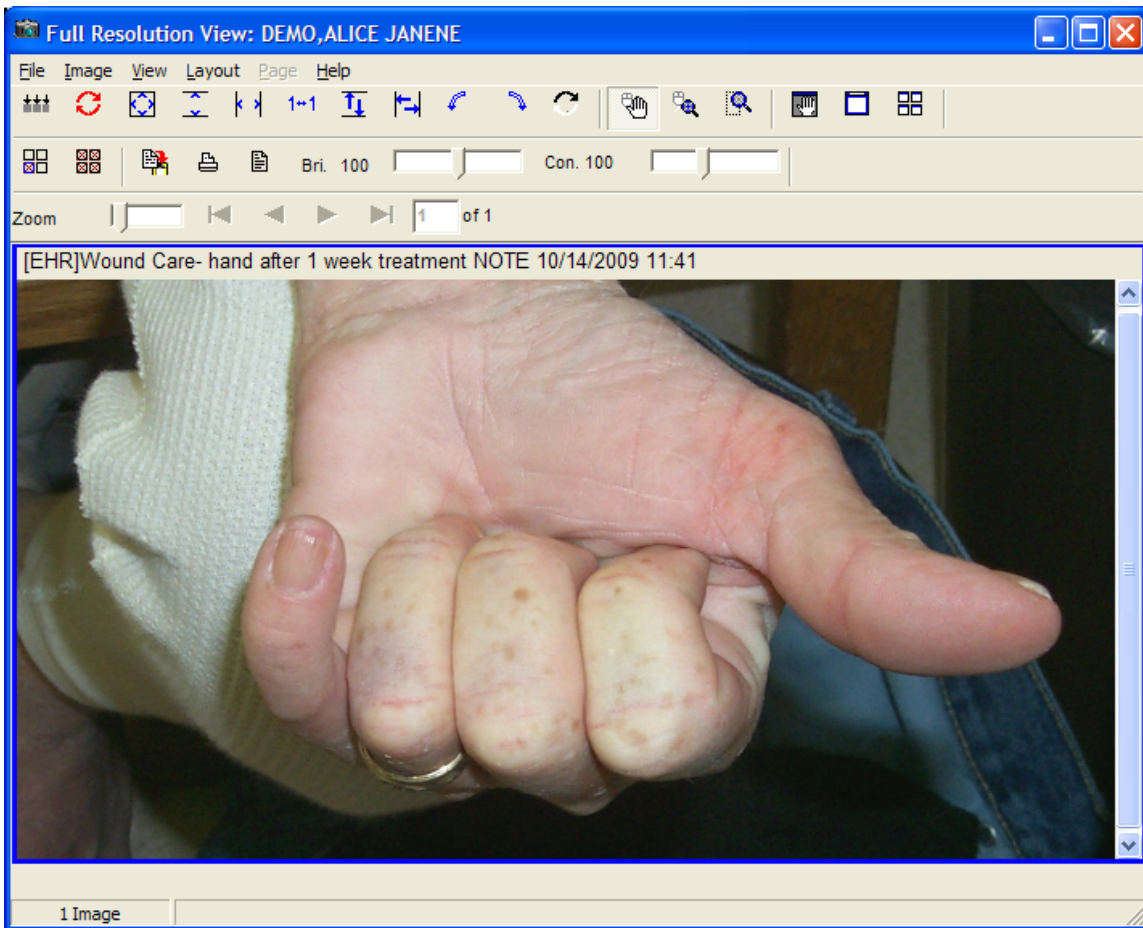


Figure 3: Expanded image.

The VI is an important tool that contributes to improved electronic access and exchange of health information.

To learn more about VI, visit the VI Web site: <http://www.ihs.gov/vistaimaging/>

## *Hot Topics*

# **H1N1/Influenza Like Illnesses (ILI) Surveillance National Epidemiology Export Software – Third Version**

*By: Cindy Gebremariam, RN*

Disease surveillance is a critical part of our response to the H1N1 influenza worldwide pandemic. Working together, the IHS Division of Epidemiology and Disease Prevention (DEDP) and the Office of Information Technology have developed H1N1 surveillance software to collect and track information on influenza activity in American Indian and Alaska Native communities.

