



Indian Health Service  
**OIT Newsletter**  
*Office of Information Technology*



**JULY 2011**

**What's Inside**

**CIO's Corner**

What's Inside ..... 1  
CIO's Corner..... 1  
IHS RPMS Takes Home Big Awards!..... 2  
Certification, Installation, and Meeting  
MU Measures ..... 4  
Telework at the Indian Health Service... 7  
New Electronic Messaging Initiatives at  
the IHS..... 9  
What Is IT Reform?..... 10  
Accessibility=Usability: Section 508 and  
Web Design ..... 11  
Dirty Tricks and Larceny ..... 12  
RPMS & EHR Training Update..... 14  
Contributors..... 15  
About the OIT Newsletter..... 15

Congratulations to the RPMS iCare project team, the RPMS Program, and the Office of Information Technology for another recognition, this time at an international level—a Laureate Medal bestowed by the Computerworld Honors Program, which honors “those who use Information Technology to benefit society.”

Congratulations as well to the Meaningful Use and EHR Certification Team, who received a Director's Award from Dr. Roubideaux for their hard work and dedication in achieving EHR Certification.

See the next page for more information about these two achievements.

— Charles Gepford



## ***Hot Topic***

# **IHS RPMS Takes Home Big Awards!**

*by the Meaningful Use Team*

The Indian Health Service is the first federal agency to have its RPMS EHR system certified for Meaningful Use. This accomplishment brought IHS and industry recognition for the Meaningful Use and iCare teams, including articles in CMIO INDUSTRY NEWS and Open Health News.

### ***IHS Director's Award to the Meaningful Use and EHR Certification Team***

The IHS National Director's Awards Ceremony was held on June 29<sup>th</sup> at the National Museum of the American Indian in Washington, D.C. Dr. Yvette Roubideaux, IHS Director, recognized the Meaningful Use (MU) and Electronic Health Record (EHR) Certification team with a Director's Award.

The MU and EHR Certification team analyzed highly complex documents to ensure that the RPMS-EHR used by the IHS, Tribes, and Urban programs have the necessary functionality to enable eligible providers and hospitals to achieve meaningful use.

The team developed a highly organized infrastructure within the Office of Information Technology to identify gaps, review requirements, and develop new functionalities that not only met the needs for Meaningful Use but also align with the IHS Director's four priorities of improving partnerships with Tribes and Tribal entities, encouraging health care reform through integration of national health Information Technology (IT) standards, improving quality of care through performance improvement and quality reporting, and making work transparent, fair, and accountable to management, Tribes, and patients. To assure that these priorities were being met and were well integrated within our system and culture of care, the opinions and recommendations of many subject matter experts, clinicians, and patients were integrated into the project lifespan.

Hats off to the MU and EHR Certification team for their continued success and recognition on the project!



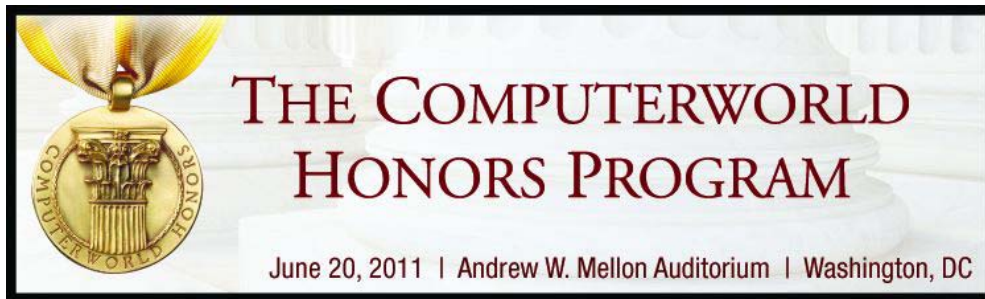
*Continued on next page*

*IHS RPMS Awards continued*

*Computerworld International Laureate Medal*

The Resource and Patient Management System (RPMS) iCare Project Team and the Office of Information Technology (OIT) are the recipients of this year's Laureate medal, presented at the 23<sup>rd</sup> Annual Computerworld Laureate Award Ceremony held in Washington, D.C., on June 20<sup>th</sup>. Indian Health Service was recognized as one of six finalists in the health category for the one hundred Laureate Medals awarded.

