Indian Health Service

OIT Newsletter

Office of Information Technology

November 2008

Welcome to the IHS OIT Newsletter

Inside This Issue

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.

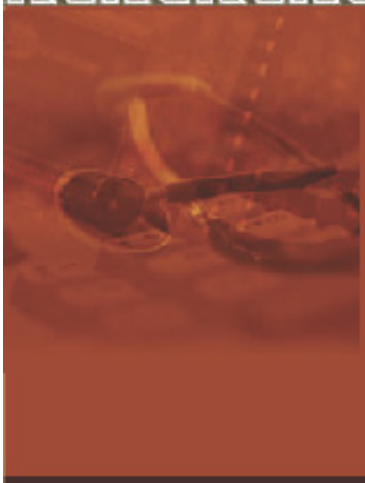
"Concern for man and his fate must always form the chief interest of all technical endeavors. Never forget this in the midst of your diagrams and equations."

Albert Einstein

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 and 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 $122 are available on a first-come basis until **November 21, 2008**. Ask for the *"IHIM Conference"*:

What I do today is important because I am exchanging a day of my life for it.

Hugh Mulligan

Welcome

Announcing…

New Director of Information Security

By Timothy Defoggi

I want to take this opportunity to introduce myself as the new Director of Information Security and to share my vision on Information Security here within Indian Health Service (IHS).

Information security is a tremendous problem across the government and within the private sector. How big is the problem? According to the National Counterintelligence Executive, China has downloaded 10 to 20 terabytes of data from DOD's unclassified network. Moreover, health care information is being increasingly targeted by foreign governments like China and Russia. How do we address this enormous issue as a Department?

Our mission in Information Security is to empower the Department to carry out its critical role while implementing security measures that make it as difficult as possible for foreign and domestic collectors of this information. For me, this is a balancing act. My focus is to continually look for high risk vulnerabilities and to implement solutions that are transparent to our health care providers.

As we move towards greater sharing of information within the public and private health care systems, we need to be ever mindful of the changing threats and move forward together in building secure systems. It is incumbent upon me to bring about a broader awareness of the cyber threats and to facilitate cooperation across the agency.

Hot Topics

Indian Health Service Office of Information Technology Fiscal Year 2008 Successes

By Theresa Cullen, M.D., M.S. Director and Chief Information Officer, OIT

The Indian Health Service (IHS) Office of Information Technology (OIT) mission is to enhance the personal and population health of American Indians and Alaska Natives through secure and appropriate information technology. The OIT made substantial progress in accomplishing annual performance contract measures and other high priority initiatives during Fiscal Year (FY) 2008. Highlights of the year's accomplishments follow. A full report can be viewed on the IHS Internet's CIO Library Website located at: http://www.ihs.gov/misc/links_gateway/sub_categories.cfm?Sub_Cat_ID=060202

Resource and Patient Management System

Electronic Health Record (EHR) - The Resource and Patient Management System (RPMS) EHR is in use at 182 sites nationwide, far exceeding the IHS Director's FY 2008 target of 151 sites. The EHR adoption at Tribally-operated facilities has been aggressive as well - 82 of the 182 EHR sites are Tribal or Urban.

Certification Commission for Healthcare Information Technology (CCHIT) - The IHS successfully completed certification documentation, coding, and testing by end of third quarter FY08 without any negative findings; full certification is anticipated by the end of December 2008.

Integrated Case Management (iCare) –The IHS deployed iCare enhancements nationally on June 26, 2008 IHS anticipates deployment of the next version in early calendar year 2009.

Quality and Transparency - The OIT ensured Agency programs are aligned and fully integrated with the Department of Health and Human Service's goals with transparency through the release of the Clinical Reporting System (CRS) enhancements on April 1, 2008.

Quality of Care (QOC) Website – On September 30, 2008, the OIT deployed the new IHS QOC website that includes a patient wellness summary supporting patient-centric care from both patient and clinician perspectives, on September 30, 2008. In 2009, five additional performance measures will be added.

Security Training - All IHS Areas and Headquarters reported 100% completion of Security Awareness Training by May 15.