The information collected by the surveillance software includes specific data from each facility's RPMS database. Analysis of this information allows us to respond rapidly to local outbreaks, and to minimize harm to our patients.

The first version of this software was released in August 2009, and included an export of data related to the incidence of influenza-like illnesses (ILI) to specific ambulatory clinics. That version was quickly replaced by an enhanced version which also looked at data related to H1N1 diagnosis specifically, hospitalizations, immunizations, and other chronic illnesses. Finally, this newest release in December 2009 exports additional data and includes a local report.

### **New Updated Version**

This third version of the software improves the quality of the H1N1 and ILI data that is sent to DEDP nightly. It also greatly improves our ability to gather information on H1N1 and seasonal influenza vaccine use and possible adverse vaccine events.

The software has been expanded to do the following:

- Report more types of patient visits to better monitor H1N1 and other ILI.
- Send an increased number of data elements to DEDP for analysis including vaccine data, hospitalizations, and adverse events.
- Extract information on a monthly basis that reports the User Population and the Active Clinical population at each facility. This allows DEDP to report rates per population of health events related to H1N1.
- Provide a new End User Report for individual sites that reflects the local impact of ILI and H1N1.

### **View Local H1N1 Information**

The new End User Report provides sites with real-time H1N1/ILI information that reflects the impact of these illnesses on their facilities. Individual facilities can use this information to monitor related activity at their location.



## *Hot Topics*

# **H1N1/Influenza Like Illnesses (ILI) Surveillance National Epidemiology Export Software – Third Version (continued)**

*By: Cindy Gebremariam, RN*

The End User Report can be run by sites on demand. To generate this report, enter the RPMS and use the following prompts:

1. Menu Option: PCC Management Reports.
2. Select Quality Assurance Reports Option: AGIL – Aggregate ILI/H1N1 Surveillance Report.
3. You'll be prompted to enter begin/end dates, facility, and patients to be included on the report.

The resulting End User Report presents the information in a set of tables that include the following:

- Total numbers of patients seen in the time frame
- Visits that include either ILI or H1N1 diagnoses
- Related hospitalizations
- Anti-viral medications dispensed
- ILI and H1N1 immunizations given
- Adverse events following H1N1 vaccination
- Adverse events without documentation of vaccination
- Diagnoses by sex and age

### **Early Awareness: Improved Response**

The information collected by the H1N1 surveillance software is an important tool that gives us ongoing, early awareness of flu outbreaks in American Indian/Alaska Native (AI/AN) people, and enhances our ability to respond to the H1N1 influenza pandemic.

### **Additional Resources**

IHS Division of Epidemiology and Disease Prevention: <http://www.ihs.gov/epi/>

IHS H1N1 Update Center: <http://www.ihs.gov/h1n1/>

Flu.gov/Comprehensive Government-Wide Information: <http://www.flu.gov>



## *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 the August issue of the OIT Newsletter, we discussed the first step in the Capital Planning and Investment Control (CPIC) Select Stage of the Enterprise Performance Life Cycle (EPLC), the completion and approval of the Business Need Statement (BNS).

This article explores the Select Stage for an Information Technology project. This is an important step to ensure that technology purchases reflect the needs and goals of IHS. The final outcome of the Select Stage is an approved IT Business Case. A Business Case template has been created to gather the additional information needed to begin the process of project management, make informed decisions on the approval, and provide the IHS Critical Partners an opportunity to review and score the proposed IT project.

The Business Case expands the original BNS to provide information on:

- Projected Life Cycle Costs
- Funding Sources
- Information Systems Advisory Committee (ISAC) Strategic Support
- Enterprise Architecture
- Acquisition Strategy
- Risk Analysis
- Project Management
- Performance Measures
- Security Impacts
- Analysis of Alternatives

IHS wants to ensure IT expenditures are reflective of the needs of Indian people. All Business Cases are technically reviewed and scored by the Technical Review Board (TRB) prior to being submitted to the authorizing body. The TRB is comprised of the Deputy Chief Information Officer, Chief Security Officer, Chief Technology Officer, the Enterprise Architect, and the Director of Information Resource Management. The Business Case is scored on the completeness of the information provided. If additional information is needed, it will be requested by the members of the board. Once the TRB scores the Business Case, it moves on to the appropriate approval authority.