Dr. Susan Karol, Chief Medical Officer for IHS, accepted the medal and expressed thanks for the hard and diligent work shown by the OIT IHS team and for their innovative and positive efforts with iCare. Mr. Charles Gepford, Chief Information Officer and OIT Director for IHS, echoed the accolades by stating that, "This recognition again highlights the outstanding and groundbreaking work that takes place here at OIT."



iCare facilitates accomplishing and monitoring many factors needed for providers and hospitals to meet meaningful use.

Congratulations to the RPMS iCare Project Team for their continued efforts in promoting meaningful use of the RPMS EHR.

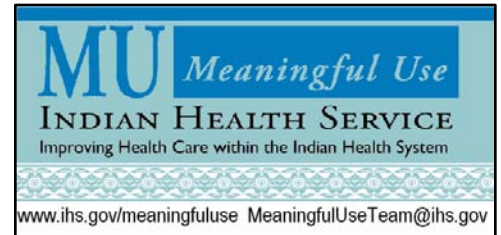




## ***MU*ving Forward!**

# Certification, Installation, and Meeting MU Measures

*by the Meaningful Use Team*



### ***Certification***

On April 1, 2011, the Indian Health Service (IHS) became the first federal agency to have its health information system certified for Meaningful Use. InfoGard Laboratories, an Electronic Health Record (EHR) Certification Body, issued a certification number for the Resource and Patient Management System (RPMS) Suite 1.0, and IHS submitted the information to the Office of the National Coordinator for Health IT (ONC) for posting on the Certified Health IT Product List (CHPL) website. The IHS RPMS met the certification standards set by the Department of Health and Human Services as a Complete EHR for ambulatory and inpatient settings.

The IHS Director's Blog of April 18<sup>th</sup> said certification was "an important first step for our I/T/U sites that use RPMS to register, qualify, and receive the new EHR Incentive Payments from Medicare and/or Medicaid." The Blog included many informational links to educate readers about resources for understanding and achieving Meaningful Use.

### ***The Certified EHR: It's not just Patch 8!***

With EHR version 1.1 Patch 8, new functionality to meet certification requirements was released for RPMS. The Meaningful Use (MU) Certification Team reminds sites that having the "Certified EHR" involves much more than installing Patch 8. Sites must have every RPMS EHR patch and application that was tested for certification. The complete list is published in several locations, including our website (<http://www.ihs.gov/meaningfuluse/index.cfm>), the MU ListServ ([http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list\\_id=168](http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=168)), and an automated site-checking tool that has been developed. Prior patches must all be installed consecutively (patches cannot be skipped) to qualify as the certified version of the RPMS EHR.

### ***BNP National Site Tracker***

How do you know if your site has the certified versions, packages, and patches? By using the MU Reporting Software Application List, named the **BNP National Site Tracker**. This nationally released and supported package installs on a site's RPMS server and allows it to report its patch status. The software highlights IHS and Tribal sites that need to upgrade various RPMS packages to meet the minimum certification software requirements.

The process consists of installing the BNP package on the RPMS server and an MU package-reporting client on a workstation. BNP needs to be installed on the RPMS server only once, and then an unlimited number of users can view the information on the client at their respective sites. Tribal and Federal Sites can report using the BNP package, as it is available to ALL RPMS systems, regardless of 638 or Federal status.

*Continued on next page*

## *Certification, Installation, and Meeting MU Measures* continued

### *Installing the Certified EHR - Deadlines for 2011 Participation*

To meet requirements for participation in the Medicaid EHR incentive payments for 2011, Eligible Providers (EPs) and Hospitals must adopt, implement, or upgrade to a certified EHR. The deadline for accomplishing this is the last day of FFY2011 for Hospitals, and the last day of calendar year 2011 for EPs.

For participation in the Medicare program, EPs and Hospitals must not only install a certified EHR, but also meet Meaningful Use performance measures in their first year of participation for a 90-day period. For Hospitals to participate in Federal Fiscal Year 2011, this means upgrading to a certified EHR by July 3<sup>rd</sup> and demonstrating MU for the next 90 days. EPs participating in calendar year 2011 must upgrade by October 3, 2011 and meet MU for the remainder of the year.