Collaborations

Family Health History (FHH) – The OIT and the Office of the Surgeon General, HHS, will be prototyping a web-based tool that can collect FHH information a public interoperability demonstration of the prototype that includes IHS will be provided on or around November 25, 2008.

Global War on Terror Heroes - The OIT worked closely with the Department of Veteran Affairs (VA) on the GWOT initiative established by Presidential Executive Order to improve IT interoperability between the VHA and the IHS electronic health records.

National Health Information Technology Initiatives - The Nationwide Health Information Network (NHIN) is being developed to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. The IHS is participating in the NHIN Trial Implementations in December.

Help Desk

The new Help Desk system went live at the end of FY 2008. Users will be asked for their feedback on the Help Desk software, business process changes, and standard operating procedures in early 2009.

Telehealth

IHS Director's Initiatives - Worked closely in support of the IHS Director's Initiatives including coordination of the ninth IHS Open Door Forum (highlighting examples of telehealth activities supporting the Director's Initiatives).

Telehealth Tools/Planning - Integration of telehealth tools/planning into key program strategic directions. Examples include:

- IHS Division of Diabetes Treatment and Prevention
- Innovations in Planned Care
- Native American Cardiology Program
- IHS Obesity Strategic Planning Workgroup
- Pharmacy services planning (with the IHS Office of Clinical and Preventive Services)

It's amazing what ordinary people can do if they set out without preconceived notions.

Charles F. Kettering

Hot Topics

Enterprise Performance Life Cycle

By: Carl Gervais

Over the last couple of years, HHS has been working towards implementing an Enterprise Performance Cycle Framework (EPLC). The main objectives of the EPLC are to establish a standardized project management framework that all OPDIVS will adhere to and to incorporate industry Project Management Principles for better management of government IT spending. The EPLC is comprised of 10 different phases:

1. Initiation
2. Concept
3. Planning
4. Requirements Analysis
5. Design
6. Development
7. Testing
8. Implementation
9. Operations & Maintenance
10. Disposition

As an IT project moves through the ten phases of the EPLC Framework, it passes through a series of project and stage gate reviews. There are ten stage gate reviews, five that are mandatory and possible eighteen project reviews that could be applied to the project depending on size and scope.

The HHS EPLC Workgroup was established earlier this year to move the implementation forward. IHS is an active participant in the workgroup and on September 26, 2008 IHS submitted an EPLC Implementation Plan to help IHS meet the HHS requirements of implementation. The Implementation plan contains the following elements:

- Finalization of the IHS IT Governance Policy
- Incorporation of the Critical Partners and the PMOs
- Identification of upcoming DME IT projects
- Development of Stage Gate Review
- Communication and Training on EPLC
- Establishment of a CPIC PMO to manage and oversee the EPLC and CPIC processes

In the coming months there will be more information on the progress and development of EPLC within IHS. If you have questions about EPLC please contact, Carl Gervais, CPIC Manager at Carl.Gervais@ihs.gov or 505-248-4197.

Making life better for the people we serve.

CIMTAC Current Membership by Area

Aberdeen
Elaine Miller, MD – 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
James Gemelas, Pharmacist – 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

CIMTAC – Clinicians Information Management Technology Advisory Council

By: Kathy Ray

The CIMTAC regular meeting was held in August in Albuquerque

There are 4 Change Control Boards: Electronic Health Record (EHR), Behavioral Health (BH), Patient Care Component (PCC), and Integrated Case Management (iCare).

It is the function of these CCB's to review, approve/disapprove requests submitted through the RPMS feedback site. They are responsible for prioritizing the approved requests. Meetings are held through regular conference calls, and some face to face meetings. To submit a change request go to http://ihs.gov/, IT Resources, RPMS, RPMS feedback, and fill out the form.

Have you seen it yet? The new "Quality of Care" website, is now operating. You need to check it out by going to http://ihs.gov/. It's currently located on the upper left side under "Special Announcements".

Providers can look forward to advancements being made with Referred Care Information System (RCIS) coming down the path. Soon a patch will be released that will allow RCIS alerts to be visible in the EHR notifications. When Contract Health Service (CHS) staff updates a referral, the provider will see an alert in EHR. This will streamline and facilitate communication between people, and keep everyone up to date. A group led by Susan Pierce-Richards has had a first meeting on looking at an RCIS GUI in EHR that uses Text Integration Utility (TIU) templates to fill in certain data elements. An RCIS GUI in EHR is long overdue. We hope this is a project that will move rapidly to completion.