The Business Case can be authorized either by the Chief Information Officer or the Information Technology Investment Review Board. The authorization path depends on the IT project's proposed 5-year life cycle costs.

IT Project Cost	Authorizing Authority
\$500K or less	CIO
\$500K or more	ITIRB

Upon approval of the Business Case, the proposed IT project moves from the Select Stage to the Control Phase of the Capital Planning and Investment control process.

Look for the next article in the OIT Newsletter, *Exploring the Control Phase of the Capital Planning Process*.

The Indian Health Service OIT Business Case template can be found on the Web at:

<http://www.ihs.gov/CIO/cpic/index.cfm?module=templates>.

If you have any questions, please contact Carl Gervais, CPIC Manager, at [Carl.Gervais@ihs.gov](mailto:Carl.Gervais@ihs.gov) or 505-248-4197.



## *Hot Topics*

### **New CCHIT Certification Encourages Meaningful Use**

*By: Chris Lamer, PharmD, BCPS, MHS, CDE*

To qualify for meaningful use financial incentives under ARRA legislation, providers and hospitals must adopt an EHR system that is certified. The RPMS-EHR was certified for ambulatory care in 2007 by the Certification Commission for Health Information Technology (CCHIT). The RPMS-EHR will maintain ambulatory certification in addition to obtaining inpatient and behavioral health certification by 2011.

Certification requires completion of a self-attestation document that provides information about the system and five test scripts (scenarios), which focus on various clinical, lab, security, e-prescribing, and health information exchange. Criteria for testing can be found on the CCHIT Web site <http://www.cchit.org/>.

#### **New Meaningful Use Web Site**

To help answer questions about meaningful use, OIT has set up a new Meaningful Use Web site. Please visit the site 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)

## Hot Topics

### HITECH Grant Opportunities

Based on information from HITECH Grant Programs Web site (<http://HealthIT.HHS.gov/HITECHgrants>)

#### Investing in Indian Health Care Information Technology

The American Recovery and Reinvestment Act (ARRA), or the Recovery Act, includes provisions called the Health Information Technology for Economic and Clinical Health Act (HITECH Act) for grant and funding opportunities. These opportunities promote *meaningful use* of health information technology to improve the quality and value of American health care. The HITECH Act prioritizes access to health information technology for historically underserved, and other special-needs populations and use of that technology to reduce inequalities in health care.

HITECH funding opportunities include the following programs:

- Incentive Payments for EHR adoption and meaningful use
- Health Information Technology Extension Program
  - Regional Centers (\$643 Million)
  - Research Center (\$50 Million)
- State Health Information Exchange Cooperative Agreement Program (\$564 Million)
- Grants to Develop Health Information Technology Workforce
  - Community College Training Programs (\$70 Million)
  - Educational Materials (\$10 Million)

The Community College program establishes intensive, non-degree training that can be completed in six months or less. Graduates of this training will fill a variety of roles that both assist health care practices during the critical process of deploying IT systems, and support these practices on an ongoing basis.

#### Incentive Payments: Medicare and Medicaid

The Recovery Act authorizes the Centers for Medicare & Medicaid Services (CMS) to provide a reimbursement incentive for physician and hospital providers who become *meaningful users* of a certified EHR. These incentive payments begin in 2011. Starting in 2015, providers are expected to have put in place and be actively using an EHR in compliance with the meaningful use definition, or they will be subject to financial penalties under Medicare.

**Adopting a certified EHR:** IHS has already received provisional certification, and plans to achieve full certification in time for facilities and providers to qualify for meaningful use incentive payments.

**Meeting meaningful use standards:** The meaningful use criteria are being developed by CMS for Medicare. For Medicaid, states will start with those criteria and may add requirements. The Office of Information Technology will make sure that IHS meets the requirements for Medicare at a minimum, and will strive to meet Medicaid requirements. We are now working with Medicaid to ensure consistency for meaningful use. It's important to note that the reimbursement incentive for Medicaid is higher than for Medicare.

#### Who Qualifies?

Hospitals can qualify for both Medicare and Medicaid. Individual providers can only qualify for one or the other. To be eligible for Medicaid incentives, a program must service at least 30% Medicaid patients.

Individual providers will qualify based on meeting meaningful use requirements. Providers can't qualify as a group since the incentives are based on the quality reporting for individual providers.