### *Certification - What happens when the EHR is upgraded?*

Now that Certification has been reached, many have asked about how modifications, enhancements, or new features will affect the certification status. If changes interact with the components that were tested, OIT will contact InfoGard, who will assess those changes and determine if: (a) it is significant enough to require retesting to maintain certification or (b) the change is not significant and requires no further testing for certification (i.e., bug fixes). If recertification is required, the elements of RPMS involved in the change will be retested. All software release by OIT will ensure that your EHR remains certified and the use of currently certified EHR software will remain acceptable throughout Stage 1.

### *Boots on the Ground*

Our MU Field Team, consisting of Indian Health Service (IHS) Area MU Coordinators and Area MU consultants, continues to conduct MU Readiness Assessments at facilities in their respective Areas. The assessment evaluates a facility's readiness and progress toward meeting MU requirements and adopting a certified EHR. This information is used to evaluate facility staff training needs and provide a Facility Action Plan to define next steps.

Coordinators and consultants work closely with state Medicaid offices to define local requirements and processes that affect facility and provider participation, provide a ready resource for their facilities, and help sites evaluate work processes that need to be adjusted to meet Meaningful Use. They provide educational online training sessions and attend local and national conferences, helping inform and educate about MU.

Working in coordination with the EHR Training and Deployment team, MU consultants assisted in a weeklong training session in May, covering implementation of RPMS in order to meet MU. This session was held simultaneously at 20 locations interconnected by WebEx and was attended by over 240 students. The teams coordinated classrooms and technology, and gave presentations and input.



*Cecelia Rosales at the MU table at the Advance in Indian Health Conference in Albuquerque, May 2011.*

*Continued on next page*



## *Certification, Installation, and Meeting MU Measures* continued

### *Supporting and Reporting*

The MU National Team worked with the PCC Management Reports team to create the MU Performance Report, which is included as part of the certified EHR in PCC Patch 6. This report measures core and menu-set objectives for EPs and Hospitals. Checklists have been developed for EPs and Hospitals to give an overview of the essential steps needed to achieve MU; with an accompanying manual listing detailed steps and links for further information. MU Cheat Sheets created for EPs and Hospitals give specific guidance on how to meet each MU measure in a concise, easy-to-read format. Wallet-sized guides are also available. Check the MU Resources page (<http://www.ihs.gov/meaningfuluse/index.cfm?module=resources>) for these as they become available in online format.

Current efforts include development of Patient Volume Reports for individual and group EPs and Hospitals in order to verify meeting minimum thresholds for participation in the Medicaid program.

The BGP Clinical Reporting System (CRS) v11.0 Patch 4 was released in June. This patch contains the Clinical Quality Measures Report, which is needed for EHR certification and to meet Meaningful Use.



*The MU table at the National Best Practices Conference in Sacramento, May 2011.*





## ***Hot Topic***

# **Telework at the Indian Health Service**

*by Loa Girty, IHS Telework Management Officer*

### ***What Is Telework?***

Telework is a topic that is gaining the interest of both employees and managers in the Indian Health Service. Telework, also referred to as telecommuting, flexible workplace arrangements, and flexi-place, has gained widespread attention over the past decade, and most recently with the passing of the Telework Enhancement Act of 2010, as a human capital flexibility that offers a variety of potential benefits to employers, employees, and society.

While Federal telework programs are established primarily to meet agency mission and operational needs, advances in telecommunications, the rising costs of office space, growing air pollution, and changing social needs have increased the need for telecommuting arrangements.

The term **telework** or **teleworking** refers to a work flexibility arrangement under which an employee performs some or all of his or her duties and responsibilities and other authorized activities from an approved work site other than the location from which the employee would normally work (e.g., the employee's residence, telework centers, traditional organizational offices located closer to the employee's residence, etc.).

### ***Benefits of Telework***

Benefits of telework to the employer and society as a whole include:

- ◆ Reduced traffic congestion and pollution as a result of the reduction in the number of days the employee commutes to and from work.
- ◆ Improved recruitment and retention of employees.
- ◆ Increased productivity.
- ◆ Reduction in the amount of office space required.