CIMTAC meeting on Monday afternoon and Friday morning during the Health Information Management Conference coming up in December in Phoenix. Anyone who would like to attend these meetings will be welcome.

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

Output device with Braille cells that change (refresh) as the user scrolls through an electronic document.

Refreshable Braille Display

Alternative Pointing Devices and Switches

Trackballs, one which provides ergonomic comfort and the other provides access for persons with limited mobility. Switches, used to operate a computer by some part of a person's body in which they have control.

Hot Topics

Web Applications:

By: Michael McSherry, (LTJG USPHS)

IHS Web and Section 508 Compliance

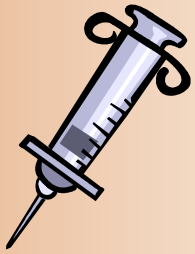
If you're managing content on one of the IHS.gov websites you should know about this. Last year all Health and Human Services (HHS) Operating Divisions (OPDIVS) were checked for compliancy by a nonprofit organization and they found IHS along with every other OPDIV to be lacking in 508-compliance. Remediation of all IHS.gov websites will ensure that we are compliant across the board by the end of FY 2012.

The IHS web team is working diligently on addressing the issues that have been uncovered. The content managers of each site under IHS.gov are implementing section 508 compliant documentation to their respective websites. Training has been made available by HHS for all employees to learn how to create compliant documentation (PDFs, Word Docs, etc) and there is no cost for this. If you'd like to learn more about when these courses are offered you can go to http://www.508.hhs.gov/Training/webcasts.htm. Even if you are not making documents directly for the web you should consider taking one or more of the offered trainings to better understand the effort it takes to make fully accessible documentation and so that you can make 508-compliant documentation as all distributed documents are required to be. Additionally accessibility checklists can be found at www.hhs.gov/web/508/.

Keeping content up-to-date

Another challenge IHS web is facing is making sure all the content found on our websites is up-to-date and/or relevant. IHS.gov has over 10,000 pages and ensuring that all of them are up to date is quite the task. If you find a page which is dated, please use the site contact email (generally found in the left navigation) and alert them. Many times the content manager for that specific site doesn't realize their information is outdated. This goes for broken links and/or any other issue with a page you find.

As always if you'd like information concerning IHS.gov or how we operate you can email LTJG Michael McSherry (Michael.McSherry@ihs.gov) IHS Web Manager.



Hot Topics

Measles? In the USA? In 2008?

By Scott Hamstra, MD, Pediatrician

Measles continues to be a problem worldwide, infecting nearly 18 million children and killing an estimated 242,000 each year. That is; 600 children who die each day from this disease.

In the USA, in fact the whole western hemisphere, Measles had been eliminated by 2002. So why did Measles become a 2008 problem? International travel has made it possible for measles to be transmitted from far away places. Until the global eradication of Measles occurs, we want to be prepared to prevent and respond to local or regional outbreaks of Measles.

Thankfully – we are well prepared due to high rates of Measles, Mumps and Rubella (MMR) vaccination in our communities and the Resource and Patient Management System (RPMS) Immunization software at our fingertips.

This article briefly summarizes the use of the RPMS Immunization package to get an accurate picture of the local situation and provide a mechanism for a timely response to the Measles threat.

A. Assess the level of MMR coverage using Immunization (IMM) Reports at the click of the mouse.

B. Use the Lists and Letters IMM function to get the vaccination rate and to use Letters to notify patients a child is due for MMR #1 or MMR #2.

C. Monitor the Intervention using the Vaccine Accountability Report. Choosing weekly intervals can track the amount of MMR given each week and then summarize and communicate the progress at the local site which reflects both the community and service unit response to the outbreak situation.

The Indian Health Service has provided an excellent software tool in the Immunization Package that enables personnel to respond both efficiently and effectively to a vaccine preventable illness threat to both the community and individuals. This capability may be unknown, underutilized or underappreciated by many and our sincere hope is that this publication will help many to both appreciate the hard work by folks in the past and present, both at the local and national levels, which have contributed to this current capability. Indeed, we do stand on the shoulders of giants.