I/T/U providers who provide outpatient services in a free-standing ambulatory care center setting will be eligible for the incentive.

## Hot Topics

### HITECH Grant Opportunities (continued)

Based on information from HITECH Grant Programs Web Site (<http://HealthIT.HHS.gov/HITECHgrants>)

#### Investing in Indian Health Care Information Technology

Generally speaking, for purposes of meaningful use, an individual eligible professional would be defined for Medicare and Medicaid respectively as follows:

Medicare	Medicaid
<ul style="list-style-type: none"> <li>• A physician as defined in section 1861(r) of the Social Security Act, which includes the following five types of professionals:                             <ul style="list-style-type: none"> <li>– Doctor of Medicine or Osteopathy</li> <li>– Doctor of Dental Surgery or Medicine</li> <li>– Doctor of Podiatric Medicine</li> <li>– Doctor of Optometry</li> <li>– Chiropractor</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Physicians</li> <li>• Dentists</li> <li>• Certified Nurse-Midwives</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants who are practicing in Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) led by a Physician Assistant.</li> </ul>

For more information about incentive payments, visit the following Web page: [http://www.cms.hhs.gov/Recovery/11\\_HealthIT.asp#TopOfPage](http://www.cms.hhs.gov/Recovery/11_HealthIT.asp#TopOfPage)

#### Focusing On Meaningful Use

The definition of meaningful use is evolving and will continue to evolve through 2015, but the main requirements are that the systems can be used by the provider to perform electronic order entry and quality reporting, as well as to exchange information with other systems. The definition of meaningful use may include the following:

- Electronically accessing patient health information, including results and medication lists
- Directly entering electronic orders, including electronic prescribing
- Electronically documenting patient visit information, such as diagnoses, notes, and procedures
- Having access to clinical decision support tools that help patients and providers make health care decisions

The IHS IT is working to ensure that the RPMS can meet all of the necessary requirements for providers to achieve meaningful use.

OIT has set up a Meaningful Use web site where you can find more information, FAQs, and support materials:

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

For the most current information from the Office of the National Coordinator (ONC) about meaningful use, visit the following web page:

<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1325&parentname=CommunityPage&parentid=1&mode=2>

#### Health Information Technology Extension Program

The Health Information Technology (HIT) Extension Program authorized by the HITECH Act provides grants to create Regional Extension Centers, and establishes a national Health Information Technology Research Center (HITRC). The Regional Centers will offer technical help, guidance, and information on the best way to support and speed up health care providers' efforts to become meaningful users of EHRs.

The Extension Program will establish 70 (or more) Regional Centers, each serving a defined geographic area. The Regional Centers will support at least 100,000 primary care providers, through participating non-profit organizations.



## *Hot Topics*

### **HITECH Grant Opportunities (continued)**

Based on information from HITECH Grant Programs Web Site (<http://HealthIT.HHS.gov/HITECHgrants>)

#### **Investing in Indian Health Care Information Technology**

These Regional Centers will focus their technical assistance on clinicians (physicians, physician assistants, and nurse practitioners) who provide primary care services with a particular emphasis on individual and small group practices (fewer than 10 clinicians with prescriptive privileges).

The HITRC is funded separately from the Regional Centers. The Research Center will gather information on effective practices and help the Regional Centers work with one another and with relevant stakeholders. It will identify and share best practices in EHR adoption, effective use, and provider support.

Grants under the Extension Program will be awarded on a rolling basis, with an expected 20 grants awarded in the first quarter of Fiscal Year 2010, another 25 in the third quarter, and the remaining awards in the fourth quarter of Fiscal Year 2010. To be eligible under this program an applicant must be a United States-based nonprofit institution or organization, or group thereof.

For further details about the Health Information Technology Extension Program grant opportunity, visit the following web page: <http://healthit.hhs.gov/extensionprogram>.

#### **State Health Information Exchange Cooperative Agreement Program**

The State Health Information Exchange (HIE) Cooperative Agreement Program will fund efforts to achieve widespread and sustainable HIE within and among states. The cooperative agreements awarded through this program will fund statewide plans that include the technical, legal/policy, and financial supports needed to let information flow securely to where it is needed for the delivery of quality health care.