Employees also realize benefits from teleworking, including:

- ◆ Increased personal time due to a reduction in time spent commuting.
- ◆ Lowered costs in areas such as transportation, parking, food, and wardrobe.
- ◆ Removal of barriers for those with disabilities who want to be part of the workforce.
- ◆ Improvement in the quality of work-life and morale accruing from the opportunity to better balance work and family demands.

Additionally, telework programs can facilitate emergency preparedness for the organization. By helping support a distributed workforce, telework is a tool for all levels of emergency planning, including inclement weather situations that close offices in a region for a day or two, to pandemic health crisis and true COOP (Continuity of Operations Plan) where plans must be launched within 12 hours and may last 30 days or beyond. In light of the uncertainties facing the United States today, telework can be a particularly relevant and useful tool.

*Continued on next page*

## *Telework at the Indian Health Service* continued

### *Eligibility for Telework*

Employee participation in telework is voluntary and subject to management approval. While telework can be considered only for employees currently performing at an acceptable (fully successful) level, participation is not an employee entitlement. The mission of the Indian Health Service will always remain at the forefront in considering any/all requests to telework. The employee's supervisor and the approving official are responsible for determining whether or not telework would be feasible and suitable on a case-by-case basis for the employee, the department and the IHS.

Whether work is suitable for a telework arrangement depends primarily on job content rather than on job title, type of appointment, or work schedule. Work may not be suitable for telework if an employee needs to have extensive face-to-face contact with supervisors, other employees, IHS customers, or the general public; or if they provide direct patient care.

Other factors that would preclude participation include:

- ◆ The employee needs to access equipment or material that is not readily available out of the office.
- ◆ The employee cannot be moved from the official work station; for example, because the level of confidentiality or security that exists at the employee's official work station cannot be duplicated at an alternative location.

### *IHS Telework Policies*

The Indian Health Service currently has a published telework policy, which can be found in the *Indian Health Service Manual*, Part 7, Chapter 6, "Flexible Workplace Arrangement Program (FWAP)," established in 1998, which governs the telework program.

If you have any questions regarding teleworking, please contact your Flexible Workplace Arrangement/Telework Coordinator, located in your Regional/Servicing Human Resources Office.





## ***Technology Update***

### **New Electronic Messaging Initiatives at the IHS**

*by Daniel Sheehan, Federal Lead for CES*

Beginning sometime this late summer, the IHS Central E-mail Services (CES) team will be undertaking three major projects that are expected to be completed by the end of the year. All three of these projects are intended to improve the productivity and simplify tasks of IHS staff by providing new services and functionality. The three projects are as follows:

#### ***E-mail System Upgrade***

Since completing the migration of the IHS e-mail service back to its own system in March 2010, CES Staff have constantly strived to improve the performance and capabilities of the IHS CES.

One of the planned major improvements is an upgrade of the system to the latest software version—Exchange Server 2010—which includes a number of enhancements and new functionality, some of which are visible to users. For example, you will be able to use your favorite web browser—not just Internet Explorer—to access the full features of the CES web interface and your mailbox in an “Outlook-like” experience.

Additionally, the latest e-mail client (Outlook 2010) provides options such as the following:

- ◆ Publishing your calendar to the Internet.
- ◆ Accessing “MailTips” when creating an e-mail message. These can show important information about a message before you send it; e.g., that the recipient is currently out of the office.

#### ***New Secure Email Service***

This new service will empower IHS healthcare providers to transmit patient healthcare information in a secure and HIPAA-compliant manner to patients and other medical professionals outside of IHS. This service will be primarily web based, with e-mail being the notification method to let recipients know they have messages to view via the web.

This move is significant to the IHS community in that it will move us one step closer to meeting specific Meaningful Use (MU) criteria. Additionally this service can be used to send large files between users both inside and outside the IHS—an often-requested feature.

Details on this service will be announced by CES to the community once it goes into production.

#### ***New Instant Messaging Service***

This new service will bring Instant Messaging (IM) back to the IHS user desktop safely and securely, enabling users to communicate with each other in a more “real time” manner. In addition to basic IM capabilities, the product will promote more dynamic collaboration between IHS staff by allowing users to participate in PC-to-PC meetings, including point-to-point video and audio, document sharing, screen sharing, etc.