Hot Topics

IHS Trauma Care Program for Native Americans and Alaska Natives

By David R. Boyd, MDCM, FACS

Trauma is physical injury from any cause. It is the leading cause of death under the age of 55 among American Indians and Alaska Natives (AI/AN) and the prime killer of our youth. It is largest cause of morbidity and mortality and three times greater than the general population. Trauma costs to the Indian Health Service exceed $350 Million annually. These statistics are affected by the rural setting with limited definitive trauma care capacity and long distances to advanced Regional Trauma Centers. Many injuries have modifiable behavioral risk factors such as alcohol and other substance abuse. Trauma and related acute causes are responsible for over 60.3% of Years of Potential Life Lost (YPLL's) for AI/AN. These and other known deficiencies can be ameliorated by implementing a "State of the Art" Rural Trauma Care, Emergency Medicine (EM) and Emergency Medical Services (EMS) System. (Note these are years lost below the expected average of life survival, i.e. a fellow who dies at 20 y/o should live to 75 yrs; YPLL is 55)

The goals of the IHS Trauma Care Initiative are to provide national standards for Trauma Care and Control to establish effective Regional Trauma/EMS Systems for Native Americans (AI/AN) communities. These broad but attainable goals are feasible with "A Systems Approach" for developing effective Trauma Care and EMS Systems capacity; through collaboration with advanced Regional Trauma Centers. A Trauma Care delivery system is a continuum of interrelated activities beginning with Injury Control and Trauma Case Reduction; EMS Response and Field Care; Initial IHS-Tribal Hospital Emergency Medical Care, Trauma Surgery; and Secondary Transport for Advanced Trauma Surgery, Critical Care and Rehabilitation. Supportive programs of Professional Training, Technology Transfer, Systems and Outcome Evaluations, Epidemiology, Cost Control and Reimbursement are essential.

Trauma is not a single disease but a spectrum of injury producing effects causing death and disability. Leading clinical patterns are: Central Nervous System injuries to the brain and spinal cord; Thoraco-Abdominal Visceral injuries and crippling orthopedic injuries. These are present in a variety of complex multi-injury patterns and occur in all ages, but are most damaging to the young.

The challenging realities of AI/AN Rural Trauma Care are large. The dominating effects of alcohol abuse are being targeted through the IHS-Tribal "Alcohol Screening and Brief Interventions (ASBI).

The IHS Trauma Care Initiative will stabilize and reverse the current progressive downward trends on the individual, their families and community. This program will change our approach and revitalize Trauma Care in IHS and Tribal Hospitals and Clinics. It will involve tribal community's EMS Systems and Injury Prevention activities. The IHS has successfully controlled serious and systemic disease processes. The future health of AI/AN communities may depend on how effectively the Indian Health System approaches Trauma Care and the growing demand for acute care services.

The Office of Clinical and Preventive Services-Emergency Services (OCPS-ES) provides oversight and policy guidance to the Trauma Program. It promotes scientific and evidence based knowledge on Trauma, Emergency Medicine and EMS Systems. It formulates strategies consistent with IHS and Tribal programs and frequently consults with Federal partners and relevant Professional Associations. The OCPS-ES Trauma Care strategic plan is to vastly improve current trauma capabilities, correct resource deficiencies and utilize principles and practices of the successful National Trauma program. Injury patterns that cause the greatest mortality and reflect disparities of resources will be targeted and have the greatest impact for change to the overall system.

Hot Topics

Emergency Room System v3.0 (AMER) Update - October 21, 2008)

By: Joann Henry

The RPMS Emergency Room System (ERS) application provides a method for tracking of patient passage through the emergency department and enables system users to generate a variety of user-defined reports electronically. The ERS application eliminates the need for paper patient logs, and the reporting function frees the user from the tedious task of manually extracting patient visit data.