States (including territories) or their non-profit State Designated Entities (SDEs) may apply for this grant opportunity. State plans and implementation proposals must address the needs of special populations within the state including newborns, children, youth, those in foster care, the elderly, persons with disabilities, those with mental and substance abuse disorders, those with limited English proficiency, and the medically underserved, including Native Americans.

For further details about the State Health Information Exchange Cooperative Agreement Program grant opportunity, visit the following Web page:

[http://healthit.hhs.gov/portal/server.pt?open=512&objID=1336&parentname=CommunityPage&parentid=37&mode=2&in\\_hi\\_userid=10741&cached=true](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1336&parentname=CommunityPage&parentid=37&mode=2&in_hi_userid=10741&cached=true)

#### **Additional Resources**

We encourage you to learn more about these funding opportunities. Please continue to check the following Web sites for updates of grant programs that may benefit Indian tribes.

<http://www.indiancountryworks.org/>

<http://www.recovery.gov/?q=content/tribal-links-other-resources>

<http://www.ihs.gov/recovery/index.cfm>

Find and apply for federal government grant opportunities at the following link:

[http://www.grants.gov/applicants/find\\_grant\\_opportunities.jsp](http://www.grants.gov/applicants/find_grant_opportunities.jsp)

#### **IHS Map**

To view a map of all the IHS hospitals, clinics, and sites around Indian Country, visit the following link: [http://www.ihs.gov/PublicInfo/Publications/IT\\_News/images/IHS\\_Sites.JPG](http://www.ihs.gov/PublicInfo/Publications/IT_News/images/IHS_Sites.JPG).

This is a rather large image, but you can use the View menu in your browser to zoom in and zoom out.

## *In the Works*

### **ARRA-Funded OIT Projects on the Horizon**

*By: Mark Rives, MSCIS, MBA, and Kathryn Lewis*

With the support of ARRA funding, IHS is proceeding with a variety of projects to improve security and infrastructure, and increase functionality.

#### **Secure Connectivity**

This project will establish secure connections between servers, workstations, and other devices throughout the IHS network, so that sensitive data can be encrypted. When data is encrypted, it is converted into a code to keep it more secure.

This project will require implementing new technologies to encrypt patient data that is exchanged between RPMS servers and workstations, and to support future encryption of data exchanged by other applications (such as EHR and iCare) within the IHS network.

Software modifications for this project per area are expected to begin in December 2009. Software installation for this project per area is expected to begin in March 2010.

#### **Domain Controller Replacement**

Domain controllers store user account information, authenticate users, and apply security measures to make sure only authorized users access the network. This project will replace all of the existing computers that function as domain controller servers in the IHS network (about 240 in all), and will add additional domain controller servers at smaller sites.

#### **Router Upgrade**

Routers are critical for moving information across the network. The routers on our wide area network are important because they enable network functionality. To improve network reliability, security, and transmission speed, OIT will replace about half of the IHS routers (about 230), and will provide memory for all (almost 500).

#### **OIT SAN**

A Storage Area Network System (SAN) is a group of connected computer devices that enables data storage. This project will provide additional SAN storage for OIT to enable replication of critical data between National Programs Albuquerque (NPA) and IHS Headquarters East (HQE). The additional storage will improve system usage analysis and security. Acquiring new SANs and supporting servers will increase overall data storage capacity and add capacity for future growth. This will also enable the hosting of various OIT Services, and the replication of those deemed critical for NPA and HQE. This will ensure that critical IHS data can be accessed immediately after an outage occurs, so that IHS operations can continue.

Final installation/configuration is expected to be completed by October 2010.

#### **Asset and Patch Management**

This project will implement new standardized software across IHS to keep track of hardware and software, and will ensure that all IHS systems are updated with the latest patches.

## *In the Works*

### **ARRA-Funded OIT Projects on the Horizon (continued)**

*By: Mark Rives, MSCIS, MBA, and Kathryn Lewis*

#### **Remote Access/VPN**

A Virtual Private Network (VPN) system allows users who are not using a computer that's connected directly to the network to access the network remotely. This is very useful for all staff working remotely. OIT will be upgrading the current VPN with a new one that requires stricter security.

Delivery of all equipment, licenses, and software is expected by March 2010. Final implementation is expected by November 2010.