Another important aspect of this new service is the ability to integrate with Outlook and show user presence information (availability) in multiple interfaces. This presence information will allow IHS users to know when someone is available, away from their desk, in a meeting, etc.

Details on this service will be announced by CES to the community once it goes into production.



## ***CPIC Corner***

### **What Is IT Reform?**

*by Carl Gervais, IHS CPIC Manager*

Federal IT projects too often run over budget, behind schedule, or fail to deliver promised functionality. More than \$600 billion has been spent on government IT over the past decade, and yet there have been few productivity improvements to show for it.

In an effort to combat this wasteful spending, the U.S. CIO, Vivek Kundra, introduced the Office of Management and Budget (OMB)'s *25 Point Implementation Plan to Reform Federal Information Technology Management* on December 9, 2010. This implementation plan aims to restructure how the federal government purchases and uses information technology.

The 25 points address five key areas:

- ◆ Applying Light Technologies and Shared Solutions
- ◆ Strengthening Program Management
- ◆ Aligning the Budget and Acquisition Process with the Technology Cycle
- ◆ Streamlining Governance and Improving Accountability
- ◆ Increasing Engagement with Industry

The points within each area are broken down into 6-, 12-, and 18-month intervals with concrete deliverables in order to emphasize clear accountability and ownership.

Some of the highlights of this reform include:

- ◆ Turn around or terminate at least one-third of underperforming projects in IT portfolio within the next 18 months.
- ◆ Shift to "Cloud First" policy.
- ◆ Reduce the number of federal data centers by at least 800 by 2015.
- ◆ Only approve funding of major IT programs that:
  - ◆ Have a dedicated program manager and a fully staffed integrated program team
  - ◆ Use a modular approach with usable functionality delivered every six months
  - ◆ Use specialized IT acquisition professionals

At IHS, steps are being taken to meet these reforms head on and integrate them into our best practices. Initiatives such as virtualization, program and project manager training, dedicated IT Acquisition personnel, and agile development are all being explored as a means of improving our IT operation and furthering our mission to better serve the American Indian and Alaska Native people.

To learn more about IT Reform, please visit: <http://www.cio.gov/modules/itreform/>

If you would like more information on the efforts at IHS, please contact Mr. Carl Gervais, CPIC Manager, at: [carl.gervais@ihs.gov](mailto:carl.gervais@ihs.gov).



## News to Use

### Accessibility=Usability: Section 508 and Web Design

by Denean Standing-Ojo, Assistant Web Services Manager

Most of us who go to [www.IHS.gov](http://www.IHS.gov) can read and scan the home page, use our mouse to click on "Director's Corner," read the newest blog post, and look at the pictures or listen to the audio on the newest video message from Dr. Roubideaux. For some people, however, this is not their reality. It is estimated that about 20% of the general population has some form of disability<sup>1</sup>. The major categories of disability types are:

- Visual – Blindness, low vision, color-blindness.
- Hearing – Deafness.
- Motor – Inability to use a mouse, slow response time, limited fine motor control.
- Cognitive – Learning disabilities, distractibility, inability to remember or focus on large amounts of information.

For those of us (like me!) who are not very technically savvy, Section 508 is kind of a mystery. We know that we have to adhere to it, but we still sometimes feel hindered in the information we publish on our websites and in the way we design. My challenge for everyone is to think about usability and accessibility as one in the same, because *accessible design is usable design*.

Barrier-free design increases potential users, and allows access to information regardless of:

- Browser
- Resolution
- Screen size
- Disability

Some tips everyone can use are:

- Structure your content with headings, bullets, and numbers.
- Use clear, concise headings.
- Use clear fonts, not fancy cursive fonts.
- Break complex processes into smaller steps.
- Use plain language.
- Have transcripts ready for any videos you want to post.
- Do not use color alone to convey information.
- Check your website for broken links and fix them.

