



Office of Minority Health National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

“IHS Health Information Technology Program”

by

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Good Morning. It is a pleasure to be here today to tell you about the Indian Health Service, and the role of our innovative information technology system in ensuring the delivery of quality health care services to our customers, the American Indian and Alaska Native people.

The Indian Health Service is the principal federal agency responsible for the provision of comprehensive health care services to approximately 1.8 million American Indians and Alaska Natives who are members of more than 560 federally recognized Tribes. The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest possible level.

The Indian health care system consists of comprehensive health care services provided either directly by the IHS or through tribally operated health programs, with some services purchased from private providers. Health care services are delivered through a system of 48 hospitals, 238 health centers, 167 health stations, 180 Alaska Village clinics, and 34 urban projects.

The IHS directly provides services at 33 hospitals, 59 health centers, and 50 health stations. In addition, the IHS supports 34 Urban Indian health programs that provide a variety of health and referral services.

Through P.L. 93-638 Self-Determination contracts and Self-Governance compacts, Tribes and Alaska Native corporations administer 15 hospitals, 179 health centers, 117 health stations, and 180 Alaska Village Clinics.

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In concert with Tribes, health care services are administered through a national network of 12 regional, or Area, offices and 155 IHS and Tribally managed service units. The location of these facilities range from remote rural locations to heavily population urban areas; although most are in rural reservation communities in 35 states, mostly in the western United States and Alaska.

The IHS and Tribal system handles more than 61 thousand inpatient admissions, 9 million outpatient visits , and 950 thousand dental visits per year.

The challenge of administering such a large and geographically dispersed population, most of whom reside in rural and isolated areas, requires an innovative health information technology system. Our goal of delivering holistic, culturally appropriate services that address the physical and emotional components of good health also requires the ability to make all relevant patient data available at all times to all providers.

The health information technology system for the Indian Health Service is called the Resource and Patient Management System, or "RPMS." It was first developed almost 25 years ago within the Federal government, principally the Veterans Health Administration and IHS. The RPMS is currently a complex integrated suite of more than 60 different applications that have been tailored to meet the needs of our service population. These applications support direct patient care, as well as administrative functions such as billing, in an environment designed to meet security guidelines.

The Indian Health Service has been a pioneer in the use of computer technology to capture clinical and public health data. The IHS RPMS has been widely recognized as an innovative and model program. In a 2004 program performance review by OMB, the RPMS received top ratings. And NASA has recently chosen the IHS RPMS system as a model for developing their health information system.

We are proud of our Information Technology staff members who are making this effort successful, and who have helped make the IHS one of the recognized leaders in information technology and management systems.

The Clinical Reporting System, or CRS, is a component of RPMS that was developed within IHS specifically to assist providers, health care teams, and hospitals monitor their clinical and preventive health indicators. It is designed to eliminate the need for manual chart reviews.

The CRS produces reports on demand from local RPMS databases for one or more of 41 clinical topics, comprised of over 250 individual indicators. Reports allow individuals, as well as sites, to evaluate their clinical performance. The CRS facilitates the comparison of performance results between local, Area, and national outcomes.

In recognition of IHS's role in health information technology development, the CRS was recently selected by the Healthcare Information and Management Systems Society as a recipient of the National Public Health Davies Award.

One of the current major projects in IHS is the nationwide deployment of the RPMS Electronic Health Record, or EHR. The EHR is bringing new capability to an already robust system, by providing a graphical user interface that facilitates direct order entry, results graphing, and additional clinical functions.

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The move from paper to electronic health records helps our healthcare providers make important healthcare decisions on a real-time basis, using clear and accurate information. National implementation of the EHR will result in improvements in patient safety and care, and in data quality.

I believe that health information records are critical to ensuring the provision of timely, safe, and effective health care services. That is why I have directed that the RPMS EHR will be in use at all federally operated IHS facilities by the end of 2008, and have invited as many Tribal organizations as are interested to adopt it as well.

Another application component of the RPMS system is the Integrated Case Management Application, or iCARE. This is an exciting new tool designed to integrate multiple perspectives on clinical and community care in a single software application. iCare will help clinical teams understand community and population context for the people they serve. It will include other registry type functions, and offer health care providers new views on community health, including data such as water fluoridation, housing, and community-based resources.

Telemedicine and Telehealth are additional tools under development in the IHS to improve access to care and clinical quality. Telemedicine extends specialty care to many communities with limited access to specialists. Clinical telemedicine service is available in all 12 Areas of the IHS. In FY 2005, 67% of more than 400 Indian health facilities who reported information on telehealth indicated experience with clinical telemedicine.

Telecommunication networks, such as the Alaska Federal Health Care Access Network, are expanding so that more telemedicine can occur. Software developed in this Network is being tested for possible use in states outside Alaska. The IHS Joslin Vision Network offers diagnostic quality retinal screening services to American Indian and Alaska Native patients with diabetes in over 35 facilities across the country. New models for expanded service delivery, based on telehealth, are also possible.

The IHS Health Information System would not be where it is today, and could not continue to evolve, without productive collaboration with a number of important partners. Several RPMS applications have been directly funded and developed by Tribal governments or corporations.

Currently, and this is relevant to the present conference, we are collaborating with HRSA on an HIV/AIDS Telemedicine Service project funded through an initiative of the Office of Minority Affairs. IHS partnerships also extend to other agencies within the Federal Government, such as our longstanding partnership with the VHA for software development. And as I referenced earlier, NASA is adopting RPMS for its 14 employee healthcare clinics, and will be developing an Occupational Health module for RPMS. The Agency for Healthcare Research and Quality has provided multiyear funding for deployment and evaluation of the RPMS EHR.

And then there are a number of HRSA-funded clinics that have expressed interest in adopting RPMS for their own information systems. And IHS has developed and deployed a state-based immunization sharing application that was developed in conjunction with CDC.

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These partnerships, and our development and support relationships with a number of private sector contractors, have ensured that RPMS is a powerful and highly capable information system for IHS, as well as a model for other entities.

Another major project underway in the IHS is the upgrade of our national data repository, the National Patient Information Reporting System, to a new, state-of-the-art, agency-wide data warehouse environment. This new data warehouse system will provide access to a comprehensive IHS healthcare database that will allow analysis and reporting of patient demographics and healthcare utilization patterns; measures of clinical performance and outcomes; epidemiologic trends; specialized healthcare programs; and clinical practice patterns.

It will also help protect confidentiality in accordance with negotiated agreements and understandings, as well protect individual privacy and security of health care data, in compliance with applicable privacy regulations and IHS policies.

Where are we going in the future with health information? We expect partnerships to continue and develop, as new needs and opportunities arise. We will continue to develop software to support for the delivery of high-quality health care to American Indian and Alaska Native people.

We expect the continued evolution of RPMS will result in even better improvements in patient care, in our ability to provide cost-effective services, and in management of the financial resources that are so critical to our operation.

As the federal government continues to assert leadership in developing standards for truly interoperable health information systems, the Indian Health Service expects to remain in the forefront.

Through the use and ongoing development of health information technology, the IHS is improving patient safety and enhancing healthcare quality, and thereby contributing significantly to our goal of raising the health of American Indian and Alaska Native people to the highest possible level.

Thank you for giving me this opportunity to tell you about the IHS, and about our innovative health information technology system