#### **HEAT Rollout**

The Help Desk Expert Automation Tool (HEAT) is the software that the Help Desk uses to record and track help calls. This project makes the HEAT Client application available locally to areas and sites. They can use HEAT to track and monitor Tier 1 through Tier 3 help requests. Currently, areas and sites use different software applications for recording and tracking help desk calls, which creates inefficiencies.

Enabling areas and local sites to run HEAT locally eliminates these inefficiencies, centralizes and streamlines user support operations Agency wide.

#### **Video Conferencing**

Video conferencing is a telemedicine tool that allows real-time consultation via video between participants in different geographic locations. This project supports the expansion of telemedicine delivery in support of behavioral health and other clinical specialty and primary care services to AI/ANs. This project proposes the bulk purchase of video conferencing equipment for clinical use at federal, Tribal, and urban sites, along with the required supporting infrastructure hardware.

The current IHS video conferencing infrastructure does not have the resources to support the planned video initiatives for telehealth and behavioral health. Since these initiatives increase the network load, the video conferencing infrastructure must be upgraded to handle the increased volume of activity at the Center for Telehealth in Phoenix and for IHS as a whole.

## *In the Works*

### **EHR Deployment Under ARRA**

*By: Howard Hays, MD, MSPH, RPMS Investment Manager*

OIT staff will notice a few more federal colleagues in the next several weeks. As part of our response to the Recovery Act, OIT is stepping up our efforts to support IHS Area Offices and I/T/U facilities in fully deploying the RPMS EHR.

Although the EHR deployment program has been successful over the past five years in reaching over 210 facilities nationwide, barriers to full implementation remain, especially on the inpatient side. At present, 10 IHS and Tribal hospitals use EHR for inpatient care, and many more are in the planning stages. OIT's evaluation of the implementation experience suggests that by focusing expert attention on certain functional areas, we should be able to accelerate inpatient adoption. Hence, the plan to apply ARRA funding to create 18 deployment consultant positions. These positions will include five inpatient pharmacists, eight medical technologists, and five inpatient nurses. The pharmacists will be assigned to assist hospitals with the configuration and optimization of the RPMS Inpatient Pharmacy package, and the laboratorians will do the same for RPMS Laboratory. The nurses will work on EHR setup and training, alignment of EHR-related nursing business processes, and eventually, Bar Code Medication Administration.

In addition, in response to a request from Area Information Systems Coordinators to assist with clinical application support at the Area level, OIT has advertised for up to 15 Clinical Application Coordinators (CACs) to work directly with Area Offices. Although all of the positions are funded just through the end of FY 2010, OIT is hopeful that the value created by the positions, together with the revenue from the ARRA incentives, will allow most of them to continue as Area or local positions beyond the ARRA term.

As of this writing, 10 of the ARRA deployment consultant positions have been filled – five pharmacists, three laboratorians, and two nurses. Their duty stations range from Anchorage to Rockville; two will be stationed at the OIT office in Albuquerque. The laboratory and nursing consultant positions remain open pending additional applications.



## *Announcement*

### **Capt. Hays, RPMS Investment Manager, Receives U.S. PHS Commissioned Corps Highest Award**

*By: Theresa Cullen, MD, MS, RADM, U.S. Public Health Service, and Chief Information Officer*

It is with great pleasure that I announce that Capt. Howard Hays has received the U.S. PHS Commissioned Corps Distinguished Services Medal (DSM).

In recognition of Capt. Hays' career as a family physician and clinical director and later, clinical lead for the RPMS EHR and RPMS Investment Manager, he has been awarded the U. S. Public Health Service (PHS) Distinguished Service Medal.

The DSM is the highest award bestowed on an officer in the PHS. It recognizes exceedingly high level of achievements, such as the management of a major health program and initiatives resulting in a major impact on the health of the nation.

The deployment of the RPMS EHR has truly transformed the way healthcare is delivered in Indian Country. Capt. Hays' contribution to the success of the RPMS EHR cannot be overstated, and in this era of health information technology expansion and healthcare reform, this award is a timely recognition of his contributions.

Congratulations Capt. Hays!



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**“... I have seen that in any great undertaking it is not enough for a man to depend simply upon himself.”**

**Lone Man  
(Isna-la-wica)  
Teton Sioux**

## 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.