IHS Web Services reviews all new websites for Section 508 adherence before they are published, and we are reaching out to all of you to help make **IHS.gov** a user-friendly place for everyone, regardless of disability. You can find more information at [www.section508.gov](http://www.section508.gov) and [www.usability.gov](http://www.usability.gov).

If you have any questions or comments, please e-mail [IHSWebAdmin@ihs.gov](mailto:IHSWebAdmin@ihs.gov).



---

<sup>1</sup> Source: US Department of Health and Human Services Office on Disability: [http://www.hhs.gov/od/about/fact\\_sheets/whatdisability.html](http://www.hhs.gov/od/about/fact_sheets/whatdisability.html)



## News to Use

# Dirty Tricks and Larceny

*From OUCH!, the SANS Institute Security Newsletter for Computer Users*

### The Bad Guys

Here's a quick overview of "why and how the Bad Guys do it" and "what it's called."

- ◆ **Blackhats.** Hackers who use their skills for explicitly criminal or other malicious ends, such as writing malware (malicious software) to steal credit card numbers and banking data or by phishing; a.k.a. the Bad Guys.
- ◆ **Phishing.** The practice of sending out fake email messages that look as if they come from a trusted person or institution—usually a bank—in order to trick people into handing over confidential information. The emails often direct you to a website that looks like that of the real financial institution. But it is a fake and has been rigged to collect your personal information, such as passwords, credit card numbers and bank account numbers, and transmit them to the Bad Guys.
- ◆ **Man-in-the-middle.** An attack in which a criminal hacker intercepts information sent between your computer and the website of your financial institution and then uses that information to impersonate you in cyberspace. The hacker is able to defeat even very sophisticated security measures and gain access to your account.
- ◆ **Botnet.** Botnets consist of large numbers of hijacked computers that are under the remote control of a criminal or a criminal organization. The hijacked computers—a.k.a. "zombies" or "bots" (short for "robots")—are recruited using viruses spread by email or drive-by downloads. Worms are used to find and recruit additional computers. The biggest botnets consist of thousands and even millions of computers, most often unprotected home computers.
- ◆ **Virus.** A malicious program that usually requires some action on the part of a user in order to infect a computer; for example, opening an infected attachment or clicking on a link in a rigged email may trigger a virus to infect your computer.
- ◆ **Drive-by Download.** A kind of malware that installs itself automatically when you visit a booby-trapped website. Symptoms of a drive-by download include: your homepage has been changed, unwanted toolbars have been added, and unfamiliar bookmarks appear in your browser.
- ◆ **Worm.** Self-replicating malware that, for instance, hunts down unprotected computers and recruits them for criminal or other malicious purposes. Unlike a virus, worms do not require any action on your part in order to infect your computer.
- ◆ **Fake Anti-Virus.** Fake anti-virus software purports to be a helpful program that can find and remove malware, but in fact it is malware—the very thing that it's supposed to eliminate. After taking over your computer, it pretends to do security scans, tells you it has found malware, and then asks you to pay to have the non-existent malware removed. Whether or not you pay, fake anti-virus is likely to install more malware.

*Continued on next page*

## *Dirty Tricks and Larceny continued*

### *The Good Guys*

And here are terms you should know if you want to protect your computer:

- ◆ **Whitehats.** Hackers who use their skills for positive ends, and often for thwarting blackhats. Many whitehats are security professionals who spend their time identifying and fixing vulnerabilities in software that blackhats seek to exploit for criminal or other malicious purposes.
- ◆ **Security suite.** A set of software applications designed to protect your computer that consists of anti-virus, anti-malware and a personal firewall.
- ◆ **Anti-virus and anti-malware.** Helpful software applications that scan your computer for certain patterns of infection. The patterns they scan for are the signatures, or definitions, of known forms of malware. Since Bad Guys are creating new forms of malware continuously, it is important that you keep your anti-virus and anti-malware definitions updated..
- ◆ **Personal firewall.** Software that monitors incoming and outgoing traffic on your computer and checks for suspicious patterns indicating the presence of malware or other malicious activity. A personal firewall alerts you to these threats and attempts to block them. Like anti-virus and anti-malware software, personal firewalls require frequent updates to provide effective protection.
- ◆ **Updates.** Security software relies on frequent updates in order to be able to counteract previously undetected forms of malware. Consequently, your computer may suffer a "window of vulnerability" between the time a new form of malware is identified and the time when your security software can block it or remove the infection. Set your security software to update automatically.
- ◆ **Patches.** Operating systems, like Windows and OS X, and software applications, such as Internet Explorer and Firefox, may be found to contain security flaws or holes that make your computer vulnerable to attack. Their makers release patches to plug the holes. The fastest and surest way to get these installed quickly is to use auto-updating via the Internet. Some software applications require manual updating.
- ◆ **Black Tuesday a.k.a. Patch Tuesday.** On the second Tuesday of each month Microsoft releases security patches for Windows, Internet Explorer, Office and its other software products. You can have these installed automatically using Microsoft Update.
- ◆ **Auto-updating.** A software tool built into Windows ("Microsoft Update") and OS X ("Auto Update") and many other applications which can automatically download and install important security updates and patches for software installed on your computer.

