

Clinical Applications

Behavioral Health – stores and reports on behavioral aspects of clinical problems and on provider activities.

Case Management – establishes and maintains patient registers for managing select patient groups.

Community Health Representative – permits Community Health Representatives to inform members of the health-care team about health-related activities taking place in the patient's home or in the community.

Contract Health Services - a facility-based document and fiscal management system for the IHS Contract health Service Program.

Dental – provides data capture for direct and contract care dental programs.

Diabetes – a group of computer programs that facilitate individual patient care and diabetes program management.

Immunization Tracking – compiles and reports on historical and current immunization data (including adverse reactions).

Laboratory – provides laboratory/pathology data to healthcare providers and other healthcare personnel.

Nursing Patient Acuity Assessment – computes patient nursing care needs by ward or unit and hospital.

Nutrition and Dietetics – assesses patients' energy and protein needs and produces nutrient analyses of menus, food intake, and recipes.

Patient Care Component (PCC) – incorporates all patient-related information gathered during patient contacts into one comprehensive, centralized data repository to support healthcare planning, delivery, management, and research.

PCC Data Entry – encodes all commonly used English language terms into the International Classification of Disease (ICD-9) CM codes.

PCC Data Exports – collects and transmits inpatient and ambulatory visit data for national reporting.

PCC Health Summary – a comprehensive patient health history derived from the comprehensive, centralized data repository.

PCC Management Reports – a series of reports for patient care and program management.

PCC Query – a powerful tool that performs ad hoc searches of the PCC database.

Pharmacy – manages medication regimens, pharmacy workload, and costs.

Radiology – manages the administrative activities required for radiological patient exams.

Referred Care – tracks, stores, and reports clinical and cost data on patient referrals to in-house clinics, other IHS facilities, and outside health providers.

Taxonomy – tracks and reports on patients who fall within a group of related diagnoses.

Women's Health – identifies, tracks, and produces an array of reports on breast and cervical treatment, and pregnancy due dates.

Administrative Applications

Accounts Receivable – processes, manages, reports, and follows-up on all third-party billing activity.

Administrative Resources Management – an automated requisition and purchase order system, featuring electronic routing of documents for approval and signature, and an automated commitment register.

Contract Information – single source of IHS procurement award data that will satisfy IHS reporting obligations to the Public Health Service Contract Information System (PHSCIS), Departmental Contracts Information System (DCIS) and the Federal Procurement Data System (FPDS).

Equipment Data Entry – records and reports equipment changes to IHS Non-Expendable Control Operating System.

Medical Administration/Patient Information Management – automates all aspects of the outpatient scheduling process, records inpatient admissions, ward and service transfers, and discharges.

Patient Registration – maintains patient demographic and insurance eligibility information.

Quality Assessment and Improvement Management – tracks quality improvement activities at hospitals and clinics.

Quality Improvement Linkages – collects and transmits RPMS clinical applications data to the JCAHO Indicator Measurement System.

Staff Credentials – maintains and tracks medical staff credentials for granting privileges.

Third-Party Billing – creates claims for submission to Medicare, Medicaid, and private Insurance.

Infrastructure Applications

Automated Information Systems Security – provides security tools, procedures, and systems to protect patient information.

VA FileMan – RPMS database management system (DBMS).

VA Kernel – provides a portability layer between the underlying operating system and application code making the entire system portable across different computers, operating systems, and M implementations.

VA Kernel Toolkit – supplements the Kernel software package by providing development and quality assessment tools, capacity management tools, and system management utilities.

VA MailMan – an electronic messaging system that transmits messages, computer programs, data dictionaries, and data between users and programs located at the same or different facilities.

A Busy Day in an Indian Health Clinic



RPMS in Action

Resource and Patient Management System (RPMS) is an integrated solution for management of both clinical and administrative information in healthcare facilities. Flexible hardware configurations, over 35 software applications, and network communication components combine to create a comprehensive clinical, financial, and administrative system.

Professionals in both the Indian Health community and the private sector use over 20 clinical applications that comprise the Patient Care Component (PCC) of RPMS every day to efficiently manage clinics, maximize revenue generation, and – most important in today's managed care environment – provide high-quality, cost-effective care for patients. Turn the page and see how critical PCC is to improving access to, communication about, and tracking of critical patient information.



The Indian Health Service
Public Health Service
Department of Health and Human Services
Washington, D.C.



Resource and Patient Management System



FLEXIBLE • SCALABLE • COST-EFFECTIVE



Caring for Patients

The Indian Health National Data Base is built from the bottom up – beginning with data captured about each patient who is seen. It is also here, in the clinical setting, that RPMS helps providers meet the most challenging healthcare delivery needs.

Monday

1:15 pm

The medical records technician uses Clinic Scheduling to create a list of patient appointments for tomorrow morning's Diabetes Clinic. He then pulls the patient charts and uses PCC and Diabetes Management to print out the most up-to-date Diabetes Standard Health Summary on each patient.

4:00 pm

The nurse coordinator for tomorrow's Diabetes Clinic reviews the Diabetes Standard Health Summaries for each patient, completes the lab slips and referral forms required, and orders immunizations, so that everything will be ready for the patients when they arrive tomorrow.