The Emergency Room System (ERS) application is on schedule for a new version, v3.0, which includes the following new features:

- Registers, admits, and discharges patients from the ER as it has done in the previous version, and now updates any data that has be entered in error after ER discharge.
- Generates an audit trail, which tracks key information, such as old value, new value, and reason for change.
- Creates a complete PCC visit with the information entered in ERS.
- Generates additional reports to help you manage the flow of patients and ER staff workload, including
    - Patients by Triage Category, Triage Nurse, or Consultant Type
    - Transfers from outside facilities
    - Arrivals to ER by Ambulance or Flight Services
    - ER Statistics & Hourly workloads
    - Previous day's admissions to ER
    - ER log for particular patient & visit date
    - Audit log reports

As of October 2008, three sites are participating in the Beta Testing of ERS v3.0. The sites include: Cass Lake, Gallup Indian Medical Center (GIMC), and Hopi Health Care Center. The support team for this project includes: Carla Huber, Federal Lead, Stephanie Randolph, Developer, Mary Jane Long, Technical Writer and Joann Henry, User Support/Beta Test Coordinator.

We are projecting a national release of ERS v3.0 during December 2008. For more information about this application, please contact Joann Henry at Joann.Henry@ihs.gov or 505-248-4160.

Hot Topics

Information Systems Advisory Committee (ISAC)

By: Christy Tayrien

The ISAC is currently soliciting membership nominations to fill five ISAC term appointment positions in 2009. The appointments will begin in mid-2009 and serve on the Committee for two years. Contrary to popular belief, ISAC membership is not based on a given set of positions per IHS Area. Rather, consideration for ISAC membership is based on the diversity of perspective the individual will bring to the ISAC in terms of geography, size of program, and mode of service and/or contracting instrument.

The ISAC will review all membership nominations submitted and make membership recommendations to the Director, IHS. The Director, IHS, at his/her discretion, appoints representatives based on recommendations submitted by the ISAC.

Nominations can be made by Area Directors, Area health boards, and individual Tribal and Urban Indian organizations.

Please submit nominations along with your nominee's brief biography or resume to the ISAC Co-Chair, Chuck Walt, at chuckwalt@fdlrez.com and to christy.tayrien@ihs.gov.

For more information, the ISAC Charter can be found at: http://www.ihs.gov/PublicInfo/Publications/IHSManual/Part8/pt8_chpt2_revised/pt8chapt2.htm#2d\

We are what we repeatedly do. Excellence, therefore, is not an act but a habit.

Aristotle

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

Additional hints for passwords:

- Treat passwords with great care. They are your keys.
- Change your passwords frequently.
- Don't use the same password for everything. It's like using the same key for your house, your car, your office, your bank, and access to every bit of patient or personal information you ever saw.
- If you have to write down your passwords, keep them some place where no one can easily find them.
- Don't share your passwords with others.
- Don't email a password. There are viruses that scan emails searching for the words "User Name" and "Password."
- Avoid typing passwords on computers you don't control.
- Never respond to an email request to verify your password.
- If you think you might have lost control of your password, change it immediately.
- Don't use pet's names, family member's names, birthdates, or phone numbers. Be creative with passwords. Use derivations of the paint color you painted your living room or use derivations of the plant names you planted in your yard.

Updates

Information Security Tips

By: LT Mark Rives, MSCIS, MBA

Have you ever wondered how long your password is good? No, not how long it takes for your password to expire. Have you ever wondered how long it would take a skilled hacker with devious intent to crack your 8-character password?

Think about this for a minute. If you used a password with only 5-characters and used only lowercase letters, a hacker would have a lot of guessing to do, wouldn't they? The possibilities come up to something like 11.9 million different combinations. (That's 26 x 26 x 26 x 26 x 26). It sounds like it would be tough to crack a password with that many combinations but modern hacking programs can break it in minutes. Using eight characters would make your password a little more safe (208 billion possibilities) but that probably wouldn't last longer than an hour given the speed of modern computers and strength of cracking programs. So, passwords with just lower case letters, no matter how lengthy, don't really provide much security.

However, if we add in upper case letters so that "password" becomes "PaSsWoRd", suddenly we increase the security level to 53.5 trillion combinations. That's a lot more secure, right? Yes, but it can be broken in a matter of hours.

The strongest passwords are those that use upper case letters, lower case letters, numbers, and special characters. The combination of those possibilities raises the complexity of your 8-character password to 899.2 trillion possibilities. A password that large becomes a challenge to modern cracking tools.