### *More information*

<http://www.binaryfarm.com/jargon.html>

<http://besafe.more.net/sam/resources/jargon.pdf>

[http://ittraining.iu.edu/workshops/win\\_security/terminology.html](http://ittraining.iu.edu/workshops/win_security/terminology.html)



## News to Use

# RPMS & EHR Training Update

By Kimberlee Crespin-Richards, Training Coordinator

### Completed Training

During the past quarter (April - June 2011), Office of Information Technology (OIT) sponsored and completed the following training for the Resource and Patient Management System (RPMS) and the Electronic Health Record:

AREA	SESSIONS	EST. PARTICIPANTS
Aberdeen	7	91
Albuquerque	13	144
Anchorage/Alaska	4	32
Bemidji	6	66
Billings	7	73
Nashville	4	49
Navajo	3	20
Oklahoma City	11	115
Phoenix	6	74
Portland	6	79
Reno	3	41
Sacramento	5	68
Other	21	182
WebEx	57	1341
<b>TOTALS</b>	<b>71</b>	<b>2375</b>

### Scheduled Training and Registration

- ◆ To see the latest web-based training sessions on RPMS application patches, see: <http://www.ihs.gov/RPMS/index.cfm?module=home&option=OITTrainingLinks>
- ◆ To register for OIT sponsored RPMS and EHR training, visit the following link: <http://www.ihs.gov/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1>
- ◆ To read summaries of all OIT-sponsored RPMS training sessions, check out our training pamphlet: <http://www.ihs.gov/Cio/RPMS/Training/docs/TrifoldRPMSTrainingFINAL.pdf>



## ***Contributors***

- ◆ **Kimberlee Crespin-Richards** is the OIT Training Coordinator, based in Albuquerque NM.
- ◆ **Carl Gervais**, the IHS Capital Planning and Investment Control (CPIC) Manager, is responsible for coordinating the justification of IHS IT Spending to the OMB. He is based in Albuquerque NM.
- ◆ **Loa Girty** is a Human Resources Specialist in the Office of Management Services (Division of Human Resources), and the Telework Management Officer for the IHS. She is based in Oklahoma City OK.
- ◆ The **Meaningful Use Team**, led by Federal Lead Chris Lamer and Consultant Project Manager Cathy Whaley, consists of the Certification Team, the Field Team and the National Team, supported by many others working together to assist providers and hospitals in Indian Country to attain Meaningful Use incentives.
- ◆ The **Dan Sheehan** is the federal Messaging Team Lead for the CES, responsible for enterprise-level messaging for the entire IHS. He is based in Rockville MD.
- ◆ **Denean Standing-Ojo** is the Assistant Web Services Manager, responsible for policy development, usability, quality control, and assisting in management of web activities for IHS. She is based in Rockville MD.



## ***About the OIT Newsletter***

The IHS OIT Newsletter is sponsored by **Charles Gepford, the IHS CIO (Acting)**. It is published several times throughout the year, with the objective of communicating IHS Office of Information Technology activities to all IHS personnel.

All articles and suggestions for articles are welcome. If you would like to submit an article or have any questions regarding this publication, please contact the editor, Heli L. Roosild, at: [Heli.Roosild@ihs.gov](mailto:Heli.Roosild@ihs.gov)