Tuesday

8:05 am

A walk-in patient arrives, and as his chart is pulled, his PCC Health Summary is printed. A triage nurse checks for information crucial for treating the chief complaint, notes overdue immunizations and other preventative care required, and orders lab tests the provider will need.

8:35 am

A physician's assistant (PA) in the Urgent Care Clinic sees the walk-in patient and needs a lab report. Instead of calling the lab and asking a technician for the results of the urinalysis the triage nurse ordered, the PA goes directly to the lab printer. RPMS Laboratory software prints test results the moment the lab reports them. Meanwhile, at a nearby computer terminal, a physician uses Radiology to access the result of an ultrasound test he ordered recently. He sees that the patient has gallstones and changes the PCC Problem List narrative to reflect this new information. He also documents the test and follow-up treatment plans as Related Notes on the PCC Health Summary.

A Busy Day in an Indian Health Clinic: RPMS in Action

9:48 am

Also in Urgent Care Clinic, a physician discovers that tissue sampling has not yet been ordered for a 38-year-old woman with dysfunctional uterine bleeding. The nurse clinician mentions that two other patients with similar problems were treated recently without tissue sampling, but, can't remember their names.

9:55 am

Using PCC Query Manager (Q-Man), the clinician enters pertinent information to search for those patients and within minutes, the two patients who need tissue sampling are identified.

11:30 am

A child is admitted with confirmed meningococcal meningitis. A household investigation and appropriate prophylaxis are in order. Using RPMS's Network Communication capability, the public health nurse chooses the CDC Prevention Guidelines icon and is automatically connected to the CDC home page. He finds Recommendations from the Immunization Practices Advisory Committee on Meningococcal Vaccines, prints the document, and obtains orders from a physician to provide the recommended doses of rifampin to the patient's intimate contacts.



Dollars and Sense

RPMS Software is public domain, making it the most cost-effective choice in software applications. Also, because information captured during patient visits is shared across applications and platforms, duplicate data collection to support billing and other financial functions is virtually eliminated.

Tuesday

10:15am

A clerk in Accounts Receivable is asked to compare this year's total billings with last year's. A quick look at the total number of patients reveals that on average, providers are seeing two or more

patients per day than last year. She reviews the report with the administrator and a physician. Together they conclude that patient data from PCC Health Summary, the availability of lab and radiology reports via computer, and the elimination of duplicate data recording by providers is saving about a minute per patient. That's thirty minutes a day, which allows providers to see an average of two more patients daily.

30 minutes = 2 patients
2 patients = \$350
\$350 x 200 days = \$70,000 per year per provider

Figures based on average estimated Medicare/Medicaid reimbursement rate of \$175 per visit.

10:55 am

A clerk is using Third-Party Billing to generate third-party claim forms to Medicare, Medicaid and multiple private insurance companies. Because billable information about patient visits and procedures transfers electronically from PCC, getting the necessary information into the third-party claims is easier. Also, fewer billable visits and procedures are missed and overall collections are higher.

11:05am

A patient seen in today's Rheumatology Clinic is also complaining about a red, painful eye. The physician suspects iritis and uses Referred Care to enter a request for the patient to see an ophthalmologist today. The scheduling clerk arranges the referral to the on-call ophthalmologist and directs the patient to the Contract Health Services (CHS) office. The CHS clerk verifies that the patient is eligible for CHS, then accesses information – entered moments ago by the physician and scheduling clerk – that has transferred automatically to the Contract Health office. He immediately prints a referral letter for the patient to take to the ophthalmologist later today.



Real Administrative Support

Data captured during patient visits are also available to RPMS's administrative software applications without duplicate entry. In addition to its use at individual facilities, the demographic, diagnostic, epidemiologic, and therapeutic data join data from other facilities nationwide to comprise the Indian Health national data repository. It is used to satisfy several uniform reporting requirements such as HEDIS, ORYX, GPRA, and Healthy People 2010.

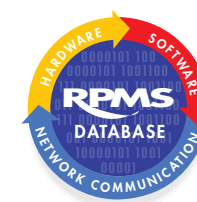
Tuesday

2:15pm

The registration clerks in today's Diabetes, Urgent Care, and Family Practice Clinics are all using Patient Registration to access the medical record number, demographic, Tribal membership, and insurance eligibility information about each patient. Meanwhile, a medical records clerk is also using Patient Registration to access new-patient information captured earlier today to establish a new medical record chart.

4:45pm

The administration clerk has two requests before her. For the first, she uses Medical Staff Credentials to produce an updated report on the status of all medical staff credential files. She send alerts to providers whose licenses are due for renewal or who need to reapply for privileges. For the second, she accesses Administrative Resources Management System (ARMS) and enters a staff member's request to attend a training session. After ARMS automatically computes the approved per diem and lodging rates for the training location, she enters the remaining travel information and electronically sends the request for approval.



Need More Information?

Enhancements to RPMS are driven by the same people who created it and use it today – including you! To offer feedback, request changes or enhancements, or for more information, contact your Area Information Systems Coordinator or do one of the following: visit the RPMS Information Web page at www.rpms.ihs.gov; email the ITSC Help Desk at ITSCHelp@ihs.gov; or call 888-830-7280.

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