If you increase your password length to 10-characters or even 16-characters, then the possible combinations increase from 4,924 quadrillion to 808 trillion quadrillion. Now that's what I call a strong password!

Before the thought of trying to come up with a 16-character password causes you heart palpitations, think of your own "formula" for passwords. You may find a formula is easier to remember than the password itself. My formula is really quite simple but you can make your own. Mine involves changing a few key characters so they don't actually spell words and by capitalizing other words. As an example, let's use the first vehicle that I had when I was in high school, a 1974 Ford Ranger Pick-up truck. By changing some of the characters and using capitalization, my old 1974 Ford Ranger becomes a very strong password like "!974+F0rd=R8ng3r". And, with 16-character password combinations like that, I feel relatively safe that a hacker would move on to someone else rather than spending time trying to crack my passwords.

Before you curse your login and the requirement for long passwords, pause for a moment to have a little empathy for your network administrator. Security requirements for some of the most critical systems require a password of 40-characters or longer.

Updates

National GPRA Dashboard

By: Francis Frazier, FNP, MPH

The results are in! The California National GPRA support team received the twelve Indian Health Service (IHS) Area GPRA (Government Performance and Results Act) reports and aggregated them to prepare the 2008 National Dashboard (IHS/Tribal). This year the Indian Health Service met nineteen (19) GPRA measures or 86% of the twenty-two (22) clinical performance measures. The IHS exceeded fourteen (14) performance targets, met five, and did not meet three performance targets. The 22 clinical performance measures comprise the general topics of diabetes treatment, cancer screenings, health promotion and disease prevention, immunizations, and comprehensive disease management.

The Government Performance and Results Act of 1993 (GPRA) is a federal law requiring each agency to publically demonstrate stewardship of their appropriated budget by publishing performance results for agreed upon performance measures and negotiated performance targets. The Indian Health Service (IHS) has been reporting GPRA measures since FY 1999. In FY 2008 the Indian Health Service will report on a total of 34 performance measures. Twenty-two of those measures are the clinical performance measures displayed on the FY 2008 National Dashboard (see attached). The data source for these 22 clinical measures is data that has been entered into the IHS Resource and Patient Management System (RPMS). The RPMS Clinical Reporting System (CRS) application is utilized to passively search local RPMS databases using predefined, hard coded measure logic to calculate clinical measure results.

The CRS application is not only a GPRA reporting vehicle; this application can be used to generate additional quality reports, including a HEDIS (Healthcare Effectiveness Data and Information Set) report, an elder care report, a patient education report and a CMS (Centers for Medicare and Medicaid Services) report. These reports are designed to assist local sites to monitor their own performance and improvement, have data available for grant applications, and to demonstrate to their local communities that the facility provides high level health care.

The agency continues to show steady increase in performance results. The FY 2008 national clinical results show that the Indian Health Service has exceeded established targets for 14 or 64% of the 22 targets compared to FY 2007, where 13 or 59% of the 22 measures were exceeded. Three 2008 performance measure results exceed their targets by 10% or more: diabetic nephropathy (10%), topical fluoride (12%) and depression screening (11%). The remaining eleven (11) measures to exceeded targets from 1% to 6%.

In conclusion, FY 2008 clinical measure GPRA results were achieved due to the extraordinary efforts of the entire Indian Health system, including clinical and program staff, data entry, IT staff, management, and GPRA coordinators at all levels of the agency. Thank you for your hard work and continuous commitment to quality that has resulted in the agency meeting most of our performance objectives.

Contributors

Lynette Waters: Managing Editor

Theresa Cullen, M.D., M.S.	Rockville, MD
Kathy Ray, CNM	Phoenix, AZ
Michael McSherry, (LTJG USPHS)	Albuquerque, NM
Carl Gervais	Albuquerque, NM
Christy Tayrien, MPH	Rockville, MD
LT Mark Rives, MSCIS, MBA	Rockville, MD
Scott Hamstra, MD, Pediatrician	Tucson, AZ
Timothy Defoggi	Albuquerque, NM
David R. Boyd, MDCM, FACS	Rockville, MD
Joann Henry	Albuquerque, NM
Francis Frazier, FNP, MPH	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.